Neiva, 19 de julio de 2019

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TÍTULO COMPLETO DEL TRABAJO: Exploring Public Speaking Anxiety and Its Effects on Oral Production in an ELT Master Program

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PARA OPTAR AL TÍTULO DE: Magister en Didáctica del Inglés

FACULTAD: Educación

PROGRAMA O POSGRADO: Maestría en Didáctica del Inglés

CIUDAD: Neiva   **AÑO DE PRESENTACIÓN:** 2019   **NÚMERO DE PÁGINAS:** 88

TIPO DE ILUSTRACIONES (Marcar con una **X**):

Diagramas___ Fotografías___ Grabaciones en discos___ Ilustraciones en general___ Grabados___ Láminas___ Litografías___ Mapas___ Música impresa___ Planos___ Retratos___ Sin ilustraciones___ Tablas o Cuadros _X_

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SOFTWARE requerido y/o especializado para la lectura del documento: No Aplica

MATERIAL ANEXO:

PREMIO O DISTINCIÓN: MERITORIA

PALABRAS CLAVES EN ESPAÑOL E INGLÉS:

Español	Inglés
1. Producción oral	Oral production
2. Ansiedad al hablar en público	Public speaking anxiety
3. Terapia cognitivo-conductual	Cognitive-Behavioral Therapy

RESUMEN DEL CONTENIDO: (Máximo 250 palabras)

La ansiedad al hablar (SA, debido a sus siglas en ingles) es uno de los factores que afecta el proceso de aprendizaje de un idioma; sin embargo, existe poca investigación sobre cómo afecta la producción oral de estudiantes de inglés como lengua extranjera a nivel de posgrado. El objetivo de este estudio de caso exploratorio-descriptivo fue examinar los efectos de la ansiedad al hablar en público en cinco estudiantes de la maestría en didáctica del inglés de la Universidad Surcolombiana durante presentaciones orales en clase. Utilizamos encuestas, narrativas y entrevistas semiestructuradas para investigar los factores provocadores de ansiedad, las manifestaciones de la ansiedad al hablar y las estrategias que los participantes utilizan para regular los síntomas asociados a su ansiedad. Adicionalmente, realizamos una breve terapia cognitivo-conductual (CBT por sus siglas en inglés), para evaluar la eficacia de la misma para disminuir los síntomas de ansiedad antes de una presentación. Los hallazgos muestran que: existen diferentes factores internos y externos que provocan o estimulan la ansiedad, existen unos patrones de síntomas de ansiedad relacionados específicamente con el momento en el que se realizan las presentaciones orales, que se experimentan picos de ansiedad, que las estrategias que se utilizan para regular la ansiedad son tanto internas como externas y que una breve terapia cognitivo-conductual es efectiva para reducir los síntomas asociados a la ansiedad al hablar en publico.

ABSTRACT: (Máximo 250 palabras)

Speaking anxiety (SA hereafter) is one of the factors that affects and impacts the process of learning a language; however, little research exists on how it affects the oral production of EFL students at a graduate level. This descriptive, exploratory case study aimed to examine the effects of public speaking anxiety on five graduate students from the Master in English Didactics program at Universidad Surcolombiana during in-class oral presentations, by combining both quantitative and qualitative data. A survey, narratives, and semi-structured interviews were employed to investigate the provoking factors, the manifestations of speaking anxiety and the coping strategies that participants used to regulate their speaking anxiety. In addition, a brief cognitive behavioral therapy was carried out to assess the efficacy of it in diminishing the feelings of anxiety before a presentation. Findings showed that there are individual reactions to speaking anxiety which include: internal and external triggering factors that increase anxiety levels, patterns on the manifestation of the symptoms of speaking anxiety that are related to the time of the presentation, peaks of anxiety, internal and external coping strategies that alleviate the symptoms related to speaking anxiety and that brief Cognitive Behavioral Therapy (CBT) interventions are effective in reducing SA.

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Exploring Public Speaking Anxiety and Its Effects on Oral Production

in an ELT Master Program

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School of Education

Masters' Program in Education with Emphasis on English Didactics

Neiva, Huila

2019

Note of acceptance

Master with Distinction

External Evaluator

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Acknowledgments

We want to express our most sincere and deepest thanks and appreciation to professor Claudia Torres, our thesis advisor, who gave us her support through all our research. She has inspired us to become the best versions of ourselves.

We would also like to express our special thanks to Dr. Harold Castañeda for suggesting shaping our initial proposal into the project we developed. We certainly could not have come this far without his advise.

We are thankful to our families for their constant motivation, patience, understanding, and love towards us.

Finally, we would also like to take this opportunity to thank all of our participants, who in the past year have become our friends. We will never have enough words to express how grateful we are with you for letting us enter your lives and sharing with us your fears.

Olga Lucía and Catalina

Abstract

Speaking anxiety (SA hereafter) is one of the factors that affects and impacts the process of learning a language; however, little research exists on how it affects the oral production of EFL students at a graduate level. This descriptive, exploratory case study aimed to examine the effects of public speaking anxiety on five graduate students from the Master in English Didactics program at Universidad Surcolombiana during in-class oral presentations, by combining both quantitative and qualitative data. A survey, narratives, and semi-structured interviews were employed to investigate the provoking factors, the manifestations of speaking anxiety and the coping strategies that participants employed to regulate their speaking anxiety. In addition, a brief cognitive behavioral therapy was carried out to assess the efficacy of it in diminishing the feelings of anxiety before a presentation. Findings showed that there are individual reactions to speaking anxiety which include: internal and external triggering factors that increase anxiety levels, patterns on the manifestation of the symptoms of speaking anxiety that are related to the time of the presentation, peaks of anxiety and internal and external coping strategies that alleviate the symptoms related to speaking anxiety. Moreover, we were able to determine that brief Cognitive Behavioral Therapy (CBT) interventions are effective in reducing SA.

Keywords: Oral production, public speaking anxiety, cognitive behavioural therapy

Resumen

La ansiedad al hablar (SA, debido a sus siglas en ingles) es uno de los factores que afecta el proceso de aprendizaje de un idioma; sin embargo, existe poca investigación sobre cómo afecta la producción oral de estudiantes de inglés como lengua extranjera a nivel de posgrado. El objetivo de este estudio de caso exploratorio-descriptivo fue examinar los efectos de la ansiedad al hablar en público en cinco estudiantes de la maestría en didáctica del inglés de la Universidad Surcolombiana durante presentaciones orales en clase. Utilizamos encuestas, narrativas y entrevistas semiestructuradas para investigar los factores provocadores de ansiedad, las manifestaciones de la ansiedad al hablar y las estrategias que los participantes utilizan para regular los síntomas asociados a su ansiedad. Adicionalmente, realizamos una breve terapia cognitivo-conductual (CBT por sus siglas en inglés), para evaluar la eficacia de la misma para disminuir los síntomas de ansiedad antes de una presentación. Los hallazgos muestran que: existen diferentes factores internos y externos que provocan o estimulan la ansiedad, existen unos patrones de síntomas de ansiedad relacionados específicamente con el momento en el que se realizan las presentaciones orales, que se experimentan picos de ansiedad, que las estrategias que se utilizan para regular la ansiedad son tanto internas como externas y que una breve terapia cognitivo-conductual es efectiva para reducir los síntomas asociados a la ansiedad al hablar en publico.

Palabras clave: Producción oral, ansiedad al hablar en público, terapia cognitivo-conductual

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Introduction

Most English as a foreign language (EFL) learners seek to communicate effectively in the target language. However, learning a foreign language is a challenging task because the learners have limited exposure to the language outside the classrooms. As learners lack opportunities to practice the language, they sometimes develop speaking anxiety (SA) (Raja, 2017). Moreover, many people experience feelings of fear and anxiety when they become the focus of attention when addressing an audience. These feelings can escalate into physical symptoms like excessive sweating, which increases the levels of SA. Therefore, SA affects and impacts the learner's proficiency and performance in the target language.

As English language teachers we must be aware of the effects of public speaking anxiety on the oral production of our students, as we have the responsibility of helping them overcome the fears underlying their anxiety and providing them strategies to cope with its symptoms. This way, we might contribute to reducing the possibilities of frustration towards the process of learning the language.

This research tells the experiences of five students from the Master in English Didactics program at Universidad Surcolombiana who experiece high levels of speaking anxiety while giving oral presentations in class. The purpose is to understand how public speaking anxiety affects the oral production of these students by describing the provoking factors and symptoms of SA and identifying the strategies that they employ to regulate these symptoms. However, this research is not merely a description of how the students feel while giving presentations during class. We sought to introduce a strategy to help them deal with those feelings. Thus, the second purpose of this research is to evaluate the effectiveness of a brief Cognitive Behavioral Therapy (CBT) intervention to cope with public speaking anxiety in this particular setting.

This research is a descriptive, exploratory case study. It lays out the way students with SA feel and what they do while giving oral presentations in class, and the efficacy of CBT in dealing with those feelings, and seeks to describe this phenomenon in sufficient detail so that others who might experience SA would be able to use similar strategies. The case is exploratory to the extent that SA has not previously been studied at the Master in English Didactics program from Universidad Surcolombiana nor the effectiveness of CBT to reduce the levels of speaking anxiety during in-class oral presentations. In addition to being a descriptive, exploratory case study, this study combined quantitative and qualitative methods for data gathering purposes to have a complete vision of the problem we identified.

We organized our research in five chapters. Each chapter presents the following information: Chapter I describes our research problem, the setting where our study took place, the rationale of what we expect from our research, and the research question and objectives. Chapter II presents the theoretical framework that guided our research as well as the main constructs we used and the related studies that helped us shape our research. Chapter III provides an outline of the methodological design that we followed in the study, how we selected our participants, the instruments we used, and the procedures we followed to collect the data. Chapter IV explains our data analysis procedures, as well as the findings we obtained from the data collected. Chapter V includes our conclusions from the research and the explanation of how the data analyzed help us answer our research question, as well as the implications of our study.

Chapter I

Research Problem

This chapter presents our research problem. The first section corresponds to the statement of the problem which includes how we identified it trhough the application of two need analysis instruments. It also includes information about the setting where our study took place and the importance of conducting this study in our context. Finally, we introduce our research question and research objectives.

Statement of the Problem

This research looks into public speaking anxiety and its effects on the oral production of five students from the third cohort of the Master in English Didactics program at Universidad Surcolombiana during in-class oral presentations. Speaking is one of the most important components of language; thus, it is one of the main skills to develop when learning a foreign language (Tılfarlıoğlu & Öztürk, 2007). Speaking anxiety, however, is one of the factors that affects and impacts the learners' speaking proficiency and performance in the process of learning a language (Crookall, 1991). Despite its importance, EFL teachers sometimes seem to overlook speaking anxiety in their classrooms (Sánchez Solarte & Sanchez Solarte, 2017).

Experiencing anxiety while speaking in the foreign language is likely to have a negative impact in the speaker's concept of self as a good communicator and results in self-consciousness, reluctance or fear to speak (Salem, 2014). As students from the third cohort of the Master in English Didactics at Universidad Surcolombiana, we were able to observe at first hand some of our classmates who experienced speaking anxiety symptoms during the classes and how this created difficulty in their performance while using the language, especially during oral

presentations. This is backed up by researchers such as Buitrago & Ayala (2008), Tsiplakides & Keramida (2009) and Sukiman (2016) who found in their research studies that speaking anxiety affects students' interactions and their levels of achievement in the classroom. Later we confirmed this initial thought through some informal conversations with our peers and two surveys we applied to determine if they experienced speaking anxiety and the levels at which they experienced this phenomenon.

We asked 22 EFL students from the Master in English Didactics program to take an online survey with 37 items, to identify those students who experienced high levels of speaking anxiety. To accomplish this, we modified and adapted the Personal Report of Public Speaking Anxiety (PRPSA) developed by McCroskey, (1970) (See Appendix A). By using a Likert-scale, students were asked to ratify their feelings while speaking in English. The data collected through this survey confirmed our hypothesis that some students from the Master in English Didactics program experienced speaking anxiety and we were able to identify seven students who showed signs of moderate-to-high levels of anxiety. While piloting the survey, we found that one of the researchers experienced high-levels of speaking anxiety and she volunteered to become a participant of the study.

Although authors like Baines (2013) and Corbin-Dwyer and Buckle (2009) have written about taking an insider/outsider positioning in qualitative research, they focused on the benefits of this dual positioning when the researcher is part of the same population as the ones being studied. However, it is not common for researchers to be active participants in their own studies, providing data to analyze, and therefore assuming both roles of researcher and researched. According to Probst (2016), although the dual positioning among members of a research team can be challenging, it is also a highly worthwhile experience, especially for novice researchers, as there can be an appreciation for empathy, reflexivity, and respect for both the knowledge and

vulnerability of participants that cannot be learned merely by reading about it. We considered that the role of the researcher as a participant would allow us to create a bond with the other participants and increase their level of openness and trust towards us. As Dwyer & Buckle (2009), we thought that our participants would be keener to share their experiences if there was an assumption of understanding and shared distinctiveness with us.

After applying the PRPSA survey, we applied a second survey called Personal Report of Communication Apprehension (PRCA-24) developed by McCroskey (1982) (See Appendix B). This survey was designed to assess feelings about communicating in four contexts: (a) group discussion, (b) meetings, (c) interpersonal conversations, and (d) public speaking. By analyzing the data gathered from this survey, we were able to determine that only five out of the seven initial participants met the required criteria to participate in the study: individuals who indicated high levels of public speaking anxiety.

Moreover, our research contributes to making public speaking anxiety visible among professors and students at a graduate level. We believe that by identifying the triggers that cause public speaking anxiety and the strategies used by the students to deal with the manifestations of it, we are able to suggest additional procedures to help students successfully cope with the speaking anxiety symptoms during in-class oral presentations.

Setting

This study took place at Universidad Surcolombiana, the largest public university in the south of Colombia, with a student population of 13,135 in 2019 (Universidad Surcolombiana, 2019). The university has four campuses: Garzón, La Plata, Pitalito and Neiva, the latter is the main campus, which is divided into seven faculties, and offers 28 undergraduate programs and 31 graduate programs.

In 2014, the university opened its first cohort of the Master in English Didactics program with 24 students. This master's program belongs to the Faculty of Education and has 16 professors and 8-12 thesis advisors, on average, every cohort. The curriculum of the program comprises eight core courses which all students must take, three elective courses to broaden students' horizons and tailor their interests, and a thesis research (Appendix C). Both core and elective courses are studied over two years (four semesters), and the thesis research is carried and written alongside them. During each of the first three semesters of studies, students take two core courses and one elective course, while in the fourth semester, they only take two core courses and work on their thesis research. As each course is taught and assessed in English, one of the requirements to apply to the masters is to present a certificate of English proficiency as level B2 (CEFR). To this date (2019), the program has had four student cohorts, with a total of 85 enrolled students, 36 of whom have already graduated.

Rationale

Some EFL teachers and learners consider speaking as the most stressful skill to master in the process of learning the language (Young, 1992). Therefore, it is not surprising that for EFL speakers, engaging in speaking activities that require being on the spot or in front of a crowd represent stressful situations that trigger feelings of anxiety. Awan, Azher, Anwar, & Naz (2010) found in their research that "speaking in front of others" is usually rated as the most significant cause of anxiety for EFL speakers. As EFL speakers, we have experienced the effects of public speaking anxiety and we have seen how these can affect the overall oral production of proficient EFL speakers. As EFL teachers, we believe that it is our duty to guarantee safe classroom environments for our students; this includes being able to identify students who experience speaking anxiety and help them cope with its symptoms.

By attempting to understand how public speaking anxiety affects the oral production of graduate-level students during in-class oral presentations, we hope to offer meaningful insights to our academic community about the effects of this type of anxiety on the oral performance of five EFL graduate students from the Master in English Didactics program at Universidad Surcolombiana. Moreover, by implementing a brief CBT intervention, we expect to suggest EFL teachers strategies that can be used to help students who experience this type of anxiety. In addition, since this phenomenon is not constrained to a specific setting, we hope that our study provides public speaking anxious EFL students a broader understanding of how this type of anxiety affects their oral production and which strategies they can use to cope with the speaking anxiety symptoms successfully.

Finally, although speaking anxiety has received some attention in our country (Buitrago y Ayala, 2008; Ariza, 2013; Cañas, 2013) little is known about the effects of public speaking anxiety on EFL graduate students. Therefore, as there is a shortage of research about this phenomenon in our context, we seek to contribute to fill this gap and become a guide for future researchers who might be interested in researching public speaking anxiety.

Research Question

The purpose of our study was to understand the effects of public speaking anxiety on the oral production of students from a Master in English Didactics program during in-class oral presentations by exploring the factors that trigger the anxiety and the symptoms they experience while presenting, as well as identifying the strategies they use to regulate it.

Based on the above, our study aims to answer the following research question: How does public speaking anxiety affect the oral production of students from a Master in English Didactics program during in-class oral presentations?

Research Objectives

General objective*:* To understand how public speaking anxiety affects the oral production of students from a Master in English Didactics program during in-class oral presentations.

Specific objectives: (a) To describe the provoking factors and symptoms of public speaking anxiety; (b) To identify the strategies that students employ to regulate speaking anxiety during in-class oral presentations (c) To evaluate the effectiveness of a brief Cognitive Behavioral Therapy intervention to cope with public speaking anxiety.

Chapter II

Literature Review

This chapter presents the theoretical framework that guided this research. The first section introduces the reader into the reality of speaking anxiety. In this sense, we present the definitions of speaking anxiety and its interpretation for this study. Also, we describe the identified factors and causes of speaking anxiety presented in the literature, as well as the description of theoretical constructs. Moreover, we include the description of the Cognitive Behavioral Therapy (CBT), as a strategy to cope with public speaking anxiety. At last, we present a summary of the related studies that helped us shape our research.

Speaking Anxiety

Anxiety is an affective state in which the learner experiences tension, perceives danger and feels powerless (Blau, 1955), which can impact on the learner's ability to perform certain tasks, and has detrimental effects on academic achievement (Gkonou, 2014). Reading, understanding, speaking and writing are the competencies that a learner needs to develop to master a foreign language (Ariza, 2013; Macintyre and Charos, 1996). Ariza (2013) and Cañas (2013) consider that speaking is the most difficult competence for a learner to develop. The results of many studies (Rastegar and Gohari, 2016; Al-Shboul et al., 2013; Tran, 2012; Alemi and Pashmforoosh 2011; Liu and Jackson, 2008; von Wörde, 2003; MacIntyre et al., 1997) show that a significant number of people confront the fear to oral public speeches. The findings of these research studies offer a gamma of information involving factors that directly impact the learner's oral production, such as speaking anxiety or the anxiety provoked by the fear of communicating orally. As was mentioned by Ariza (2013), "suffering from anxiety when

speaking is a real-life issue that some students may experience at different levels" (p.151). If learners experience speaking anxiety, they are not likely to be motivated to speak in public and, therefore, it can make learning a foreign language challenging (Buitrago & Ayala, 2008).

Causes of speaking anxiety. Many factors can impact the oral performance of English as a foreign language (EFL) learners. Ariza (2013), Alemi and Pashmforoosh (2011), Buitrago and Ayala (2008) and Wang (2005) agree that socio-affective factors are active elements that cause speaking anxiety. According to them, a learner's poor attitude, including lack of self-confidence and self-image, have a negative impact on their oral performance. Other essential factors are those highlighted by Liu and Jackson (2008) referring to "apprehension, low self-esteem, lack of communicative competence, anomie, alienation, and introversion" (p.71). None of these factors should be undervalued in EFL classrooms since they have a significant influence in impeding or facilitating learners' performance.

Moreover, there are other factors that can make learners worry about their performance. According to Al Yami (2015), there are factors that are specific to students from a given culture and society. An example of this are the EFL learners from Saudi Arabia, for them one of the factors that trigger speaking anxiety is speaking in front of those from a different gender.

Another source of speaking anxiety is the environment of the class. If learners believe that their classrooms are unhelpful or intimidating, they will show more signs of anxiety. Turula (2004), argues that 'classroom dynamics' or interactions among the class is a source of worry for some students. Gkonou (2016) states that the social context can influence the level of anxiety that a student experiences. The environment is very important in the level of anxiety experienced by a student.

Another factor that triggers speaking anxiety in EFL learners are the linguistically demanding speaking tasks (Yami, 2015), like oral examinations, which are a great source of anxiety (Ünver et al, 2016), as learners are worried about poor grammar, vocabulary, and making mistakes in public, the latter being one of the major factors that cause speaking anxiety.

Concerning the relation between the learner and the classroom, literature mentions factors that affect the oral production such as teacher's motivational attitude, proficiency in the student's first language, and students' fear to be negatively evaluated; these are just some of the factors playing an important role in the development of speaking anxiety (Ariza, 2013; Buitrago and Ayala, 2008; Liu and Jackson, 2008; Wang, 2005). The fear to be negatively evaluated plays an important role in causing speaking anxiety. Ariza (2013) stated that "people are prone to fear of negative evaluation which seems to be one of the strong sources crediting to anxiety in FL classrooms" (p.155). Hence, teacher's evaluation and colleagues' attitudes affect the performance of a learner suffering from anxiety. According to Von Wörde (2003), teacher corrections during performance can impact the learners' security and language learning, thus, the pedagogical practices have a great influence in the oral performance, given that frequent interruptions to mark errors lead the speakers to lose their focus and concentration; the attention turns to the error and the search of error reparation.

Likewise, Liu (2006) found that students can feel more anxious depending on the type of pedagogical task they have to develop. Students feel less anxious when they are engaged in group activities than when they should speak to the teacher or to the general classroom. To this effect, speaking anxiety comes from either the person himself or from the relationship he has established with the other participants in the classroom, understanding that the teacher and the colleagues play a vital role to increase or alleviate the anxiety.

Manifestations of speaking anxiety. According to Gardner (2014), anxiety makes learning a second language an unpleasant experience for the learner and those who suffer from high anxiety levels are less motivated than others. Students who are anxious are not as motivated as other students, and they do not engage with their classes or with their teachers.

The most important manifestation of speaking anxiety is the reluctance to speak. When students with high levels of anxiety speak, they often perform poorly in the target language, as the manifestations of public speaking can lead students to forget or mispronounce words (Ünver, Aydın & Eş, 2016).

According to Cañas (2013), there is an array of psychological and physical traits associated with anxiety in the EFL classroom. Students who experience speaking anxiety develope some physical symptoms, such as headache, sweating hands, movements of legs and hands, and muscle tension. Von Wörde (2003) added other physical manifestations as clammy hands, cold fingers, shaking, sweating, pounding heart, tears, foot tapping or desk drumming. Other demonstrations such as red face, tiredness, and stomach pain reflect the anxiety among students. In some people, speaking anxiety symptoms provoke a type of repetitive actions when they have to talk in front of the classroom such as squirming, fidgeting, playing with hair or clothing, nervously touching objects, stuttering, displaying jittery behaviors (Cañas, 2013).

Moreover, some people experience cognitive symptoms such as the need to over study and memorize what they will say, forgetting vocabulary, making mistakes in the grammatical use of tenses or the inability to pronounce words in the foreign language (Cañas, 2003); all of which increase the levels of speaking anxiety.

Likewise, psychological symptoms, such as nervousness, angry, self-criticism, lack of self-confidence, low self-esteem, ability to take the risk, internal frustration, shame and

embarrass are other manifestations of speaking anxiety that learners experience (Cañas, 2013; von Wörde, 2003).

Furthermore, another essential aspect to consider is the duration of the symptoms of anxiety, as some learners experience them for days or weeks before the date of the oral performance, which can make them feel that the oral activity is a time bomb or petrified by it (von Wörde, 2003).

Coping strategies for speaking anxiety. None of the reviewed literature previously mentioned affirms that speaking anxiety is a pleasant and comfortable feeling. Coping strategies can help a student with high level of anxiety when it comes to speaking in an EFL classroom, such as extra preparation. It is generally agreed that the sources of anxiety can be managed and that teachers can develop strategies to help students (Occhipinti, 2009).

Kondo (1994) identified five strategies that aim to minimize or alleviate speaking anxiety. The strategies most commonly used in public speaking situations are relaxation, preparation, positive thinking, audience depreciation, concentration, and resignation. Nonetheless, there is not a report of the effectiveness of the previous strategies in the diminishing of the phenomenon. Buitrago & Ayala (2008) identified four kinds of strategies which help students to overcome their fear of expressing orally: psychological strategies, methodological or pedagogical strategies, cognitive and metacognitive strategies, and social/affective strategies. Having cultural moments, humor, and using the mother tongue in the classroom during oral activities contributes to reaching a stress-free environment. Moreover, Tsiplakives and Keramida (2009) suggest the use of project work as a strategy to provide all the students (anxious and non-anxious) plenty of opportunities to use the language orally in a safe context.

Cognitive Behavioral Therapy (CBT)

Going beyond the learning strategies developed by a teacher, Cognitive Behavioral Therapy (CBT) has been widely implemented to treat public speaking anxiety (Safir, Wallach, & Bar-Zvi, 2011; Pelletier, 2002; Anderson, Zimand, Hodges, & Rothbaum, 2005). According to Beck (2011), CBT is a type of psychotherapy proven to be useful for a wide range of problems like depression, anxiety, addiction, and low self-esteem, directed to solve them and modify dysfunctional thinking and behavior. That is to say that CBT focuses on how the actions of people are affected by their thoughts. It is not a situation what determines what people feel but how they confront different situations. The goal of CBT is to teach people, graduate students in our case, to control the feelings they are struggling with, while making them understand that the way they think and react can be modified (Fenn, & Byrne, 2013). Wright (2006) states that although depressive behavior can be modified with CBT, this therapy is particularly effective and highly successful for anxiety disorders. In this sense, CBT is helpful and effective to control speaking anxiety focusing on the symptoms rather than on the cause of the disorder per se.

Fenn & Byrne (2013) list a series of techniques designed to help people deal with anxiety. The most important and frequently used cognitive methods used in CBT are guided discovery, Socratic questioning, and thought records, while the behavioral techniques are the activity scheduling and graded task assignment, behavioral experiments, progressive relaxation, and breathing relaxation. A wider list is developed by Wright (2006), who not only mentions those by Fenn and Byrne (2013), but includes methods like examining the evidence, examining advantages and disadvantages, identifying cognitive errors, imagery, role play, rehearsal, and generating rational alternatives as cognitive therapy. Furthermore, among the behavioral methods we can find exposure and response prevention, relaxation training, breathing training, coping

cards, and rehearsal (Wright, 2006). An important fact that we acknowledged with this diverse and rich list of options is how helpful they can be to reduce learners' public speaking anxiety.

Related Studies

Many researchers have studied the effects of public speaking anxiety on the oral production of EFL speakers and many others the impact of implementing Cognitive Behavioral Therapy (CBT) for reducing the symptoms related to this type of anxiety. This section presents a review of the related studies that have sought to understand SA and that served as reference for our research.

Öztürk and Gürbüz (2014) conducted a study on the level, major causes, and determining factors of foreign language speaking anxiety and students' perceptions of it in an EFL context. They collected both quantitative and qualitative data, the former by means of a questionnaire, and the latter through face to face interviews. They analyzed quantitative data through descriptive statistics and qualitative data via content analysis. The sample comprised 383 students of an English preparatory program at a public university in Turkey. The results indicated that the major causes of EFL speaking anxiety are pronunciation, immediate questions, fears of making mistakes, and negative evaluation. As one of our research objectives was to describe the provoking factors of public speaking anxiety, Öztürk and Gürbüz (2014) provided us a set of possible causes that trigger speaking anxiety.

Yami (2015) aimed to investigate the triggers of speaking anxiety for nine ESL learners studying in Australia, as well as the manifestations of such anxiety and the coping strategies identified by the participants. She gathered qualitative data through class observations, while the participants were engaged in three types of speaking activities: pair work, group work, and oral presentation, followed by individual semi-structured interviews and stimulated recall sessions.

Findings showed that there were five socio-contextual factors, two psycholinguistic factors, and three overlapping factors that triggered the ESL learners speaking anxiety. Moreover, the manifestations of speaking anxiety among the participants were both physical and psychological and included avoiding eye contact, holding onto objects tensely, and forgetting words. Thanks to her research, we narrowed the scope of our study and decided to work only with speaking anxiety during oral presentations as the manifestations of anxiety were stronger in this type of activities.

In Colombia, Cañas (2013) identified some of the factors that affect EFL students' oral participation at a public university. She collected data from six students from an ELT undergraduate program, through classroom observations and interviews, and later analyzed the data following the interpretive analysis model suggested by Hatch (2002). This qualitative research revealed that some anxiety signs such as physical actions, general avoidance, and physical symptoms are the factors that affect EFL students when speaking in front of a class. As her population was similar to ours, in terms of being students from an ELT program, we were able to put our research in context by understanding some of the factors that affect the oral performance of students in our country.

Beltrán (2013) reported the experiences of three EFL students on how anxiety affected them when communicating orally in their classroom. She collected data for two months through class observations and one-on-one interviews. Her research revealed that communication apprehension was the main source of anxiety and that it highly affected students' self-confidence and self-perception. Her research was important to us, as she focused her research on understanding how students felt while experiencing speaking anxiety, which is the main purpose of our study. From her research, we were able to recognize that both self-confidence and self-perception play an essential role in experiencing public speaking anxiety, and we paid close attention to these two factors while analyzing our data.

Buitrago and Ayala (2008) identified a group of thirty-three tenth graders, who despite having great expectations and high motivation towards learning English, felt insecure and nervous about speaking it. Their research focused on identifying learning strategies that help students overcome speaking fears and anxiety and activities that promote oral interaction in the classroom. For this qualitative action research study, they gathered data from surveys and classroom observations. The purpose of the surveys was to collect information about students' interests, needs, and likes regarding language learning and how they felt during performances. In addition to the surveys, while one of the researchers was developing the classroom activities, the other one was doing classroom observations, taking field notes, and recording the lessons. Their research showed that a relaxed classroom atmosphere is key to reduce students' anxiety, which includes the teachers' personalities and attitude towards the students and the language. Their research was important to us, as they conclude with what we feel is our responsibility as ELT teachers: the responsibility of providing a safe environment for our students to develop their skills at most.

Gaona (2017) studied the perceptions of twenty-nine eighth graders from a public school in Neiva, about self-confidence and anxiety towards speaking English in class, and implemented Project based learning (PBL) activities with the purpose of determining how effective these activities were to improve students' self-confidence and reduce the levels of anxiety towards speaking English in class. Using six surveys, resulting from the adaptation of the Foreign Language Classroom Anxiety Scale (FLCAS), developed by Horwitz (1986), she was able to determine that students who had lower communication self-confidence were the most anxious when dealing with criticism and evaluation. Moreover, her research showed that PBL was effective to improve students' self-confidence as well as to reduce the levels of anxiety while promoting collaborative work and critical thinking. The importance of her research for ours lied

on the fact that speaking anxiety during English classes is an issue of interest in our context and

that other ELT teachers are trying to raise awareness about it and are looking for ways to provide

students with strategies to cope with it.

Concerning the use of Cognitive Behavioural Therapy (CBT) as a mechanism to deal with

the symptoms produced by anxiety, Galvez (2008) states that CBT is more effective than

pharmacotherapy which sometimes might cause dependence and side effects. The purpose of

CBT is that the person becomes aware of his anxiety, how he feels about it and finds a way to

deal with his feelings (Hewitt & Gantiva, 2009). Anderson, Zimand, Hodges, and Rothbaum

(2005) tested a CBT treatment for public-speaking anxiety in ten participants. Participants

completed five standardized self-report questionnaires assessing public-speaking anxiety before

treatment, after treatment and 3-month follow-up. Their research provided preliminary evidence

that a cognitive-behavioral treatment may reduce public-speaking anxiety; however, they

suggested the need to carry further research with a more controlled design. The results of their

study showed us the possibility of implementing CBT strategies to help our participants cope

with their speaking anxiety symptoms.

Acevedo (2014) adapted and implemented a Cognitive Behavioral Therapy for the

treatment of public speaking fear. She collected data from nine undergraduate students through

four surveys, applied before and after the implementation of ten therapy sessions. Results

indicated that the therapies were effective in significantly reducing the fear of public speaking,

social anxiety, and avoidance of social situations. Her research gave us some ideas on how to

implement CBT strategies to alleviate our participants' levels of anxiety related to the fear of

public speaking.

Chapter III

Methodological Design

This chapter provides an outline of the methodological designed that we followed in the study. It provides information on the participants, like, the criteria for inclusion in the study, who they were, and how we sampled them. We describe the research design that we chose for this study and the reasons for our choice, the instruments that we used for data collection, and the procedures that we followed while carrying out this study. Lastly, we discuss the ethical issues we faced during the process.

Research Design

The reseach design is the structure of procedures and specifications used when conducting research (Heppner, Kivlighan & Wampold, 1992). That is, the plan that indicates all the strategies, methods and procedures used while conducting a research to collect and analyze the data. According to Punch (2013), the importance of the research design lies in the fact that it includes three important considerations: the strategy, the identification of whom and what to study, and the instruments and procedures used for collecting and analyzing the data that would help answer the research question. Thus, to make all the decisions presented below, we had to keep in mind that our research aimed to understand how public speaking anxiety affects the oral production of students from a Master in English Didactics program during in-class oral presentations.

Approach. We chose a descriptive mixed methods approach because we combined both qualitative and quantitative methods into our study to provide a broader and more complete vision of the problem we identified (Almeida, 2018). Moreover, using both approaches, as Creswell & Plano-Clark (2007) suggested, we were able to overcome the limitations of quantitative and qualitative methodologies, which allowed us to get rich information that we

could not obtain using each method alone. In addition, the objective of qualitative research is exploratory and descriptive rather than explanatory (Schurink, 2003). This descriptive nature allowed us to provide a description of the experiences of our participants, which we then sustain or confront with the theoretical framework on which our study is based (Meyer, 2001).

Type of study. This research is exploratory in nature as it attempts to explore the experiences of five graduate-level students during in-class oral presentations. The way they felt while engaging in this type of activities was the core data of our research; therefore we needed a method that would deal with the topic in an exploratory way (Diako, 2012). According to Hernández, Fernández, and Baptista (2006), the purpose of exploratory studies is to examine a topic or an area that has not been extensively studied or that only a few studies for reference can be found. Therefore, our study is exploratory as there is no information about public speaking anxiety and its effects on the oral production of EFL graduate students in the public university where the study took place nor about the effectiveness of implementing CBT strategies to reduce the levels of speaking anxiety. Furthermore, according to Stake (2005) a case study research is used to examine a problem that is bound by time and space, which is relevant to explore participants'experiences in their natural setting and where researchers have minimal control over what they observe (Merriam, 2002), which fits the characteristics of our research.

Participants

The participants of our study were 5 female students, between the ages of 25 to 29, enrolled in the Master in English Didactics program from Universidad Surcolombiana in Colombia. To select the participants in our study we followed purposeful sampling, what Creswell (2012) describes as the premeditated selection of the individuals to better understand the problem under study. Likewise, Cohen, Manion & Morrison (2007) describe what they call purposive sampling, defining it as the way to choose the satisfactory sample to meet a research

specific needs. This convenience sampling, allowed us to select participants that could give us different and valuable insights into our research phenomenon. Moreover, the fact that we have a relatively small sample enabled us to explore in detail the views and experiences of the participants (Mackey & Gass, 2013). The criteria for selecting our participants included: a) individuals who experienced moderate to high levels of speaking anxiety and high levels of speaking anxiety when engaging in public speaking activities, such as in-class oral presentations and b) participants who deliverated wanted to participate in our research.

We chose our sample after applying two surveys: the Personal Report of Public Speaking Anxiety (PRPSA) developed by McCroskey (1970) and the Personal Report of Communication Apprehension (PRCA-24) developed by McCroskey in 1982. Twenty-two students took the PRPSA survey and we were able to identify seven students who showed signs of moderate to high levels of anxiety. While piloting this first survey, we found that one of the researchers experienced high-levels of speaking anxiety and she volunteered to become a participant of the study. Although it is not common for researchers to be participants in their own studies there are some benefits of this dual positioning (Baines, 2013; Corbin-Dwyer & Buckle, 2009) like the fact that it allow the researchers to create a bond with the other participants incresing their level of openness and trust towards them based on the feeling of understanding and shared distinctiveness. We asked those seven students to take the PRCA-24 survey, and by analyzing the data gathered, we were able to determine that only five out of the seven initial participants met the required criteria to participate in our study: individuals who experience high levels of public speaking anxiety.

To gather sufficient information of the participants, we asked them to complete an online survey with 12 questions related to their background information, including their age, gender, academic qualifications, language proficiency and previous working experience (see Appendix

D). The participants of this study were enrolled in a Master in English Didactics program of a

public university in Colombia. They were in 3rd semester and were native Spanish speakers.

English was their second language and they all learned it in an EFL context. They obtained their

Bachelor degrees in English language teaching between 2011 and 2016 in different public

universities in Colombia (see Table 1, for participant characteristics). Lastly, because of different

and valid personal reasons, all the participants voluntarily accepted to be part of the study.

Furthermore, we considered that the relationship with our participants was highly

important as we pursued to obtain first-hand information about the events, feelings, fears, actions,

and strategies used by them during in class oral presentations; however, these acts involve

meanings that have marked interviewees' life and were significant for them. Therefore, we

created a relaxed ambiance, where participants felt comfortable and calm to openly express their

experiences.

Data gathering instruments

The data collection process involved the use of three types of instruments: a) surveys; b)

written narratives and c) semi-structured interviews.

Surveys. Regarding the first instrument, a survey can be defined as "a method of

gathering information from a sample of individuals" (Sheuren, 2004, p.9). Likewise, Groves et al.

(2009) affirmed that: "a survey is a systematic method for gathering information from (a sample

of) entities to construct quantitative descriptor of the attributes of the larger population of which

the entities are members" (p.2). Also, Harrell and Bradley (2009) stated that "surveys are fixed

sets of questions that can be administered by paper and pencil, as a Web form, or by an

interviewer who follows a strict script" (p.6). Finally, Pinsonneault and Kraemer (1993b)

mentioned that surveys could be understood as "a means of gathering information about the

characteristics, actions, or opinions of a large group of people, referred to as a population" (p.6). However, Fisher and Schneider (2012) established an interesting difference between surveys and survey research. Survey research is an instrument designed to advance in the scientific knowledge; that can produce a quantitative description of sample's feature, and that allows to establish relationships between selected variables.

We used surveys to collect and record information about students' speaking anxiety, triggering-situations or factors behind it, and the strategies they employed to cope with speaking anxiety (see Table 2 for details concerning the surveys we applied). It is worth noting that questions were varied from close-ended, mixed, and open-ended questions (See Appendixes A and B).

Personal narratives. This instrument enabled us to obtain long interventions from the participants. Narratives are often explanations of past events that researchers ask participants to look back and remember specific moments (Canals, 2017). Labov (1972) and Tannen (1984) suggested using narratives to ask about a time when the informants felt in danger or to retell a particular experience. The purpose of it is for the informant to feel comfortable and completely involved in describing the experience, arousing emotions and feelings that make them forget we were interviewing them, which causes a more natural speech. Moreover, narratives offer the possibility of reducing the anxiety or stress that informants might experience when explaining them orally; however, this depends on the type of data that the researcher wants to obtain.

Bearing the above in mind, narratives were an appropriate way to obtain information about the lived experiences of our participants, as through them, we wanted to know first-hand students' insights about engaging in oral activities. Our narratives aimed to identify the factors that triggered the speaking anxiety and the manifestations of it among the participants in relation to their performance in two in-class oral presentations (see Appendix E). Each presentation was

part of the syllabus of two different courses from the Master program. The first narratives were

from a course called Bilingualism and Bilingual Education, directed by professor G, while the

second narratives were from a coursed call Curriculum design, directed by professor R. Through

this instrument we met our first specific objective: To describe the provoking factors and

symptoms of public speaking anxiety. Participants wrote their narrative through Google Forms

and were free to choose the language in which they wrote the narrative, and we asked participants

to address some specific aspects.

Semi-structured interviews. We also conducted two semi-structured interviews (See

Appendixes F and G). According to Harrell and Bradley (2009), interviews are discussions

usually carried one-on-one between an interviewer and an individual, meant to gather information

on a specific topic and they can be conducted over the phone or in person. For our study, we

sought through this instrument to gain additional information and gather insights about students'

experiences after engaging in in-class oral activities. Dunn (2005) states that although semi-

structured interviews have some degree of predetermined order, they still ensure flexibility in the

way informants address the issues. Thus, semi-structured interviews can be assumed as an

exchange, guided by previous questions but with the possibility of being flexible enough to allow

the interviewees some freedom to express themselves and elaborate some more about the initial

question.

The data generated through the interviews was born from an exchange of experiences

between the interviewer and the interviewees. Hence, the interviews were an intimate and

personal encounter where the participants, persuaded by our confidentiality and discretion,

decided to open up and entrust us with their experiences; that under other circumstances, they

would not commonly share with a third-party.

By selecting three data collecting instruments, we intended to achieve data triangulation through the different data sources to identify thematic convergences and contrasts and thus strengthen the validity of our research. We think that the information gathered from these instruments allowed us to identify the sources of speaking anxiety, the symptoms students experienced when they speak in English, and the coping mechanisms they use to deal with their anxiety. Our purpose for using these instruments was to give voice to these students who experience SA and allow them to directly inform us about their lived experiences, emotions, behaviors, and strategies while confronting public oral speech. Their reasons were frequently accompanied by a broader variety of feelings provoked by the extreme emotions coming before, during, and after oral presentations. The outcomes of our research can fill a gap that currently exists in the understanding of how EFL graduate students faced the challenge of public oral production.

CBT Intervention

When we first thought about our research, we did not consider testing the efficacy of any CBT strategy to cope with the symptoms of SA. Instead, one of our specific objectives was to recommend the use of CBT strategies that, according to literature, could be of use to cope with public speaking anxiety symptoms. However, while analyzing the data collected from the first interview, which we initially thought would be our last instrument, we decided that we did not want our research to be merely a description of how the students felt while giving presentations during class. Although with the information we had gathered at that point we were filling a gap in the literature, and we were raising awareness of the effects of SA on oral performance in our context, we felt that something was missing. We owed our participants and our research itself to corroborate that using CBT was, in fact, an effective strategy to help them deal with the feelings

product of SA. It was only then that we planned to evaluate the effectiveness of a Cognitive Behavioral Therapy (CBT) intervention to cope with public speaking anxiety.

From the literature we read while shaping our research, we knew that CBT had been successful in coping with speaking anxiety. However, all of the related studies we found concerning the use of CBT to treat SA implemented CBT strategies for weeks (Galvez, 2008; Anderson, Zimand, Hodges, and Rothbaum, 2005; Acevedo, 2014). With time against us, we were not able to implement CBT strategies for a long period of time, as our participants –now in their fourth semester, only had one in-class presentation left. For that reason, we decided to design and implement a one-time brief Cognitive Behavior-Therapy intervention consisting of a package of four components: imagery, positive thinking, progressive muscle relaxation and calm breathing.

Intervention objectives. The purpose of the application of a brief CBT intervention was to reduce the levels of SA of our participants before making an in-class oral presentation. From the information gathered with the surveys, the narratives and the interviews, we identified that minutes before giving an oral presentation, participants experienced a peak of anxiety. So we decided to implement the intervention just before starting a presentation.

Intervention as innovation. There is not an extensive variety of research concerning the use of CBT strategies to reduce public speaking anxiety within our context. By designing and applying the CBT strategies we were able to help our participants deal with the symptoms of speaking anxiety they experienced while making in-class oral presentations. Moreover, we were able to confirm the effectiveness of a brief Cognitive Behavioral Therapy intervention to reduce public speaking anxiety which is consistent with the results reported by Anderson et al. (2005), Galvez (2008), Acevedo (2014), and Sofronoff, Attwood, Hinton, & Levin (2007).

Connection of the intervention with the research question. The application of the CBT intervention helped us successfully accomplished our third specific objective: To evaluate the effectiveness of a brief Cognitive Behavioral Therapy intervention to cope with public speaking anxiety.

Suggested instructional phases. Before choosing the CBT strategies we would implement we did an extensive reading of the literature concerning the use of this type of strategies to deal with anxiety. We selected four strategies to apply at once: imagery, positive thinking, progressive muscle relaxation and calm breathing. The purpose for using a multimethod package of strategies was based on the argument that it is advisable to devise a treatment package that has a maximum probability of showing an effect (Jay, Elliott, Katz, & Siegel, 1987).

Imagery. Negative automatic thoughts are common in individuals with anxiety disorders and have an important role in the maintenance of anxiety-related problems (Hirsch & Holmes, 2007). Imagery allows individuals to imagine their most fear situations as vividly as possible (Buff, Schmidt, Brinkmann, Gathmann, Tupak & Straube, 2017) to make them face their fears through exposure, triggering their emotional reactivity and allowing elaborative and emotional processing (Foa & Kozak, 1986). Research has shown that revising or changing negative thoughts can provoke emotional relief (Prinz, Bar-Kalifa, Rafaeli, Sened & Lutz, 2018; Ji, Heyes, MacLeod, & Holmes, 2016).

We asked participants to close their eyes and imagine a scenario for one minute where they were making an in-class oral presentation and everything went wrong. Every fear they faced before would come alive in that scenario. When the minute was over, we asked them what were those things that terrified them the most, and asked them how would they affect their performance. We also asked them how would they feel once the presentation was over.

Positive thinking. Individuals who experience high levels of speaking anxiety during performances often have negative thoughts, in contrast, those who experience low levels of anxiety tend to think positively (Ayres, 1988; Ayres & Raftis, 1992). Having negative thoughts rather than positive thoughts while doing oral performances may predispose individuals to negative emotional reactions (MacIntyre & Thivierge, 1995). Moreover, negative thoughts interrupt the ability to focus on aspects of the speaking situation (Addison, Clay, Xie, Sawyer, & Behnke, 2003; Ayres, 1992). Positive thinking, however, focuses on challenging those initial thoughts to turn them into positive beliefs that give accountancy of the things that have been done to become better (Wittgenstein 1968). After applying the imagery strategy we encourage participants to list all the things they did to prepare themselves for the presentation. We motivated them by telling them they would do a great job because they were prepared, and that whatever happened during the presentation, once this one was over, things would be back to normal.

Progressive muscle relaxation and calm breathing. Relaxation exercises have an impact on anxiety levels (Guzzetta, 1989; Harrison & Skinner, 1992). According to Weber (1996), the combination of progressive muscle relaxation and breathing exercise produces an excellent relaxation response, which contributes to reducing the anxiety levels. We mixed these two strategies by using a recording that starts with some progressive muscle relaxation instructions followed by calm breathing exercises. The participants listened to the recording using headphones. Once the recording was over, we played a binaural song and asked them to continue the calm breathing exercise. Binaural recordings can recreate the perception of distance, and when listening with headphones, the audios become more immersive (Smith, 2017), which creates a feeling of being somewhere else.

Once the intervention was over, participants entered the classroom to start their in-class oral presentations.

Ethical Considerations

We made some special considerations in the process of collecting the data. A brief introduction to the research project was presented to the prospective participants. The objective was to give them a clear picture of what we wanted to research without giving away too much information. We asked them to sign an informed consent (Appendix H) where we informed them that: a) Their involvement in the study was voluntary and that they could freely withdraw from the study at any time without explanation; b) We would treat all the personal information with confidence and that their identities would remain anonymous at all times; c) All the information we gathered would be used just for research purposes. The contact details of both researchers were provided to participants in case they had any concerns or questions about the study.

Chapter IV

Data Analysis and Results

This chapter explains the procedure we followed to analyze the data we collected from the instruments we used, it presents the main categories and themes that emerged from the data, and offers a discursive analysis and interpretation of the findings. Throughout the entire process of analyzing the data and creating our research categories, we were trying to understand how public speaking anxiety affects the oral production of students from a Master in English Didactics program during in-class oral presentations.

Data Analysis Procedure

Quantitative analysis. To analyze the data collected from the PRPSA survey and to identify those students who experienced high levels of anxiety we used descriptive statistics.

Descriptive statistics. First, we tabulated the answers gathered in an Excel spreadsheet, and to determine the scores of the PRPSA we used the steps and formula given by McCroskey (1970) for each of the responses (see Table 3). The data collected through this survey confirmed our initial assumptions concerning the presence of English speaking anxiety in some of the master's students. It also indicated that seven students showed signs of moderate-to-high levels of anxiety (see Table 4).

After applying the PRPSA survey, we applied a second survey called Personal Report of Communication Apprehension (PRCA-24) developed by McCroskey (1982) (see Appendix B). This survey was designed to assess feelings about communicating in four contexts: group discussion, meetings, interpersonal conversations, and public speaking. After analyzing the data gathered with this instrument we were able to determine that only five out of the seven initial participants met the required criteria to participate in the study (see Table 5).

Qualitative analysis. To analyze the data collected through the the semi-structured interviews and the narratives, we employed thematic analysis as the methodological technique.

Thematic analysis. The core of thematic analysis is to construct important sub-themes supported by the participants' words that will be then regrouped into denser themes (Braun and Clarke, 2006; Holloway and Todres, 2003). According to Braun and Clarke (2006): "the thematic analysis should be seen as a foundational method for qualitative analysis as it provides core skills that will be useful for conducting many other forms of qualitative analysis" (p.4). Thus, thematic analysis can be defined as the process of description, analysis, and understanding of the emerging meanings from data. In our case, it was a slow construction in which description, analysis, inferences, and new questions appeared, and conditioned, to some extent, our analysis.

Thematic analysis follows three stages: codification stage, categorization stage, and integration of the categories (Strauss and Corbin, 1990, 1998; Glaser and Strauss, 1967). Codes and categories can be understood as units of information having different density in their meaning. They indicate main and significant events in the data. A category is a denser unit of information and analysis, where codes sharing the same features can be regrouped in order to form sub-categories. Moreover, a group of sub-categories sharing equals characteristics and meaning will be grouped into a main category. Before the coding process began, we assigned an appropriate identification to each participant to maintain anonymity. In this case, the quotations coming from the narratives are coded as N1, N2, N3, etc. while the excerpts coming from the interviews are noted as E1, E2, E3.

Codification stage. We began our thematic analysis by reading the transcript of the first interview in order to become familiar with the words of the interviewees. After the first reading,

we restarted the process, but in a more careful manner, reading line by line, in order to begin coding.

A code must be understood as a label that is assigned to an 'event' indicated in the transcript of the interview. We consider an 'event' as the full verbal expression of an attitude or a complete individual or collective act. Each 'event' found in the interviews was codified by doing two steps: first, by describing what it was, i.e. what is the code's definition and second, by adding a textual quote of what was considered to be an event. The textual quotation of the words used by a participant aims to guarantee the fidelity of the description in progress. Thus, our coding stage consisted of two actions: a description and a quote verbatim in order to justify the use of the code assigned to the event.

As we read line by line carefully, it was possible to assign codes, that is, a word or phrase (label) in the right margin of the document. Then, we took the second interview, and we followed the same process, that is, we gave a first reading and then went on to codify the interview. For the second interview, we used the same codes from the first interview; and we created other codes when necessary. The most challenging thing about this stage was not missing any important 'event' mentioned by the interviewees. We followed the same course of action for the third and fourth interviews.

After analyzing the interviews, as a second step, we reviewed all the codes again looking for precision in the codes we employed. This exercise allowed us to group some codes together before passing to the creation of categories. At the end of the first stage, the original interviews turned into a series of small pieces, each one composed by a description and a text quote with a code associated with it.

Categorization stage. The next step was to build and name the categories. In order to build a category, we first defined it from the participant's explanations and then determined the codes that were specific to it.

The comparison of the different codes from the first set of interviews made possible to specify the points of resemblance, as well as, the points of discrepancy that constitute the description of the category. Thus, the categories constructed should allow the total understanding of the phenomenon. However, one category illustrates just a single part of the total phenomenon. All categories related to each other lead to the understanding of the phenomenon in its total complexity. To make sure that we chose codes and categories's names adequately, we constantly compared the interviews (original source of the data) and the analysis we were making. This constant comparison allowed us to ensure that the codes and categories truly corresponded with what the data was telling.

However, the construction of categories required a higher level of analysis, as we were looking to understand what was happening in the text. In the case of thematic analysis, a category can be considered as a sub-theme. Also, some categories together can be considered as a theme. We chose the themes' names, remembering that these names had to strengthen and be meaningful enough to reflect the clustered sub-themes.

Integration of categories. After the categorization stage, we started establishing the relationships between the categories. We noticed the presence of different aspects that were involved in one way or another and contributed to shape the phenomenon. In this stage, we had to return to the research question in order to group all the categories that delimit our object of study. The aim was to identify, as clearly as possible, "the overall unit" or central category that would give meaning to the series of categories that emerged from the data analysis.

Research Categories

During the categorization stage, we tried to keep our data organized accordingly to our research objectives. To answer our research question, we sought to describe the provoking factors and symptoms of public speaking anxiety and to identify the strategies that students employ to regulate speaking anxiety during in-class oral presentations. To do so, we came up with three categories: factors that trigger anxiety, speaking anxiety pattern of symptoms, and strategies to cope with speaking anxiety. Finally, we created a category named: CBT intervention effectiveness to evaluate the efficacy of the brief Cognitive Behavioral Therapy intervention we implemented. Figure 1 shows the categories and subcategories we identified while establishing the relationships between the information analysed.
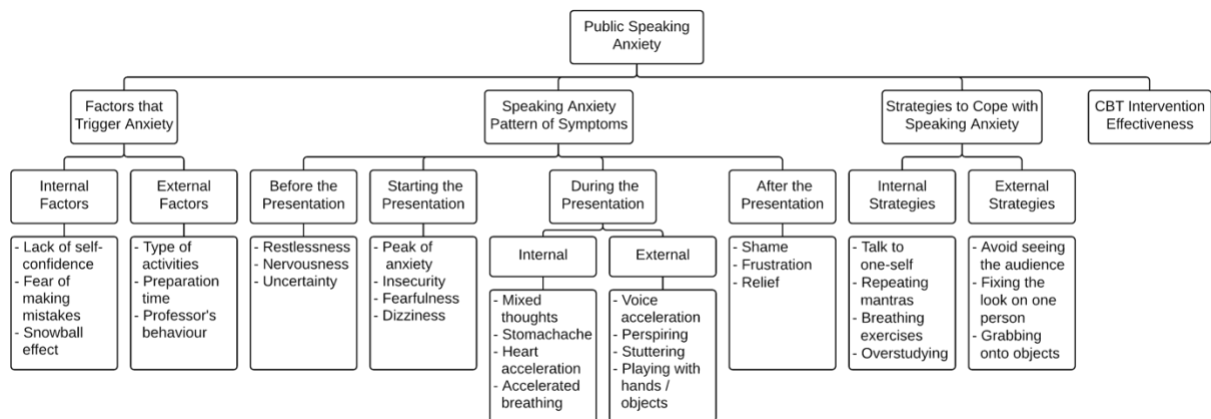
Figure 1. Categories found in the data analysis

Factors that trigger speaking anxiety. By analyzing the data we tried to identify the possible factors causing speaking anxiety. The findings that arise from the narratives and interviews showed that the participants identified different factors as potential provokers of speaking anxiety. In turn, we classified the into two sub-categories: internal and external factors.

Internal factors. We found that our participants experienced a combination of linguistic and psychological factors when they are giving oral presentations. The linguistic' factors include

aspects like perceptions of language proficiency and correct usage of the language. While the

psychological factors refer to aspects like self-confidence and self-perceptions in contrast to their

peers.

Lack of self-confidence. The results in this analysis revealed a lack of self-confidence in

our participants, which increased their levels of speaking anxiety among the participants. This

factor was identified by 4 participants. The next excerpt exemplifies the previous perspective:

"I looked people around, and some of them were staring at me, so I wondered if I was

doing that wrong." (N2)

The participants' responses reveal that oral presentations are potentially threatening to

their self-image, specially, when they compare themselves to others. Speaking anxiety can be

associated with self-related thoughts of failure and negative self-perception (Young, 1999).

Therefore, it is not startling that our participants consider speaking in front of others one of the

main sources of anxiety.

Fear of making mistakes. A second internal factor is the fear of making mistakes. Fear of

making mistakes was mentioned by 2 participants. Specifically, they pointed to elements such as

fear of making linguistic mistakes or pronunciation mistakes. Sample extracts are shown below:

"I feel that sometimes when I talk they don't understand what I am saying because

my pronunciation is not the best." (N5)

According to their responses, their perceived linguistic or pronunciation deficiencies

contribute in triggering their speaking anxiety. Moreover, this finding is in line with the results

from other research studies. According to Alghonaim (2014), pronunciation excellence is a marker of EFL students' perceptions of language proficiency.

Snowball effect. This refers to the effect caused by an anxious person facing another one that is also affected by anxiety:

"When my partner forgot what she had to say I became more anxious because I though I would forget what I had to say too" (E5)

This finding is supported by Behnke, Sawyer and King (1994), who stated that public speaking anxiety might be contagious and transferred from one person to other.

External factors. We also found that there are some external factors that contribute to the speaking anxiety our participants experience while doing in-class oral presentations. The external factors include the type of activity, the preparation time and professor's behaviour.

Type of activity. There are some activities that cause less speaking anxiety that others. These activities were usually related to less formal oral presentations in small group. When activities were more flexibles or performed in small groups, participants noted that their SA symptoms were not triggered. As an example of these opinions, one participant expressed:

"La ansiedad fue un poco menor comparada con otro tipo de actividades que presentamos anteriormente… al ser una actividad del momento permite ciertos errores y hay cierta flexibilidad por parte del profesor" (E1) [The anxiety was less compared to other type of activities performed before… as it was a rightaway activity it allows some mistakes and there is certain flexibility from the professor].

According to our participants' statements, we can affirm that more relaxed and flexible activities provoke less SA in the students. These findings corroborate the statements made by Liu

(2006) when she mentions the relationship between the type of classroom activities and the emergence of SA. Speaking to fewer people or among small groups offers the best opportunities to control speaking anxiety. However, conversely to this position, it seems that SA arose especially when the activities were evaluated by the professors or by the peers. The fear to be negatively assessed plays an important role in triggering the SA.

Preparation time. Our participants also manifested that the time they had to prepare for the oral presentations, as well as last minute changes, also contributed to speaking anxiety. This factor was mentioned by all of the participants. For the first in-class oral presentation, participants had between 2 to 3 weeks to get ready before the presentation, whereas for the second one, they had less than a day. This factor is illustrated by the following comment:

"The professor explained that we were presenting the day after. I may confess that I felt terrified, I did not want to perform with no preparation, so I spent part of the night reading and rereading the core text for the coming session; I needed to have something to say." (N3)

Reflecting on this statement, we must say that the uncertainty and the little time for preparing the presentations are also potential triggers of SA. These comments are supported by studies like Javid (2014) and Salem & Al Dyiar (2014) have found that there is a relationship between the preparation time and the outbreak of speaking anxiety. This interpretation of the connection between speaking anxiety and the lack of preparation suits the majority of the comments expressed by our participants in the narratives. For most of our participants, the more time they had to get ready for the presentation the more confident they would get because they would have the feeling that they understood the topic.

Professor's behaviour. This factor was mentioned by all of our participants. The relationship developed with the professors and the proximity our participants feel towards them, were key aspects to trigger or not their anxiety. Our participants mentioned that the way they felt around the professors had an impact in the way they behave. The relationship between the professors' behavior and speaking anxiety is evident in the following excerpt:

"Puedo decir que en la clase con la profesora G. hubo ansiedad, pero no tan extrema ya que ella es una persona muy amable y muy humana, pero con profesores que guardan una distancia con los estudiantes la ansiedad es alta." (N5) [I can say that in the class with Professor G. there was anxiety, but not so extreme since she is a very kind and very human person, but with teachers who keep a distance with the students the anxiety is high.]

Our participants' responses show that the professors' attitude has a big impact on the way they feel. If the participants feel they is no room for making mistakes, their anxiety levels are more likely to increase. Alrabai (2014) states that there is a causal relationship between how students perceived their professors and speaking anxiety. If students feel that there is a lack of support from their professors, that they have unsympathetic personalities, or that there is intolerance towards making mistakes, their anxiety levels specifically for in-class oral presentations increase. Moreover, this finding is consistent with Gkonou (2016), who states that the environment where the student interacts can influence the level of anxiety that they experience.

Our findings on this category agree with those of Turula (2004) and Buitrago & Ayala (2008) suggesting that all the factors that trigger speaking anxiety are related to the academic, cognitive, social and personal dimensions of the individuals.

Speaking anxiety pattern of symptoms. As we were analyzing the narratives and the interviews we found several comments regarding the symptoms of anxiety they experienced before, when starting, during and after the oral presentation.

Symptoms before the presentation. This category is defined by the participants' statements referring to the feelings they felt days or hours before an oral presentation. For many people who suffered from speaking anxiety, the previous weeks, days or hours are covered by restlessness, nervousness, and uncertainty. For instance, one of the participants expressed:

"A medida que se fue acercando la fecha de exponer los nervios aumentaron… Los nervios afectan bastante las presentaciones que hago" (N3). [As the presentation date came closer my nervousness increased… Nervousness really affect my presentations]

For some participants, anxiety begins since the assignation of an oral performance, one or two weeks before the presentations. For some of the participants, anxiety diminish as they become familiar with the topic they have to present, decreasing its intensity, but maintaining its presence until the moment of the performance.

Symptoms when starting the presentation. At the moment of starting the oral performance, the majority of the participants mentioned an increment of anxiety and a feeling of insecurity, specially at the exact moment in which they had to talk. We called these moments as the instant in which the anxiety arrives at a peak; some examples are following:

"…when the presentation started, I was not nervous, but when I got my turn, I began to feel anxious again" (N4).

All of these research findings are supported by the outcomes signaled by Beltran (2013) and Wang (2005) especially when these authors mentioned the affective aspects permanently involved in oral presentations.

Symptoms during the presentation. Concerning the way our participants felt during the presentations, we were able to classify the collected information and organize it into two sub-categories: internal and external symptoms.

Internal symptoms. These symptoms are those that are implicit and hence they cannot be seen, like mind block, stomachache, fast heart rate or accelerated breathing, among others. Moreover, an individual can experience some these symptoms simultaneously. These comments are evidence of that:

"Siento que mi corazón empieza a latir más rápido, la temperatura del rostro se eleva, siento que mis oídos se tapan y esto hace que yo misma escuche mi propio corazón" (N1). [I feel my heart starts beating faster, my face gets hot, my ears get clogged and that makes me hear my own heart]

External symptoms. These symptoms are those that are explicit and can be seen, like voice acceleration, perspiring, stuttering or playing with objects.

"Tengo una cadena en mi cuello con un dije con el cual empiezo a jugar siempre en estos momentos en los que no sé qué hacer con mis manos." (N5) [I have a chain on my neck with a pendant with which I start to play always in these moments when I do not know what to do with my hands]

All of the participants manifested experiencing symptoms of anxiety. Analyzing the narratives, we were able to find that these symptoms do not manifest in isolation. This means that the participants reported experiencing both internal and external symptoms of anxiety and

depending on the triggering factors mentioned above those symptoms would be milder or stronger. Studies like Hashemi and Abbasi (2013), Woodrow (2006), and Alrabai, (2014) have also reported the aforementioned symptoms as common manifestations of speaking anxiety among their participants.

Symptoms after oral presentations. This category refers to the noteworthy feeling that overrun or invade the participants after their performance. In general terms, after oral performances, a major part of the participant mentioned that they felt relief after their oral presentation. For instance, some of them expressed:

"Una vez terminada la actividad… Me sentí mejor, me sentí más aliviada, sentí que lo hice bien" (E3) [Once the presentation finished I felt better, I felt relief, I felt I did a good job]

However, some participants showed a different feeling. Frustration invaded some of our participants, as it was expressed by one of them,

"…cuando termino de hablar a veces digo: ayyy me faltó tal cosa importante por decir. Eso me genera mucha frustración" (N3). […when I finish talking I sometimes say: ugh I forgot to say something important. That makes me feel frustrated]

Finally, some other participants feel ashamed after their oral performances. For example, one commented:

"Luego de la presentación me sentí un poco avergonzada por no haber sido capaz de hacer una buena exposición, o al menos de no haber hablado con mejor fluidez y claridad" (N6) [After the presentation I felt a little ashamed for not being able to make a good presentation, or at least for no having talked more clearly and fluently]

According to these statements, we can say that the image they offer to the others is very important for some of the participants and impact their whole performance. It should be

highlighted the severe exigence that some students have towards their performance. Perfection

seems to be their most important goal even if it is a utopia. Liu and Jackson (2008) spoke about

anomie and alienation while Alemi and Pashmforoosh (2011), Buitriago y Ayala (2008) and

Wang (2005) talked about the diminishment of self-esteem. These conclusions support our

findings.

This category shows us the behavior of the SA in different individuals. Speaking anxiety

feelings can last from the beginning of the performance until the end, maintaining the same

rhythm. In other cases, the SA is present since the moment of the task assignation but decreases

in intensity as the students prepare themselves to perform, a finding that is indicating us a sort of

coping strategy as it will be shown in the next categories. Other cases display the SA throughout

the activity, stopping only at the end. In these cases, when the oral activity is performed by a

group of students, the peak of anxiety for each individual seems to be placed at the moment in

which it is necessary to address the public. In that instant, the SA manifests itself

overwhelmingly through the many physical and psychological symptoms that we previously

exposed.

For this category, the literature review does not provide valuable support. However,

researches on public speaking anxiety have shown some results that could support our findings,

like the outcomes reported by Behnke and Sawyer (2009, 1999) where they established three

moments of anxiety:

> "(1) the moment when the public speech was assigned in class, (2) the mid-point of a
>
> laboratory session during which the speeches were being prepared, and (3) the moment
>
> immediately preceding formal presentation of the speech to the class (…) the highest level
>
> of anticipatory anxiety occurred just before speaking, the second highest level occurred at

the time the assignment was announced and explained, and the lowest level was measured

during the time students were preparing their speeches" (p.165)

Behnke and Sawyer (2001) highlighted the importance of particular sub-patterns of

anxiety that depended on the specific moment of the oral performance. They stated the following:

*"A primary and a secondary pattern emerged. These sub-patterns are significantly different from

one another at all major moments or milestones of the experience. In a second study, these

patterns were identified by differing levels of anxiety sensitivity" (p.84).* These findings

demonstrate the importance, for teachers and pedagogical counselors, to help students to establish

the anxiety patterns that characterize the speaking anxiety phenomenon for each particular case.

Coping strategies. There is a wide variety of coping strategies developed by our

participants. We classified them as internal and external strategies.

Internal strategies. Among this category, we found four strategies that our participants

implemented to cope with their anxiety: talking to themselves, repeating mantras, breathing

exercises and overstudying.

The internal thoughts also allow to work with themselves as it was mentioned by other

participants who point out that this strategy helps them to calm down. For instance, one

interviewee declared:

"Durante ésta ultima presentación hice mucho esfuerzo en tratar de manejar la ansiedad,

entonces, cuando le tocaba el turno a otro compañero me decía a mi misma: cálmese …

que va bien…. y cosas así" (N3). [During this last presentation I made a great effort to

deal with my anxiety, so, when my other classmate was talking I told myself: calm

down… you are doing fine… and stuff like that]

For example, some participant manifested that she did breathing exercises to become

calmer:

"Lo que hice para poder calmarme un poco fue respirar profundo y organizar un poco mis

ideas" (N2).

However, as mentioned before, sometimes theses exercise are not enough to calm down, a

reason why the students have tried other strategies, such as repeating mantras:

"I use the ommm... for relaxing myself and trying to connect my body and mind, once I

heard that, I am not sure if it works, but any way I do it" (N5)

Overstudying is another strategy frequently used by people affected by SA. Indeed, many

participants mentioned this strategy as a way to feel less anxious, gain self-confidence and

control over the presentations:

"I prepared my presentation for a week, I read a lot about the issue, and I had all my ideas

clear" (N4).

External strategies. Likewise, our participants mentioned other strategies, such as avoid

seeing the audience. This is a recurrent strategy reported by all of our participants. Curiously, it

seems that the looks of the audience are a direct factor triggering SA, therefore, the participant

completely avoid looking at the audience. In contrast, they allow themselves to look only at the

same person who is usually the professor or a friend. Thus, fixing the eyes in someone is another

coping strategy to manage SA.:

"… professor G, for example, is a really nice person, in fact I think I talked to her almost

all the time I presented" (N5).

The last strategy is grabbing onto an object to unload tension. It refers to the participants'

support actions developed to discharge the tension caused by the SA. For example:

Something I did was to lean my hands on the teacher's table almost the whole time I

presented, I think I offload some tension doing this, I felt more comfortable when

presenting or being in front when I am sat on a chair of behind a table, it is terrible for me

speaking while walking or doing something else, I get confused so quickly (N5)

Coping strategies are not as easy to identify as symptoms, as this requires individuals to

concentrate and reflect on what they do and how they feel while experiencing anxiety, which can

be challenging and even overwhelming for them. Also, coping strategies vary from one

individual to the other, and they are used alone or combined. The findings from this category

coincide with the results reported by Cañas (2013), Alemi and Pashmforoosh (2011), Buitriago

and Ayala (2008), Batttaglia and Ogliari (2005), Wang (2005), von Wörde (2003) which suggest

similar coping strategies to reduce the levels of anxiety. Moreover, tightening the hands and

playing with the neck chain were other ways to control the tension caused by the SA, as it was

mentioned by authors as Cañas (2013) and von Wörde (2003).

Undoubtedly, SA impacts on the outcomes and lives of the people affected. In the short

term, the SA affects the oral performance causing physical and mental symptoms and regrettable

forgetfulness that impact the performance of a person, even though they may know very well the

topic they are talking about. Likewise, SA causes the loss of opportunities for a person to talk

about a topic, and reduces the chances for a better projection of one's capabilities. These findings

corroborate the results found by von Wörde (2003) regarding the pedagogical practice. Also, the

outcomes mentioned by Gkonou (2014), Beltran (2013) and Liu and Jackson (2008) regarding

self-confidence, confidence, and self-esteem.

After the data analysis, we can conclude-that reactions to SA are a complex phenomenon

that deserves more exploration, especially concerning the anxiety patterns manifested by the

students. We can also infer that by knowing the pattern of anxiety, the students will be able to

control their SA and organize their ideas in such a manner that their oral performance will

succeed. Our participants have developed coping strategies that helped them to control the

physical and psychological manifestations experienced when they have to make oral

performances. These strategies are consonant with those reported by the literature review, and

they offer an interesting opportunity for teachers to learn about anxiety manifestations and act in

agreement with the students in the aim of helping them to overcome their SA.

    CBT intervention effectiveness. To evaluate the efficaty of the one-time brief Cognitive

Behavioral Therapy (CBT) intervention we implemented, we interviewed participants

immediately after a presentation. All of our participants claimed the brief intervention was

effective for them, and that there was a noticeable difference in their attitude and there were

minor traces of anxiety in the presentation. One of the participants said:

> "Yo estuve más tranquila que en otras oportunidades, la verdad. mucho más tranquila, no
>
> estaba tan ansiosa. Digamos que pude manejar mejor los nervios de hablar en público y
>
> pues siento que se reflejó en el desempeño a la hora de exponer y hacer la presentación."
>
> (E2) [I was calmer than in other opportunities, really calmer, I was not so anxious. Let's
>
> say I could better manage the nervousness of speaking in public and I feel that it was
>
> reflected in oral presentation performance.]

Everytime, the participants experienced anxiety during in class oral presentations, this was

accompanied by external or internal symptoms, and sometimes those overlap. According to the

final interview, all the participants agreed saying they did not experience speaking anxiety

symptoms at all and gave us details about this situation,

> "No tuve ninguna muestra física de ansiedad, ni en las manos. Antes sentía como se me
>
> estrangulaba el cuello, hoy no. Pude mantener la mirada con Lucía, le hablé a Lizeth, de
>
> pronto porque ellas son como más cercanas y porque ellas me conocen." (E5) [I did not
>
> have any physical signs of anxiety, neither in my hands. I used to feel like my neck

strangling, not today. I could keep my eyes on Lucía, I spoke to Lizeth, maybe because

they are closer and because they know me well.]

Concerning the internal and external symptoms, another participant said:

"Pues particularmente no sentí como si el corazón me latía fuerte ya que es algo que yo

tiendo a sentir muy duro. Yo siento a veces que se me va a salir por la boca el corazón y

esta vez no sentí eso y no me estaba temblando las piernas." (E4) [Well, I did not

particularly feel like my heart was beating hard because it's something that I tend to feel

very hard. I feel sometimes that my heart is going to get out of my mouth and this time I

did not feel that and I was not shaking my legs.]

One of the biggest impediments of the anxiety was the fact some of the participants were

not able to keep visual contact with the audience. Nonetheless, they manifested that after the brief

CBT intervention they felt they overcame this issue.

"Hoy sí los miré (audiencia). Me di cuenta quienes me ponían cuidado y quiénes no me

estaban poniendo cuidado." (E3) [Today I did look at them (audience). I realized who was

paying attention and was not doing it.]

However, one of the participants avoided looking at their classmates while she was

presenting because she considered that they could be the reason to lose the calm:

"Pues cuando inicié estaba tranquila entonces como que quería seguir en eso mismo, no

pensar en nada que me hiciera de pronto sentir así (ansiosa), entonces por eso no los

miraba tanto, miraba a otros lados y poco fijaba la mirada hacia los espectadores pues

porque si de pronto alguien me hacía cara o gestos me iba a sentir nerviosa e iba a perder

el hilo de lo que estaba diciendo." (E2) [Well, when I started I was quiet then I wanted to

continue the same, without not thinking about anything that made me suddenly feel like

that (anxious), so that's why I did not look at them so much, I looked at other places and a

did not fixed my gaze towards the spectators because if suddenly someone made me faces

or gestures I was going to feel nervous and I was going to lose track of what I was

saying.]

This therapy started minutes before the presentation right outside the classroom where the

presentation was taking place. For the participants being out of the classroom and the CBT

intervention were two key points in the achievement of a state of calm. One of the participants

gave us more details about being in the classroom and also outside:

"Antes de la presentación hicimos un ejercicio de respiración para manejar los nervios e

increíblemente sirvió. Yo estaba un poco escéptica, pensé que eso no se iba a lograr, pero

me di cuenta que realmente funciona. Es como desconectar un poco el cerebro del pensar

en la situación, y como relajarlo y pensar poco y estar enfocada en otras cosas y pues esa

terapia me sirvió mucho." (E2) [Before the presentation we did a breathing exercise to

manage the nervousness and it incredibly served. I was a bit skeptical, I thought that was

not going to be achieved, but I realized that it really works. It is like disconnecting the

brain a little from thinking about the situation, and how to relax and think little and be

focused on other things and then that therapy helped me a lot.]

The implementation of the CBT strategy help our participants in controlling the feelings

they were struggling with, while making them understand that the way they think and react to

those feelings can be modified (Fenn, & Byrne, 2013). It is likely that if our participants

continue doing the CBT exercises we implemented, their SA levels will diminish overtime

(Acevedo, 2014).

Up to now, we have presented all the themes emerging from the data analysis. From

analyzing all of our data, we were able to accomplish our reserch objectives and thus answer our

research question. We came to the conclusion that speaking anxiety affects the overall oral

performance of a person, as it makes them feel like they cannot control the way they feel.

Moreover, the use of CBT strategies might be of use to reduce the speaking anxiety symptoms

while giving in-class oral presentations.

Chapter V

Conclusions and Pedagogical Implications

In this chapter we present the conclusions and pedagogical implications of our findings and how these outcomes are relevant to answer the research question. Likewise, we expose the impact that outcomes have in our context and on our pedagogical praxis. Lastly, we present the possible issues that can be explored by future researches.

Conclusions

This exploratory study pursues to answer the following question: How does English speaking anxiety affect the oral production of students in an EFL classroom? This question was answered by considering the categories and sub-categories that emerged from our data analysis. The sub-categories showed that a multitude of factors affect oral production. The first category "Factors that Trigger Anxiety" informed about the nature of some classroom activities in which the speaking anxiety is less exacerbated, like the activities developed in small group and that did not involve teacher and peers' evaluations. Liu (2006) supports this finding in regard to the small group as an ideal environment to control SA. Likewise, this category offered a range of factors that allow to identify personal fears, such as the fear to make mistakes that underlie the heart of students who must perform. The social context's influence pointed out by Gkonou (2014) supports this finding.

More important the "Speaking Anxiety Pattern Symptoms" category and sub-categories show that SA is a real and hindering phenomenon with unfortunate consequences as those showed by the category consequences of the speaking anxiety. The whole physical and psychological state in which people affected by SA are immersed implies that they are unable to control it. It also suggests that this state begins weeks or days before the projected presentation,

and it is prolonged until after the oral performance, bringing with it, a series of unfortunate and inadequate feelings of disability, low self-esteem, bad self-image, and wrong opinion of oneself.

Until this point, scholars as Liu and Jackson (2008) who spoke about anomie and alienation, Alemi and Pashmforoosh (2011), Buitriago y Ayala (2008) and Wang (2005) who talked about the depletion of self-esteem, Beltran (2013) reveals the affective aspects permanently involved in oral presentations, and Ünver et al. (2016) when they spoke about the difficulties to manage oral and communicative competences support these conclusions. Finally, it can be said that our findings also concur with those presented by von Wörde (2003), Horwitz (2001), Bataglia and Ogliari (2005), Abu-Rabia (2004), and Cañas (2003) who exposed physical and psychological symptoms similar to those found in our data analysis.

Nonetheless, our research collaborated with the field of SA studies with the results emerging from this category. Indeed, through this category it is possible to identify the moment in which the manifestations of SA are at their highest point, a point at which the teacher can intervene to alleviate tensions and favor a class environment, in which the students affected by the SA, can have better control of their oral discourses, increase self-confidence and develop appropriately, according to their competences and knowledge. The outcomes reported by Behnke and Sawyer (2009, 2001, 1999) support this theme.

Finally, the category of Coping Strategies presented a group of actions developed by the students affected by SA. Talking to themselves, making breathing exercises, repeating mantras, and avoiding the eye-contact with the audience were some of the actions developed alone or in a continual manner depending of the degree of anxiety felt by the student. Over studying was a strategy commonly developed, through which, students seem to reassure themselves and calm down their anxiety. Also, unloading tension throught a neck chain, leaning on the table or chair or looking at the same person were other actions mentioned. These findings coincide and were

supported by Cañas (2013), Alemi and Pashmforoosh (2011), Buitriago and Ayala (2008), Batttaglia and Ogliari (2005), Wang (2005), von Wörde (2003).

Moreover, the application of a brief CBT intervention showed that CBT is a successful mechanism to reduce symptoms related to SA as well as improves the self-perception and performance of students during in-class oral presentations. Anderson et al (2005) and Acevedo (2014) support this finding, specially in the effectiveness of CBT to deal with anxiety disorders.

In conclusion, our findings answered the research question because they showed exactly how the students oral production is affected, the provoking factors and symptoms of SA and the strategies that students employ to cope with SA during in-class oral presentations. We also believe that this complements previous researches about SA as we proposed a SA pattern category and proved the effectiveness of using CBT strategies as a mechanism to successfully reduce SA during in-class oral presentations.

Pedagogical Implications

As English teachers, the findings of this research allow us to understand in a deeply manner, the different dimensions involved in the speaking anxiety. In our context, a great avenue is open after the data analysis, given that many of the outcomes will be integrated in our pedagogical praxis. Indeed, it is now evident how we can work with our students by anticipating their possible anxiety symptoms, but especially by alleviating such manifestation. The Factors Triggering Anxiety must be consider during pedagogical practices given that they are directly signaling elements that trigger SA and that can be solved or alleviated by redesigning pedagogical activities. The next paragraphs are going to discuss some of the pedagogical implications that we perceived.

A primary pedagogical implication emerged from the factors that trigger anxiety. Our pedagogical activities will consider these factors to avoid the unhappy feelings and symptoms

described above. By knowing detailed factors and how they hit the students suffering from SA, we are able to develop strategies addressed to calm down the students. Moreover, other activities could consist in making students aware of their anxiety, their manifestations, and the consequences of this situation while doing oral speeches. We believe that by increasing awareness about the different manifestation of SA and developing strategies to control its effects, will diminish the influence of the anxiety in these students.

As a second pedagogical implication could be the design and assessment of a pedagogical intervention, like a model where the roles of the students, the audience, and the teachers will be recreated by considering the SA manifestations. We refer to a new way to propose the assessment of oral competences of EFL students by employing more flexibles strategies of evaluation, given that one of our conclusions demonstrates that more relaxed and flexible activities provoke less anxiety in the students.

Limitation of the Study

The main limitation of our study is the small sample size. Although the number of participants was enough to address the research question, accomplish our objectives and gain insights about the effects of public speaking anxiety in ELT graduate students, it is not possible to generalize our findings to other contexts or participants. Nevertheless, despite our small sample size, we were able to bring to light a pattern of speaking anxiety during oral presentations that can be further explored in larger scale studies. The second limitation of our research was its duration. The interaction with our students was confined only to the Master's classes; thus, the development our research was done in a relatively short period of time. More CBT interventions could be used to reduce the symptoms of speaking anxiety for longer periods of time.

Future Research

Futures research must be addressed to the exploration and in-deep comprehension of the patterns involved in speaking anxiety. Also, research must be devoted to establishing the possible subjacent patterns. Possible research questions for the future studies can be the following: a) What are the characteristics of the SA patterns of EFL students before, during, and after oral performances? b) How can we intervene to modify the SA pattern emerging when EFL students have to produce oral speeches? c) What are the outcomes of a pedagogical intervention which aim is to alleviate the SA symptoms? Thus, by knowing the pattern, designing a pedagogical intervention, and assessing the pedagogical intervention, it could be possible to offer an interesting tool to the SA field of research.

Similarly, a pedagogical intervention to facilitate the communication and reduce anxiety were considered as being essential by scholars as Liu and Jackson (2008). Future studies should focus this important area in order to help student become more active and confident when speaking a foreign language. Likewise, studies devoted to understanding the particular traits of personality, as well as the learning styles and SA must be conducted. Finally, research must privilege the perspective of learners.

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Appendices

Appendix A. Personal Report of Public Speaking Anxiety (PRPSA)

UNIVERSIDAD SURCOLOMBIANA
PROGRAM: Master in English Didactics
PROJECT: Exploring Speaking Anxiety and its Effects on Oral
Production in an EFL Graduate Program

PERSONAL REPORT OF PUBLIC SPEAKING ANXIETY

Name: _____ Date: _____

Dear Participant:

Thank you for taking your valuable time to complete this survey. The questionnaire comprises a total of 37 items and it should not take longer than 25 minutes to complete. As a respondent, you can be assured of the strictest confidentiality of the information that you provide. In order to gain maximum benefit from this survey, it is important that you respond in an honest and truthful manner. Please ensure that you answer all 37 questionnaire items.

Indicate the degree to which each statement applies to you by marking whether you:

(1) Strongly Disgree   (2) Disagree   (3) Neutral   (4) Agree   (5) Strongly Agree

1. _____ While preparing for giving a speech, I feel tense and nervous.
2. _____ I feel tense when I see the words "speech" and "public speech" on a course outline when studying.
3. _____ My thoughts become confused and jumbled when I am giving a speech.
4. _____ Right after giving a speech I feel that I have had a pleasant experience.
5. _____ I get anxious when I think about a speech coming up.
6. _____ I have no fear of giving a speech.
7. _____ Although I am nervous just before starting a speech, I soon settle down after starting and feel calm and comfortable.
8. _____ I look forward to giving a speech.
9. _____ When the instructor announces a speaking assignment in class, I can feel myself getting tense.
10. _____ My hands tremble when I am giving a speech.
11. _____ I feel relaxed while giving a speech.
12. _____ I enjoy preparing for a speech.
13. _____ I am in constant fear of forgetting what I prepared to say.

14. _____ I get anxious if someone asks me something about my topic that I don't know.

15. _____ I face the prospect of giving a speech with confidence.

16. _____ I feel that I am in complete possession of myself while giving a speech.

17. _____ My mind is clear when giving a speech.

18. _____ I do not dread giving a speech.

19. _____ I perspire just before starting a speech.

20. _____ My heart beats very fast just as I start a speech.

21. _____ I experience considerable anxiety while sitting in the room just before my speech starts.

22. _____ Certain parts of my body feel very tense and rigid while giving a speech.

23. _____ Realizing that only a little time remains in a speech makes me very tense and anxious.

24. _____ While giving a speech, I know I can control my feelings of tension and stress.

25. _____ I breathe faster just before starting a speech.

26. _____ I feel comfortable and relaxed in the hour or so just before giving a speech.

27. _____ I do poorer on speeches because I am anxious.

28. _____ I feel anxious when the teacher announces the date of a speaking assignment.

29. _____ When I make a mistake while giving a speech, I find it hard to concentrate on the parts that follow.

30. _____ During an important speech I experience a feeling of helplessness building up inside me.

31. _____ I have trouble falling asleep the night before a speech.

32. _____ My heart beats very fast while I present a speech.

33. _____ I feel anxious while waiting to give my speech.

34. _____ While giving a speech, I get so nervous I forget facts I really know.

THANK YOU FOR YOUR PARTICIPATION: IT IS GREATLY APPRECIATED.

Appendix B. Personal Report of Communication Apprehension (PRCA-24)

UNIVERSIDAD SURCOLOMBIANA
PROGRAM: Master in English Didactics
PROJECT: Exploring Speaking Anxiety and its Effects on Oral
Production in an EFL Graduate Program

UNIVERSIDAD
SURCOLOMBIANA

PERSONAL REPORT OF COMMUNICATION APPREHENSION

Name: _____ **Date:** _____

Directions: This instrument is composed of 24 statements concerning feelings about communication with others. There are no right or wrong answers. Many of the statements are similar to other statements; do not be concerned about this. Please, record your first impression.
Indicate the degree to which each statement applies to you by marking whether you:

(1) Strongly agree   (2) Agree   (3) Are Undecided   (4) Disagree   (5) Strongly Disagree

_____ 1. I dislike participating in group discussions.
_____ 2. Generally, I am comfortable while participating in group discussions.
_____ 3. I am tense and nervous while participating in group discussions.
_____ 4. I like to get involved in group discussions.
_____ 5. Engaging in a group discussion with new people makes me tense and nervous.
_____ 6. I am calm and relaxed while participating in group discussions.
_____ 7. Generally, I am nervous when I have to participate in class.
_____ 8. Usually I am calm and relaxed while participating in class.
_____ 9. I am very calm and relaxed when I am called upon to express an opinion in class.
_____ 10. I am afraid to express myself in class.
_____ 11. Communicating in class usually makes me uncomfortable.
_____ 12. I am very relaxed when answering questions in class.
_____ 13. While participating in a conversation with a new acquaintance, I feel very nervous.
_____ 14. I have no fear of speaking up in conversations.
_____ 15. Ordinarily I am very tense and nervous in conversations.
_____ 16. Ordinarily I am very calm and relaxed in conversations.
_____ 17. While conversing with a new acquaintance, I feel very relaxed.
_____ 18. I'm afraid to speak up in conversations.
_____ 19. I have no fear of giving a speech.
_____ 20. Certain parts of my body feel very tense and rigid while giving a speech.
_____ 21. I feel relaxed while giving a speech.
_____ 22. My thoughts become confused and jumbled when I am giving a speech.
_____ 23. I face the prospect of giving a speech with confidence.
_____ 24. While giving a speech, I get so nervous I forget facts I really know.

Thank you!

Appendix C. Master in English Didactics Curriculum

COMPONENTE	SEMESTRE 1	SEMESTRE 2	SEMESTRE 3	SEMESTRE 4
DIDÁCTICA ESPECÍFICA	Second Language Acquisition 4 créditos	Issues and Trends in Language Teaching 4 créditos	Curriculum and Course Design 4 créditos	Assessment and Evaluation 4 créditos
INVESTIGACIÓN	Introduction to research and Academic Practices 3 créditos	Research Methods 3 créditos	Thesis Research 3 créditos	Final Thesis 6 créditos
PROFUNDIZACIÓN	Technology and Language Teaching 4 créditos **OR** Language Learning Materials 4 créditos	Teaching English as an International Language 4 créditos **OR** Teaching English to Children 4 créditos	Reflective Teaching 4 créditos **OR** Bilingualism and Bilingual Education 4 créditos	Language Teacher Education and Development 4 créditos

Appendix D. Characterization Survey

UNIVERSIDAD SURCOLOMBIANA
PROGRAM: Master in English Didactics
PROJECT: Exploring Speaking Anxiety and its Effects on Oral
Production in an EFL Graduate Program

PARTICIPANTS' CHARACTERIZATION

Name: _____ **Date:** _____

Querido participante:

Muchas gracias por aceptar hacer parte de nuestro proyecto de investigación: Exploring Public Speaking Anxiety and its Effects on Oral Production in an EFL Graduate Program. Le solicitamos amablemente completar la siguiente encuesta que pretende reunir información personal sobre usted para hacer la caracterización de los participantes de la investigación a la que ha sido invitado.

1. Dirección de correo electrónico: _____

2. Nombre completo: _____

3. Edad: _____

4. Universidad donde realizó estudios de Pregrado: _____

5. Título obtenido: _____

6. Número de Semestres Aprobados: _____

7. Fecha de Graduación de Pregrado: _____

8. Por favor indique si ha cursado algún estudio de posgrado diferente a la Maestría en Didáctica del Inglés

_____
_____

9. Si su respuesta anterior fue afirmativa, por favor detalle el estudio de posgrado realizado. De lo contrario, omita esta pregunta.

_____

_____

10. De acuerdo con el resultado de su último examen de proficiencia en inglés, su nivel en el idioma es: _____

11. Por favor liste toda su experiencia laboral indicando tipo de educación (Formal: preescolar, básica primaria, básica secundaria, media o superior. Informal: Trabajo en institutos de idiomas o empresas afines) y sector (Público o Privado). Por favor, especifique año y tiempo de duración de la experiencia.

_____

_____

_____

_____

_____

_____

_____

12. Por favor, explique de manera detallada las razones que lo motivaron a aceptar participar en esta investigación:

_____

_____

_____

_____

_____

_____

_____

THANK YOU FOR YOUR PARTICIPATION: IT IS GREATLY APPRECIATED.

Appendix E. Instructions for Narratives

UNIVERSIDAD SURCOLOMBIANA
PROGRAM: Master in English Didactics
PROJECT: Exploring Speaking Anxiety and its Effects on Oral
Production in an EFL Graduate Program

FIRST NARRATIVE

Name: _____   Date: _____

Dear participant,

Thanks for taking some time to complete this narrative. We are here requesting you to write about your experience during the public speaking presentation you gave for the course Bilingualism and Bilingual Education where you presented the article from the International Handbook of Bilingualism and Bilingual Education. Write freely on anything you consider appropriate and relevant for us to know regarding your overall experience, feelings, attitudes, fears, thoughts, etc.

Please, be reminded that you can write this narrative in your first language. We suggest you write a narrative (prose), not just a disconnected set of responses to the question. There is no limit of words or pages to write this narrative.

- Consider the following questions as a guide if necessary:
- What was the presentation about?
- Did you choose the topic? If so, why did you choose it?
- How long did you prepare for the presentation?
- How did you feel before, during and after giving the presentation?,
- Did you experience any symptoms related to anxiety?,
- Were there any factors that you think affected your performance during the presentation?

_____
_____
_____
_____
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_____
_____
_____
_____
_____

UNIVERSIDAD SURCOLOMBIANA
PROGRAM: Master in English Didactics
PROJECT: Exploring Speaking Anxiety and its Effects on Oral
Production in an EFL Graduate Program

SECOND NARRATIVE

Name: _____ Date: _____

Dear participant,

Thanks for taking some time to complete this narrative. We are here requesting you to write about your experience during the public speaking presentation you gave for the course Curriculum and Course Design. Write freely on anything you consider appropriate and relevant for us to know regarding your overall experience, feelings, attitudes, fears, thoughts, etc.

Please, be reminded that you can write this narrative in your first language. We suggest you write a narrative (prose), not just a disconnected set of responses to the question. There is no limit of words or pages to write this narrative.

- *Consider the following questions as a guide if necessary:*
- *What was the presentation about?*
- *Did you choose the topic? If so, why did you choose it?*
- *How long did you prepare for the presentation?*
- *How did you feel before, during and after giving the presentation?,*
- *Did you experience any symptoms related to anxiety?,*
- *Were there any factors that you think affected your performance during the presentation?*

_____
_____
_____
_____
_____
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_____
_____
_____
_____
_____

Appendix F. Protocol Interview I

1. How did you feel before the presentation?

2. How did you feel during the presentation?

3. When did you feel more anxious?

4. What did you do to cope with the symptoms of anxiety?

5. How did you feel after the presentation?

Appendix G. Protocol Interview II

1. How did you feel during the presentation?

2. How did you feel during and after the relaxation exercise?

3. Did you experience any of the symptoms you usually experience while presenting?

4. Where there any external factors that affected your performance?

5. What were you thinking while your classmate was presenting?

6. How did you feel when your other classmates asked you questions?

7. Do you consider that the relaxation exercise was effective in reducing your symptoms of

   anxiety?

Appendix H. Informed Consent

CONSENTIMIENTO INFORMADO
PARTICIPANTES EN LA INVESTIGACIÓN

Exploring Speaking Anxiety and Its Effects on
Oral Production in an EFL Classroom
Observaciones de Clase, Entrevistas, Encuestas, Narrativas y Videos.

Se le solicita que lea el siguiente material para asegurarse de estar informado de la naturaleza de este estudio de investigación y de cómo participará en él, si usted acepta hacerlo. Firmar este formulario indicará que usted ha sido informado y que presta su consentimiento. Las regulaciones nacionales requieren un consentimiento informado por escrito antes de participar en este estudio de investigación para que pueda conocer la naturaleza y los riesgos de su participación y pueda decidir participar o no de manera libre e informada. Antes de que usted decida participar en el estudio por favor lea este consentimiento cuidadosamente. Haga todas las preguntas que usted tenga, para asegurarse de que entienda los procedimientos del estudio, incluyendo los riesgos y los beneficios.

Estas hojas de Consentimiento Informado pueden contener palabras que usted no entienda. Por favor pregunte a los investigadores para que le expliquen cualquier palabra o información que usted no entienda claramente. Usted puede llevarse a su casa una copia de este consentimiento para pensar sobre este estudio o para discutir con su familia o amigos antes de tomar su decisión.

PROPOSITO DEL ESTUDIO
Usted ha sido invitado a participar voluntariamente en el estudio *"Exploring Speaking Anxiety and Its Effects on Oral Production in an EFL Classroom"*. El propósito de este proyecto es analizar el impacto de la ansiedad en la producción oral de estudiantes de Inglés como lengua extranjera de un programa de Maestría, con el fin de determinar los factores provocadores de ansiedad, y los síntomas que estos producen, reconocer las estrategias que se utilizan in situ para sobrellevar los síntomas que produce la ansiedad y sugerir algunas estrategias de terapia cognitivo conductual que pueden contribuir en la disminución de los niveles de ansiedad.

CRITERIO DE SELECCIÓN
Para éste proyecto se tendrán en cuenta los estudiantes que hagan parte del programa de Maestría en Didáctica del Inglés y que obtuvieron un nivel de medio a alto en niveles de ansiedad tras haber respondido la Escala de Ansiedad al Hablar en Público de Bartholomay (2016). Este estudio que se llevará a cabo durante un periodo de aproximadamente 6 meses.

PROCEDIMIENTOS
Si usted acepta participar en este estudio, a usted se le puede pedir:

1

- Ser entrevistado de 2 a 3 veces durante el tiempo en el que se llevará a cabo la investigación.
- Completar de 3 a 4 encuestas relacionadas con los factores que generan ansiedad al hablar en publico, los síntomas que experimentan durante presentaciones orales en publico y las estrategias que utilizan para sobrellevar su sintomatología. Las encuestas podrán ser aplicadas a través de Google Forms o en formato físico.
- Escribir una narrativa por cada presentación oral que deba realizar en los cursos Bilingualism and Bilingual Education y Curriculum and Course Design y en actividades extracurriculares como presentaciones en seminarios, congresos, simposios, entre otros. Los parámetros para las narrativas se darán cuando sea requerido.
- Ser observado y video grabado durante las presentaciones orales que deban realizar durante los cursos Bilingualism and Bilingual Education y Curriculum and Course Design y en actividades extracurriculares como presentaciones en seminarios, congresos, simposios, entre otros.

RIESGOS

Aunque no hay riesgos previstos, usted puede sentirse algo incómodo al ser observado o por la presencia de los investigadores en el aula o podría sentir algún nivel de ansiedad o presión respecto a su experiencia con el curso, al mismo tiempo que puede sentir que se vulnera su privacidad, puesto que las preguntas de la encuesta y de las entrevistas son sobre sus percepciones personales frente a su experiencias durante presentaciones orales en Inglés. Para minimizar esto, los investigadores harán todos los esfuerzos posibles para establecer una buena relación con su usted y hacer que se sienta a gusto. Las entrevistas grabadas en audio que se llevarán a cabo fuera de las aulas y no causarán molestias a otras personas que están aprendiendo. Todos los datos recopilados se usarán solo con fines de investigación. Todos los datos serán estrictamente confidenciales y no se divulgarán de ninguna forma individualmente identificable.

BENEFICIOS

Debe quedar claro que usted no recibirá ningún beneficio económico por participar en este estudio. Su participación es una contribución para el desarrollo de la ciencia y el conocimiento de la enseñanza de lenguas extranjeras y los diseños de educación innovadores. Solo con la contribución solidaria de personas como ustedes será posible comprender mejor los factores que inciden en el aprendizaje de Inglés como lengua extranjera.

PRIVACIDAD Y CONFIDENCIALIDAD

La información personal que usted de en el curso de este estudio permanecerá en secreto y no será proporcionada a ninguna persona diferente a los investigadores bajo ninguna circunstancia. A las encuestas y entrevistas se les asignará un código de tal forma que el personal técnico, diferente a los investigadores, no conocerán su identidad. El equipo general de la investigación y el personal de apoyo sólo tendrá acceso a los códigos, pero no a su identidad. Los resultados de

esta investigación pueden ser publicados en revistas científicas o ser presentados en reuniones científicas, pero su identidad no será divulgada.

DERECHO A RETIRARSE DEL ESTUDIO DE INVESTIGACIÓN:
Usted puede retirarse del estudio en cualquier momento. Sin embargo, los datos obtenidos hasta ese momento seguirán formando parte del estudio a menos que Usted solicite expresamente que esta sea borrada de nuestra base de datos.

CONTACTO
Si usted tiene dudas o preguntas sobre este proyecto de investigación puede obtener mayor información comunicándose con los investigadores Olga Lucia Fierro Leal al 300 811 4897 o Catalina Manchola Trujillo al 318 693 5520.

AUTORIZACIÓN
Antes de dar mi consentimiento al firmar este formulario, se me han explicado los métodos, los inconvenientes, los riesgos y los beneficios, y mis preguntas han sido respondidas. Puedo hacer preguntas en cualquier momento del estudio, lo que puede afectar mi disposición a continuar, y soy libre de retirarme del proyecto en cualquier momento sin que hayan consecuencias negativas sobre mi. El investigador puede finalizar mi participación en este proyecto por razones que serían explicadas en caso de que ello sucediera. Se me proporcionará nueva información desarrollada durante el curso de este estudio, que puede afectar mi disposición a continuar en este proyecto de investigación, a medida que esté disponible. Se me entregará una copia de este formulario de consentimiento firmado.

☐ Acepto participar en este estudio.

☐ **No acepto participar en este estudio.**

_____   _____
Nombre del Participante   Firma

_____   _____
CC del Participante   Fecha

ESTUDIOS FUTUROS

Nuestros planes de investigación aparecen resumidos en el formato de consentimiento. Los resultados de nuestra investigación serán grabados con un código numérico y estos no serán colocados en su protocolo de investigación. Los resultados pueden ser publicados en revistas de literatura científica garantizando que la identidad de los participantes no aparecerá en estas publicaciones.

Es posible que en el futuro los resultados de esta investigación sean utilizados para otras investigaciones cuyos objetivos y propósitos no aparecen especificados en el formato de consentimiento que Usted firmará. Si esto llega a suceder, toda la información será entregada de manera codificada para garantizar que no se revelará su nombre. De igual manera, si otros grupos de investigación solicitan información para hacer estudios cooperativos, la información se enviará sólo con el código. Es decir, su identidad no saldrá fuera de la base de datos codificada de nuestro grupo de investigación.

☐ **Autorizo** que la información de los resultados sea utilizada en otras investigaciones en el futuro.

☐ **No autorizo** que la información de los resultados sea utilizada en otras investigaciones en el futuro.

_____   _____
Nombre del Participante   Firma

_____   _____
CC del Participante   Fecha

Tables

Table 1: Participants Characteristics

Participants Characteristics

Aspect	Description
Number	5 English teachers
Age	Range: 25 to 29 years of age.
Gender	5 Women
Year and University Program	3rd semester of the Master in English Didactics program.
English Language Proficiency (According to the CEFR)	4STs: Level B2 1ST: Level C1
Current Working Context	4STs: work at public schools 1ST: works at a private school
Years of Experience	Range: 2 to 7 years of experience.

Table 2: Details of the Surveys

Details of the Surveys

º	*Survey PRPSA*	*Survey PRCA-24*	*Survey Participants Characteristics*
Instrument Objective	To identify students from an ELT master program who experienced high levels of speaking anxiety.	To determine if all the prospective participants presented high levels of public speaking anxiety.	To elicit information about participants' personal background, working experience and language proficiency.
No. of respondents	22	7	5
Characteristics	37 items. 3 open questions and 34 Likert-scale items.	24 Likert-scale items.	11 items. 2 multiple choice and 9 open questions.
Instrument Administration	On-line: Google forms.	In paper.	Online: Google forms.

Table 3: PRPSA Survey Items and Students Responses

PRPSA Survey Items and Students Responses

	Items	*SD	D	N	A	SA	Speaking Antiety Mean
1.	While preparing for giving a speech, I feel tense and nervous.	13%	31%	31%	19%	6%	3.25
2.	I feel tense when I see the words "speech" and "public speech" on a course outline when studying.	13%	25%	19%	38%	6%	3.00
3.	My thoughts become confused and jumbled when I am giving a speech.	31%	31%	19%	19%	0%	3.75
4.	Right after giving a speech I feel that I have had a pleasant experience.	13%	25%	19%	38%	6%	3.00
5.	I get anxious when I think about a speech coming up.	19%	50%	13%	19%	0%	3.68
6.	I have no fear of giving a speech.	6%	19%	19%	31%	25%	2.50
7.	Although I am nervous just before starting a speech, I soon settle down after starting and feel calm and comfortable.	13%	31%	13%	31%	13%	3.00
8.	I look forward to giving a speech.	0%	13%	38%	25%	25%	2.37
9.	When the instructor announces a speaking assignment in class, I can feel myself getting tense.	0%	44%	25%	13%	19%	2.93
10.	My hands tremble when I am giving a speech.	13%	38%	19%	19%	13%	3.18
11.	I feel relaxed while giving a speech.	6%	6%	38%	31%	19%	2.50
12.	I enjoy preparing for a speech.	0%	19%	44%	31%	6%	2.75
13.	I am in constant fear of forgetting what I prepared to say.	13%	31%	19%	31%	6%	3.13
14.	I get anxious if someone asks me something about my topic that I don't know.	13%	50%	31%	6%	0%	3.68
15.	I face the prospect of giving a speech with confidence.	0%	13%	38%	50%	0%	2.62
16.	I feel that I am in complete possession of myself while giving a speech.	6%	25%	19%	31%	19%	2.68
17.	My mind is clear when giving a speech.	0%	19%	44%	19%	19%	2.62
18.	I do not dread giving a speech.	0%	19%	38%	19%	25%	2.50

19.	I perspire just before starting a speech.	0%	31%	13%	38%	19%	2.56
20.	My heart beats very fast just as I start a speech.	13%	19%	25%	31%	13%	2.87
21.	I experience considerable anxiety while sitting in the room just before my speech starts.	19%	38%	25%	19%	0%	3.56
22.	Certain parts of my body feel very tense and rigid while giving a speech.	13%	31%	13%	31%	13%	3.00
23.	Realizing that only a little time remains in a speech makes me very tense and anxious.	6%	44%	38%	6%	6%	3.37
24.	While giving a speech, I know I can control my feelings of tension and stress.	6%	31%	38%	25%	0%	3.18
25.	I breathe faster just before starting a speech.	0%	6%	19%	44%	31%	2.00
26.	I feel comfortable and relaxed in the hour or so just before giving a speech.	6%	25%	31%	38%	0%	3.00
27.	I do poorer on speeches because I am anxious.	25%	31%	6%	31%	6%	3.37
28.	I feel anxious when the teacher announces the date of a speaking assignment.	6%	31%	19%	31%	13%	2.87
29.	When I make a mistake while giving a speech, I find it hard to concentrate on the parts that follow.	19%	31%	13%	31%	6%	3.25
30.	During an important speech I experience a feeling of helplessness building up inside me.	13%	31%	25%	19%	13%	3.12
31.	I have trouble falling asleep the night before a speech.	0%	13%	25%	44%	19%	2.31
32.	My heart beats very fast while I present a speech.	19%	38%	13%	25%	6%	3.37
33.	I feel anxious while waiting to give my speech.	19%	44%	38%	0%	0%	3.81
34.	While giving a speech, I get so nervous I forget facts I really know.	19%	25%	25%	25%	6%	3.25

*SD= Strongly Disagree D= Disagree N= Nor Disagree Nor Agree A= Agree SA= Strongly

Agree

Table 4: Participants' PRPSA scores

Participants PRPSA scores based on frequency and anxiety mean per level

Level	*Frequency*	*Mean per Score*
Low <98	7	84.14
Moderate 98 -31	4	117
High > 131	5	140.5
Total	16	113.8

Table 5: Participants PRCA-24 scores

Participants PRCA-24 scores based on frequency

	Low <11	*Moderate 11-18*	*High >18*
Group Discussion	0	2	5
Meetings	0	2	5
Interpersonal	0	3	4
Public	0	2	5