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Communication Apprehension in Romantic Relationships and Effects on Mental Health

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Senior Capstone Seminar

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Author Note

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Abstract

Key Concepts: Willingness to Communicate, Communication Apprehension, Romantic Partners, Mental Health, Self-Esteem, and Accommodative Behavior

This study examines how and if university students' communication apprehension (CA) within romantic relationships affects their mental health. Inspired by Communication Accommodation Theory, this researcher conducted both a survey and in-depth interviews with undergraduate students at the University of Nebraska at Omaha to test these relationships and further explore experiences of CA in romantic relationships. The findings of this study reveal that lower levels of CA are positively correlated with a healthier mental status, including overall mental health and self-esteem. In addition, the data indicates that participants do not experience CA except when it comes to sensitive subjects. Employing accommodative behaviors can help overcome this CA, according to the data. These findings suggest that the less apprehensive couples are about communication with their partner, the higher quality their mental health will be.

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Introduction

According to Jiang, emotional well-being is low in the United States, “with 40% of American adults reporting the experience of daily stress and excessive anxiety” (2017, p. 1). Psychological well-being is especially crucial for university students who are working hard to meet their full potential and kickstart their careers (Agrawal & Krishna, 2021). Yet, scholars have detected a rise in mental health conditions in America, especially among university students (Agrawal & Krishna, 2021). Disclosing distressing information can lead to positive health outcomes for individuals, including better psychological well-being (“Stigma, Stress, and Willingness,” 2017). Thus, refusing or hesitating to communicate about distressing or important matters can lead to negative health outcomes, including poor mental health and low self-esteem.

Many studies have analyzed the relationship between communication apprehension (CA) and health. Most of this research predicts how withholding health information from physicians can negatively affect one’s physical health (Baker & Watson, 2015; Baker et al., 2021; Carmack & Ahmed, 2019; Hesse & Rauscher, 2019; Jiang, 2017). Few studies have analyzed the effects of CA on mental health, and those that have primarily do so in the context of parent-child relationships or teacher-student relationships, not romantic relationships (Agrawal & Krishna, 2021; Aloia & Strutzenberg, 2019; Meluch et al., 2022). Although not involving mental health, researchers have also analyzed CA in romantic relationships in the past. Historically, research dealing with CA in romantic relationships focused on the initial process of dating and how CA affects one’s number of dates and willingness to go on a date (McCroskey & Sheahan, 1978; Parks et al., 1980; Prisbell, 1982). More recent research involving CA, health, and romantic

relationships focuses solely on romantic partners' communication about sexual histories and sexually transmitted infections (Brannon & Rauscher, 2019; Hall, 2009). Thus, analyses of the effects of CA on mental health are still widely left out of the current literature, especially when analyzed in romantic relationships. Romantic relationships are a pivotal part of the human experience and can undoubtedly have effects on one's mental health. Baumeister and Leary (1995) suggest "that the need to belong, and develop significant, positive interpersonal relationships is a fundamental human motivation" (as cited in 11.3: *Romantic relationships*, 2021, p. 1). They also explain that satisfaction from romantic relationships is incomparable to other relationships (11.3: *Romantic relationships*, 2021). Hence, the study of CA on health in romantic relationships is one of great importance. Thus, the chief question isolated for research in this study is: How does CA with a romantic partner affect the mental health of the person experiencing CA?

This research study will review the theoretical framework used to guide the study; discuss the most relevant and recent literature on CA, health, and romantic relationships; suggest the needs and benefits of the proposed research; clearly report the hypotheses and research questions that will enable the research process, explain the methodologies used to collect the research data, analyze the research data, and discuss implications of the research and suggestions for future research.

Theoretical Framework

One primary communication theory will guide this study. Communication Accommodation Theory (CAT) was developed by Howard Giles in 1971. CAT was "designed to describe how we use language to signify and negotiate our personal and group identities in communicative contexts" (Baker & Watson, 2015, p. 623). As described in the theory, thoughts

determine whether someone is willing to accommodate their behavior to meet the needs of another person's communication behavior (Baker & Watson, 2015). Accommodative behavior includes actions such as explaining and listening. These behaviors are friendly and inviting, usually encouraging communication (Baker & Watson, 2015). Nonaccommodative behaviors such as being rude or being patronizing are not as likely to encourage communication (Baker & Watson, 2015). Thus, accommodative behavior is more welcoming.

Accommodative behaviors have been known to invite open communication and decrease levels of CA. For instance, Baker and Watson (2015) found that nonaccommodative behaviors from physicians will lower patient Willingness to Communicate (WTC). These nonaccommodative behaviors lower WTC because the patients may feel bothersome or inferior, as though their communication is not welcome (Baker & Watson, 2015). Accommodation strategies such as letting the patient talk and relate personal experiences raises patient WTC. It is reasonable to argue then that accommodative behaviors in relationships other than doctor-patient relationships will also raise WTC and lower CA. Thus, CAT will guide this study, as accommodative behavior is predicted to be one of the primary influences on whether someone experiences CA with their romantic partner.

Review of Literature

This discussion of literature focuses on chief examples of research to understand the current knowledge and focus on the topic among scholars. As discussed, research on the effects of communication apprehension in romantic relationships has scarcely been studied. However relevant research that provides context for this study is organized first by the findings of studies dealing with CA and romantic relationship, then by the findings of studies dealing with CA and health. The literature will be organized topically, with each topic moving in a relatively

chronological manner. To examine the literature, key concepts and variables must first be defined. These concepts are willingness to communicate (WTC), communication apprehension (CA), romantic relationships, and mental health.

Willingness to Communicate

Willingness to Communicate (WTC) was developed by McCroskey and Richmond in 1991. It was originally defined as the intention to communicate when given the choice (Baker & Watson, 2015; Baker et al., 2021). Once described as a personality characteristic, WTC is also now considered a state characteristic that can change depending on one's situation (Baker & Watson, 2015). According to McCroskey and Richmond (1991), the two most consistent predictors of WTC are communication anxiety and communication competence (as cited in Baker & Watson, 2015). McCroskey and Richmond state that communication competence is one's belief that they will be able to communicate effectively (Baker & Watson, 2015). On the other hand, communication anxiety is the fear or anxiety of communicating with another person or group of people (Baker & Watson, 2015). Communication anxiety has the same definition as CA. Therefore, CA is a predictor of WTC and is negatively correlated with WTC (Baker & Watson, 2015). For the purposes of this study, communication apprehension will be analyzed; communication competence will not be analyzed, and thus, the larger concept of WTC will not be analyzed by this study's research methods. However, much literature on communication apprehension discusses WTC, and thus, it is vital to understand this definition.

Communication Apprehension

Originally defined by McCroskey, CA is the fear of "real or anticipated" communication with others (Aloia & Strutzenberg, 2019. p. 1). Specifically, the fear comes from initiating and maintaining conversations with others (*APA Dictionary of Psychology*, n.d.). CA is an umbrella

term that encompasses all fear of communication. Like WTC, CA can be considered a trait or a state characteristic (Agrawal & Krishna, 2021). For the purposes of this study, CA will not be defined as a trait but rather be analyzed as a state characteristic that changes based on the context of the situation or conversation. CA increases and decreases due to contextual factors (Agrawal & Krishna, 2021), especially in complicated relationships like romantic relationships.

Romantic Relationships

It is apparent then that romantic relationships are a key element to this study. According to Collins and colleagues (2009), romantic relationships are “mutual, ongoing and voluntary interactions between two partners that is characterized by specific expressions of affection and intimacy” (as cited in 11.3: *Romantic relationships*, 2021, para. 6). This means that a romantic relationship is defined as any couple who shares in romantic exchanges and is committed to each other in a monogamous relationship. Romantic relationships can be made up of two people who meet this definition, regardless of their gender identity or sexual orientation.

Mental Health

Mental health is also another key element that needs defining. Mental health is “a state of mind characterized by emotional well-being, good behavioral adjustment, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships and cope with the ordinary demands and stresses of life” ((*APA Dictionary of Psychology*, n.d., p. 1).

Although incredibly complex and encompassing many factors, mental health will be defined in this study as a combination of two main factors: emotional well-being and self-esteem.

According to Kahneman and Deaton (2010), emotional well-being is “the emotional quality of an individual’s everyday experience of joy, fascination, affection, anxiety, sadness, anger, and stress” (as cited in Jiang, 2017, p. 1). In this sense, emotional well-being is a general term used to

encompass typical everyday emotions. On the other hand, self-esteem is one's opinion of themselves rather than the general emotions they feel daily (Services, n.d.). People with low self-esteem are unhappy with themselves most of the time. Together, emotional well-being and self-esteem create a relatively well-balanced definition of mental health, as the reliability score will indicate later in this study.

CA and Romantic Relationships

To understand these variables, we must first analyze the beginning three: WTC, CA, and mental health. As previously discussed, historically, CA in romantic relationships has been studied in the early stages of a relationship. Such studies found that people with high CA are more likely to date exclusively than people with low CA (McCroskey & Sheahan, 1978; Parks et al., 1980). To date exclusively means that an individual is only going on dates with one person, rather than going on dates with multiple people at once. However, Parks and colleagues (1980) found that there is no clear preference for dating exclusively among people with moderate levels of CA. Additionally, people with low CA did not report having fewer dates or a lower probability of accepting a blind date (Parks et al., 1980). These findings suggest that people with high CA are just as likely as people with low CA to date and value relationships, which means that CA is a very plausible communication barrier for many relationships. In fact, Parks and colleagues (1980) stated that future research should focus on the mediating role that anxiety-coping strategies might play on reducing CA. Identifying these coping strategies is one of the research questions in this study.

Additionally, research by Prisbell (1982) found that people with high CA do not see themselves as having the skills needed to date. They may also perceive dating as tricky and deceptive (Prisbell, 1982). Finally, Prisbell (1982) found that people with high CA have lower

self-physical image, which could contribute to low self-esteem – a principal variable in this study.

More recent research on CA in romantic relationships has shifted away from the initial process of dating and has focused more on CA in an established relationship. Loveless and colleagues (2008) sought to explore the differences in CA levels among survivors and non-survivors of the first big fight in a romantic relationship. The findings revealed that no significant differences in levels of CA exist between survivors and non-survivors before the first big fight; however, dating partner communication apprehension was much higher after the first big fight, especially for non-survivors. Essentially, high CA in a romantic relationship after a big fight is positively associated with the high likelihood of breaking up after the big fight. Thus, research in the past set the context of the importance of CA in romantic relationships: It is a prevalent phenomenon that could lead to negative effects in a romantic relationship.

Related to CAT, a study by Brannon and Rauscher (2019) found that CA in romantic relationships is even more complicated than initially thought because people not only try to protect themselves in romantic relationships, but also uphold the face, or presentation of the self, that the recipient of the information has. In other words, young adults are willing to have difficult conversations with their romantic partners while still protecting their partner (Brannon & Rauscher, 2019). Protection from mental health issues is still widely unknown with the current literature discussed, however. Further exploration of the effects of CA on health is needed.

CA and Health

The Power of Perception

The current literature analyzing these variables does not tend to focus on romantic relationships. In fact, most of the current research on CA and its effects on health is analyzed in doctor-patient relationships. However, despite the different relationship types, findings can generally be sorted into three categories. First, communication perceptions are mediators to CA (Agrawal & Krishna, 2021; Aloia & Strutzenberg, 2019; Baker & Watson, 2015; Baker et al., 2021; Meluch et al., 2022). When it comes to doctor-patient relationships, patients with lower communication anxiety, higher perceived communication competence, and higher patient perceptions of participation (PPP) are more willing to communicate with their physicians (Baker & Watson, 2015; Baker et al., 2021). Simply, the more a patient feels like they are free to participate in a health consultation, the more likely the patient is to communicate with their doctor. These findings suggest that perceiving high levels of welcome participation within relationships, including romantic relationships, will lead to lower CA.

Additionally, the perception of available support resources from professors affected student WTC with instructors about mental health (Meluch et al., 2022). Students were more likely to communicate with professors who shared mental health resources with them than professors who did not. In summary, “college students who perceive that their instructors are supportive of them are more willing to communicate about their mental health issues and perceive there to be a lower risk of communicating about their mental health issues with their instructors” (Meluch et al., 2022, para. 28). These findings indicate that romantic partners who are more supportive of each other are more likely to encourage communication and lower CA on stigmatized topics.

When it comes to professor-student relationships, perception also has a powerful mediating effect on CA. Students’ own perceived learning capabilities mediate the relationship

between their communication apprehension with their professors and personal psychological well-being (Agrawal & Krishna, 2021). Because of this, communication apprehension is negatively related to students' perceived learning, and perceived learning is positively related to psychological well-being in students (Agrawal & Krishna, 2021). These findings suggest that communication apprehension is negatively related to psychological well-being. However, because this relationship is not directly compared, further investigation is needed.

H1: Low CA in romantic relationships is positively correlated with good mental health.

When it comes to parent-child relationships, perception of self also mediates levels of CA. Although more of a dominant-subordinate relationship than most romantic relationships, parent-child relationships provide a great deal of context into how CA and mental health is affected in relationships that are more intimate than professional. According to Aloia and Strutzenberg, "Communication apprehension in parent-child relationships discourages children from sharing information and seeking parental guidance, resulting in decreased relationship quality and satisfaction" (2019, p. 1). Communication apprehension between parents and children is also "associated with increased distress, decreased self-esteem, and lowered self-efficacy for the child" (Aloia & Strutzenberg, 2019, p. 1). On the other hand, self-esteem is negatively associated with communication apprehension with a caregiver (Aloia & Strutzenberg, 2019). These findings suggest that high levels of self-esteem and perception of self will be negatively correlated with CA across relationships, and vice versa. This assumption is supported by the findings of Campero-Ohart and colleagues (2020) who found that there is a substantial and negative association between general CA and self-esteem. In fact, Campero-Ohart and colleagues (2020) found that general CA is a very strong predictor of self-esteem.

H2: Low levels of CA in romantic relationships are positively correlated with high self-esteem.

The Effects of Accommodative Behavior

Perceptions are powerful and not easily changed. However, current literature has explored the different ways in which individuals can encourage communication from someone experiencing CA. This second findings category suggests that accommodative communication will encourage WTC and discourage CA (Hesse & Rauscher, 2019; Carmack & Ahmed, 2019; Jiang, 2017).

Affection deprivation (or the lack of affection) negatively relates to provider communication competence, trust in provider, patient willingness to communicate about health, perceived patient involvement in care, breadth of openness with a provider, patient adherence, and patient satisfaction (Hesse & Rauscher, 2019). These findings indicate that patients desire affectionate communication, and affectionate communication from doctors leads to better health communication. The same relationship should be investigated in romantic relationships. Cultural competence also plays a role in encouraging communication. As patients perceive providers exhibiting more cultural competence, the less apprehensive and more willing to communicate with the providers students are (Carmack & Ahmed, 2019). According to Carmack and Ahmed, “Patient centeredness, which focused on providers integrating patient engagement and shared decision-making, was the only cultural competency variable that predicted patient satisfaction” (2019, p. 724). This is consistent with other research that found that patient-centered communication has positive and direct effects on emotional well-being, while also indirectly influencing emotional well-being (Jiang, 2017). The findings suggest that health care providers should consider the emotional burdens of patients and carry out strategies to address their

emotional needs. Translating to romantic relationships, indirectly addressing if accommodative behaviors encourage open and honest communication should be explored, as well as which accommodative behaviors.

RQ1: What are some of the coping strategies that romantic partners use to deal with CA on a regular basis?

As the literature proves, perceptions of communication are one of the strongest predictors of WTC and CA in other relationship contexts. Current researchers have primarily used survey research to examine the relationship among CA and mental health. However, survey research only allows surface-level inquiry. In-depth interviews are needed to fully understand why someone experiences CA in a romantic relationship and how it affects their mental health. In addition, in-depth interviews will provide deep examination of which topics cause CA and why, as well as which coping strategies couples use to manage CA.

To explore the perceptions and experiences affecting CA and mental health, the following additional research questions are proposed:

RQ2: For which topics do romantic partners have higher CA and why?

RQ3: What do romantic partners perceive as the cause of CA in their romantic relationships?

RQ4: How do individuals believe their mental health has been affected by CA with their romantic partners?

It is clear from the research discussion that CA is affected by the perceptions of the person experiencing it. Additionally, it is well known that accommodative behaviors can help to lower levels of CA and encourage communication. However, the proposed hypotheses still need analyzed and the proposed research questions still need explored for several reasons.

First, an inadequate amount of research has addressed how CA affects mental health. Most of the current literature discusses physical health in doctor-patient communication situations. As previously discussed, mental health is a rising issue and one that needs to be helped. Exploring if and how CA affects mental health can help scholars identify a cause of poor mental health, reducing the number of mental health conditions in the United States.

Second, very little research has explored communication apprehension in romantic relationships other than the dating scene and sexual contexts. Romantic partners often grow to become each other's number one confidant. Much communication that could be potentially apprehensive in these relationships has yet to be explored. In addition to potentially providing poor mental health prevention, this research will help determine what topics romantic couples feel apprehensive about communicating and why, providing understanding that could help romantic partners (the primary target audience of this study) cultivate a healthier relationship.

Data and Methodology

As previously stated, both quantitative and qualitative methods were applied for the present study. By using a questionnaire and in-depth interviews for data collection, this study triangulated the data and injected breadth in describing the relationship between CA in romantic relationships and effects on mental health, as well as trustworthiness in the findings.

Study 1 – Questionnaire

In this study, the researcher was constrained by very limited time and limited resources. For these reasons, an electronic survey (Appendix A) was distributed by the researcher due to its free distribution and ability to analyze survey responses quickly. In addition, the survey instrument in the study was developed by using some existing, field-tested measures such as the PRCA-24 (McCroskey et al., 1985) and the Rosenberg Self-Esteem Scale (Rosenberg, 1965).

Participants/Sampling

It was imperative that college students make up the questionnaire and interview respondents, as scholars have detected a rise in mental health conditions in university students (Agrawal & Krishna, 2021). In addition, university students ages 18 to 22 are at the traditional age in which to explore romantic relationships and make serious decisions about their love life.

The participants for both data collection procedures were undergraduate students who were primarily Communication students or students enrolled in the university's Honors Program. The Honors Program is comprised of students from nearly every department at the university, and thus, makes a good sample in terms of generalizing to the whole student body and their various majors. In addition to their variety, the high academic standing of the students in the Honors Program seemed likely to garner quick and thorough survey responses from the students. After distributing the survey to the Honors Program, snowball sampling was used to help elicit more survey responses from university students.

Students were only eligible for the study if they were in a monogamous, romantic relationship that had lasted for at least six months, were an enrolled undergraduate student at the University of Nebraska at Omaha, and were over the age of 19 at the time of the survey distribution. In order to have a large enough sample, the requirements of this course mandated this researcher have at least 30 questionnaire respondents.

Respondent Profile

The sample (n=33) included respondents grouped together based on their age range. 31 of the participants are between the traditional ages of 19-22 (94%). Two of the participants are between the ages 23-26 (6%). Respondents were also asked to identify their gender and sexual

orientation. Of the 33 participants, 24 of the participants are females (72.73%) and nine of the participants are males (27.27%).

Of the 33 participants, 24 of the participants are heterosexual (72.73%), one of the participants is gay (3.03%), one of the participants is lesbian (3.03%), and seven of the participants are bisexual (21.21%). There were also eight options under ethnicity that the participants were able to select multiple responses for. The options were Caucasian, African American, Hispanic, Pacific Islander, Middle Eastern, Native American, Other, or Wish not to Answer. Of the 38 selections, 26 of the selections identified as Caucasian (68.42%), one of the selections identified as African American (2.63%), seven of the selections identified as Hispanic (18.42%), two of the selections identified as Native American (5.26%), and two of the selections identified as Other (5.26%).

Finally, respondents were asked about the status of their relationship. Of the 33 participants, 20 of the participants identified as dating (not cohabitating) (60.61%), ten participants identified as dating (cohabitating) (30.30%), and three of the participants identified as engaged (9.09%). In addition, respondents marked that their relationship length ranged between 4 months and six-and-a-half years.

Data Collection Procedure and Instrumentation

The sample for the questionnaire was selected using, first, convenience sampling, and second, snowball sampling for the sake of time and limited resources.

The questionnaire was created and distributed through Qualtrics XM. The UNO Director of the Honors Program, Dr. Lucy Morrison, was asked to distribute the questionnaire link to the Honors Program students, as she has access to all the students and holds credibility in their eyes.

Professors in the School of Communication were also asked to distribute the survey to their classes for similar reasons. The first questions clearly lay out the qualifications for the study, making sure that respondents are eligible had they not read the introduction which also lays out the qualifications. The survey is then divided into questions regarding CA, mental health, and how CA affects mental health. The very last section asks for the respondent's demographic and personal information. The very last question on the questionnaire asks if the respondent would be interested and willing to take part in an in-depth interview to further explore the topic.

Variable Instrumentation. The measurement instruments used in the questionnaire are explained in detail below.

Communication Apprehension. In order to measure for communication apprehension, the questions for this construct were adapted from the PRCA-24 (McCroskey et al., 1985). The original PRCA-24 features six items, three positively and three negatively worded to avoid response bias, assessing subjects' apprehension in four communication contexts: public speaking, speaking in small groups, speaking in meetings, and speaking in dyads (McCroskey et al., 1985). For the purposes of this study, items surrounding speaking in dyads were modified to instead focus on romantic relationships. Examples of the modified questions used in this study's questionnaire are: (1) I am afraid to speak up in conversations with my romantic partner; (2) I am very tense and nervous in conversations with my romantic partner; (3) I have no fear of speaking up in conversations with my romantic partner. The first and last sample questions are examples of the positively and negatively worded check questions used to make sure respondents were answering the survey reliably. Additional questions were also created to help determine the degree of openness and honesty in communication between romantic partners. Examples of these questions are: (1) My romantic partner and I have honest communication with one another; (2) I

share most information with my romantic partner. The alpha reliability (Appendix C, Table 1) found for the two CA measurements in the current study was $\alpha = 0.97$, and it indicates that the instrument is highly reliable (Treadwell & Davis, 2020).

Mental Health. Determining whether someone's mental state is healthy or unhealthy is rather subjective. On the surface, many people with mental health conditions look happy and healthy. Thus, for this study, mental health quality will be determined by participants' self-report measures. Emotional well-being was measured using four simple but effective statements: (1) I feel happy all the time; (2) I feel angry all the time; (3) I feel anxious all the time; and (4) I feel sad all the time. The alpha reliability (Appendix C, Table 3) found for the emotional well-being scale in the current study was $\alpha = 0.93$, and it indicates that the instrument is highly reliable (Treadwell & Davis, 2020).

Self-esteem was also used to measure mental health. Self-esteem measures were drawn from the Rosenberg Self-Esteem Scale (Rosenberg, 1965). The original scale included ten items that measure "global self-worth by measuring both positive and negative feelings about the self" (Rosenberg, 1965, p. 1). Questions regarding self-esteem measures were not modified. Examples of questions taken from the Rosenberg Self-Esteem Scale are: (1) I feel that I have several good qualities; (2) I am able to do things as well as most other people; (3) I feel I do not have much to be proud of. The alpha reliability (Appendix C, Table 4) found for the Rosenberg Self-Esteem Scale in the current study was $\alpha = 0.97$, and it indicates that the instrument is highly reliable (Treadwell & Davis, 2020). The alpha reliability (Appendix C, Table 2) found for the Mental Health Composite Variable Measurements in the current study was $\alpha = 0.98$, and it indicates that the two mental health instruments *combined* are highly reliable (Treadwell & Davis, 2020).

All respondents voluntarily completed the questionnaire and were ensured that the collected data would be kept confidential and solely used for research purposes. The findings of the questionnaire are imperative for determining whether a correlation between CA and mental health/self-esteem in romantic relationships truly exists, as questionnaires provide generalizable data to a larger population.

Data Analysis

All questionnaire responses (besides qualification and personal information questions) were rated using the Likert-type 5-point scale, with '1' indicating 'strongly disagree' and '5' indicating 'strongly agree' in the questionnaire items. Qualtrics, as the medium for the survey, was used to identify the demographic characteristics of the survey sample (Appendix B). This data was then exported to Excel where the data was sorted and cleaned. All negative questions were recoded so that '1' now indicates 'Strongly agree' instead of "Strongly disagree." This means that the higher the scores for CA, the less CA that individual experiences. As for mental health and self-esteem, high scores indicate good mental health and high self-esteem. The cleaned data was then uploaded to SPSS, where reliability tests were run to check survey measurement validity. Additionally, two bivariate correlation tests were run to test this study's two hypotheses. Pearson correlation was used to examine linear relationships between variables, including their strength and direction.

Study 2 – Semi Structured, In-Depth Interviews

This study was also constrained by limited time and resources. Thus, only three in-depth interviews were conducted. Additionally, for greater flexibility in the interview questions, semi-structured interviews were conducted inside study rooms at the University of Nebraska at Omaha's Criss Library.

Participants/Sampling

The sample for the in-depth interviews were selected using convenience sampling for the sake of time and limited resources. These interviewees first completed the Study 1 Questionnaire, in which the last question asked the respondents to email me if they were interested in an interview. The interview respondents in this study were those who responded to the inquiry on the questionnaire. To have a large enough sample, the requirements of this course mandated this researcher have at least three interviewees who met the same sampling criteria as in the questionnaire.

Respondent Profile

In-depth interviews were conducted in-person on UNO's campus (Appendix D). The interview participants were three undergraduate students at UNO. All three participants were in the age range of 19 to 22, all three were female, all three were Caucasian, two were heterosexual and one was bisexual, and two were engaged while one was dating (cohabitating). One participant had been with her partner for over six years, and two had been with their partners for slightly more than a year. Each interviewee received a pseudonym to keep their identity anonymous: Annaliese, Maple, and Hannah.

Data Collection Procedure

The in-depth interview questions were unique to this study. Participants were discovered through the last question on the questionnaire, which asked if the questionnaire respondent would be interested and willing to conduct an interview. The first interview questions addressed the demographics and personal information of the interview respondents. Following the demographics, interview questions were split into three main sections. The first section asked

about respondents' romantic relationship in general, as well as their communication (especially communication apprehension) with their partner. The second section asked about the respondent's mental health. The third section asked about the how the two experiences connect, if at all. The interview questions were broken up into sections, as the overall structure of the interview was semi-structured. Semi-structured interviews allow the interviewer to follow a guideline for questions but ask additional questions that may not have been previously planned (RWJF, n.d.). The semi-structured interview also creates a more comfortable environment because it feels more conversational than interrogative. The interviews lasted for approximately one hour each, and the interviews were recorded to create accurate and detailed transcripts. According to Croucher and Cronn-Mills (2014), "The purpose of interviews is to ask questions and get answers from the participants in order to gain knowledge" (p. 156). By asking questions in an in-depth fashion, the nuances of experience and a greater understanding of emotion and perception can be garnered. This is exactly the type of response this study hopes to elicit, so it can explore *why* romantic couples experience CA.

Instrumentation. As previously mentioned, the interview questions were created for this study and did not derive from a previously established instrument. No studies that were examined in the current literature sought to answer the specific questions this researcher has regarding CA and mental health in romantic relationships. Thus, the interview questions were designed by this researcher for this survey to help answer the four outlined research questions: For which topics do romantic partners have higher CA and why? What do romantic partners perceive as the cause of CA in their romantic relationships? What are some of the coping strategies that romantic partners use to deal with CA on a regular basis? How do romantic partners believe their mental health has been affected by their partner communication?

The instrumentation device used to record the interviews was a cellphone and Otter.ai.

Data Analysis

To analyze the interview responses, thematic analysis was used to interpret the data. Thematic analysis is “a method for analyzing qualitative data that entails searching across a data set to identify, analyze, and report repeated patterns” (Kiger & Varpio, 2020, p. 2). Thematic analysis not only involves analyzing data but also interpreting it. To use thematic analysis in my interview transcripts (Appendix E), I followed a six-step process outlined by Kiger and Varpio (2020). First, I familiarized myself with the interview data by transcribing the interviews and rereading the transcriptions. Second, I generated initial codes based on key words that appeared throughout the three interviews. Though flexible in my approach, if two different interviews mentioned a similar topic, I marked it down as a code since I had limited participants. Third, I began searching for themes by seeing how my codes connect with one another. Fourth, I reviewed the themes to make sure that each code included in the theme was appropriate. Fifth, I defined and named my themes to have a greater understanding of its purpose. Finally, I wrote the report of my thematic findings, which is included in the following section. My themes were discovered through a deductive approach. This means that I had an established theory and mindset going into the analysis and purposefully looked for codes and themes related to my pre-established work (Kiger & Varpio, 2020).

Results/Findings

Study 1 – Qualtrics Questionnaire

The purpose of the quantitative study was to predict whether CA and mental health had a significant correlation when put in the context of a romantic relationship, with lower CA leading to an improved mental health status. Additionally, it sought to predict if one aspect of mental

health – self-esteem – was also significantly correlated with CA when put in isolation, with lower CA leading to higher self-esteem.

Mean Likert-scale scores for CA (Appendix C, Table 7) were found to be quite high among participants ($M = 4.32$, $SD = .78$). Mean Likert-scale scores for both mental health ($M = 3.64$, $SD = .87$) (Appendix C, Table 8) and self-esteem ($M = 3.66$, $SD = .89$) (Appendix C, Table 9) were also found to be relatively high, but not as high as scores for CA.

To test the relationship between these variables, two Pearson correlation coefficient tests were run in SPSS.

H1: Low CA in romantic relationships is positively correlated with good mental health.

This research question tested (Appendix C, Table 5) for a relationship between low CA and good mental health, $r(35) = .953$, $p < .001$, which is considered to be a positive strong relationship (*12.5: Testing the Significance*, 2015). That is, as a person has less CA, their mental health improves.

H2: Low levels of CA in romantic relationships are positively correlated with high self-esteem.

This research question tested (Appendix C, Table 6) for a relationship between low CA and high self-esteem, $r(35) = .937$, $p < .001$, which is considered to be a positive strong relationship (*12.5: Testing the Significance*, 2015). That is, as a person has less CA, they have higher self-esteem.

Both hypotheses were supported by the findings of this study.

Study 2 – Semi-Structured, In-Depth Interviews

The purpose of the qualitative study was to further explore the causes of CA in romantic relationships in addition to coping strategies used to overcome CA.

During the deductive approach this researcher took in her thematic analysis, three main themes were found. The first theme addresses RQ2. The second theme addresses RQ3. The third theme addresses RQ4. The final theme addresses RQ1. In this section, the researcher will be providing textual evidence and significant examples from the interviewees' testimony to offer support for the concept and theme findings.

Theme 1: Hesitant Subjects

Subtheme 1.1: Shame

Subtheme 1.2: Money

Theme 2: Feeling Inconvenient

Subtheme 2.1: Being a burden

Subtheme 2.2: Hurting the other's feelings

Theme 3: Effects on Mental Health

Subtheme 3.1: Stress

Subtheme 3.2: Comforting Companion

Theme 4: Coping Strategies

Subtheme 4.1: Embracing the Uncomfortable

Subtheme 4.2: Giving Space

RQ1: What are some of the coping strategies that romantic partners use to deal with CA on a regular basis?

This research question was posed to explore how romantic couples deal with CA on a day-to-day basis and overcome it. During the interviews, respondents mentioned many coping

strategies that they use as a couple to overcome CA. It so happens that these coping strategies are also forms of accommodative behavior. The two most consistent coping strategies mentioned were: embracing the uncomfortable and giving space.

Subtheme 4.1: Embracing the Uncomfortable

As will soon be discussed, each participant believed they experienced CA with their romantic partner at least occasionally. To overcome this CA, two of the three interviewees said they had to force themselves out of their comfort zones and have difficult conversations with their partner. For example, when asked about her CA coping strategies, Hannah shared that her and her boyfriend had a breakthrough after a long rough patch:

We've tried to make it a point after that little riff we had in our relationship, to just really be honest with each other and like assuring each other we can talk about things that make us uncomfortable. And we both have like problems where, like I said, back to the childhood, but both have like fear that the other person like doesn't love them as much as they say they do. And we both sat down and talked about that. And, you know, I was like "Kendall, sometimes I feel like, you know, maybe you don't love me as much as you used to. You know, I was just like exciting and new, you left your family's church, and I was kind of all you had at that time." And he's like, "Well, that's not true." And I'm like, "Okay, well, I feel that way a lot so I'm gonna start telling you when I feel that way. And I want you to reassure me because that is what is going to make that feeling go away over time." And he had feelings like that, as well. And about obviously different things, but just making it a real, like pillar of our relationship is just making sure that we are so honest about how we're feeling no matter what it is. (Personal communication, November 19, 2022)

A second interviewee, Maple, agrees that with time, her and her fiancé grew to have the uncomfortable and sensitive conversations they needed: “We talk about anything that we feel is necessary. And for like, difficult conversations, I think that happens like maybe once every couple of weeks. So, I think that that's pretty often. . . in a good way” (Personal communication, November 19, 2022).

However, giving each other space to deal with their emotions was the number one coping tactic used by the interviewees in this study.

Subtheme 4.2: Giving Space

Many of the interviewees reflected on the fact that one member of the relationship is more reserved than the other, needing time and space to be open. Maple recounts a time when her fiancé gave her the space and understanding she needed as a more reserved person:

He had like this terrible fear of being left on read because usually that meant that his partner was like really angry. But for me, I just like, if I have nothing to say like why would I text you? And we recently talked about that. I think yesterday, he's like, I don't even feel that anymore. Because he understands that if I'm angry, I will say something. Yeah, so but I can't think he. . . Well, you know what, that sort of speaks for itself. I think his version of communicating is being receptive to me being a little less open than he would like, but both of us are trying to meet in the middle by prioritizing communication. (Personal communication, November 19, 2022)

Annaliese experienced a similar situation, only this time, she gave her fiancé the space *he* needed:

Like the day after his dad had a heart attack, I just sat there. We just like sat there next to each other. He fell asleep, but I was doing my homework. I didn't think like at the time,

when I was doing my homework just sitting there while he slept, I didn't think it was important. Like at all. I was like, "Man I'm wasting my time." And then he was sleeping for like five hours and then at like 3pm, he woke up and he was just really appreciative of me being there. And then he told me about like a lot of the situation. (Personal communication, November 18, 2022)

Now that coping strategies for overcoming CA in romantic relationships have been discussed, let's move to discussing which topics tend to cause this CA in the first place.

RQ2: For which topics do romantic partners have higher CA and why?

This research question was posed to further explore which topics romantic couples are most uncomfortable communicating with one another, in hopes that awareness of such issues could help cultivate healthier relationships. The two relevant codes found most prevalent in the interview transcripts were shame and money.

Subtheme 1.1: Shame

The first code that was found prevalent in the interviews was the topic of shame, whether that be embarrassing moments or sins of the past. Annaliese says both her and her fiancé feel shame and embarrassment when it comes to communicating some topics to each other. Annaliese elaborates that her fiancé:

Doesn't want to talk about stuff he did - although he will talk about it, you know? So, before he was Catholic, he had some substance issues and like fornicated and . . . he has some resistance to talk about like childhood trauma and stuff like that. (Personal communication, November 18, 2022)

Maple adds to this discussion in her own interview, saying behaviors that bring her and her fiancé shame are also difficult to discuss. Only this time, their shame lies elsewhere:

Both of us have issues with food and like controlling ourselves with food. So, when one of us is in a bad place, like overeating or under eating, it might upset the other person to see the other person has been eating like unhealthy stuff when we're supposed to be eating healthy. (Personal communication, November 19, 2022)

Maple finds this issue hard to discuss, as well as the issue of finances.

Subtheme 1.2: Money

Maple is not alone in her hesitancy to communicate money to her partner. Hannah says she and her boyfriend of six years both experience the same anxiety when it comes to finances. First, Maple reflects that she and her fiancé have different outlooks when it comes to money, making their communication on the topic difficult. She said:

I'm kind of dependent on my parents, and I have a more optimistic outlook on life. And if he's worried about money in that moment in time, then that will reflect his opinion of the future. Like oh, suddenly it's 'I don't know about this, and I don't know about that.'

(Personal communication, November 19, 2022)

Hannah says finances are a big issue for her relationship, as well, especially for her boyfriend.

Something he hates talking about is money. It stresses him out, like financial issues. They really get to him, and so if I'm trying to like do budgeting, he's like, 'I just don't want to deal with that. I don't want to talk about it.' (Personal communication, November 19, 2022)

Money is a sensitive subject for many couples, often leading to divorce. So, what causes such CA? Next, a discussion of what the interviewees perceived as the cause of their CA is reported.

RQ3: What do romantic partners perceive as the cause of CA in their romantic relationships?

This research question was posed to further explore what causes CA in romantic relationships to identify the catalyst and prevent all its lasting effects. The two most common causes of CA, as identified by the interviewees, were being a burden and not wanting to hurt their partner's feelings.

Subtheme 2.1: Being a Burden

The first main cause of CA that was identified was feeling like a burden. This code also reflects the idea of low self-esteem and that someone believes they are inferior to others. Annaliese says she rarely feels hesitant to communicate with her boyfriend, except when she feels she is irritating him. This feeling mostly occurs when he is busy or spending time with others. She elaborates:

Yesterday I called him to pray at night, and he was playing pool with the boys. And I was like should I actually talk to him? Am I inconveniencing him? Like am I gonna be a burden to him by talking to him? (Personal communication, November 18, 2022)

Hannah says she sometimes feels the same way, and it's something she used to struggle with quite frequently. She said, "I just had this problem for a long time where I felt like the people in my life - like people close to me - didn't really love me and that I was just like a burden" (Personal communication, November 19, 2022)

Subtheme 2.2: Hurting the Other's Feelings

Another common cause of CA found during the thematic analysis was the interviewees not wanting to hurt their partner's feelings. For instance, Annaliese stated:

I do have some apprehension for stuff that would hurt him, like I don't want to tell him my parents are kind of not - like they can sometimes be judgmental, and they'll just like, say stuff off the whim, like off cuff about him. (Personal communication, November 18, 2022)

Annaliese said she used to tell her fiancé the remarks her parents made, but now she is hesitant because Peter told her once that he finds the information unnecessary and hurtful to know. Maple experienced similar feelings, albeit more mundane, at the beginning of her and her fiancé's relationship. She recounts one moment from a while back:

I sat down on the couch and I was like, 'Do you wash your retainer?' And he said, 'Yes, I know, it looks like that because it's just super old.' And I've had a retainer before, so I know that they look nasty when they get old. I'm like, 'Okay, so you brush, like you wash it?' And he's like, 'Yeah, I do.' But before like I got to that point, those are the kinds of things where I'm like, I feel bad because it's embarrassing to ask, but I don't want him to keep going that way. (Personal communication, November 19, 2022).

It seems then that not wanting to be an inconvenience to one's partner is the root cause of CA in romantic relationships. Now that we have discussed this cause, let's explore how the interviewees think their communication has played a role on their mental health.

RQ4: How do individuals believe their mental health has been affected by CA with their romantic partners?

This research question was posed to connect the variables of CA and mental health together. Unlike the questionnaire study, however, these findings indicate the perceptions of the interviewees rather than hard, generalizable data. The two main subthemes found were: stress and comforting companion.

Subtheme 3.1: Stress

Although most interviewees states that CA is not the main cause of their mental health issues, they did identify ways in which CA plays a role on their mental health. The main negative outcome is that of stress. When her boyfriend needs time and space to deal with his emotions, Annaliese said she feels incredibly stressed that he is choosing to distance himself and not communicate.

Like he has to step back to deal with his emotions. It's really stressful! Like, in the beginning, it was just really stressful for me because I'm like, "Oh my gosh, like, does he still like me? Does he want me?" (Personal communication, November 18, 2022)

Some people might think this sort of behavior is unhealthy, but Hannah thinks it is normal to rely on the health of one's romantic relationship. She stated in her own interview that troubles with her boyfriend run far deeper than they seem, because he is also her home.

I feel like I definitely do a lot better when things are going well between us, and I know a lot of people probably think that's like codependency or something. But it's also like if your home life is bad, you're not going to be feeling well when you go about the world. So, I think that's also a factor of it, like just being happy at home and also I feel like relationships are something that we value so much, like specifically romantic ones. Like that person is your life partner. And so, if that's not going well, then nothing else will. (Personal communication, November 19, 2022)

However, for the most part, the interviewees believe their CA has affected their mental health in positive ways.

Subtheme 3.2: Comforting Companion

Most interviewees reported having low CA in their relationships or CA that was about trivial topics. For this reason, most of them, particularly Annaliese and Maple, claimed that their low CA has helped their mental health improve. For example, Annaliese gushed:

Having someone to talk to you, having someone who really understands like my body language and the way I react to things and just like having an open, loving ear who isn't going to judge me has been really beneficial, like, so beneficial. Like my life has gotten so much better by having Peter in my life. . . like exponentially better. (Personal communication, November 18, 2022)

Without hesitancy, Maple knew that her CA improved her mental health, as well:

I think that it's influenced my mental health in a good way. Because I have this you know, when I am struggling, I have this like idea in my head: well, I have to put in the work if I want something out of it. So, it's almost like our communication is a comfort to me. Like I know that even if we do argue, we always like come back to each other and like figure something out. (Personal communication, November 19, 2022)

Although other valuable information was discussed in the interviews, this information was not a common theme among the three participants, meaning it did not appear more than once. Together, the eight codes of shame, money, being a burden, hurting the other's feelings, stress, comforting companion, embracing the uncomfortable, and giving space all provide rich insight into the experiences that romantic couples face when dealing with CA and its effects on mental health.

Discussion

Theoretical Implications

Overall, previous literature concerning CA in romantic relationships and CA and health were confirmed. In line with the two foremost predictions in this study, lower CA was found to be significantly and positively correlated with both good mental health and self-esteem. These findings are in line with prior research that found that high levels of CA have a negative correlation with psychological well-being, emotional well-being, quality mental health, and high self-esteem (Agrawal & Krishna, 2021; Aloia & Strutzenberg, 2019; Campero-Ohart et al., 2020). These findings may be due to the idea of self-disclosure and the universal concept of “getting something off one’s chest.” Sometimes such information sharing can be inappropriate or harmful, but if we bottle our feelings inside, they will eventually lead to an internal struggle or a harsh lash out by the person holding in the information.

Additionally, the three in-depth interviews revealed four main themes, each consisting of two codes or subthemes. The first main theme – hesitant subjects – directly answered the research question concerning the topics that garner the most CA in romantic relationships. The accompanying subthemes reveal that the main topics that lead to CA are shame and money. The second main theme – feeling inconvenient – directly answered the research question concerning why CA occurs in romantic relationships. The two main causes were found to be feeling like a burden and not wanting to hurt the other’s feelings. This finding is consistent with those of Brannon and Rauscher in their 2019 study, stating that romantic couples seek to protect their partner’s face when communicating with them. The third main theme - effects on mental health – directly answered the research question concerning how interviewees perceive their CA affecting their mental health. The findings indicate that some participants found high CA to be stressful,

while most experienced low CA that improved mental health by providing a comforting outlet. Finally, the fourth main theme - coping strategies – directly answered the research question concerning strategies to overcome CA. The findings revealed that embracing the uncomfortable and giving space were the two most popular strategies employed.

A few theoretical implications emerge from this study. Although communication apprehension may not be the primary cause of mental health issues for college students today, many perceive the communication phenomenon as *a* cause of mental health issues, even if only minor. It is possible that the select interviewees felt they experienced less CA with their romantic partner due to their relationship status. Two of the interviewees were engaged and one had been living with her boyfriend for over six years. It seems that with time, CA reduces in a relationship. As Annaliese said:

So, in the beginning of the relationship, I was a bit rougher around the edges and he was a bit rougher around the edges. And I guess just having like, I guess naturally with the bond and like the communication, like our rough edges were smooth and we became more comfortable communicating. (Personal communication, November 18, 2022)

Perhaps if couples who were new to a relationship were studied instead, the results of the interviews would have been different since the couples would not have had the time to ‘smooth out their rough edges’ and become completely comfortable communicating yet. Regardless, some interviewees did recognize the affects that CA in romantic relationships has had on their mental health. For instance, Hannah said:

I feel like [my mental health issues] were really bad during that bout with my boyfriend that I talked about, where we were having trust issues and didn't talk as much. I feel like

that definitely was one of the hardest times of my life I've gone through mentally.

(Personal communication, November 19, 2022)

Thankfully, it was revealed through the in-depth interviews that the coping strategies used by many couples to overcome CA, such as providing space and being patient, are forms of accommodative behavior. These behaviors help lower CA because they present to the communication partner that the other person cares about their emotional and communicative needs (Hesse & Rauscher, 2019; Carmack & Ahmed, 2019; Jiang, 2017). Thus, even if CA in one's romantic relationship is not the root cause of their mental health issues, they could still help improve their mental health (while simultaneously strengthening the relationship they have with their romantic partner) by practicing accommodative behaviors.

Practical Implications

Examples of effective accommodative behaviors to employ include affectionate communication (Hesse & Rauscher, 2019) and cultural competency (Carmack & Ahmed, 2019), as discussed in previous literature. For instance, the cultural component of patient centeredness has proven to lead to better mental health outcomes (Jiang, 2017). Revising these accommodative behaviors to fit a romantic relationship could, then, lead to better health outcomes due to lower CA, as well. For instance, rather than employing patient-centeredness, romantic couples could employ *partner*-centeredness in which they engage each other in conversation and allow in shared decision making (Carmack & Ahmed, 2019). Examples of such affectionate communication and cultural competency exist within the interview testimony of this study. Several interviewees mentioned that their partner was attentive or good at expressing emotions and support. These are signs of affectionate communication. Additionally, Annaliese said the communication between she and her fiancé grew stronger once she understood the

struggles that Peter went through growing up in a low-income family. In a more general way, cultural competency played a role in the interview testimony when the interviewees claimed to understand their partners communication styles and need for space.

Employing any of these coping strategies/accommodative behaviors can help encourage open communication and lead to a healthier relationship and mental state.

That being said, a surprising finding from this study revealed that accommodative behaviors may also contribute to increased CA. Yes, accommodative behaviors encourage communication from one's partner. However, if you are constantly accommodating your own behavior to please your partner's, you may begin to experience the fear of being a burden or hurting your partner's feelings like many of the interviewees discussed. It is important to accommodate your behavior to be welcoming and supportive to your partner, but do not discount your own communication and emotional needs. Additionally, a romantic partner is not a licensed therapist or doctor. If pressing health matters arise, romantic partners should communicate such information to a health specialist, not just their romantic partner.

Ethical Issues

There is potential for ethical issues to arise in this study. The main ethical issue is that of beneficence. Participants may be emotionally distressed discussing their mental health. However, the benefit of this study is that it could help these individuals cultivate healthier communication in their romantic relationships, improving their mental health in the long run. An issue of justice may also be present, as polygamous, open, and causal relationships were excluded from the study. This decision was made only because partner dynamics may look drastically different in these couples than in traditional couples. To avoid this issue and all other ethical issues, informed consent was acquired from each participant.

Limitations and Suggestions for Future Research

There are several limitations to this study that future research should seek to address. First and foremost, the participant sample is flawed in more ways than one. Participant bias is likely present because they were chosen on a volunteer basis. However, participant bias seemed like a fair trade to have people dive into passionate discussions about their experiences. The sample size was only deemed acceptable, however, due to limited time and resources. Future researchers will want to acquire more respondents so that the data is even more generalizable and significant. Finally, the participant sample may not have been the most appropriate for finding individuals who experience high levels of CA. For instance, most interview respondents were Communication students or students in the UNO Honors Program. Communications students may not experience as much CA as the average college student due to their studies. And although the UNO Honors Program has a wide distribution among the many majors at UNO, all students in this program have high academic achievement and may behave differently from a standard student. Future research should try to incorporate a larger and more diverse sample from a student body. Most importantly, future researchers may consider targeting a new demographic who does experience high levels of CA – perhaps those who no longer deal with stress from school. As Maple said:

I feel like if somebody's main priority in life was their relationship and they had really bad communication apprehension between each other, that would be like life altering stress. I think that it could most definitely be just a game changer in life. Because for me, like my academics is my main priority right now, to be honest. So that's why it affects me so much. (Personal communication, November 19, 2022)

Thus, researchers should investigate this same relationship but with an older demographic who is already completed with school. So many other factors that this researcher could not control for could have affected the correlation between CA and mental health. Controlling for variables such as age, income, and the like could help narrow in on whether CA influences mental health in a more reliable way.

Conclusion

Overall, this study sought to explore the relationship between CA in romantic relationships and its potential effects on mental health. The theoretical framework used to guide the study was discussed, as well as a discussion of the most relevant and recent literature on CA, health, and romantic relationships. The study then clearly reported the need for its existence and laid out the hypotheses and research questions that formed the basis of the study. The methodologies used for data collection were clearly laid out, as well as the findings and implications of such data. Finally, this study offered suggestions for future research, as this researcher believes the study is worthy of further exploration. Afterall, romantic relationships and mental health are two of human being's most prized possessions.

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Appendix A

Questionnaire

Communication Apprehension in Romantic Relationships and Effects on Mental Health

Dear students,

I am a fellow undergraduate student at the University of Nebraska at Omaha and am currently undertaking a research project for my capstone. I would appreciate if you could take about 15 minutes to complete this survey and help me understand if and how communication apprehension (definition provided in survey) within romantic relationships affects mental health. Understanding this relationship could help identify suggestions for healthy communication in romantic relationships, as well as identify potential predictors of decreased mental health.

Warning: this survey contains sensitive subject matter. To participate, you must be an enrolled undergraduate student at UNO who is at least 19 years old. Additionally, you must currently be in a monogamous, romantic relationship that has lasted for at least six months. Individuals who meet these criteria can participate regardless of if they are dating, engaged, or married. All information you provide will be kept confidential, and please do not put your name in this questionnaire. Also, your participation is voluntary, and you have the right to withdraw your participation at any time without penalty. The questions do not have right or wrong answers.

Please complete this survey by 11:59 p.m. on Tuesday, Nov. 15. Thank you!

University of Nebraska at Omaha

Student Researcher: Meg McCoy

Email: megmccoy@unomaha.edu

Do you consent to participate in this survey?

☐ Yes (1)

☐ No (2)

Page Break

Part A: This part concerns your qualifications for the study.

For each of the following questions, please select the most accurate response.

	Yes (1)	No (2)
Are you in a romantic relationship? (1)	<input type="radio"/>	<input type="radio"/>
Has your romantic relationship lasted for at least six months? (2)	<input type="radio"/>	<input type="radio"/>
Is your romantic relationship monogamous? (3)	<input type="radio"/>	<input type="radio"/>
Are you an enrolled undergraduate student at the University of Nebraska at Omaha? (4)	<input type="radio"/>	<input type="radio"/>
Are you at least 19 years old? (5)	<input type="radio"/>	<input type="radio"/>

Page Break

Part B: This part concerns your communication apprehension.

Definitions to know:

Communication Apprehension (CA) is the fear of “real or anticipated” communication with others (Aloia & Strutzenberg, 2019). Specifically, the fear comes from initiating and maintaining conversations (APA Dictionary of Psychology, n.d.). CA is an umbrella term that encompasses

all fear of communication; however, this study will not be analyzing the fear of public speaking (also known as public speaking anxiety).

For each of the following statements, please select the answer that best describes your feelings.

	Strongly disagree (1)	Disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly agree (5)
I am afraid to speak up in conversations with my romantic partner. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am very tense and nervous in conversations with my romantic partner. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have no fear of speaking up in conversations with my romantic partner. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I withhold information from my romantic partner. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often worry about communicating certain information to my romantic partner. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am very calm and relaxed in conversations with my romantic partner. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

My romantic partner and I have open communication with one another. (7)

☐☐☐☐☐

My romantic partner and I have honest communication with one other. (8)

☐☐☐☐☐

I share most information with my romantic partner. (9)

☐☐☐☐☐

Page Break

Part C: This part concerns your mental health.

For each of the following statements, please select the answer that best describes your feelings.

	Strongly disagree (1)	Disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly agree (5)
I feel happy all the time. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel angry all the time. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel anxious all the time. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel sad all the time. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, I am satisfied with myself. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I have several good qualities. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to do things as well as most other people. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I do not have much to be proud of. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I certainly feel useless at times. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I am a person of worth, at least on an equal plane with others. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I wish I could
have more
respect for
myself. (11)

☐☐☐☐☐

I take a
positive
attitude
toward
myself. (12)

☐☐☐☐☐

Page Break

Part D: This part concerns whether communication apprehension affects your mental health.

For each of the following statements, please select the answer that best describes your feelings.

	Strongly disagree (1)	Disagree (2)	Neither agree nor disagree (3)	Agree (4)	Strongly agree (5)
I feel that my communication with my romantic partner affects my mental health. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe that communication apprehension in my romantic relationship is the root cause of my mental health issues. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel worried when I believe my partner is concealing something from me. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel respected when communicating with my romantic partner. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel competent when communicating with my romantic partner. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

I think about bad conversations with my romantic partner well after the fact. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I worry that my romantic partner will judge me if I share certain information. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel uncomfortable if I do not share information. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can hold information inside without feeling distressed. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talking things out with my romantic partner is my source of comfort. (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Part E: This part concerns your personal information. Please select the answer that best applies.

What is your age?

What is your gender identity?

- ☐ Male (1)
- ☐ Female (2)
- ☐ Non-binary (3)
- ☐ Other (4) _____
- ☐ Prefer not to say (5)

What is your sexual orientation?

- ☐ Lesbian (1)
- ☐ Gay (2)
- ☐ Bisexual (3)
- ☐ Heterosexual (4)
- ☐ Other (5) _____
- ☐ Prefer not to say (6)
-

What is your ethnicity?

- ☐ Caucasian (1)
 - ☐ African American (2)
 - ☐ Hispanic (3)
 - ☐ Pacific Islander (4)
 - ☐ Middle Eastern (5)
 - ☐ Native American (6)
 - ☐ Other (7) _____
 - ☐ Prefer not to say (8)
-

Do you have a mental health condition?

- ☐ Yes, diagnosed (1)
 - ☐ Yes, self-diagnosed (2)
 - ☐ I suspect (3)
 - ☐ Unsure (4)
 - ☐ No (5)
 - ☐ Other (6) _____
-

Are you a member of the UNO Honors Program?

- ☐ Yes (1)
- ☐ No (2)
-

Which of the following best describes your romantic relationship status?

- ☐ Dating (not cohabitating/not living together) (1)
- ☐ Dating (cohabitating/living together) (2)
- ☐ Engaged (3)
- ☐ Married (4)
-

How long have you been with your romantic partner?

Are you willing to meet with me for a 60-minute, casual interview to go more in detail about your experiences with communication apprehension in your romantic relationship and how it may or may not affect your mental health? If so, please email me at megmccoy@unomaha.edu. The interview will remain confidential, and your real name will not be used.

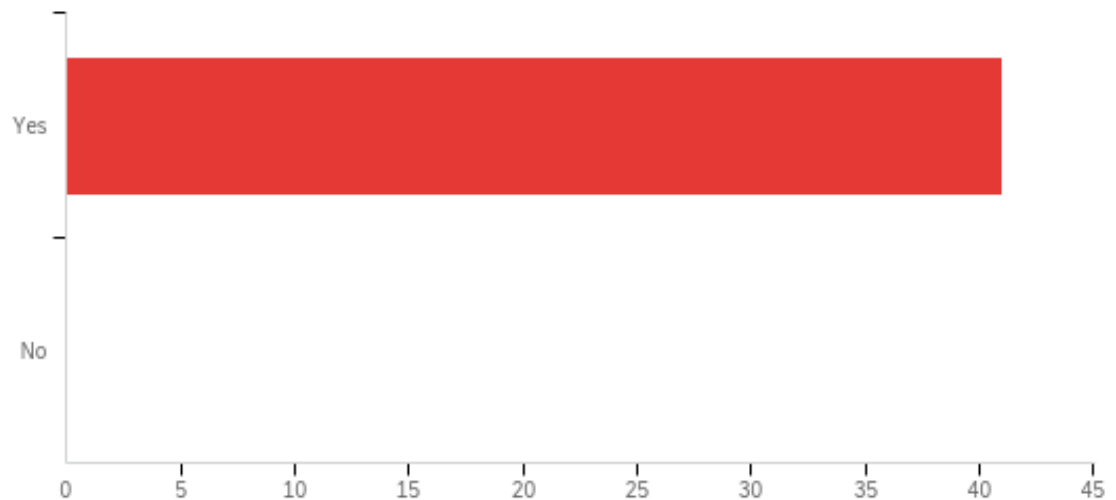
- ☐ No (1)
- ☐ Yes (2)
-

Do you know of others who meet the study qualifications and may be interested in an interview? If so, please email me at megmccoy@unomaha.edu. The interview will remain confidential, and their real name will not be used.

- ☐ No (1)
- ☐ Yes (2)
-

Appendix B

Qualtrics Survey Results

*Communication Apprehension in Romantic Relationships and Effects on Mental Health***Question: Do you consent to participate in this survey?**

#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Do you consent to participate in this survey?	1.00	1.00	1.00	0.00	0.00	41

#	Answer	%	Count
1	Yes	100.00%	41
2	No	0.00%	0
	Total	100%	41

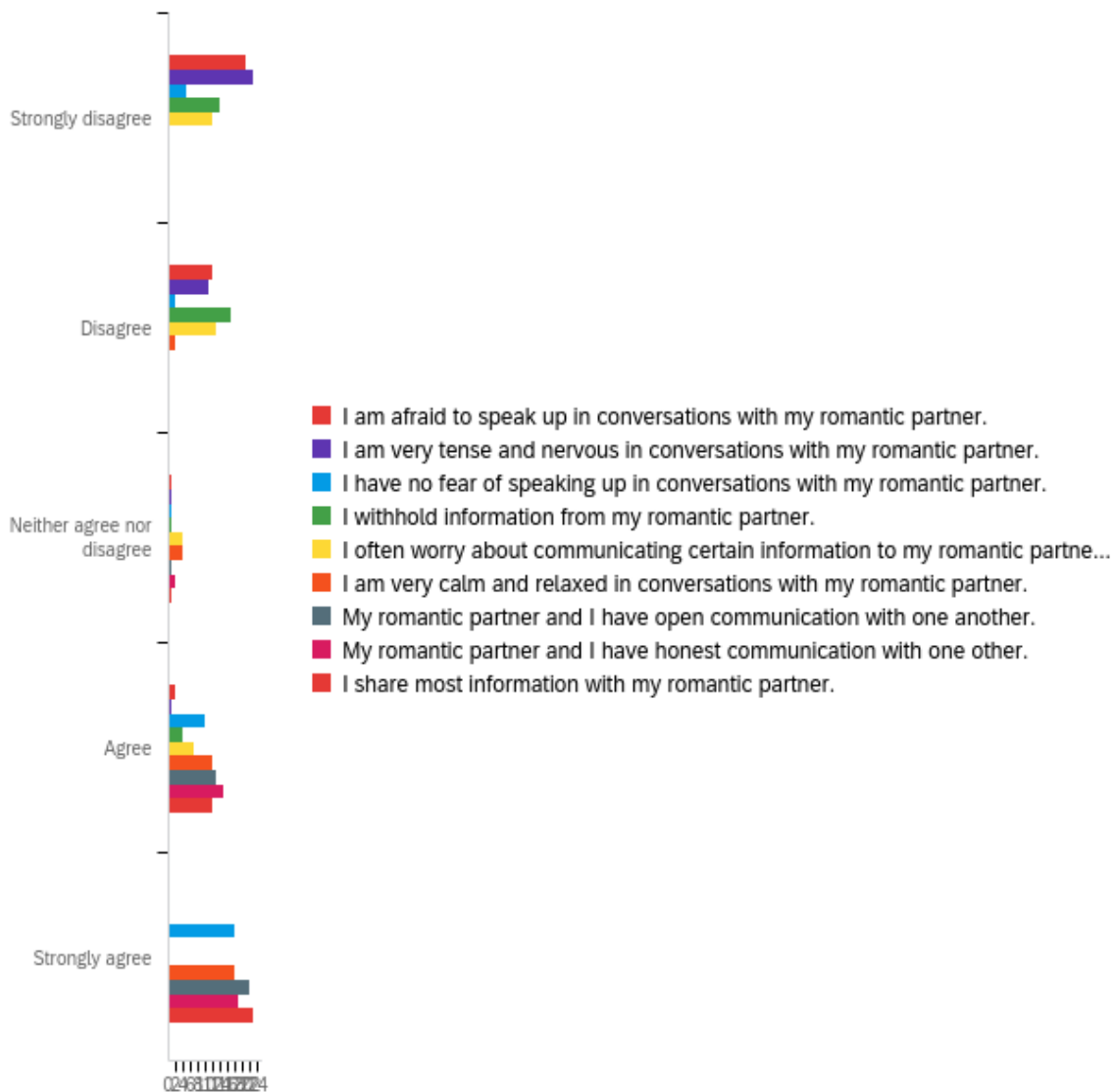
Question: For each of the following questions, please select the most accurate response.



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Are you in a romantic relationship?	1.00	2.00	1.07	0.26	0.07	40
2	Has your romantic relationship lasted for at least six months?	1.00	2.00	1.10	0.30	0.09	40
3	Is your romantic relationship monogamous?	1.00	2.00	1.05	0.22	0.05	40
4	Are you an enrolled undergraduate student at the University of Nebraska at Omaha?	1.00	2.00	1.02	0.16	0.02	40
5	Are you at least 19 years old?	1.00	1.00	1.00	0.00	0.00	40

#	Question	Yes		No		Total
1	Are you in a romantic relationship?	92.50%	37	7.50%	3	40
2	Has your romantic relationship lasted for at least six months?	90.00%	36	10.00%	4	40
3	Is your romantic relationship monogamous?	95.00%	38	5.00%	2	40
4	Are you an enrolled undergraduate student at the University of Nebraska at Omaha?	97.50%	39	2.50%	1	40
5	Are you at least 19 years old?	100.00%	40	0.00%	0	40

Question: For each of the following statements, please select the answer that best describes your feelings.

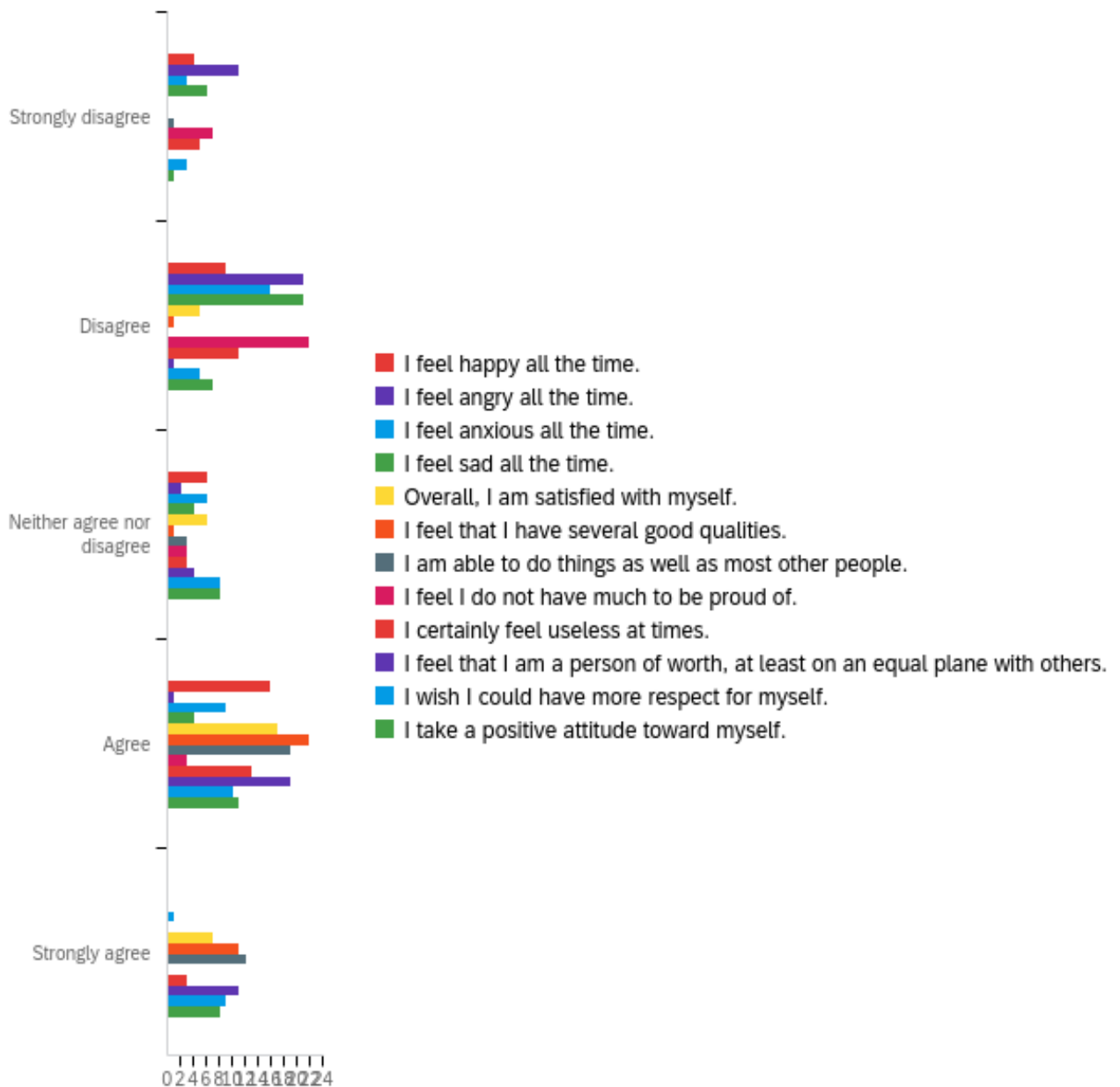


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	I am afraid to speak up in conversations with my romantic partner.	1.00	4.00	1.56	0.80	0.64	36
2	I am very tense and nervous in conversations with my romantic partner.	1.00	4.00	1.44	0.68	0.47	36
3	I have no fear of speaking up in conversations with my romantic partner.	1.00	5.00	3.94	1.41	2.00	36
4	I withhold information from my romantic partner.	1.00	4.00	1.86	0.92	0.84	36
5	I often worry about communicating certain information to my romantic partner.	1.00	4.00	2.17	1.09	1.19	36
6	I am very calm and relaxed in conversations with my romantic partner.	2.00	5.00	4.28	0.87	0.76	36
7	My romantic partner and I have open communication with one another.	3.00	5.00	4.58	0.55	0.30	36
8	My romantic partner and I have honest communication with one other.	3.00	5.00	4.47	0.60	0.36	36
9	I share most information with my romantic partner.	3.00	5.00	4.61	0.54	0.29	36

#	Question	Strongly disagree		Disagree		Neither agree nor disagree		Agree		Strongly agree		Total
1	I am afraid to speak up in conversations with my romantic partner.	58.33%	21	33.33%	12	2.78%	1	5.56%	2	0.00%	0	36
2	I am very tense and nervous in conversations with my	63.89%	23	30.56%	11	2.78%	1	2.78%	1	0.00%	0	36

	romantic partner.											
3	I have no fear of speaking up in conversations with my romantic partner.	13.89%	5	5.56%	2	2.78%	1	27.78%	10	50.00%	18	36
4	I withhold information from my romantic partner.	38.89%	14	47.22%	17	2.78%	1	11.11%	4	0.00%	0	36
5	I often worry about communicating certain information to my romantic partner.	33.33%	12	36.11%	13	11.11%	4	19.44%	7	0.00%	0	36
6	I am very calm and relaxed in conversations with my romantic partner.	0.00%	0	5.56%	2	11.11%	4	33.33%	12	50.00%	18	36
7	My romantic partner and I have open communication with one another.	0.00%	0	0.00%	0	2.78%	1	36.11%	13	61.11%	22	36
8	My romantic partner and I have honest communication with one other.	0.00%	0	0.00%	0	5.56%	2	41.67%	15	52.78%	19	36
9	I share most information with my romantic partner.	0.00%	0	0.00%	0	2.78%	1	33.33%	12	63.89%	23	36

Question: For each of the following statements, please select the answer that best describes your feelings.



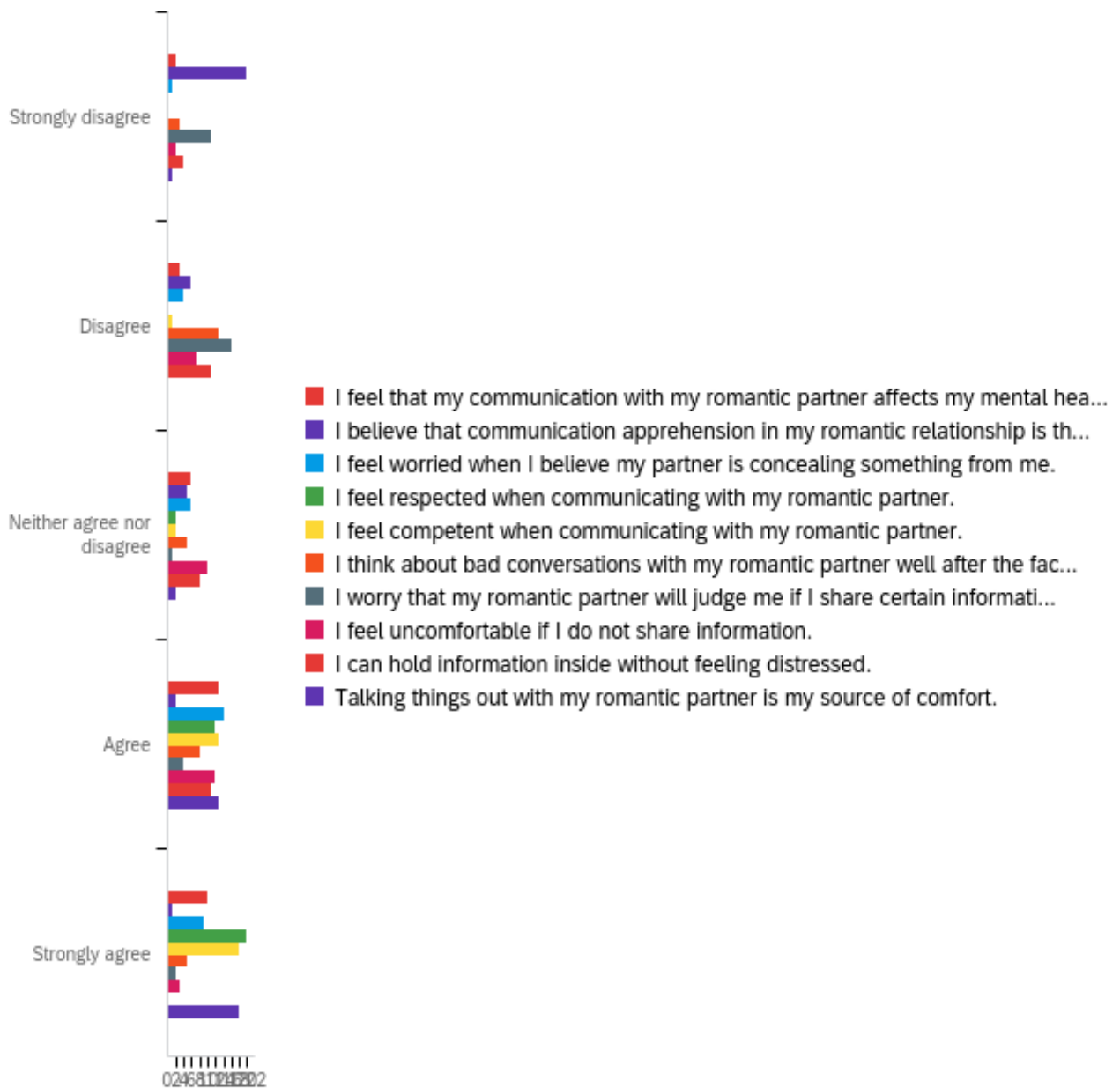
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	I feel happy all the time.	1.00	4.00	2.97	1.08	1.17	35
2	I feel angry all the time.	1.00	4.00	1.80	0.67	0.45	35
3	I feel anxious all the time.	1.00	5.00	2.69	1.04	1.07	35
4	I feel sad all the time.	1.00	4.00	2.17	0.84	0.71	35

5	Overall, I am satisfied with myself.	2.00	5.00	3.74	0.94	0.88	35
6	I feel that I have several good qualities.	2.00	5.00	4.23	0.64	0.40	35
7	I am able to do things as well as most other people.	1.00	5.00	4.17	0.81	0.66	35
8	I feel I do not have much to be proud of.	1.00	4.00	2.06	0.79	0.63	35
9	I certainly feel useless at times.	1.00	5.00	2.94	1.26	1.60	35
10	I feel that I am a person of worth, at least on an equal plane with others.	2.00	5.00	4.14	0.72	0.52	35
11	I wish I could have more respect for myself.	1.00	5.00	3.49	1.25	1.56	35
12	I take a positive attitude toward myself.	1.00	5.00	3.51	1.13	1.28	35

#	Question	Strongly disagree		Disagree		Neither agree nor disagree		Agree		Strongly agree		Total
1	I feel happy all the time.	11.43%	4	25.71%	9	17.14%	6	45.71%	16	0.00%	0	35
2	I feel angry all the time.	31.43%	11	60.00%	21	5.71%	2	2.86%	1	0.00%	0	35
3	I feel anxious all the time.	8.57%	3	45.71%	16	17.14%	6	25.71%	9	2.86%	1	35
4	I feel sad all the time.	17.14%	6	60.00%	21	11.43%	4	11.43%	4	0.00%	0	35
5	Overall, I am satisfied with myself.	0.00%	0	14.29%	5	17.14%	6	48.57%	17	20.00%	7	35
6	I feel that I have several good qualities.	0.00%	0	2.86%	1	2.86%	1	62.86%	22	31.43%	11	35
7	I am able to do	2.86%	1	0.00%	0	8.57%	3	54.29%	19	34.29%	12	35

	things as well as most other people.											
8	I feel I do not have much to be proud of.	20.00%	7	62.86%	22	8.57%	3	8.57%	3	0.00%	0	35
9	I certainly feel useless at times.	14.29%	5	31.43%	11	8.57%	3	37.14%	13	8.57%	3	35
10	I feel that I am a person of worth, at least on an equal plane with others.	0.00%	0	2.86%	1	11.43%	4	54.29%	19	31.43%	11	35
11	I wish I could have more respect for myself.	8.57%	3	14.29%	5	22.86%	8	28.57%	10	25.71%	9	35
12	I take a positive attitude toward myself.	2.86%	1	20.00%	7	22.86%	8	31.43%	11	22.86%	8	35

Question: For each of the following statements, please select the answer that best describes your feelings.



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	I feel that my communication with my romantic partner affects my mental health.	1.00	5.00	3.76	1.14	1.30	34
2	I believe that communication apprehension in my romantic	1.00	5.00	1.76	1.09	1.18	34

	relationship is the root cause of my mental health issues.						
3	I feel worried when I believe my partner is concealing something from me.	1.00	5.00	3.76	1.06	1.12	34
4	I feel respected when communicating with my romantic partner.	3.00	5.00	4.53	0.61	0.37	34
5	I feel competent when communicating with my romantic partner.	2.00	5.00	4.41	0.73	0.54	34
6	I think about bad conversations with my romantic partner well after the fact.	1.00	5.00	2.97	1.25	1.56	34
7	I worry that my romantic partner will judge me if I share certain information.	1.00	5.00	2.12	1.16	1.34	34
8	I feel uncomfortable if I do not share information.	1.00	5.00	3.21	1.05	1.10	34
9	I can hold information inside without feeling distressed.	1.00	4.00	2.76	1.03	1.06	34
10	Talking things out with my romantic partner is my source of comfort.	1.00	5.00	4.38	0.84	0.71	34

#	Question	Strongly disagree		Disagree		Neither agree nor disagree		Agree		Strongly agree		Total
1	I feel that my communication with my romantic partner affects my mental health.	5.88%	2	8.82%	3	17.65%	6	38.24%	13	29.41%	10	34
2	I believe that communication apprehension in my romantic relationship is the root cause	58.82%	20	17.65%	6	14.71%	5	5.88%	2	2.94%	1	34

	of my mental health issues.											
3	I feel worried when I believe my partner is concealing something from me.	2.94%	1	11.76%	4	17.65%	6	41.18%	14	26.47%	9	34
4	I feel respected when communicating with my romantic partner.	0.00%	0	0.00%	0	5.88%	2	35.29%	12	58.82%	20	34
5	I feel competent when communicating with my romantic partner.	0.00%	0	2.94%	1	5.88%	2	38.24%	13	52.94%	18	34
6	I think about bad conversations with my romantic partner well after the fact.	8.82%	3	38.24%	13	14.71%	5	23.53%	8	14.71%	5	34
7	I worry that my romantic partner will judge me if I share certain information.	32.35%	11	47.06%	16	2.94%	1	11.76%	4	5.88%	2	34
8	I feel uncomfortable if I do not share information.	5.88%	2	20.59%	7	29.41%	10	35.29%	12	8.82%	3	34
9	I can hold information inside without feeling distressed.	11.76%	4	32.35%	11	23.53%	8	32.35%	11	0.00%	0	34
10	Talking things out with my	2.94%	1	0.00%	0	5.88%	2	38.24%	13	52.94%	18	34

romantic partner is my source of comfort.												
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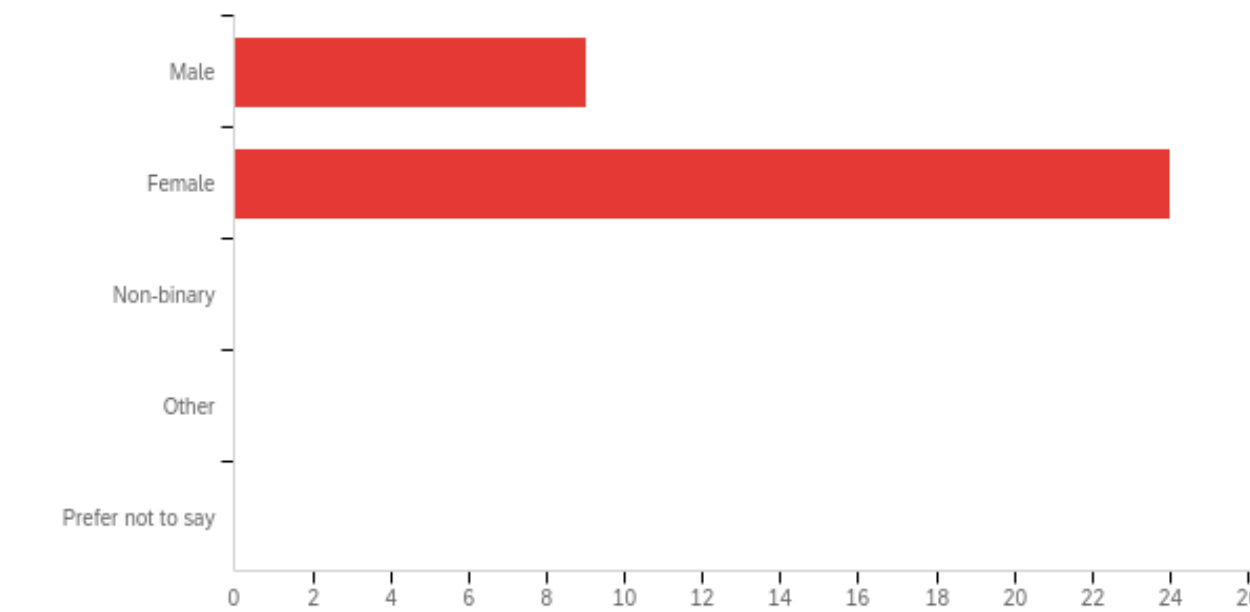
Question: What is your age?

What is your age?

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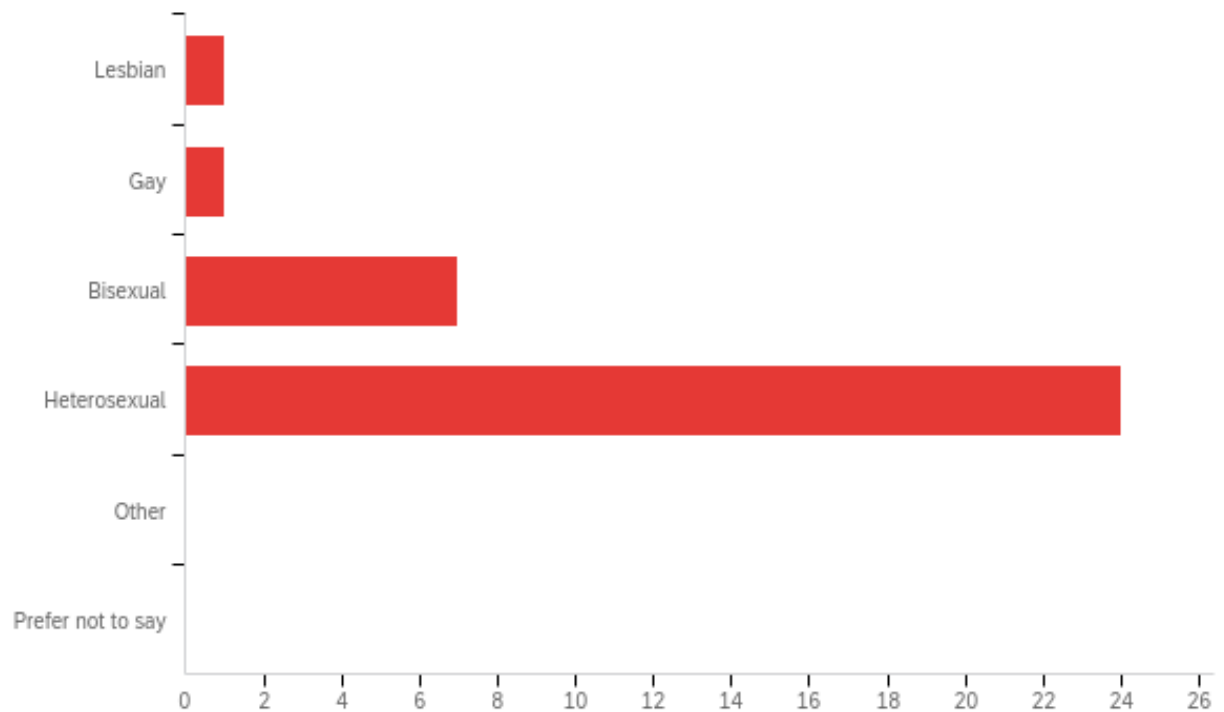
Question: What is your gender identity?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What is your gender identity? – Selected Choice	1.00	2.00	1.73	0.45	0.20	33

#	Answer	%	Count
1	Male	27.27%	9
2	Female	72.73%	24
3	Non-binary	0.00%	0
4	Other	0.00%	0
5	Prefer not to say	0.00%	0
	Total	100%	33

Question: What is your sexual orientation?

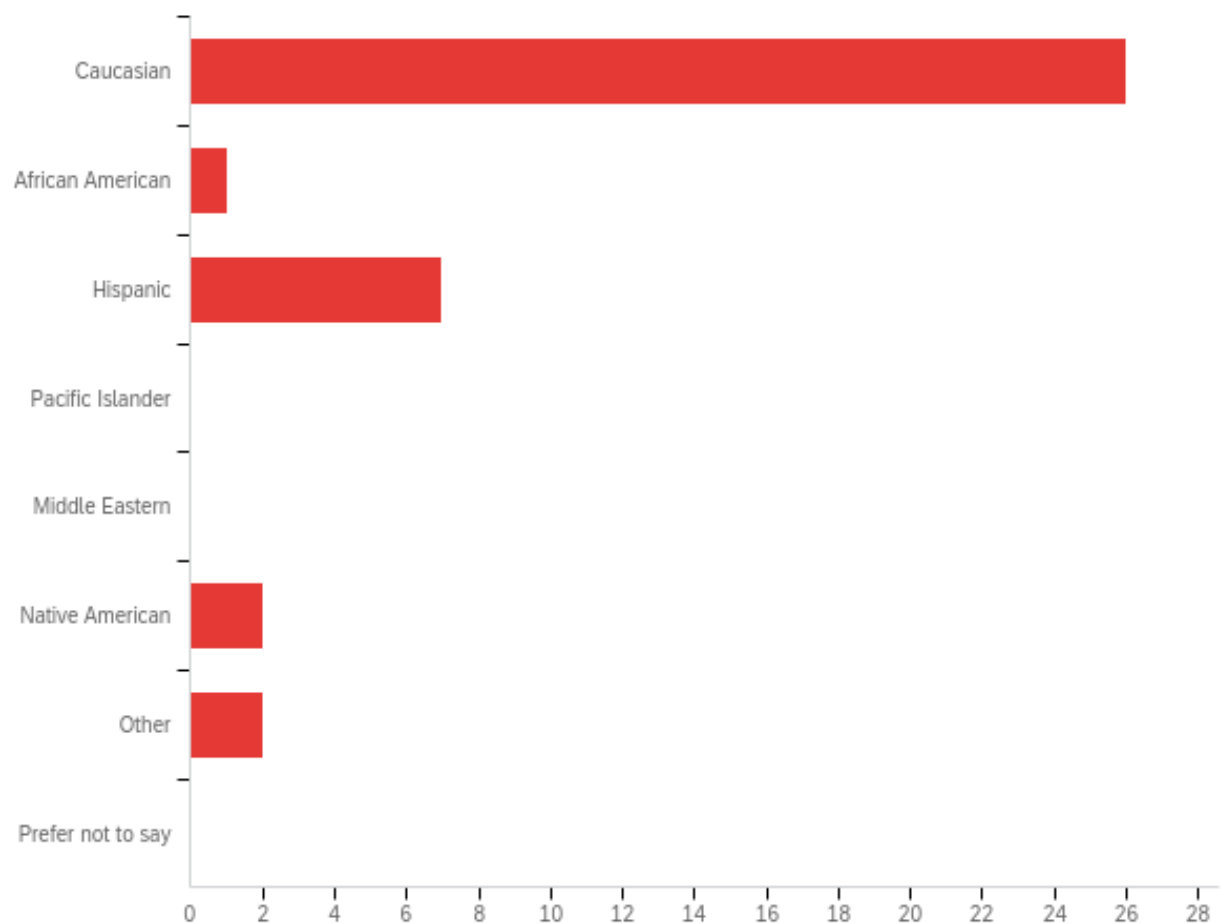


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	What is your sexual orientation? – Selected Choice	1.00	4.00	3.64	0.69	0.47	33

#	Answer	%	Count
1	Lesbian	3.03%	1

2	Gay	3.03%	1
3	Bisexual	21.21%	7
4	Heterosexual	72.73%	24
5	Other	0.00%	0
6	Prefer not to say	0.00%	0
	Total	100%	33

Question: What is your ethnicity?



#	Answer	%	Count
1	Caucasian	68.42%	26
2	African American	2.63%	1
3	Hispanic	18.42%	7

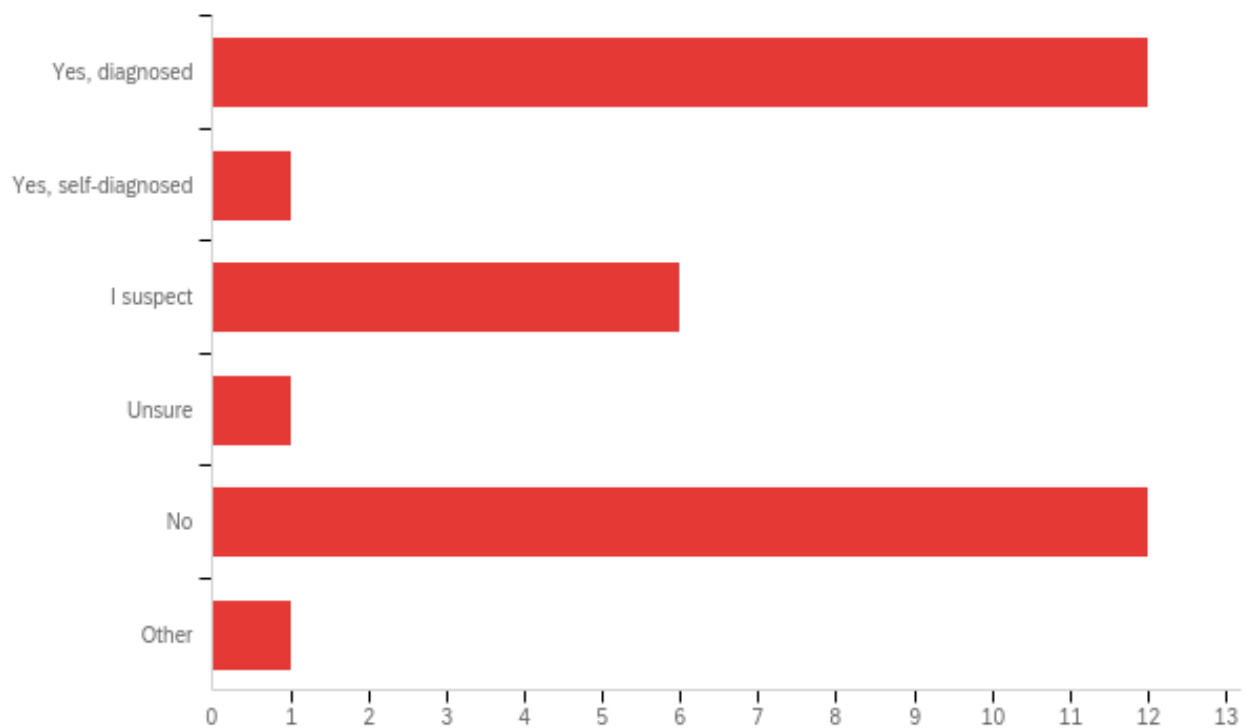
4	Pacific Islander	0.00%	0
5	Middle Eastern	0.00%	0
6	Native American	5.26%	2
7	Other	5.26%	2
8	Prefer not to say	0.00%	0
	Total	100%	38

Other – Text

Latino non-hispanic

Asian (India)

Question: Do you have a mental health condition?



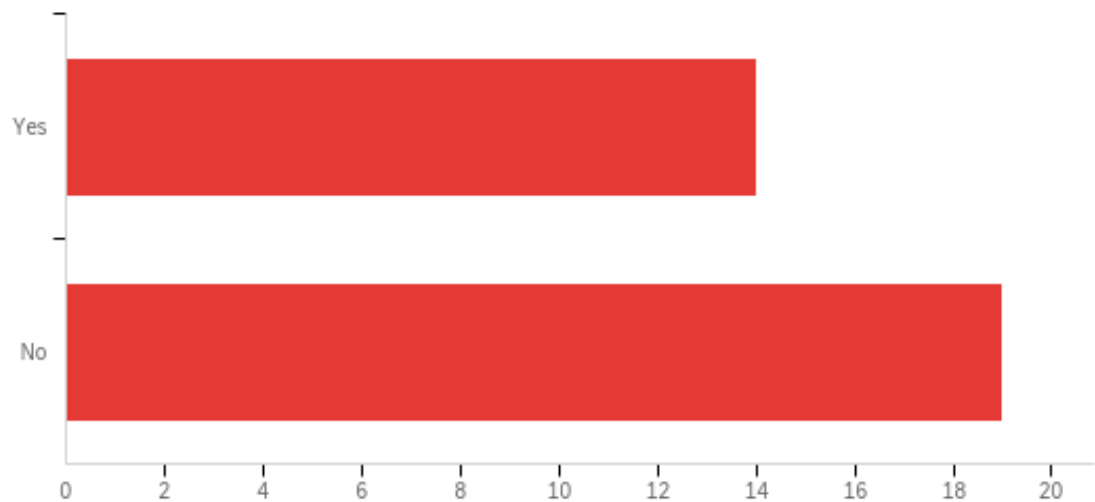
#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Do you have a mental health condition? – Selected Choice	1.00	6.00	3.09	1.80	3.23	33

#	Answer	%	Count
1	Yes, diagnosed	36.36%	12
2	Yes, self-diagnosed	3.03%	1
3	I suspect	18.18%	6
4	Unsure	3.03%	1
5	No	36.36%	12
6	Other	3.03%	1
	Total	100%	33

Other – Text

Probably Anxiety

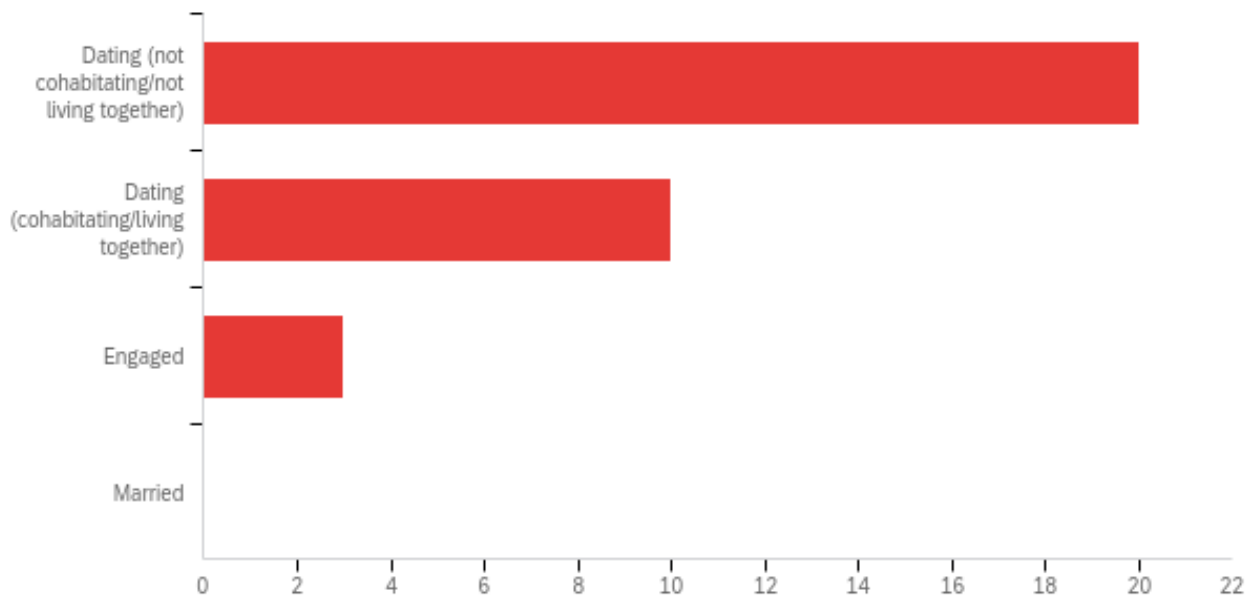
Question: Are you a member of the UNO Honors Program?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Are you a member of the UNO Honors Program?	1.00	2.00	1.58	0.49	0.24	33

#	Answer	%	Count
1	Yes	42.42%	14
2	No	57.58%	19
	Total	100%	33

Question: Which of the following best describes your romantic relationship status?



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Which of the following best describes your romantic relationship status?	1.00	3.00	1.48	0.66	0.43	33

#	Answer	%	Count
1	Dating (not cohabitating/not living together)	60.61%	20
2	Dating (cohabitating/living together)	30.30%	10
3	Engaged	9.09%	3

4	Married	0.00%	0
	Total	100%	33

Question: How long have you been with your romantic partner?

How long have you been with your romantic partner?

3 years

1 year and 6 months

1 ½ yrs

2 years and 10 months

4-5 years

5 years

7 months

4 and ½ years

2 years

15 months

18 months

2 years

34 months

more than a year

5 years

2 years

8 months

Over 3 years

3 years

2 years

7 months

A little over a year

6 months

4 months

2 and a half years

5 years

6 months

1 year and 3 months

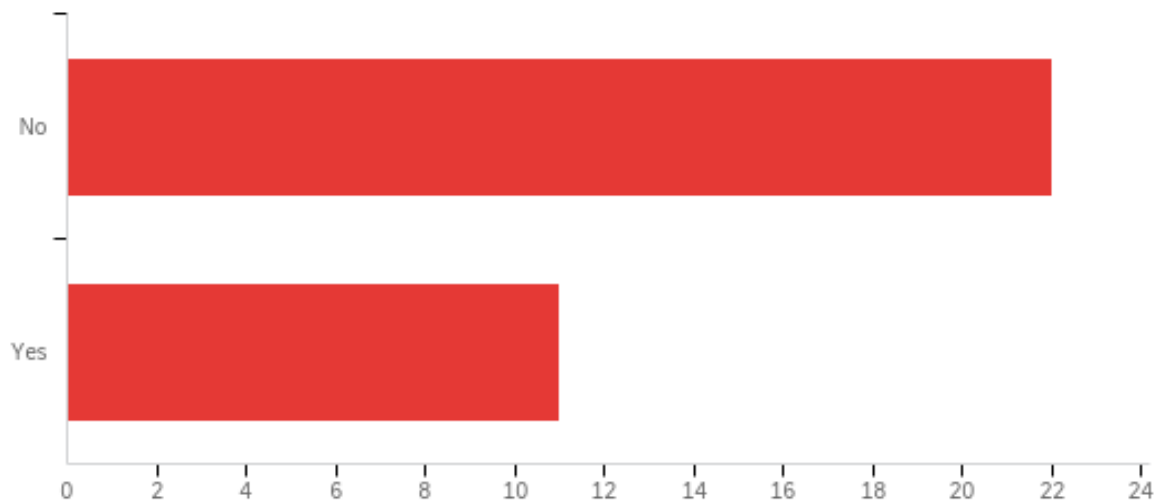
6 years

6 ½ Years – Living together the entire time

2 years

1 year and 1 month

Question: Are you willing to meet with me for a 60-minute, casual interview to go more in detail about your experiences with communication apprehension in your romantic relationship and how it may or may not affect your mental health? If so, please email me at megmccoy@unomaha.edu. The interview will remain confidential, and your real name will not be used.

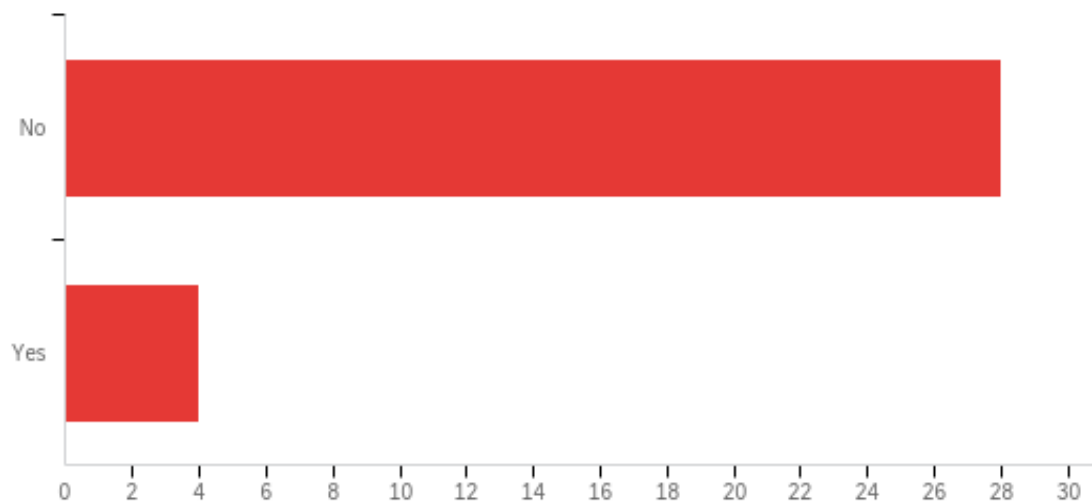


#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Are you willing to meet with me for a 60-minute, casual interview to go more in detail about your experiences with communication apprehension in your romantic relationship and how it may or	1.00	2.00	1.33	0.47	0.22	33

may not affect your mental health? If so, please email me at megmccoy@unomaha.edu. The interview will remain confidential, and your real name will not be used.

#	Answer	%	Count
1	No	66.67%	22
2	Yes	33.33%	11
	Total	100%	33

Question: Do you know of others who meet the study qualifications and may be interested in an interview? If so, please email me at megmccoy@unomaha.edu. The interview will remain confidential, and their real name will not be used.



#	Field	Minimum	Maximum	Mean	Std Deviation	Variance	Count
1	Do you know of others who meet the study qualifications and may be interested in an interview? If so, please email me at megmccoy@unomaha.edu. The interview will remain confidential, and their real name will not be used.	1.00	2.00	1.13	0.33	0.11	32

#	Answer	%	Count
1	No	87.50%	28
2	Yes	12.50%	4
	Total	100%	32

Appendix C
SPSS Tables

Table 1

Reliability Statistics for CA Composite Variable Measurements

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.965	.980	9

Note: The alpha reliability found for the CA Composite Variable Measurements in the current study was $\alpha = 0.97$ ($M = 38.86$, $SD = 7.05$), and it indicates that the instrument is highly reliable (Treadwell & Davis, 2020).

Table 2

Reliability Statistics for Mental Health Composite Variable Measurements

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.979	.983	12

Note: The alpha reliability found for the Mental Health Composite Variable Measurements in the current study was $\alpha = 0.98$ ($M = 43.63$, $SD = 10.45$), and it indicates that the instrument is highly reliable (Treadwell & Davis, 2020).

Table 3*Reliability Statistics for Emotional Well-being Composite Variable Measurement*

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.932	.940	4

Note: The alpha reliability found for the Emotional Well-being Scale in the current study was $\alpha = 0.93$ ($M = 14.31$, $SD = 3.41$), and it indicates that the instrument is highly reliable (Treadwell & Davis, 2020).

Table 4*Reliability Statistics for Self-Esteem Composite Variable Measurement*

Reliability Statistics		
Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.967	.976	8

Note: The alpha reliability found for the Mental Health Composite Variable Measurements in the current study was $\alpha = 0.97$ ($M = 29.31$, $SD = 7.09$), and it indicates that the instrument is highly reliable (Treadwell & Davis, 2020).

Table 5*Communication Apprehension and Mental Health Correlation*

Correlations		CARecode d	MHRecode d
CARecoded	Pearson Correlation	1	.953**
	Sig. (2-tailed)		<.001
	N	36	35
MHRecode d	Pearson Correlation	.953**	1
	Sig. (2-tailed)	<.001	
	N	35	35

** . Correlation is significant at the 0.01 level (2-tailed).

Note: Significant positive relationship between low levels of CA and good mental health, $r(35) = .953$, $p < .001$

Table 6*Communication Apprehension and Self-Esteem Correlation*

Correlations		CARecode d	SERecode d
CARecode d	Pearson Correlation	1	.937**
	Sig. (2-tailed)		<.001
	N	36	35
SERecoded	Pearson Correlation	.937**	1
	Sig. (2-tailed)	<.001	
	N	35	35

** . Correlation is significant at the 0.01 level (2-tailed).

Note: Significant positive relationship between low levels of CA and high self-esteem, $r(35) = .937, p < .001$

Table 7

Frequency Table for CA Composite Variable

Statistics		
CARecoded		
N	Valid	36
	Missing	1
Mean		4.3179
Std. Deviation		.78304

Note: Likert-scale scores for CA were, on average, quite high ($M = 4.32$, $SD = .78$). This indicates low CA among participants.

Table 8

Frequency Table for Mental Health Composite Variable

Statistics		
MHRecoded		
N	Valid	35
	Missing	2
Mean		3.6357
Std. Deviation		.87098

Note: Likert-scale scores for mental health were, on average, relatively high ($M = 3.64$, $SD = .87$). This indicates moderate to good mental health among participants.

Table 9

Frequency Table for Self-Esteem Composite Variable

Statistics		
SERecoded		
N	Valid	35
	Missing	2
Mean		3.6643
Std. Deviation		.88636

Note: Likert-scale scores for self-esteem were, on average, relatively high ($M = 3.66$, $SD = .89$). This indicates moderate to high self-esteem among participants.

Appendix D

Interview Protocol

Introduction:

First and foremost, I want to thank you for taking the time to talk with me today. As with the survey, your responses may help me complete my honors thesis and acquire a bachelor's degree at the University of Nebraska at Omaha. This study investigates the stories and experiences you have in regard to communication with your romantic partner, specifically communication apprehension, and how you believe it does or does not affect your mental health.

There is no compensation for your participation in this study. As stated in the email for the survey, all your responses will remain confidential and anonymous. Additionally, when I transcribe the interview, I will not use your real name. Rather, I will use a made-up name with no affiliation to you. Remember your participation is voluntary and you do not have to talk about anything you do not want to. You can end the interview at any time. Do you understand all these conditions?

The interview process should take about 60-minutes, depending on the elaboration to each question. The interview will be recorded so I can transcribe the interview and analyze it for developing themes. Is it okay that I record this interview now?

As you know, you are qualified for my study because you are at least 19 years old; are in a monogamous, romantic relationship that has lasted for at least six months; and are an enrolled undergraduate student at the University of Nebraska at Omaha. For the first part of this interview, I would like you to discuss your relationship in general and your communication apprehension with your partner. After this, I will ask questions about your mental health. Finally,

I will ask some questions about how the two experiences connect, if at all. Before that, I would like to ask you a few demographic questions. You will have already answered these questions on the survey, but to make sure I know the demographics for only the interviewees in this study, I would like to ask you again.

Communication Apprehension in Romantic Relationships and Effects on Mental Health
Interview Guide

RQ1: For which topics do romantic partners have higher CA and why?

RQ2: What do romantic partners perceive as the cause of CA in their romantic relationships?

RQ3: How do romantic partners believe their mental health has been affected by CA with their romantic partners?

RQ4: What are some of the coping strategies that romantic partners use to deal with CA on a regular basis?

Interview Questions:

Demographics:

1. What is your age?
2. What is your gender identity?
3. What is your sexual orientation?
4. What is your ethnicity?
5. What is your relationship status with your romantic partner (dating (not cohabitating/not living together), dating (cohabitating/living together), engaged, married)?
6. How long have you and your partner been together?

Transition: In the first section of the interview, I am going to ask you questions about your relationship in general and your communication with your partner.

University Students' Stories of Romantic Relationship Communication

7. How did you and your partner meet?
8. How would you describe the communication within your romantic relationship?
9. Who would you say is the better communicator in your relationship and why?
10. Which topics are you most comfortable discussing with your romantic partner and why?
 - a. Examples: daily activities, attraction, etc.
11. Which topics are you least comfortable discussing with your romantic partner and why?
 - a. Examples: sexually transmitted diseases, attraction to someone else, embarrassing moments, etc.
12. Do you believe you experience communication apprehension (or the fear of communicating) in your romantic relationships?
 - a. If not, can you think of any times that you have, even if infrequent.
 - b. What do you think is the cause of communication apprehension in your relationship?
 - i. Amount of time dating, societal expectations, personal anxiety?
13. Have you and your partner ever made any changes to overcome communication apprehension? What are they?
14. How do you cope with communication apprehension in your romantic relationship daily?

Transition: We have covered your experience with communication apprehension in your romantic relationship. For this next section, I am going to ask you questions to explore your perception of your own mental health.

University Students' Perceptions of Their Own Mental Health

15. How would you describe your mental health?
16. What would you say are your main mental health issues (if any)?

- a. Examples: anxiety, depression, bipolar disorder, etc.
17. What do you think contributes to your mental health condition(s)?

Transition: We have covered your perceptions of your mental health. For this next section, I am going to ask questions to connect both your communication apprehension in your romantic relationship and your mental health.

University Students' Interweaving of Communication Apprehension Within Their Romantic Relationships & Mental Health

18. Do you think your communication apprehension with your romantic partner has influenced your mental health?
- a. Can you give examples?
19. Do you think communication apprehension with your partner is one of the main predictors of your mental health status?
20. Do you think your mental health would improve if you experienced less communication apprehension with your partner? How?
21. What mental health issues do you, personally, think could arise from communication apprehension, even if you're not experiencing it?
- a. Why?

Transition: In closing, I have two remaining questions:

Closing Questions:

1. First, is there anything else you would like to add regarding any of your previous responses, or anything else you feel I should know about your experiences?

2. If I have more questions about this study, can I contact you in the future? What is the best contact information?

Closing:

Thank you for participating in my study and allowing me to interview you. Once I have finished conducting the remaining interviews and analyzing the data, would you like to see the results?

Thank you again for your time!

Appendix E

Interview Transcripts

Interview Transcript #1

Interviewer: Okay. Is it okay that I record this?

Interviewee: Yes.

Interviewer: Okay, great. So, my first demographic question is what is your age?

Interviewee: I am soon to be 20 in about 11 days.

Interviewer: Great. And what is your gender identity?

Interviewee: Female.

Interviewer: Okay, and what is your sexual orientation?

Interviewee: Straight

Interviewer: Okay. And what is your ethnicity?

Interviewee: White

Interviewer: Okay, and what is your relationship status with your romantic partner?

Interviewee: Engaged

Interviewer: And do you live together?

Interviewee: No.

Interviewer: Okay. And then how long have you and your partner been together?

Interviewee: Um, I think it's almost 15 months at the end of November.

Interviewer: Awesome. Okay. So, in this first section of the interview, like I said, I'm going to ask you questions about your relationship in general, as well as your communication apprehension with your partner. So, first question: How did you and your partner meet?

Interviewee: So, we met at a like math day Newman barbecue.

Interviewer: Okay, so you met here at UNO? That's exciting.

Interviewee: I saw his shirt and it was for like a pretty niche political cause. And I was like – “Yo!” We shook hands and then we talked for like two hours.

Interviewer: Had you dated anybody prior to that? No? Okay. I'm the same. I've only ever been with one person. So yeah, okay. And then next, how would you describe the communication with your romantic partner?

Interviewee: Pretty open. And like, yeah, pretty open. We call each other every night and we have like set times. So, like on the first of every month - more or less - we have, we call it board meetings. Because like, a marriage is like the union of two companies. It's a serious matter. And like the purpose for us, the purpose of dating is marriage. And so, it would be kind of like cruel, and be kind of like dishonest to. . . like it would be a lie of omission if we didn't say anything. And so, we just want to have like really open communication so the other person like understands. Sometimes he gets frustrated cuz I say too much. He's like "Annaliese, I didn't need to know about that. I didn't need to know about that."

Interviewer: Okay, like what kind of topics do you feel like are TMI?

Interviewee: Bowel movements

Interviewer: Oh, okay. So, you talk about that with each other?

Interviewee: Yeah.

Interviewer: Wow, you really do have open communication. You know, I'm not judging. I feel like that's pretty healthy.

Interviewee: Yeah. Well, because yeah. Because I'm like "Bowel movements are very important to health, Peter." And like he's very open as well. So, he'll tell me sometimes like "Oh man, I had the ..." This is gonna kinda be gross. "Man, I had the biggest poop ever today." And I'm like "Okay, yeah. Thank you, Peter, but it's seven in the morning."

Interviewer: Yeah, so do you sometimes wish he wouldn't say some of that?

Interviewee: Yeah. I mean, I'm sure. And like, I'll tell him about like, like stuff my friends are doing or like stuff my friends' friends' friends are doing, and he's like, "well, this isn't really necessary. No, I don't need to know that your friends' friends' friend broke up with her boyfriend. Like that's not important to me." Stuff like that.

Interviewer: Okay, so who would you say is the better communicator in your relationship and why?

Interviewee: Um like, we're better at communicating different things I guess. Like I'm better at communicating schedules and like "Perry we're going to do this at this time; please bring this; don't forget this. Don't forget blah, blah, blah." And then he's probably - he's better at like communicating like emotions and stuff. And he's very like attentive. He'll notice things that I can't say or that I don't realize that I'm saying. Like, recently, I had some pretty disappointing medical news. And he's like, he's like "Annaliese, are you actually..." Cause I started arguing with the doctor. Then the doctor was like getting mad at me and raising his voice. And then Peter was like "Annaliese, are you really mad at the doctor? Who are you actually mad at?" And I'm like, you know, that's a good point. Because I was just mad at like - we're religious - and so I was just mad at God for like, like, why am I still having this issue? So yeah, hopefully that answers the question. Do you want me to answer more about that?

Interviewer: No, I think that's good. I do have one follow up question, though. Was it easy to talk to your partner about that medical news or were you hesitant at all?

Interviewee: Oh, not at all. I wanted him to be there like in the doctor's appointment with me. But he was busy. He has to work, gosh dang it.

Interviewer: Yeah. Yeah, I get that. Okay, so I'll move on to the next question then. Which topics are you most comfortable discussing with your romantic partner? And why?

Interviewee: You know, probably like day-to-day life stuff, or like, like observations, I guess. Yeah.

Interviewer: Yeah? Okay, great. And which topics do you think you're least comfortable discussing with your romantic partner and why?

Interviewee: Um stuff I'm ashamed of. Yeah.

Interviewer: Like any examples? You don't have to go too deep if you don't want to.

Interviewee: So, like, I know, like, he doesn't want to talk about stuff he did - although he will talk about it, you know? - So, before he was Catholic he had some substance issues and like fornicated and you know, and like, and like, yeah, he has some like resistance to talk about like childhood trauma and stuff like that. And I do too, just because it's hard to talk about in general. And then like, for example, for stuff I'm ashamed of . . . just like back when I was a lot less graceful and a lot like - like, I remember when I was in high school. . . So, there was a guy, and he had an eyepatch on, and I was like, "What happened to you? What happened to your eye?" And he was like, "Why'd you ask that?" And I was like "Oh crap, I shouldn't have said that." Stuff like that. Stuff where I'm like "Oh, I'm so cringe."

Interviewer: Okay. Okay, so my next question is: Do you believe you experience communication apprehension, or the fear or anxiety associated with communicating, in your romantic relationship?

Interviewee: Um, sometimes Yeah, sometimes.

Interviewer: Can you think of like what instances you do experience it?

Interviewee: Yeah. So, like, I'll use an example. So today, or like, when he's busy with other things, or like, yesterday I called him to pray at night, and he was playing pool with the boys. And I was like should I actually talk to him? Am I inconveniencing him? Like am I gonna be a burden to him by talking to him? Stuff like that. We ended up talking, but he had to go back to his boys. He was celebrating something with them.

Interviewer: Okay, so what do you think is the cause of communication apprehension in your romantic relationship? And I have like a few examples if you want to hear some, but they may not necessarily apply.

Interviewee: I'll give mine and then . . .

Interviewer: Yeah, can you give your example?

Interviewee: So probably my cause would be like not wanting to be a burden, you know? Like not wanting to cause him new stuff to deal with. Yeah.

Interviewer: Okay. So, a few of the prompts I had was amount of time dating - if that would affect like how much you open up to each other - or potentially societal expectations about what you talk about, or personal anxiety. Do you think anything like that factors in or is it mostly just...

Interviewee: Yeah, like a bit of societal anxiety, but we kind of broke that. I mean we broke through that maybe six months in. Like max six months in. Like the dark, deep stuff. And then like, for the anxiety, I mean, like, I'm an anxious person, you know? It's just how I was raised. Yeah. Yeah, and I do have some apprehension like for stuff that would hurt him, like, like, I don't want to tell him like my parents are kind of not - like they can sometimes be judgmental, and they'll just like, say stuff off the whim like off cuff about him. That's just like kind of rude and they don't realize it's rude. And I used to tell Peter like everything that they said just because like I tell him everything. I just tell him everything. And then he's like, "Well Annaliese like, this really isn't productive for you to be telling me this. Like I don't need to know every single time that your parents are like 'oh, are you sure that he'll have like a high income-enough job to support you?'" Like he doesn't need to know like the same thing repeatedly.

Interviewer: Yeah. All right. So, my next question: Have you and your partner ever made any changes to overcome communication apprehension? And if so, what are they?

Interviewee: I think so. I mean, like, yeah. So, in the beginning of the relationship, I was a bit rougher around the edges and he was a bit rougher around the edges. And I guess just having like, I guess naturally with the bond and like the communication, like our rough edges were like smooth and we became more comfortable communicating. Hopefully that answers the question. But yeah.

Interviewer: Yeah I think so. So, do you think just like with time you became more comfortable?

Interviewee: Yeah. Yeah. Well, and like we have it set up that like we have a time for open communication. Like at the end of the day. Or like something like that, in case we forgot anything. But normally, normally those meetings are kind of short because like we've already told throughout the week, throughout the month and everything, and throughout the day.

Interviewer: Yeah. Now this one's kind of related to the last question, but how do you cope with communication apprehension in your romantic relationship daily?

Interviewee: I don't know.

Interviewer: If you don't have an answer, that's totally fine. Just like maybe, like if you can tell something's wrong with the other person, do you try to like pry or do you usually leave it alone?

Interviewee: Yeah, so I guess like, oh, yeah, from like his part. So um, recently, his dad had a heart attack. And so, the way that a lot of the times my fiancé deals with hard things is that he'll like close himself up for a little while, and that's just because of like . . . I understand, like, why he does that. He's like, um, you know, he's like, he's a product of a broken family. His parents are

divorced. And just like being a little kid like a lot of like when it happened, just like he kind of shuts down for a little while. And what I do just then is I just wait and I'm just there for him. Like the day after his dad had a heart attack, I just sat there. We just like sat there next to each other. He fell asleep, but I was doing my homework. I didn't think like at the time, when I was doing my homework just sitting there while he slept, I didn't think it was important. Like at all. I was like, "Man I'm wasting my time." And then he was sleeping for like five hours and then at like 3 p.m., he woke up and he was just really appreciative of me being there. And then he told me about like a lot of the situation. So yeah.

Interviewer: That's really good. Okay, so we've covered your experience with communication apprehension in your romantic relationship. So, for this next section, I'm going to explore questions about your perception of your own mental health. And I know this is kind of a touchy subject, so just answer whatever you're comfortable with, and you're more than welcome to not answer a question if you don't want to. So, first of all, how would you describe your mental health?

Interviewee: Um, it has its ups and downs. Yeah, kind of goes along according to my cycle. I get sad when I ovulate. And then, just knowing that is really important. And then five days before the onset of my period, I get sad so . . .

Interviewer: Okay, so you kind of know, like, when you're going to feel certain types of ways?

Interviewee: Yeah. And I just give. . . like an add-on to the communication thing. . . I'm like "Hey, Peter, just so you know, I'm going to be really sad tomorrow." But besides that, like the main problems I probably have is like anxiety. That's mostly from my mother. And then poor self-esteem, and that's from my relationship with my father.

Interviewer: Okay. So, that one kind of leads into my next question: What would you say are your main mental health issues? But we covered that. Are they diagnosed or are they self-diagnosed?

Interviewee: No. They're not diagnosed. I went to a therapist once. But he wasn't very helpful because I just started talking to him about theory. So yeah, that didn't work out. So yeah. Okay.

Interviewer: So, the therapist didn't work. Like whom would you say is your main outlet when it comes to talking about like mental health or anything like that?

Interviewee: Yeah, probably Peter. Yeah, he's really good. Yeah, and then next after that is my brother.

Interviewer: Okay. Okay. So next, what do you think contributes to your mental health issues?

Interviewee: Um, I guess like, obviously like hormones. And then my mom. My parents are just really stressful. Yeah, they're kinda just a bit toxic. And that's why like, I talk to my brother because he understands a lot of it and . . . but yeah, just a little bit toxic. Yeah.

Interviewer: Okay. So that was actually all the questions I had about mental health. Short and sweet. So, the next section is going to be about how communication apprehension and mental

health come together, if at all, and so I kind of want to get your insights on that. So, my first question: Do you think your communication apprehension with your romantic partner has influenced or played a part in your mental health?

Interviewee: Yeah.

Interviewer: Okay. In what ways?

Interviewee: Um, yeah, so definitely like when I feel - like in times of stress when he doesn't want to talk to me because he's just like dealing. Like he has to step back to deal with his emotions. It's really stressful! Like, in the beginning, it was just really stressful for me because I'm like, "Oh my gosh, like, does he still like me? Does he want me?" But just like learning how he communicates, you know? Like you're learning how he communicates and deals with trauma and difficult events in his life, and it just helps with that. I mean, it's still pretty hard, you know? Like, I just want to . . . like in the situation last weekend when his dad had a heart attack, like as soon as I figured out that his dad had a heart attack, I just wanted to go run and embrace him. But like, I just have to understand that like, that's not how he deals with things. And it's not, it's not my fault really, you know? It's not my fault that he's stepping back. So, yeah.

Interviewer: Are there any positive ways in which your communication has affected your mental health?

Interviewee: Oh, yeah. Okay. Yeah. Yeah. So just like having someone to talk to you, having someone who can understand and who really understands like my body language and the way I react to things and just like having like an open like loving ear who isn't going to judge me has been really beneficial, like, so beneficial. Like my life has gotten so much better by having Peter in my life, like, exponentially better.

Interviewer: That's awesome. I'm so happy for you guys and for getting engaged. That's so exciting. Yeah. All right. So next question: Do you think communication apprehension with your partner is one of the main predictors of your mental health status? Or do you think it comes from other places primarily?

Interviewee: Um, no, not really. The main predictor of my mental health status is probably how much sleep my mom got last night. And then what's happening at school. And then probably, oh, yeah, and then obviously, hormones. Yeah.

Interviewer: Okay. Awesome. So next, do you think your mental health would improve if you experienced less communication apprehension with your partner, and how?

Interviewee: I mean, I guess yeah. Um, yeah, just like understanding I guess, like I don't know. We're pretty open.

Interviewer: Yeah. I guess like, at the times that you are apprehensive with him, is it very often or is that very, very rare?

Interviewee: Don't know, I mean, it's not super uncommon because like the times where we are apprehensive are times where I should not be talking to him in the first place just because he's

like at work or he's with his friends and like, that's not - he's not mine right now. You know? Yeah. I don't know.

Interviewer: That's okay. No, no, no, that's totally fine. You've been giving great answers. So okay, so this is my next question. And it's my last like, main question. So, what mental health issues do you personally think could arise from communication apprehension with a romantic partner, even if you're not necessarily experiencing it?

Interviewee: Yeah, I'm probably well, what are like some common causes, like communication apprehension, I guess?

Interviewer: So, it's interesting. So beforehand, like back in the day, communication apprehension used to be considered a trait. So, like somebody like in most situations would have anxiety about speaking up. But then more research came out and it became more of like a contextual thing. So, like, depending on who you're talking to or what topics you're talking about or just how your day has been going that day, you know, all that could influence whether you are apprehensive about communicating, not just like yourself, you know? Like the outside environment also plays a role. So now, like factors that could affect communication apprehension could be like almost anything really. And so, what I'm trying to explore is whether, you know, being apprehensive within your relationship, for whatever reason, whether it's a topic, the partner, you know, whatever it is, leads to mental health issues. Yeah. So, I'll repeat the question if you want because, unless you remember . . .

Interviewee: Yeah, yeah. So probably some of like the effects of communication apprehensiveness in a relationship could be like, I mean, probably depression, anxiety, and all that. Just because like when you keep it all bottled up inside it just like spirals and stuff. And then, oh, yeah, that happens with me. Like sometimes I won't be able to talk to him because like I'm in class or I'm driving, you know? He's at work. And I'll like start spiraling. I'm like, "Oh my gosh, she hates me." And then my fiancé will be like, when I finally get to talk to him, like when he's done with his meeting or something like that. He's like "Why would she hate you? Like that's just like one interaction. Like she probably forgot about it 20 minutes later." Yeah. And I'm like, oh, yeah. I do that too. He's like, how many times has it happened to you and you just like, forgot about it? Yeah, stuff like that. And then like, so in my mind, I'm also thinking like a woman when she's pregnant, like postpartum. She has postpartum anxiety that can cause, obviously, like cause damage to the child like he's afraid to communicate with her spouse or like, things like that. Like this might lead to postpartum psychosis. And that could lead to like, obviously, like, you know, a death of a child and stuff like that. But . . .

Interviewer: Yeah, yeah. I think that's great. So, in closing, I have two remaining questions. The first is just if there's anything else you want to add regarding your previous responses, or anything else you want me to know about your experience with your partner or when it comes to communication. Seriously, anything at all. If you just had anything you wanted to add, and you don't have to either.

Interviewee: Sometimes communication is like difficult because - Okay, so his father is a non-native English speaker. So, like he comes from a like a low-income background. And so, like a

lot of the times, well, not a lot of the times, like in the beginning of the relationship, when I used to like communicate things with him, I would use words like he didn't understand. Just because like my parents are highly educated, they have master's degrees, you know? Like, they just use huge, huge words, you know? Yeah. I don't know if that's a factor or anything.

Interviewer: Yeah. Yeah, no, I think that definitely is because if there's kind of like a language barrier going on, that would play into maybe you're like, maybe you kind of are like hesitant to use big words or something. Then it also just kind of creates some friction when it comes to communicating. So yeah, I think that's really good to add. Yeah. So, your fiancé, he sometimes wouldn't understand the big words or was it mostly his father?

Interviewee: Well, yeah, Peter. Because he didn't read a lot. Obviously, like when you're low-income background, like, usually like you don't have a lot of like your parents are reading to you every night. You know what I mean? You probably don't have a lot of books at home. Probably that travel to and from school is very difficult. Maybe like, like another thing that I have learned through this relationship is just like, I have, like really come from a place of privilege and stuff like that. Yeah, so like a story that he used to talk about is like a kid from school. Peter would always like tease this kid at school because he was just, like, really jealous of this kid. He was really frustrated by this kid because he would steal his dinosaur, and the kid would just be like bawling and crying. He remembers the frustration he would feel of like, like, "this kid is crying over a dinosaur. Like, I don't even know what I'm going to eat tonight." You know? Like, I was like, "Whoa," because I used to be really. . . I was just really judgmental of him at the beginning of the relationship and judgmental of people with low-income backgrounds because I just didn't understand. You know? So, yeah.

Interviewer: Yeah. All right. Well, my last question is just, if I have any more questions, would it be okay if I emailed you to ask you a few more things or, if we potentially needed to meet up again, I doubt we will need to, but if I needed to, is that okay? If I contact you? Okay, great. Great. All right. So well, that's everything. I really, really appreciate you doing this. Like you have no idea.

Interviewee: May the record reflect that I have a photograph of my fiancé.

Interviewer: Oh, there you go. All right.

Interview Transcript #2

Interviewer: Okay, so first I just want to ask a few demographic questions. And I know you answered this on the survey already, but you know, I'm not sure who says what on the survey. So, if you don't mind, I'll ask again. So, what is your age?

Interviewee: 21

Interviewer: What is your gender identity?

Interviewee: Female

Interviewer: What is your sexual orientation?

Interviewee: Bisexual

Interviewer: What is your ethnicity?

Interviewee: White; Caucasian

Interviewer: And what is your relationship status with your romantic partner?

Interviewee: Engaged

Interviewer: Congrats. And then how long have you and your partner been together?

Interviewee: More than a year now. Is that specific enough?

Interviewer: Yeah, I think so. Okay, so in this first section, like I said, we're going to talk about your relationship in general to kind of ease into things and then also your communication with your partner, specifically communication apprehension. So, first question: How did you and your partner meet?

Interviewee: High school.

Interviewer: Were you and your partner close friends in high school?

Interviewee: We really were, and then he moved away junior year and fell out of touch. Then we reconnected during quarantine because there was nothing to do. Yeah. It would have never happened if we both wouldn't have just been stuck in the house.

Interviewer: Right? Yeah, that's so cute. I love that. So how would you describe the communication with your romantic partner?

Interviewee: We have great communication. We really wanted to prioritize communication in our relationship because a lot of the problems that both of us had had with past partners was just a lack of communication and not understanding like where the other person was for fear of losing them.

Interviewer: Do you have like any examples from your past relationships of like, where communication was really bad?

Interviewee: Um, well, this sounds kind of strange, but I was broken up with in my previous relationship, and I felt like completely blindsided. And it's totally fine. Like we were young. But this was with a woman by the way, and it lasted a while and it was very deep. Like we had a friendship that was based out of it. But I felt like she didn't communicate a lot of problems she was having with me until like the very end and I was like, I need to work on like all of this stuff. Now, and going into the new relationship, I did not want to repeat the same thing where we just sort of toed the line in certain subjects, and we wanted to be on the same page.

Interviewer: Yeah. So, who would you say is the better communicator in your relationship and why?

Interviewee: My fiancé's definitely the better communicator in our relationship. I think this is because, even though I, in my opinion, am a great communicator compared to like a baseline of just not speaking very well, he's more comfortable I think mentioning things that might potentially upset me. Because he knows that we've made it a priority in our relationship. But I think that might come down to like personality, like I'm good at communicating, but I'm not as good as him because I'm still more emotionally reserved. And I'm working on it currently.

Interviewer: Yeah, that's great.

Interviewee: Does that make sense?

Interviewer: Yeah. I'm actually going to ask another question kind of related to that later. So, which topics are you most comfortable discussing with your romantic partner and why?

Interviewee: Could I get more context on it? Like what do you mean what topics like sensitive stuff?

Interviewer: Sure. Like, I guess what do you talk about most? I could say. So, like daily activities, maybe. Are you comfortable mentioning like your attraction to somebody else? Like what is comfortable and what is not?

Interviewee: Okay. Um, well, the first part, most of the things we talked about are movies. Okay, so like pop culture and media is a big thing that we talk about. Um, I think we are - this is kind of strange - I think we are comfortable mentioning once in a while if we are attracted to somebody else, but it's more for this, like, process of making the other person give you more attention. I know that sounds really bad. But it's like a fun thing. Yeah. Like both of us are in a good place, you know? But yeah, we talk about anything that we feel is necessary. And for like, difficult conversations, I think that happens like maybe once every couple of weeks. So, I think that that's pretty often. . . in a good way.

Interviewer: Okay. And related to that, which topics are the least comfortable to talk about with your romantic partner?

Interviewee: Probably big milestones in the future, mostly revolving around money. Because both of us are semi, well, he's mostly independent, but I'm kind of dependent on my parents, and I have a more optimistic outlook on life. And if he's worried about money in that moment in time, then that will reflect his opinion of the future. Like oh, suddenly it's "I don't know about this, and I don't know about that." But if he just got his paycheck, he's like ready to buy anything he sees. So, I'd say that money is the one that gets kind of uncomfortable. What was the actual question?

Interviewer: Yeah, which topics are you least comfortable discussing with your partner?

Interviewee: And also, I'll tack on there besides money, like food. Both of us have issues with food and like controlling ourselves with food. So, when one of us is in a bad place, like

overeating or under eating, it might upset the other person to see the other person has been eating like unhealthy stuff when we're supposed to be eating healthy.

Interviewer: Yeah, yeah. All right. So, do you believe you experience communication apprehension, and another refresher, it's the fear or anxiety associated with communicating something, in your romantic relationship?

Interviewee: Yeah.

Interviewer: Okay. Like when do you think you experienced that?

Interviewee: Um, most often, when I have to correct or ask about something that might be a little embarrassing. Since this is anonymous, like, a great example is yesterday; I saw his retainer, and it's just really old. You know, it doesn't look the best, and I sat down on the couch, and I was like, "Do you wash your retainer?" And he said, "Yes, I know, it looks like that, because it's just super old." And I've had a retainer before, so I know that they look nasty when they get old. I'm like, "Okay, so you brush, like you wash it?" And he's like, "Yeah, I do." But before like I got to that point, those are the kinds of things where I'm like, I feel bad because it's embarrassing to ask, but I don't want him to keep going that way. And he does the same thing for me. I can't think of a particular example, but things like that. If that's what apprehensive . . . like you don't want to make the other person feel humiliated or angry.

Interviewer: Right. So, going off that, what do you think is the cause of your communication apprehension? Is it when you think it might hurt the other person or like be embarrassing, or do you think there's like other reasons why you might feel communication apprehension?

Interviewee: Um, yeah, I think that it is because I will expect them to be upset or I don't want to make them feel embarrassed. But I think that that also comes from like previous experiences of the same thing happening where someone did get really upset, so I don't think I would have that apprehensive approach if I didn't already have had experienced, like saying that to somebody and them like flipping out. Yeah, so it comes with like, I think that accelerates the apprehension.

Interviewer: Okay. And I know you mentioned earlier that you're just kind of a more reserved person than Alan and that's why you think he might be a better communicator. Do you think that has anything to do with maybe sometimes why you are more apprehensive communicating things?

Interviewee: Oh definitely.

Interviewer: Okay. So, have you and your partner ever made any changes to overcome communication apprehension or to encourage more open communication. And if so, what?

Interviewee: I mean, yes. I'm trying to think of something he's done for me, but what I'm thinking of with myself - when I say reserved, I mean, like, this was this was like starting at zero. So, from my perspective, I'm like almost a different person with how much effort I put in like communicating things. Sometimes I make myself like emotionally available like with communication, like I really struggle on that if I'm not purposefully monitoring my own behavior. And in the beginning of our relationship, this was a major thing because he was

coming out of another like miscommunication that was like something we both bonded over. Really. He had like this terrible fear of being left on read because usually that meant that his partner was like really angry. But for me, I just like, if I have nothing to say like why would I text you? And we recently talked about that. I think yesterday, he's like, I don't even feel that anymore. Because he understands that if I'm angry, I will say something. Yeah, so but I can't think he. . . Well, you know what, that sort of speaks for itself. I think his version of communicating is being receptive to me being a little less open than he would like, but both of us are trying to meet in the middle by prioritizing communication - like him putting up with those sorts of things like being left on read. I know it's not a big deal, but that's what I think of.

Interviewer: No, that's great. This is very related. So, if you don't have like another response, that's fine. But it's how do you cope with communication apprehension in your romantic relationship on a daily basis?

Interviewee: Cope with the apprehension?

Interviewer: Like if you feel like your partner isn't communicating something to you, or if you know that you should be communicating something, like do you do anything to overcome that? It's very similar, so if there's no new response, that's okay.

Interviewee: Yeah, I think it's also just to say I just make myself do it. Yeah, because I think about how I want to be better. So, it just comes down to putting the work in, I guess.

Interviewer: Yeah. All right. So, we've covered your experience with communication apprehension in your romance romantic relationship. So, for this next section, I'm going to talk about your mental health. And again, if there's any questions you don't feel comfortable answering, that's totally fine. Just let me know and we can skip it. So first, how would you describe your mental health?

Interviewee: If we're going on a scale of one to 10, I would say pretty good. Okay. It varies. It fluctuates.

Interviewer: Definitely

Interviewee: I have clinical ADHD, which involves sometimes lows, and it gets exaggerated with stress. So, since I am a full-time student, sometimes the lows feel very low, but it's not like depression, if that makes sense. It's only like a day or two. I feel like depression could last like a week or something. So generally speaking, pretty good. I'm also in a really good headspace right now. So, if you asked me like a couple days ago, I might have said something different.

Interviewer: Yeah. Okay. And what would you say are your main mental health issues? Is it that ADHD?

Interviewee: Yeah, um, and then just fear of the unknown, like just general anxiety, but nothing like clinical and nothing diagnosed. Just life is scary sometimes.

Interviewer: Right? Yeah. I get that. Okay, so, next question. This is actually the last one regarding mental health. So, short and sweet, but what do you think contributes to your mental health conditions or issues?

Interviewee: Um, yeah, definitely stress from school. Um, and then I think we'll get into those but stress from relationships if we are fighting – or arguing more like or disagreeing on something important. But I would say that when it comes to my mental health, it's definitely more future jobs, graduate school, academic related stuff. I think that mental health wise, if there's an issue with the relationship, our problems get solved pretty quickly, or we come to a conclusion or a compromise pretty quickly. I wouldn't say it affects my mental health. I would say it affects my mood for that period of time. If that makes sense.

Interviewer: Sure. Okay, so we've covered your perception of your mental health. So, for this next section, we'll talk about how communication apprehension in your romantic relationship and mental health might connect. They may not necessarily but we will see. So first, do you think that your communication apprehension with your romantic partner has influenced your mental health?

Interviewee: Um, I think that it's influenced my mental health in a good way. Because I have this you know, when I am struggling, I have this like idea in my head: well, I have to put in the work if I want something out of it. So, it's almost like our communication is a comfort to me. Like I know that even if we do argue, we always like come back to each other and like figure something out. Which is really nice because I think all of us have had relationships where you feel like if you do upset them like this is gonna be it. But you know, like, yeah, I feel like it's just a good thing for the most part.

Interviewer: All right. So, do you think that your communication apprehension with your partner is one of the main predictors of your mental health or not?

Interviewee: No

Interviewer: Okay, what do you think are the main predictors?

Interviewee: Academic stress.

Interviewer: Yeah. Okay. And then do you think that your mental health would improve if you experienced less communication apprehension with your partner?

Interviewee: Um, I mean, maybe. That sounds pretty great. If I didn't have that feeling whatsoever, that would be pretty nice. I don't think it would make a huge difference to our lives. I feel like a healthy amount of apprehension is good because you're able to recognize when something's sensitive, so you can sort of approach it in a sensitive way. But I don't think it would affect it too much, but it might improve it a little bit.

Interviewer: And then, what mental health issues do you think could arise from communication apprehension with a romantic partner, even if you aren't necessarily experiencing it?

Interviewee: I feel like if somebody's main priority in life was their relationship and they had really bad communication apprehension between each other that would be like life altering stress. I think that it could most definitely be just a game changer in life. Because for me, like my academics is my main priority right now, to be honest. So that's why it affects me so much. And so, if someone's main priority was their relationship, then they could just be completely besides themselves with stress if they were affected. Or they could, you know, be very happy because they had open communication. I think it is really important.

Interviewer: And then last question for this section. Do you think that communication with a romantic partner is different from communication with say, a parent or a teacher and like, do you think it would have more of an influence on mental health or less?

Interviewee: Um I'm kind of getting tripped up because I would almost rate . . . communication with a parent and a partner are very, very similar for me. But communication with like a teacher, or friend, yeah, that's way different than both of those. So, I feel like it is, if this helps at all, I feel like depending on how much you value that relationship is where your communication apprehension comes from. At least the primary thing because I would say communication apprehension might come from just, you know, like, like I said earlier, you can just feel embarrassed, and you don't want to like speak with them about something and it's like a personal issue. But if it's, if it's a part of the relationship dynamic that you're having that apprehension, I feel like it just depends on how much you care about them. Yeah. Does that answer that?

Interviewer: Yeah. No, I think that's great. Okay, so in closing, I just have two remaining questions. The first is if there's just anything else you want me to know about your relationship or your communication within your relationship, any more examples of communication apprehension, literally anything. Okay. And you don't have to say anything either.

Interviewee: Oh, well, I do. Okay, I do kind of have a pretty good example. Um, thankfully, this is anonymous, because this this is a little embarrassing. So, we recently had this issue where my father got a little too involved in the like process of buying my ring. Like I wanted my fiancé to select the ring and buy it and present it to me. Like technically I proposed, which was great, but I wanted him to get the ring. I didn't want my dad to pay for it, which is what ended up happening and our most recent argument was around that like last week when I found out about it. It wasn't like a big blowout confrontation. I was mostly upset with my father. But needless to say, Alan then confided in me after the fact that he was like very stressed for that period of time where he was waiting on the ring because he felt, like you know, emasculated from my dad taking care of it. Like my dad sort of like pressured him into it. Which came from a good place. He wanted it to be perfect, but still, I'm still kind of mad. But, um, so I feel like he had a lot of . . . because he said that he wanted to tell me, and he wanted to talk about it, and he had no idea what to do because he didn't want to disappoint me, and he was upset at himself a lot for like the situation. And when I took the survey, I was thinking about like oh that kind of that kind of gives me an insight to maybe what goes on with him. Because he felt like he couldn't talk to me about it since I was not supposed to know. So, who does he have to confide in? And then he was like really. . . he felt really bad and really guilty and really apprehensive when he was finally saying those things to me because he knew that I would be upset. So that's an additional note.

Interviewer: Yeah, that's great. No, awesome. I feel like this could be kind of related. But were you at all, like, apprehensive to do the proposal since, you know, in society typically women don't do it?

Interviewee: Um, at all? Yes. The apprehension kind of comes from a place of resentment. Because in mine and my fiancé's relationship, I'm very much the man. I've always been the dominant partner. Um, I kind of figured that out when I was with a woman that I really do like to be the provider. I love to be the one who pays, like the one who opens the door, and that was a really big problem I had when I was with a man because I had to like reconcile my own like internalized sexism and internalized prejudice around it because I was raised like I'm not allowed to do those things even though they make me happy. So, with him, like, there was just this explosion of like bonding, because he had always wanted to be the one who was getting taken care of, and it was just like this perfect, perfect thing. And both of us talked multiple times about the fact, and it's really funny because, even though I think it's sort of obvious that I proposed because at least on Facebook I said like "He said yes," we haven't been going out of our way to tell people that unless they ask because both of us were like, especially Alan's family are very judgmental towards those nontraditional approaches. And even though it does kind of upset me that a lot of them assumed he proposed, I don't go out of my way to like correct them because I know that he is very, you know, I want to protect his feelings. So, I was mostly excited. I'd say 99% excited, but there was that one tiny bit of me that felt like I was almost doing something wrong, and I was. . . yesterday at least, seeing a lot of people assume that he proposed even though we didn't technically go out of our way, even though both of us thought it was obvious, it did upset me a little bit because I kind of want the credit for doing it. But yeah, tis the world.

Interviewer: Yeah. Okay, well, I just have one last question. And it's just if I have any more questions about this, would you mind if I sent you an email if I need to?

Interviewee: Go right ahead.

Interviewer: Okay, great. I don't think I will, but you know, just in case. Okay, great. So, thank you so much for participating in my study. As you know, your participation will help me get a bachelor's degree in December. Yeah. Oh, yes. I'm very excited about that. Thank you, like, I'm so appreciative.

Interviewee: Of course, I know what it's like in the streets. So, I was like, I'll do your interview. Yeah.

Interviewer: Thank you so much.

Interview Transcript #3

Interviewer: Okay, so first I'm just going to ask a few demographic questions, which were already on the survey. But you know, I don't know who like says what in the survey. So, if you don't mind, I'll ask them again. Okay, so first demographic question: What is your age?

Interviewee: 22.

Interviewer: Okay, and what is your gender identity?

Interviewee: Female.

Interviewer: What is your sexual orientation?

Interviewee: Straight

Interviewer: What is your ethnicity?

Interviewee: White

Interviewer: What is your relationship status with your romantic partner?

Interviewee: We're together; boyfriend and girlfriend.

Interviewer: Okay. Yeah, and are you living together?

Interviewee: Yes.

Interviewer: Okay. And how long have you and your partner been together?

Interviewee: Six and a half years.

Interviewer: Oh, nice. Okay, so in this first section, I'm going to ask you questions about your communication apprehension within your romantic relationship, but to kind of ease into things I'll first just kind of start with your relationship in general. So, first, how did you and your partner meet?

Interviewee: We met through some mutual friends. We just saw each other around town. I'm from a very small town, and we would see each other. We both kind of say it's like love at first. Cringe, but whatever. But we would see each other around town. We have mutual friends. We both ended up meeting and we just started talking and never stopped.

Interviewer: Nice. Nice. So, who would you say is the better communicator in your relationship and why?

Interviewee: Probably me, only because I feel like my boyfriend has a hard time sharing his feelings from time to time. He likes to bottle his feelings up, not just with me though. I think that's just how he is. So, I feel like it takes for him to get to like a breaking point where he's like finally sharing like "Oh yeah, work's been so bad." Like, he's very quiet about things like that. And I feel like I usually just tell him everything right away that happens. So, I would say I'm the better communicator.

Interviewer: Okay. And how would you describe the communication in your romantic relationship in general?

Interviewee: I would say it's good. I mean, we talk pretty much constantly. About like heavier subjects? Not so much. But generally, yeah I feel like we have good communication.

Interviewer: Okay. Do you have like any examples of a time where you have really good communication or maybe bad communication?

Interviewee: Well, I feel like usually when we both get home at the end of the day, we talk about our day and like talk through things that annoyed us or things I just talked about the day or things went really well. We also support each other a lot. Like if one of us does have a bad day, I feel like we usually try to take extra care to make the other person feel better. Times that communication hasn't been so good? I would say, kind of going back to just him bottling things up sometimes. Like okay, something he hates talking about is money. It stresses him out, like financial issues. They really get to him, and so if I'm trying to like do budgeting, he's like, "I just don't want to deal with that. I don't want to talk about it." So, I guess that would be an example of a time when we have poor communication.

Interviewer: Okay, so what topics are you least comfortable discussing with your romantic partner and why?

Interviewee: Probably, again, financial topics. There's not many. Maybe, I guess one that I think is pretty common for every couples is just like attraction to other people. Like if you see an actor on the screen, and you're like "Oh, they're hot." We're open with each other and be like, "Oh, that guy's a baddie." We're usually pretty open, but like obviously I'm not just going to talk about attraction to other people ever. That's part of it, but I think that's pretty standard across the board.

Interviewer: Yeah. Okay, so what would you say you're most comfortable talking about? Would that be kind of those like daily, day to day, just like what happened?

Interviewee: Yeah, I would say so. And also, we both have pretty interesting childhood backgrounds, and he's someone I open up to a lot. He opens up to me a lot in that regard. So, I think we just feel pretty comfortable across the board with 99% of things that you can communicate about.

Interviewer: That's great. Awesome. So, do you believe that you experience communication apprehension, or the fear or anxiety associated with communicating, in your romantic relationship?

Interviewee: We did have a rough patch like last year, two years ago, and I found it really hard sometimes to talk to him about some of the problems we had. And I think he felt the same way too. So, we just didn't talk as much for a period of time there. And I will say, definitely there was some communication apprehension going on. And it definitely affected the both of us and like, I guess our closeness. Just my general feelings about being around him. If that answers . . .

Interviewer: Yeah, no, definitely. So, what do you think caused the communication apprehension in your romantic relationship?

Interviewee: I think just issues with trust that we had at one point. I mean, when you're together so long, and you're growing up together. And also, our relationship started in kind of a weird way. I probably should have prefaced this. So, his family are Jehovah's Witnesses - like very hardcore, strict - and so his dad and his stepmom, he was raised with them, and he wasn't

allowed to talk to his biological mom because she was not a witness. And when he met me, he left the church and like completely stopped talking to that side of this family. And we moved in together like right away because they kicked him out. Yeah. So, kind of a crazy start to all of that. So, I feel like. . . can you rephrase the last question?

Interviewer: Yeah. What do you think was the cause of communication apprehension in your relationship?

Interviewee: Okay, so I think a lot of it too is just issues with trust because I feel like we both have pretty, like I said, rough childhood backgrounds. And him especially, he has really bad problems trusting people. And like, if I have friends that are guys, he's not like possessive or anything like that. But I feel that he worries that maybe I think they're attractive, you know? And it's never been like a major problem, but I do think we had trust issues for a while. And that really made the communication apprehension a lot worse during that period.

Interviewer: Okay. Yeah. So, have you and your partner made any changes to overcome communication apprehension? And if so, what are they?

Interviewee: I think we've worked a lot on just making it clear that we both want to know what the other person's thinking, even if it's bad. Because we're together, like him and I are together more than I'm with anyone else. You know, we have lived together for six and a half years, we've been together for six and a half years, like we almost feel like one person sometimes. But when those little riffs come through and communication apprehension arises, it's just really painful because that's like your person. And so, we've tried to make it a point after that little riff we had in our relationship, to just really be honest with each other and like assuring each other we can talk about things that make us uncomfortable. And we both have like problems where, like I said, back to the childhood, but both have like fear that the other person like doesn't love them as much as they say they do. And we both sat down and talked about that. And, you know, I was like "Kendall, sometimes I feel like, you know, maybe you don't love me as much as you used to. You know, I was just like exciting and new, you left your family's church, and I was kind of all you had at that time." And he's like, "Well, that's not true." And I'm like, "Okay, well, I feel that way a lot so I'm gonna start telling you when I feel that way. And I want you to reassure me because that is what is going to make that feeling go away over time." And he had feelings like that, as well. And about obviously different things, but just making it a real, like pillar of our relationship is just making sure that we are so honest about how we're feeling no matter what it is.

Interviewer: Good, that's awesome. So, this is related. And so, if you don't have any response, I'm actually like thinking that I shouldn't have included this question. But it's how do you cope with communication apprehension in your romantic relationship on a daily basis? Yeah, it's very similar, so we can just skip it. Yeah? Okay. So, we covered your experience with communication apprehension in your romantic relationship. So now we're gonna move into your perception of your mental health. And again, this is kind of sensitive, so, okay . . . but if you don't want to answer anything, just let me know. So first, how would you describe your mental health?

Interviewee: I would say surprisingly good lately, but I have had times where it has been very, very poor throughout the duration of my relationship, if that matters for your context. But yeah, so it's kind of been up and down throughout the years now. Pretty stable, pretty good.

Interviewer: Okay, awesome. And what would you say are your main mental health issues like when you did have them?

Interviewee: I would say just feelings of like worthlessness, for lack of a better term. Like, I just compared myself a lot to other people. And also, I just had this problem for a long time where I felt like the people in my life - like people close to me - didn't really love me and that I was just like a burden. So, I dealt with that a lot. Yeah, I can't think of anything else.

Interviewer: So, what do you think contributed to your mental health issues when you did have them?

Interviewee: I feel like they were really bad during that bout with my boyfriend that I talked about, where we were having trust issues and didn't talk as much. I feel like that definitely was one of the hardest times of my life I've gone through mentally, like mental illness wise. I honestly just like stopped talking to all of my friends too, because I just like I felt such a disconnect. Like it's just hard to explain, but like, when you're with someone so long and you live together for so long, you almost feel like they're part of you or like your home in a way. And so, it was just really hard to feel like that part of me was just like not as close as it used to be. And I feel like it just really damaged the way I could go about the world. You know? I can't go out and laugh with my friends because I'm just thinking about him at home and like knowing that we're not in a good place, if that makes sense.

Interviewer: Yeah. So that's actually all the questions I had on mental health. And so, I really want to move into how communication apprehension connects with mental health. So, first question about that is do you think that your communication apprehension with your romantic partner has influenced your mental health?

Interviewee: Yeah, so like I said, it does. I feel like I definitely do a lot better when things are going well between us, and I know a lot of people probably think that's like codependency or something. But it's also like if your home life is bad, you're not going to be feeling well when you go about the world. So, I think that's also a factor of it, like just being happy at home and also, I feel like relationships are something that we value so much, like specifically romantic ones. Like that person is your life partner. And so, if that's not going well, then nothing else will. That's kind of my honest opinion. So . . .

Interviewer: So next is do you think that communication apprehension with your partner is one of the main predictors of your mental health? And I know you kind of touched on this but . . .

Interviewee: Honestly, like when you phrase it like that . . . honestly, probably yes. Because the thing is, if Kendall and I are in a really good place and we're having. . . like we go home, are laughing together, and we feel both feel totally secure and fine in our relationship - and obviously it always ebbs and flows, that's how life is. But times where things are going really good? Like I could have a terrible day at work, my friends and I could be like having a little fight

about something stupid, and I feel like it just . . . I can't explain it other than I just feel like I have like armor on. Like, you know what I mean? Like, I just don't really care because I can just go home and everything's like, the best part of my life is right there and everything's fine. Okay. Does that make sense? Yeah, I'm like . . . bad analogies.

Interviewer: No, I think this is great. I think you're doing a great job. So yeah. So, do you think that your mental health would improve if you experienced less communication apprehension with your partner, and how?

Interviewee: I think, kind of what I've been saying, too - Yes, I feel like when there's less communication apprehension, it does improve my mental health. And kind of like I mentioned too, just having a feeling of security and having someone you can fall back on, someone you can trust, knowing there is someone that's always in your corner, I feel like it just makes you feel more mentally prepared to go out in the world and deal with things that might be hard because you know you have someone who's like behind you all the way and someone you can go home to and can make any bad day better.

Interviewer: So, you said your mental health has been a lot better recently. And so, does that mean that your relationship is in a good place? Like you really think they're that connected?

Interviewee: Yeah, I do. We've been I feel pretty good. I feel like I'm pretty steady though. I wouldn't say we're like doing amazing. I mean, lately, the thing that's been probably putting a wrench in our relationship is just money because I'm graduating, I need to get a job, we're thinking about moving to a different city. And we're just like, "Oh, God, it's so stressful." Like we're both really on edge about money. So, we honestly just try not to like bring it up. But again, that's not really a problem between him and I, like personal issues. It's more just something we're both equally stressed about. So, I feel like I'm just kind of baseline. I feel like if the financial stress we were experiencing was removed, I feel like we'd be pretty happy and things would be pretty good. I do think I'd feel a lot better. But again, that might just be outside stress. I don't know if it's necessarily from my relationship affecting my mental health. I don't know.

Interviewer: Right. Yeah. Okay, so um, last question in this section is what kind of mental health issues do you think could arise from poor communication or communication apprehension in a romantic relationship, even if you're not necessarily experiencing it?

Interviewee: Yeah, um, I think just feelings of like issues with your own identity, for sure. Something a lot of my friends who are also in relationships have said is like, when they are experiencing rough patches in their long-term relationships, they feel like maybe they aren't the same person they used to be and that's why their partner doesn't communicate with them now. Well, or, like their partner doesn't like treat them the same way. I feel like it can severely influence your identity. And you definitely change a lot as a person in a relationship. Like you have to like mold together to get along better. I don't know if that makes sense. And so. . .

Interviewer: Yeah. No, that's good. So, do you think that (and you kind of mentioned this too) but do you think that romantic relationships are like one of the most important relationships when it comes to like how that communication could affect your health? Or do you think like

parent-child relationships are more important or friend-relationships? Like how do you think it falls on like level of importance?

Interviewee: I think it's all dependent on your age, as well. I feel like when you're a child, your communication with your parents is the most important in your life that will determine your mental health. Maybe when you're a teenager, it's friends, or you have adult friends. But I feel like if you're like in your late 30s, and you're single, you might feel a little weird that you don't have a partner. I feel like some people experience a feeling of like, "Why am I still single?" You know? And so, I feel like it's the stages of your life where different people will have bigger impacts. And I feel like your romantic partner - I mean, once you're kind of to the age where people start having families - I mean, that's very subjective, but when you're getting older and like, I feel like your partner is the one you're turning to. Your parents are getting older, you probably don't live near them. Your friends have probably dispersed. You probably have more-so work friends now, people you see on the weekends. But like your partner becomes like the person that you go to in your later life. So, I do think it depends on the time of your life. But definitely, yes, they have a major impact on how communication affects your mental health.

Interviewer: Okay, great. So, in closing, I just have two remaining questions. So, the first is just if there's anything you want to add about, like any experiences with communication apprehension in your relationship, maybe any examples, or just like anything else you want me to know in general. And you don't have to have anything either, but . . .

Interviewee: I don't think I have anything.

Interviewer: That's fine. That's totally fine. Okay. And then my last question is just if I have any more questions that I want to ask you, can I send you an email or something?

Interviewee: Yes.

Interviewer: Okay. I doubt that I will, but just in case. So, thank you for helping me with this study. And that is everything. Well, thank you.