

Original Research Paper

Reducing Public Speaking Anxiety with Behavior Modification Techniques among School Students: A Study

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ABSTRACT

The purpose of this study was to investigate whether the behavior modification techniques helps the students to reduce public speaking anxiety and enhancement in the Self-esteem. The fifty Students were selected purposively for the study on the basis of their Subjective Unit of Distress Scale (SUDS) developed by Wolpe (1990). The questionnaire Personal Report of Public Speaking Anxiety - 34 developed by McCroskey (2013) was adapted to determine the level of public speaking anxiety while holding the speech. Another instrument was Rosenberg Self Esteem Scale (Rosenberg, 1965) in order to measures global self-worth by measuring both positive and negative feelings about the self, before and after intervention. This is the study of fifty student of IX standard, Kendriya Vidyalaya. The students were assessed pre intervention and intervened with Behaviour Modification techniques for the period of Six weeks. The interventions used for the study were: (i) Public speaking with similar problem in the presence of similar group (Ganesan, 2008) (ii) Establishing dialogues with audience in a graded manner in groups one to twenty members (Ganesan, 2009) (iii) Purposeful faltering, while speaking to overcome fear of failure while speaking (Ganesan, 2010) and (iv) Perform voice and breathing exercises (Ganesan, 2012). The student's SUDS, PRPSA-34 and RSE were reassessed after the period of six weeks interventions phase of how to manage their distress and results of the study indicate that the students experienced significantly less anxiety. The study reflected that the students experienced significantly less public speaking anxiety, decreased in their Subjective Unit of Distress Scale and increase in the self esteem. This shows that Behaviour Modification techniques are efficient in reducing public speaking anxiety.

Keywords: *Public Speaking Anxiety, Behaviour modification, Self Esteem, Self-worth*

Public Speaking Anxiety is defined as a state of nervousness and hesitation or fear caused by the expectancy of something threatening during the performance in front of the audience. Public speaking anxiety is very common among both students and the general population.

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Public speaking apprehension often keeps away from anxiety-provoking presentation situations, but when inescapable, these situations are endured with feeling of intense anxiety and distress. Also, anticipatory anxiety frequently occurs as an individual imagines the situation in advance of the actual experience (e.g., worrying each day about a presentation to be given in a class several weeks in the future). Although individuals with these types of nervous responses often be recognizable with that their fear is excessive and/or unreasonable, they are unable, without assistance, to change their responses in these situations.

Students with public speaking apprehension most often experience a variety of symptoms in a public performance situation, including palpitations, sweating, gastrointestinal uneasiness, diarrhea, muscle tension, and confusion. (North & Rives; 2001) Burnley et al. (1993) states that, “Approximately 85 percent of the general inhabitants report experiencing some level of apprehension about speaking in public.” Rossi and Seiler (1989) indicate that, “Public speaking or stage fright has been investigated and studied in view of the fact that since mid-1930.

Anxiety typically centers on speaking and performance on the stage. Speaking in class is most intricate for apprehensive students even though they are pretty good at responding to a drill or giving prepared speeches. Apprehensive students may also have difficulties in perceptive sounds and structures or in catching their meaning.

Many public speakers feel that a little nervousness before a performance or speaking engagement gives them the ability to perform at their best. However, for some people the anxiety becomes so intense that it interferes with the ability to perform at all. In case of students, this may lead to avoiding certain relevant to the career or even majors where oral presentations are required, never communicating in class, or deciding alongside certain careers because they would require infrequent speaking before a group. Students who are apprehensive about public speaking in class sporadically also keep away from community events they would like to be present at or may not talk to colleagues they would like to get to know.

Behaviour Modification involves the systematic application of learning principles and techniques to assess and improve individual's covert and overt behaviours in order to enhance their daily functioning. Behaviour Modification is empirically demonstrated behaviour change techniques to increase or decrease the frequency of behaviour. Behavioural interventions techniques are based on the learning theories and its basic principle is that when we consistently respond to a stimulus in a particular manner neural network forms and it becomes habit. Habits can be learned and unlearned through Behaviour Modification. Anxiety is an unadaptive habit which is formed due to erroneous learning and can be treated by relearning the behaviour to form adaptive habits. In the same way public speaking anxiety is treated with Behaviour Modification by relearning and creating alternate responses to the threatening stimulus. Alternate responses are shaped on the principle of Reciprocal Inhibition

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where an incompatible response is produced to counter the negative stimulus. Stage which has become an intimidating stimulus due to various reasons can be de-conditioned by practicing techniques based on reciprocal inhibition.

The purpose of this study was to determine whether the teaching of behavior modification techniques helps to reduce high levels of public speaking anxiety.

METHODOLOGY

The study was purposely conducted on fifty students of IX standard, Kendriya Vidyalaya, to find out the level of public speaking anxiety and effectiveness of behavior modification techniques for school students to public speaking anxiety. The fifty Students were selected purposively for the study on the basis of their Subjective Unit of Distress Scale (SUDS) developed by Wolpe, J. (1990). The questionnaire *Personal Report of Public Speaking Anxiety* - (PRPSA) - 34 developed by McCroskey, J. C. (2013) was used for measurement of public speaking anxiety. The another instrument was Rosenberg *Self Esteem Scale (RSE)* developed by Rosenberg, M. (1965) in order to measures global self-worth by measuring both positive and negative feelings about the self, before and after intervention and compared for gain score. The statistical tools employed to analyze the data were mean, standard deviation and *t*-test. The group was treated with Behaviour Modification techniques and the interventions are as follows: -

Interventions: The following interventions were given for the period of six weeks.

1. Public speaking with similar problem in the presence of similar group (Ganesan, 2008).
2. Establishing dialogues with audience in a graded manner in groups one to twenty members (Ganesan, 2009).
3. Purposeful faltering, while speaking to overcome fear of failure while speaking (Ganesan, 2010).
4. Perform voice and breathing exercises (Ganesan, 2012).

They were used to create reciprocal inhibition in the public speaking anxiety, and thus they had learned the new behaviour to form adaptive and being able to relax with the stimulus and habit towards the public speaking anxiety.

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RESULTS

Table 1: Subjective Unit of Distress Scale (SUDS), Public Speaking Anxiety (PSA) -34 and Self-Esteem scale scores before and after intervention

SUDS Score Range (01 to 100) (No Distress = 0 Highest Distress = 100)	Before intervention Mean Score (SD)	After intervention Mean Score (SD)	Mean Difference	Critical Ratio
	73.26 (10.17)	53.94 (11.81)	19.32	8.77**
PSA - 34 Score Range 34 to 170 (High = >131 Low = < 98 Moderate = 98-131)	121.70 (16.21)	102.04 (15.90)	19.66	6.13**
SE Score Range (10-40) (Low = 10-20 Average = 21- 30 High = 31-40)	16.64 (04.85)	28.22 (04.17)	11.58	12.82**

** $p < 0.01$

Note: SUDS: Subjective Unit of Distress Score, SD: Standard Deviation, PSA-34: Public Speaking Anxiety – 34 and SE: Self Esteem Scale

Illustration of table 1: Students were assessed on Subjective Unit of Distress Scale developed by Wolpe, J. (1969) before intervention the sample score of the group in public speaking anxiety SUDS is 73.26 with standard deviation of 10.17 and after intervention the score of the sample group in public speaking anxiety SUDS is 53.94 with standard deviation of 11.81. The mean difference is 19.32 and Critical Ratio is 8.77. Before intervention the sample score of the group in PRPSA - 34 is 121.70 (Moderate public speaking anxiety) with standard deviation of 16.221 and after intervention the score of the sample group in PRPSA - 34 is 102.04 (Low public speaking anxiety) with standard deviation of 15.90. The mean difference is 19.66 and Critical Ratio is 6.13. Before intervention the sample score of the group in RES is 16.64 (low Self-Esteem) with standard deviation of 4.85 and after intervention the score of the sample group in RSE is 28.22 (Average Self-Esteem) with standard deviation of 4.17. The mean difference is 11.58 and Critical Ratio is 12.82.

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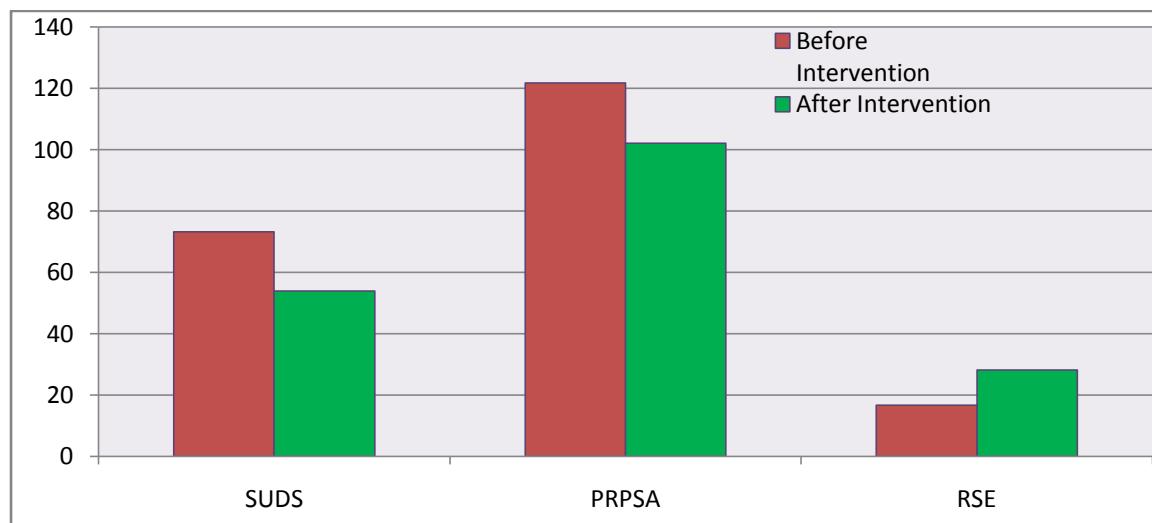


Figure 1: Subjective Unit of Distress Scale (SUDS, Personal Report of Public Speaking Anxiety (PRPSA) - 34 and Rosenberg Self-Esteem (RSE) score before and after intervention

DISCUSSION

The purpose of this study was to investigate whether the behavior modification techniques helps students to reduce public speaking anxiety and enhancement in the Self-esteem. The objective assessment of Subjective Unit of Distress, public speaking anxiety and self esteem psychometric scales namely Subjective Unit of Distress Scale developed by Wolpe, J. (1969), *Personal Report of Public Speaking Anxiety - 34* (PRPSA) developed by McCroskey, J. C. (1970; 1992) and *Rosenberg Self Esteem Scale* developed by Rosenberg, M. (1965) were used. Interventions based on Behaviour Technology were used to treat the students. Initially students were assessed before interventions for Subjective Unit of Distress Scale, Public Speaking Anxiety or performance anxiety and self esteem. The Mean Scores of the students on Subjective Unit of Distress Scale, *Personal Report of Public Speaking Anxiety* (PRPSA) and *Rosenberg Self Esteem Scale* were 73.26, 121.70 and 16.64 respectively. Students were given intervention for the period of six weeks with Behaviour Modification techniques, like (i) Public speaking with similar problem in the presence of similar group (Ganesan, 2008). (ii) Establishing dialogues with audience in a graded manner in groups one to twenty members (Ganesan, 2009). (iii) Purposeful faltering, while speaking to overcome fear of failure while speaking (Ganesan, 2010). (iv) Perform voice and breathing exercises (Ganesan, 2012).

These exercises, through principle of Reciprocal Inhibition, developed alternate emotional responses towards public speaking anxiety or performance anxiety. Public speaking anxiety to be incompatible with it, Students were responded well to these interventions and after six weeks and the students were reassessed on Subjective Unit of Distress Scale, *Personal Report of Public Speaking Anxiety* (PRPSA) and *Rosenberg Self Esteem Scale*. Mean Score of the Subjective Unit of Distress, *Personal Report of Public Speaking Anxiety* (PRPSA) and *Rosenberg Self Esteem Scale* were 53.94, 102.04 and 28.22 respectively. statistical analyzed

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with students 't' test and the critical ratio were on Subjective Unit of Distress Scale, *Personal Report of Public Speaking Anxiety* (PRPSA) and *Rosenberg Self Esteem Scale* 8.77, 6.13 and 12.82 respectively; it is revealed that the analysis found extremely statistical significant the level of 0.01. The Decrease in score on Subjective Unit of Distress, *Personal Report of Public Speaking Anxiety* (PRPSA) and increase on *Rosenberg Self Esteem Scale* score and the critical analysis found statistically significant at the level of 0.01revealed that the students had become more balanced in his approach and together with logic and intuition has a good scope in context of performance.

To conclude, this study has shown that Behaviour Technology is efficient in treating *Public Speaking Anxiety*.

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Conflict of Interests: The author declared no conflict of interests.

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