# Presentation Anxiety: A challenge for some students and a pit of despair for others.

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Abstract
There is emphasis in some tertiary courses on in-class presentations as an important skill and as a means of assessment. Frequently, this appears in the first semester of a student's enrolment. This may present especial issues for international students, particularly those from countries with significant cultural and linguistic differences to Australia. It may be somewhat confronting to not only have to make an adjustment to a new and different cultural and educational setting, but also be asked within a month or two to place oneself on public display, potentially in what may not be your first language. This paper examines data that compare anxiety levels of incoming international students to local students; some of the associated anxiety issues experienced by international students who have presented at a University Counselling service; and discusses a two-session workshop offered as an intervention.

Introduction
Jenny (the name has been changed to preserve anonymity) presented at the Counselling Service with a very high level of anxiety about having to do a presentation in her psychology unit. Her concerns seemed out of all proportion to the reality of the situation. Some of her concerns included her physical appearance ("People will look at me and think I'm fat"); how she sounded ("I'll mess up what I have to say") and her ability level and the judgment of others about that issue ("Everyone will think I'm stupid"). She doubted her capacity to cope with the requirements of delivering a presentation – from analyzing the topic, gathering information, preparing the content, managing presentation tools, controlling the pace of the session, and coping with discussion and questions. Her anxiety had generalized into the weeks preceding the scheduled presentation to a point where she could barely focus on tasks connected with this course requirement. Additionally, it was beginning to affect her other studies. As the date of the presentation approached, she exhibited physical symptoms of stress such as poor sleep, restlessness and loss of appetite.

Jenny's situation is not an uncommon one, with many courses at a tertiary level requiring students to give oral presentations on which they will be assessed (as well as some that are required but are not assessed). From the perspective of students, concerns about giving such presentations, such as in Jenny's case, include their ability to prepare and deliver the relevant material, the judgment of others with respect to their personal qualities, and the formal evaluation of their presentation.

Anxiety associated with giving oral presentations is an issue that presents to counsellors in university-based settings with reasonable frequency. Whilst this specific issue is not identified in the client data at our own counselling service, our anecdotal experience is that a substantial number of students with this issue present in every semester. In a survey of American college students, 35% of the students surveyed identified either a moderate, high, or very high need for assistance with public speaking anxiety (Bishop, Bower, & Becker, 1998). Thus, it is important to further our understanding of this topic in order to enhance service provision.

Two factors that may affect the degree of presentation anxiety experienced by students are gender differences and enrolment status as a citizen/permanent resident or as an international student.

Gender differences have been an area of focus for several studies within the presentation anxiety literature (see Bishop et al., 1998; Carrillo et al., 2001; Phillips, Jones, Rieger, & Snell, 1997). Phillips et al. found no gender differences on a self-report measure of presentation anxiety (Personal Report of Confidence as a Speaker; PRCS) amongst university students in America. Similarly, Pribyl, Keaten, & Sakamoto (2001) found no gender differences amongst Japanese university students using a Japanese version of the Personal Report of Public Speaking Anxiety. However, other ways of measuring alternative dimensions of presentation anxiety suggest that female university students are more likely to acknowledge a need, and to seek help, for this difficulty (Bishop et al., 1998), moreover that females exhibit greater arousal on some psychophysiological measures (Carrillo et al., 2001).

There is a dearth of research investigating the relationship between international student status and presentation anxiety. Most studies into this area have focused on the anxiety surrounding communicating in a second language in the context of learning that language (e.g. Cyphert, 2001; Kitano, 2001). In many instances, students who study abroad are expected to have a certain level of proficiency in the dominant language of the country of study. Thus, international students may be giving presentations in what is not their first language. However, their proficiency in the language is not being explicitly assessed (as would be the case in the context of language learning). This is an area of research that is particularly lacking, especially when we consider that approximately 20% of university students in Australia are international students (Department of Education, Science, and Training, 2003).

Coping with language barriers may not be the only barrier to giving effective oral presentations where international students are concerned. Obviously, there are some international students for whom English is a first language. Furthermore, it has been suggested that the level of English ability is not correlated with public speaking anxiety (Pribyl et al., 2001), although it is noted that this study is based on Japanese students giving a presentation in English in the context of language learning. Rather, there also exist other factors that may affect the international student's ability to deliver an effective presentation. These include differences in accents, being aware of culturally appropriate styles of communication, perhaps having to speak in a language that is not the first language, as well as the ramifications of performance on one's ability to remain in the country of study (Cyphert, 2001).

The above review highlights two areas that stand to benefit from research to further our knowledge, and these form the focus of the studies reported in this paper. The first study comprised a survey of first-year university students on the level of presentation anxiety and the perceived impact of anxiety on performance. The second study reports the findings of a group-based intervention addressing presentation anxiety that was run in a university-based counselling service.

Within the two studies reported in this paper, we sought to examine the impact of gender and enrolment status on the level of presentation anxiety and the perceived impact of anxiety on performance. Based on Phillips et al.'s (1997) findings, it was likely that gender differences would not be manifest on self-report measures of the level of presentation anxiety. However, it may be the case that females are more willing to seek help for this difficulty (cf. Bishop et al., 1998). Regarding the enrolment status of students, it was hypothesized that the issue of presentation anxiety may be more significant for international students than for citizen/permanent residents. Part of the difficulties faced by international students may concern language difficulties, however we were also aware that there might be citizens and permanent residents for whom English is not a first language. Thus, this variable was also one of significant interest. We

therefore perceived that it would be helpful to gather data that cast some light on these questions at a general level from the wider student population.

The purposes of this paper were thus twofold. First, the results of a survey of the degree of presentation anxiety and its perceived impact on academic performance on students enrolled in first year units will be reported (Study 1). Second, workshops offered to voluntary participants will be outlined, and evaluation data from these workshops will be presented (Study 2).

Study 1 - Needs Analysis
In light of the scarcity of existing research into factors such as gender and international student status, we sought to obtain a clearer picture of these factors by administering a brief in-class questionnaire to examine the degree and nature of presentation anxiety in a university population. Students enrolled in two first-year units were surveyed, and the data were collected within the first two weeks of the first semester. In light of the timing of the administration of these questionnaires, it is acknowledged that many of the respondents may not yet have been directly exposed to a classroom presentation at this university at the time of data collection. However, all respondents would have been aware that they were required to give at least one presentation in the semester.

The questionnaire administered to the students is presented in Appendix A. Due to time limitations (resulting from the questionnaires being administered at the start of lectures/tutorials), the questionnaire was constructed to be brief. The questionnaire asked students to respond, on a five-point scale, the degree to which they experience anxiety in anticipation of giving a presentation, when they are giving a presentation, and the perceived impact of anxiety on presentation performance. Respondents were also asked an open-ended question inviting them to provide qualitative data describing the particular concerns invoking anxiety surrounding giving presentations.

Students were also asked to provide demographic information relating to age, gender, enrolment status (international student or citizen/permanent resident), first language, and country of origin. Notably, the particular variables of interest on respondents' first language might sharpen our interpretation of any observed differences between international student and citizen/permanent residents (PR). Similarly, we sought to clarify whether there were any notable gender differences.

Method
A total of 550 students enrolled in first-year psychology and business units at an Australian university were surveyed in the first and second weeks of their classes. As part of the focus of this study was on how student status (International vs. Citizen/PR) and familiarity with the English language (First language vs. Other than first language) affect anxiety ratings, data for those respondents who did not provide such information were excluded from analysis. This resulted in 529 valid responses, from which the data of one respondent was excluded as this respondent failed to provide an assessment of anxiety levels. Of the remaining 528 respondents, 62 of these did not provide age details, and one did not specify gender (who also did not specify age). The analyses reported in the subsequent section are based on the responses of these 528 participants. One hundred and eleven of these 528 participants were International students (21%). Of those 527 participants who indicated their gender, there were 220 males and 307 females. The mean age of respondents who provided their age was 20.6 years ($SD = 4.6$). (It is worth noting at this point that there were no significant differences based on which unit students were enrolled in – both business and psychology students showed the same pattern of responses).

Results
Data analysis was conducted using SPSS for Windows, Version 12.0. Three anxiety ratings were of interest: (a) the degree of anxiety experienced prior to a presentation; (b) the degree of anxiety experienced during a presentation; and (c) the extent to which the level of anxiety affects performance.

Table 1 presents an overall pattern of the level of anxiety experienced by university students in anticipation of, and during, the presentation. From the table, it is clear that the majority (approximately 70%) of students identified a minimum of a moderate level of anxiety associated with presentations. Regarding the perceived impact that anxiety level had on performance, 1% of respondents believed it significantly improved performance, 8% endorsed a slight improvement, 22% suggested there was no real effect of anxiety on performance, 61% believed it made their performance slightly worse, and 8% believed it made their performance a lot worse.

Table 1. Overall level of anxiety experienced in anticipation of, and during, a presentation.

|  | Before presentation | During presentation |
|---|---|---|
| None at all | 4% | 4% |
| A bit | 26% | 30% |
| Moderate | 33% | 38% |
| A lot | 28% | 22% |
| Very high | 9% | 6% |

The data were analyzed according to the gender of respondents (this analysis only included the 527 who reported their gender). To examine the effect of anxiety in these respondents, each of the anxiety ratings (before, and during, the presentation) as well as the perceived impact of anxiety on performance, were subjected to an independent samples t-test. This revealed that female participants consistently endorsed higher levels of anxiety and a more adverse impact of anxiety on their performance ($ps < .05$; see Table 2 for means and standard deviations).

Table 2. Mean (and standard deviation in parentheses) ratings of level of anxiety and impact of anxiety on performance.

|  | Male | Female |
|---|---|---|
| Anxiety Before Presentation | 2.88 (.97) | 3.31 (1.02) |
| Anxiety During Presentation | 2.81 (.97) | 3.07 (.95) |
| Impact of Anxiety on Performance | 3.54 (.82) | 3.75 (.74) |

To examine the impact that student status and whether English is the student's first language have on these anxiety variables, each anxiety rating was subjected to a 2 (Student Status: International, Citizen/PR) x 2 (English Status: First Language, Other than first Language) between-subjects Analysis of Variance (ANOVA). The only significant effect to emerge from this analysis involved a main effect of Student Status on the degree of anxiety in anticipation of a presentation, $F(1,524) = 6.34$, $p < .05$. This reflected higher anxiety ratings for International students, $M = 3.39$, $SD = .93$, than for Citizen/Permanent Resident students, $M = 3.06$, $SD = 1.03$.

It is interesting to note that there was no main effect of English Status, $\underline{F}(1,524) = .00$, n.s., nor was English Status implicated in a higher-order interaction effect involving Student Status, $\underline{F}(1,524) = .25$, n.s. This suggests that language difficulties may not be the predominant concern eliciting elevated anxiety ratings. To examine what causes may account for the difference between International and Citizen/PR students, a qualitative analysis of the reasons provided for the causes of anxiety was conducted.

*Reasons for presentation anxiety*
The responses of all 528 participants were examined (excluding unhelpful responses such as "don't know"). Three hundred and eighty five respondents provided causes of their anxiety, and multiple responses were permitted.

Data were grouped into 3 overarching categories based on the general themes that emerged from the qualitative analysis – the presentation itself, personal attributes, and evaluation. Within the category of the presentation itself, subcategories were content, equipment, and dealing with questions. The category of personal attributes included communication aspects (e.g. stuttering, language), physical appearance, and an anxious disposition. Finally, the evaluation category included subcategories of self-evaluation, reactions of others, and grades.

Table 3 presents the proportion of responses for reasons for presentation anxiety amongst International and Citizen/PR students. The critical difference between these two groups is that Citizen/PR students place greater emphasis on the presentation itself and the evaluative aspect of giving a presentation. The aspect of the presentation most cited as a source of anxiety for these students was the content of the presentation (e.g. what information to include, forgetting content). The greatest source of anxiety under the evaluation category was the reactions of others (e.g. being the focus of attention of many, being evaluated by others, looking stupid). In contrast, International students place the greatest emphasis on personal attributes, namely language and communication aspects (this comprised 65% of responses in the Personal Attributes category).

Table 3. <u>Issues affecting presentation anxiety for International versus Citizens/PR students.</u>

|                    | International | Australian Citizens/PR |
|--------------------|--------------|------------------------|
| Presentation       | 34%          | 41%                    |
| Personal Attribute | 39%          | 21%                    |
| Evaluation         | 27%          | 38%                    |

The finding that language and communication aspects differ between International and Citizen/PR students is particularly interesting, as English Status was not implicated in the ANOVAs. However, it is important to note that the ANOVAs examine the *level* of anxiety experienced, and does not consider that English Status may be a source of difference at a qualitative level.

Table 4 thus presents the proportion of responses for reasons for presentation anxiety amongst International and Citizen/PR students, delineated by English Status. From this table, it is apparent that the source of difference in the reasons for presentation anxiety stems from the International Students for whom English is not a first language. The four groups of students placed a similar emphasis on the presentation and evaluation aspects, and for three of these four groups (all of the Citizen/PR Students, and the International Students for whom English is a first language), these two types of concerns dominate the responses. In contrast, International

Students for whom English is not a first language placed a greater emphasis on personal attributes, namely language and communication aspects (74% of responses in the Personal Attributes category concerned these aspects).

Table 4. Proportion of responses identifying issues affecting presentation anxiety for International versus Citizens/PR students, separated by English language (First versus Other than First language).

|  | International | | Australian Citizens/PR | |
| --- | --- | --- | --- | --- |
|  | 1st Language | Not 1st Language | 1st Language | Not 1st Language |
| Presentation | 34% | 30.5% | 41% | 40% |
| Personal Attribute | 29% | 39% | 20% | 25% |
| Evaluation | 37% | 30.5% | 39% | 35% |

It is critical to note that in spite of these differences in the qualitative reasons cited by International Students for whom English is not a first language, and those reasons cited by other students, that the level of anxiety reported on the rating scales did not differ according to English Status.

Discussion

Overall, approximately one-third of our university sample endorsed a high or very high level of presentation anxiety. Furthermore, approximately two-thirds believed that their level of anxiety impaired their performance. This suggests that interventions aimed at decreasing presentation anxiety would meet a clear need of students. Relative to males, females endorsed significantly higher levels of anxiety before and during presentations, and believed that anxiety had a more adverse impact on performance. This contrasts with Phillips et al.'s (1997) findings of no gender differences on public speaking anxiety.

The conflicting results between the study reported by Phillips et al. (1997) and the present study could be attributed to the different measures employed in both studies. Specifically, Phillips et al. administered the Personal Report of Confidence as a Speaker which is a 30-item true/false questionnaire outlining symptoms of public speaking anxiety, while we administered a 3-item questionnaire due to strict time constraints. Thus, it may be that Phillips et al.'s measure provided a more thorough assessment of anxiety symptoms associated with presentation anxiety. Another difference is the period over which an assessment of the level of presentation anxiety is sought. Whereas Phillips et al.'s measure asked respondents to reflect on their most recent experience of public speaking, the measure employed in the present study asked participants to estimate their level of anxiety in anticipation of, and during, giving a presentation. Furthermore, the measure utilized in this study investigated the perceived impact of anxiety on performance.

Regarding differences between international and citizen/permanent resident students, anticipatory anxiety was higher for international students. However, the level of anticipatory anxiety experienced was not mediated by whether English was the students' first language. Thus, while the qualitative analysis suggested that language difficulties was a primary concern for those international students for whom English is not a first language, the *level* of anticipatory anxiety endorsed by this group did not differ from the level of anxiety endorsed by international students for whom English is a first language.

**Study 2 - An Intervention**
Our development of an intervention for presentation anxiety is based on the social phobia literature which identifies two subtypes of social phobia – performance-based fears (public speaking), and 'generalised' social phobia where most forms of social interaction are feared (Stein, 1996; Stein & Chavira, 1998). Employing this theoretical framework, we adapted our intervention for presentation anxiety from effective social phobia interventions. Specifically, we utilized a cognitive-behavioural approach to the treatment of presentation anxiety as this has been found to be an effective form of intervention (see Curtis, Kimball, & Stroup, 2004, for a review). This incorporated elements such as psychoeducation, relaxation, cognitive restructuring, and exposure (Andrews, Crino, Hunt, Lampe, & Page, 1994). In addition, we incorporated some basic skills training in the program (e.g. ways of giving an effective presentation).

We also adopted a group-based approach to intervention, and the benefits of this are manifold (Andrews et al., 1994; although see Stangier, Heidenreich, Peitz, Lauterbach, & Clark, 2003). First, a group format has been argued to be beneficial in that group members are exposed to social interaction with other members. Second, peer support has been identified to be helpful. Third, a group format serves to normalize the experience of anxiety. Fourth, adopting a group format results in the efficient use of therapists' time and resources.

A two-session format comprising 90 minutes for each session was selected for the presentation anxiety groups. It is acknowledged that most group interventions addressing social phobia comprise multiple treatment session conducted over many weeks, even months (Andrews et al., 1994; Stangier et al., 2003; van Dam-Baggen & Kraaimaat, 2000). However, a two-session format was selected for the presentation anxiety groups based on clinical experience, which suggested that few students persist in attendance in multi-session voluntary groups. This was selected above a single session intervention as a two-session format allowed for sufficient time to cover the relevant topics and the second session also served as a troubleshooting session for students who could use the period between the sessions to try the techniques learnt. To assess the longer-term impact of the intervention, a measure of public speaking anxiety (Personal Report of Public Speaking Anxiety, PRPSA; McCroskey, 1970) was mailed to all students a few weeks following the cessation of the groups.

It was predicted that PRPSA ratings would decrease following group intervention. However, as the first and second sessions were held one week apart, we were aware that such a short period of time might not be sufficient for the effects of the intervention to manifest. Rather, we predicted that the effects of the intervention would be more apparent when comparing the PRPSA ratings collected during the pre-intervention and follow-up phases.

Method
*Instrument*
The efficacy of the evaluation was assessed using the Personal Report of Public Speaking Anxiety (PRPSA, McCroskey, 1970). The PRPSA is a 34-item measure consisting of negatively worded items (e.g. "I am in constant fear of forgetting what I prepared to say", "My heart beats very fast while I present a speech") and positively worded items (e.g. "I do not dread giving a speech"). Respondents indicate their level of endorsement of each item on a 5-point scale ranging from 1 (Strongly Agree) to 5 (Strongly Disagree). The PRPSA has high internal consistency (alpha estimates > .90; McCroskey, 1970) and high test-retest reliabilities (upwards of .75; McCroskey, personal communication, April 2004). Scores are obtained according to the following equation:

Total = 72 + Sum of negatively worded items – Sum of positively worded items

Thus, the minimum possible score of the PRPSA was 34, and the maximum, 170. The PRPSA yields three categories of scores – Low (scores below 98), Moderate (scores between 98 and 131, inclusive), and High (scores greater than 131).

*Participants*

Three workshops of two sessions each were held. Overall, 35 students attended the first workshop, with 25 of these students returning for the second workshop. Although we anticipated that participants in these workshops would be predominantly first year students, most were actually enrolled in subsequent years of their degrees (including a small number of post-graduate students). There were only two male students in all of the workshops. Eleven of the 35 students were international students, and English was not a first language for six of these students. Of the 25 citizen/PR students, English was not a first language for four of these students. The mean age of all 35 students was 26.51 years ($\underline{SD} = 8.38$ years)

*Intervention program*

In light of the brief nature of the intervention, the content of the workshop was necessarily brief, and students were asked to utilise the techniques taught in the intervening week between the first and second session. Additionally, the content of the workshop was spread over the two sessions to avoid overloading students with information in the first session. The two sessions of the workshop were scheduled one week apart and placed across weeks 4-7 of a 12-week semester. Three groups were offered, with each accommodating up to 12 students. There was a clear demand for this type of intervention within the university setting – at least a further 30 clients were wait-listed for the group.

Overall, the content of the workshop may be organised into four overarching components – psychoeducation, relaxation, behavioural, and cognitive:

- Psychoeducation – this component focused on the causes of anxiety, the fight/flight response, and the stress-performance curve.
- Relaxation – this component comprised an in-session relaxation and positive visualisation exercise. The visualisation exercise required students to invoke an image of themselves giving a presentation, and thus contained an element of imaginal exposure. Students were given a copy of the script on a CD with instructions of practise on a daily basis. Students were also taught a controlled breathing technique as a means of managing their anxiety, and a controlled breathing exercise was conducted in-session.
- Behavioural – this component encompassed some skills training (information on giving a successful presentation). Elements of exposure were also present in the workshop – participants experienced imaginal exposure (as part of the relaxation and positive visualisation exercise), and were encouraged to engage in *in vivo* exposure between sessions 1 and 2 of the workshop.
- Cognitive – this component included a discussion into the link between thoughts and feelings, learning to identify unhelpful thoughts, and cognitive restructuring. This exercise drew on students' past experiences in situations of giving presentations, specifically challenging unhelpful thoughts associated with these experiences.

*Procedure*

Students completed the PRPSA in both sessions of the workshop[1]. The first session of the workshop covered psychoeducation and relaxation, as well as behavioural techniques. The second session of the workshop addressed cognitive techniques, as well as more detailed relaxation and behavioural techniques. It is noted that in spite of the therapists' encouragement of students to conduct an exposure exercise in between the first and second sessions of the workshop (i.e. to practise giving a presentation), none of the students reported practising, although three students gave an actual class presentation. Students were also mailed the PRPSA and an evaluation form 3-5 weeks following the second session as a follow-up assessment of their progress. Eleven students returned back the survey. As part of the evaluation form, students were also invited to provide anonymous feedback about the workshop.

Results

*Participants*

Of the initial 35 participants who attended the first session of the workshop, 25 returned for the second session, and 11 returned the follow-up PRPSA.

*Drop outs*

Ten of the 35 students (28.57%) did not attend the second session, and thus post-treatment scores were not obtained for these individuals. All 10 of these students were female. The impact of factors such as the level of anxiety, age, student status, and English status were examined as potential contributors to dropping out. Level of anxiety did not differ between those who attended the second session ($\underline{M}$ = 138.84, $\underline{SD}$ = 23.04) compared to those who did not attend the second session ($\underline{M}$ = 139.10, $\underline{SD}$ = 20.80; $\underline{t}$(33) = .26, n.s.). Age was also not a factor in attrition in comparing those who attended the second session ($\underline{M}$ = 25.48, $\underline{SD}$ = 6.58), and those who did not attend the second session, $\underline{M}$ = 29.10; $\underline{SD}$ = 11.82; $\underline{t}$(11.30) = .30, n.s.[2])

Enrolment status (International or Citizen/PR) status also did not appear to be a factor, with approximately equal proportions dropping out (27.27% for International Students, 29.17% for Citizen/PR students). Language status also was not a factor, with 30% of individuals for whom English was not a first language, and 28% of individuals for whom English was a first language did not attend the second session.

Thus, it appears that there were no specific factors on the demographic data collected in this study that determined the likelihood of dropping out.

*Treatment outcome*

Two sets of analyses assessing treatment outcome were conducted. The first examined PRPSA ratings pre- and post-intervention, with a view to assessing the efficacy of the intervention. This analysis also considered the impact of Student Status and English Status. Gender was not a factor included in the analysis as there were only two males. PRPSA ratings were subjected to a 2 (Intervention Phase: Pre, Post) x 2 (Student Status: International, Citizen/PR) x 2 (English Status: First language, Not first language) mixed-design ANOVA, where Intervention Phase was a repeated-measures variable, and the rest were between-subjects variables. The results of the ANOVA revealed a significant main effect of Intervention Phase, $\underline{F}$(1,21) = 9.14, $\underline{p}$ < .01. This reflected a decrease in scores from the Pre Intervention Phase ($\underline{M}$ = 138.84, $\underline{SD}$ = 23.04) to the

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[1] When completing the second administration of the PRPSA, students were not aware of their scores on the first administration of the questionnaire.

[2] The assumption of Levene's test for equality of variances was not met ($\underline{p}$ < .05), hence the reported statistics are adjusted statistics based on equal variances not assumed (cf. Tabachnick & Fiddell, 1989).

Post Intervention Phase ($\underline{M}$ = 123.32, $\underline{SD}$ = 24.68). Incidentally, the decrease in PRPSA scores corresponded with a decrease from an average of a high level of anxiety to a moderate level of anxiety.

The ANOVA also revealed a significant main effect of Student Status, $\underline{F}(1,21)$ = 9.10, $\underline{p}$ < .01. This reflected higher PRPSA ratings for Citizen/PR students, ($\underline{M}$ = 139.79, $\underline{SD}$ = 17.20) than for International Students ($\underline{M}$ = 112.56, $\underline{SD}$ = 18.72), although it is noted that this should be interpreted with caution as a result of the small cell sizes (17 for Citizen/PR, 8 for International). It is noted that the ratings of the Citizen/PR students are indicative of a high level of anxiety, whereas the ratings of the International students indicate a moderate level of anxiety. Importantly, Student Status was not implicated in a significant higher-order interaction involving Intervention Phase, indicating that the effects of the intervention were not systematically affected by this factor. No other effects were significant.

Examining the clinical efficacy of the intervention, nine students dropped from a higher to a lower anxiety range, one student increased from a lower to higher anxiety range, while 15 students remained in the same anxiety range (although it is noted that the scores within the same range often decreased from Pre- to Post-Intervention Phases).

The second set of analysis examined PRPSA ratings at both Pre- and Post-Intervention Phases, as well as examining the Follow-Up ratings. Thus, this analysis focused only on those 11 participants who returned the follow-up PRPSA that was mailed out. Given the small size of this sample, significance tests were not employed, and only descriptive statistics were considered. For these 11 students, the overall trend was for PRPSA ratings to decrease over the course of the Intervention Phases. To reiterate, this comprises the scores of only those 11 participants, and due to the small sample size, significance tests were not employed and thus only descriptive statistics are reported. These are presented in Table 5.

Table 5. <u>Mean (and standard deviation in parentheses) PRPSA ratings and corresponding anxiety levels endorsed across the Intervention Phases by the 11 students who completed all PRPSA ratings.</u>

| | Intervention Phase | | |
| --- | --- | --- | --- |
| | Pre-Intervention | Post-Intervention | Follow-Up |
| Mean (SD) | 145.18 (19.96) | 124.82 (25.38) | 113.01 (22.94) |
| PRPSA Anxiety level | High | Moderate | Moderate |

Figure 1 presents the overall anxiety ratings across the three Intervention Phases for each of the 11 students who completed all of the Intervention Phases. Three of these students were International students – Student 3, Student 5, and Student 10. English was not the first language for four of these students – Student 3, Student 5, Student 9, and Student 11. From Figure 1, it appears that the overall anxiety ratings in the follow-up phase were lower than in the Post-Intervention Phase, suggesting that the effects of the intervention persisted. The notable exception was Student 10, who exhibited a sharp decrease in anxiety ratings from Pre- to Post-Intervention, but a subsequent increase in anxiety ratings from the Post-Intervention to the Follow-up phase. This particular student gave an actual presentation as part of her course requirement between the first (Pre-Intervention) and second (Post-Intervention) sessions of the

workshop, and this may explain the sharp decrease in ratings between these two sessions. It is also known that this student has other longstanding anxiety-related issues.

Importantly, the data from the above 11 students indicated the following:

- From the Pre- to Post-Intervention Phases, five students' PRPSA ratings decreased from a higher to a lower anxiety category while six students' ratings remained in the same category;
- From the Post-Intervention to the Follow-up Phases, four students' PRPSA ratings continued to decrease from a higher to a lower anxiety category, six students' ratings remained in the same category, while one student's ratings increased;
- Overall, from the Pre-Intervention phase to the Follow-up phase, the PRPSA ratings of nine students indicated a decrease in anxiety category membership, while the PRPSA ratings of two students remained in the same anxiety category.

Thus, the overall pattern of results suggests that the two-session intervention was effective in decreasing the level of anxiety associated with giving presentations.
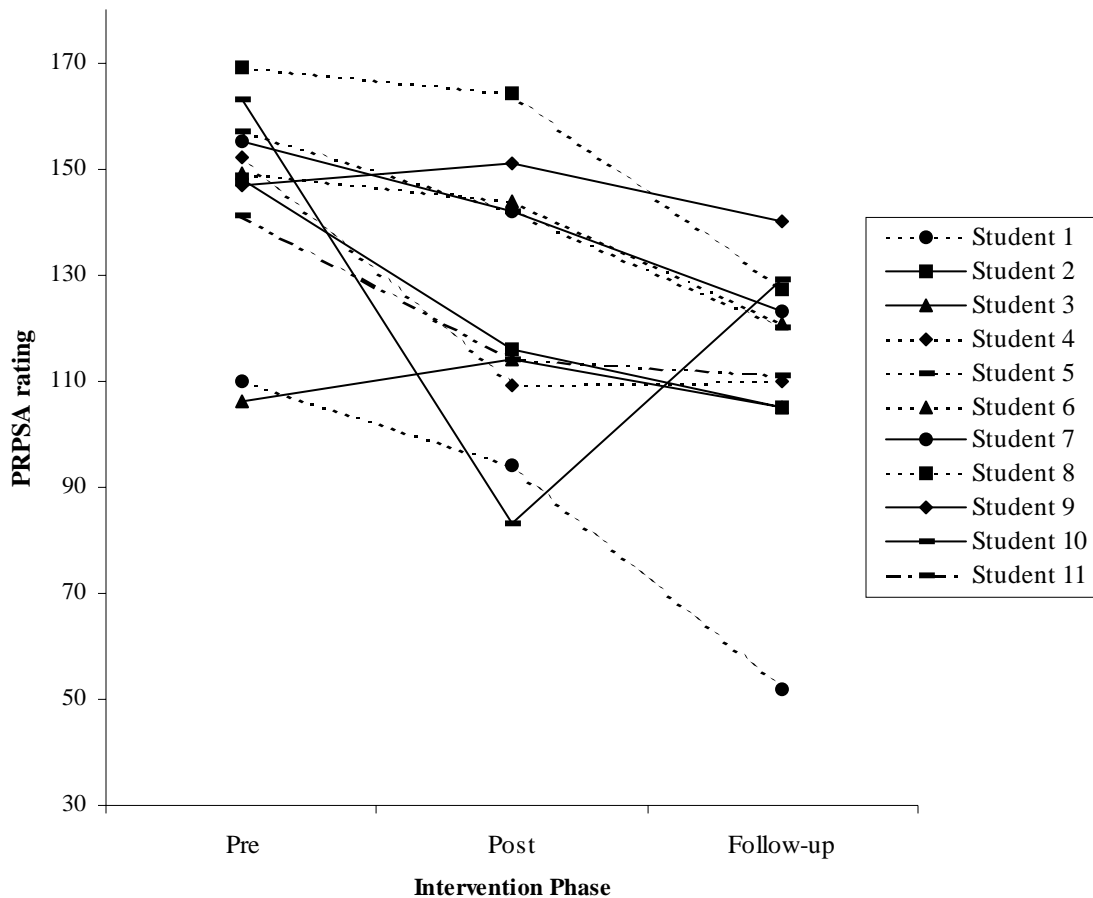


Figure 1. PRPSA ratings at the Pre-Intervention, Post-Intervention, and Follow-up phases for each of the 11 students who completed all three Intervention Phases.

*Feedback from participants*

In addition to the PRPSA, which was mailed out as a follow-up, participants were asked to fill in evaluation forms anonymously. These evaluation forms requested feedback pertained to several aspects of the workshop, including the timing of the workshops, the amount of content of the workshops, the relevance of the content to the students' needs, whether the content was helpful, whether a two-session format was an appropriate length of intervention, and whether the information from the workshop helped the student manage his/her anxiety.

Overall, most of the students felt that the timing of the sessions (between weeks 4-7 of a 12-week semester) was appropriate, although some would have preferred the sessions to be run earlier. Several students suggested that it might be helpful to extend the number of sessions by one or two, and using these sessions to give an actual presentation. Most students found the group format to be helpful. Content-wise, students commented that the relaxation exercises were helpful, as was challenging unhelpful thoughts, and using the practical skills taught in the sessions.

Discussion

Overall, the results of this study indicated that a two-session group intervention program helped students to manage their anxiety associated with giving oral presentations. Some degree of change was evident from the first to the second sessions. However it is noted that this period spanned only one week and thus we were not expecting large decreases in the level of anxiety. In examining the pattern of anxiety ratings from the pre-intervention, post-intervention, and follow-up phases, greater decreases in anxiety ratings were evident when comparing the ratings from the pre-intervention and follow-up phases. A limitation of this finding, however, is that the small number of participants with valid ratings in the follow-up phase meant that it was difficult to conduct significance tests.

Regarding the utility of a group intervention program, most participants who completed the evaluation form indicated that a group format was beneficial. Indeed several group members commented as such during the sessions, noting that it was reassuring to know that they were not the only ones who felt anxious.

Finally, the group members viewed the content of the session, which was based on intervention for social phobia, to be appropriate in light of the number of sessions held. In particular, participants found the relaxation and positive imagery exercise to be helpful, along with cognitive restructuring, and tips on presentation skills. A limitation of the content is that more focus was not given to exposure and its role in decreasing anxiety. Several students suggested in the evaluation that doing an in-session presentation would be beneficial. Indeed, asking participants to give a presentation (i.e. *in vivo* exposure) in the second session would have cemented the principles of exposure and furthered the imaginal exposure exercise that formed part of the relaxation exercise. It is noted that due to the time limitations of a two-session format, we asked participants to engage in giving a presentation prior to the second session. However, none of the participants did so. It is therefore recommended that future interventions incorporate an element of *in vivo* exposure in an additional session.

Finally, another limitation of the present study is the absence of control groups (i.e. wait-list condition, control condition utilizing supportive therapy without cognitive and behavioural elements) in examining the effects of the intervention. The use of a control group would be useful in identifying whether the observed decrease in anxiety ratings were due to the intervention, to the passage of time (as in a comparison with a wait-list control group), or to non-specific elements of therapy such as therapist support and attention (as in a comparison with

supportive therapy). However, existing research indicates that a cognitive behavioural approach is more efficacious than control conditions (Andrews et al., 1994; Stangier et al., 2003).

Summary
Several issues emerged from the present studies. It is clear that presentation anxiety poses difficulties for many university students, as indicated by an overwhelming majority of students (approximately 70%) indicating at least a moderate level of anxiety surrounding giving oral presentations. Unlike Phillips et al. (1997) who found no gender differences on self-report measures of presentation anxiety, the results of Study 1 revealed that female respondents indicated higher levels of anxiety relative to males and that they were also more likely to believe that anxiety had a greater negative impact on performance. Consistent with the findings of Bishop et al. (1998), females were more likely to engage in help-seeking behaviours to manage presentation anxiety, as indicated by the overwhelming majority of students who presented for the workshops in Study 2.

The results from Study 1 also revealed that the student's enrolment status (i.e. international versus citizen/PR) and English ability did not impact on the level of anxiety experienced. However, causes of presentation anxiety given by international students for whom English is not a first language predominantly reflected a greater emphasis placed on personal attributes (e.g. communication aspects, physical appearance) than on the presentation itself (e.g. content) or evaluation. In contrast, citizen/PR students and international students for whom English is a first language placed the least emphasis on personal attributes as a source for their presentation anxiety.

The results of Study 2 indicated that a brief, two-session intervention employing cognitive-behavioural principles delivered in a group format was helpful in decreasing the level of presentation anxiety experienced by students. This was apparent even after a difference of a week (comparing pre-intervention phase PRPSA ratings and post-intervention phase PRPSA ratings), where the average level of anxiety symptoms decreased from a high level to a moderate level. Figure 1, containing the pre-intervention, post-intervention, and follow-up PRPSA ratings for those 11 participants who provided all of these ratings, indicated that the trend was for anxiety levels to continue to decrease.

The present series of studies were characterized by some limitations. The survey of students' level of presentation anxiety reported in Study 1 focused exclusively on first year university students, and it is noted that the majority of students who participated in the workshops were not first year students. It would have been better, therefore, to survey a cross-section of the university population, including undergraduate and postgraduate students from a variety of courses. It is noted that inconsistencies in the findings between Phillips et al.'s (1997) findings and our findings of gender differences in the level of self-report presentation anxiety is likely to stem from the measures employed. Specifically, Phillips et al. utilized a measure designed to capture a greater range of symptoms associated with presentation anxiety in comparison to the one-item measures utilized in the present study. It is, however, acknowledged that this briefer measurement was selected in light of time constraints.

Another limitation present in the current series of studies relates to the content of the intervention program reported in Study 2. It is acknowledged that limitations in the content of the program were due to strict time constraints, and perhaps additional sessions (one or two) would be beneficial to participants. From the feedback provided by participants, and also from the lack of compliance of participants with suggestions to give an oral presentation between the first and second sessions, it is suggested that the additional sessions focus on allowing participants to give

a presentation (i.e. *in vivo* exposure).  This would serve to strengthen the focus on exposure as a component of treatment for presentation anxiety.

Potential limitations pertaining to the absence of control groups in Study 2 were also considered, however it is noted that the adoption of a cognitive-behavioural approach to the management of presentation anxiety is supported by existing research documenting the efficacy of this intervention (see Andrews et al., 1994; Stanger et al., 2003).

In summary, the results reported in the present series of studies have served to enhance our knowledge of presentation anxiety in a university setting.  Importantly, it examined the role that student status (i.e. international vs. citizen/PR) and English ability have on the level of presentation anxiety, and cast further light on the issue of gender differences and presentation anxiety.  The present series of studies has also demonstrated that a brief two-session group-based cognitive-behavioural intervention may be beneficial in helping students manage their presentation anxiety.

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**Acknowledgments**

**Appendix A**

**Coping with Presentations**

New students occasionally have some concerns at the requirement to do presentations to peers in class as an assessable part of the course.  The University Counselling Service is interested to learn to what extent this is a common concern, and whether there are any differences on this matter between International Students and local students.  We would appreciate it if you would spend a few minutes completing this anonymous and very brief questionnaire.  Your responses will help us plan appropriate assistance to those students in need.

Demographic Information:

1. Are you an              a] International Student            b] Australian/Permanent Resident
(please circle one)

Age:                                   Sex:  Male/Female

First Language:                        Country of Origin:
(n.b. We are interested in first language and country of origin for both International Students and Students who are Australian/Permanent Resident)

2. If you had to do a class presentation, how anxious would you feel <u>before</u> the presentation (please circle one)?

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| None at all | A bit | Moderate | A lot | Very high |

3. If you had to do a class presentation, how anxious would you feel <u>during</u> the presentation (please circle one)?

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| None at all | A bit | Moderate | A lot | Very high |

4. To what extent do you think the level of anxiety you experience affects your presentation performance (please circle one)?

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| Improve significantly | Improve a bit | No real effect | A bit worse | A lot worse |

5. If you do feel anxious about presentations, please state what you are worried about.

NOTE: You may seek help on this issue (or on any other issue affecting your studies) from University Counselling Services; Building 109, Phone 9266 7850.  Further information can be found at http://www.curtin.edu.au/curtin/dept/counselling/