

# A Quantitative Study on Public Speaking Anxiety in Bengali Medium Schools in West Bengal

Arnab Chowdhury<sup>1</sup>, Jayanta Mete<sup>2</sup>

<sup>1</sup>Student, Dept of Education, University of Kalyani, Kalyani Nadia.Pincode:741235

<sup>2</sup>Professor, Dept of Education, University of Kalyani, Kalyani Nadia.Pincode:741235

**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 eighty 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 - eighty 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 eighty students of X standard, Bengali Medium School. The students were assessed pre intervention and intervened with Behaviour Modification techniques for the period of four weeks. The interventions used for the study were: i)Public speaking high problem in the presence of similar groups ii) Public speaking moderate problem in the presence of similar groups iii) Public speaking low problem in the presence of low groups. The student's SUDS, PRPSA-34 and RSE were reassessed after the period of four 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

## 1. Introduction

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. 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 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

Volume 7 Issue 1, January 2018

[www.ijsr.net](http://www.ijsr.net)

Licensed Under Creative Commons Attribution CC 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.

## 2. Methodology

The study was purposely conducted on eighty students of X standard, Bengali Medium School, to find out the level of public speaking anxiety and effectiveness of behavior modification techniques for school students to public speaking anxiety. The eighty 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 Mc Croskey, 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 four weeks.

- 1) Public speaking high problem in the presence of similar group.
- 2) Public speaking moderate problem in the presence of similar group.
- 3) Public speaking moderate problem in the presence of similar group.

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.

## 3. 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 150) (No Distress = 0 Highest Distress = 150)	Before intervention Mean Score (SD)	After intervention Mean Score (SD)	Mean Difference	Critical Ratio
<b>PSA - 34 Score Range 34 to 170 (High = &gt;131 Low = &lt; 98 Moderate = 98-131)</b>	125.70 (18.21)	93.12 (15.90)	32.58	7.13**
<b>SE Score Range (5-40) (Low = 5-20 Average = 21-31 High = 32-40)</b>	18.64 (05.85)	27.22 (03.17)	8.58	10.82**

\*\*  $p < 0.05$

**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 79.26 with standard deviation of 11.17 and after intervention the score of the sample group in public speaking anxiety SUDS is 56.94 with standard deviation of 11.51. The mean difference is 21.32 and Critical Ratio is 7.77. Before intervention the sample score of the group in PRPSA - 34 is 125.70 (Moderate public speaking anxiety) with standard deviation of 17.86 and after intervention the score of the sample group in PRPSA - 34 is

93.12 (Low public speaking anxiety) with standard deviation of 13.90. The mean difference is 32.56 and Critical Ratio is 7.13. Before intervention the sample score of the group in RES is 18.64 (low Self-Esteem) with standard deviation of 5.85 and after intervention the score of the sample group in RSE is 27.22 (Average Self-Esteem) with standard deviation of 4.27. The mean difference is 8.58 and Critical Ratio is 10.82.

## 4. 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 79.26, 125.70 and 18.70 respectively. Students were given intervention for the period of four weeks with Behaviour Modification techniques, like

- 1) Public speaking with high problem in the presence of similar group.
- 2) Public speaking with moderate problem in the presence of similar group.
- 3) Public speaking with low problem in the presence of similar group.

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 four 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 59.94, 93.12 and 27.22 respectively. statistical analyzed 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* 7.77, 7.13 and 10.82 respectively; it is revealed that the analysis found extremely statistical significant the level of 0.05. 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 0.05 revealed 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*.

## 5. Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

## 6. Conflict of Interests

The author declared no conflict of interests.

## References

- [1] Ashley, J. *Overcoming Stage Fright in Everyday Life*, published on 26 apr 1996 by Crown Publishing Group.
- [2] Beatty, M. J., Balfantz, G. L., & Kuwabara, A. Y. (1989). Trait-like qualities of selected variables assumed to be transient causes of performance state anxiety. *Communication Education*, 38, 277-289.
- [3] Beatty, M.J., & Friedland, M. H. (1990). Public speaking state anxiety as a function of selected situational and predispositional variables. *Communication Education*, 39, 142-147.
- [4] Beyond shyness and stage fright: Social anxiety disorder". Harvard Mental Health Letter. 4 April 2010. Retrieved December 8, 2012.
- [5] Bippus, A., & Daly, J. (1999), what do People Think Causes Stage Fright Naive Attributions about the Reasons for Public Speaking Anxiety, *Communication Education*, 48, 61-72.
- [6] Burnley, M., Cross, P., & Spanos, N. (1993). The effects of stress inoculation training and skills training on the treatment of speech anxiety. *Imagination, Cognition and Personality* 12:355-366.
- [7] Cyphert, D. (2005). "Managing Stage Fright". Retrieved 10 December 2012.
- [8] Ganesan, V. (2008) Public speaking with similar problem in the presence of similar group.
- [9] Unpublished Paper. Global Institute of Behaviour Technology, Coimbatore.
- [10] Ganesan, V. (2009) Establishing dialogues with audience in a graded manner in groups.

- [11] Unpublished Paper. Global Institute of Behaviour Technology, Coimbatore.
- [12] Ganesan, V. (2010) Purposeful faltering, while speaking to overcome fear of failure while speaking. Unpublished Paper. Global Institute of Behaviour Technology, Coimbatore.
- [13] Ganesan, V. (2012) *Perform voice and breathing exercises*. Unpublished Paper. Global Institute of Behaviour Technology, Coimbatore.
- [14] Lybi, M. (6 December 2005). "Fighting Stage Fright". *Psychology Today* (Sussex Publishers). Retrieved 11 December 2012.
- [15] McCroskey, J. C., Richmond, V. P. (1992). Communication apprehension and shyness: Conceptual and operational distinction. *Central States Speech Journal*, 33, 458-468.
- [16] McCroskey, J.C. (1970). Measures of communication-bound anxiety. *Speech Monographs*, 37,269-277.
- [17] North, M., & Rives, J. (2001). Virtual reality therapy in aid of public speaking. *International Journal of Virtual Reality* 3:2-7.
- [18] Price, M. L. (1991). "The Subjective Experience of Foreign Language Anxiety: Interviews with Highly Anxious Students" in E. K. Horwitz and D. J. Young, *Language Anxiety*, 101-108. Englewood Cliffs, NJ: Prentice Hall.
- [19] Scovel, T. (1991). "The Effect of Affect on Foreign Language Learning: A Review of the Anxiety Research" in E. K. Horwitz and D. J. Young, *Language Anxiety*, 101-108. Englewood Cliffs, NJ: Prentice Hall.
- [20] *Social Phobia: From Shyness to Stage Fright* Book by John R. Marshall; 1994. Read Social Phobia.
- [21] *The Relationship between Preparation and Performance in Public Speaking*, *Communication Education*, 43,17-26.
- [22] Wolpe, J. (1969) *The Practice of Behavioral Therapy*, New York: Pergamon.

## Appendix

### List of Questions

**Directions:** Below are 34 statements that people sometimes make about themselves. Please indicate whether or not you believe each statement applies to you by marking whether you:

**Strongly Disagree = 1; Disagree = 2; Neutral = 3; Agree = 4; Strongly Agree = 5.**

- 1) While preparing for giving a speech, I feel tense and nervous.
- 2) I feel tense when I see the words "speech" and "public speech" on a course outline when studying.
- 3) My thoughts become confused and jumbled when I am giving a speech.
- 4) Right after giving a speech I feel that I have had a pleasant experience.
- 5) I get anxious when I think about a speech coming up.
- 6) I have no fear of giving a speech.
- 7) Although I am nervous just before starting a speech, I soon settle down after starting and I feel calm and comfortable.
- 8) I look forward to giving a speech.
- 9) When the instructor announces a speaking assignment

in class, I can feel myself getting tense.

- 10) My hands tremble when I am giving a speech.
- 11) I feel relaxed while giving a speech.
- 12) I enjoy preparing for a speech.
- 13) I am in constant fear of forgetting what I prepared to say.
- 14) I get anxious if someone asks me something about my topic that I don't know.
- 15) I face the prospect of giving a speech with confidence.
- 16) I feel that I am in complete possession of myself while giving a speech.
- 17) My mind is clear when giving a speech.
- 18) I do not dread giving a speech.
- 19) I perspire just before starting a speech.
- 20) My heart beats very fast just as I start a speech.
- 21) I experience considerable anxiety while sitting in the room just before my speech starts.
- 22) Certain parts of my body feel very tense and rigid while giving a speech.
- 23) Realizing that only a little time remains in a speech makes me very tense and anxious.
- 24) While giving a speech, I know I can control my feelings of tension and stress.
- 25) I breathe faster just before starting a speech.
- 26) I feel comfortable and relaxed in the hour or so just before giving a speech.
- 27) I do poorer on speeches because I am anxious.
- 28) I feel anxious when the teacher announces the date of a speaking assignment.
- 29) When I make a mistake while giving a speech, I find it hard to concentrate on the parts that follow.
- 30) During an important speech I experience a feeling of helplessness building up inside me.
- 31) I have trouble falling asleep the night before a speech.
- 32) My heart beats very fast while I present a speech.
- 33) I feel anxious while waiting to give my speech.
- 34) While giving a speech, I get so nervous I forget facts I really know.

**Scoring:** To determine your score on the PRPSA, complete the following steps:

Step 1. Add scores for items 1, 2, 3, 5, 9, 10, 13, 14, 19, 20, 21, 22, 23, 25, 27, 28, 29, 30, 31, 32, 33, and 34

Step 2. Add the scores for items 4, 6, 7, 8, 11, 12, 15, 16, 17, 18, 24, and 26

Step 3. Complete the following formula:

$$\text{PRPSA} = 72 - \text{Total from Step 2} + \text{Total from Step 1}$$

Your score should be between 34 and 170. If your score is below 34 or above 170, you have made a mistake in computing the score.

High = > 131

Low = < 98

Moderate = 98-131

## Author Profile

**Arnab Chowdhury** is Student, Dept. of Education, University of Kalyani, Nadia, West Bengal, India

**Dr. Jayanta Mete** is Professor, Dept of Education, University of Kalyani, Nadia, West Bengal, India