4-14-2005

Fright at the Improv: The Fear of Public Speaking as a Social Phobia

Patrick J. Bishop
Grand Valley State University

Follow this and additional works at: http://scholarworks.gvsu.edu/theses

Recommended Citation
http://scholarworks.gvsu.edu/theses/653

This Thesis is brought to you for free and open access by the Graduate Research and Creative Practice at ScholarWorks@GVSU. It has been accepted for inclusion in Masters Theses by an authorized administrator of ScholarWorks@GVSU. For more information, please contact scholarworks@gvsu.edu.
FRIGHT AT THE IMPROV: 
THE FEAR OF PUBLIC SPEAKING AS A SOCIAL PHOBIA

By

Patrick J. Bishop
B.A., Michigan State University, 1989

THESIS
Submitted in partial fulfillment of the requirements for the Master of Science degree in
Communications in the Graduate Studies Program of the School of Communication
Grand Valley State University
Allendale, Michigan

Winter Term, 2005
Fright at the Improv:
The Fear of Public Speaking
As a Social Phobia

Patrick J. Bishop

April 14, 2005
ABSTRACT

**Fright at the Improv: The Fear of Public Speaking as a Social Phobia**

Clinically speaking, fear is a phobia and the medical field has identified more than 530 phobias that humans suffer from. The fear of public speaking has long been ranked as the number one fear of Americans, placing higher than the fear of sickness or death. Within the spectrum of public speaking, many experts believe that improvisational speaking is one of the most difficult styles of public presentation.

Although anxiety caused by the fear of public speaking can diminish through tactics and training, this study attempts to demonstrate that a moderate-to-extreme fear of public speaking is linked to the condition of Social Phobia. Social Phobia, or Social Anxiety Disorder (SAD), is the irrational, yet intense fear of being judged, watched, or ridiculed by others. If an extreme fear of public speaking is a Social Phobia, tactics and training alone are not the best remedy for those who suffer from this condition.

Therefore, the purpose of this study was to examine the relationship between the fear of public speaking and Social Phobia. The author surveyed 77 students from an introductory speech class at Grand Valley State University. The researcher found a moderate association between the average level of anxiety of public speaking and known symptoms of Social Phobia.
SCHOOL OF COMMUNICATIONS
GRAND VALLEY STATE UNIVERSITY
ALLENDALE, MICHIGAN

WE HEREBY APPROVE THE THESIS SUBMITTED BY

__________________________Patrick J. Bishop__________________________

ENTITLED    Fright at the Improv: The Fear of Public Speaking as a Social Phobia

AS PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF

MASTER OF SCIENCE IN COMMUNICATION
ABSTRACT

Fright at the Improv: The Fear of Public Speaking as a Social Phobia

Clinically speaking, fear is a phobia and the medical field has identified more than 530 phobias that humans suffer from. The fear of public speaking has long been ranked as the number one fear of Americans, placing higher than the fear of sickness or death. Within the spectrum of public speaking, many experts believe that improvisational speaking is one of the most difficult styles of public presentation.

Although anxiety caused by the fear of public speaking can diminish through tactics and training, this study attempts to demonstrate that a moderate-to-extreme fear of public speaking is linked to the condition of Social Phobia. Social Phobia, or Social Anxiety Disorder (SAD), is the irrational, yet intense fear of being judged, watched, or ridiculed by others. If an extreme fear of public speaking is a Social Phobia, tactics and training alone are not the best remedy for those who suffer from this condition.

Therefore, the purpose of this study was to examine the relationship between the fear of public speaking and Social Phobia. The author surveyed 77 students from an introductory speech class at Grand Valley State University. The researcher found a moderate association between the average level of anxiety of public speaking and known symptoms of Social Phobia.
ACKNOWLEDGMENTS

First and foremost, thank you to my wife Michelle. You have been my biggest fan and greatest supporter. My daughter Carlie Jane -- you are my inspiration. I love you both very much and none of my plans would be complete without you.

Thank you to my parents. Mom and dad, you laid the foundation on which I stand. Your example is timeless and priceless. Howard and Lucille, your love, support, and generosity amaze me -- thank you.

I would like to express my deep appreciation to Libby Cherin and the board of trustees of the Fremont Area Community Foundation. Without your financial support and flexibility I would not have begun this journey.

A heartfelt thank you to my academic mentors: Dr. Michael Pritchard, Dr. Alex Nesterenko, and Dr. David Weinandy. Mike, your help has been a critical part of my success. I am truly thankful for your time, expertise, and wisdom. Alex, your vision, good-natured spirit, and authenticity have been refreshing and empowering. Dave, my friend and confidant, you have been a steadfast source of inspiration and encouragement. Thank you for your friendship.

To the many others who played a role in this process: Deb Barko, Lori Haisma, Dr. Roy Winnegar, Dr. Soon Hong, Dr. Betty Pritchard, Dr. Tom Watkins, and my dear friends Richie and Paula (oui! oui! oui!).

Lao Tzu said, “A thousand mile journey begins with the first step.” Well done Bishoppa, you are almost home.
TABLE OF CONTENTS

CHAPTER I
Situational Analysis ......................................................................................................1
Fear is a Phobia.............................................................................................................2
The Most Common Fear ..............................................................................................3
Communication: A Primary Function.........................................................................5
Statement of the Problem.............................................................................................6
Significance of the Problem.........................................................................................7
Purpose of the Study ...................................................................................................10
Research Questions .....................................................................................................11
Organization of Thesis................................................................................................11

CHAPTER II
Culture of Fear ............................................................................................................13
A Culture of the Hurried and Harried .......................................................................15
Time: The Age of Interruption ...................................................................................16
The Empty Promise of Positive Thinking ....................................................................17
Fear as a Function of the Head and Heart .................................................................17
Remedies for the Fear .................................................................................................18
A Paradigm Shift .........................................................................................................21
The Forgotten Realm .................................................................................................21
The Tipping Point .......................................................................................................23
Hypotheses ..................................................................................................................24

CHAPTER III
Research Questions Review .......................................................................................25
Study Design Overview .............................................................................................25
Population ...................................................................................................................26
Overview of the Survey Format ..................................................................................27
Fine Points of the Survey Format .............................................................................27
Data Collection Procedures .......................................................................................29
Data Analysis Procedures .........................................................................................29
Null Hypotheses .........................................................................................................30
CHAPTER I

INTRODUCTION

Situational Analysis

I must say a word about fear. It is life's only true opponent. Only fear can
defeat life. It is a clever, treacherous adversary, how well I know. It has
no decency, respects no law or convention, shows no mercy. It goes for
your weakest spot, which it finds with unerring ease. It begins in your
mind, always. One moment you are feeling calm, self-possessed, happy.
Then fear, disguised in the garb of mild-mannered doubt, slips into your
mind like a spy. Doubt meets disbelief and disbelief tries to push it out.
But disbelief is a poorly armed foot soldier. Doubt does away with it with
little trouble. You become anxious. Reason comes to do battle for you.
You are reassured. Reason is fully equipped with the latest weapons
technology. But, to your amazement, despite superior tactics and a
number of undeniable victories, reason is laid low. You feel yourself
weakening, wavering. Your anxiety becomes dread.

Fear next turns fully to your body, which is already aware that
something terribly wrong is going on. Already your lungs have flown
away like a bird and your guts have slithered away like a snake. Now
your tongue drops dead like an opossum, while your jaw begins to gallop
on the spot. Your ears go deaf. Your muscles begin to shiver as if they
had malaria and your knees to shake as though they were dancing. Your
heart strains too hard, while your sphincter relaxes too much. And so with
the rest of your body. Every part of you, in the manner most suited to it, falls apart. Only your eyes work well. They always pay proper attention to fear. Quickly you make rash decisions. You dismiss your last allies: hope and trust. There, you've defeated yourself. Fear, which is but an impression, has triumphed over you (Martel, 2001, pp. 161-162).

This passage from Life of Pi by Yann Martel (2001) is, in the author's opinion, the finest portrayal of fear and its capacity to dominate the mind, heart, body, and spirit of anyone caught in its grip of deceit. As Martel so aptly tells his readers, fear is most often an impression -- a phantom of errant perception causing people to self-destruct under its artificial, yet persuasive powers of trickery, obsession, and self-fulfilling prophecy.

Fear is a Phobia

Clinically speaking, fear is a phobia. According to the Diagnostic and Statistical Manual (DSM) of Mental Disorders (American Psychiatric Association, 1994), a phobia is: “A persistent, irrational fear of a specific object, activity, or situation that results in a compelling desire to avoid it. This often leads either to avoidance of the phobic stimulus or to enduring it with dread” (p. 770). The medical field has identified more than 530 phobias affecting the mental health of millions of people in every nation (Psychology Phobias Glossary, n.d.). The National Institute of Mental Health estimates that phobias negatively influence the quality of life of as much as twelve percent (12%) of the nation’s population, some distressed to the point that they completely avoid certain places or situations because of their fear (Specific Phobias, n.d.).
Phobias are common and most of us can name some of the more familiar ones such as: arachnophobia, the fear of spiders; claustrophobia, the fear of confined spaces; homophobia, in slang known as the fear of homosexuals, but clinically known as the fear of sameness or monotony. There are also some bizarre phobias like: ablutophobia, the fear of washing or bathing; gamophobia, the fear of marriage; helminthophobia, the fear of being infested with worms; and pteronophobia, the fear of being tickled by feathers. People are afraid of all types of things -- the dark, swimming, snakes, sickness, public restrooms, and on and on (Psychology Phobias Glossary, n.d.).

Sometimes it seems society is addicted to fear. A few years ago, a top selling brand of clothing was boasting 'No Fear'. A popular phrase is, "Be afraid. Be very afraid." A current trendy television show is Fear Factor, where people win money for facing and overcoming common fears. Some of the highest grossing films of all time are horror and suspense films. Accounting for inflation, Jaws is the fourth highest grossing film of all time and The Exorcist is number six (List of Highest-Grossing Films, n.d.).

The Most Common Fear

Of all the phobias humans have, one would think the most widespread fear would be something incredibly hideous, potentially fatal, or intolerably sickening -- but it is not. According to an oft-cited study by Wallechinsky, Wallace, and Wallace (1977) in The People's Almanac Presents the Book of Lists, nearly forty-one percent (41%) of 3,000 people surveyed said public speaking was their number one fear. This compares to eighteen percent (18%) who are afraid of flying and twenty-two percent (22%) who are afraid of deep water. The fear of public speaking ranked higher than the fear of fire, bugs, and the dark.
Even more surprising is that twice as many people are afraid of public speaking than sickness or death. In other words, it could be interpreted that people would rather die than give a speech. Comedian Jerry Seinfeld talks about how outrageous this is in his standup routine for HBO (HBO Productions, 1987):

I like these somewhat high-risk things, the scuba, the I've gone hang-gliding, I've gone skydiving. I like a little bit of risk, I don't know, maybe that's why I do this. I saw a thing, a study that said speaking in front of a crowd is considered the number one fear of the average person. I found that amazing. Number two was death. Death is number two?! This means to the average person, if you have to be at a funeral, you would rather be in the casket than doing the eulogy!

As witnessed in the opening from Life of Pi, the effects of fear can be debilitating (Martel, 2001). For millions (Markway, Carmin, Pollard, & Flynn, 1992), just the thought of public speaking triggers dread, panic, and nervousness, setting off a myriad of physical reactions: increased heart rate, trembling or shaking, upset stomach, shortness of breath, blushing, dry mouth, and perspiration (Handly, 1985).

The origin of the word fear stems from Old English, fær, meaning danger or peril, and from Proto-Germanic (the prehistoric ancestor of all Germanic languages) færa which leads to the current German word gefahr, meaning danger. The verb terrifying or frighten is from Old English færân, originally meaning I fear me. Old English words for 'fear' as we now use it were ege, fyrhto, or as a verb, ondrædan (Online Etymology Dictionary, n.d.). Using these references, the fear of public speaking could literally mean, 'Danger! Warning! Public speaking ahead! I fear me!'
There are several categories of public speaking formats. Former Toastmaster General George Jessel said there are as many different varieties of speeches as there are occasions to give them (1969). For the purpose of this study, this paper will focus on social public speaking, including common improvisational speaking. Improvisation refers to spur of the moment presentations such as being asked to speak 'ad lib' during a business meeting or social function. It also includes situations like hosting a party, making a toast, or simply telling a joke or story to friends or acquaintances.

Well-known national speaker Dorothy Leeds defines the impromptu as a speech done entirely off the cuff with no previous preparation. She says it is when you are asked to give a talk spontaneously or when you choose to present an idea to more than one person (1998). Improvisational speaking is considered one of the most difficult styles of public speaking to become proficient at. Professional writer and presenter Wanda Vassallo (1990) describes it this way:

One of the most challenging types of speaking is the impromptu speech, the one you had no idea you were going to be making. Then there you are, suddenly, on your feet before a group of people who are sitting there expectantly waiting for you to say something (p. 117).

For many, the well-known quip from Jacob M. Braude rings true: the brain is an amazing thing -- it starts to function the second you are born and does not quit until the moment you get up to speak (1957).

Communication: A Primary Function

Dr. Lee Thayer of the Center for Advanced Study of Communication (1968), said communications is a continuous function of people and it is essential to our existence. In
other words, communication is fundamental to being alive and people are in a constant state of analyzing, interpreting, and constructing communication within their frame of reference. The author finds it fascinating and a cruel paradox that communication is a primary function of our existence, yet the fear of public speaking is one of humankind's greatest fears.

The average person speaks approximately 17,000 words per day (Why Men Talk Less, n.d.). In addition, depending on the level of education, most people have a vocabulary of about 50,000 to 70,000 words (Number of Words, n.d.). Most people are quite comfortable speaking to friends, acquaintances, and even the occasional retail clerk. Ideas, compatible or dissenting, are frequently communicated in an open forum in front of others. The fact that verbal communication is so primary to humans makes it difficult to imagine the fear of public speaking ranking at the top of the fear list.

Furthermore, words are only a small fraction of our communication with others. According to Dr. David Weinandy, Professor of Communications at Aquinas College, non-verbal signals make up approximately 80% of our communication (Weinandy, 2003). It is a well-documented fact that non-verbal communication, indirectly or directly, reveals thoughts, and more importantly, feelings. One wonders if people have communication apprehension because their non-verbal communication may betray their spoken word?

Statement of the Problem

Although anxiety due to public presentations can diminish through practice and training, the author believes this mindset trivializes a real fear of public speaking. This approach promotes the idea that anxiety of public speaking, regardless of degree, is a
minor issue due to personal weakness or incompetence, which can be completely treated through practice and exposure. The author recognizes that, for many people, anxiety can be greatly reduced using these tactics. However, in the author's opinion, a genuine or extreme fear of public speaking can be a significant problem that requires additional or alternative treatment beyond simple tactics and practice.

Significance of the Problem

As previously stated, millions of people worldwide suffer from phobias (Markway et al., 1992). The author's opinion is that moderate-to-intense cognitive, emotional, and physical reactions to the fear of public speaking are closely aligned, if not equivalent to, Social Phobia, also known as Social Anxiety Disorder (SAD). SAD is the irrational, yet intense fear of being judged, watched, or ridiculed by other people (Social Phobia/Social Anxiety Association, n.d.). The *DSM of Mental Disorders* (American Psychiatric Association, 1994) sheds a little more light, defining Social Phobia as:

A marked and persistent fear of social or performance situations in which embarrassment may occur. ...adults recognize this fear is unreasonable...

In feared social or performance situations, individuals with Social Phobia experience concerns about embarrassment and are afraid that others will judge them to be anxious, weak, crazy, or stupid. They may fear public speaking because of concern that others will notice their trembling hands or voice or they may experience extreme anxiety when conversing with others because of fear that they will appear inarticulate... The fear or avoidance must interfere significantly with the person's normal routine... or the person must experience marked distress about having the phobia.
For example, a person who is afraid of speaking in public would not receive a diagnosis of Social Phobia if this activity is not routinely encountered in the job or classroom and the person is not particularly distressed about it (p. 412).

According to the Social Phobia/Social Anxiety Association (n.d.), SAD is the third largest mental health care problem in the world and the chance of developing SAD over a lifetime is more than 13%. The symptoms of SAD are identical to those of the fear of public speaking: extreme dread, automatic negative self-talk, racing heart, sweating, and constant, intense anxiety.

There appears to be no relationship between the fear of public speaking and personal resourcefulness, education, or imagination, yet the loss in opportunity can be significant (Wilder, 1999). Lilyan Wilder states in her book, *7 Steps to Fearless Speaking*:

The toll in lost opportunities and frustration exacted by the fear of speaking is enormous. It can thwart your career advancement...it can be the difference between keeping and losing a job. Fear of speaking can do the following: Lead you to believe you are less competent and worthy than you are; keep your ideas from being heard; keep you from applying for the position you really want; become a glass ceiling on your career; cost you your job (p. 6).

Beyond influencing your career, the avoidance of impulsively sharing ideas within a group setting can have a significant impact on your health and well being. According to Stephen C. Rafe, executive trainer and author of *How to be Prepared to Think on Your*...
Fright at the Improv 9

*Feet* (1990), the fear of facing others can bring about an accelerated heartbeat, lightheadedness, a 'bonging' or a high-pitched sound in your head, difficulty breathing, sweating (or the other extreme, cold hands), dryness in the throat, trembling in the jaw or other parts of your body, and possibly even the feeling of being disconnected from your body and the desire to flee. Handly (1985) states that many scientists believe that persistent stimulation brought on by anxiety depresses the immune system, making you more vulnerable to cancer, high cholesterol, heart attacks, and strokes.

Contrary to popular opinion, celebrities are not immune to irrational anxiety of speaking in social situations. Barbara Walters (1970) states in her book, *How to Talk with Practically Anybody About Practically Anything*, even seemingly sociable and poised people can become anxious when confronted with new situations or people they perceive as powerful. Celebrities that have suffered from anxiety and social phobia are: Nicole Kidman, Johnny Depp, Charles Schultz, Winston Churchill, Sigmund Freud, and former president Abraham Lincoln (Celebrities with Anxiety, n.d.). The idea that practice makes perfect is certainly not the case for these seasoned professionals, supporting the theory that the fear of improvisational speaking cannot simply be eliminated through practice and exposure.

Donny Osmond is one of the most famous persons to have been diagnosed with Social Phobia. In 1994, Donny was treated for SAD while enduring his wildly successful run in the musical *Joseph and the Amazing Technicolor Dreamcoat*. According to Donny (Osmond & Romanowski, 1999), SAD not only affected him before and during performances, it also had an impact in other parts of his life. He felt insecure, less than adequate, and afraid. A few times, he froze on stage. SAD almost destroyed his career.
and threatened to ruin his life. Donny tried many remedies like acupuncture, homeopathy, and even EKG's to make sure he was not having a heart attack.

*Purpose of the Study*

In business and social situations, people are expected to speak to small groups more often than in previous generations (Rafe, 1990). A speaker may feel the 'fight-or-flight' emotions, but he/she cannot act out either response. In time, he/she will either overcome the feelings and grow more comfortable before audiences, or their apprehension will intensify, creating more anxiety (Rafe, 1990). If the later occurs, it is at this point a person is most likely to connect these emotions to the experience, thereby triggering a fear of public speaking.

In the author’s fifteen-year experience as a communications professional, there is no recollection of treating the fear of public speaking as a phobia. Trainers, coaches, and educational instructors teach the basic skills of public speaking to anyone attending their session, regardless of their level of fear. This observation raised several questions: How do we determine the intensity or degree of fear to correctly determine if someone has a phobia versus a ‘normal’ anxiety of public speaking? What are the different levels of the fear of public speaking and how do we identify them? In an average undergraduate public speaking course, how many students are suffering from an undiagnosed phobia? Are communication professionals correctly treating people who are afraid of public speaking? Is the fear of public speaking more closely related to a phobia than a skill to be acquired? Is this an issue communication professionals should even address?
Research Questions

The purpose of this study is to examine the relationship between the fear of public speaking and the known symptoms of Social Phobia. The author has developed the following research questions for this study:

Q1: Is there a relationship between the fear of public speaking and indicators of social phobia?

Q2: Is there an identifiable point at which the fear of public speaking becomes a social phobia?

Organization of the Thesis

This chapter presented a background concerning the significance of the problem of anxiety and improvisational speaking. Public speaking is listed as the top fear among Americans (Wallechinsky, et al., 1977) and it not only creates major career problems (Wilder, 1999), but it can also create physical reactions that can lead to serious health conditions (Handly, 1985). Interestingly, the fear of public speaking has the same symptoms as Social Phobia, also known as Social Anxiety Disorder. But the fear of public speaking has traditionally been treated as a lack of skill or practice, rather than a true phobia. According to a public speaking textbook by David Zarefsky (2004), the way to overcome speech anxiety is to follow these six 'simple' steps:

1. Acknowledge your fears, but recognize that you can overcome them.

2. Think about what you are going to say and the effect you want to have on your audience.

3. Act confident, even if you feel apprehensive.
4. Work carefully on the introduction so that you can start the speech on a strong note.

5. End the speech on a strong note, and pause for a second before returning to your seat (p. 25).

The author believes this is a serious disservice for those who have a high-level phobia versus a mild fear of public speaking. With this method, instructors are telling students with an extreme fear of public speaking that their fear is not a big deal, ‘Do not be weak! Everyone is nervous to some degree and what you feel is not real or important.’ This is not the kind of message that should be given to someone with an extreme fear of public speaking that could be treated if diagnosed properly.

The remaining chapters will examine the questions regarding the fear of public speaking as a clinical phobia. Chapter II will review relevant literature and discuss the findings of similar studies. Chapter III will provide the methodology for this research followed by the results in Chapter IV. Chapter V will provide the conclusion and discuss implications of the findings.
CHAPTER II

REVIEW OF LITERATURE

A Culture of Fear

Alfred Hitchcock, the king of fear and fright on the big screen, said there is no terror in the reveal, only in the anticipation of it (Glassner, 1999). As shown previously, Americans like the thrill of the chill. Another example of this is October 31 -- Halloween. This holiday is the celebration of pagan rituals and demons, witches, monsters, and good-natured scary things. This bloodcurdling bash boasts the fastest growing holiday home decoration sales, ranking second only to Christmas. In fact, fifty-nine percent (59%) of Americans participate in Halloween activities (Halloween Means Sales, n.d.), with seventy percent (70%) of 18-to-24 year olds celebrating by wearing costumes or attending parties (Halloween Scares Up Sales, n.d.).

Author Barry Glassner writes in his book The Culture of Fear (1999) that Americans are afraid of all the wrong things. He claims that residents of the United States are obsessed with inflated fear on topics ranging from flesh eating bacteria and road rage to violent young African-American males and plane crashes. The cause, Glassner states, is public discourse via the media, water cooler conversations, social clubs, and similar chains of communication. From the onset, he points the finger at money and power, saying that immense quantities of each go to those who tap into our insecurities. Here is one of many examples of a bogus fear American’s have: Three of four parents say they fear a stranger will kidnap their child, but only one-one hundredths of a percent (.001%)
of America's 64 million children are taken by people other than relatives (Glassner, 1999).

Is the dread of public speaking one of these over-inflated fears? It is certainly possible, but exaggerated or not, perception is reality and those with excessive anxiety believe the fear is real. In Gavin De Becker's book, *The Gift of Fear: Survival Signals that Protect Us from Violence* (1997), he suggests that humans have an internal fear detector. He states that people have a gift of fear stemming from some brilliant internal guardian that warns us when danger is near. Later he names this guardian intuition or gut feeling. De Becker states that intuition connects people to the natural world giving them perceptions to marvel at. His theories of fear are primarily based on violence, however there is much to be gained from his insights.

One of De Becker's main points is: How one responds to a threat determines whether it will become real or evaporate as illusion. His point is, the decision of denying fear is an individual power one can wield or lay down. Real fear is a signal of intuition and one that is intended to be brief, yet if unchallenged can assume a power over its victim like nothing else on earth. This description is consistent with the symptoms of Social Anxiety Disorder. De Becker proposes two rules of fear that will reduce its frequency and transform lives. They are: "Rule #1: The very fact that you fear something is solid evidence that it is not happening" (p. 281), and "Rule #2: What you fear is rarely what you think you fear -- it is what you link to fear" (p. 282).

The first rule is self-evident, however it is a good reminder that fear is a signal that something 'might' happen. Conversely, it may not happen. In explaining rule two, he addresses the fear of public speaking. De Becker states
that the fear of public speaking is linked to death via the loss of identity resulting from poor performance. He claims that identity is the key to social inclusion, and therefore, survival. De Becker proposes the following stages that lead to fear, increasing in intensity as one moves through the hierarchy: nagging feelings, persistent thoughts, dark humor, wonder, anxiety, curiosity, hunches, gut feeling, doubt, hesitation, suspicion, apprehension, then fear. In concluding, De Becker states that most fears are simply anxiety or worry. Worry is manufactured fear and it disrupts clear thinking, wastes time, and shortens life. Anxiety, he states, is always caused by uncertainty. Clarity, or acceptance of uncertainty, will overcome anxiety. Fear on the other hand is a real threat to a person’s physical being and should always be listened to.

A Culture of the Hurried and Harried

One of the possible causes of increased mental health issues is the pace of society. Time as measured in hours, minutes, and seconds is a relatively new concept (Ventura, 1995). According to the Diabetes Forecast of 2004 (American Diabetes Association), the first mechanical clocks were invented approximately 700 years ago. But since then, the measurement of time has flown. Scientists have perfected the atomic clock, which is off by only one-second every million years. Atomic clocks are so exact, they measure one second as the equivalent of 9,192,631,770 cycles of the Cesium atom.

In addition, scientific research has become so detailed in its study of the brain, we even know how it is able to ‘keep time’ to perform functions like playing the piano. According to The American Academy of Arts and Sciences (Groh and Gazzaniga, 2003), the brain’s internal language is analog, versus digital like a computer. This means
humans are ‘hard-wired’ to measure time according to nature, yet society is primarily organized to value digital capacity. Michael Ventura states in his article *Prisoners of Time: The Age of Interruption*:

> Time is the medium in which we live. It is the psychological, mental, and emotional air we breathe; and, like air, it is transmuted within us and becomes us. There is inner time... and imposed time. These two times, inner and imposed, rarely jibe anymore, and the painful tension between them is one of the core psychological realities of our era (1995, p. 19).

For thousands of years human’s daily life revolved around inner time governed by sunrises, sunsets, and seasons. According to Ventura (1995), our entire concept of time changed in an incredibly brief period of history from 1880 to 1930 with the invention of the telegraph and the creation of time zones.

Now more than ever, Americans are living a life of the hurried and harried. People’s lives are filled with devices invented to ‘save time’, but communication technologies do not really save time -- they merely shorten tasks. Author Wayne Muller (1999) states in his book *Sabbath: Restoring the Sacred Rhythm of Rest*, the benefits of modern technology in the form of time savings have been converted to cash. The time we save with modern day conveniences is simply filled with more tasks. He observes that one result is people wear exhaustion as if it is a trophy, like a mark of real character. He says the busier people are the more important they seem to themselves and presumably, to others. However, an interesting dichotomy Muller points out is the Chinese pictograph for the word busy, which consists of two visuals: heart and killing. He says the hurried and harried lifestyle many people live creates significant stress and
illness, and in the long term, decreases our quality of life. We are trading short-term gain for long-term pain as we lose our sense of inner time.

The Empty Promise of Positive Thinking

Dr. Susan Jeffers authored an influential self-help book in 1987 entitled Feel the Fear and Do It Anyway. In it, she touts the benefits of positive thinking and instilling a near fanatic belief that whatever comes along, a person can handle it. Jeffers stated that the fear may go away for specific situations, if a person is willing to attack it, however fear and anxiety will always be a part of life. She also advises changing one’s thinking style and taking action to diminish the power of fear. While positive thinking and the ‘just do it’ attitude can be beneficial in alleviating some anxiety, it simply does not work for everyone, especially those with excessive fears.

Fear as a Function of the Heart and Head

While Jeffers has some useful insights regarding fear, it is not wise or practical for one diagnosed with Social Phobia to impulsively ‘feel the fear and do it anyway’. Daniel Goleman, author of Emotional Intelligence (1995), has done some fascinating research on the evolution of the brain. He states that the emotional portion of the brain developed first as a survival response from our prehistoric ancestry. As humanity progressed, the brain’s capacity grew, adding new components such as the neocortex, which is responsible for logical thinking such as deductive reasoning and understanding the benefits of delayed gratification. Interestingly though, the emotional portion of the brain remained at the core of the brain stem, centered in the amygdala. Due to the wiring of the central nervous system most incoming signals go to the neocortex, but they are always monitored by the emotional side and the more intense the emotions become, the
more dominant the emotional mind becomes. If the amygdala senses fear, it reacts
instantaneously, sending urgent messages to every part of the brain. This is what happens
to a person with the fear of public speaking. The emotional part of the brain overloads
the senses causing an unreasonable reaction to this false fear.

Another resource with deep insight in the development of the brain is *Break All
the Rules* by Markus Buckingham and Curt Coffman (1999). They state that the 1990s
were the decade of the brain, in which scientists learned 90% of everything we currently
know about the workings of the mind. As newborns, humans possess more than 100
billion neurons, more than the number of stars in the Milky Way. By the age of three,
each neuron will have approximately 15,000 connections to other neurons which can
carry signals that determine movement, thinking styles, and preferences. This may
partially explain the terrible twos because toddlers are discovering, trying new things, and
determining what they like and dislike. By the age of ten, the number of connections is
cut in half. This means by the time a person becomes a teenager the skills or fears they
have are the ones they will have the rest of their lives. Not to say people cannot change,
but this performance pattern of the brain makes it more difficult. Therefore, people who
acquire SAD at an early age will have more difficulty overcoming their fear because the
neural connections are so well established.

*Remedies for the Fear*

Social Phobia is a relatively new disorder, only recently recognized in the last
twenty-five years by the APA *Diagnostic and Statistical Manual of Mental Disorders*
(Markway, Carmin, Pollard, & Flynn, 1992). According to the book *Dying of
Embarrassment: Help for Social Anxiety & Phobia*, Social Phobia is the second most
common anxiety disorder, affecting up to twenty-three percent (23%) of Americans (1992). Authors Markway, Carmin, Pollard, and Flynn state that the onset of SAD is typically between the ages of 15 and 20, and women are more likely to have it than men, but men are more likely to seek treatment. Although the cause is unknown, researchers have hinted that social phobics may be more sensitive to chemicals released by the body in stressful situations. They also suggest that SAD may be an inherited disorder. The authors prescribe a three-step inventory of physical, cognitive, and behavioral symptoms to ascertain the extent of a person’s social phobia. The lists can be found in Appendix A, but are as follows (note the similarity of symptoms to those of the fear of public speaking):

1. Bodily Symptoms of Social Phobia: rapid heart rate; shortness of breath; abdominal distress; sweating; blushing; trembling or shaking; dizziness, feeling faint; tense muscles; lump in throat; dry mouth; urinary urgency; tingling sensations; muscle twitching; chest pain; numbness; hot flashes or chills; and a space to include other symptoms.

2. Cognitive Symptoms of Social Phobia: I look out of place; I sound stupid; I don’t fit in; I’m blowing it; I know they hate me; I look ugly; I look fat; I’ll be rejected; I appear incompetent; others talk about me; I’m unlovable; I look nervous; I’m so embarrassed; I’m too quiet; I sound boring; I’m such a klutz; I’m unattractive; no one likes me; and a space for other symptoms.

3. Behavioral Symptoms of Social Phobia (I engage in partial avoidance of my feared social situation by): Turning up the radio; limiting my opportunities; using other distractions; staying only a certain length of time; using alcohol or
drugs; daydreaming; staying close to a safe person; only going to safe places; not making eye contact; setting other special condition; and a space for other symptoms.

Once a person has inventoried and assessed his or her fears, the authors suggest the development of a multi-stage recovery plan which includes: relaxation techniques, rating anxiety intensity, maintaining a progress log, changing beliefs, changing thought patterns, exposure to the fear (desensitization), improving social skills, stress management, and even medical treatments.

A similar plan is recommended by Dr. Martin Anthony, author of 10 Simple Solutions to Shyness: How to Overcome Shyness, Social Anxiety & Fear of Public Speaking (2004). He suggests that the two most effective treatments are cognitive behavioral therapy (CBT) and medication. CBT originated in the 1960s with psychiatrist Aaron Beck who believed that people’s anxiety, depression, and other mental disorders are directly affected by the way people interpret events and situations. CBT therefore, reframes the interpretation of a particular event, causing people to reduce negative feelings and attach positive emotions to the feared situation.

Anthony also proposes that medications work to resolve or temper SAD. The advantages, he states, are that prescriptions are easy to obtain, easy to use, may work quicker than CBT, and are less expensive than therapy in the short-term. The downsides however are substantial and should be taken into consideration before deciding to go forward with medication. The disadvantages of taking medications are: possible side effects; remembering to take them consistently; long-term costs; discontinuation symptoms; and interaction with other drugs such as alcohol.
A Paradigm Shift

Some experts suggest that Social Phobia is a lack of self-confidence and self-esteem. A self-help program created by Roger Elliot and Mark Terrill of the training institute Uncommon Knowledge, seeks to change people's paradigm of self-confidence (2002). Most people believe self-confidence is feeling sure they will succeed when attempting something new or when meeting new people. Keep in mind this is almost exactly what Dr. Susan Jeffers, author of *Feel the Fear and Do it Anyway*, suggested. Elliot says that this is a mistake because there are too many factors to control. Furthermore, he says there is no way to guarantee success when trying something new. He adds that positive thinking can only make matters worse. Self-confidence is not about a person knowing they will succeed, says Elliot. It is about tolerating uncertainty and the negative emotions attached to it. Like many of the previous examples, he too introduces concepts that are closely related to cognitive behavior therapy such as relaxation methods, emotional balance, improving skills, and changing thinking styles.

The Forgotten Realm

Dale Carnegie, well-known author, instructor, and founder of the world-famous Dale Carnegie Course, said the perfect way to conquer worry is through prayer (Carnegie, 1936). Much of what he taught is about a higher power and finding rest. In *Dale Carnegie's Golden Book* (1936), he recommends cultivating a mental attitude that brings peace and happiness through the following tenets:

1. Fill your mind with thoughts of peace, courage, health, and hope.
2. Never try to get even with your enemies.
3. Expect ingratitude.
4. Count your blessings — not your troubles.
5. Do not imitate others.
6. Try to profit from your losses.
7. Create happiness for others.

Carnegie suggests that one can prevent fatigue and worry by keeping one’s spirit high. His adages are a blend of sage advice, spiritual encouragement, and practical tips for living a productive life that are still being taught today.

Carnegie is not alone in his promotion of a healthy spiritual life for overcoming fear. To quote Wayne Muller from his book *Sabbath: Restoring the Sacred Rhythm of Rest* (1999):

> ...many of us fear emptiness. When we first glimpse emptiness, we taste the death in it. It feels like an abyss, a sheer drop into eternity, a dangerous negation of all that is alive, visible, safe, and good. We prefer to remain the realm of form, surrounded by things we can see and touch, things we imagine are subject to our control (p. 51).

Muller cautious against the effects of a fast-paced society where fear is created in the heart of man. He says a hurried life prevents us from experiencing forces that would alleviate our fear: prayer, touch, kindness, and those things that reside in rest.

Another well-known organization promoting the belief in a higher power for healing is Alcoholics Anonymous (AA). There are an estimated two million members of AA and one of their core beliefs is that a ‘power’ greater than themselves can restore their sanity (A Brief Guide, n.d.). In fact, nine steps of AA’s renowned twelve-step program are linked to a higher power. Most members hold to a strong belief that the first
steps to recovery are found in the belief of a supreme being who will remove their defects of character. Their very namesake of ‘anonymity’ is said to be the spiritual foundation of all AA traditions — to place principles before personality. However, AA is determined not to be allied with any religious sect or denomination. This seemingly paradoxical position is part of their success. Men and women from all walks of life can join AA and not feel a need to pay homage to any particular religious affiliation. The belief of a higher power aids the healing process and could be a source of help for those with other addictions or disorders.

*The Tipping Point*

To seek a remedy for SAD takes a great deal of courage — a word that means from the heart (Bennis, 2004). It is a healthy reminder that identifying and treating this disorder is not just a function of the brain that can be reasoned away, but also a desire of the heart. In fact, the author believes, as do many of the aforementioned authors, that remedies for the fear of public speaking should consider the person as a holistic creature that is an interdependent opus of the mind, body, heart, and spirit.

The fear of public speaking can be a significant problem for those who have it to the extreme where it has become a phobia. Whether called Social Anxiety Disorder, Social Phobia, extreme lack of self-confidence, excessive fear of public speaking, or severe communication apprehension, the terms all have the same meaning: a persistent fear of being criticized, rejected, or humiliated in front of others (Markway et al., 1992). But the question still exists regarding the tipping point of when a ‘normal’ level of fear becomes a phobia. For the purpose of this study therefore, the researcher will define Social Phobia as a score of ten or more indicators on the Social Phobia inventory list.
If, as authors Markway, Carmin, Pollard, and Flynn suggest, 22-to-25% of Americans suffer from SAD, how many people are suffering without help? If left up to each individual, many people would simply avoid situations that cause them fear or be unaware that their fear is clinical and can be treated. Using the above saturation percentage, it would mean that in an average public speaking class of 20 students, at least four would have some level of Social Phobia. Of course, those students may pass and do very well, but they are not receiving the life skills necessary for them to overcome their disorder. The pain of this problem may very well cause them to fail in the marketplace, or more importantly, miss out on an improved quality of life.

Hypothesis

Based on the author’s experience and research, the following are the hypotheses for this study. The variables are defined as: \( x \) is the average level of anxiety; \( y \) is the sum of social phobia symptoms; and \( r \) is the correlation coefficient.

H1: There is a relationship between the average level of anxiety and the sum of social phobia symptoms.
\[
r(x, y) > 0
\]

H2: There is a relationship between the average level of anxiety and the sum of social phobia symptoms when the sum of symptoms is greater than ten.
\[
r(x, y > 10) > 0
\]

H3: There is a relationship between the average level of anxiety and the sum of social phobia symptoms when the sum of symptoms is less than ten.
\[
r(x, y < 10) > 0
\]
CHAPTER III
METHODOLOGY

Research Question Review

The purpose of this study is to examine the association between the fear of public speaking (identified as a person’s level of anxiety of public speaking) and the known symptoms of Social Phobia. The research questions for this study are:

Q1: Is there a relationship between the fear of public speaking and indicators of social phobia?

Q2: Is there an identifiable point at which the fear of public speaking becomes a social phobia?

Study Design Overview

This study was designed by the author to examine the levels of anxiety for people who claim to have a fear of public speaking. The objective of this research is to gain information on the different levels of this fear and to find out if one can determine a tipping point when the fear becomes a phobia. Based upon information gathered from current literature and personal experience, the author believes anxiety is the physical, psychological, emotional, and spiritual manifestation of fear. Furthermore, the author believes the measurement of anxiety across this spectrum of human traits will identify the extent of one’s fear, linking it to a true phobia. In other words, by identifying the intensity of one’s fear of public speaking and comparing it to an inventory of known symptoms of Social Anxiety Disorder, the author believes this will connect the fear of public speaking to Social Phobia. For the purpose of this study, the author has quantified Social Phobia as ten or more indicators on the Social Phobia inventory list.
Population

This study was designed to gather input via survey from students taking introductory public speaking courses at Grand Valley State University (GVSU) in Allendale, Michigan. GVSU is a liberal arts college approximately twelve miles west of Grand Rapids, Michigan -- the second largest city in Michigan and ranked 103 on the list of the largest cities in the United States (The Largest U.S. Cities, 2003). GVSU has campuses in Allendale, Grand Rapids, Holland, Muskegon, and Traverse City, Michigan. Philip Batty, Director of Institutional Analysis for GVSU, reported via e-mail on Monday, December 13, 2004 that Grand Valley’s enrollment is 22,063. Students are mostly Caucasian from middle-income families living throughout west-Michigan. Batty added that the ratio of males to females is 1:1.6, in other words, 61.7% are females.

According to electronic communication on Friday, December 17, 2004 from Batty, 2,262 students were enrolled in communication courses in the fall of 2004, with approximately 1,400 declared communication majors. According to an e-mail on December 8, 2004 from Deborah Barko, School of Communications (SOC) Administrative Assistant, GVSU had nine introductory speech classes (entitled COM201) for winter semester 2005. Barko stated that each class had 28 students for a total of 252 students enrolled in COM201.

A written survey was created by the author to gather data from students about their fear of public speaking. Several professors and industry professionals provided input on the survey. The survey was reviewed by academic persons from a variety of educational institutions such as: Grand Valley State University, Columbia University, Aquinas College, and West Shore Community College. Most hold a doctorate in a field
related to statistics or communications. Professional colleagues who have reviewed this survey are from across the United States, holding various positions such as: vice president of communications, president and CEO, market research consultant, statistical counselor, and several leaders of respected industry membership organizations such as Rotary and the Public Relations Society of America (PRSA). The survey was also given to eighteen students as a pilot test to determine any questions, complications, or misunderstandings. All input was taken into consideration in the final design of the survey.

Overview of the Survey Format

First, demographic information was recorded. Next, a series of questions identified if the subject had a fear of different forms of public speaking by measuring the anxiety for ten proposed situations. The subject was then asked to visualize a situation where they must spontaneously speak to a small group. With this moment in mind, participants were asked to make an inventory of known symptoms of Social Phobia. Finally, they were invited to share solutions they have found helpful to manage a fear of public speaking. The survey (see Appendix C) is one full page, front and back. It took approximately fifteen minutes to complete. The following paragraphs explain each section in detail.

Fine Points of the Survey Format

After brief directions, demographic information was gathered such as: gender, age, education level, and declared communications majors. This was followed by another brief set of directions stating that subjects should consider their audience to be a group of five people they do not know well. Next, students were asked to rank their
anxiety of ten different types of public speaking situations such as: introducing oneself; telling a joke; and interviewing for a job. The ranking was done on a seven-point Likert scale with one being extremely low anxiety and seven being extremely high anxiety. The points in-between one and seven were not identified.

The purpose of this first section is threefold: first, it demonstrates the variety of public speaking occasions; second, it determines if the student has a perceived fear of any form of public speaking; third, it allows a student to record a response for a fear that is extraneous to the research (prepared speech), but could be distracting to the student if they were not allowed a place to record it.

The second part of the survey asked students to, “Imagine yourself in a situation where you have to spontaneously speak to a group of five or more people that you don’t know very well. You may be introducing yourself in class, giving directions to a small crowd, explaining an idea in a team meeting, or called upon to answer a question.” Subjects were instructed to keep this moment in mind for the remainder of the survey. Following this, they completed an inventory of physical, cognitive, and behavioral symptoms similar to the example in Appendix A by authors Markway, Carmin, Pollard, and Flynn in the book *Dying of Embarrassment: Help for Social Anxiety & Phobia* (1992).

Based on the author’s research of the spiritual realm as discussed in chapter two, a fourth category was added to determine the subject’s desire for divine assistance. This dimension is important because it is a significant aspect of the human condition. Also, it may provide insight whether prayer or other forms of spiritual connectedness are done as a desperate plea for help or a need for additional comfort. To conclude, subjects were
asked to identify tactics and strategies they use to manage or decrease their fear of public speaking.

Data Collection Procedures

Via e-mail, the author requested the assistance of COM201 professors in administrating the survey. Three instructors responded positively, representing seventy-seven students. Each professor was mailed a packet of surveys along with directions for implementing the survey (see Appendix B). The letter stated, "To administer, please read the directions aloud to your students, stressing that their participation is voluntary and confidential. Their candor and authenticity is vital to obtain valid, pertinent results. Upon completion, students should put the survey in the enclosed self-addressed, postage paid envelope. When everyone is done, please seal the envelope and put it in the mail as soon as possible." The surveys were administered the first and second week of February, 2005 and results were received the second and third week of February.

Data Analysis Procedures

After receiving survey results, the author compiled the information into a Microsoft Excel database and forwarded the spreadsheet by e-mail to Dr. Soon Hong, Director of the Statistical Department for GVSU. Dr. Hong and his students reformatted the results and converted them into a useable statistical software record. The author processed the results via computer through GVSU's statistical software package, entitled SPSS (formerly known as the Statistical Package for Social Scientists). Using the survey data, the researcher ran several calculations, including a Pearson-Product Moment Correlation. This was done with assistance from a tutor in the statistics department at Grand Valley State University. Additional assistance was received from Dr. Betty
Pritchard, Professor of Communications at GVSU who also holds a Masters in statistical studies.

Null Hypothesis

Per the author’s hypothesis, results are expected to show different levels of anxiety with a correlation to symptoms of Social Phobia. As previously stated, for the purpose of this study the author defined Social Phobia as a score of ten or more on the combined Social Phobia symptoms inventory list. With this in mind, the following are null hypotheses for this study. The level of significance was set at 95% for each null hypothesis. The variables are defined as: $x$ is the overall average level of anxiety; $y$ is the sum of social phobia symptoms; and $r$ is the correlation coefficient.

$H_1$: There is no relationship between the overall average level of anxiety and the sum of social phobia symptoms.

$r(x, y) = 0$

$H_2$: There is no relationship between the overall average level of anxiety and the sum of social phobia symptoms when the sum of symptoms is greater than ten.

$r(x, y > 10) = 0$

$H_3$: There is no relationship between the overall average level of anxiety and the sum of social phobia symptoms when the sum of symptoms is less than ten.

$r(x, y < 10) = 0$
SURVEY RESULTS

Seventy-seven completed surveys were returned to the researcher from three GVSU introductory speech classes in the second and third week of February 2005. As discussed previously, the first portion of the survey identified demographic information. The second section recorded levels of anxiety on a seven-point Likert scale for ten specific situations. The third section recorded participant’s symptoms of forty-three known social phobia symptoms. The fourth and final section asked for tactics participants use to overcome a fear of public speaking.

DEMOGRAPHIC INFORMATION

More than sixty-two percent (62.3%) of those surveyed were male and almost thirty-eight (37.7%) percent were female; 48 males and 29 females. The average age of participants was 21. The median age was 20.5 with the youngest being 17-years-old and the oldest being 38. Nearly sixty-five percent (64.9%) of students were communication majors; 50 replied positively, 26 stating no, and one did not respond. Regarding class status, survey respondents consisted of: 5 freshmen; 21 sophomores; 35 juniors; and 16 seniors. See the following tables for quantitative demographic results.

Table 1: Gender

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>M</td>
<td>48</td>
<td>62.3</td>
<td>62.3</td>
</tr>
<tr>
<td></td>
<td>F</td>
<td>29</td>
<td>37.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>77</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>
Table 2: Age

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>age</td>
<td>77</td>
<td>17</td>
<td>38</td>
<td>21.13</td>
<td>3.032</td>
</tr>
<tr>
<td>Valid N (listwise)</td>
<td>77</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 3: Communication Majors

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>yes</td>
<td>50</td>
<td>64.9</td>
<td>65.8</td>
</tr>
<tr>
<td>no</td>
<td>26</td>
<td>33.8</td>
<td>34.2</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>76</td>
<td>98.7</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Missing System</td>
<td>1</td>
<td>1.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>77</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 4: Grade Status

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>Fr</td>
<td>5</td>
<td>6.5</td>
<td>6.5</td>
</tr>
<tr>
<td></td>
<td>So</td>
<td>21</td>
<td>27.3</td>
<td>33.8</td>
</tr>
<tr>
<td></td>
<td>Jr</td>
<td>35</td>
<td>45.5</td>
<td>79.2</td>
</tr>
<tr>
<td></td>
<td>Sr</td>
<td>16</td>
<td>20.8</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>77</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Levels of Anxiety Analysis

The next section measured the intensity of anxiety when participating in specific public speaking situations. Students were directed to consider their audience to be a group of five or more people they do not know well. The ten circumstances the participants evaluated were: introducing yourself; called on to answer a question; telling a joke; communicating a problem; giving a prepared speech; giving a spontaneous speech; presenting an award; leading a discussion; reading aloud; interviewing for a job. For each situation, students ranked their level of anxiety on a seven-point Likert scale which ranged from extremely low (1) to extremely high (7).
Eight of the ten circumstances had a maximum range of six. The remaining two, ‘introducing yourself’ and ‘presenting an award’, both had a range of five. ‘Introducing yourself’ also had the lowest level of anxiety (mean score of 2.38), while ‘giving a spontaneous speech’ had the highest level of anxiety (mean score at 4.13). The overall average mean for all levels of anxiety was 3.26. See Tables 5 and 6.

Table 5: Mean Score for the Levels of Anxiety

<table>
<thead>
<tr>
<th>Activity</th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduce yourself</td>
<td>77</td>
<td>1</td>
<td>6</td>
<td>2.38</td>
<td>1.424</td>
</tr>
<tr>
<td>Called on to answer question</td>
<td>77</td>
<td>1</td>
<td>7</td>
<td>3.44</td>
<td>1.569</td>
</tr>
<tr>
<td>Telling a joke</td>
<td>77</td>
<td>1</td>
<td>7</td>
<td>3.12</td>
<td>1.678</td>
</tr>
<tr>
<td>Communicating a problem</td>
<td>77</td>
<td>1</td>
<td>7</td>
<td>3.06</td>
<td>1.559</td>
</tr>
<tr>
<td>Giving a prepared speech</td>
<td>77</td>
<td>1</td>
<td>7</td>
<td>3.82</td>
<td>1.819</td>
</tr>
<tr>
<td>Giving a spontaneous speech</td>
<td>77</td>
<td>1</td>
<td>7</td>
<td>4.13</td>
<td>1.735</td>
</tr>
<tr>
<td>Presenting an award</td>
<td>77</td>
<td>1</td>
<td>6</td>
<td>3.14</td>
<td>1.545</td>
</tr>
<tr>
<td>Leading a discussion</td>
<td>76</td>
<td>1</td>
<td>7</td>
<td>3.21</td>
<td>1.603</td>
</tr>
<tr>
<td>Reading aloud</td>
<td>76</td>
<td>1</td>
<td>7</td>
<td>2.74</td>
<td>1.799</td>
</tr>
<tr>
<td>Interviewing for a job</td>
<td>77</td>
<td>1</td>
<td>7</td>
<td>3.66</td>
<td>1.818</td>
</tr>
</tbody>
</table>

Table 6: Histogram of Average Anxiety

![Histogram of Average Anxiety](image)

Mean = 3.2623  
Std. Dev. = 1.09449  
N = 77

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
In order to ensure the reliability that the ten circumstances accurately measure the levels of anxiety via of the seven-point Likert scale, the author ran a Cronbach’s Alpha analysis. This assessment shows how well the set of ten conditions measure the levels of anxiety. The Cronbach’s Alpha reliability rating was extremely high with a score of .858, confirming that the seven-point Likert scale measures the levels of anxiety very well. See Table 7.

**Table 7: Cronbach’s Alpha**

<table>
<thead>
<tr>
<th>Cronbach’s Alpha</th>
<th>Cronbach’s Alpha Based on Standardized Items</th>
<th>N of Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>.858</td>
<td>.861</td>
<td>10</td>
</tr>
</tbody>
</table>

*Social Phobia Symptoms*

Next, students were asked to take an inventory of their social phobic symptoms. Participants were asked to imagine a situation where they had to speak spontaneously to a group of five or more people they did not know well. With this moment in mind, they were to check characteristics of known social phobia symptoms they would experience. The list was divided into the following four sections of symptoms: physical, cognitive, avoidance (or behavioral), and spiritual. There were 43 identified symptoms and three labeled ‘other’ where participants could add supplementary indicators.

The mean quantitative score for all combined symptoms was 9.8052 (see Table 8), meaning the average participant checked nearly ten symptoms of 43, or more than twenty-three percent (23.26%). Although all symptom categories had similar mean scores, cognitive symptoms had the greatest range with a minimum score of .00 and a
maximum of 12.00. The highest category mean was physical symptoms at 2.8701. The highest individual score for all combined symptoms was 26, or more than sixty percent (60.47%). According to the frequency chart (see Table 9) the median score of checked symptoms was eight, with a mode of eight for both quantities of seven-and-fourteen symptoms.

Table 8: Mean Scores for Social Phobia Categories

<table>
<thead>
<tr>
<th>Category</th>
<th>N</th>
<th>Minimum</th>
<th>Maximum</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical_Symptoms</td>
<td>77</td>
<td>.00</td>
<td>7.00</td>
<td>2.8701</td>
<td>1.59234</td>
</tr>
<tr>
<td>Cognitive_Symptoms</td>
<td>77</td>
<td>.00</td>
<td>12.00</td>
<td>2.6234</td>
<td>2.27133</td>
</tr>
<tr>
<td>Avoidance_Symptoms</td>
<td>77</td>
<td>.00</td>
<td>6.00</td>
<td>2.0519</td>
<td>1.46805</td>
</tr>
<tr>
<td>Spiritual_Symptoms</td>
<td>77</td>
<td>.00</td>
<td>7.00</td>
<td>2.2597</td>
<td>1.34167</td>
</tr>
<tr>
<td>All_Symptoms</td>
<td>77</td>
<td>.00</td>
<td>26.00</td>
<td>9.8052</td>
<td>5.27915</td>
</tr>
<tr>
<td>Valid N (listwise)</td>
<td>77</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 9: Frequency of All Symptoms

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid .00</td>
<td>1</td>
<td>1.3</td>
<td>1.3</td>
<td>1.3</td>
</tr>
<tr>
<td>1.00</td>
<td>1</td>
<td>1.3</td>
<td>1.3</td>
<td>2.6</td>
</tr>
<tr>
<td>2.00</td>
<td>1</td>
<td>1.3</td>
<td>1.3</td>
<td>3.9</td>
</tr>
<tr>
<td>3.00</td>
<td>3</td>
<td>3.9</td>
<td>3.9</td>
<td>7.8</td>
</tr>
<tr>
<td>4.00</td>
<td>5</td>
<td>6.5</td>
<td>6.5</td>
<td>14.3</td>
</tr>
<tr>
<td>5.00</td>
<td>7</td>
<td>9.1</td>
<td>9.1</td>
<td>23.4</td>
</tr>
<tr>
<td>6.00</td>
<td>6</td>
<td>7.8</td>
<td>7.8</td>
<td>31.2</td>
</tr>
<tr>
<td>7.00</td>
<td>8</td>
<td>10.4</td>
<td>10.4</td>
<td>41.6</td>
</tr>
<tr>
<td>8.00</td>
<td>6</td>
<td>7.8</td>
<td>7.8</td>
<td>49.4</td>
</tr>
<tr>
<td>9.00</td>
<td>1</td>
<td>1.3</td>
<td>1.3</td>
<td>50.6</td>
</tr>
<tr>
<td>10.00</td>
<td>7</td>
<td>9.1</td>
<td>9.1</td>
<td>59.7</td>
</tr>
<tr>
<td>11.00</td>
<td>4</td>
<td>5.2</td>
<td>5.2</td>
<td>64.9</td>
</tr>
<tr>
<td>12.00</td>
<td>2</td>
<td>2.6</td>
<td>2.6</td>
<td>67.5</td>
</tr>
<tr>
<td>13.00</td>
<td>4</td>
<td>5.2</td>
<td>5.2</td>
<td>72.7</td>
</tr>
<tr>
<td>14.00</td>
<td>8</td>
<td>10.4</td>
<td>10.4</td>
<td>83.1</td>
</tr>
<tr>
<td>15.00</td>
<td>4</td>
<td>5.2</td>
<td>5.2</td>
<td>88.3</td>
</tr>
<tr>
<td>16.00</td>
<td>1</td>
<td>1.3</td>
<td>1.3</td>
<td>89.6</td>
</tr>
<tr>
<td>18.00</td>
<td>2</td>
<td>2.6</td>
<td>2.6</td>
<td>92.2</td>
</tr>
<tr>
<td>19.00</td>
<td>3</td>
<td>3.9</td>
<td>3.9</td>
<td>96.1</td>
</tr>
<tr>
<td>21.00</td>
<td>2</td>
<td>2.6</td>
<td>2.6</td>
<td>98.7</td>
</tr>
<tr>
<td>26.00</td>
<td>1</td>
<td>1.3</td>
<td>1.3</td>
<td>100.0</td>
</tr>
<tr>
<td>Total</td>
<td>77</td>
<td>100.0</td>
<td>100.0</td>
<td></td>
</tr>
</tbody>
</table>

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
Correlation Statistics

According to David Stockburger, author and professor of psychology at Southwest Missouri State University, correlation measures the degree of relationship or association between sets of numbers (2003). The most common measurement of correlation is the Pearson Product Moment Correlation Coefficient, also known as ‘r’. It is a calculated number ranging between -1.00 and +1.00. A measurement of +/- 1.00 represents a perfect positive or negative correlation, stating that the two sets of numbers have an identical pattern or perfect association (Interpreting the Correlation Coefficient, 2005).

For this study, the Person correlation between the overall average level of anxiety and the sum of social phobia symptoms is .517. This is regarded as a moderate degree of association (see Tables 10 and 11). The level of significance is less than 0.01, placing the level of confidence at 99%, meaning that if this study was repeated, there is a 99% level of confidence that results would be the same.

Table 10: Pearson Product Moment Correlation Coefficient

<table>
<thead>
<tr>
<th></th>
<th>Average_Angry</th>
<th>Symptom_Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average_Angry</td>
<td>Pearson Correlation</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sum of Squares and Cross-products</td>
<td>91.041</td>
</tr>
<tr>
<td></td>
<td>Covariance</td>
<td>1.198</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>77</td>
</tr>
<tr>
<td>Symptom_Percentage</td>
<td>Pearson Correlation</td>
<td>.517(**)</td>
</tr>
<tr>
<td></td>
<td>Sig. (2-tailed)</td>
<td>.000</td>
</tr>
<tr>
<td></td>
<td>Sum of Squares and Cross-products</td>
<td>5.406</td>
</tr>
<tr>
<td></td>
<td>Covariance</td>
<td>.071</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>77</td>
</tr>
</tbody>
</table>
Correlation Statistics for Social Phobia Scores in the Region of Ten

Next, the author ran a scatterplot graph and partial correlation controlling for participants with scores of ten or higher for all social phobia symptoms (See Tables 11 and 12). There were 38 subjects with more than ten total symptoms. The correlation for participants with ten or more symptoms is .299, indicating a low degree of association. There is significant at the 94.2% level, not high enough to be considered significant.
Table 12: Scatterplot for All Symptom Scores of Ten or More

![Scatterplot](image)

Table 13: Correlation of All Symptom Scores of Ten or More

<table>
<thead>
<tr>
<th>Control Variables</th>
<th>Average_Anxiety</th>
<th>All_Symptoms</th>
<th>Phobia 10 or more</th>
</tr>
</thead>
<tbody>
<tr>
<td>-none-(a)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average_Anxiety</td>
<td>Correlation</td>
<td>.299</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Significance</td>
<td>.068</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2-tailed)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>df</td>
<td>0</td>
<td>36</td>
</tr>
<tr>
<td>All_Symptoms</td>
<td>Correlation</td>
<td>.299</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Significance</td>
<td>.068</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2-tailed)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>df</td>
<td>36</td>
<td>0</td>
</tr>
</tbody>
</table>

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.
Next, controlling for participants with scores of ten or less, the author ran a scatterplot and partial correlation. There were 39 participants that checked ten or fewer symptoms (See Tables 14 and 15). The correlation for this section is .498, indicating a moderate degree of association. In addition it is significant at the 98.7% level, meaning if this study was repeated results would be the same 98.7% of the time.

Table 14: Scatterplot for All Symptom Scores of Ten or Less

![Scatterplot](image)

Table 15: Correlation of All Symptom Scores of Ten or Less

<table>
<thead>
<tr>
<th>Control Variables</th>
<th>All_Symptoms</th>
<th>Average_Anxiety</th>
<th>Phobia_Low</th>
<th>None-(a)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Correlation</td>
<td>.498</td>
<td>1.00</td>
<td>.</td>
</tr>
<tr>
<td></td>
<td>Significance</td>
<td>.013</td>
<td>.013</td>
<td>.</td>
</tr>
<tr>
<td></td>
<td>(2-tailed)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>df</td>
<td>0</td>
<td>22</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Correlation</td>
<td>.498</td>
<td>1.00</td>
<td>.</td>
</tr>
<tr>
<td></td>
<td>Significance</td>
<td>.013</td>
<td>.</td>
<td>.</td>
</tr>
<tr>
<td></td>
<td>(2-tailed)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>df</td>
<td>22</td>
<td>0</td>
<td>22</td>
<td></td>
</tr>
</tbody>
</table>
Finally, the author ran a summary report of all Social Phobia symptoms in descending order (see Table 16). As stated earlier, the physical symptoms section received the greatest number of check marks at 221, followed by cognitive with 202, spiritual at 174, and avoidance at 158. ‘Try to think positive’ received the greatest number of total marks with 59 participants, or 76.6% -- more than three-quarters of all of those surveyed checking this characteristic. Rounding out the top five were: rapid heart rate at 68.8%; I look nervous at 61.0%; blushing with 51.9%; and I sound stupid at 48.1%

Table 16: Combined Symptoms of Social Phobia

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Sum</th>
</tr>
</thead>
<tbody>
<tr>
<td>PhysicalSymptoms</td>
<td>77</td>
<td>221.00</td>
</tr>
<tr>
<td>Cognitive_Symptoms</td>
<td>77</td>
<td>202.00</td>
</tr>
<tr>
<td>Spiritual_Symptoms</td>
<td>77</td>
<td>174.00</td>
</tr>
<tr>
<td>Avoidance_Symptoms</td>
<td>77</td>
<td>158.00</td>
</tr>
<tr>
<td>Think_positive</td>
<td>77</td>
<td>59</td>
</tr>
<tr>
<td>Rapid_heart_rate</td>
<td>77</td>
<td>53</td>
</tr>
<tr>
<td>Nervous</td>
<td>77</td>
<td>47</td>
</tr>
<tr>
<td>Blushing</td>
<td>77</td>
<td>40</td>
</tr>
<tr>
<td>Sound_stupid</td>
<td>77</td>
<td>37</td>
</tr>
<tr>
<td>Trembling</td>
<td>77</td>
<td>33</td>
</tr>
<tr>
<td>Reflect_onsuccess</td>
<td>77</td>
<td>31</td>
</tr>
<tr>
<td>Think_other_things</td>
<td>77</td>
<td>31</td>
</tr>
<tr>
<td>Relaxation</td>
<td>77</td>
<td>27</td>
</tr>
<tr>
<td>Sound_boring</td>
<td>77</td>
<td>23</td>
</tr>
<tr>
<td>Sweating</td>
<td>77</td>
<td>23</td>
</tr>
<tr>
<td>Confide_infriend</td>
<td>77</td>
<td>21</td>
</tr>
<tr>
<td>Dry_mouth</td>
<td>77</td>
<td>21</td>
</tr>
<tr>
<td>Embarrassed</td>
<td>77</td>
<td>21</td>
</tr>
<tr>
<td>Not_volunteer</td>
<td>77</td>
<td>20</td>
</tr>
<tr>
<td>Ignore</td>
<td>77</td>
<td>19</td>
</tr>
<tr>
<td>Radio</td>
<td>77</td>
<td>19</td>
</tr>
<tr>
<td>Other_distractions</td>
<td>77</td>
<td>19</td>
</tr>
<tr>
<td>Blowing_l</td>
<td>77</td>
<td>15</td>
</tr>
<tr>
<td>They_talk_aboutme</td>
<td>77</td>
<td>15</td>
</tr>
<tr>
<td>Safe_person</td>
<td>77</td>
<td>15</td>
</tr>
<tr>
<td>Other_avoidance</td>
<td>77</td>
<td>13</td>
</tr>
<tr>
<td>Upset_stomach</td>
<td>77</td>
<td>12</td>
</tr>
<tr>
<td>Shortness_ofbreath</td>
<td>77</td>
<td>12</td>
</tr>
<tr>
<td>Need_to_go_to_bathroom</td>
<td>77</td>
<td>11</td>
</tr>
<tr>
<td>Daydream</td>
<td>77</td>
<td>10</td>
</tr>
<tr>
<td>Item</td>
<td>Frequency</td>
<td>Rank</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------</td>
<td>------</td>
</tr>
<tr>
<td>Don't fit in</td>
<td>77</td>
<td>10</td>
</tr>
<tr>
<td>Out of place</td>
<td>77</td>
<td>10</td>
</tr>
<tr>
<td>Pray</td>
<td>77</td>
<td>9</td>
</tr>
<tr>
<td>Drugs_alcohol</td>
<td>77</td>
<td>9</td>
</tr>
<tr>
<td>Unattractive</td>
<td>77</td>
<td>9</td>
</tr>
<tr>
<td>Lump_inthroat</td>
<td>77</td>
<td>8</td>
</tr>
<tr>
<td>No_eye_contact</td>
<td>77</td>
<td>8</td>
</tr>
<tr>
<td>Incompetent</td>
<td>77</td>
<td>8</td>
</tr>
<tr>
<td>Not_going</td>
<td>77</td>
<td>8</td>
</tr>
<tr>
<td>Stay_loong</td>
<td>77</td>
<td>6</td>
</tr>
<tr>
<td>Other_physical</td>
<td>77</td>
<td>6</td>
</tr>
<tr>
<td>Meditate</td>
<td>77</td>
<td>5</td>
</tr>
<tr>
<td>They_hate_me</td>
<td>77</td>
<td>4</td>
</tr>
<tr>
<td>Noone_likesme</td>
<td>77</td>
<td>3</td>
</tr>
<tr>
<td>Spiritual</td>
<td>77</td>
<td>2</td>
</tr>
<tr>
<td>Dizziness_feel_faint</td>
<td>77</td>
<td>2</td>
</tr>
<tr>
<td>Favorite_passage</td>
<td>77</td>
<td>1</td>
</tr>
<tr>
<td>Counseling</td>
<td>77</td>
<td>0</td>
</tr>
<tr>
<td>Valid N (listwise)</td>
<td>77</td>
<td></td>
</tr>
</tbody>
</table>
CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

Review of the Null Hypotheses

The author hypothesized that the average level of anxiety (x) would have a direct correlation (r) to the total number of combined symptoms of Social Phobia (y). Furthermore, the author defined Social Phobia as a score of ten or more symptoms on the Social Phobia inventory list, stating that there would be a relationship above and below this level. The level of significance was set at 95%. The null hypotheses were:

H1o: There is no relationship between the average level of anxiety and the sum of Social Phobia symptoms.

\[ r(x, y) = 0 \]

H2o: There is no relationship between the average level of anxiety and the sum of Social Phobia symptoms when the sum of symptoms is greater than ten.

\[ r(x, y > 10) = 0 \]

H3o: There is no relationship between the average level of anxiety and the sum of Social Phobia symptoms when the sum of symptoms is less than ten.

\[ r(x, y < 10) = 0 \]

Implications of Findings

Demonstrating a correlation coefficient of 0.517 with a significance level of 0.000, null hypothesis H1o is rejected. This means there is a moderate relationship between the average level of anxiety (x) and the total number of combined symptoms of Social Phobia (y). In other words, it can be said that as the average level of anxiety increases regarding
the fear of public speaking, the combined symptoms of Social Phobia also increase to a moderate degree.

The author must fail to reject null hypotheses H2o. With a .299 correlation coefficient the relationship between the average level of anxiety and the sum of Social Phobia symptoms is low when the sum of symptoms is ten or greater. In addition, there is significance at the 94.2% level, not high enough to be considered significant. Therefore, the null hypotheses H2o may not be rejected.

However, while reviewing specific survey results, the author noticed that there were six survey participants who scored 5.0 or higher on average level of anxiety (mean score of 5.33; see Table 6). Upon further analysis, the researcher found that these students scored an average of 15.33 social phobic symptoms, ranging from a low of 11 to a high of 19. Clearly there is some effect happening here that could rationalize further study at this extreme level.

The author can reject null hypotheses H3o. With a .498 correlation coefficient, the relationship between the average level of anxiety and the sum of social phobic symptoms is moderate when the sum of symptoms is ten or less. In addition, the level of confidence is 98.7%, stating that if this study were repeated, results would be similar 98.7% of the time.

The overall results support the position that a moderate relationship exists between the average level of anxiety for public speaking and the symptoms of Social Phobia. Additionally, it is likely that a person with a score of ten or less symptoms of Social Phobia will have a lower level of anxiety of public speaking. However, a person having ten or more Social Phobia symptoms will not necessarily have a greater level of
anxiety for public speaking. Although uncommon, a person with an average level of anxiety of 5.0 or more on a 7-point Likert scale is highly likely to have ten or more symptoms of Social Phobia.

Recommendations for Study Modifications

While reviewing the research results, the author noted that the spiritual section of the Social Phobia inventory list had the lowest correlation coefficient of all sections at .256 with a significance of .025. However, a considerable seventy-six percent (76.6%) of all respondents checked the symptom of ‘try to think positively’ within this section. In fact, this was the single highest checked characteristic of all indicators throughout the entire study. This prompted the idea that this indicator may be better, or more accurately listed, within the cognitive section.

Upon deeper reflection of the spiritual symptoms section, the author wonders if these indicators might be more accurately listed within one of the other three sections. This is supported by the fact that this section was the only one created from naught, while the other SAD traits were supported by previous research. It seems appropriate to either remove this section by reallocating some of the key characteristics, or do further research to refine the indicators. If the spiritual symptoms were reallocated, this would reduce the number of sections to the three basic categories promoted by previous authors: physical, cognitive, and behavioral. Reducing the number of sections would logically increase the correlation coefficient and level of significance for each of the three remaining sections.

Recommendations for Further Study

The author has identified three factors, which if adjusted, may prove a stronger link between the fear of public speaking and social phobia. The recommendations for
Further study are: the isolation of variables; the measurement of symptom intensity; and the measurement of emotional intensity.

*Isolation of Variables*

One of the difficulties of this study was trying to determine whether a subject suffered from a Social Phobia. Finding the level of anxiety for the fear of public speaking was simple and accurate (as confirmed by Cronbach's alpha of .858). However, quantifying the symptoms was ineffective, particularly in defining Social Phobia as a measure of ten symptoms or more. Logically and practically it makes sense that these two variables are connected. The results prove a moderate correlation, however it does not come close to identifying a tipping point where a fear of public speaking becomes a Social Phobia.

The author suggests a different test for determining Social Phobia. Using the summary of symptoms method may have been muddled and errant thinking. Although many experts promote this method in developing a recovery plan for individuals suffering from Social Phobia, it is not a good measurement for social science. This is true primarily because the symptoms are not homogeneous to this condition. The inventory of symptoms could be applicable to other phobias or mental states, including the variable the author was trying to identify a correlation with -- the fear of public speaking.

It now seems logical to the author to find or create a test that accurately isolates and measures the degree of Social Phobia. Once this variable is isolated, the degree of Social Phobia could more accurately be compared to the level of anxiety for public speaking. Another line of research may be to focus on individuals with an average
anxiety of five or more since there is a strong correlation between anxiety and Social Phobia symptoms among these participants.

*Intensity of Symptoms*

If symptoms of Social Phobia continued to be used, it might be helpful to measure the intensity of the indicator. A person suffering from Social Phobia may not experience multiple symptoms. However, this person may experience one or a few symptoms at a very intense level. For example, a person with SAD may sweat profusely when talking in front of others, but this may be the only physical symptom they have. To resolve this issue, the researcher could list the symptoms and have them ranked on a Likert scale, similar to what was done in this study for the level of anxiety.

*Emotional Intensity*

Another area that may help identify a link is emotional intensity. Some people who suffer from SAD may have mild symptoms, but extreme emotional anxiety about speaking in public. For example, a person suffering from SAD may appear perfectly fine and have no physical symptoms, but be suffering intense emotional conflict within. Again, a measurement of emotional intensity on a Likert scale may help identify this as a strong characteristic of SAD.

*Tactics for Managing One’s Fear of Public Speaking*

For those wanting to improve their skill of public speaking, regardless of their level of anxiety, the tactics are well known. Some of the key strategies identified previously are preparation, organization, practice, and monitoring volume, rate, and pitch. Although one cannot control all variables in a public speaking situation, the more prepared and practiced a person is, the more likely he/she is to do well. This method is
supported by Charles Berger’s Uncertainty Reduction Theory, which states that people have a difficult time with uncertainty. People want to be able to predict behavior and are therefore motivated to seek information. It further states that the lower a person’s level of uncertainty, the less anxious he/she will be (Littlejohn & Foss, 2004).

In the final portion of the survey, students offered suggestions on ways to manage one’s fear of public speaking. Many of the tactics recommended by participants are designed to reduce uncertainty of the public speaking situation. Several others provided strategies aimed at reducing stress. Some common examples from the survey are: realize that everyone is nervous; visit the location beforehand and become comfortable with the setting; breathe; practice; be prepared; smile; have fun; reinforce positive encouragement; don’t think about it.

Remedies for Conquering One’s Social Phobia

For people who suffer from Social Phobia, giving a public presentation can be particularly harrowing. Practicing some of the same techniques used to improve public speaking can help, but they cannot cure the phobia. This takes additional work. Focusing solely on improving technique can actually create additional stress due to the fact that the cause is much deeper than learning a new skill. Those suffering from SAD must address the root cause in order to experience long-term success.

As previously suggested, taking an inventory of one’s symptoms can help identify specific indicators of the fear. From this point, a person with SAD should consider Cognitive Behavioral Therapy, desensitization, and/or medication. Conquering a Social Phobia can seem daunting and hopeless, but it can be done with persistence, courage, and practice, practice, practice.
Final Thoughts

As someone who has suffered from SAD and worked hard to find a way to manage the fear, the author would like to leave the reader with some additional insight. Suffering from SAD has nothing to do with self-worth and there are ways to overcome it. Over the past two decades, there has been a great deal of research leading to helpful solutions. The author suggests some of the readings listed in the bibliography. Most importantly, those suffering from this condition must be committed to finding a cure, have the courage to implement a plan, and the persistence to see it through. Have hope, the author is a great example of someone who has conquered the effects of Social Phobia.

The author would like to leave the reader with the following passages which have been particularly inspiring:

There is more to life than merely increasing its speed. – Gandhi

Be content with what you have; rejoice in the way things are. When you realize there is nothing lacking, the whole world belongs to you. – Lao-Tzu

To focus on personality before character is to try to grow the leaves without the roots. *It is character that communicates most eloquently.* – Steven Covey (emphasis added).

But seek first his kingdom and his righteousness, and all these things will be given to you as well. Therefore do not worry about tomorrow, for tomorrow will take care of itself. – Mathew 6:33-34

Be the person your dog thinks you are. – Unknown
BIBLIOGRAPHY


Bennis, W. (2004, September). Everything you wanted to know about courage...but were afraid to ask. Fast Company, 86, 97.


Fright at the Improv 50


Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.


Appendix A

Symptoms of Social Phobia
Appendix A

### Bodily Symptoms of Social Phobia

| [%] Rapid heart rate | [%] Shortness of breath |
| [%] Abdominal distress | [%] Sweating |
| [%] Blushing | [%] Trembling or shaking |
| [%] Dizziness, feel faint | [%] Tense muscles |
| [%] Lump in throat | [%] Dry mouth |
| [%] Urinary urgency | [%] Tingling sensations |
| [%] Muscle twitching | [%] Chest pain |
| [%] Numbness | [%] Hot flashes or chills |
| [%] Other: ___________________ | [%] Other: ___________________ |

### Cognitive Symptoms of Social Phobia

| [%] I look out of place | [%] I sound stupid |
| [%] I don’t fit in | [%] I’m blowing it |
| [%] I know they hate me | [%] I look ugly |
| [%] I look fat | [%] I’ll be rejected |
| [%] I appear incompetent | [%] Others talk about me |
| [%] I’m unlovable | [%] I look nervous |
| [%] I’m so embarrassed | [%] I’m too quiet |
| [%] I sound boring | [%] I’m such a klutz |
| [%] I’m unattractive | [%] No one likes me |
| [%] Other: ___________________ | [%] Other: ___________________ |

### Behavioral Symptoms of Social Phobia

*I engage in partial avoidance of my feared social situation by*

| [%] Turning up the radio | [%] Thinking about other things |
| [%] Limiting my opportunities | [%] Using other distractions |
| [%] Staying only a certain length of time | [%] Using alcohol or drugs |
| [%] Daydreaming | [%] Staying close to a safe person |
| [%] Only going to safe places | [%] Not making eye contact |
| [%] Setting other special condition | [%] Other ___________________ |
Appendix B

Letter to COM201 Professors
<First Name>, <Last Name>
1 Campus Drive
Allendale, Michigan 49401-9403

Dear <First Name>,

Thank you for agreeing to administer my communication research to your COM201 students. Enclosed are the surveys I contacted you about.

To administer, please read the directions aloud to your students, stressing that their participation is voluntary and confidential. Their candor and authenticity is vital to obtain valid, pertinent results.

Upon completion, students should put the survey in the enclosed self-addressed, postage paid envelope. When everyone is done, please seal the envelope and put it in the mail as soon as possible.

Your help is greatly appreciated. I look forward to receiving the completed surveys.

Warm regards,

Patrick Bishop
FACF Community Relations Officer & GVSU Adjunct Professor
Appendix C

Communications Research Survey
Communications Research Survey

The following survey is anonymous, voluntary, and will have no effect on your grade. It will take approximately 15 minutes to complete. The purpose is to research various responses linked to public speaking, so please be completely open and honest. Your participation and cooperation is greatly appreciated.

Demographic Information:
[ ] Male  [ ] Female  Age:__________

Are you a communications major?  [ ] Yes  [ ] No

Circle one:  Freshman  Sophomore  Junior  Senior

Directions:
Consider your audience to be a group of five or more people you do NOT know well. Please circle the number which best represents your anxiety when participating in the following activity (1 = extremely low anxiety; 7 = extremely high anxiety):

<table>
<thead>
<tr>
<th>Activity</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introducing yourself:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Called on to answer a question:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Telling a joke:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Communicating a problem:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Giving a prepared speech:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Giving a spontaneous speech:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Presenting an award:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Leading a discussion:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Reading aloud:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Interviewing for a job:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Page 1 of 2 -
Directions:
Imagine yourself in a situation where you have to spontaneously speak to a group of five or more people you do NOT know very well. With this moment in mind, check (✓) the following characteristics you would experience (check all that apply):

[ ] Rapid heart rate [ ] Shortness of breath [ ] Upset stomach
[ ] Sweating [ ] Blushing [ ] Trembling
[ ] Dizziness, feel faint [ ] Lump in throat [ ] Dry mouth
[ ] Need to go to the bathroom [ ] Other:

I think these kinds of thoughts while speaking in this situation (check all that apply):

[ ] I look out of place [ ] I sound stupid [ ] I don't fit in
[ ] I'm blowing it [ ] I know they hate me [ ] I'm unattractive
[ ] I'm incompetent [ ] Others talk about me [ ] I look nervous
[ ] I'm embarrassed [ ] I sound boring [ ] No one likes me

If I knew this situation was going to happen, I would avoid my anxiety by (check all that apply):

[ ] Listen to the radio [ ] Think about other things [ ] Not volunteering
[ ] Use other distractions [ ] Use drugs or alcohol [ ] Stay only so long
[ ] Not going at all [ ] Stay close to a safe person [ ] Daydream
[ ] Not make eye contact [ ] Other:

When I experience the above traits, I will (check all that apply):

[ ] Pray for help [ ] Use relaxation methods [ ] Meditate
[ ] Seek counseling [ ] Recite a favorite passage [ ] Ignore them
[ ] Reflect on previous success [ ] Confide in a friend [ ] Try to think positive
[ ] Connect to the spiritual [ ] Other:

Provide tactics you find helpful in overcoming a fear of public speaking:

________________________________________________________________________
________________________________________________________________________

- Page 2 of 2 -
Appendix D

Human Research Review Committee Approval Letter
January 27, 2005

Patrick Bishop
3045 West Cleveland Road
New Era, MI 49446

RE: Proposal #05-140-H

Dear Patrick:

Your proposed project entitled The Fear of Public Speaking as a Social Phobia has been reviewed. It has been approved as exempt from the regulations by section 46.101 of the Federal Register 46(16):8336, January 26, 1981.

Sincerely,

Paul Huizenga, Chair
Human Research Review Committee