PRAXIS

Art as a Means of Exploring Public Speaking Anxiety: One Communication Center's Expressions

Kimberly M. Cuny

University of North Carolina, Greensboro

Rationale

Dwyer and Davidson's 2012 research traces the genesis and transformation of the story behind myths about Americans' greatest fears. The story starts with research, publicized in a 1973 *London Times* article, which essentially unmasked an almost mythic tale about public speaking being Americans' worst fear. Dwyer and Davidson were able to replicate the original study after altering the questions to focus on college students facing the start of a public speaking course. They found that "students selected death as their top fear most often, followed by public speaking, and then financial problems. So, is public speaking not really the number one fear? It is the most common fear, selected by students more often than other fears. However, it is not the top rated fear, death is" (Dwyer & Davidson, 2012, p. 107). Not surprisingly, public speaking college faculty experience the effects of this speaking fear when student-speakers give presentations in their classes. This is what serves as our motivation to look further into the role communication centers might have in supporting the management of public speaking anxiety

(PSA). Students, faculty, and staff working at communication centers are well positioned to aid speakers with PSA through critical intervention (Yook, 2006).

Public speaking and basic communication course textbooks already cover the stage fright associated with public speaking in ways that suggest strategies for success. For example, O'Hair, Rubinstein, and Stewart (2013) suggest that, for student speakers to manage their anxiety, they can try modifying thoughts and attitudes, visualizing success, and relaxing. Unlike most introduction to communication textbooks, Schwartzman (2010) cites more research studies when he lists strategies for success. His list includes harnessing nervousness, habituation and immersion, cognitive restructuring, systematic desensitization in incremental approaches, positive visualization, and controlling your presentation conditions. While nearly all of the strategies listed in both books are rooted in research findings, not every technique for managing or reducing PSA will work for everyone.

Communication centers in higher education are the learning spaces where studentspeakers seek support as they work on oral communication class assignments. In these centers,
we face PSA issues regularly. Communication centers function as safe and judgment free
learning spaces where speakers enter into dialogue with a peer educator who has been trained
to facilitate center specific forms of critical pedagogy. Peer educators at communication centers
never co-create speakers' work products but rather they offer guidance and feedback, and at
some centers they also offer supplemental instruction. At the start of a session, speakers and
consultants first work to identify goals for the peer-to-peer consultation. Together the two
discuss the assignment, look at or listen to the speaker's work product, or talk about any other
related issue that the speaker brings up.

At the University of North Carolina at Greensboro, as we engaged in meaningful dialogue with speakers about the multimodality of their oral communication acts, we speculated about the anxiety that speakers bring with them into our consultation rooms: "As one would expect there is public speaking anxiety, especially if the speaker is going to stand up and practice their [sic] speech with us. With help from our consultants that were recruited from the pool of speakers we worked with previously, we also identified the uncertainty of what is to come during the pending consultation as a source of anxiety" (Zakia & Cuny, 2013). After making stress reducing changes to the experiences speakers would have in our lobby and in consultations, including adapting positive affirming verbal and nonverbal strategies, we tried to ease the uncertainty of what is to come.

Anxiety associated with public speaking shows up in research studies as communication apprehension (CA), fear of public speaking (FOPS), and PSA. While CA, "an individual's level of fear or anxiety with either real or anticipated communication with another person or persons" (McCroskey, 1977, p. 78), has been the subject of most of the published research, it is not limited to public speaking. FOPS is identified as a social phobia, while PSA (also a social phobia), is "the threat of unsatisfactory evaluations from audiences" (Schlenker & Leary, 1982, p. 646), which involves physiological arousal, and negative self-focus, and/or affects behavior (Daly, McCroskey, Ayres, Hopf, & Ayres, 1997).

While the social phobia focused research of PSA has looked at ways to help those who are afflicted and FOPS researchers in psychology are integrating virtual reality into treatment, no research has incorporated the creative and expressive use of art to aid those affected. We

look to psychotherapy, talking with a mental health professional to solve problems, as a way to help aid us in exploring how the power of art may open opportunities to manage PSA.

Early use of art in both therapy and educational settings led to the understanding that art allows for emotional communication (Case & Dalley 2014). Expressive art used in psychotherapy has the power to offer perspective and possibilities for solving one's problems by providing time and space to reflect and explore (Trepal-Wollenzier & Wester, 2002). Creating art has an impact as an adjunct to other approaches in treating issues including anxiety (Baptiste, 1989; Brumlevel, 2010). Communication centers do not offer professional help with mental heath issues. They are, however, educational learning spaces where self-improvement of oral communication competency and confidence are the overall goals. Given this, communication centers are well positioned to utilize the act of creating art as a means to provide space and time for reflection and exploration. What follows is the evolution of one particular communication center's use of an artistic activity in what starts as a means of aiding speakers with managing their PSA.

Getting to Know your Monster

Our 2003 first attempt at using art focused on art as a means of helping speakers to identify the source(s) and effect(s) of their own PSA. We had started to utilize a PSA Monster exercise which was obtained by our director while visiting The Speech Lab at Brookdale Community College.

The exercise, developed by Kathy Blackburn, incorporates artful expression after we read the following narrative out loud.

There is a Bugs Bunny cartoon called "Hair-Raising Hare" where Bugs meets a monster. The monster is heart-shaped, yet determined to eat Bugs. First, Bugs tries running away from the monster, then, up to his usual style, he uses his tricks to deter the monster. At one point, he reprimands the monster for having ugly nails, and begins to give the monster a manicure. He talks to the monster, assuring the monster that he has heard that monsters have interesting lives. Bugs lulls the monster into feeling safe in order to pull his next trick.

We all have a public speaking anxiety monster within us. It wants to eat our confidence all up. This monster attacks us before, during, and after the process of giving a speech. Like Bugs, our first reaction is to run as far away from this monster as possible. We deny it by avoiding public speaking altogether. Eventually, though, the monster always catches up and we are forced to confront it. If we take it by surprise and try to lull it into allowing us to get close enough to give it a "manicure", we will be better able to deal with the monster in the future. Remember the monster will always be with us – the trick is to tame the monster.

One way to get to know your "monster" is by drawing a picture of it. Visualizing how the monster looks, in what setting and what it may be saying to you, is an effective first step in dealing with your fears about public speaking.

After reading the narrative, we pass out paper and crayons or markers as we prepare to instruct participants to draw a picture of their own PSA Monster. We were initially surprised at how positively college students responded to the opportunity to draw with crayons. Nothing could have prepared us for the heightened excitement of our participants when we shifted to scented markers. Before instructing participants to draw, we would return to the narrative and read the last paragraph out loud again.

After audience members had worked on their individual monsters for about five minutes, they were instructed to share with one of their neighbors. In assessing the activity, instead of calling on individuals and asking what they learned, we asked the participants to shout out what people might have learned as a result of the activity. We made this distinction as an attempt to keep our learning space judgment free and safe. We ended the activity by making sure everyone in the audience knew that they could come to The University Speaking Center for help with taming their own monster. We also announced that monsters left behind would be added to our collection posted in the hallway outside of our entrance. Our earliest successes were achieved by incorporating this activity into the end of our own speaking center orientation tours. At the time, faculty who requested a class tour of the speaking center had the option of adding the monster activity. Most opted for the monster activity as it was a safe place to start the conversation about managing the PSA that college students have. We believed a further benefit was the opportunity for students to have a positive experience in our center before they returned for consultation support.

Informal feedback from faculty, students, and our consultants who facilitated the activity indicated that they all liked it. After we left the room, one faculty member would have her students yell at their monsters (in unison) about how they were no longer going to put up with them. Over time, consultants added a projected image from the cartoon onto a screen during their reading. Soon we used the activity to build what remains a popular sixty-minute interactive open enrollment workshop on managing PSA. By then, a tradition of the monsters in the hallway serving as the backdrop for speaking center staff biographies on our web page was firmly established.

When we moved into a new building in 2007, we had to stop offering the activity as part of our orientation tours because we no longer had a training room to accommodate a class. Initially, some faculty invited us to do the activity in their classrooms during their next meeting time. Eventually, the lack of physical space ended the monster activity and with it our earliest efforts at artful expression as a means of supporting speakers in our learning space. The activity would remain in our open enrollment workshop. The monsters remain as backdrops for our staff biographies on our Web page.

Reviving the Monster for Non-Native English Speakers

In 2009, our student-consultants presented the 60 minute workshop at the National Association of Communication Centers' 8th Annual Excellence at the Center Conference in Philadelphia. We invited students, faculty, and staff from other communication centers to use our workshop at their own campuses. We made the audience packet, facilitator packet, and video clip needed to present the workshop available on our web page to support that invitation.

In 2013, we marked our tenth year of operation with an academic study of our history and a reunion for our alumni. In the unpublished manuscript, alumni mentioned the monster activity as an important memory from their time with us. At the reunion event, they were thrilled to find that we provided a backdrop of monsters which they stood proudly in front of as we used their phones to take updated pictures. Since then, when alumni stop by to see us, we always take their photo with the monster backdrop. The new images garner positive comments and increased activity when posted to our alumni Facebook group.

Reviving the PSA monster activity remained on our agenda. During the summer session of 2014 consultants started incorporating the activity as a means of exploring PSA in our conversation practice consultations with non-native English speakers. In the center, we provide the only place on campus where both English language learners and non-native English speakers can have a low-stakes conversation about oral communication with native speakers. As our campus houses an English language learning school, we work with many international students who are learning English. This work takes the form of one-on-one conversation consultations which provide speakers with a place to practice English conversation while considering nonverbal elements of American conversation such as eye contact, gestures, facial expressions, use of space, silence, body movement, cultural artifacts, clothing, and gender difference.

We planned to talk about the narrative rather than read it because, in the past, a few consultants expressed interest in giving an alternative approach a try. As these would be face-to-face sessions we made some adjustments to the activity. We started with a blank sheet of paper and pen during our conversation practice sessions. During the one-on-one individual consultations we briefly introduced the idea of a PSA monster. Next we had each speaker make three separate, but related lists. First, they identified what their monster looked like, then what setting the monster was in, and finally what the monster might be saying to them. As this was being facilitated during a conversation practice session our consultants would both facilitate and participate in the activity by making their own lists. Next, utilizing the lists, both used scented markers to draw their own monsters.

We then shared monsters and started to talk about ways to manage one's PSA monster(s). For example, one speaker who had never really thought of PSA symptoms before identified their monster as making him or her get a dry mouth at the start of a speech. The consultant in that session quickly suggested having a bottle of water nearby at the time of speechmaking as a way to tame the dry mouth monster. Another consultant reported that one speaker understood the idea quite well, gave her own example of speaking anxiety, and talked about a few ways to push our monsters away (like practicing before a speech). Ideally, this speaker would see added value in visiting us to practice before her next speech. In another consultation, it was reported that the speaker thought it was fun to do something different during a consultation. For the consultant, the most memorable moment of that session was the laughter.

Other experiences reported by the consultants who participated included one speaker being prompted (by actively participating in the activity) to talk about how she felt when giving a speech in class. For this speaker, the monster provided space and time for exploration which led the conversation to address becoming more confident. The consultant ended the session by distributing handouts on managing PSA. Another speaker who was also very engaged with the activity offered relatable stories about public speaking experiences as a result of the time this activity allowed for reflection.

Not all experiences were positive. One of the sessions involved a conversation with a speaker who had an alternative purpose for the consultation which was different than conversation practice. Though he was polite, he did not have patience for the PSA activity, and so the consultation was redirected quickly. In another session with an English language learner,

one particular speaker really enjoyed the activity in the end, but it took some time to explain it before she understood. Most of our summer 2014 consultants opted to read the narrative then move on to the list making. This left our planned alternative delivery untested.

Appraisal

Several limitations exist for communication centers wishing to add this art activity, as presented here, to consultation services. First, the individual campus needs to have an interested population of English language learners or non-native English speakers. Second, the center needs to have a mission that is broad enough to embrace these cross-cultural interpersonal conversations. While the PSA activity is appropriate for use with all speakers on campus, this activity as presented here would probably not be suitable for speakers looking to have non-conversation practice sessions. However, monster sessions could be added to the consultation services offered for speakers looking to get help with PSA specifically.

We found that after speakers experienced the monster activity they expressed an increased motivation to learn more about what they can do to manage PSA. As a result, for Centers looking to add the PSA monster to consultations, we suggest moving from activity discussion directly to referencing text/course readings or handouts on PSA as a next step. This activity in all forms has always provided a safe opportunity for consultants to move away from the theoretical to the practice of helping others to manage PSA. In the future we will provide pastels and charcoals instead of markers as both offer increased opportunity to express artistic intensity. We are currently preparing to incorporate our own suggestions as we launch our revised summer efforts.

This PSA activity would transfer well to other communication centers in support of orientation, consultation, and workshop efforts. Our use of this one art activity has proven that art can productively provide space and time for reflection and exploration of oral communication topics. Directors looking to incorporate artful expression might connect the Makers Movement and Academic Creativity to the effort as both are meaningful endeavors which are gaining popularity.

References

- Baptiste, D. A. (1989). Using masks as therapeutic aids in family therapy. *Journal of Family Therapy, II,* 45-58. doi:10.1046/j..1989.00332.x
- Case, C. & Dalley, T. (2014). The handbook of art therapy. 3rd ed. New York, Routledge.
- Daly, J. A., McCrowskey, J. C., Ayres, J., Hopf, T., & Ayres, D. M. (1997). *Avoiding communication: Shyness, reticence, & communication apprehension* (2nd ed.). Cresskill, NJ: Hampton.
- Dwyer, K. K., & Davidson, M. M. (2012). Is public speaking really more feared than death? *Communication Research Reports*, 29, 99-107. doi:10.1080/08824096.2012.667772
- McCroskey, J. C. (1977) Oral communication apprehension: A summary of recent theory and research.

 Human Communication Research, 4, 78-96.
- O'Hair, D., Rubenstein, H., & Stewart, R. (2013). A pocket guide to public speaking. Boston: St. Martin's.
- Schlenkler, B. R., & Leary, M. R. (1982). Social anxiety and self- presentation: A conceptualization and model. *Psychology Bulletin*, 92, 641-669.
- Schwartzman, R. (2010). Fundamentals of oral communication. Dubuque: Kendall Hunt.
- Trepal-Wollenzier, H. C., & Wester, K. L. (2002). The use of masks in counseling: Creating reflective space. Journal of Clinical Activities, Assignments & Handouts in Psychotherapy Practice, 2, 123-130. doi:10.1300/J182v02n02_13
- Yook, E. L. (2006). Assessment as meta-listening at the communication center. International Journal of Listening, 20, 66-68. DOI:10.1080/10904018.2006.10499091
- Zakia-O'Donnell, E., & Cuny, K.M. (2013, April). Music as an effective anxiolytic intervention in university speaking centers and labs: Establishing a new practice. Paper presented at the annual Excellence at the Center Conference, Greensboro, NC.