

Effectiveness of the Penn State Program in Changing Beliefs Associated with Reticence

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In his conceptualization of reticence, Phillips (1968, 1977, 1984, 1986, 1991) included a cognitive component. Specifically, he argued that reticent individuals subscribe to a set of beliefs that contribute to their communication difficulties. A study by Kelly, Keaten and Finch (1996) found some support for the notion that reticents hold these beliefs and that the Penn State Reticence Program produced changes in some of those beliefs. The current research was done as a follow-up study to further assess the extent to which reticent participants subscribe to the set of beliefs outlined by Phillips and to further test the ability of the Penn State program to alter those beliefs. Results revealed significant pre-treatment differences between reticent and comparison group participants on seven of the sixteen beliefs, although for only two of those beliefs did a majority of reticents report agreement. This finding suggests that the set of reticent beliefs needs refinement. Furthermore, there were significant treatment effects for several of the beliefs, but some findings were inconsistent with the Kelly et al. (1996) study, indicating a need for future research. **Keywords:** reticence, reticent beliefs, Reticence Program, Penn State University Reticence Program, changing reticent beliefs, treatment of reticence

In his conceptualization of the reticence construct, Phillips (1968, 1977, 1984, 1986, 1991) emphasized the role of beliefs about communication in the reticence experience. He consistently argued that "When people avoid communication because they *believe* [emphasis added] they will lose more by talking than by remaining silent, we refer to it as reticence" (Phillips, 1984, p. 52). Much of the discussion about reticence has focused on the communication skill deficiencies presumed to be central to the problem (McCroskey, 1980; Page, 1980; Phillips, 1977, 1980, 1991), while the beliefs associated with reticence have received much less attention. Yet examination of Phillips' writings (Phillips, 1968, 1977, 1984, 1986; Phillips & Metzger, 1973) reveals that *what* reticent individuals *believe* contributes to their experience of the problem. Reticent persons may or may not possess deficient social skills, according to Phillips, who stated: "But incompetent or not, it is virtually impossible to perform competently if one does not *believe* [emphasis added] it possible" (1986, p. 358). Thus, to qualify as reticent, individuals must avoid social situations because they believe that they cannot perform competently.

Given the centrality of beliefs to the reticence construct, it is surprising that only one study (Kelly, Keaten & Finch, 1996) has investigated reticent beliefs. The Kelly

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et al. (1996) preliminary study found that many reticent individuals do appear to hold some of the beliefs posited by Phillips and that the Penn State Reticence Program produced significant shifts in those beliefs. Given the limited sample size and lack of a control group in the Kelly et al. (1996) study, the purpose of the present research is to further examine beliefs associated with reticence and assess if and how they change as a result of the Penn State Reticence Program.

Review of Literature

Literature on Beliefs Associated with Reticence

Included in Phillips's conceptualization of reticence is a cognitive component in the form of rigid adherence to a faulty set of beliefs (1984, 1986, 1991; Kelly, Phillips & Keaten, 1995; Phillips & Metzger, 1973), which he referred to as "myths" (Phillips, 1984, 1986). These beliefs contribute to the reticent person's avoidance of communication and ineptitude as a speaker. In their examination of Phillips' published work on reticence, Kelly et al. (1996) identified the following beliefs reticent speakers hold:

1. An exaggerated sense of self-importance. Phillips claimed that: "Reticent people tend to see themselves as potentially more important to others than the others see them" (Phillips & Metzger, 1973, p. 14), a tendency he later labeled "egocentrism" (Phillips, 1991). According to Phillips (1991), the reticent speaker feels entitled to others' consideration and is resentful when others do not give it. A consequence of this exaggerated sense of importance (Phillips & Metzger, 1973), is that reticent people seem to "be waiting around for someone to make the first move toward them" (p. 14).
2. Effective speakers are born, not made. Reticent people believe that effective speakers are born with a "gift" which they do not have (Phillips, 1984, 1986; Kelly, et al., 1995). Reticent individuals envy those they perceive to be effective speakers and accept their own failure as unavoidable (Phillips, 1984).
3. Skillful speaking is manipulative. Phillips (1984, 1986) argued that reticent speakers believe using speech to influence others is unethical. Phillips (1984) stated: "Reticent speakers tend to believe in a linear system of influence. They suspect that some people have a 'formula' of proper phrases and expressions that invariably 'cause' behavior in others. Reticents excuse their own failures on the grounds that they do not know the system and, furthermore, it would be unethical to learn it" (p. 54).
4. Speaking is not that important. Reticent people believe that most people talk too much and small talk is a superficial waste of time (Phillips, 1984, 1986, 1991). Phillips (1991) argued: "Social foreplay is carried out through small talk. . . . Shy people, especially, are so concerned about their own comfort and convenience that they seem unable to understand the necessity to provide quid pro quo to sustain the transaction of social business" (p. 45). Reticent individuals believe "social success is the result of *vibes*" (Phillips, 1986, p. 359), rather than appreciating the role of small talk in developing relationships.
5. I can speak whenever I want to. Phillips (1984, 1986) argued that reticents see themselves as effective listeners. They claim they can speak when they want to, but they often choose not to speak. He felt that this belief was the most common reason for nonparticipation (Phillips, 1986). Reticent people overemphasize the

role of effective listening because of the belief that most people talk too much anyway (Phillips, 1984, 1986). Unfortunately, argued Phillips (1984), reticent people “are usually *not* good listeners. Most are locked in their speculative fantasies while other people are talking” (p. 55).

6. It is better to be quiet and let people think you are a fool than prove it by talking. Reticent individuals are convinced they are inept communicators and thus fear the reactions of others (Phillips, 1984, 1986, 1991). They choose not to talk because they assume they will be evaluated negatively.
7. What is wrong with me requires a cure. Phillips (1984) argued that reticents “regard their own disability as a disease, and they seek some form of applied treatment to obtain relief” (p. 56). Many who enroll in the rhetoritherapy program offered at Penn State are initially resistant because the program does not offer a quick cure (Phillips, 1984, 1986, 1991).

Kelly and colleagues (Kelly et al., 1996) explain that, on the whole, these beliefs devalue communication, view effective speaking as a gift but at the same time as manipulative, and provide reticents with justification for not speaking. Arguing that “Virtually all of the reticent people who have participated in our program have expressed the . . . [preceding] beliefs” (Phillips, 1986, p. 359), Phillips depicted reticent people as irrational in their beliefs. This set of beliefs contributes to the reticence cycle by producing avoidance behavior, which is a rational response from the point of view of the reticent person. By avoiding interaction, reticent people can avoid appearing foolish and can avoid being manipulative, but they do not develop their speaking skills; knowing they are inept, and believing that they cannot become skillful and to try is to act unethically, they are locked into silence.

The only study examining reticent beliefs was conducted by Kelly et al. (1996). Their sample consisted of 59 students enrolled in the Penn State Reticence Program, the majority of whom, at the onset of treatment, expressed agreement with the statement, “It is better to remain silent than to risk appearing foolish” and considered themselves to be good listeners. In addition, nearly half agreed that skillful speaking is manipulation, and over half agreed with or were undecided about the statement that they could speak if they wanted to. Only a third disagreed that “Being a good listener is more important than being a good speaker.” Thus, the study found that many reticent individuals hold some of the beliefs posited by Phillips. Moreover, the Penn State Reticence Program was effective in shifting those beliefs (Kelly et al., 1996). As the authors of that study note, they did not have a control group and their sample size was limited, warranting further research.

Literature on the Effectiveness of the Penn State Reticence Program

The Penn State Reticence Program was created by Phillips to help reticent people improve their communication skills and change their beliefs about communicating (Cohen, 1980; Kelly et al., 1995; Phillips, 1986). Phillips (1986) stated: “The fundamentals of the program have crystallized in recent years in a combination of cognitive restructuring, consisting mainly of learning basic rhetorical principles . . . and skills training based on a combination of traditional speech performance instruction and instruction in communication competencies” (p. 357). Phillips (1986) used the term “rhetoritherapy” to describe the type of treatment approach used in the Penn State Program.

The program uses a goal setting procedure in which individuals set specific goals

for their behavior, prepare, plan, and perform the behaviors to achieve those goals, and then evaluate their performance (Phillips, 1986). No direct attempts are made to alter feelings; rather, the emphasis is continually on changing behavior. This is done in combination with instruction in how to analyze situations, take the perspective of the other, adapt to listeners, and select alternative plans of action (Phillips, 1986).

Research has been done to test the effectiveness of the Penn State Program. That work is briefly summarized in this section and leads to the general conclusion that the program is effective in reducing anxiety about communicating and improving social communication behavior. As noted previously, only one study (Kelly et al., 1996) examined changes in the beliefs associated with reticence, however.

The earliest outcome study (Metzger, 1974) focused on changes in behavior using videotaped segments of student behavior at two points during training and six months or later after training was completed. Subjects generally were rated as noticeably or adequately improved, although a few were rated as minimally improved (Metzger, 1974).

Two longitudinal studies looked at self-perceptions of overall improvement in communication and the efficacy of treatment components (Kelly, 1992; Oerkvitz, 1975). In the Oerkvitz (1975) study, of the 154 subjects who responded to the mailed questionnaire, 75 percent said that they had improved, 17 percent reported that they had not, and a number of them gave mixed responses. Also using a mailed questionnaire to former students in the program, Kelly (1992) found that 91 percent of respondents reported they had improved their communication skills upon completion of the program, and 87 percent reported continuing positive benefits. They reported greater confidence, less fear, communication skill improvement, and more control over their behavior as a result of the program.

Immediate effects of the program were assessed through several studies. Domenig (1978) examined self-report papers of students in the special program compared to students in regular speech classes. Students in the Reticence Program rated their performance as more competent than speech class students after receiving treatment. McKinney (1980) used standardized scales to evaluate changes in students in the special program, public speaking classes, and group discussion classes at Penn State. In contrast to non-reticent students in the regular courses, students in the Reticence Program reported significant decreases in anxiety and avoidance behavior on virtually all items concerned with social interaction, class participation, group discussion, and interviewing, and on eight of thirteen public speaking items. McKinney's statistical procedures, however, did not control for pretest differences between the reticent group and the public speaking and group discussion groups.

Similar to McKinney (1980), Kelly, Duran and Stewart (1990) used standardized self-report measures of communication apprehension and shyness, but included a control group in their design. Because no standardized measure of reticence existed at the time, they administered the PRCA-24 (McCroskey, 1982) and the Social Reticence Scale (Jones & Russell, 1982), a measure of shyness. In general the results supported the effectiveness of the program, but mixed results were obtained. As a follow-up, Kelly and Keaten (1992) used the same experimental design and measures as Kelly et al. (1990) and obtained much more consistent results. On all measures of shyness and communication apprehension, subjects in the Penn State Reticence Program showed significant reductions in shyness and communication

apprehension compared to subjects in a performance-based speech course or a control group.

A study by Keaten, Kelly and Begnal (1995) examined the impact of the program on self-reports of communication behavior and willingness to communicate. Results indicated that the treatment program, compared to a control condition, was effective in improving communication skills, especially conversational skills, as assessed by self-reports, and in increasing willingness to communicate, particularly for the public speaking context and communicating with acquaintances.

Overall, the studies reviewed here attest to the effectiveness of the Penn State Reticence Program in reducing self-reported shyness and communication apprehension and in improving self-perceptions of communication skill and willingness to communicate. The preliminary study by Kelly et al. (1996) presents encouraging results regarding the impact of the program on the beliefs of reticent communicators, but is insufficient for drawing definitive conclusions.

Rationale and Hypotheses

The preceding review of the literature leads to two conclusions. First, in Phillips' conceptualization of the reticence construct, specific faulty beliefs are central to the experience of the problem, yet insufficient research has been done to determine the extent to which reticent individuals actually hold these beliefs. The Kelly et al. (1996) study suggests that reticent individuals do hold at least some of the beliefs posited by Phillips. Therefore, the following hypothesis was posed:

H1: Participants in the Reticence Program express significantly greater agreement, than a comparison group, with the beliefs associated with the reticence construct.

The second conclusion drawn from the literature review is that, although research has demonstrated the effectiveness of the Penn State Reticence Program in reducing communication apprehension and shyness and in improving self-perceived communication skills and willingness to communicate, there is much less evidence that the program alters the set of beliefs reticents purportedly hold. Again, the findings of the Kelly et al. (1996) study are tentative rather than definitive, but suggest the following hypothesis:

H2: Participants in the Reticence Program report significant decreases in pre-treatment to post-treatment levels of agreement with reticent beliefs.

Method

Participants

Participants were 46 students enrolled in three sections of the Penn State Reticence Program. As in the study by Kelly et al. (1996), the sample size of the present study was limited by the number of students enrolled in the program (i.e., slightly less than 60). For a detailed description of the screening procedures used to select students for the program see Kelly (1989). Data also were collected from a comparison group that consisted of 105 students attending a mid-sized eastern university.

Rationale for Study Design

The present study employed the same design as Kelly and Keaten (1992), which is best described as a quasi-experimental design because of lack of random assignment

of participants to treatment and control groups. This design is the most ethical alternative for conducting research on the effectiveness of the Penn State Program. Random assignment to conditions is not feasible at Penn State because of the enrollment and registration procedures associated with the reticence and speech courses.

The alternative of a waiting-list control group posed ethical concerns. The Reticence Program (Option D) is one option of the basic course, Speech 100, which is required for graduation. Students find out about Option D after they have registered for a regular section of the course, have attended the first class session, and been informed about the special option. To enroll in the course, they then must go for an interview. Asking these individuals to wait a semester to take the course raises ethical issues for several reasons. First, for the very reticent, the process of enrolling in the regular section and going for a special section interview is highly anxiety-provoking, and to ask them to wait and reapply may increase their apprehension about the experience and discourage them from seeking out the program. Second, these students would have to wait for an entire semester to enroll, which is unfair. Many of the students, in fact, put off taking the course until their junior or senior year *because of their fears*. Third, the course is required for graduation, and asking or forcing those who seek help to wait could delay their graduation. For these reasons, it was deemed inappropriate to use a waiting-list control procedure. Similar to Kelly and Keaten (1992), to account for pretest differences between the reticent and comparison groups, statistical procedures were used as described in the note accompanying Table 3.

Instrument

The Reticent Belief Index (Kelly et al., 1996) was used to assess the extent to which participants subscribe to the reticent beliefs as described by Phillips. The Reticent Beliefs Index (RBI) consists of sixteen beliefs or myths associated with reticence (see Table 1). Statements were taken from the writings of Phillips (1984, 1986) and the Forced-Choice instrument developed for the Penn State Reticence Program (Kelly et al., 1995, pp. 267-268). The RBI uses a five-point Likert scale to measure a person's level of agreement with each of the sixteen statements. Because this instrument was generated for the purposes of this study, no assumptions were made about either the dimensional structure or internal consistency of the items. Instead, each statement was analyzed individually.

Procedures

Participants were recruited during the second week of the semester. Students were given copies of the Reticent Beliefs Index and were informed of the general purpose of the study and were guaranteed confidentiality. During the last week of the semester, participants were again given the RBI.

Data Analysis

SPSS was used for all data analysis as follows. Responses to the Reticent Beliefs were analyzed in two ways. First, levels of agreement reported by participants were treated as an interval level of measurement. This procedure allowed for independent sample *t*-tests using group as the independent variable and level of agreement as the

TABLE 1
 PERCENTAGE OF AGREEMENT WITH RETICENT BELIEFS BY GROUP AT PRE-TREATMENT

Belief	Agree	Don't Know	Disagree
1. I have more to gain by remaining silent than by talking.			
Reticent	19.6	28.3	52.1
Comparison	15.2	16.2	68.6
2. Excellent speakers are born not made.			
Reticent	23.9	17.4	58.7
Comparison	11.4	13.3	75.2
3. Good communicators speak spontaneously.			
Reticent	58.7	17.4	23.9
Comparison	46.7	22.9	30.5
4. Being a good listener is more important than being a good speaker.			
Reticent	45.7	34.8	19.6
Comparison	41.0	39.0	20.0
5. Nervousness about speaking is a normal part of the process.			
Reticent	84.8	6.5	8.7
Comparison	75.2	14.4	10.5
6. Communication is the process by which we form our identity.			
Reticent	68.9	17.8	13.3
Comparison	74.3	13.3	12.4
7. In general, communication skills cannot be taught; you either have them or you don't.			
Reticent	6.5	23.9	69.6
Comparison	3.8	9.5	86.7
8. Speaking is not that important to me.			
Reticent	8.7	6.5	84.8
Comparison	4.8	4.8	90.4
9. The most effective communicators are people who can adapt to their audience and the situation.			
Reticent	91.3	6.5	2.2
Comparison	88.6	7.6	3.8
10. Being a good communicator has little to do with achieving your goals in this world.			
Reticent	8.7	2.2	89.1
Comparison	8.6	10.5	81.0
11. It is through the process of communication that we are able to build close relationships with others.			
Reticent	97.8	0.0	2.2
Comparison	95.2	2.9	1.9
12. Skillful speaking is a form of manipulation.			
Reticent	58.7	19.6	21.7
Comparison	42.9	25.7	31.4
13. In general, people talk too much.			
Reticent	23.9	37.0	39.1
Comparison	23.8	18.1	58.1
14. I am a good listener.			
Reticent	89.1	6.5	4.3
Comparison	89.5	4.8	5.7
15. I can speak whenever I want to but I would rather listen.			
Reticent	32.6	23.9	43.5
Comparison	39.4	25.0	35.6
16. It is better to remain silent than to risk appearing foolish.			
Reticent	65.2	17.4	17.4
Comparison	25.7	15.2	59.0

dependent variable. Because of the method used to code the Likert scale, a lower score represents stronger agreement and a higher score represents stronger disagreement.

Second, the results were analyzed by examining the raw percentages along the Likert scale. Using this approach, questions can be raised about the distribution of

responses in the reticent group, for example, how the majority of reticent individuals responded to a certain belief.

Results

Pre-Treatment Differences

Table 1 reports the pre-treatment percentages for the RBI. Several *t*-tests for independent samples were conducted to assess the differences between the reticent group and the comparison group (See Table 2). Because members of the reticent group were expected to have higher levels of agreement with reticent beliefs, one-tailed probability values were selected.

Results indicate significant pre-treatment differences on seven of the sixteen reticent beliefs, thus providing partial support for H1 (See Table 2). The seven beliefs are listed below by the magnitude of the effect size, in descending order:

1. Reticent individuals are more likely to agree with the statement "It is better to remain silent than to risk appearing foolish" [$t(149) = 5.19, p < .001, \text{effect size} = .39$].

TABLE 2
PRETEST DIFFERENCE ANALYSIS OF RETICENT BELIEFS BY GROUP

Communication Belief	Mean	<i>t</i>	<i>p</i>	Effect Size
1. I have more to gain by remaining silent than by talking.	R 3.43 C 3.86	2.24	.014	.18
2. Excellent speakers are born not made.	R 3.41 C 3.94	2.98	.002	.24
3. Good communicators speak spontaneously.	R 2.48 C 2.88	1.94	.027	.16
4. Being a good listener is more important than being a good speaker.	R 2.70 C 2.70	0.00	ns	.00
5. Nervousness about speaking is a normal part of the process.	R 2.04 C 2.14	0.61	ns	.05
6. Communication is the process by which we form our identity.	R 2.27 C 2.18	0.48	ns	.04
7. In general, communication skills cannot be taught; you either have them or you don't.	R 3.83 C 4.25	2.75	.004	.22
8. Speaking is not that important to me.	R 4.07 C 4.44	2.52	.007	.20
9. The most effective communicators are people who can adapt to their audience and the situation.	R 1.67 C 1.62	0.37	ns	.03
10. Being a good communicator has little to do with achieving your goals in this world.	R 4.07 C 4.16	0.56	ns	.05
11. It is through the process of communication that we are able to build close relationships with others.	R 1.50 C 1.42	0.58	ns	.05
12. Skillful speaking is a form of manipulation.	R 2.54 C 2.79	1.16	ns	.09
13. In general, people talk too much.	R 3.11 C 3.48	1.89	.031	.15
14. I am a good listener.	R 1.70 C 1.64	0.39	ns	.03
15. I can speak whenever I want to but I would rather listen.	R 3.20 C 2.93	1.35	ns	.11
16. It is better to remain silent than to risk appearing foolish.	R 2.41 C 3.49	5.19	.001	.39

R = reticent group.

C = comparison group.

2. Reticent individuals are more likely to agree with the statement "Excellent speakers are born not made" [$t(149) = 2.98, p < .002, \text{effect size} = .24$].
3. Reticent individuals are more likely to agree with the statement "In general, communication skills cannot be taught; you either have them or you don't" [$t(149) = 2.75, p < .004, \text{effect size} = .22$].
4. Reticent individuals are more likely to agree with the statement "Speaking is not that important to me" [$t(149) = 2.52, p < .007, \text{effect size} = .20$].
5. Reticent individuals are more likely to agree with the statement "I have more to gain by remaining silent than by talking" [$t(149) = 2.24, p < .014, \text{effect size} = .18$].
6. Reticent individuals are more likely to agree with the statement "Good communicators speak spontaneously" [$t(149) = 1.94, p < .027, \text{effect size} = .16$].
7. Reticent individuals are more likely to agree with the statement "In general, people talk too much" [$t(149) = 1.89, p < .031, \text{effect size} = .15$].

Treatment Effects

To analyze Reticence Program treatment effects, the seven reticent beliefs reported in the pre-treatment differences section were selected (see Table 3). To control for pretest differences between the reticent and comparison groups, participants were included in the analysis if they either agreed or were undecided on the given belief. Because the percentage of participants who either agreed or were undecided varied

TABLE 3
POST-TEST RETICENT BELIEFS BY GROUP CONTROLLING FOR PRETEST SCORES

Measure/Group	Pre-test	Post-test	Diff.	<i>t</i>	<i>df</i>	<i>p</i>	Effect size
RB1: More to gain by remaining silent than by talking.							
Reticent	2.55	3.73	1.18	1.21	53	.117	.16
Comparison	2.45	3.30	0.85				
RB2: Excellent speakers are born, not made.							
Reticent	2.32	3.84	1.53	2.67	43	.006	.38
Comparison	2.50	3.12	0.62				
RB3: Good communicators speak spontaneously.							
Reticent	1.94	2.77	0.83	3.47	105	.001	.32
Comparison	2.22	2.38	0.14				
RB7: Communication skills cannot be taught.							
Reticent	2.71	3.92	1.21	1.68	26	.053	.32
Comparison	2.57	3.00	0.43				
RB8: Speaking is not that important to me.							
Reticent	2.42	3.57	1.14	0.63	15	.271	.16
Comparison	2.40	3.10	0.70				
RB13: In general, people talk too much.							
Reticent	2.46	3.04	0.58	1.51	70	.069	.18
Comparison	2.32	2.55	0.23				
RB16: It is better to remain silent than to risk appearing foolish.							
Reticent	2.03	3.16	1.13	1.49	78	.070	.14
Comparison	2.21	2.93	0.74				

*To control for pre-test differences between the reticent group and the comparison group, participants were selected for analysis on a given belief if they either agreed or were undecided about the belief on their pretest evaluation. Thus, participants who disagreed with the reticent belief on the pretest evaluation were excluded in the analysis for a given belief. This procedure was employed to increase the degree of equivalence between the experimental and comparison groups before exposure to the treatment variable.

**Due to the differences in distributions across beliefs, sample sizes varied greatly.

***Higher scores reflect stronger disagreement.

substantially across the beliefs, sample sizes for the treatment analysis also varied greatly (minimum sample size = 17, maximum sample size = 107).

Results indicated the greatest treatment effect was for the belief "Excellent speakers are born not made" (see Table 3). In particular, reticent individuals were more likely to disagree with this statement after treatment when compared to members of a comparison group (see Table 3). After treatment, reticent individuals also were more likely than members of the comparison group to disagree with the statements "Good communicators speak spontaneously" and "Communication skills cannot be taught" (see Table 3). H2 predicted significant decreases in all reticent beliefs tested, but reticent group participants showed significantly lower levels of agreement after treatment on only three of the beliefs. Thus, because significant treatment effects were obtained for only three of the seven beliefs tested, H2 was only partially confirmed.

Discussion

This study was designed to assess the degree to which participants in the Penn State Reticence Program hold the beliefs Phillips (1984, 1986, 1991) claimed to be a central component of the reticence experience, and to test the effectiveness of the program in changing those beliefs. Using a pretest-posttest design and a comparison group, this study obtained results supporting two conclusions, explored in detail below. First, Reticence Program participants were more likely than comparison group participants to subscribe to some, but not all, of the beliefs described by Phillips. Second, the Penn State Reticence Program produced significant changes in some of those beliefs.

Prior to treatment, reticent participants expressed significantly greater agreement on the average than the comparison group with seven of the sixteen beliefs presumed to be associated with reticence. However, examination of percentages of reticent individuals indicating agreement revealed that for only two of those beliefs (#3 and #16) did the majority of reticent participants report agreement. The most striking contrast between reticent individuals and the general population of college students is that reticent individuals are more likely to fear negative evaluation. In particular, nearly two-thirds of the reticent participants agreed with the statement, "It is better to remain silent than to risk appearing foolish" (RB #16). In contrast, only twenty-six percent of the members of the comparison group agreed with this statement. The Kelly et al. (1996) preliminary study also found a majority of reticent participants agreeing with this statement.

Before the start of treatment, individuals in the reticent group expressed significantly more agreement than the comparison group with the statement that good communicators speak spontaneously (RB #3). Fifty-eight percent of the reticent participants agreed with the statement compared to 46.7 percent of comparison group participants. Kelly et al. (1996) obtained similar results for this belief.

Thus, results for these two reticent beliefs (#3 and #16) support Phillips' argument that reticent individuals believe it is better to be silent than to run the risk of appearing foolish and that effective communicators speak spontaneously. Those in the reticent group had a significantly higher mean than the comparison group and a majority of reticent participants agreed with these beliefs.

Results for the other five beliefs on which significant pretest differences were found are equivocal in their support of Phillips' claims about reticent beliefs. For

Belief #13, "In general, people talk too much," 37 percent of reticents were undecided and 39.1 percent disagreed. Thus, although the reticent group pretest mean was significantly greater than the comparison group mean, the majority of reticents did not agree that most people talk too much.

Similarly, at pre-treatment, overall reticent participants reported significantly greater agreement than comparison group participants with Belief #2 and Belief #7, both of which address the idea that people's communication abilities are inherited, not acquired through training. However, over half of reticent participants disagreed that excellent speakers are born, not made, and that communication skills cannot be taught.

Finally, a significant difference between the reticent and comparison groups was obtained for Belief #1, "I have more to gain by remaining silent than by talking." Although the reticent group participants expressed significantly greater agreement than the comparison group with this belief, the majority of reticent individuals (52.1%) did disagree with the statement. Kelly et al. (1996) also found that about half of their reticent participants (50.8%) disagreed with this statement. This finding seems to contradict one of Phillip's central premises regarding reticence. Instead of believing that silence is likely to be more advantageous than talking, reticent individuals acknowledge that communication is a worthwhile activity. Given their responses to several other reticent beliefs measured by the RBI, they understand that communication serves a number of vital purposes, such as identity formation, relationship building, and goal achievement. Where reticent individuals differ most meaningfully from others is in their excessive worry about the potential for negative outcomes when communicating, especially the possibility of appearing foolish. The Kelly et al. (1996) study obtained results consistent with those described here. Therefore, because reticent individuals appreciate the importance of communication, while simultaneously fearing negative outcomes, it is not surprising that they report elevated levels of anxiety associated with communicating.

The data provide some support for the effectiveness of the Penn State Reticence Program in changing reticent beliefs. The most significant changes in beliefs center around the relationship between communicative ability and skill development. As the result of the rhetoritherapy approach used in the program, reticent individuals begin to realize that communication skills can be learned. Furthermore, they learn that preparation is a vital component of effective speaking, which might stem from the emphasis given to goal setting. Specifically, the goal setting process requires the student to determine both how they will prepare and practice in order to obtain a desired goal (Kelly, 1989). Kelly et al. (1996) obtained results consistent with those reported here.

In short, through the program, reticent individuals learn that they are not helpless. They learn that they possess the ability to improve their communication skills, which can lead both to improved relationships and greater success in achieving the goals they set. The increased sense of control over their communicative ability might be a plausible explanation for the reduction in anxiety reported after rhetoritherapy.

It should be noted, however, that the present study found that reticent individuals tend to maintain the belief that "It is better to remain silent than to risk appearing foolish." The treatment effect for this belief only approached significance ($p < .07$). However, the Kelly et al. (1996) study found a significant treatment effect for this belief as well as for RB #1, "I have more to gain by remaining silent than by talking."

Thus, future research needs to examine the effectiveness of the Reticence Program in altering these beliefs.

Overall, the research reported here provides some support for Phillips' argument that reticent individuals possess beliefs about communication that contribute to the reticence experience and that the Reticence Program is capable of changing a limited number of those beliefs. The Kelly et al. (1996) study and the present research suggest that the list of reticent beliefs needs to be refined and that further study of the impact of the Penn State Program on reticent beliefs is warranted.

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