

Reticence: An Affirmation and Revision

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*In 1965, with the publication of "The Problem of Reticence," Gerald M. Phillips introduced the reticence construct to the field of speech communication. Over the next three decades, Phillips wrote about the nature of reticence, dramatically changing his initial view of the essence of the problem (Phillips, 1977) and then tinkering with his theory in subsequent publications (Phillips, 1984, 1986, 1991, 1997). This manuscript, the culmination of almost a decade of research, presents a theoretical statement on the nature of reticence that affirms, in part, Phillips' conceptualization but, grounded in new empirical data, refines and revises the construct. A new definition and a six-component model of reticence are proposed, followed by a discussion of theoretical and treatment implications. **Keywords:** reticence, communication anxiety, reticent beliefs, communication incompetence*

In 1965, Phillips published his first article on reticence and introduced to the field of speech communication the notion that some people have difficulty communicating across a range of situations. Until that time, the field had focused almost exclusively on fear of public speaking or "stagefright" (Clevenger, 1959). Thus, Phillips' groundbreaking contribution set the stage for cognate constructs such as communication apprehension (McCroskey, 1970) and unwillingness to communicate (Burgoon, 1976); in fact, the constructs associated with communication anxiety and avoidance have been the most studied in the discipline. McCroskey (1997) states that "The work of Clevenger and Phillips provided the foundation on which I have built my conceptualizations of Willingness to Communicate (WTC), Communication Apprehension (CA), and Self-Perceived Communication Competence (SPCC)" (p. 77). Given its important role in the study of communication avoidance, the reticence construct warrants further examination by scholars of social communication problems.

The reticence construct, like many others, has undergone revisions over time. Phillips (1991) reported that the primary sources for those revisions were his observations of college students enrolled in the Penn State Reticence Program he had created to help them and empirical research conducted by his doctoral students (e.g., Domenig, 1978; Kelly, 1982; McKinney, 1980; Metzger, 1974; Oerkvitz, 1975). The authors of this paper have been engaged in ongoing research into the nature of reticence since the early 1990s; our purpose here is to present a comprehensive theoretical statement on the nature of reticence based on Phillips' writings and the empirical data we have gathered. As will be developed in this paper, the theoretical position taken here both affirms and revises Phillips' conceptualization of reticence.

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History of the Reticence Construct

Phillips' original conceptualization defined reticence as a personality-based, anxiety disorder (Phillips, 1965). He later rejected this notion, however, and limited his view of the problem to one of inadequate communication skills, for whatever reason (1977, 1984, 1986, 1991, 1997).

The major characteristic of reticent persons is avoidance of social situations in which they feel inept (Phillips, 1997). Phillips (1984) stated: "When people *avoid communication because they believe they will lose more by talking than by remaining silent*, we refer to it as *reticence*" (p. 52). Reticent persons may or may not actually have deficient social skills (Phillips, 1986), but they think they do. Phillips' latest work (1991, 1997) asserts that most do. Either they have experienced social failure because of their ineptitude or other people have pointed out their deficiencies.

In addition, a reticent person may or may not experience fear about speaking (Phillips, 1986, 1997). In his final publication about reticence, Phillips argued that "We have encountered no information that directly connects inept performance behavior with any measurement of feelings about communication" (p. 129). Because his concern was so clearly about reticent *behavior*, Phillips (1997) felt that whether or not reticent people experienced anxiety was not important. He stated this explicitly: "When attention is focused on behavior, such concepts as 'communication apprehension' and 'anxiety' are not relevant" (Phillips, 1997, p. 129).

Careful reading of his work, however, reveals ambivalence, perhaps inconsistency, about the role of anxiety in his conceptualization of reticence. He claimed that "[p]eople may be apprehensive about speaking, but there is no evidence that it affects their speaking one way or another" (Phillips, 1997, p. 133). Furthermore, he argued that "If we remove apprehension, there is no guarantee that we will improve the individual's speaking, if it indeed is incompetent" (Phillips, 1997, p. 133). Phillips was quite explicit that his concern was with reticent *behavior* and training individuals to improve their behavior. However, he did not deny the existence of anxiety for many reticents, stating: "Reticence often masks strong emotions. It is often accompanied by anxiety that can impede both performance and receptivity to instruction" (Phillips, 1997, p. 142).

As Phillips (1977, 1986, 1997) has described them, reticent communicators can have problems in a wide array of skill areas and are apt to respond to situations in one of four ways. "First and foremost, they refrain from participating at all" (Phillips, 1997, p. 131). Second, they "create a self-fulfilling prophecy of ineptitude" (p. 131) in which, even if performing well, they doubt their competence and stop participating. The third response is to engage in programmatic activity, relying on clichés or head nodding (Phillips, 1997). Finally, some reticent communicators have nervous mannerisms such as hesitant speech and vocalized pauses (Phillips, 1997).

In a comprehensive refinement of the reticence construct, Phillips (1991) acknowledged the difficulty of defining terms like reticence, shyness, or incompetence. Phillips originally chose the term "reticent" because of its neutral connotations (Phillips, 1991), but he felt "reticence" had lost its neutrality, so he opted to use the phrase "communication incompetence." As Phillips (1991) stated: "The important question is, What do shy people *do* that leads others to regard them as shy? Once we focus on 'doing,' we can ignore all prior designations. It is no longer important to label people as 'shy,' 'reticent,' or 'apprehensive.' Once we have identified inept

behaviors, we can work on modifying them, without labeling the individual at all" (p. 49).

Phillips' (1991) most recent theory identified the classical canons of rhetoric (invention, disposition, style, delivery, and memory) as the major processes that are involved in a competent act of communication. The reticent communicator may be incompetent in one or more of these rhetorical processes (Phillips, 1991). Although this concept was a theme in earlier work (Phillips, 1977), it was articulated with greater detail in this latest treatise.

Another aspect of the problem of reticence is reticent individuals' rigid adherence to a faulty set of beliefs (1984, 1986, 1991, 1997; Kelly, Phillips & Keaten, 1995; Phillips & Metzger, 1973), which Phillips referred to as "myths" (Phillips, 1984, 1986, 1997). 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, Keaten and Finch (1996) summarized 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).
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, 1997; 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, 1997) 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, 1997). 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).
5. I can speak whenever I want to. Phillips (1984, 1986, 1997) 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 so fear the reactions of others (Phillips, 1984, 1986, 1991, 1997). 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, 1997).

Kelly and colleagues (Kelly et al., 1996; Keaten, Kelly & Finch, in press) 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" (Keaten et al., in press, p. 6). Phillips argued that "Virtually all of the reticent people who have participated in our program have expressed the . . . [preceding] beliefs" (Phillips, 1986, p. 359).

In summary, Phillips' conceptualization of reticence includes two dimensions: cognitive and behavioral. The behavioral dimension, which Phillips emphasized, particularly in more recent work (1991, 1997), involves avoidance and ineptitude brought on by skills deficits in the rhetorical processes implicit in the five canons of rhetoric (Phillips, 1991). The cognitive component of the problem is the faulty belief system which justifies the reticent person's avoidance of communication.

Reconceptualizing Reticence

Based on the works of Phillips and the data we have gathered, we present in this section a reconceptualization of reticence. The theoretical model of reticence we present maintains the behavioral and cognitive dimensions identified by Phillips, albeit with some modifications, but adds an affective component.

A Definition of Reticence

We begin with a definition of reticence: When people avoid communication because they believe it is better to remain silent than to risk appearing foolish, we refer to this *behavior* as reticence. *Individuals* who are referred to as *reticent* are people who tend to avoid communication because they believe it is better to remain silent than to risk appearing foolish. In short, reticence refers to behavior; individuals we refer to as reticent are people who have a tendency to avoid communication, that is, to engage in chronic silence out of fear of foolishness.

Our definition typifies the unique belief system of the reticent individual, in which silence is a patterned response to the threat of negative evaluation (foolishness). Keaten and colleagues (in press) found that the majority of reticent individuals agreed with the statement, "It is better to remain silent than to risk appearing foolish," whereas the majority of nonreticent individuals disagreed with this statement.

The merit of this definition is that it discriminates accurately between reticent and nonreticent individuals. Our definition represents a departure from Phillips' definition of reticent individuals as those who believe "they will lose more by talking than by remaining silent." Research shows that the majority of reticent individuals disagreed with this statement (Keaten et al., in press), making this definition problematic. In short, we present a new definition of reticence based upon recent research into the belief system of reticent individuals.

Reticence, as a behavioral response to a social situation, is not necessarily problematic. In fact, reticence can be an appropriate and rational response. For

example, if a teacher were to ask a group of elementary students "Who can tell us about the major implications of quantum physics?" many, if not all, of the students would experience reticence because of their lack of knowledge of the topic. In this example, reticence would be considered an appropriate and understandable response.

Reticence is problematic, however, when chronic silence prevents an individual from obtaining his or her personal and/or professional goals. Take the following examples:

1. A confused student avoids talking with a teacher because he or she thinks the teacher will disapprove of a request for help. The student is quite upset because of failing the test.
2. A person does not ask someone out on a date because he or she worries about a negative response. The person is sad because of loneliness.
3. An employee may have an idea that could save the company money but fears that the idea will be criticized by coworkers. The person is passed up for a desired promotion because of a "lack of initiative."
4. A person has been sexually harassed but doesn't want to "make a scene." The person remains silent even though the behavior is both offensive and illegal.

These examples illustrate situations in which reticence limits a person's ability to achieve personal and/or professional goals. Reticence is classified as problematic when a person's silence impairs his or her ability to reach goals because he or she worries about being perceived as foolish. Thus, individuals we refer to as reticent experience problematic reticence.

Reticence presents more of a problem in an individualistic and competitive society, in which people are expected to assert, promote and defend their own ideas. Those who are voiceless place themselves at a distinct disadvantage because their thoughts and feelings go unheard.

The above definition of reticence is built upon an economic model of interaction. An individual makes a choice about whether or not to communicate based upon her/his perceptions of potential gain versus potential loss. Interaction can be rewarding, especially when our social needs are satisfied. Interaction, however, has the potential to punish, such as when a satisfying relationship ends or when we receive a negative evaluation from a person we respect.

Viewing interaction economically does not imply that individuals act rationally. Reticent individuals may conduct an irrational appraisal of a social situation. In fact, reticents tend to underestimate potential rewards and overestimate potential punishments. Keaten, Kelly and Finch (1999) found that reticent individuals, as compared to nonreticent individuals, reported elevated levels of fear of negative evaluation, including a heightened sensitivity to the opinions of others. In sum, the essence of the definition of reticence proposed in this paper revolves around fear of negative evaluation: when people avoid communication because they believe it is better to remain silent than to risk appearing foolish.

A Model of Reticence

There are six components to this model of reticence: need, perceived incompetence, helplessness, anxiety, devaluation, and withdrawal. No assumption is made that this is a sequential, linear model. Each component is explained below.

Need. Because reticent individuals are very sensitive to negative evaluation, they might be tempted to avoid communicating altogether. If social interaction were frivolous, like a weekend hobby, avoiding communication wouldn't be a problem. In a society that values verbal communication, however, the avoidance of communication creates more problems than it solves for the reticent individual. Furthermore, interaction is an essential part of human nature because it satisfies our innate predisposition to develop and sustain relationships (Ainsworth, 1989; Barash, 1977; Baumeister & Tice, 1990).

Reticent individuals are fully aware that communication is needed to survive in a social world. Research shows that the overwhelming majority of reticent individuals understand the vital purpose of communication, such as forming one's identity, building close relationships, and pursuing goals (Keaten, et al., in press; Kelly et al., 1996). Thus, we disagree with Phillips (1997) who argued: "One of the most severe handicaps from which reticent people suffer is their consistent underestimation of the importance of rhetoric in sustaining productive relationships" (p. 137). Evidence shows clearly that reticent individuals understand the need for communication. The problem rests with their perceived inability to satisfy personal and professional needs.

Perceived Incompetence. Research supports the proposition that individuals who avoid communicating tend to view themselves as incompetent or lacking in key communication skills. Reticent individuals report problems regarding knowledge of what to say, timing, organization, delivery and memory (Keaten, Kelly, & Begnal, 1995; Keaten, Kelly, Begnal, Heller, & Walker, 1993; Kelly & Keaten, 1992). Reticent individuals, in comparison to nonreticent individuals, view themselves as less competent in the areas of self-disclosure, articulation, social composure, social confirmation and wit (Keaten et al., 1995; Kelly et al., 1996). In general, reticents, as compared to nonreticents, report more problems when communicating (Kelly & Keaten, 1992).

Given that avoiding communication prevents individuals from practicing and refining their skills, it seems reasonable to assert that reticents are less competent communicators than nonreticents. This assertion is justified further by the fact that reticent individuals do not speak much in social situations and report lower levels of social experience (Keaten et al., 1995). A person who refrains from talking or talks less than is considered culturally appropriate engages in incompetent behavior. Therefore, our model of reticence includes Phillips' presumption that reticent individuals perceive themselves as poor communicators who typically possess skill deficiencies.

Research on constructs related to reticence supports the assertion of perceived incompetence. Leary and Kowalski (1995) explained that socially anxious individuals doubt their ability to establish a desired impression: "When people regard themselves negatively or believe they will be unable to handle the social demands of an encounter, they are likely to experience social anxiety" (p. 62). Social anxiety, therefore, increases when individuals feel "uncertain of their *ability* [emphasis added] to convey the desired impressions" (Leary & Kowalski, 1995, p. 62).

Individuals who suffer from communication apprehension also report lower levels of communication competence. They report lower levels of heterosexual social skills (Prisbell, 1982) and are less competent and less understood in communication settings (Douglas, 1991; Duran, 1992; Duran & Kelly, 1989; Freimuth, 1976; Low &

Sheets, 1951; Prisbell, 1982; Rubin, 1985). People with higher levels of communication apprehension are less confident about their knowledge of speech topics (Beatty, 1988; Beatty & Friedland, 1990) and are less socially competent in general (Hymel, Bowker, & Woody, 1993; Rubin, Hymel, & Mills, 1989).

Buss (1997) also included incompetence in his theory of self-conscious shyness. He proposed that shyness is characterized, in part, by poor social skills: "... some people never acquire the social skills that make it easy and often pleasurable to deal with others. A client told me that she had no idea how to ask another woman to come to her home for a cup of coffee to just talk" (p. 121). In sum, research shows a clear and consistent relationship between the avoidance of communication and perceptions of incompetence.

Helplessness. Seligman (1990) defined helplessness as "the state of affairs in which nothing you choose to do affects what happens to you" (p. 5). McCroskey (1997) posited learned helplessness as a cause of communication apprehension in which individuals develop anxiety "produced by inconsistent receipt of reward and punishment" (p. 95) when they attempt communication, such as when a child is sometimes rewarded, sometimes punished for dinner table conversation. However, research testing his notion about helplessness as a cause of communication apprehension has not been published. Direct evidence of the existence of helplessness has been provided by Seligman (1990), who conducted laboratory experiments with animals and concluded that the source of learned helplessness is the "experience in which subjects learned that nothing they did mattered and that their responses didn't work to bring them what they wanted" (p. 67).

In the context of reticence, helplessness refers to a perceived lack of control over communication outcomes. Despite concerted efforts, reticent individuals view their attempts to communicate as futile because they view failure as the inevitable consequence of talking. Communication is unable to bring them what they want, so they give up trying and avoid talking.

Research supports the assertion that reticent individuals experience helplessness. Reticent individuals believe that "good" speakers communicate spontaneously (Keaten et al., in press; Keaten et al., 1999; Kelly et al., 1996). The connection between helplessness and reticence rests in the word "spontaneously." To act spontaneously means to act without forethought, to be impulsive and unrehearsed, which is to say, reticent individuals believe that "good" communicators speak without rehearsal and without planning. People who think that they are incompetent and believe that they cannot engage in practices to improve their skills (e.g., planning and rehearsing) will experience helplessness.

If reticents view themselves as incompetent and view effective communication as impulsive and unrehearsed, then the anticipated outcome is inevitable. They think they will fail. They believe they will look foolish. Therefore, they remain silent. Findings from two studies support the conclusion that reticent speakers tend to believe that communication skills cannot be taught, that the ability to speak well is a talent one is born with (Keaten et al., in press; Kelly et al., 1996). A recent study (Keaten et al., 1999) did not produce this same result. Therefore, the reticent belief that communication skills are innate must be explored further.

Reticent individuals also experience helplessness because they set unrealistic standards for their communication behavior. For example, reticents believe that they must avoid making any mistakes when giving a speech (Keaten et al., 1999);

perhaps they adopt what Motley (1991, 1997) terms a "performance orientation" toward communication in which "speakers assume that minor mistakes are unforgivable" (Motley, 1997, p. 380). Because the prospect of giving a speech without a single mistake is highly unlikely, reticent individuals expect to fail because they cannot obtain their lofty standard of perfection. Furthermore, no amount of planning and practicing can insure perfection. Reticent individuals believe that success is beyond their control. In short, they experience helplessness.

Anxiety. Anxiety is an understandable consequence, considering the belief system of reticent individuals. They understand the need for communication but perceive themselves as helplessly incompetent. Therefore, when they are in situations where they must talk, their expectation of failure leads to feelings of anxiety.

Research consistently shows that reticent communicators feel anxious (Keaten et al., 1993; Kelly & Keaten, 1992; Kelly, Keaten, & Begnal, 1994). Using a four-quadrant model based on the two dimensions of anxiety and skill, we found that a large percentage of study participants drawn from the Penn State Reticence Program had both self-perceived skill problems and feelings of anxiety (67% in Keaten et al., 1993; 49% in Kelly et al., 1994). Only 10–13 percent of participants in the two studies reported skill deficits but no anxiety problems in the context of social interaction. Moreover, reticents reported significantly higher levels of fear of negative evaluation than non-reticents in a recent study (Keaten et al., 1999), and fear of negative evaluation is the defining characteristic of social anxiety (Leary & Kowalski, 1995). Given their high levels of fear of negative evaluation and their tendency to subscribe to the belief that "It is better to remain silent than to risk appearing foolish" (Keaten et al., in press, 1999; Kelly et al., 1996), there appears to be sufficient evidence to conclude that reticents' anxiety revolves around their fear of negative evaluation.

Thus, reticent individuals identify anxiety as a significant component of their problem, warranting the inclusion of an affective component in our model. Furthermore, our data produced a strong correlation between anxiety and problems with delivery, two dimensions of the Reticence Scale (Keaten, Kelly, & Finch, 1997). In fact, the correlation between anxiety and delivery problems is the highest among the dimensions of the scale, suggesting that the experience of anxiety may indeed disrupt the speech behavior of reticent communicators. In conclusion, we agree with Phillips (1997) who asserted that anxiety is a rational response for the reticent speaker; reticent individuals understand the need for communication but perceive themselves as helplessly incompetent.

Devaluation. Because they understand the critical need for communication but perceive themselves as helplessly unable to be good communicators, reticent individuals experience cognitive dissonance, which they alleviate in part by devaluing communication. They are trapped in the reticence paradox: understanding the importance of communication on a societal level but devaluing its importance on a personal level. They believe that "speaking is not that important to me" while agreeing simultaneously that communication is important for building relationships, forming identity, and achieving goals.

Another way that reticents devalue communication is to stigmatize the communication behavior of others. They are more likely to believe that "people talk too much" (Keaten et al., in press), which may explain why reticent individuals are less willing to communicate than others (Keaten et al., 1993). Stigmatizing the communication behavior of others may serve to legitimize their chronic silence. The belief

that people "talk too much" serves to reduce their cognitive dissonance because they can rest assured that the problem is not their silence but the incessant babbling of others. After all, no one would ever accuse the reticent individual of "talking too much."

A final way that reticents can devalue communication is to adopt the label "shy." Research indicates that reticent individuals are more likely to agree with the statement "Basically, I am a shy person" (Kelly & Keaten, 1992). By assuming this social label, they can rationalize their silence as part of their personality; "it's just who I am." The act of attributing silence to a personality trait frees the reticent individual from any responsibility for initiating or maintaining a conversation.

Withdrawal. The final component of this model of reticence is withdrawal and avoidance of communication. Because of their self-perceived incompetence, the belief system they have adopted, and their anxiety, reticent people avoid communication by not putting themselves in situations requiring talk and/or by saying little or nothing when in communication contexts (e.g., not speaking during a class discussion, standing alone and not interacting in a social setting).

Research shows that reticent individuals report less social experience than nonreticents, supporting the assertion of withdrawal (Keaten et al., 1995). Research also shows that reticent individuals experience greater feelings of isolation and tend to agree with statements such as "I tend to be very quiet in class," "I am a quiet person," and "most people talk more than I do" (Kelly & Keaten, 1992).

In sum, reticence as a behavior exists when people avoid communication because they believe it is better to remain silent than to risk appearing foolish. Individuals who are referred to as reticent have a tendency to avoid communication because of this belief, resulting in problematic reticence, the inability to achieve personal and professional goals due to chronic silence. Reticent people perceive themselves as incompetent communicators, and in general, they are, at least in regard to cultural notions of appropriate amount of talk in social situations. Because they believe that good communicators speak spontaneously, that they must not make any mistakes, and tend to believe one must be born with good communication skills, they feel helpless about ever becoming "good" speakers. They fear negative evaluation, want desperately to avoid appearing foolish, and have learned to associate anxiety with communication, all of which contribute to their avoidance and withdrawal pattern. To alleviate the dissonance they feel due to the belief that their plight is hopeless, they adopt beliefs that devalue communication, such as referring to themselves as "shy," stigmatizing others, and engaging in paradoxical thinking.

Implications and Conclusion

Adopting the model of reticence described here suggests a number of implications, which we explore in this section. The most obvious implications are theoretical because to adopt this model is to diverge somewhat from Phillips' conceptualization. Critical readers might argue that the communication problem defined by the model presented in this paper is not reticence because, for instance, it includes an anxiety component. Such readers might argue, therefore, that we should rename the construct we define here. We rejected that argument for two primary reasons. First, the model presented here, and supported by our data, largely affirms Phillips' view of reticence; it retains the essence of the reticence construct. The major differences between Phillips' conceptualization and this one are: (1) Our data confirm that most

reticent individuals experience anxiety about communication and that anxiety is related to their problems, especially with delivery; thus, we incorporated anxiety into the model. Recall that Phillips did not deny the existence of anxiety for the reticent person, but rather chose to focus on reticent behavior; (2) Our data reveal that, contrary to what Phillips argued, reticent individuals do understand the need for communication, particularly in relationship development; and (3) our definition of reticence revolves around the belief they hold that it is better to remain silent than risk appearing foolish, in contrast to Phillips' definition which was based on his presumption that reticents believed that they had more to lose by talking than by remaining silent.

The second reason for identifying this as a refined model of reticence rather than generating a new label is that the field does not need another construct that is nearly identical to reticence. To call this something other than reticence would be to create additional confusion in the literature over the nature of and relationships between communication problems (Wadleigh, 1997).

Beyond theoretical implications, this model poses significant treatment and pedagogical implications. Like Phillips, whose primary aim in explicating the problem of reticence was always to develop appropriate pedagogies for helping reticent students (Phillips, 1977, 1986, 1991, 1997), our principal concern is with remediation. In this paper we offer a reconceptualization of reticence that is grounded in recent research findings, with the ultimate objective of refining the teaching of reticent individuals to be more effective communicators. The model presented here does not require that professional psychologists treat reticence but instead enables communication practitioners and teachers to help reticent students. For instance, an important component of treatment is communication skills training because reticent individuals perceive themselves as incompetent and, to varying degrees, they are. Skills training not only can assist them in becoming more competent, but it has the potential to increase their self-perceptions of competence.

The faulty belief system of reticents also suggests another essential aspect of pedagogy, cognitive modification in the form of altering those beliefs which contribute to feelings of helplessness and devaluation of communication. Reticent people do not need to be taught that communication is necessary and important; they do require some evidence/persuasion that communication skills can be taught and that one does not need to be spontaneous and perfect to be a good communicator. Changes in these beliefs are necessary in order to reduce their feelings of helplessness. Given the connection between feeling helpless and devaluing communication, such instruction could have the added benefit of reducing the tendency to devalue human interaction.

In its current form, rhetoritherapy (the treatment model underlying the Penn State Reticence Program (Kelly et al., 1995; Phillips, 1986, 1991, 1997) does not deal with anxiety directly. Rather, the primary focus is on skill development, with the assumption that successful behavior reduces apprehension (Kelly et al., 1995), and evidence exists to support that assumption (Kelly & Keaten, 1992). The goal analysis assignments students complete in the special course at Penn State (see Kelly et al., 1995 for a description) should be modified to include strategies they could use to cope with their nervousness. Instructors could also give greater emphasis to the idea that reticents should concentrate on their skills because they have greater control

over behavior than feelings, and changes in behavior can produce a reduction in anxiety (Phillips, 1986, 1997).

A more radical proposal for revising the treatment approach revolves around this issue of alleviating anxiety. In the model of reticence presented here, we state that helpless incompetence results in a learned association between communication and anxiety. Therefore, even if reticents learn social skills and change their thinking, they must also decouple communication and anxiety for treatment to achieve maximum effectiveness. The most effective means of reducing conditioned anxiety is the process of reciprocal inhibition embodied in systematic desensitization (Wolpe, 1958). Given that research finds systematic desensitization and other relaxation techniques effective in reducing communication apprehension (Allen, Hunter, & Donohue, 1989), including relaxation techniques in the Reticence Program might enhance the program's effectiveness in dealing with the anxiety component of the problem. It should be noted that anxiety-reduction treatments such as systematic desensitization have been used successfully by communication teachers (Friedrich, Goss, Cunconan, & Lane, 1997; McCroskey, 1972) and thus do not require the services of professional psychologists. These suggested revisions require research to test their impact on reticent program participants, however.

The reticence construct, as all dynamic social scientific constructs, has evolved over the past three decades as scholars have amassed new information about the nature of reticence. The model presented here, although grounded in nearly a decade of empirical research, is undoubtedly a work in progress, as it will be shaped by future research. Scholars in this field will need to continue to refine treatment approaches to keep pace with important modifications in communication anxiety and avoidance constructs such as reticence. In discussing rhetoritherapy, the training approach used in the Penn State Reticence Program, Phillips (1986) stated: "This is the mandate of rhetoritherapy: *everyone can be helped a little*" (p. 373). Perhaps future research into the nature and treatment of reticence will enable the mandate to be changed to: *everyone can be helped a lot*.

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