

The Effect of a Basic Course in Oral Interpretation on Public Speaking Anxiety

By

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PUBLIC speaking anxiety (PSA) has long been recognized as a major problem for many people. Consequently, researchers in social science have long sought strategies for helping people cope with such a problem (Daly & McCroskey, 1984). In general, the remediation of PSA has focused on (a) skills training, (b) systematic desensitization, and (c) cognitive modification (Daly & McCroskey, 1984). Skills training assumes that PSA is caused by a lack of skills to give an adequate speech (Fremouw & Zitter, 1978; Kelly, 1984). Training a person in public speaking skills presumably will end the anxiety because he or she is now trained to handle the situation. Systematic desensitization is an attempt to change the negative involuntary association between the public speaking situation and anxiety (Friedrich & Goss, 1984). After teaching general relaxation techniques, instructors ask individuals to think about public speaking situations and to relax while doing so. When the anxious speaker is trained to relax successfully while still thinking about the specific situations, he or she has achieved the anxiety reduction targeted. Cognitive modification assumes the reason for

anxiety is negative self-statements or thoughts that inhibit public speaking (Fremouw, 1984). The modification is a process of substituting those negative self-statements with more adaptive coping statements. The result is the removal of the irrational bases of the anxiety. Prior research results indicate that all of these approaches are successful in reducing PSA (Allen, 1989; Allen, Hunter, & Donohue, 1989).

In an educational setting, public speaking courses represent the most typical context for PSA treatments (Hoffmann & Sprague, 1982; Johnson & Szczupakiewicz, 1987; Stacks & Stone, 1984). Traditionally, public speaking is primarily a performance oriented course that focuses on skills training. Another basic performance oriented course, which has received comparatively less attention as a context for PSA interventions, is oral interpretation. The purpose of this study is to test the effect of completing an oral interpretation class on the level of students' PSA. Data suggest that the theory and practice of oral interpretation provide students with a unique experience that may reduce reported levels of PSA.

Focus on Individual Student and Meaning of Text

Oral interpretation stresses the unique insights every student brings to the performance of a literary text. Bacon (1966) calls the relationship between the student and text a matching process. That is, in performance the student strives to "match" or blend him or herself so closely with the text that there is essentially no separation between the two. Consequently, no two students interpret and perform a text in the same way. In analysis and performance, the emphasis is placed on the meaning of the text, what the text means to the individual student, and how that meaning is expressed through performance (Bacon, 1966; Lee & Gura, 1987).

In practice, the class provides an opportunity to tailor instruction to individual students without a feeling of competition among students. Rather than drawing attention to the students'

inadequacies, class discussion is focused primarily on the meaning and expression of the literature. Specifically, the interpretation instructor emphasizes to both performer and audience that understanding and communicating the literature is the goal of interpretation, rather than giving a perfect performance. Within this context it may be possible that performer anxiety is reduced.

Focus on Role-playing and Perspective-taking

Role-playing and perspective-taking are closely related constructs in oral interpretation. Role-playing involves the portrayal of one or more characters. Pelias and Pelias (1988) reported that the majority of anxious students in a basic interpretation course most often focused on character portrayal as a means of coping with their fear.

Perspective-taking, on the other hand, refers to the ability to maintain one's own point of view while simultaneously understanding and expressing that of another. Pelias (1984) found support for the relationship between the study of interpretation and the development of perspective-taking, an ability reported as essential to communicative competence. The "matching" process between the performer and text is a good example of how perspective-taking functions in interpretation. Through this process, both role-playing and perspective-taking may help to reduce self-consciousness, focusing on understanding and expressing the characters' points of view.

Focus on Self-concept Development

In addition, interpretation attempts to address the development and improvement of a student's self-concept by how one perceives and evaluates self (Bacon, 1966; Hopf, 1970). Interpretation encourages exploration of other people and life situations in

literature that goes beyond the students' scope of experience. Therefore, when striving to "match" self with text, a student must empathize with, and internalize the character's situation and imagine being in that character. By doing so, students learn about themselves and may improve their self-concepts.

No Focus on Content and Organization

Unlike public speaking, oral interpretation does not require students to be responsible for preparing the content of their presentations. Some public speaking instructors find the use of oral interpretation (e.g., reading a poem aloud) helpful as a first assignment (Littlefield & Sellnow, 1987). These instructors recognized that when students initially have the opportunity to communicate others' ideas and feelings, they may be better able to transfer those skills to communicating their own messages.

The four aspects of interpretation theory and practice mentioned above suggest that the basic oral interpretation classroom may provide a supportive, non-threatening environment that could help alleviate students' PSA. This relationship has been previously suggested in the literature. In 1970, Hopf provided a compelling argument advocating the use of oral interpretation in treating PSA. Hopf suggested that (a) the teaching of specific skills may be transferred to other communication situations, and (b) the development of students' more positive self-concepts may result from the vicarious experience and expression of others' points of view. These ideas are compatible with current oral interpretation pedagogy, and the empirical investigation suggested then appears to be still warranted. Thus, the goal of this study was to test the impact of oral interpretation on PSA reduction. The following hypothesis was posited:

H1: Student PSA scores will be significantly reduced after completion of a basic course in oral interpretation.

METHOD

Participants included 69 undergraduate students enrolled in a basic oral interpretation course (Literature I, $n = 30$) and a sophomore English course ($n = 39$) at Gifu Keizai University, the latter group serving as a control. Students included in this sample were not enrolled simultaneously in both courses.

During the second week of classes, the Audience Anxiousness Scale (Leary, 1983) was administered in each class to assess the respondents' levels of PSA. A Japanese version of the scale developed by Seiwa (Leary, 1990) was used in this investigation. The scale consists of twelve Likert-type items assessing self-reported social anxiousness in public speaking settings. Examples of the items include "I usually get nervous when I speak in front of a group," "I enjoy speaking in public," and "When I speak in front of others, I worry about making a fool of myself." This scale has demonstrated internal reliability around .90, and eight-week test-retest reliability of .80 (Leary, 1983).

The students completed the Audience Anxiousness Scale again during the final week of the school year. Since each student was provided with an identification number, it was possible to match the pretest and posttest forms. Only those students who completed both forms were included in the data analysis ($n = 30$ for oral interpretation, $n = 39$ for control).

RESULTS

The internal consistency of the Audience Anxiousness Scale was examined. The pretest reliability was .85, and the posttest reliability was .84. Thus, the scale was found to be a reliable instrument for this study.

Our hypothesis predicted that student PSA scores will be significantly reduced after completion of an oral interpretation course. First, to identify any differences in the pretest PSA mean scores of the oral interpretation and the control groups, an independent *t*-test was conducted on the means of the two pretest groups. The results indicated that the difference between the pretest means of the two groups was not significant ($t = .71$; $df = 67$; $p > .05$).

Primary analysis compared posttest-pretest difference scores between the two conditions. A correlated *t*-test was conducted on the pretest and posttest mean PSA scores of the two groups. The posttest mean score was found to be significantly lower than the pretest mean score for the oral interpretation group ($t = 4.51$; $df = 29$; $p < .001$), but not for the control group ($t = 1.50$; $df = 38$; $p > .05$). This finding suggests that the basic course in oral interpretation may serve to reduce student levels of PSA. Table 1 presents the means and standard deviations for this analysis.

TABLE 1
Correlated *t*-test for Group 1 (Oral Interpretation) & Group 2 (Control)

| Group | <i>n</i> | Mean | S.D. | <i>t</i> -value | <i>p</i> |
|------------------|----------|-------|-------|-----------------|----------|
| Group 1 Pretest | 30 | 42.50 | 10.41 | | |
| Group 1 Posttest | 30 | 40.30 | 11.12 | 4.51 | .000 |
| Group 2 Pretest | 39 | 40.74 | 9.84 | | |
| Group 2 Posttest | 39 | 40.23 | 8.39 | 1.50 | .142 |

Group 1 = Oral Interpretation

Group 2 = Control

DISCUSSION

Richmond, McCroskey, and McCroskey (1989) suggest that altering predispositional orientations toward communication, in combination with skills training, may have the most beneficial impact on individuals' oral communication performance. While

public speaking courses represent the most typical context for PSA treatments in an educational setting, the results of this study suggest that another basic communication skills course, namely oral interpretation, may also reduce students' levels of self-reported PSA. This finding argues for the viability of a basic oral interpretation course in the classroom treatment of PSA.

Unlike public speaking, oral interpretation does not require students to be responsible for preparing the material for their presentations. Therefore, it can be easily added to the pre-established literature and language courses at Japanese universities. The units of oral interpretation can be designed as self-contained components, thus enabling teachers to introduce them at any point in an academic year depending on students' needs and language proficiency. As there is now considerable evidence that the Japanese are dispositionally higher in PSA than people from most other cultures (Klopf, 1984), greater consideration should be given to using oral interpretation for our students. This suggestion, however, would stretch beyond the present results. From a limited number of participants at a single institution, it remains to be determined whether or not this procedure would reduce PSA in additional settings. Future studies, employing a larger number of subjects from several institutions, need to be conducted to determine the circumstances under which oral interpretation can be most profitably used for PSA reduction.

The present study offers some promising possibilities. If the effect of oral interpretation on PSA reduction is confirmed in future research, it may be added to our pedagogical tools for helping students with PSA. The data reported in this study suggest that oral interpretation is a potentially significant context for PSA interventions that warrants further investigation.

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