

Study the Effectiveness of Occupational Therapy Intervention in the Management of Glossophobia among Under Graduate College Going Students

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Abstract: ***Aim:** To find the effectiveness of OT intervention in reducing fear of public speaking Among UG College going students. **Objective:** To find out the incidence of fear of public speaking among the UG college going students. To teach relaxation therapy introducing fear of public speaking to college students. To associate the demographic variables with the outcome measure. **Methodology:** This study involved 30 students of age group between 18-22 years from SRM College of Occupational Therapy in kattankulathur. They were administered Hamilton Anxiety Rating Scale and Fear Thermometer at the beginning of the study. After OT intervention for 15 sessions the HAM-A and FT scale scores were compared. **Results:** The results shows that Occupational Therapy intervention is effective in reducing fear of public speaking among the Under Graduate students. **Conclusion:** occupational therapy intervention is effective to reduce fear of public speaking among Under Graduate college going student.*

Keywords: Fear of public speaking, Relaxation, Desensitization

1. Introduction

Glossophobia or speech anxiety is the fear of public speaking. The word Glossophobia comes from the Greek glossa, meaning tongue, and phobos, fear or dread.

The fear of public speaking is called Glossophobia (or, informally, stage fright). It is believed to be the single most common phobia affecting as much as 75% of the Population[1]. Public speaking anxiety is very common among both college students and Persons with public speaking anxiety often avoid anxiety-producing social or performance situations, but when unavoidable, these situations are endured with feeling of intense anxiety and distress. People with social phobia experience physiological sensations and cognitive distortions. These may include difficulty breathing, pounding and racing heartbeat, shaking hands, mild to intense sweating, and blushing [2]. Social phobia can present itself in general situations in which a person fears all social situations, or in particular areas, in which a person fears specific situations such as performing in front of an audience, eating in public, or writing in front of others[3]. Individuals with public speaking anxiety most often experience a variety of symptoms in a public speaking situation, including palpitations, sweating, gastrointestinal discomfort, diarrhea, muscle tension, and confusion [4],[5],[6],[7]. Approximately 10% of those who suffer from fear of public speaking report significant distress which interferes with their life (specifically work, education, and social life). Those who exhibit high levels of public speaking fears are also argued to be at higher risk of developing clinically diagnosable social anxiety disorders, physical symptoms include increased heart rate, speech blocks, blurry vision, memory loss and dry mouth [8]. This can include avoiding public speaking assessment, avoiding enrolling in particular units of study and perhaps even withdrawing from a particular degree and career pathway where public

speaking is required. College students with high social anxiety may thus be adversely affected in the following ways. First, they experience the social isolation and lack of campus-life integration that follows from their social withdrawal. Second, they experience considerable discomfort from interacting with many groups of strangers (in classes, residence halls, and other settings), a discomfort which is a hallmark of social anxiety. Third, students with high levels of anxiety frequently find it difficult to interact with authority figures. They may find that interacting with teaching faculty and class mates [9]. People with social phobia reportedly have difficulty making social networks, and indicated the disorder interfered with their ability to generate close relationships. Some individuals noted an interference with their school performance [10]. This may inevitably lead to early dropout due to the demands of academic presentations which require public speaking. Although treatable, few individuals seek out therapy because of their inability to confront their high levels of anxiety [11]. As well as empirically validated treatment programs being time-consuming and economically costly [12]. Students with anxiety are adept at avoiding situations that may evoke fear or anxiety. In a study of approach and avoidance goals and plans, found that adolescents with high anxiety were more motivated to generate avoidance goals and plans and were less specific in forming approach plans. If individuals expect an unpleasant situation or failure, they are more inclined to avoid the situation rather than approach the situation and plan how to deal with it. For example, a student may anticipate failure on an assigned project and, therefore, choose not to attempt the project at all. Students with anxiety may benefit from the support of PSCs and other significant individuals in learning to approach rather than avoid threatening situations [13]. Cognitive distortions are evident in socially anxious people as social situations are unrealistically perceived as dangerous. The individual misjudges the reactions of others which contribute to

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underestimating their own ability to function, and overestimating the threatening nature of the situation [14]. In the past, the researchers have studied the effects of relaxation and desensitization separately in school children .in college students they used relaxation therapy and anxiety avoiding situation training only given previously. The intervention program in this study consists of relaxation training and systematic desensitization both given together. Thus the need was felt to conduct a study to find the effectiveness of Occupational Therapy treatment (including relaxation and desensitization) in college student to reduce fear of public speaking [15]. Conducted the study about half of students diagnosed with an anxiety disorder experience significant difficulty functioning at school. Anxiety lowers academic performance and productivity, although students with mild levels of anxiety can sometimes compensate using persistence and hard work. Tardiness, absenteeism, and Perfectionism, common with more severe levels of anxiety, can lead to incomplete work, test failure, or possible repetition of a grade. Dropout rates are high among students with problematic anxiety, but these figures are sometimes attributed to substance abuse and truancy which can mask untreated anxiety [16].

2. Conceptual Definitions

2.1 Fear of public speaking

Anxiety, diagnosed at clinical levels as social anxiety disorder, no generalize type, is associated with significant distress and impairment in a substantial portion of the population (Aderka et al., 2012)

2.2 Relaxation therapy

States that it is usually considered to be a mixture of reduced awareness of the environment and feeling of drowsiness and well-being .these responses are accompanied by decrease in breathing rate, skeletal blood flow, sweat output and blood pressure, and are through to be the result of parasympathetic autonomic activity (handbook of psychotherapy and behavior change Allen E. Bergin, Sol L. Garfield)

2.3 Systematic desensitization

The step by step approach that allows you to gradually challenge your fears building confidence and master skills for controlling panic (Saul McLeod 2008)

3. Research Methodology

3.1 Research design

It is a quasi-experimental intervention study. A pre-test and post-test experimental Design is used to compare the effectiveness of the interventions.

3.2 Inclusion criteria

- Subjects of age 18-21 years.
- Regular college going students
- Students studying in SRM college of

Occupational therapy have of fear of Public speaking

3.3 Exclusion criteria;

- Subjects with known history of medical illness like chronic asthma, high blood pressure, gastritis and ulcers.
- Diagnosed case of learning disability

3.4 Tool Used

3.4.1. Hamilton Anxiety Rating Scale (HAMA):

The HAMA probes 14 items and takes 15-20 minutes to complete the interview. Items are scored on a 5- point scale. Reliability $r = 0.74$ to 0.96 , Validity α ranges from $=.73$ to $.83$

3.4.1. The Fear Thermometer (FT): is used which required subjects to rate their anxiety level during their speech on a scale from 0 to 10 where 0 represented an absence of Anxiety and 10 represented maximal possible anxiety. FT scores were simply the values assign

3.5. Intervention protocol

Treatment had 15 individual treatment sessions, twice a week. Integrated Treatment (IT) Total Treatment Time Relaxation 10 sessions (1 hour), Desensitization 5 sessions (45 minutes).

4. Result and Interpretation and Conclusion

Demographic distribution based on age in fear of public speaking among UG College students of SRM College of Occupational therapy. In both experimental 19.53 ± 0.915 and control group 18.87 ± 0.743 . There is Statistical Significance Association between Age in the Control and Experimental group. Demographic distribution based on gender in fear of public speaking among UG College students of SRM College of Occupational therapy .The 3(20%) are male and 12(80%) are female in control group, in experimental group 2(13.3%) are males and 13(86.7%) are females .There is not Statistical Significance Association between Gender in the Control and Experimental group. Pre and Post test among (HAM-A) scale and and Fear Thermometer in Experimental group and Control group. The pre and post test scores of (HAM-A) scale for control group was 26.93 ± 6.62 . the pre and post test scores of (HAM-A) scale for experimental group was 32.20 ± 5.88 and 9.80 ± 1.89 respectively. The pre and post test scores of FEAR THERMOMETER scale for control group was 6.00 ± 1.813 . The pre and post test scores of (HAM-A) scale for experimental group was 7.40 ± 1.05 and 2.00 ± 0.655 respectively there is Statistical Significance difference between Pre and Post test among (HAM-A) Scale and Fear Thermometer in Experimental group at 95% ($P < 0.05$). The pretest scores of (HAM-A) scale for experimental group is 32.20 ± 5.88 and for control group is 26.93 ± 6.617 . The posttest scores of (HAM-A) scale for experimental group is 9.80 ± 1.89 and for control group is 26.93 ± 6.617 .The pretest scores of Fear thermometer for experimental group is 7.40 ± 1.05 and for control group is 6.00 ± 1.813 . The post test scores of Fear

thermometer for experimental group is 2.00 ± 0.655 and for control group is 6.00 ± 1.813 . There is no Statistical Significance difference between Experimental Group and Control group among Relaxation Therapy and Fear Thermometer in Pre and Post test at 95% ($P < 0.05$). The pretest value of experimental group showed 15(65.6) is in the moderate to severe range whereas the post test values show that 15(100) comes in the mild range. Hence, there is significant association between Control and Experimental group among the Pre and Post test in the Relaxation Therapy at 95% ($P < 0.05$). The pretest value of experimental group showed that 9(50) is in the mild to moderate range and 6(66.7) is in the moderate to severe range whereas the post test value shows that 15(83.3) is in mild range. Hence there is significant association between Control and Experimental group among the Post test in the Fear Thermometer at 95% ($P < 0.05$). Study aimed to determine the effectiveness of Occupational therapy intervention in reducing fear of public speaking among under graduate students in SRM College of Occupational therapy. The results show that Occupational therapy intervention significantly reduces the fear of public speaking among under graduate college going students.

5. Limitation and Future recommendation

Sample size was relatively small; hence the results cannot be generalized to masses. Small duration of the Protocol. It is recommended that the same study should be conducted having longer time duration for more accurate results. This study should be conducted with a larger sample size. Experiment should be carried out on the person having some different types of fears / phobias.

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