Public speaking anxiety: the S.A.D. implications for students, transition, achievement, success and retention.

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Abstract

Public speaking anxiety, as an aspect of social anxiety, while not necessarily constituting a social anxiety disorder (S.A.D.) is widespread in society. This paper considers the largely unspoken equity issue of public speaking anxiety, its prevalence, symptomology and potential implications for students in higher education and the future. A small pilot research project was undertaken as a preliminary step to understand local conditions and open up a space for ongoing and extensive research in the Australian context. The preliminary findings suggest the social anxiety and public speaking anxiety may impact negatively on student engagement with oral communication assessments and that further research is needed to develop better support and training. We suggest that to assist students to transition, achieve, succeed and persist we need to adhere to the notion of constructive alignment which takes account of personal competencies and mitigates psychological distress.

Introduction.

Psychological distress has been identified as a mediating factor in student transition and achievement (Field, Duffy & Huggins, 2013; Field & Kift, 2010). Accordingly Field et al., (2013) argue that, "[t]he empirically established decline in law student well-being during the first year of law school is a red-flagged imprimatur for first year curriculum change" (p. 15) which may, in some instances, be addressed through constructive alignment of the curriculum (Biggs, 2014). While Field and Kift (2010) and Field et al. (2013) refer to law students and changes to the first year law curriculum their assertions can, and have, been translated across the disciplinary spectrum of higher education. Of particular relevance to this paper are the notions of psychological distress and student well-being, and their impact on the student experience and success. We suggest that many students, across disciplines, experience significant anxiety and distress in social, interpersonal, and performance situations, which has substantial implications for their transition into, out of, and through university, as well as their capacity to achieve successful outcomes, including persistence in the higher education context. Yet fear of public speaking, performance anxiety, communication apprehension, stage fright or fear of negative evaluation can all be considered as forms of social anxiety, which is one of society's most widely suffered anxieties (Blöte, Kint, Miers, & Westenberrg, 2009; McConnell, 2009) as mental health issues or disabilities, remain 'unspeakable' equity issues in higher education.

Public Speaking Anxiety: the SAD Implications for Student, Transition, Achievement and Success, refereed paper.

Although there has been little research conducted in the Australian context that relates specifically to students in higher education, a large body of literature from psychological and communication discourses support the prevalence and debilitating impact of social anxiety disorders on sufferers' day-to-day, education and employment function (see for example Goberman, Hughes, & Haydock, 2011; Hancock, Stone, & Zeigler, 2010). This is of clear importance to achievement and success in higher education because effective verbal communication is a stated graduate learning outcome of many Australian universities.(Barrie, Crisp & Hughes, 2010) and a highly sought after and valued employability skill (Selvadurai, Choy, & Maros, 2012), which Richmond and McCroskey (1998) suggest leads to greater levels of respect from colleagues, more promotions, and life successes generally.

Prevalence and Symptomology

The reported prevalence of public speaking anxiety varies depending on measurement. Whilst there is a lack of Australian data, in a national survey in the U.S. approximately 21% of respondents reported a lifetime social fear of public speaking, which they considered to be excessive and caused considerable distress or avoidance (Ruscio, Brown, Chiu, Sareen, Stein & Kessler, 2008). Other studies have cited prevalence rates approximating 25% in a youth community sample who have a substantial fear of speaking in front of others (Knappe, Beesdo-Baum, Fehm, Stein, Lieb & Wittchen, 2011), and 34% of a Canadian sample who rated that they would be much more nervous than others when speaking to a large audience (Stein, Walker, & Forde, 1996). More liberal definitions suggest that public speaking anxiety may affect up to 75% (McConnell, 2009; Motley, 1997; Tse, 2012). In the higher education context, Beidel, Turner, Stanley & Dancu (1989), "found that 19% of undergraduates in their sample met the criteria for a diagnosis of social phobia" (cited in Strahan, 2003, p.348). Strahan and Conger (1998) also "found that 33% of a group of undergraduate men recruited from an introductory psychology course…reported social phobia symptoms" (cited in Strahan, 2003, p.348).

At the extreme, anxiety in public speaking situations can be specified as a form of social anxiety disorder (American Psychiatric Association, 2013) in which fear of negative evaluation is a core aspect. Stein et al. (1996) suggest that 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 (Beidel & Turner, 1998; Miskovic & Schmidt, 2012; Pertaub, Slater, & Barker, 2002), which is reportedly experienced by approximately 4-5% of the Australian population in a 12-month period (Slade, Johnston, Teeson, Whiteford, Burgess, Pirkis & Saw, 2009). Indeed, studies report that of those who meet criteria for social anxiety disorder, the vast majority experience fear of public speaking (Knappe et al., 2011; Ruscio et al., 2008).

There are a number of physical and psychological symptoms manifest in public speaking anxiety some of which are clearly discernible by audience members and these are arguably caused by the psychological symptoms (Barlow, 2002). Among the physical symptoms are body movements and gestures which may be observed along a continuum from minor body movements to continual swaying back and forth, shaking, mumbling, fidgeting, quivering voice, heavy breathing, monotone, lack of eye contact, severe fear and panic attacks, fainting and unwanted urination (Mulac & Sherman, 1974). Other less obvious physical symptoms include increased heart rate, speech blocks, blurry vision, memory loss and dry mouth (Barlow, 2002). While many people experience low level distress prior to and at the beginning of a public oration, others experience high levels throughout the speech and

2

continue to be distressed well after it has concluded (Cornwell, Johnson, Berardi, & Grillon, 2006).

In summary, public speaking anxiety is relatively common, potentially in the order of 20-30% or higher, in some cases can lead to more severe difficulties with social anxiety and can have a detrimental impact on functioning. Furthermore, the kinds of symptoms manifest by people who experience public speaking anxiety can impact on oral presentation performance and how that performance is evaluated. The key factor is that social anxiety, and public speaking anxiety, is defined by a fear of negative evaluation (American Psychiatric Association, 2013), which, in educational contexts, is a real and measurable consequence that forms part of the assessment process. Consequently, as Strahan (2003) contends, there is some evidence that students who suffer from high levels of social anxiety may use more passive coping skills and that some students report poor grades for tutorial participation and avoiding units where oral presentations are required.

Public Speaking Anxiety and SAD in Educational Contexts

While not all public speaking anxiety manifests at levels sufficient to warrant a diagnosis of social anxiety disorder, the psychosocial impacts for individuals who do have social anxiety disorder are notable. Compared to non-anxious controls, social phobia sufferers report increased issues related to work attendance, poor grades at school, lower education level and lower overall pay (Schneier, Johnson, Hornig, Liebowitz, & Weissman, 1992). In some instances the severity of the symptoms can be debilitating and sufferers will take pains to avoid situations in which public speaking is necessary. 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. In some severe cases SAD has led to more extreme anxiety and complete social withdrawal (Goberman et al., 2011). Alternatively, where such situations are not, or cannot be avoided entirely, they may be endured with intense distress.

Many Australian universities promote communication skills and social interaction as graduate learning outcomes. For example it is stated that Murdoch University graduates will have developed: "[t]he ability to communicate effectively and appropriately in a range of contexts using communication, literacy, numeracy and information technology skills" ("Graduate Attributes at Murdoch University," 2015). As a sub-attribute, the site enumerates "speaking skills". In relation to "social interaction" the stated graduate attribute is: "A capacity to relate to and collaborate with others to exchange views and ideas and to achieve desired outcomes through teamwork, negotiation and conflict resolution" ("Graduate Attributes at Murdoch University," 2015). Yet, as Barrie et al. (2010) point out, while many universities have similar graduate learning outcomes in relation to oral communication, it appears that the assessment of such outcomes are largely summative and there appears to be little or no scaffolding, to assist students to attain these skills.

The findings of Barrie et al., (2010) are of particular concern when we consider that the constructive alignment paradigm which, as Biggs (2014) suggests "provides a framework for adjusting teaching and assessment to address the attainment of …outcomes and the standards reached" is not new (Biggs, 2014). Yet, it would appear that it is not necessarily adopted in practice in relation to the development of oral presentation skills. As Field and Kift (2010) remind us "intentional…curriculum design" can, and in their case has, been used to forestall psychological distress, and in some instances, deal with it when it arose. In relation specifically to law, they also point out, citing (Britton, 2009, p. 3; Stuckey, Barry, Dinersten,

Dubin, Engler, Elson & Schwartz, 2007, pp. 29-37) that "the psychological distress experienced is a direct result of the way the law and legal culture *are taught*" (Field & Kift, 2010, p. 67). While the competitive approach to law may contribute to these levels of psychological distress, we may also conjecture that some of it may be additionally attributed to the demands of the profession to "perform" arguments and may be exacerbated by underlying social anxieties. Nonetheless, as we have already discussed, we may be assured that psychological distress, particularly when it comes to negotiation, public speaking, voicing opinions in class, arguing a case, performing at interview amongst a range of other contexts, is prolific across the board.

Given the importance of oral communication skills in a range of contexts, and that universities state their students will graduate having achieved oral presentation and social interaction as skills, it is incumbent upon universities to reconsider curriculum design to adequately address these issues as a matter of some urgency. The prevalence and severity of the symptoms associated with social anxiety disorder situate it as the great unspoken equity issue which impedes students' capacity to succeed, but of which little account is taken in the higher education context in Australia (Barrie, Hughes, & Smith, 2009).

Despite the prevalence and potential severity of the symptoms very little research has been done in Australia which explicitly engages with public speaking anxiety in educational contexts. This stands in contrast to the United States, where as long ago as 1995, 79% of universities had compulsory public speaking units for all students (Berko, & Brooks, 1995).

Exploratory Pilot Study

As a preliminary step to redress a lack of research in Australia, an exploratory pilot study was conducted. This pilot survey forms part of a larger proposed study investigating public speaking anxiety, oral communication assessments, and communication training, and in the initial stage had two main aims. Firstly, we aimed to explore the relevance of the international findings about public speaking anxiety in the local context, and secondly to identify the need and potential benefits of public speaking training for students in a peer supported environment. To achieve this, a convenience sample of students in the Peer Assisted Study Session pilot program at Murdoch University (PASS@Murdoch) were invited to complete a brief questionnaire, and 16 students participated. Students in the PASS are representative of the wider student population given that the program supports difficult units rather than targeting particular students. Yet, whilst the pilot study provides some initial insight into public speaking anxiety in Australian university students, the findings should be interpreted with caution before generalising to a broader student population.

A survey was constructed primarily to assess several key aspects of social anxiety in the context of public speaking, namely fear of negative evaluation whilst presenting, and the potential coping responses and impacts of anxiety, such as avoidance. The adapted survey was a combination of the "Brief Fear of Negative Evaluation scale version 2" (BFNE-II) (Carleton, McCreary, Norton & Asmusdone, 2006) and the "Coping Styles Questionnaire for Social Situations" (CSQSS) (Miller, 1995). In addition, participants were asked about their perceived competence in presenting, and the types of training they had received in presentation skills.

The BFNE-II is designed to measure fear of negative evaluation, and consists of twelve simply worded statements, which participants are asked to rate on a 5-point Likert scale according to how characteristic the statement is of the participant's perception of themselves.

The measure has demonstrated both high internal consistency (α of .90-.91) and a four week test-retest reliability ($r = .75$) in undergraduate samples (Leary, 1983). The BFNE-II demonstrates excellent internal consistency, correlates highly with the BFNE, and factor analyses support a unitary solution (Carleton, Collimore, McCabe, & Antony, 2011). A total score of > 25 is viewed as an indicator of clinically significant social anxiety in non-clinical populations for both males and females (Carleton et al., 2011).

The CSQSS measures monitoring and blunting coping styles in social situations based on Miller's conceptualization of how individuals cope with threat-related situations (Antony, McCabe, & Fournier, 2001; Miller, 1995). This questionnaire was adapted to focus specifically on oral communication situations in which students may encounter as part of their study, in particular 1) a 30 minute presentation and 2) potentially being asked a question in class. Students were asked to rate six suggested coping strategies from 0 (definitely would not use this strategy) to 4 (would definitely use this strategy). It has acceptable internal consistency (α of .81 for the monitoring scale and .78 for the blunting scale (Mezo, McCabe, Antony, & Burns, 2005).

Following institutional ethics approval, participants in the PASS program were sent an email inviting them to participate in an online survey on public speaking. Those who completed the web-based survey consisted of 16 people, the majority of whom identified as "Australian" (82.35%). Seven men (43.8%) aged 23–28 ($M = 25.43$, $SD = 1.98$) and nine women (56.25%) aged 18–62 ($M = 31.11$, $SD = 12.79$), with a combined mean age of 28.63 ($SD = 9.86$) and no significant age difference between men and women t (14) = 1.15, $p = .267$. The majority of the participants identified their first language as English (82.35%).

Results

To explore the extent to which this group may experience fear of negative evaluation associated with social anxiety, scores were compared to available norms. On the BFNE-II a score of twenty five is the suggested indicator of clinically significant social anxiety for non-clinical participants (Carleton et al., 2011). A single sample t-test was used to compare the BFNE-II scores of the participants ($M = 28$, $SD = 13.55$) against the standardized test score of 25 which indicates clinically significant social anxiety. There was no significant difference; t (15) = 1.03, $p = .32$. Further, 50% of the survey participants scored in the range of clinically significant social anxiety. This suggests that, in this sample of PASS participants, the severity of fear of negative evaluation was comparable to samples of individuals with clinical levels of social anxiety.

More specifically with regard to public speaking anxiety, in situation one, of giving a 30 minute presentation, 100% of participants indicated they would feel at least a mild level of anxiety (with 47% reportedly experiencing moderate to very-severe levels of anxiety), and 53% suggested they may potentially avoid it. Importantly, in this sample, two individuals reported noticeable avoidance by agreeing that they had avoided units and chosen their degree based on the extent of public speaking required. In situation two, of potentially being asked a question in class, anxiety was less severe, with 73% experiencing mild to moderate anxiety, and 27% experiencing no anxiety. However, in this case, 73% indicated that they may potentially avoid that situation. To assess the relationship between the BFNE-II scores and the CSQSS avoidance of situations, a Spearman's rho (r_s) was calculated. The bivariate correlation for BFNE-II scores and avoidance in situation one (giving a 30 minute presentation) was positive and strong, r_s (13) = .781, $p = .002$, suggesting that the greater the fear of negative evaluation the greater the level of avoidance. There was no significant

correlation between fear of negative evaluation and avoidance in situation two (potentially being asked a question in class).

To further understand the possible training needs in this area, participants were asked about their prior training in presentations skills and the needs for further training. The need for further training was apparent, with 79% reporting not having had previous training, and 86% of participants agreeing that more training in public speaking would assist them in the future, and 53% of respondents agreeing that they would sign up to a class on public speaking if offered.

Discussion

Whilst this data is based on a small pilot sample, there are some interesting findings worthy of further investigation in larger studies. In terms of one of the key aspects of social anxiety – fear of negative evaluation, half the respondents in our pilot study scored in the clinically significant range (Carleton et al., 2011; Carleton et al., 2006). All respondents reportedly experienced at least a mild level of anxiety in response to the public speaking situation of presenting, and half considered they would possibly avoid it. In the least, it suggests that if they cannot avoid such situations, they are potentially enduring it with some distress (Cornwell et al., 2006). Furthermore, despite the experience of anxiety in such situations, for some at potentially debilitating levels, most of the participants had not received any skills training in public speaking, an aspect which speaks to the broader equity issues which may be present and unacknowledged.

While in this study, the focus was on public speaking anxiety, the equity issues may be felt even more strongly by individuals who experience social anxiety more broadly, or more severely. Strahan (2003) suggests that students, who are socially anxious, not only report poor grades, but tend to avoid situations, and potentially units and ultimately career choices which might require public speaking. Moreover, drawing on Tinto's body of work in relation to social integration (Tinto, 1975, 2009) Strahan (2003) hypothesises that:

> 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 (e.g. obtaining clarification about course requirements) is so overwhelming that it is preferable to muddle through when in doubt. (p.349-350)

Students with clinically diagnosable social anxiety disorders may have access to clinical treatments and interventions by health and mental health practitioners. For example, cognitive behavioural treatments, which include addressing unhelpful beliefs about social situations and graded exposure to feared situations, have been used successfully to treat social anxiety disorder (Powers, Sigmarsson, & Emmelkemp, 2009). However, this requires that students recognise that symptoms may be sufficiently severe to require treatment, as well as be willing to access services. It is also not clear the extent to which, for university students, such clinical interventions can be integrated into educational contexts in public speaking assessments. In addition, in our study, as in others (eg Ruscio et al., 2008) a larger percentage

6

Public Speaking Anxiety: the SAD Implications for Student, Transition, Achievement and Success, refereed paper.

of individuals may have considerable anxiety about public speaking yet not have access to such interventions. While some level of anxiety may be expected, and perhaps even helpful, in performance, in the educational context of assessments, this in the least may mean that some students experience symptoms of anxiety that may interfere with successful performance, and at worst may set the scene for more severe anxiety and more problematic experiences in future. This is possibly supported, in our study, by the relationship between fear of negative evaluation in the BFNE-II and avoidance behaviours in the CSQSS in relation to public speaking. Both of which may negatively impact on the development of oral communication skills.

The potential impact of this is noteworthy. Poor oral communication skills have a direct relation to lower educational outcomes, lower grades and lower levels of employability (Goberman et al., 2011). Studies have also indicated that people who have anxiety related disorders, specifically social phobia, have a much greater chance of early withdrawal from higher education (Stein et al., 1996). Research suggests that oral communications courses may reduce students' overall anxiety related to oral presentations (Hunter, Westwick, & Haleta, 2014). Indeed, participants in this pilot survey recognised the need and potential benefit of training in public speaking. Importantly though, the nature of the training may be important as simply providing information about "how to present" may be insufficient, and instead models that borrow from psychological interventions that address social anxiety and fear of negative evaluation may be useful (England, Herbert, Forman, Rabin, Juarascio & Goldstein, 2012).

Conclusion

This exploratory pilot study is limited in sample size, and the findings here may be specific to the experience of university students already seeking further training through a peer assisted program. Nonetheless the experience of social anxiety and public speaking anxiety, the implications for oral communication assessments, and the development of relevant skills training is worthy of future investigation in Australian universities. We are currently expanding the survey to broader university student populations in Australia to further explore the impact of social anxiety on oral communication assessments, and this will help to inform the development of relevant training and interventions for vulnerable students. For example, given that social anxiety and public speaking anxiety respond well to cognitive and behavioural interventions such as graded exposure therapy (eg; England et al., 2012), these techniques have the potential to be adapted for educational situations through scaffolding of the skills in a supportive and non-threatening environment.

As Tinto reminds us, student success (including transition and retention) "does not arise by chance" (2009, p.10). Rather it is proactively and intentionally worked towards in a systematic way to deliver the best possible student learning outcomes. Moreover, Kift, Nelson and Clarke (2010), citing Reason, Terenzini and Domingo (2007), aptly tell us "personal, social and academic competences of students have to be addressed by institutionally-initiated engagement activities" (p. 2). It is on this point that we argue that students' fears of public speaking, and more broadly, the high prevalence of social anxiety associated with engaging with university life and study is not currently taken into account.

Field and Kift (2010) point out that: "assessment and feedback practice in the first year can be harnessed to assist students to successfully transition to studying law at university" (p.65) and to assist to assuage the psychological distress attached to the demands of university study and projected professional identity. Yet, it is more far reaching than that. If we are to attempt

to mitigate the impact of student anxieties in relation to oral presentations and tutorial participation, we need to consider the graduate learning outcomes which we aspire to and how best, and most effectively to get our students to that point, taking account of the "unspeakability" of social anxiety. As recently as 2014 Biggs reiterates the importance of "constructive alignment" underlining that:

> Constructive alignment (CA) is an outcomes-based approach to teaching in which the learning outcomes that students are intended to achieve are defined before teaching takes place. Teaching and assessment methods are then designed to best achieve those outcomes and to assess the standard at which they have been achieved. (Biggs, 2014, p. 5)

Yet, in relation to oral presentations, we do not appear to have taken his advice into our practice. We suggest therefore, that to allow students to transition into, through, and out of university, and into employment we must equip them with the skills necessary for success in the future and minimise any psychological distress by harnessing "assessment and feedback practice" (Field and Kift, 2010, p.65). That is, by starting out from graduate attributes and scaffolding the skills necessary to achieve them through a combination of formative assessment and feedback, and that this is crucial, particularly in the face of the prevalence and potential severity of S.A.D. and oral communication skills.

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