

## **Public Speaking Anxiety and Graduation: Assessing Student Progress and Institutional Need**

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*This article is designed to accomplish two goals. First, data from six-year student cohorts are examined for patterns emerging among those who failed to graduate from a public, state-affiliated university. The data imply strongly that a significant percentage of students who did not graduate failed primarily due to an inability to pass through the basic public-speaking course – part of the general education program – and that communicative anxiety may be the root cause. Also, the article discusses the design and implementation of a successful model for a basic speech course dedicated to students with debilitating levels of public speaking anxiety.*

### **Introduction**

In this paper, we examine the pedagogical and administrative efficacy of dedicating a section of the basic public speaking course to serve students who self-report potentially debilitating levels of *public speaking anxiety* (PSA). Pedagogical outcomes include both improvements in public speaking skills as well as address of the negative inclination toward public expression—a phenomenon that precludes both classroom success and student satisfaction with their classroom experience. Administrative efficacy is seen in changes to course completion rate, student retention, and graduation. This paper arises from the recognition of patterns emerging from meta-data from our school: a public, state-affiliated, Mid-Atlantic institution. Six-year cohorts—the span used to measure graduation rates—were examined, the most recent being the graduating class of 2014 and extending back to graduates of 2008, so these data cover students enrolled back to 2002.

The paper attempts two broad goals: a discussion of administrative need and the way this course can serve a specific, identifiable demographic of at-risk students, as well as the description of a particular version of the course and how it can be designed, marketed, and executed effectively.

Preliminary statistics would appear to indicate that a significant portion of the students who ultimately fail to graduate may have PSA as a primary cause: essentially that, for those students, the common requirement of the basic public speaking course becomes the insurmountable obstacle. Because the goal of any institution of higher learning is to maximize student success, any specific evidence regarding what impedes graduation rate is significant. While there are innumerable variables which might influence graduation rate, our examination would suggest that one contributing variable is PSA, which not only suggests a specific need, but also supplies evidence of the importance of the course in all general education programs.

This paper also outlines the basic design and execution of a section of the basic public speaking course dedicated to students with PSA. The course is designed around the therapeutic strategy of *cognitive restructuring* (CR) as the best available means for students to face and process their fear of public speaking within the context of the university classroom,

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and has proven to be a high-impact practice on both an individual as well as an institutional level. This course description includes how the “Public Opportunity” assignment—a classroom adaptation of *exposure therapy* (EXP)—works to maximize the effectiveness of CR, as well as to foster an enduring change in the student’s outlook toward the activity of public expression. The goal of a class in public speaking is inherently different from the goal associated with personal therapy for social anxiety, specifically that students are more concerned with completing the course as opposed to addressing their anxiety. A course designed around CR, however, would appear best suited to foster enduring improvements in both requisite skill and personal disposition.

### **Rationale for the Dedicated Section to Address Public Speaking Anxiety (PSA)**

The fear of public speaking is very common, with many polls indicating that PSA is the most common fear in this country. Research has famously indicated that up to 20% of the U.S. population experiences some degree of PSA (McCroskey, 1976). The existence of PSA is a well-documented obstacle to not only academic, but professional development in a diverse range of areas, including grade-point averages (McCroskey & Anderson, 1976; Dwyer & Cruz, 1998), students’ self-esteem (Adler, 1980), career endeavors (Daly, Caughlin, & Stafford, 1997), and even beliefs on how they are perceived by others (McCroskey & Leppard, 1975).

Pedagogically, significant levels of PSA can lead to a dangerous spiral where fear of public speaking leads to a negative disposition toward the class, which in turn can lead to students disengaging themselves, learning less, and thus perpetuating their fear (Menzel & Carrell, 1994). Also, the students who fear the course often require additional instruction, support, and increased personal attention. Thus, PSA also contributes negatively to the dynamic of the classroom by inequitably directing the instructor’s attention toward those students who are dealing with PSA and away from those students who are not. Unfortunately, this phenomenon, while appropriate regarding the effectiveness of the course for those students with PSA, can result in other students becoming less satisfied that the course is appropriate for their needs. This emergent inequity regarding instructor attention becomes an important administrative rationale for establishing the dedicated section.

Increasingly, basic course instructors at the collegiate level have responded to this phenomenon by creating dedicated sections of the class. About thirty years ago (Hoffman & Sprague, 1982), less than 8% of schools in the United States had dedicated sections. Robinson (1997) found that, over the next decade, the number had increased to close to 15%. Pressures from assessment requirements seemed to drive this increase, as schools sought to quantify student outcomes. In an interview with *insidehighered.com* from 2008, however, McCroskey lamented how budgetary pressures had overwhelmed concern for pedagogical effectiveness, and that, though they had been around for decades, it was “unclear whether the offerings are growing or shrinking” (para. 21). The dedicated section examined in this paper was implemented in spring of 2009 in order to provide the appropriate environment and training for this underserved group of students.

Anecdotally, instructors at our University routinely report “slippage” in both student attendance and performance as each semester progressed. Pelias (1989) suggests that the possibility of a negative experience can lead to many students skipping assignments or dropping the class – even though the class is required for graduation. Establishing the dedicated section and allowing students to self-identify as enrollees results in a type of community among the students. This self-selection process is one of the high-impact

practices endorsed by the American Association of Colleges and Universities (AAC&U). Data from the course suggests that students appreciate the idea that they share this challenge with their classmates; that they are all “in the same boat,” which is a perspective more conducive to student success. Other research (Behnke & Sawyer, 2001) would indicate that the longer speakers are exposed to their audience without negative stimulus, the more likely their PSA will decrease. This degree of “community” and support has emerged as an important, value-added feature of the dedicated section. All of these emergent features of the course are consistent with AAC&U’s 2005 initiative *Liberal Education and America’s Promise (LEAP)*, a drive to spearhead administrative efforts to re-invigorate higher education. Data collected during our course suggest that students respond to the dedicated section in similar ways to how students respond to being part of other pedagogical innovations, like *Learning Communities*, where student engagement correlates with the perception of focused attention and a common interest among their classmates.

### **Classifying and Treating PSA and Social Anxiety**

There has been extensive research into the broad phenomenon of PSA specifically, and social anxiety generally. In a general sense, individuals with higher levels of PSA have demonstrated that they will avoid oral communication in personal relationships, career attainments, professional relationships, social interactions, and educational environments (McCroskey, 1977, 1984; Richmond, 1984; Richmond & McCroskey, 1998). Additionally, students facing this challenge will avoid or withdraw from courses they are required to complete. Importantly, the goal of individual therapy for social anxiety—often called *Rational Emotive Behavior Therapy (REBT)* when conducted between clients and therapists—might be classified as “mitigation of the condition,” whereas the goal of the course is best described as “completion” with any enduring benefits being of added value. Providing students with the tools to navigate the class successfully will certainly contribute to a mitigation of their anxiety, but these two goals cannot be conflated—and the primary goal of the course remains completion.

Pedagogical address of this condition varies, depending on how PSA is conceived. Some researchers describe speech anxiety as *trait-anxiety*, meaning that it is aligned with an individual’s personality. Others describe speech anxiety as *state-anxiety*, meaning that it is derived from the external situation within which individuals find themselves. While some students may well fear public speaking due to some personal trait, researchers have found that the anxiety associated with public speaking stems primarily from the fear associated with scrutiny and negative evaluation—even when such fear is not rational. Ellis (2012), when discussing the value of REBT, defines “rational” as “aiding and abetting the basic value of remaining alive, reasonably happy, and free of needless pain;” whereas “irrational” is the blocking or sabotaging of such values. Students perceive the prospect of scrutiny and negative evaluation as being too much to overcome, even when they are aware of the need to complete the course (Dryden, 2013, pp. 40-41).

Foa and Kozak (1985) composed a theoretical framework called *Emotional Processing Theory*, which draws a distinction between individuals with “normal” fear reactions, that is, able to make accurate perceptions of the speaking situation, and those individuals unable to do so. McCroskey (1976) draws a specific distinction between “stage fright”—which he terms as the common, virtually universal nervousness felt by everyone—and PSA—which is essentially “stage fright” with a corresponding emotional trauma; ultimately attributing the formation of PSA to a cycle of negative reinforcement: the fear begets avoidance, which

then precludes effort to gain any experience that might address the fear. Mattick and Clarke (1998) draw distinctions between PSA generally—which they categorize as a *social interaction fear*, and public speaking anxiety specifically, which they categorize as a *scrutiny fear*, an activity that “does not necessarily involve interacting with other people, but rather simply being in a situation where one is being watched or observed, or feels others are watching, while undertaking an activity” (Mattick & Clarke, 1998).

PSA is often associated with the category of social phobia, which is characterized by marked and persistent fear of social or performance situations (American Psychiatric Association [APA], 1994). When instructors conceive of PSA as a social phobia, further categorized as a type of state-anxiety, then psychological treatment regimens used to treat those sorts of conditions become viable bases for classroom strategies. The most effective treatment for phobias is *exposure* (Emmelkamp, 1982), good examples of which are the classroom speaking assignments. However, while exposure has shown to be an effective therapy for social phobia, it does not always appear to bring about cognitive changes—which are necessary for the fullest recovery (Butler, Pryor, & Marti, 2004). While overcoming PSA in a classroom might not be the same as “recovery” from a social phobia; conceiving of student outcomes in this manner affords the instructor a more definitive goal, and thus a more assessable strategy. The therapeutic strategy that appears to offer the promise of long term recovery in combination with exposure therapy is *cognitive restructuring* (CR).

There has been extensive research to investigate whether CR is effective as part of a larger treatment package when combined with exposure therapy. The results of those studies are mixed, offering no clear consensus as the efficacy of CR. Two of the studies (Mattick & Peters, 1988; Mattick, Peters, and Clarke, 1989) found that CR combined with exposure is more effective than exposure alone. Other studies found that different therapies can be as effective as or even more effective than CR. Beck and Emery (1985) predicted that CR would enhance the impact of EXP in two specific ways. First: by helping the student/patient challenge distorted appraisal of social situations, the process helps to promote productive habituation of social stimuli; and second: CR facilitates EXP because it reduces avoidance-promoting cognitions, thus helping students to remain within the EXP scenario. However, methodological factors—especially considering that group therapy using CR often consists of patients listening to other patients discuss their own experiences with CR—can account for many of these inconsistent findings. CR is most effective as a treatment when each individual is actively engaged in the process, rather than passively observing it performed on others (Taylor et al. 1997).

Interestingly, the data collected by Taylor et al. (1997) seemed to indicate that “CR did not facilitate EXP (exposure therapy)” (p. 508), but their research efforts were hindered by the fact that many of the participants dropped out during their EXP sessions. The researchers attributed the dropout rate to the efficacy of CR, suggesting that “in addition to reducing social phobia, CR may have helped participants accept their remaining social anxiety” (p. 508). Dryden (2013) draws a distinction between what he termed “partially formed” with “fully-formed discomfort tolerance beliefs” (p. 40). As soon as any relief is perceived, additional work is immediately dismissed as unnecessary by the participant. An important factor to whether CR facilitated the effectiveness of EXP was whether the therapies were enacted simultaneously. Taylor et al. surmised that CR would facilitate EXP “only when participants are prompted to use CR exercises throughout the course of EXP, as in integrated cognitive-behavior therapy” (p. 508). The dedicated section includes regular, individual meetings throughout the semester, so that the instructor is able to remind students continually of their own CR process, which would appear to be the ideal way to maximize

the chance of facilitation. Also, because what constitutes a therapeutic regimen is conducted within the context of a graded class, students are incentivized to complete the semester and thus, the therapeutic regimen—even if they feel as if they have gained sufficient control over their PSA. Thus, the classroom environment, because of the presumption of grading and completing assignments, contains strong incentives for the students to complete the course, and therefore maximize the therapeutic impact.

### **Pedagogical Method: Course Design toward Graduation**

Translating therapeutic effectiveness from a counseling session into a classroom is made challenging due to the divergent nature of the goals of each process. Certainly, the degree of therapeutic success—the level to which PSA is addressed—is important, but the real administrative efficacy of the dedicated section is seen in the completion rate among a population of students which demonstrates a specific need.

The percentage of students who were unsuccessful at completing the basic public speaking course requirement averaged 32% of the total number who did not graduate from the 2002-2004 cohorts. Starting in 2005, however, two statistical patterns emerged (See Figure 1): The number of students who were unsuccessful at the basic public speaking course dropped to an average of 13%, and virtually the same number of students took the class more than once as ultimately did not succeed in completing it. After 2005, essentially the same number of students repeated the basic speaking course as ultimately did not succeed. There is, unfortunately, no way to determine the degree to which these groups overlap.

Essentially, the number of students unsuccessful in completing the basic course appears to make up about 10–15% of the total number of students who ultimately fail to graduate, and this level is consistent. Additionally, in recent years, the trend has been that the number of students who repeat the course matches the number of students who do not complete the course, although we cannot determine if these are the same students—which is certainly an interesting statistical anomaly for future examination. These data certainly suggest a consistent demographic of students who would appear unable to overcome the obstacle of the basic public speaking course requirement, the address of which is the specific goal of the dedicated section.

There are specific reasons why a dedicated college course, and especially a general education requirement, is uniquely positioned to assist young people in overcoming PSA: The finite structure of the course re-casts the therapeutic effort away from some abstract goal of “curing” the condition. Instead of feeling pressure to achieve a level of comfort with public speaking, students need only be concerned with completing the course. Secondly, the nature of the dedicated section provides each student a social context that supports their success. Now, we shall describe how the course can be designed and marketed on campus.

### **Course Composition and Initial Interview Process**

The dedicated section examined in this paper was originally established with an enrollment cap of 15, which has been subsequently increased to 20 students. There have been more student inquiries than available seats in each semester, after the initial year. The course is marketed through mass email to faculty advisors, student support offices, and through posters around campus. Prospective students were interviewed regarding their previous experiences and their rationale for choosing the dedicated section (See Appendix A

for sample interview questions). The purpose of the interview is twofold: to introduce the concept of *cognitive restructuring* (CR) to the student, and to foster students' personal "ownership" of their particular brand of PSA. Students who volunteer for the course deserve credit for both self-awareness and willingness to address actively a personal challenge.

During the interview, the students are engaged in a self-reflective discussion about personal history or experiences that have resulted in their PSA. Also, they are prompted to identify more specifically what it was about public speaking that made them feel nervous or frightened with three general categories emerging as most common triggers:

Students report

- 1) fear of being under scrutiny or "being the center of attention"
- 2) fear of negative evaluation or "being judged"
- 3) fear of failure, or "lacking ability"

While there are certainly common elements to PSA, each student should be encouraged to understand their particular condition in terms of a "personal brand." Telling students that there is no "internal switch" to shut off their PSA allows them to understand the condition as a continuing challenge they deserve credit for addressing—and not as a singular hurdle to be conquered through experience in a single class. Whereas the presence of PSA as a condition may seem more abstract and large-scale to address, presenting the task as "completion of the course" recasts the goal to a more manageable scale.

Each student should be encouraged at that time to begin their personal, individualized CR process. I have learned to engage students in conversation inquiries focused upon the three most common triggers discussed above.

### **Fear of Scrutiny**

The first category, *Fear of being under scrutiny or "being the center of attention,"* is best addressed through a comparison to the student's own reaction when they are members of an audience. From the speaker's standpoint, students experience anxiety because they are the center of everyone's attention. However, students were reminded that, when in the audience, making eye contact with a speaker is a normal reaction, universally considered to be polite, considerate behavior. They were asked whether they intended, by looking at a speaker, to give the impression that they were challenging the speaker or highly skeptical about what they were listening to; and of course the answer was no. The students all reported that they were just making eye contact to be respectful. What they recognize as "merely considerate" behavior *as an audience member* they unfortunately equate with "hostile scrutiny" *as a speaker*. Most students laugh when they see the discrepancy; but even if they don't laugh, all students recognize the fundamental difference between their own perspective on the situation as audience v. speaker. Understanding this difference is crucial to their trust in the CR process. Their perceptive frame has been habituated by their anxiety, the redress of which is the goal of the experience.

### **Fear of Judgment**

The second category, *Fear of negative evaluation or "being judged"* is best addressed in the same way—with a comparison to the context of themselves-as-audience member. Students

were asked to describe their own tendencies while listening to a speaker who was unimpressive, or who was speaking about a topic they did not relate to or appreciate. The students universally reported that they would simply stop listening closely to that sort of speaker rather than becoming hostile to the speaker. And, when reminded of a time when they listened to a speaker who was struggling, students would report feeling empathy toward their classmate. Again, recalling their experiences as members of the audience allows students to recognize the inherent difference in perception due to perspective. They fear a situation they do not themselves replicate when in an audience—again, effectively illustrating the validity of CR.

### **Fear of Failure**

The third category: *Fear of failure or “lacking ability”* is best addressed through comparison to other areas of interest in the student’s life, whether athletics, music, dance or acting or other performance, even computer gaming. All students reported that their abilities and confidence improved as they became more experienced doing these activities; and that their lack of experience as a speaker put them in the position of *not having developed* their ability or confidence, rather than *lacking the requisite ability*. Practice makes perfect—and lack of practice does not indicate lack of ability, but a lack of preparation.

Importantly, realistic expectations must be established during the initial interview process. The course must be introduced as *therapeutic*, but not as *therapy*. Importantly, successful completion of the course is not simply a matter of addressing the anxiety felt by the student at the time of the presentation. While researching performance anxiety, Powell (2004) notes that although psychotherapy can be used to reduce the levels of anxiety, the quality of the performance went unimproved. This would not be acceptable as an academic outcome. No claims can be made that completion of the course amounts to an effective address of their PSA. Rather, successful course completion represents a significant step—even a turning point—in how individuals approach any future speaking opportunities from their own perspective. The course is not proposed as some sort of “cure” for anxiety, but rather as a means to instill confidence to face future opportunities practically and productively.

### **The Public Opportunity (PubOpp) Assignment**

Psychological counseling to help individual patients overcome social anxiety, because it consists of a customized therapeutic regimen, often cannot readily translate into a course plan for a group of students. However, pedagogical strategies to help students deal with high levels of PSA can be based upon these counseling strategies. Also, because of the nature of the dedicated section, it becomes possible to apply effective therapies to a supportive group. The PubOpp is the assignment which links the course experience with the student’s individual life. Delbanco (2014) discusses the crucial importance of linking course content to some sort of practical application, suggesting that “habits of thought and feeling cannot be thought of as commodities to be purchased and delivered to the student” (p. 4). Instead, the value is derived from student engagement and practical experience.

This assignment requires students to participate in a public event of their own choosing after deliberate and careful preparation—coordinated through multiple, individual meetings. The event itself could be an on- or off-campus event of the student’s choosing. Some examples are: a campus organization or club meeting, a guest speaker on campus who

answers questions from the crowd, or a local meeting of government or university administration. Many students who lived on campus participated in the regularly scheduled meetings at their living quarters or residence halls. Other students reported a work-related opportunity, such as moderating a training seminar. The event requires that there be a public gathering (defined as at least 4 people in addition to the student—a small group or committee associated with the student’s job is a good choice); and the chance for pro-active participation (the student is to have the chance to express some point or ask some question to raise a larger point, etc.). The PubOpp was conceived as a way for the students to gain practical experience beyond the classroom in a supervised and controlled way. This activity is also consistent with *exposure therapy* (EXP) to address phobia (see Appendix B for assignment parameters and sample verification forms associated with the PubOpp).

As part of the assignment, students are scheduled for a number of individual meetings as part of the regular class activities, and so the assignment is progressively monitored by the instructor. The basic criterion is pro-active participation from the student. Simply attending a public gathering and “participating” in a meeting is not sufficient. The student must be able to describe the forum, event, and audience in order for the opportunity to be approved for the assignment. The structure of the PubOpp maximizes the degree of student engagement and allows each student to align the assignment with their own academic or personal goals. Additionally, as Ellis (2012) points out, REBT works because “it does not force the therapist’s ideas on clients but, rather, scientifically demonstrates to them why their own conflicting ideas will not work.” Assigning the sequence of papers results in the students being able to observe and articulate their experiences as they develop—to allow for maximal recognition by the student about the nature of their individual anxiety triggers.

Three separate grades are associated with the PubOpp: The Preparation Paper (2-3 pages), the Post-Experience Paper (2-3 pages), and a signature verification from the event itself. The Preparation Paper should focus on the student’s anticipated understanding of the event. In their paper, students should articulate any speculative concerns they have, and the ways they will prepare for those potential contingencies. They should reflect upon potential triggers of apprehension or anxiety as they consider the event: Do they anticipate a particular sort of audience? Are they concerned for a particular sort of situation? How might they prepare in order to minimize the chance that such obstacles would preclude success? What might be done in preparation for various contingencies? Lastly, the preparation paper should speak to their disposition regarding the impending event. Do they feel as if the preparation regimen has affected their confidence level? Are they thinking more about the quality of the presentation or about their fears?

The Post-Experience Paper consists primarily of an objective description of the event and the experience. Students are encouraged to use their Prep Paper as the basis for their Post Paper. Did the event unfold as anticipated or differently, and how? What unforeseen variables influenced the events or became apparent as the event unfolded? If the first paper was meant to be an effort to speculate about what the event might be, then the second paper is meant to be a description of what actually happened. Students should revisit the specific concerns mentioned in the Prep Paper in order to say whether their concerns proved valid. Was the situation what they had anticipated? How might their preparation be adjusted in order to be more appropriate? Was there anything else that could have been done? Lastly, the post-experience paper should also speak to their now-adjusted disposition. Has the process been de-mystified at all?

The sequence of the two paper assignments constitutes the progress through EXP therapy needed to facilitate the benefits of the CR regimen. Self-reflection combined with



deliberate action is the most effective way to achieve positive classroom outcomes. Dryden (2013) states simply that the goal of REBT is to “help clients to change their irrational beliefs into rational beliefs” (p. 39). The goal of the dedicated section is to do this as much as possible while allowing students successfully to negotiate an academic requirement on their way to graduation.

### **Data and Discussion of Course Effectiveness**

In each of the dedicated sections, the address of PSA was measured through before and after administration of the PRCA-24. To facilitate discussion, we examine only data corresponding to PSA, even though the PRCA-24 also provides data measuring anxiety in Group, Meeting, and Interpersonal situations. There are a number of ways to examine the data produced by these dedicated sections. The ratio of students self-reporting in the “high apprehensive” category dropped dramatically, with most of the sections fitting into the 45–60% range. One section produced data suggesting that the 82% of the students who had self-reported in the “high apprehensive” category now self-reported in the “normal level” category. Satisfaction numbers associated with the dedicated section also were very positive, with positive responses ranging from 83-100% when students were asked whether “the instructor’s grading gave an accurate rating of your performance.” Students were similarly unanimous when asked whether “the objectives and student responsibilities of the course were made clear” and “To what extent was the instruction (including teaching methods) consistent with course objectives.” Given the anxiety reported at the beginning of the semester, it seems less likely that these positive numbers would have been recorded had these particular students been enrolled in a traditionally taught section of the basic course. Perhaps most importantly of all, the rate of completion in the section, since its implementation in 2009, remains above 90%. It is impossible to say whether the same number of students would have succeeded in a traditional section of the basic public speaking course, but we can say with certainty that the experience provided in the dedicated section was more directly focused upon a challenge identified by the students themselves.

In addition to the quantitative evidence from the PRCA-24, qualitative data also have been gathered. Students have been asked to rank and comment upon the effectiveness of four areas of concentration identified in the dedicated section: the exclusivity and smaller class size; skills training/importance of practice; *Cognitive Restructuring* (CR); and an accompanying breathing/relaxation technique called *systematic desensitization*.

Students reported that the existence of the dedicated section was the primary reason the class was effective. Some of the student comments about the dedicated section included:

“I liked being in a class where everyone shared the same feelings I did about talking in public.”

“It was reassuring” and “encouraging” to “realize that I’m not the only person who has this fear.”

There was “less pressure because everyone is dealing with it.”

The course was “welcoming” and “less intimidating.” The students were “on equal footing.”

“One of my issues with the normal class was comparing myself with the talented ones, and this directly hit it.”

Almost unanimously, students reported that the dedicated section was helpful to them. One of the negative comments from a student who reported the experience as being unhelpful: “When I got into this class I felt as though many students [were] not dealing with an obstacle similar to mine at all. They all seemed too relaxed and confident to have speech apprehension.” Interestingly, the very (unexpected) existence of the supportive environment seemed to be a source of uncertainty for this student.

The students were asked about CR and were overwhelmingly positive in reporting the technique as the most effective of all the innovative methods used in the class. Some of the student comments about the use of CR included:

“realizing that they (the audience) are simply there to listen to me made me feel better when I actually had to give the speech.”

“This really works, it’s so true about the difference between what you think will happen and what actually does.”

There were also students who wrote less positive comments: “Perceptions based on irrational fears cannot be restructured in a few months,” which is an observation consistent with what professional counselors would suggest. But here again, we must draw the distinction between the goal of “anxiety mitigation” and the goal of “completion of graduation requirements.” Even if students feel as if the therapeutic value of the course was incomplete, or less than 100% effective, they have still been informed of available therapeutic strategies, and they have *passed the class*. Another student said that CR was useless because “I have no problem with logically thinking one thing and feeling another, thus no motivation to change my feelings. Secondly, it depends upon an objective reality, which I don’t believe exists.” While one may appreciate the dry wit, the comment is instructive regarding how students might attempt to compensate for their PSA through an attitude adjustment.

The students’ PubOpp Post-Experience papers have also provided important insights into how this assignment can benefit students with PSA. Students were asked to share what helped them prepare effectively so that subsequent students might learn from their experiences. One student wrote:

Although I ran into a few problems in this event, I have to say that my outlook on public speaking and my outlook on myself and what I am capable of [doing] has changed. Before this event I was so nervous and I spent so much time practicing and worrying that I would mess up or offend someone. It turned out that all of this worrying was not necessary at all. After the banquet, I had people coming up to me and telling me how well I did, and how it seemed like I was not nervous at all, but that I looked comfortable with public speaking. I think after giving this speech I really learned something about myself and what I am capable of doing as long as I put my heart and best foot forward. I am thankful that we had to do this assignment, because it really helped me to realize that public speaking really isn’t a fear, but a psychological message that you create yourself—and how you handle it is up to you.

This sort of positive report has become increasingly typical as the dedicated section continues. There has been a consistent stream of non-traditional students, usually at least one each semester, which may or may not be significant. One of the non-traditional students expressed her gratitude that the class existed because it was “night and day” to the negative experience she had had decades before during her first try at the course. Waiting lists for the dedicated section have continued to lengthen as different campus offices become more aware of connecting students with this sort of practical and appropriate support; currently, advisors from the Student Disability Services office as well as the Office of Academic Excellence have begun to discuss the dedicated section as a matter of course with their students. The course is marketed on campus each semester, both before and during registration, which results in the course being made up of incumbent students who have already had the opportunity to choose the traditional section of the basic public speaking course. In one early semester, the course was populated with incoming freshmen in a more random manner, which precipitated the design of the initial interview.

### **Ramifications for Retention and Graduation Rates**

In the introduction to this paper, we discussed how patterns emerged in the meta-data generated by the six-year student cohorts suggesting that PSA may be a direct obstacle to graduation. Six-year student cohorts were chosen arbitrarily, as our school uses that metric to generate graduation rates for public consumption. For this paper, we examined the cohorts dating back to 2002 enrollment, then up to and including the 2008 enrollment at our public, state-affiliated, Mid-Atlantic institution. Total enrollment peaked with the 2006 enrollment and has been in gradual decline since. Importantly, since the enrollment of the most recent cohort discussed here (2008), according to the Center on Budget and Policy Priorities, state funding has been cut by approximately 28%. Budgetary austerity of this sort results in increased public pressure for demonstrable positive outcomes.

Once the dedicated section generated sufficient interest from students to gain regular status, we became interested in whether there was an identifiable population that might benefit from the existence of the course. There are some challenges to examining meta-data regarding student success, including an inability to determine individual overlap within each category, as well as a limited ability to track individual students. Still, what can be discerned appears to demonstrate that PSA is one of the contributing variables to the failure to graduate.

For this paper, we examined a number of statistical categories relevant to observing any correlation between PSA and graduation. Overall graduation rate for each cohort ranged between 54% and 58%, with the highest rate being 58.6% (2002) and the lowest 54.1% (2005). Overall success in the basic public speaking course ranged between 78.8% (2006) and 87.8% (2002). We were specifically interested in two statistical categories: Students who attempted to take the basic public speaking course more than once, and students who failed to graduate even with a GPA above the 2.0 limit. Because the meta-data cannot provide any information to discern any individual’s motivation or capability, we instead attempt to hypothesize from other information. If a student were to achieve the 2.0 GPA required for graduation, then we can state that the student has the capacity to complete university-level academic work.

Though we can clearly see that students involved with the dedicated section find their experience to be productive, there is no way to state positively that these students

would not have succeeded anyway, even without the dedicated section. There is a preponderance of evidence to suggest that the dedicated section contributes to yield positive outcomes regarding public speaking competence and confidence for the students involved, but the question becomes whether there is evidence that a demographic exists that would be served by the existence of the dedicated section in the first place. PRCA-24 data, taken before and after the semester from the dedicated sections, indicate that most students were able to change their attitudes regarding their PSA by the end of the semester. From the perspective of the administration, however, perhaps the most important statistic is in the simple fact that so many of these students were able to negotiate and complete this general education requirement, when perhaps their PSA would have prevented them from doing so before. Importantly, even if students do not report cognitive and behavioral changes regarding their PSA, they still have completed the public speaking element of their general education program and taken an important step toward graduation.

Ultimately, the course is successful because students complete the requirement.

### Conclusions and Future Research

Public speaking anxiety is certainly one of the most common as well as one of the most insidious conditions among college students. Study after study has connected PSA to success in professional, academic, and interpersonal relationships. Because the general goal of a university education is to prepare students for personal and professional success, addressing this condition becomes a fundamental goal of higher education. In 2006, Hart Research Associates conducted a survey on behalf of AAC&U among business leaders in which employers were asked to assess the emphasis that colleges and universities were putting on selected learning outcomes. While science and technology skills were first, with 82% recommending more emphasis, communication skills and applied knowledge through hands-on experiences were tied for second, with 73% recommending more emphasis. Courses designed specifically to fulfill these calls should be considered seriously by current administrations.

This paper has outlined a model for a section of the basic public speaking class dedicated to students who self-identify as suffering from PSA, with the course curriculum based upon the proven therapeutic regimen called *Rational Emotive Behavior Therapy (REBT)*, which features the classroom-appropriate process of *Cognitive Restructuring (CR)*. The coursework includes an out-of-class assignment designed as an effective combination of exposure therapy with CR. In addition to the therapeutic value of these activities, the course has achieved a completion rate of over 90%. Analysis of recent meta-data derived from six-year graduation cohorts from our public, state-affiliated, Mid-Atlantic institution suggests that a consistent level between 10–15% of students who fail to graduate may be an ideal target demographic for the dedicated section.

Our analysis also suggests a number of promising avenues for future research. One promising notion targets how students who could benefit most from the course are identified within the larger population. Even as PSA is so common, it is not necessarily something that can be “diagnosed” from testing or examination. Panic disorders or social anxiety disorders may be consistent with PSA, but the distinction between trait-anxiety and state-anxiety demonstrates that PSA is a highly individualized condition and that effective address is less a matter of imposing therapy as much as the student/client fully engaging in the therapeutic activity. The isolation often associated with PSA appears to be effectively mitigated through the dedicated section, and the customized nature of the PubOpp

assignment provides students a chance to engage in exposure therapy that has been selected by each student, allowing the work to be aligned with personal and professional interests. Working through support groups like the Student Disabilities Office can provide instructors with an efficient means of identifying the students who need this course the most. Logistical challenges can often preclude the broad survey of an incoming student population, but efforts to identify the students who would benefit most will continue.

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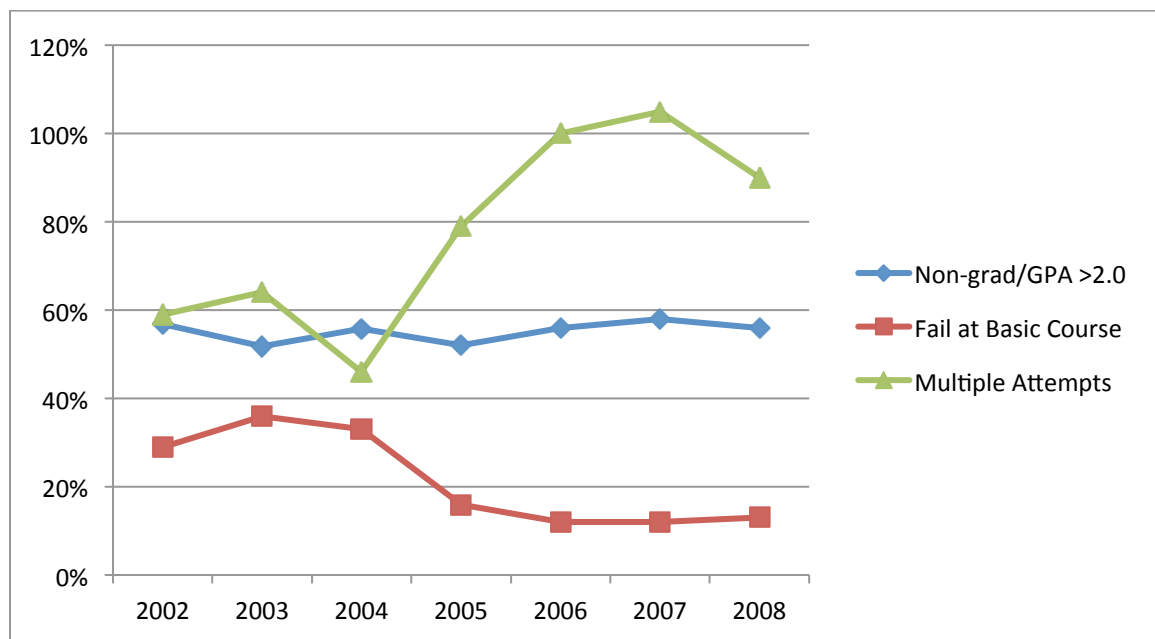
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Figure 1



In the preceding graphic, the diamond line represents the percentage of students who failed to graduate even with a composite GPA above 2.0. This number remains fairly consistent, indicating that approximately half of the students who do not graduate appear capable of completing the work required. The square line represents the relative percentage of students who did not succeed at completing the basic public speaking course of those who did not graduate. For the first three cohort years, this averaged about 32%; but then suddenly the ratio dropped to under 20% and even 15%. The triangle line represents the number of students who made multiple attempts at the basic public speaking course while enrolled.

## Appendix A:

Initial Interview Format:

1. Please discuss your previous experiences speaking in public – have you ever performed for an audience? What are the differences between performing and presenting?
2. Describe what happens when you are having a casual lunch with friends – would you call it public speaking? Does casual conversation share any characteristics with formal presentation?
3. How did your public speaking anxiety develop? Describe what may be a cause of your apprehension? Do others share this concern?

## Appendix B:

### *The Public Opportunity*

This assignment is designed to allow students to participate in a public event after deliberate and careful preparation. Through the preparation process; which includes an introspective paper regarding expectations for the event, students may enter confidently into a public speaking opportunity outside the classroom.

### *Assignment Parameters*

There are three separate grades associated with the Public Opportunity (PO). The overall grade for the assignment will be 25 points (relative worth toward the final grade is on par with the second of the four individual speech assignments).

1. Prep Paper (9 points) – 2-3 pages  
 This paper should comment on the student’s anticipated understanding of the event. In the paper, students should state the following:
  - Identify sources of apprehension
  - Prepare for multiple contingencies regarding participation and interaction (“What-if’s”)
  - Describe your overall disposition anticipating the event
2. Post Paper (10 points) – 2-3 pages  
 This paper must report on and evaluate the event itself. In the paper, students should state the following:
  - What aspects of the event were different from what was anticipated?
  - What unforeseen variables were apparent at the event?
  - Describe your retrospective disposition toward the event
3. Participation in the Public Event (6 points) – with event verification.



The event itself can be an on- or off-campus event. The event requires that there be a public gathering (defined as at least 4 people); and the specific venue for pro-active participation.

**Deadlines:**

xxxxxxx – Identification of Public Event

xxxxxxx – last day available for Preparation Paper submission.

xxxxxxx – Post Paper due

The event itself must be contained within the calendar time of the current semester. Students are required to schedule at least one (1) personal meeting during preparation for the event.

*Sample Event Verification Form*

Date:

\_\_\_\_\_ was an active participant in our meeting.

The meeting was held (date and time)\_\_\_\_\_

The meeting involved (what organization)\_\_\_\_\_

By my signature, I verify this student's involvement and participation.

(witness)

(phone number)