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# The Impact of a Fundamentals of Speech Course on Public Speaking Anxiety

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## ABSTRACT

Thirty to forty percent of Americans suffer from Communication Apprehension (CA) to a degree that impairs their ability and willingness to speak publicly (McCroskey, 1984). McCroskey (1984) defines CA as “an individual’s level of fear or anxiety associated with either real or anticipated communication with another person(s)” (p.13). There are many forms of CA, but “the most common [form] is Public Speaking Anxiety” (McCourt, 2007, p.6), which can be defined as the fear of speaking in front of a group of people. Because research has shown that such fears may hinder career aspirations, personal relationships and self-image, scholarly examination of means to reduce CA are merited. Therefore, overcoming CA is a fundamental goal of introductory speech classes. To test the impact of a basic-level speech course on students’ CA, 324 students at a large, Midwestern university took McCroskey’s Personal Report of Public Speaking Anxiety (PRPSA) questionnaire via Questionpro as a pre- and post-test during the first two weeks, and again during the last two weeks of the course, which served as the treatment. Results show a significant decrease in CA after completion of the speech course.

## INTRODUCTION

Communication apprehension (CA) has been defined as “an individual’s level of fear or anxiety associated with either real or anticipated communication with another person or persons” (McCroskey, 1984, p.13). Communication experts gravitate towards scholarly research in this topic area, not only because it is a topic which carries potential to help build confident communicators, but also because there are numerous aspects about CA to study. According to former President of the National Communication Association and internationally-recognized CA scholar and James McCroskey (1984), thirty to forty percent of Americans suffer from Communication Apprehension to a degree that impairs their ability and willingness to speak publicly. His findings further demonstrate that such fears may hinder career aspirations, personal relationships, and self-image. Scholarly examination of means to reduce CA is merited. Previous research has been helpful in designing curricula for university departments of speech to teach students ways to overcome CA and become more confident speakers. Even with all the research that has been completed to develop these curricula, every department can enhance its ability to serve this large apprehensive

population through research to assess whether that school's public speaking education program is effective at reducing CA.

For this reason, the current study (n=161) has set forth and tested a speech program at a mid-size Midwestern university, not only to examine the effectiveness of that program, but to lay the methodological groundwork for other institutions of higher learning to assess their programs, as well. Studying whether the course is effective is vital because there are so many negative consequences for people who struggle with high levels of CA. Some of these symptoms are heart palpitations, dizziness, excessive worry, sweating, confusion (loss of words) (DSM-IV-TR, APA, 2000), (Hunter, 2009). Much of people's communication impacts job success. Public speaking is a task that will be performed during work and school for most people (McCourt, 2007). Many people are asked to give presentations at work and in class or to discuss with a superior how certain projects are going. All of this requires effective communication. No one wants to go into a meeting not knowing what to say or how to say it. Communication apprehension can cause a person to fear these situations making them very difficult and many times causing negative outcomes for those people involved, including the speaker. Therefore, communicating in a confident and effective manner is vital.

The university involved in this study has implemented a "Fundamentals of Speech" class that all students are required to take in order to help each student to overcome CA and enhance potential for career success. The following section discusses the literature which underpinned the PRPSA assessment of students in the "Fundamentals of Speech" class.

## LITERATURE REVIEW

The Diagnostic and Statistical Manual of Mental Disorders 4th edition, text revision, (DSM-IV-TR) (2000) provides the standard definitions for the psychological helping professions. This manual discusses a disorder known as Generalized Social Anxiety Disorder (GSAD), which it defines as facing stimuli in daily social situations that cause a person to feel anxious about that situation(s) (DSM-IV-TR, APA, 2000). McCourt further states that this anxiety can result from public performances as well. "The most common [form] is Public Speaking Anxiety" (2007, p.6), which can be defined as the fear of speaking in front of a group of people.

Despite all of the negative aspects of public speaking anxiety previously listed, one positive aspect of this disorder is that it can be treated. According to Hunter (2009), a number of communication scholars have studied this disorder and have found three main approaches to its treatment: system desensitization, cognitive restructuring, and competence/skill-building approach. These approaches are often combined to maximize their effects and enhance long-term results.

## SYSTEMATIC DESENSITIZATION

The first approach is a type of behavior therapy; "systematic desensitization" aims to reduce anxiety (Pedersen 1980). Systematic desensitization is defined by Hunter (2009) as "the

effort to engage, repeatedly, in the same apprehension-causing exercise or event in order to decrease its novelty and increase comfort with that activity” (p. 1). This approach is designed as a hierarchical system that gradually reduces the persons stress by using relaxation techniques as the person gradually reaches higher and higher levels of exposure to the stressing stimulus without his or her usual level of stress. This type of “exposure” therapy has been utilized by psychotherapists to treat phobias from spiders to fear of flying, and it is also an essential element in building competence as well as confidence in public speaking in the college classroom. While systematic desensitization is vital to helping people overcome their public speaking anxiety, Hunter and other scholars agree that it, alone, is rarely effective in creating longterm change in CA. The second approach discussed is “cognitive restructuring.”

## COGNITIVE RESTRUCTURING

Fremoum and Scott (1979) say that cognitive restructuring is defined as a “systematic technique that alters the cognitive dimension of anxiety” (p. 130). For this technique, those people who have high levels of CA will meet with a trainer to identify the participants’ weaknesses and negative “self-talk” and rebuild and replace them with positive thoughts. Stein and Hollander (2002) assert that cognitive intervention is vital to the patient’s success in overcoming Public Speaking Anxiety Disorder. Cognitive-behavioral theory as discussed by Rodebaugh, Heimberg, and Hallaway (2004) utilizes a balance of both cognitive restructuring and systematic desensitization. Cognitive restructuring occurs when the apprehensive individual is taught new ways of thinking about the apprehensive situation or stimulus, in this case public speaking situations and events. The student or client is taught to rephrase commonly-held negative beliefs and statements such as “I am afraid of public speaking,” or “I hate speaking in front of people,” to say things such as “I am learning techniques that are making me a more competent speaker,” or “I have a lot to teach others about this subject” (Hunter, 2009, p. 2).

Newman and colleagues (1994) further this notion that treating Social Anxiety Disorder using a combination of behavioral techniques and cognitive restructuring. Nutt and Ballenger (2003) explain that social anxiety disorder has three problematic symptom areas which can be targeted by cognitive-behavioral therapies. Those three areas are physical, cognitive, and behavioral. These authors list several of the physiological responses that occur in situations laden with anxiety, including speaking for those with Public Speaking Anxiety Disorder. The symptoms include sweating, shaking, increased heart rate, and tension in the speaker’s muscles—commonly known as the “fight or flight syndrome” because it is the physical response to fear that enables one to “fight or flee from” that which he or she fears (Hunter, 2009). The cognitive aspects are addressed as well; they include irrational beliefs and negative self-evaluations (Nutt and Ballenger, 2003).

The aforementioned techniques of overcoming CA, systematic desensitization and cognitive restructuring, provide a portion of the approach utilized by educators of public speaking. Every time a student gives a speech, or even discusses his or her topic, ideas, or source material with the instructor or with other students, he or she is engaging in systematic desensitization. When an instructor provides encouraging feedback along with critique,

cognitive restructuring is also enhanced. In the department studied, all instructors are required to undergo a one-week-long workshop to “calibrate” their instruction, enabling a truly standardized experience for the more than 1200 students per semester who take the course at that institution, alone. Part of this instruction includes workshop on creating useful and reliable feedback for student speeches. Instructors are advised to make at least 1-2 positive comments about a students’ speech for every negative comment in order to help build confidence.

## SKILLS TRAINING

The third and final approach utilized by the university public speaking program examined in this study also provides a major portion of the instructors’ assistance in helping their students to achieve greater confidence in public speaking. That approach is the competence/ skill-building approach, which consists of building a person’s public speaking knowledge and skillset in order to reduce communication anxiety (Westwick, 2003). It includes the enhanced competency that occurs through the use of studying and being tested on the classroom concepts taught through the reading of the course textbook, participation in class lectures and exercises, and, perhaps most importantly, the incrementally-increasing level of difficulty of the public speaking assignments the students perform.

The fundamentals of speech courses at this large Midwestern University, in which the research was conducted, use this three-pronged approach, melding techniques of systematic desensitization with cognitive restructuring and skill-building in order to help students to reduce public speaking anxiety.

A preponderance of the aforementioned literature leads to the following hypothesis and research question:

## HYPOTHESIS AND RESEARCH QUESTION

**H1:** Fundamentals of Speech students will have significantly lower measurements of Communication Apprehension upon completion of the class than they had upon entering the course.

**RQ1:** How do demographics such as gender, age, and year in school affect the course’s impact on CA?

## METHODOLOGY

This section covers the methodology for the research that was conducted by the research team. The section includes: 1.) the sample group 2.) the procedure 3.) the instrumentation and 4.) the data analysis.

### *Sampling*

A convenience sample was drawn in order to assess the CA of students in the Fundamentals

of Speech course at a large Midwestern University. The sampling frame for the questionnaire included every student in every section of the class, about 1,200 students. Upon university approval of the planned procedures for human subjects research, all fundamentals students were offered 5 points of extra credit for completing the questionnaire once during the first two weeks of the fall semester, as well as a second time (a post-test) during the final week of the semester. The final sample of one hundred sixty-two ( $n=162$ ) students completed the questionnaire during both required timeframes.

### *Procedure*

Although the sample group was relatively small, the team was still able to retrieve usable data that can be generalized to a larger scale. McCourt's (2004) CA research at Eastern Michigan University, despite also having had a small number of participants, obtained useful and instructive results. The current study replicated part of McCourt's methodology in that, like her study, a survey measuring Public Speaking Anxiety was "given on a website to students enrolled in an introductory college speech course at the beginning of a semester and then again at the end of that semester." (p. 3). McCourt's study, like this one "expected that the experimental group, speech students [in her case] ( $N=31$ ), would display significantly lower scores on the Personal Report of Public Speaking Anxiety" (p. 3).

### *Instrumentation*

CA was operationalized for numerical analysis and pre-test/post-test comparison by utilizing Jim McCroskey's (1970) Personal Report of Public Speaking Anxiety (PRPSA) (see Appendix A) and some general demographic background information. The questions on the PRPSA are written on a 5-point Likert type scale, 1 being "strongly agree" and 5 being "strongly disagree" indicating how well each statement applies to the participant. This questionnaire consists of 34 statements that measure levels of anxiety that are solely speech related (see Appendix A). Each statement describes a personal characteristic such as "My thoughts become confused and jumbled when I am giving a speech." The valence of the items is switched so that some items are phrased in such a way as to indicate that an answer of "1" equals the highest level of anxiety ("While giving a speech I get so nervous I forget facts I really know."), while others indicate high anxiety if the answer is "5" ("I have no fear of giving a speech."). The reason for this variation is to avoid a "response-set pattern" in which the respondents simply give a pat answer for every question. The score for the instrument is totaled using a mathematical formula that accounts for these differing valences.

The results indicate whether the person has high, moderate, or low anxiety. Any number above 131 specifies that the participant has a high level of anxiety while scores between 98 and 131 indicate moderate anxiety. Low anxiety is marked by any score below 98. According to McCroskey's survey, the average citizen of the United States has a score of 114.6 which indicates a level of anxiety which lies within the moderate range. In a study by McCroskey, the questionnaire has proven to be highly reliable (McCroskey, 1970).

In addition to the 34-question PRPSA, the remainder of the questionnaire that was used for this research was specifically designed for the study at hand, including questions that assessed the demographic make-up of the sample group. The background information requested included name, identification number, degree, instructor's name and section

number, gender, age, year in college, how many years of speech classes the respondent had before entering college, how many years of speech activities (e.g., debate, oral interpretation, FFA speaking events) the respondent had in high school, how many times the respondents had registered for or attempted to take “Fundamentals of Speech” before the current semester, how many colleges had the respondent attended before attending this university, and why the respondent chose to take the class in the format that he or she did (on campus vs. online). All participants were assured that this information would be used by the researchers only.

### *Data Analysis*

After the questions for the questionnaire were compiled, they were entered into a survey created with QuestionPro (an online site for developing surveys). By using this program the survey could be quickly and easily distributed to all the students. No log-in is required, so the students were not deterred by fearing what they might be signing up for. A link to the survey along with the implied consent letter necessitated for human subjects research was emailed to each “Fundamentals of Speaking” instructor, who then emailed the letter with the link to all of their students and announced the extra credit opportunity in their classes. Instructors were asked to encourage their students to take the survey.

Following the allotted time for the students to take the survey, the results from QuestionPro were exported to a Microsoft Excel file. After deleting the incomplete surveys, the final PRPSA scores of the students were calculated by using the formula given by Jim McCroskey (1984). At the end of the semester, during the final week of class, the students were offered the exact same survey again and reminded that the extra credit required their taking the questionnaire during both timeframes. At the end of that time period, the same procedure was followed to export the completed data from QuestionPro to another Excel file, again necessitating deletion of any incomplete surveys followed by calculation of the final scores. The data were grouped by participant, so that only the students who completed the PRPSA both times would be included in the sample. The files were sorted by identification number in numerical order in one Excel file and by names in alphabetical order in another and then assessed by hand to ensure that students who reported their names differently on each PRPSA were not inadvertently deleted from the dataset. Finally, data were entered into SPSS© for data analysis and table configuration. The next section will discuss the results and discussion of this analysis.

## **RESULTS**

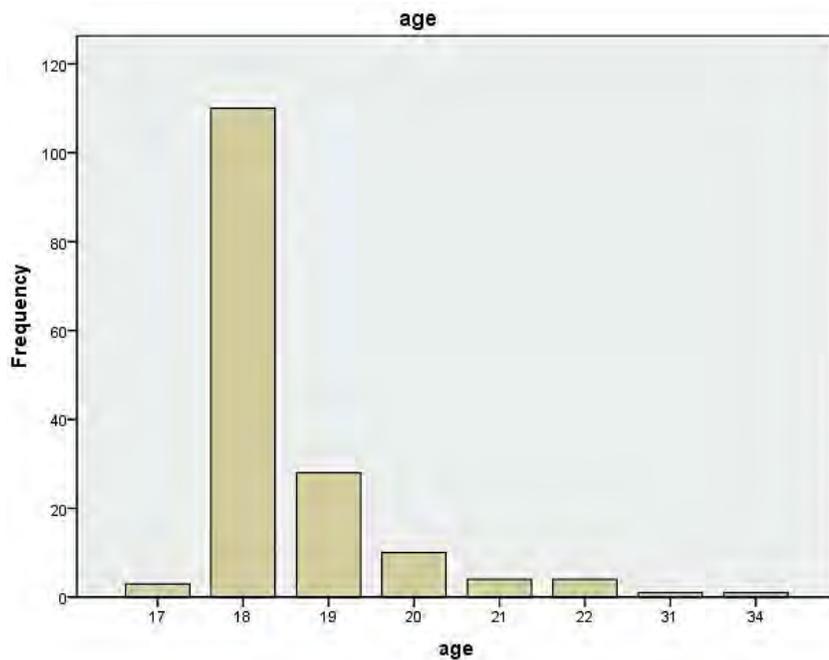
### *Demographic Information*

Demographic information including gender, age, and year in school was assessed for the sample. A relatively equal number of males (n=65) and females (n=96) took part in this study, although females did make up a higher percentage of the students taking the survey (see Table 1 and Figure 1 below). Perhaps there were more females registered for the class, or the females may have been more worried about their grades or class performance, males may have had other priorities. In future studies, the team may look into some of these reasons to find out why more women took the survey than men.

**Table 1:** Gender representation in the sample.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	males	65	40.1	40.4	40.4
	females	96	59.3	59.6	100.0
	Total	161	99.4	100.0	
Missing	System	1	.6		
Total		162	100.0		

Figure 1 shows a graphic representation to demonstrate the difference in the number of males versus the number of females who engaged in this study. (See Figure 1 below)



**Figure 1:** Histogram showing gender representation in sample.

There were a wide range of ages of the students that participated in this survey. The majority of the students (n=110) were 18 years old (see Tables 2 and 3 and Figure 2 below). The Fundamentals of Speech course at this institution is a freshman level course and it is encouraged that students take it as a freshman. The encouragement from faculty and advisors

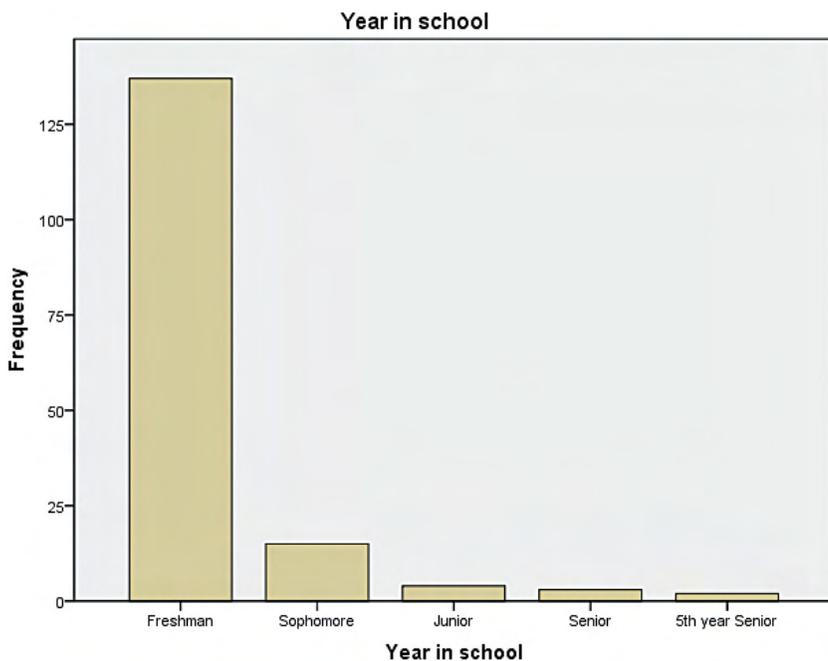
as well as the level of the class is one reason why the majority of the people in the class are 18 when taking it as they took it upon completion of their high school degree. Some of the students were older, the oldest being 34 years old. The explanation for the older students in the class are those people who may have dropped out of high school and later went back to get a GED and a college degree or maybe some reason prevented them from attending college straight out of high school and so they have decided to return several years later. It would be very interesting to study the difference in CA between those younger and older students.

**Table 2:** Age statistics in sample.

age		
N	Valid	161
	Missing	1
Mean		18.63
Median		18.00
Mode		18
Std. Deviation		1.822
Variance		3.321
Range		17
Minimum		17

**Table 3:** Age representation in sample.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	17	3	1.9	1.9	1.9
	18	110	67.9	68.3	70.2
	19	28	17.3	17.4	87.6
	20	10	6.2	6.2	93.8
	21	4	2.5	2.5	96.3
	22	4	2.5	2.5	98.8
	31	1	.6	.6	99.4
	34	1	.6	.6	100.0
	Total	161	99.4	100.0	
Missing	System	1	.6		
Total		162	100.0		



**Figure 2:** Histogram showing age representation in sample.

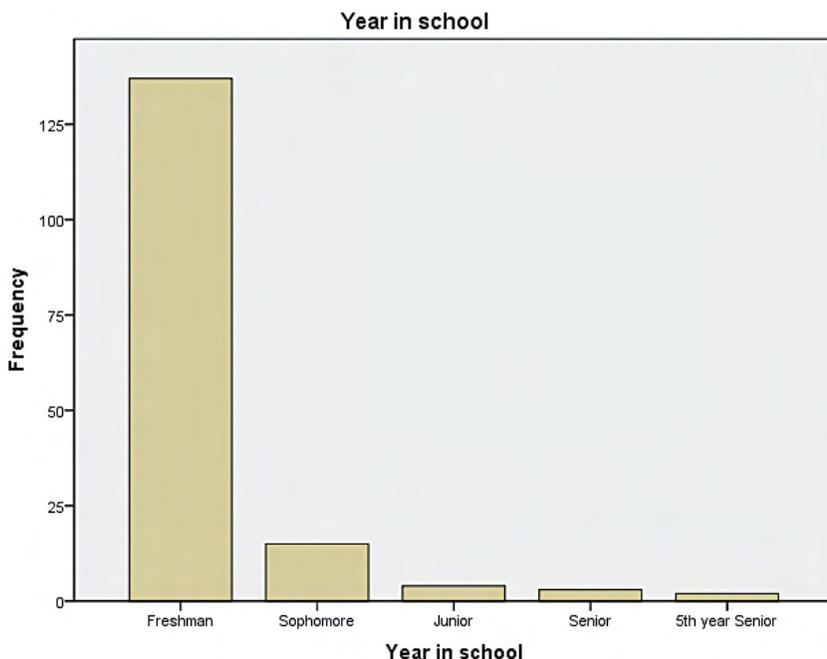
Over eighty four percent of the students were freshmen at the time of taking this survey (n=137) (see Tables 4 and 5 and Figure 3 below). As discussed earlier in regards to age, many of the students were just beginning college following graduation of high school. Because this class is required for graduation from this university, every student must take it. For this reason some of the students took it during a year other than their freshman year. The reasons are multiple as to why they would have waited: maybe some had a high level of CA, maybe others wanted an easy class later in their degree plan, or possibly the course had not fit into their plans of study during their first year. It would be interesting to study how the levels of CA in those who waited to take the class differ from those who took it right away their first year.

**Table 4:** Year in School.

N	Valid	161
	Missing	1
Mean		1.2484
Median		1.0000
Mode		1.00
Std. Deviation		.70738
Variance		.500
Range		4.00
Minimum		1.00

**Table 5:** Year in school representation in sample.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Freshman	137	84.6	85.1	85.1
	Sophomore	15	9.3	9.3	94.4
	Junior	4	2.5	2.5	96.9
	Senior	3	1.9	1.9	98.8
	5th year Senior	2	1.2	1.2	100.0
	Total	161	99.4	100.0	
Missing	System	1	.6		
Total		162	100.0		



**Figure 3:** Histogram showing year in school representation in sample.

### *Hypothesis Testing and Research Question findings*

This study's Research Hypothesis stated that "Fundamentals of Speaking students will have significantly lower measurements of Communication Apprehension upon completion of the class than they had upon entering the course." The hypothesis was supported. In order to analyze results to test this hypothesis, means were computed for the pre-test PRPSA scores for the 162 students in the sample, and then for the post-test PRPSA scores for the same students. These means were then compared by performing a t-test. A t-test computes the difference of means from separate groups within the study. For example in this study, the t-test compares the means from the pre – and post- test results. The means for this study are as follows: pre-test=113.1700 and post-test=99.9600. The mean of the pre-test minus the mean of the post-test is 13.2100. A significant difference was found for this sample of students between their mean PRPSA scores in the pre-test versus that on the post-test ( $t(322) = 5.5908, p < 0.0001$ ). The post-test mean of 99.9600 ( $sd = 21.3400$ ) was significantly less than the pre-test mean of 113.1700 ( $sd = 21.1900$ ). In the Social Sciences, an alpha level (p-value) of .05 or less is considered statistically significant.

In addition to the hypothesis tested, a research question was posed regarding whether demographics such as gender, age, and year in school affected the "Fundamentals of Speaking" class's impact on CA in any way. While no significant differences were found for students of different ages or years in college, findings indicated that the females who took the

PRPSA had significantly higher levels of CA in the beginning than did the males. However, after comparing the results of the second survey, both the males and females tested on average more similarly, lacking significance in the difference between their PRPSA means.

Males had an average pre-test score of 105.1700 and females has a pre-test score of 118.6900 (see Table 6 below). A t-test was showed these means to be significantly different, ( $t(159) = 4.16, p < 0.0001$ ). As mentioned previously, in the Social Sciences, an alpha level (p-value) of .05 is considered statistically significant. The two-tailed P-value is less than 0.0001. By conventional criteria, this difference is considered to be extremely statistically significant.

**Table 6:** PRPSA pre-test men vs. women.

Gender	Mean	N	Std. Deviation	Minimum	Maximum
Males	105.1692	65	21.53309	54.00	156.00
Females	118.6875	96	19.31420	72.00	159.00
Total	113.2298	161	21.24213	54.00	159.00

The post-test averages, however, did not significantly differ between males and females (male mean= 96.0500 and female mean=102.4400) (see Table 7 below). The post-test scores were calculated in the same way.  $T=1.8800$  and  $df=158$  ( $t(158)=1.8800, p=.06$ ). This p-value of .06 is not considered to be statistically significant.

**Table 7:** PRPSA post-test men vs. women.

Gender	Mean	N	Std. Deviation
Male	96.0455	66	18.58323
Female	102.4362	94	22.91525
Total	99.8000	160	21.40734

## DISCUSSION

Because the comparison of pre-test to post-test means showed a statistically-significant decrease in PRPSA scores upon completion of the course compared to scores upon first entering the course, the Research Hypothesis is confirmed. Hence, the researcher can conclude that the tested system of teaching the Fundamentals of Speaking course is successful at lowering Communication Apprehension by an average of 13.2100 points.

In addition, the research question data shows that women had higher levels of communication apprehension before learning techniques to cope with that anxiety, but that after training and guidance, they were at the same levels as men who had had the same training and guidance. Friedrich (1970) had obtained similar findings, that females tested higher for CA than did males.

Many causes would likely be found for why women have an initial level of CA that is significantly higher than their male counterparts. These causes could range from the

difference in the way that males and females are raised to men possibly being less worried about judgment from people than women are. Finding out these reasons would be a whole separate study. While this study did not address this topic it is an area of interest for future studies. Being as how women have higher levels of CA initially makes their education much more vital and important. This is not to discount the benefit for the males taking the fundamentals of speech course, but women statistically benefit more than men do from speech training.

In looking forward to the future of how this study can be used again, some limitations and future directions are addressed. Future research might involve giving the survey three times instead of two, testing the students before coming to campus, at the beginning of class, and a third time at the end of the semester. This will allow for assessment regarding whether the initial anxiety results from actual CA, or if it stems from being new to the college environment, or from hearing the challenging requirements of the course syllabus for the first time. This approach would test all incoming freshman, thus increasing the study's sample size. With university administrative permission, making the survey mandatory rather than optional would give the team a much larger sample group.

Limitations of this study include the absence of a control group; the study being limited to the Midwest; the relatively small participant group; the self-reporting nature of the PRPSA data, and the fact that the researcher does not know the causes of the subjects' reported CA. The absence of a control group limits the study in that it cannot be ascertained that the treatment (the "Fundamentals of Speaking" course) is the only factor decreasing significantly the students' levels of public speaking anxiety. Since nearly all of the participants were first-semester freshman, the research may also be measuring the confidence that is likely to accompany the college experience, rather than the effects of the course, itself, alone. In further studies, all incoming freshman will be tested before they even arrive on campus, once they have been in classes for a few weeks and finally at the end of the semester. This process will eliminate the questions that have developed. In the future, this research could be performed on a large scale in different parts of the country. Some skeptics may say that the results are only typical of the Midwest but giving the survey in several areas of the country would allow the research to reflect the general population of the United States. Of course, increasing the participant group would strengthen the predictive power of the results, making them more meaningful.

Another potential limitation regards the question of whether the online test was the best way to gather the necessary information. Perhaps a richer analysis could be derived through in depth interviews, or a triangulation of these two methods. Additionally, adding qualitative measures for data gathering and analysis would aid the researcher in ascertaining the causes of the CA, as well as, perhaps, offering a way to validate the PRPSA's findings. A potential explanation for the fact that females' scores were initially higher than males' could lie in one licensed social worker's assessment (Denise Hunter, personal communication, May 29, 20011) that men perceive weakness in reporting phenomena such as apprehension and fear, while women are more likely to be not only comfortable reporting these feelings and reactions, but actually more likely to want to report them so that they can work through them.

A final concern regards what happened to the people who have extremely high communication apprehension. It is possible that those people either dropped the class,

dropped out of college completely, or may even “self-select” to avoid college altogether, making availability for assessment of these extreme cases of CA challenging, at best. The current study did not track this because the only cases that were analyzed were students who took the survey twice. Had any of these possibilities occurred the results may have been skewed. Future research might attempt to gather a sample of such highly apprehensive subjects in order to test the treatment’s effects given that demographic.

## CONCLUSION

Public speaking anxiety is a highly common disorder that impacts the life satisfaction and career success of many of its sufferers. However, through treatment that involves a three-pronged approach of systematic desensitization, cognitive restructuring, and skills-training, much of the negative impact of this dilemma can be lessened. The findings of this study supported the true importance of the fundamentals of speech course at the university level, as well as the particular methods utilized by the institution studied.

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## APPENDIX A – PERSONAL REPORT OF PUBLIC SPEAKING ANXIETY (PRPSA)\*

**Directions:** This instrument is composed of thirty four statements concerning feelings about communicating with other people. Indicate the degree to which the statements apply to you by marking whether you (1) strongly agree, (2) agree, (3) are undecided, (4) disagree, or (S) strongly disagree with each statement. Work quickly; just record your first impression.

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 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 do not 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 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.

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

1. Add the 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.

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

3. Complete the following formula:  $PRPSA = 132 - (\text{total from step 1}) + (\text{total from step 2})$ .

4. Your score on the PRPSA can range between 34 and 170:

**34-84** indicate a very low anxiety about public speaking.

**85-92** indicate a moderately low level of anxiety about public speaking.

**93-110** suggests moderate anxiety in most public speaking situations but not so severe that the individual cannot cope and be a successful speaker.

**111-119** suggest a moderately high anxiety about public speaking. People with such scores will tend to avoid public speaking.

**120-170** indicate a very high anxiety about public speaking. People with these scores will go to considerable lengths to avoid all types of public speaking situations.

Your score: \_\_\_\_\_

\*The PRPSA was taken from McCroskey and Virginia P. Richmond, *Communication: Apprehension, Avoidance, and Effectiveness*, Third Edition (Scottsdale, AZ: Gorsuch Scarisbrick, Publishers, 1992) pp. 127-128.