

The Experience of Public Speaking Apprehension (PSA) in the Workplace

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ABSTRACT

As a result of less secure employment relationships, downsizings, restructurings and an unstable economic climate, many employees may be required to assert themselves by presenting to groups, teams and in front of managers, in order to compete in their chosen field of work. These presentations may be a problem for employees who experience significant public speaking apprehension (PSA) also referred to in research as public speaking anxiety. Research to date has focused either on the pathological form of public speaking anxiety or on communication apprehension in general. This qualitative phenomenological study is based on eight in-depth interviews with participants recruited from Toastmasters' who fear public speaking and are motivated to overcome their fear. Results revealed common themes that included early childhood experiences, participants' self concepts and the influences their fear has had on it, factors affecting a PSA experience, participants' beliefs, attributions and assumptions about PSA, strategies for coping with PSA, as well as the influence of PSA throughout participants' lives. A phenomenological description of the complex structure of PSA was developed to reveal its essential meaning. Discussion focuses on the fundamental, unchanging nature of the experience, how people may perceive it, the impact it has on a person's self concept and how public speaking apprehension may affect one's academic and career choices. Implications are presented for counsellors, employers and organizations. Directions for future research are suggested.

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Chapter 1

Introduction

There is little doubt that over the last decade there has been increased volatility in the economy and greater career instability. Technology has expanded the forum of work to include the entire globe. Along with increased opportunity has come increased global competition. Organizations are choosing to downsize their workforce, merge and/or restructure in order to compete (Downs, 1995; Allcorn, Baum, Diamond, & Stein, 1996). Most organizations seem to do little to prepare their employees for a reduction in their numbers which often results in added job responsibilities (Armstrong-Stassen, 1994). The result of these changes is a highly unpredictable career environment where the future is uncertain for the employee.

The implicit "psychological contract" that once existed between employee and employer is becoming obsolete (Robinson & Rousseau, 1994). This psychological contract was an unwritten agreement between company and worker that exchanged job security for good work and loyalty. Today, short term written contracts are being entered into more frequently. Organizations may offer their employees employability programs instead of job security (Noer, 1998, Arthur, Inkson & Pringle, 1999).

Career development has become increasingly cyclical, (Bridges, 1986). In addition, a new perspective on the meaning of work has recently evolved: career success is viewed as including personal development or growth in addition to financial security (Zunker, 1997).

These changes affect the employees' ability to continue to work in two important ways: Firstly, companies no longer provide long term management of an individual's career. One is required to take control over his/her own career process and development. New communication skills are required in order for employees to sell what they have to offer to perspective employers or to market their product or services within their current place of work (Johnson & Johnson, 1995).

Secondly, in order to compete, companies are requiring that their employees work in teams, contribute their ideas and innovations regularly and communicate in new ways across departments within the company and with their customers (Rousseau, 1999). Employers' expectations about how work is done has changed to include more teamwork, group interactions and presentations to managers, peers and customers (Williams et al, 2000). The question that formed the basis of this study is how people who fear speaking in front of groups cope with these changes.

Researchers have recently reported that from 30 to 40% of the general population suffer from public speaking apprehension (Beatty, McCroskey, & Hiesel, 1998). A Students Needs Survey conducted by the University of Pittsburgh found that slightly over half of all respondents (N = 407) reported they wanted help overcoming their public speaking fears (Gallagher, 1992). Along with procrastination, help for this problem was the most commonly requested.

Researchers across the psychology and communication education disciplines have referred to the fear of presenting in front of a group as public speaking anxiety, stage fright, public speech anxiety, performance anxiety, audience anxiety, public speaking phobia and public speaking apprehension. The bulk of research on the "normal" fear (as opposed to pathological that is studied in clinical populations as a subset of social anxiety) is found in the literature on communication apprehension (CA) from which the term public speaking apprehension was derived. Because I am interested in how people cope with and experience this problem in the workplace, in this study I use the term public speaking apprehension (PSA). Note that some of my references may use one or more of the aforementioned labels but authorities' definitions of the construct are consistent with "a fear and uneasiness associated with the situation of speaking before a group of people" (MacIntyre & MacDonald, 1998, p 359).

Statement of the Problem

Employees who fear speaking in front of others are likely to have to face and cope with their fears of public speaking in order to meet employer expectations/requirements and to stay competitive in the new world of work. Employees who fear public speaking may be at a disadvantage in the changing world of work.

Purpose of this Study

The purpose of this study is to explore the experience of the phenomenon of public speaking apprehension in the lives of the participants, and if/how it has affected their working lives.

Research Question

What are the experiences of people who suffer from public speaking apprehension?

Rationale for this Study

A qualitative study on the trepidation associated with public speaking could lead to insight about how it is experienced, its influences on career choices and development and its overall impact on the employee which may include job functioning, career mobility and job satisfaction. It appears that neither CA nor PSA have been yet approached as phenomena. Researchers have concentrated their efforts on the mechanisms of why people suffer from PSA (e.g. Keaten, 2001; Behnke & Sawyer, 1999; MacIntyre, Thiverge, & MacDonald, 1997). We have yet to ask the individual sufferer of PSA the what and the how of the experience, particularly as it impacts an individual's academic and working life, career development and choices.

Conventional treatments, such as systematic desensitization, *in vivo* desensitization, skills training, visualization and drug therapy, are based on theoretical explanations developed from quantitative data across groups of subjects from clinical or college populations (Derakshan & Eysenck, 2002; Keaten, 2001; Ascher & Schotte, 1999; Beatty, McCroskey & Heisel, 1998). No one treatment protocol appears to have achieved supremacy in the literature. By taking a

phenomenological approach, perhaps new information may surface which could generate new directions in treatment.

Most communication researchers approach PSA as part of the broader concept of CA in the context of the classroom (e.g. Beatty & Valencic, 2000; Kelly & Keaten, 2000; Dwyer, 2000, McCroskey, Richmond & Davis, 1986). Very little appears to have been done specifically on PSA in the context of the workplace.

Lastly, a literature review revealed that employers may misinterpret the avoidance or withdrawal behaviours of the apprehensive employee as a variety of undesirable negative attributes (Pope & Miller, 2000; Booth-Butterfield & Thomas, 1995; Booth-Butterfield & Booth-Butterfield, 1992; Richmond & McCroskey, 1985; Powers & Smythe, 1980). Understanding that communication behaviours may be attributable to anxiety instead of low motivation, poor preparation or incompetence, may help employers gain a better understanding of the apprehensive employee's behaviours and perhaps modify the employer's expectations.

Assumptions

There are three presuppositions to this study. The first is that people will need to develop better and broader communication and presentation skills to survive and/or advance in this new world of work. The second is that people's career choices and work experiences are affected by their PSA and their ability to adapt to new work requirements may be impaired by it. Thirdly, employers and counsellors could benefit from understanding more about the individual as well as the collective experiences shared by people who suffer from PSA.

Method for Data Collection and Analysis

"We gather other people's experiences because they allow us to become more experienced ourselves", (van Manem, 1990) p. 62. A phenomenological approach to the problem was

undertaken to compile data that describes the experience of PSA from the individual realities of the participants.

Using an empirical phenomenological approach, interviews were conducted with eight participants, tape recorded and transcribed verbatim. With the assistance of Atlas/ti, a computer scientific software program, the qualitative data was analyzed to yield themes as well as a comprehensive description of the phenomenon.

Chapter 2

Literature Review

Theories of Communication Apprehension and Anxiety

No theory could be found that explains PSA specifically, however a brief discussion of the theories of CA and anxiety is instructive because I am curious to know if some of the theories' propositions will be reflected in participants' experiences. A brief review of theories is also useful in establishing where previous researchers have concentrated their efforts. There are literally hundreds of studies on the subject. There appears to be no one explanation or model of CA or PSA that has achieved supremacy in the literature as the most likely explanation.

Genetic explanation.

Twins studies on anxiety disorders and related concepts such as shyness, reticence, introversion and sociability, reasoned that because maternal twins share the same set of genes, if they were raised in different environments they should exhibit a common degree of shyness, avoidance or fearful behaviours that can be attributed to their shared genetic makeup. Fears and phobias were therefore hypothesized as immutable personality traits. While early correlations of observed behaviours between twin pairs were sometimes as high as .8, improved statistical methods found that we may be able to attribute to personality about 50% of the variation in communication apprehensiveness within a group of people (Beatty et al., 1998).

Conditioning theory.

Rachman's conditioning model for the origin of various anxieties including CA and PSA proposes that anxiety is a conditioned response (CR) brought on by the presence of an aversive conditioning stimulus (CS), (Rachman 1977; Hofmann, Ehlers & Roth, 1995). Hofmann et al. found that 89% of their subjects who met the criteria for public speaking phobia reported a

traumatic experience of public speaking (the aversive CS) in their past, however, only 15% reported the onset of their phobia (the CR) as occurring at the same time as the CS. The average time for onset from time of the traumatic experience was 21.5 years. The authors caution that their data is limited by the fallibility of human memory. They concluded that Rachman's conditioning theory was not supported by their results.

Inadequate skills perspective.

This approach is based on the proposition that people experience CA and PSA because they have poor communication and presentation skills and that the anxiety is state based. Beatty and Valencic (2000) wrote that many early studies examined the effects of public speaking courses on subjects' subsequent fears of the task, but the improvement effects detected were quite small. In a meta-analysis of remediation research, Allen, Hunter and Donohue (1989) reported the effect of skills preparation that translated into only a one or two point change in scores on the Personal Report of Communication Apprehension –24 (PRCA), a commonly used measure of both CA and PSA. Scores on the PRCA range from 25 to 125 with a standard deviation between 13 and 15, (McCroskey, 1978).

Social learning theory.

Social learning theory provided the basis for a self-evaluation self-presentation model which provides a conceptualization of the origins of the anxious experience as rooted in the processes of social interaction. It is proposed that the anxiety results not from a skills deficit per se but from the individual's perception of personal inadequacies in front of real or imagined audiences. Research has shown that socially anxious people (which includes people with PSA) tend to rate themselves more negatively, expect to perform more poorly and regard others' reactions to them as less positive than do less anxious people (Schlenker & Leary, 1982).

Another application of social learning theory comes from McCroskey, (1977). He proposed that CA is a learned trait, “one that is conditioned through reinforcement of a child’s communication behaviors” (p. 80). Social learning studies that have since tested the learning models of CA showed small effects attributable to the environment, explaining a range of variance of between 3 and 19 percent (Beatty & Valencic, 2000). Studies using various treatments to alter the “learning” aspects of CA had little effect on CA measurement scores, (Beatty & Valencic, 2000).

Temperament communibiological model.

Beatty et al., (1998) conceived this model from current research on the biological processes underlying human behaviour. They propose that all cognitive, affective and behavioural processes involved in social interactions depend on brain activity which neurobiologists have shown to precede psychological experiences. The neurobiological structures that underly individual differences are the products of genetic inheritance. They argue that studies have shown little impact of the environment (the context or state) on trait development and that differences in interpersonal behaviour is largely a consequence of individual differences in neurobiological functioning.

A Cognitive-Behavioural Explanation of Anxiety

I could not find PSA referred specifically in the counselling research literature, but a short review of a theory on anxiety and phobias from a psychotherapeutic perspective may be relevant. With the exception of drug therapy, treatment of PSA most often includes behavioural or cognitive-behavioural interventions, (see section on Rationale for this Study) so a cognitive-behavioural explanation of anxiety seems appropriate.

Albert Ellis, referred to by some counselling theorists as the “grandfather of cognitive-behavior therapy” (Corey, 1996, p. 317), explained anxiety and phobias as emotional disturbances which result from people’s irrational, absolutistic, self defeating beliefs (Corey, 1996). He

suggested that early traumatic experiences can lead to a person's construction of irrational, self-defeating beliefs about the self and others. He further asserted that these beliefs exist just below the level of consciousness, and will continue to re-traumatize a person until they are revealed, recognized as irrational, and actively challenged via cognitive disputation and behavioural interventions, such as *in vivo* desensitization (Ellis, 1999). *In vivo* desensitization is designed to replace feelings of apprehension when speaking in public with feelings of relaxation and is based on classical conditioning theory.

Ellis, (2003) recently proposed a new cognitive-behavioural construct which he calls *discomfort anxiety*. Discomfort anxiety is defined as an emotional tension that results when people feel their comfort or life is threatened, they feel that they should get what they want and they experience the situation as catastrophic. It is experienced as a general feeling of discomfort and uneasiness. He distinguishes it from *ego anxiety* (adapted from psychoanalytic theory) which he defines as an emotional tension that results when people feel their life or self worth is threatened, that they should perform well, and they experience the situation as catastrophic. Ego anxiety is often experienced as overwhelming and can be accompanied by shame, guilt and depression. The main difference between the two constructs is that discomfort anxiety can be generalized to the uncomfortable feelings of anxiety themselves: when a person becomes aware that their anxiety is irrational, they become anxious about becoming anxious. Ellis says phobias, which include PSA, may start first with an experience of ego anxiety but are subsequently experienced as discomfort anxiety.

Naïve Attributions, Perceptions and Beliefs about PSA

In order to gain information on the experiential aspect of PSA, I reviewed an exploratory study by Bippus and Daly (1999) that asks people who were naïve to the research, (i.e. not working in communication research), what they think causes PSA. Bippus and Daly's rationale for asking

this population about their beliefs were, in part, to gain insight into the phenomenological world of the speakers. Attributions that people make are connected to their cognitions about how they experience the phenomenon and how they derive meaning from those experiences. From this study the following research questions relevant to this thesis are: 1) what reasons do people give as to why we experience stage fright and what are the underlying factor structures of these reasons; 2) what are the most and least common of these reasons; 3) how does previous experience with public speaking affect one's attributions about PSA.

An open question survey that asked for reasons why people experienced stage fright yielded 71 explanatory statements. Participants (N=192) rated these statements from "not very likely" to "very likely". From the 71 items, using factor analysis, a 9-factor model of naïve attributions was developed: mistakes, unfamiliar role, humiliation, negative results, preparation, rigid rules, personality traits, audience interest and physical appearance. Factor analysis was used to identify whether variations in data can be accounted for adequately by a number of categories less than those started with (Glass & Hopkins, 1995). The factors were then ranked to establish what attributions were most common.

Results indicated that participants were more likely to attribute a speaker's nervousness to a fear of making mistakes, being humiliated or being new to public speaking, which attributions I believe speak to the evaluative nature of public speaking.

There was a significant positive correlation found between students' amount of past presentation experience and the rigid rules factor. Essentially this meant that participants who had more presentation experience attributed PSA to having to cope with rigid rules for presenting or performing. Further support for this "naïve" conclusion, came from McQuillen and Storey (1993) who found that informative feedback on speakers' performances increased their levels of apprehension. Bippus and Daly (1999) suggested that repeated evaluations and rigid rules, often

found in public speaking courses, could impair creativity and individuality and add further stress to an already stressful task. These findings have obvious implications with respect to being evaluated in the workplace.

Bippus and Daly proposed potential conflicts with other empirical research. They cite authorities who have argued for the “primacy of personality variables in predicting stage fright” (p.69), (a trait/genetic or communibiological perspective). Other researchers have emphasized the critical role of preparation (an inadequate skills perspective). Participants in this study rated personality traits and preparation as *least* likely to cause PSA. This apparent disagreement between theorists and participants supports further exploration of PSA from the perspective of the sufferer. Note that participants were not measured or asked for their level of PSA so there is no way to know how they experienced PSA.

A study by Hofmann et al, (1995) of a clinical sample (i.e. that sought treatment for PSA) reported that the biggest concerns of participants about the experience of public speaking were: bodily symptoms, impairment, intense anxiety and that the audience will see their anxiety, which implies a fear of negative evaluation. Although one could argue that generalizability in the Hofmann et al study is limited to a clinical population, these participants’ perceptions highlight the complex, yet holistic nature of the experience, which begs to be explored phenomenologically.

A recent study by MacIntyre and MacDonald (1998) attempted to quantitatively document: 1) how the anxiety levels change from beginning to the end of a public speaking task and how these levels are experienced; 2) how the speaker’s ratings of his own competence may change; 3) how a speaker’s perceptions of audience congeniality changes. They divided their participants into high, moderate and low anxiety groups.

Results were that anxiety measures went down from pre to post speech for both the moderate and high anxiety groups, the largest change seen in the high anxiety group. Only the high

anxiety group showed an overall improvement on their own perceived competence from pre to post speech. Both moderate and high anxiety groups showed similar increases on their perceptions of audience congeniality. No statistically significant changes were detected in the low anxiety group scores from pre to post speech on any condition.

Of significance to this thesis is that the moderate and high participants, who accounted for 157 out of 196 participants (80%), showed decreases in anxiety, increases in their own competence perception and in how congenial they found the audience by the end of their speech. These findings suggest that public speaking anxiety is a dynamic process subject to noticeable changes.

A unique and interesting study conducted by Ayres and Heuett, (1997) attempted to explore the self concept of the PSA sufferer by asking participants to create drawings of themselves in a public speaking situation. The authors hypothesized that people with high PSA (high PSAs) would envision themselves more negatively than people with very little PSA (low PSAs). The authors also proposed that because other studies have shown high PSAs to be more concerned about how the audience is scrutinizing them, it was likely that high PSAs would envision themselves as having less control over their situation.

Forty high PSAs and forty low PSAs were selected from public speaking class undergraduates from their scores on the public speaking apprehension 6-item subscale of the Personal Report of Communication Apprehension (PRCA). Recall that the PRCA is the most commonly used measure of communication apprehension. The 6-item subscale is the portion of the PRCA that is used to measure PSA, is referred to as the Personal Report of Public Speaking Apprehension, and is often used independently when researchers are studying PSA alone.

Participants were asked to sketch how they imagined themselves in an upcoming presentation situation one week away. Drawings were then coded by two "blind" assistants, as

positively, negatively or neutrally depicting the speaker, and in control or not in control of the situation compared to how he depicted the audience.

Results were that 29 of the 40 high PSAs produced negative drawings while 8 produced positive images. Compare this to 9 of the 40 low PSAs' drawings scored as negative and 28 positive. I interpret this finding to show that some aspect of the fear of public speaking is tied to self- image and self esteem.

In addition, 26 of the 40 high PSAs drawings depicted the speaker as not in control of the situation, whereas 16 of the 40 low PSAs depicted themselves as not in control of their situation. Note that 29% of the total 80 drawings did not provide data on the control variable, which renders these findings as somewhat inconclusive, however they do raise the contributions of factors such as control and self-efficacy in public speaking situations for further study.

Possible confounds to the foregoing results include proximity to the speaking event, drawing apprehension and the subjective nature of the coding. The aforementioned notwithstanding, this study opens the door to further investigation of how individuals regard and visualize themselves in a public speaking situation. Self efficacy, self esteem and self image clearly contribute to the speaker's experience.

Coping with PSA

The bulk of the literature on coping with PSA is not about what people do when they must confront their fears. Rather it is about helping people cope with their fears. In other words, in much of the research, coping is synonymous with seeking treatment: e.g. visualization therapy, behaviour therapy such as systematic desensitization, drug therapy, hypnosis and cognitive therapy (to help people deal with the negative and/or "irrational" thoughts associated with PSA). In most cases, treatment interventions focus on ways to help people to overcome their fears, reduce them with pharmaceuticals, minimize or ignore them, or replace them with relaxation and incompatible

(i.e. positive) thoughts and feelings. Seeking help from professionals is one way in which people cope with PSA. I am interested in some of the other ways in which people cope with their “normal” experiences of PSA.

An interesting study conducted in Japan by David Kondo in 1994, explored the types of strategies people reported using, to cope with their PSA. Kondo proposed three research questions: what are people naïve to treatment or research doing to cope with PSA; are there differences in the number of strategies and type of strategy used by highly communication apprehensive people versus those with low apprehension; what congruencies and discrepancies can be seen between naïve participants’ strategies and treatments developed by scholars. The latter question peaked my curiosity because this thesis is about the experiences of people who are not part of the clinical populations from which most treatments have been developed.

One hundred eighty-one undergraduates were given the Personal Report of Public Speaking Apprehension and then asked to describe the strategies they use to cope with public speaking tasks. Cluster analysis was conducted to develop a six item typology of strategies that used by the following percentages of undergrads reporting: 20.4% Relaxation (e.g. “I take a deep breath”), 21.1% Preparation (e.g. “I write out what I want to say”), 36.5% Positive Thinking (of something pleasant or success at the task), 30.4% Audience Depreciation (e.g. minimizing its importance or imagining people as vegetables), 17.7% Concentration (staying on task) and 6.1% Resignation (e.g. “I don’t make useless resistance”).

The highly apprehensive participants did not differ from the low apprehensive participants on the number of strategies employed, but they used Relaxation and Preparation more than others in the study. Kondo suggested that the differences are a function of a higher arousal state and then a greater need to reduce it.

The author concluded that Positive Thinking, Audience Depreciation and Resignation are the lay version of either systematic desensitization or cognitive modification. He does not include Relaxation, which is a key component of desensitization. He suggests that Preparation and Concentration may be the lay versions of skills training. Resignation and Concentration are congruous with the philosophy behind Morita Therapy, a cognitive-behavioural approach that teaches clients to accept the anxiety and take action, i.e. get on with the task (Ishiyama, 2000).

Kondo suggested that further studies be done on how participants rate the effectiveness of their strategies, how effectively they use them across levels of CA and individual differences regarding how these strategies were developed.

Influences of CA at Work

Researchers have studied the more general construct of CA, of which PSA is considered a subtype (McCroskey et al., 1986). A large body of work has been done on the role of CA in human interaction. To my knowledge no studies to date have looked at PSA specifically in the context of work. but I believe it is instructive to briefly review some of the findings about CA in the workplace.

According to Ayres and Heuett (1997), people who are designated as highly apprehensive according to their PRCA scores (high CAs) have been found to be perceived by others to be less assertive and less responsive, less satisfied with their abilities to express themselves, to meet people and to make decisions. People with low communication apprehension scores (low CAs) have been found to be associated with positive affect, high competence in communicating, and more confidence regarding the ability to verbalize. Behaviours related to high CA (e.g. silence, reticence, avoidance, quiet spoken, understatements) are often interpreted by others as indicative of low motivation, laziness or a lack of ability and are often accompanied by low evaluations (Booth-Butterfield & Booth-Butterfield, 1992; Powers & Smythe, 1980; Richmond & McCroskey, 1985).

These studies have implications for people trying to cope with their fears in the workplace. An employer might conclude that people with high CA are less motivated and less competent than their coworkers.

A study by Bovee & Thill (1992) found that employees in business spend at least 30% of their workday on oral communication tasks. High CAs have been found to prefer occupations that require little communication and the reverse appears true for Low CAs (Daly & McCroskey, 1975). A more recent study by Booth-Butterfield and Thomas (1995) examined levels of CA among secretarial school students. Based on the assumption that people enter occupations due in part to stereotypical ideas of what certain occupations entail, these researchers hypothesized that those who choose to become secretaries would score higher on the PRCA than non secretarial students. Previous studies to this one have used job preferences based on self reports and projections – which may not have predicted behavioural choices. Therefore one rationale for this study was that it focused on participants that have made a career choice. Note that this is the one study in my literature review that correlated career choices with CA levels.

Over 100 participants, half in secretarial training and half in business or management courses, were given the PRCA and compared with each other as well as approximately 15,000 college student scores published by Levine and McCroskey in 1990. The secretarial students scored significantly higher on the PRCA than did the business group, the largest differences found in the PSA subset of the measure.

Although 57% of the secretarial students had previous job experience, it showed no significant relation to CA scores. This finding may allude to the relatively enduring quality of CA as a trait type construct.

Booth-Butterfield and Thomas concluded that the differences found between groups can be interpreted as large especially with respect to the public speaking items: the secretarial group

differed significantly from the business group at $p < .002$ and from the Levine and McCroskey group at $p < .00001$. They suggested that these statistical differences are “likely to make a real difference in the respondents’ success on the job” and that “the anxiety experienced by many OA (Office Assistant) students should be observable and will substantially influence their performance in classes and on the job” (p 42). It is my opinion that although the authors’ conclusions are a bit ambitious given the statistics presented. In light of my other readings, it would appear that these students might indeed be at a disadvantage in the workplace if required to speak in front of a group. Increased oral communication demands could cause additional stress on employees who had not anticipated them, especially if they had selected their occupation based on a presumption of little oral communication being required.

PSA Effects on Decision Making

Beatty’s 1988(b) study on the possible influence of CA on decision making is instructive because of its implications for decision making in the workplace in the context of living in fear of presenting before a group. Firstly, Beatty contends that people with high CA will avoid communication or suffer a variety of anxious feelings when forced to communicate. Research has shown that high CA scores on the PRCA predict increased situational or state anxiety. Beatty relies on the counselling literature that suggests that faulty decision making can be concomitant with anxiety. He summarizes some of the quantitative findings about anxiety in general and decision making: poor decision making is common among people in ego threatening situations; anxious people produce fewer response options; anticipation of an anxiety-provoking situation may result in difficulty synthesizing decision-related information and in the formulation of judgments; anxious people perceive feedback more negatively which in turn has an influence on their ability to make choices.

Fifty-three students filled out the PRCA, chose one of three speech introduction strategies (humor, a startling fact or content summary) one week prior to their presentation and estimated how successful they thought each strategy would be. Errors in decision making were defined by Beatty as the abandonment of original choices and/or low estimates of success of the implemented choice. Results were that 1 out of 10 of the low CAs, 10 of the 29 moderately apprehensive students (moderate CAs), and 9 of the 14 high CAs made decision making errors. A second finding was that the moderate CAs were more likely than either the high or low groups to stick to their choice of strategy. Beatty suggests this is an illustration of the Yerkes Dodson Law which states that a medium amount of anxiety is required for optimal performance. The conclusion offered is that "in addition to the emotional response to public speaking, a high percentage of apprehensive students make poor strategic decisions" (p 307).

An obvious limitation to Beatty's conclusions is that it is based on a very small sample size. In addition, it is my opinion that the value of the decision should involve the perspective of the participants and not be deemed an error simply because it has been abandoned. The study does open the door for study of the anxious employee making decisions at work. It also supports the need for phenomenological exploration of PSA as it impacts decision making

A study by Pope and Miller (2000) proposed a relationship between job stressors and CA among college faculty governance leaders. Two hundred and forty-four participants filled out the PRCA and survey items about work "stressors". Stressors were rated on a scale from 1-5, (from slight stress to excessive stress) and were then correlated with PRCA scores. Only two stressors, completing paperwork on time and making decisions affecting others, were significantly correlated with the PRCA scores. In other words, statistically enough high CAs rated these two stressors as excessively stressful. Of interest to me was the fact that the sample participants speak regularly in front of audiences, (peers, colleagues, students) and it would have been useful to know how many

out of the total respondents scored as high CAs, but unfortunately the number of high CAs was not provided. Based on their results the authors conclude that their findings provide a template for leadership characteristics and "Governance bodies, . . . might particularly look for faculty members who have moderate to low levels of CA, are capable of providing direction, have sound judgment and can effectively manage the political process" (p.636). These conclusions as stated could have implications for employees, if employers indeed judge them by their apparent CA and/or PSA.

PSA as a Career Barrier

One of the purposes of my study was to find out how PSA is experienced in terms of its influence on one's career development. My review of the literature has not yielded any reference to PSA as a specific career barrier. To reflect on whether PSA might be considered as such, I wondered if PSA would meet the criteria of a career barrier as conceptualized and defined in the career development literature. A recent paper by Lent, Brown and Hackett (2000) used social cognitive career theory (SCCT), (Lent, Brown & Hackett, 1994) as a framework for discussion of the career barrier construct. These theorists adopted Swanson and Woitke's (1997) definition of career barriers as "events or conditions either within the person or in his or her environment, that make career progress difficult" (p 434). They justify the grouping of all adverse factors as career barriers because research has shown that both intrapersonal and environmental factors are "intimately intertwined" (Lent et al., 2000, p. 37). Although much of the CA and treatment literature appears to approach PSA as originating and residing exclusively within an individual, my literature review implies that the phenomena of PSA includes a complex interaction of intrapersonal and environmental factors that may impede a person's career progress. Therefore if PSA impedes career progress, under the aforementioned definition, PSA may be considered a career barrier.

Lent et al., (2000) have argued that current research provides an unclear picture of how barriers are perceived and dealt with. The main difficulty seems to be that theorists and researchers

are not clear about whether outcome expectations should be conceptualized as the actual barrier or that the career barrier is an influence on outcome expectations. Lent et al., (1994) proposed a SCCT model of the career barrier as a process or outcome expectation; their assumption is that it moderates one's interest in a particular career goal and the course of action one will pursue. Coping efficacy, past personal experiences with the barrier and vicarious learning are represented as influences on it. The construct of the career barrier appears to be relatively new in the employment literature. To my knowledge no study has yet attempted to find out if people perceive PSA is a barrier to their career development.

An Empirical Phenomenological Study on Being-anxious

Although no phenomenological studies were found that describe PSA, it may be useful to briefly review a key empirical-phenomenological study by Fischer (1978) on the experience of being-anxious. He collected his data by asking his students ($N > 70$) for a detailed descriptive narrative of a situation in which they experienced being anxious. His rationale was that no one seemed to concur on the meaning of what it was like to be in a highly anxious state. His aim was to expose the "whatness" of anxiety without imposing definitions or operations. The data was analyzed and reduced to invariant pieces, pursuant to a method outlined by Colaizzi, (1978). His summary was then developed and is paraphrased as follows.

The anxiety provoking situation is one that is potentially problematic in a way that demands a person confront it corresponding to who that person feels he/she is, and to "explicitly discover that who he is, what he realizes or fails to realize, and how he comports himself really matters". It is a sudden distraction, a "[tearing] away. . . from unreflective involvement with people, things and possibilities" (p 180). The person is momentarily suspended in confusion and his/her body responds by asserting itself to be understood as part of the experience. The person finds him/herself moved to evaluate and condemn the self and then to unreflectively do something to regain control

of his/her world. Fischer concludes that being-anxious is a particular way of being in a situation and creating meaning from it and then responding to “the call of that meaning” (p 180).

Of significance to this proposal is Fischer’s fundamental assertion:

despite the divergences in their perspectives . . . despite the considerable variability in which they lived and reflectively realized, as well as characterized, their respective experiences of being-anxious, they each already understood . . . what was involved in being-anxious-in-a-situation. In other words, each student . . . had to be already living an understanding of the meaning(s) of being-anxious (p. 176)

Adopting Fischer’s statement as an assumption is a place to begin for the phenomenological researcher who is seeking the essential psychological meaning of the phenomenon while honouring each person’s characterization of it.

General Comments on the Research

Many studies have compared PRCA scores across gender and found that PSA seems to manifest itself similarly for both men and women, (e.g. Bippus & Daly, 1999). With respect to cultural differences, researchers have suggested that it has universal manifestations and characteristics, although theories and approaches to treatments vary (Ishiyama, 2000). In all but two of the studies in this literature review, participants were undergraduate students in communications or public speaking courses and in all but one, career experience was not included as a factor. These studies have limited external validity with respect to working adults. Lastly, studies have been quantitative or quasi-quantitative in their methodology. One phenomenological study was found that describes anxiety in general.

Chapter 3

Methodology

Empirical Phenomenological Method

This study attempted to access individual realities of PSA sufferers. Looking at how the problem has affected the lives of the participants and how people experience it is critical to understanding PSA as a phenomenon. Different theoretical explanations of why people experience this fear have been published, but researchers have yet to ask the what and how of the phenomenon, especially in the context of a person's academic and career choices. I found no phenomenological studies that explored PSA and none that explored it from the perspective of a person as a worker. I wanted to know what personal meaning this common problem has in the working lives of the participants. My hope was that the subjective experiences of each participant affected by PSA would reveal the essence or fundamental structure of PSA. Therefore I chose to explore PSA using an empirical phenomenological method.

Giorgi, (1997), states that the following criteria is necessary in order for a qualitative scientific method to qualify itself as phenomenological: the research must use description within the attitude of the phenomenological reduction, and seek the most invariant meanings for a context. The purpose of reduction is to not only render the analysis of data more precise, but according to Giorgi, philosophically it means to "bracket past knowledge about a phenomenon, in order to encounter it freshly and describe it precisely as it is intuited (or experienced)" (p. 242). Empirical in a phenomenological study means that I, as researcher, am open to all perceivable aspects of PSA as each participant has his or her own unique perspective to which I am a witness (Fischer, 1978).

The first question phenomenologists often ask themselves when embarking on this type of research project is "why and how am I involved in this research?" Questioning my approach enabled me to be mindful of my biases, knowledge and presuppositions during the data collection

phase of the study. It allowed me to bracket, i.e. set aside or suspend my experience and knowledge of PSA (Colaizzi, 1998) so that I could devote my full attention and awareness to the experiences of my participants.

Assumptions

My assumptions came from two perspectives: my own personal experience as a sufferer of PSA and my perspective as a researcher. In choosing this phenomenon for study, I assigned significance to the participants' points of view and assumed that the meanings that I was trying to shed light on were as important to them as to me. I struggled with PSA since kindergarten and have made academic and career choices that reflect avoidance of situations that would require me to speak or present in front of others. I underwent treatment for PSA and have since successfully taken on many academic and career pursuits where I am required to speak and perform in public. I experience pride, joy and gratitude as I consider a world of exciting experiences and challenging opportunities that are now available to me. The main purpose of this study was to gain understanding of the perspective of others who have PSA. Ultimately, I want to use this understanding to help people who feel handicapped by their fear.

My perspective as a researcher assumed that this type of study can provide needed insight into PSA as a phenomenon that may impede people's career development, maintenance or advancement. I also assumed that my data would provide more in depth, comprehensive information about PSA from the perspective of sufferers that has not been addressed in the literature.

Participant Selection

My participant pool was Toastmasters International (Toastmasters'). I presented the purpose and procedures of my study at two local Chapter meetings in order to recruit participants. Participants were asked to consider volunteering only if they were 21 years or older, and had three

years, not necessarily consecutive, paid employment experience. Public speaking experience was not a criteria because the lack thereof is part of an apprehensive person's story and is possibly linked to their coping strategy.

Participants either signed up on the sign up sheet provided or spoke to me personally to volunteer. Note that not all Toastmaster members are public speaking apprehensive but attend Toastmasters' for reasons other than coping with their fear of public speaking. Therefore I used a personal report scale as a screen for volunteers who report themselves as public speaking apprehensive. This is a study of the phenomenon of PSA as it is experienced over time and situations, not limited to a specific time or situational context. Therefore the Personal Report of Public Speaking Apprehension (PRPSA) was chosen because it is purported to be designed to access PSA as a relatively enduring personality trait (McCroskey, 1978). To use a state anxiety measure such as the STAI A-State would not be appropriate unless I was trying to measure the participant's anxiety at a specific moment in time (Spielberger, Gorsuch & Lushene, 1970).

The PRPSA is the 6-item subset derived from the Personal Report of Communication Apprehension (PRCA), (McCroskey, 1978). The PRPSA has generated consistent validity and reliability data published in a variety of research (Beatty, 1988a, 1988b, 1988c; Beatty, Balfantz & Kuwabara, 1989, Beatty & Friedland, 1990, Beatty & Valencic, 2000). Studies comparing the PRPSA with other measures of trait and state anxiety found convergent validity, which suggests they tap into a common factor or construct (Beatty, 1988a, 1988c; Beatty et al., 1989, Beatty & Valencic, 2000, Daly, 1978). In addition, McCroskey and Beatty, (1984) found high convergent validity between the PRPSA and the PRCA.

The PRPSA has been shown to have consistent predictive validity (e.g. Beatty, 1987; Beatty, 1988a, 1988b; Beatty & Valencic, 2000), that is to say PRPSA scores have often been used to predict behaviour.

Reliability coefficients for the PRPSA in the studies reviewed for this study range from .89 to .94, which means that it has been shown to provide consistent results with those samples as well as compared to the norms from which the scale was developed (McCroskey, 1970, Levine & McCroskey, 1990). With respect to ages, McCroskey, (1970) found internal consistency (i.e. validity of the individual items) was between .87 and .90 for participants above 10th grade and older. Therefore the PRPSA was assumed to be a valid and reliable measure of PSA for the adults who volunteered for this study.

It is common to use scores above one standard deviation above the mean of a normal distribution of scores on the PRPSA. Scores are calculated by adding the Likert-type score (from 1 to 5) from each of six items. Totals range from 6 to 30. Based on data drawn from over 25,000 students in 52 colleges and universities a score of 12 or below designates a person as being in the low public speaking apprehensive group, from 13 to 23 in the moderately apprehensive group and from 24 to 30 in the highly apprehensive group (McCroskey, 1984). Volunteers were asked to participate in this study if they scored 24 or above (Beatty, 1987). See Appendix B for instrument items, scoring particulars and further psychometric support.

My initial goal was to interview six participants. At my first visit to Toastmasters' I was able to recruit eight potential participants. Six of the eight met the scoring criteria of 24 or above on the PRPSA: four women and two men, three of whom were over the age of fifty. Therefore in order to add some diversity, I looked to recruit two more male participants who were between the ages of 25 and 50. At my second visit to Toastmasters' four people volunteered, three of whom met my age and gender criteria. Two of them scored 24 or above so a total of eight interviews were arranged and conducted at a time and place convenient to each person. The participants chose to be interviewed either in their home or in mine, which environments provided minimal noise disturbance and interruptions.

Ethical Considerations

Informed consent consisted of full disclosure of the purpose of my study and who will be seeing the final analysis, including the possibility of publications and organizations reading the results. All confidentiality and study parameters were reviewed with each participant prior to their filling out the PRPSA and again prior to signing the informed consent (attached as Appendix D). My supervisor and myself were the only ones to hear the taped interviews. Data transcribed from the interviews was seen only by myself. Transcriptions were given a number that corresponded to a demographics sheet. Demographic sheets, transcriptions and thesis results are devoid of names, including all employer or company names. Participants were identified in this thesis by their occupation. Tapes were destroyed after being transcribed. Data will be kept for a minimum of five years and then destroyed.

Description of Participants

Participants are described below in the order in which they were interviewed.

The first participant was a 56 year married old female who has worked as a teacher for more than 30 years in both elementary and secondary schools (the Teacher). Her specialty is children with special needs. She has a Bachelor of Education, and has taken some Master's level graduate courses. She has two children. Her score on the PRPSA was 25.

The second participant was a 51 year old female who is married with 3 children (the Volunteer). In her early adult years, she earned a Bachelor of Science (Honours) degree and worked in a variety of jobs until she got married. None of those jobs required speaking in front of groups. While she was raising her children, she volunteered for a number of community organizations, such as Newcomers, Parents Advisory Board, and the local garden club. She also sold educational toys. Her interest in gardening and working as a volunteer led to her developing expertise as a Volunteer. Her score on the PRPSA was 30.

The third participant was a 53 year old male who has worked for about 28 years in the retail industry building retail and event displays (the Display Person). He attended college. He is married with one child. His score on the PRPSA was 27.

The fourth was a 38 year old married female who has a Bachelor of Applied Science and Communications degree and a Bachelor of Social Work (the Educational Advisor). Her 14 year career path includes training people to work on a crisis line, working as a social worker, and most recently working as an educational advisor, which includes teaching in workshops and seminars. She has also volunteered for the last three years as a teacher's aide. Her score on the PRPSA was 24.

The fifth was a 21 year old single male who is currently enrolled in a sheet metal trades program, (the Sheet Metal Worker) and is working through his apprenticeship. He is unmarried. His score on the PRPSA was 24.

The sixth participant was a 30 year old female who works as a registered massage therapist (the Massage Therapist) and has done so approximately 8 years. She has a college diploma in massage therapy. She also works as an instructor at the Massage Therapy College. Concurrently, she operates a vending business. Her score on the PRPSA was 24.

The seventh was a 28 year old married male who works as a computer network engineer (the Systems Network Engineer). He earned his computer systems diploma and has worked on and off for about 10 years in the computer field. He presently has his own consulting business. His score on the PRPSA was 25.

The eighth participant (the Contractor) was a married 47 year old with two children who has worked as a contractor in the construction industry for over 23 years. Since he was 23 he has successfully run his own companies. He currently employs at least 13 people. His score on the PRPSA was 29.

Data Collection

Interviewer's perspective.

To investigate the way in which people experience PSA, my interviews questions were broad enough to allow me entrance into the world of the PSA sufferer and to become connected to it. Pursuant to phenomenology's principle of intentionality, (Husserl explained by von Eckartsberg, 1998), I attempted to be consciously open to their detailed, complex descriptions of what it means to suffer from PSA in all areas of their lives. Husserl (1989, p. 177) describes intentionality as, "in empathy I participate in the other's positing".

Having done an extensive literature review, I cleared my mind of studies, theories, models and constructs and adopted a natural, curious pretheoretical, prereflective position (Valle & King, 1978), opening my awareness to the experiences of my participants. I bracketed, i.e suspended, my own experiences and biases. I conducted two interviews with each of the eight participants. The purpose of the first and primary interview was to gather data to answer the research question. A second interview was conducted to validate the primary interview data; the second interview also generated a small amount of secondary data that participants wished me to incorporate into their stories.

Interview procedures.

Prior to commencing the primary interview, participants were briefed about what to expect and then asked to sign a consent form (see Appendix D), before proceeding. Participants then provided demographic information which was assigned their identification number. See Appendix C for a sample demographics sheet.

The primary interview was loosely based on four open ended general questions asking participants to describe their earliest memories of public speaking or performing, their experiences in their academic and working lives and their future career plans. Participants were also asked a

fifth question: to tell me the most important thing they thought I should know to help me understand their experiences of public speaking. Care was taken to insure that the five main questions and any probes, or questions asking for clarification did not contain any words that might lead or bias the story told by the participant. See Appendix A for the primary interview question parameters. During the interview, I recorded by hand, field notes that assisted me in accurately tracking the details of the participant's story as well as noting any non-linguistic cues such as arousal and intonation to assist me later in contextualizing and interpreting the meaning of the data.

One pilot primary interview was conducted, audio taped and then reviewed by both myself and my principle investigator for any contamination of the data by myself as interviewer. In addition, I reviewed the pilot data to determine if what was obtained was a thorough representation of the participant's story in the context of my research question and if modifications of my interview parameters, procedures or process were needed. No biasing was apparent and no modifications were deemed necessary.

Seven other interviews were conducted, audio taped and transcribed verbatim by me in the same way as the pilot interview, with one exception. I had observed a slight tension in my first participant during our interview and so when the interview was over and the tape recorder was turned off, I asked for her reaction to the interview process. She expressed her mild discomfort because I, as interviewer, was not conversational in any way and she had expected but had not received any feedback from me about what she was saying. I explained to her that in order to avoid influencing her narrative or leading her, I had simply verbally affirmed or nodded to indicate that I had heard what she was saying. Therefore prior to commencing each of the remaining seven interviews I described to participants what I would be saying or not saying and why. I assured participants that I was genuinely interested in what they had to tell me, but that it was imperative that I refrain from interjecting, offering opinions or leading them during the interview. I asked the

remaining seven of my participants at the end of their primary interview their opinion about it and all conveyed their comfort and satisfaction with the interview.

Primary interviews lasted approximately 45 to 90 minutes, most interviews taking about 60 minutes. The first and last questions were read verbatim to each participant whereas the middle three questions were used only as a guideline. I chose to explore participants' experiences chronologically, starting with their earliest memories, and this strategy proved to require little from me because participants naturally progressed through their life stories with little prompting.

Second interviews were arranged by phone after themes for each protocol had been generated in order to validate the first interview data, ask any questions that came up during the individual protocol analysis, and to allow participants to clarify or add anything further to the data. At the end of the second interview, participants were thanked for their participation and advised that a copy of the completed paper would be sent to them by mail.

Data Analysis

To facilitate a thorough analysis of the data, I chose to enlist the aid of a commonly used scientific software program called Atlas/ti. Atlas/ti is designed to assist in the analysis of large amounts of qualitative data and is particularly useful in analyzing transcribed interviews (Muhr, 1997). Each transcript protocol of the eight participants was carefully read through once to get a sense of the whole (Giorgi, 1975). Each protocol was then loaded into the software program under the project or "Hermeneutic Unit" as the beginning of a primary document. Therefore there are eight primary documents in my Hermeneutic Unit. In addition to the protocols, meaning units, quotations, interpretive work such as themes, lists, summaries, notes and memoranda are stored in the corresponding primary document. Analysis can be done within or across primary documents. The analysis of the data proceeded in a series of stages that mirrors the phenomenological method as described by Giorgi, (1997): reduction or breaking the data into parts, organizing and expressing

it from a disciplinary perspective (which in this case is counselling psychology), and interpreting and synthesizing it into structures or themes for purposes of communication to the scholarly community.

Each paragraph of a protocol was read slowly and each time that I detected a shift in meaning, I assigned i.e. linked a descriptor (called a code in Atlas/ti) to that meaning unit (called a quotation in Atlas/ti). The meaning units are a segment of data such as a word, or phrase or longer. If the meaning unit was a word, I would use that word as a descriptor. If the meaning unit was a phrase or longer, I would use a descriptor keeping in mind it's essential meaning. I coded the smallest possible units and then again as part of the larger meaning being conveyed. This resulted in considerable overlap of description but was critical to a thorough analysis because I was able to ensure that both the parts and the whole were put into the primary document. I coded the meaning units with as many descriptors as possible, so that a greater number of possible connections could be established between meaning units, not only for each protocol but eventually across protocols. For example, if I came across the word "fear", I would assign the descriptor "fear" to it, as well as the descriptor "essence". Further descriptors would be added to the meaning unit words or phrase in which "fear" was found to describe the context of its occurrence and so forth.

I found most participants' stories to be rich, detailed and complex so I drafted a narrative summary of their protocols. Although not methodologically necessary, as my analysis proceeded, I sometimes referred to the summary to situate a particular story in a participant's life and I later used the summary to highlight any areas that I thought needed clarification via our second interview. At this point, I also reviewed any field notes I had taken during the interview.

Next I read through the meaning units under each of the descriptors from one protocol. I then generated themes by grouping descriptors. For example, I read the meaning units under the descriptors "fear", "terror", "panic" and "essence". From this I created a theme that I called

“Essence”. I then drafted a themes summary for each participant’s protocol. I was careful to honour the language of each participant at this stage, (reserving scholarly language for my across protocol analysis), to facilitate the next step which was the validity check in the second interview.

I contacted the participants by phone for their second interview and read their individual themes summary to them, frequently stopping to ask each participant if the themes reflected their experience and if they felt I understood the meaning of what they had told me. I asked them if there was anything that had occurred to them after our primary interview. I also asked clarifying or probing questions that occurred to me during the analysis of their protocols and from the narrative protocol summaries.

There were no significant changes to the themes as read which assured me that my interpretation was reasonably valid. Additional descriptions by participants were incorporated into their respective primary documents in the form of memoranda that I linked to all relevant protocol meaning units via their descriptors. Linking this “secondary” data to the meaning units and to the descriptors gave me the advantage of being able to easily review and reflect on how the additional data connected to the original protocol and themes.

My next analysis consisted of clustering and categorizing themes according to what appeared to be invariant meaning structures common to all the participants’ themes. For example, I would group all appropriate descriptors from all participants under the theme category called “Essence” (called a “family” in Atlas/ti). Keeping in mind the phenomenon being studied I retained the comprehensiveness of the data in the theme categories. The types of general questions that guided my thematic organization were: what are the various aspects of PSA; when and how does PSA manifest itself; what does it do and how does it do it; what is the significance of PSA in the academic and working lives of the participants and what meaning do participants’ construct in their experiences of PSA.

Results are descriptions of the theme categories that include quotations to illustrate their meaning. Using some of the theme categories, a summary of the essential structure of the experience was also attempted in order to capture the core or fundamental essence of the PSA experience.

Study Trustworthiness

Some qualitative researchers achieve rigor by overall study trustworthiness which they define to include credibility and dependability, (Brody, 1992, Creswell, 1998, Lincoln & Guba 1985.). Others use the term trustworthiness as a parallel to the internal validity that is of paramount importance in quantitative studies (Denzin & Lincoln, 1998). I employed two of the strategies suggested in the resources reviewed to establish credibility/trustworthiness: 1) I bracketed my biases and assumptions about the phenomenon throughout data collection, and presented them to the reader, and 2) I conducted validity checks during a second interview to verify each participants' data as understood and described by me.

Dependability may be achieved by the researcher providing methodological transparency and providing an "audit trail" of the original researcher's documentation of data, methods and decisions made (Seale, 2001). I attempted to consistently track and record my method to make it transparent to "auditing" and to explain my procedures as clearly as possible. I tried to offer unambiguous explanations of the reasoning behind my design and process decisions.

Another approach to dependability assumes that "the definitions of methodological criteria are themselves a function of human understanding and interpretation; thus they cannot be carved in stone." (Churchill, Lowery, McNally & Rao, 1998, p 64). This approach evolved out of phenomenological philosophy and includes certain key elements for phenomenological inquiry, as described by Giorgi (1997), that guide the researcher's efforts. Dependability may be inferred by a researcher's diligent attention to these elements. To satisfy this criteria I relied on Churchill et al's

essential guidelines (1998, pp 65-67): 1) empathic dwelling, that is I actively “stayed with” the participants while being not only witness to, but experiencing a part of their world; 2) concentrated focusing and disciplined fascination – the passion I feel for this topic made it easy for me to do this in all phases of the study; 3) thematizing meanings by reflecting upon and being open to any possible interpretations and connections in participants’ stories. The latter included 4) attending to the motivational context of the experience in which my participants offered their stories to me.

With respect to generalizability, phenomenological studies of this nature do not claim representative samples to address the issue of generalizability to populations.

Chapter 4

Results

This study was conducted to attempt to answer the research question: what are the experiences of people who suffer from PSA? Of particular interest was the influence of PSA on participants' academic and career experiences. Semi-structured phenomenological interviews were conducted with eight participants, recorded then transcribed and analyzed to generate themes. Themes were included here if six or more participants contributed to the theme. Themes are supported and illustrated by quotations from the interviews.

Participants

Table 1 below displays demographic information about the participants in this study which includes at the time of the interview their occupation, gender, age, education, length of work experience, time as a Toastmaster and scores on the PRPSA.

TABLE 1: Participants

<u>Occupation</u>	<u>Gender</u>	<u>Age</u>	<u>Education</u>	<u>Work Experience (years)</u>	<u>Toastmaster for</u>	<u>PRPSA score (out of 30)</u>
Teacher	female	56	university	30	3 yrs	25
Volunteer	female	51	university	5	2 yrs	30
Display Person	male	53	college	28	6 yrs	27
Educational Advisor	female	38	university	14	2 yrs	24
Sheet Metal Worker	male	21	college	3	4 mos	24
Massage Therapist	female	30	college	8	18 mos	24
Systems Network Engineer	male	28	college	10	2 mos	25
Contractor	male	47	Grade 11	23	4 yrs	29

Themes

Table 2 below lists the across-participant themes and their respective theme headings:

TABLE 2: Themes

Description of Types of Experiences	Memories from Childhood Subsequent Experiences
Participants Academic and Career Paths	The Teacher The Volunteer The Display Person The Educational Advisor The Sheet Metal Worker The Massage Therapist The Systems Network Engineer The Contractor
Participants Describe Themselves:	Self Concept Public Speaking Efficacy Social Involvement
The Core Experience	Thoughts, Feeling and Physical Reactions Before Thoughts, Feeling and Physical Reactions During Thoughts, Feeling and Physical Reactions After Summary of the Core Structure
Task Difficulty:	Speaking on the Spot Audience/Group Composition, Negative Evaluation/Perceived Vulnerability Social Support and Positive Feedback Familiarity and Trust
Coping with PSA:	Avoidance Preparation and Practice Looking Inward Taking Control
Career Futures and the Role of Public Speaking	
The Most Important Thing	

Description of Types of Experiences

One marked aspect of participants' descriptions of being in front of a group was that there appeared to be no discernible differences in experiencing, between speaking and non speaking tasks or events. Therefore my analysis included attention to all experiences that described being in front of people.

Memories from childhood.

The interview started with participants being asked to describe their earliest memories of speaking or performing in front of people. All but one participant, the Display Person, reported at least two childhood experiences of public speaking or performing. First memories were from ages 4 through 13, the majority from ages 7 through 10. Twenty-two childhood experiences were described and they included tasks such as performing in front of family, reading out loud in class, speaking French in class, answering a teacher's question, getting an award, giving a report or reciting, being in school plays, singing, speaking in church, championship ping pong, basketball, gymnastics, figure skating, soccer, performing in an air band and taking accordion lessons. What follows are samples of some early memories. Common to all participants was the clarity of the negative aspects of their recollections and the intensity of their feelings.

The Educational Advisor remembered an intense physical reaction in Grade 2:

Educational Advisor: I had to go up in front of the stage in the spotlight and I had to decorate a tree and stuff like that. I think that's probably my first time.

Interviewer: okay, and what was it like for you?

Educational Advisor: Well, I threw up before I went on stage (laughter).... I was very nervous and very scared, was a very shy child, so this was a big thing.

The Contractor described answering a teacher's question and then feeling intense embarrassment and shame at being berated by his teacher in front of his Grade 6 class mates:

...he said "ah, you stupid kid, blah, blah blah" and he started yelling at the top of his lungs and he made a real spectacle in front of my classmates of me and I just, I lost full control of my emotions at, at that time. I didn't start crying, but I just kind of lost control of myself for quite awhile

The Volunteer remembered the humiliation of this event, when she was a new student in Grade 5 or 6, with a French speaking teacher:

I didn't even know what French was all about, and she asked my name in French, and I had to stand up by my desk and really, it was most uncomfortable because she was asking me in a language, that I didn't even realize that there was other languages out there, I don't think at that time. And ah, of course, all the kids were laughing, in the class. . .I probably wanted to cry... I probably wanted to hide, I didn't want to be there.

In many experiences participants were required to speak or perform, but sometimes they volunteered. Volunteering did not appear to lessen the intensity of the fear or other negative feelings of the experience. For example in Grade 6, the Systems Network Engineer had competed with his air band group a number of times in front of the school without difficulty. He described what happened when he went on stage at the final competition.

Systems Engineer: Just froze, just utterly froze and couldn't do anything, and couldn't, couldn't lip sync, couldn't do any dancing, couldn't move, the whole thing, gone.

Interviewer: Okay. Did you have any thoughts in your head that you can remember?

Systems Engineer: I remember trying to do something and trying to get over it. I remember, you know trying to you know, just you know, coming out there and lip sync and you know dance, but I was, I was so terrified I could hardly, hardly move

This is the Teacher's first recollection of a Grade 7 book report:

....that exercise I have memory.... I won't forget.the fear was so intense that I got up there.... I was fairly, almost relaxed because I just volunteered, I had to go up for sure, (chuckle) and, ah, I went up and I took my paper with me and I remember getting up to the front and I remember reading the paper, but I don't know if I read it out loud. . . I have absolutely no memory. I know my face went burning red and my knees just shook like crazy and I thought that I got to the end and somehow I got back to my seat and I kind of looked around ..

The Teacher later described the overall feeling of that experience as “sheer panic” and said, “[it] is clear in my mind ‘cause it was so, . . . um extreme, I think.”

Some tasks did not involve speaking or performing but the experience of PSA was just as intense. Here is an example from the Volunteer:

I hated getting awards. I can remember um, being prefect of the year and having to go up and get the award, well I would have rather stayed at home than do that. You know, to walk across the stage and shake someone’s hand and not even have to say anything was terrifying. I got there my hands would just be sweaty and I’d probably be embarrassed to shake their hand, I’d be wiping my hand off, on whatever, you know my gown, my pants (chuckle), my skirt whatever.

Five participants mentioned positive experiences of being in front of people, many of which were team activities. They remembered feeling nervous but their apprehension was lessened by their love of the activity, their competence at it and the feeling of camaraderie and support they got from team mates. A typical example is from the Educational Advisor who loved to figure-skate, not as a solo but in a group, from early elementary school into her high school years, “I can’t remember being too nervous. . . . You have the support thing, you have a connection, there’s someone else doing it with you as well, you’re not totally on your own.” The Contractor in Grade 6 placed second in ping pong in front of the whole school. He said, “that felt good, because I was good at what I was doing”.

Subsequent experiences.

Twenty-six subsequent experiences of speaking in front of a group were described by seven of the eight participants. (At the time of the primary interview the Sheet Metal Worker had not done any public speaking since elementary school.) These experiences included presenting in college courses, talking in college seminars, teaching children and teens, presenting to colleagues, administrators and parents, teaching/facilitating adult seminars/workshops, presenting a case and being cross examined at trial, being interviewed by a committee, speaking up in staff meetings,

sharing at personal seminars/development workshops, speaking on the radio, selling a product to a group, reporting to a committee, speaking at a group gathering or members' meeting, introducing oneself to a club or group, and doing a eulogy. A variety of Toastmasters' experiences were also included, such as introducing themselves at their first meeting, participating in the opening round, being called upon for comments and feedback, making an impromptu speech and doing prepared speeches.

In addition, all participants contributed their stories, thoughts and feelings about other communication situations: job interviews, parties and family gatherings, phoning strangers, or friends and acquaintances to ask for something, selling oneself or a product to a customer/client, asking a store clerk for something, speaking to authority figures, speaking to people who appear to be successful or wealthy, rehearsing in front of a spouse.

Participants' Academic and Career Paths

The following is a summary of participants' academic and career stories. One of the issues raised by my literature review was whether PSA was experienced as a career barrier by participants. Recall the definition of career barrier taken from the literature is "events or conditions either within the person or in his or her environment, that make career progress difficult" (Swanson & Woitke, 1997).

The Teacher.

The Teacher advised that throughout childhood and adolescence she avoided situations where she would be doing something in front of a group of people, "I avoided at all costs, anything," and she also said, "you could get away with that more in the old days". After high school, she wanted to become a social worker but she said "I didn't have any plans of going to university because we lived in an "across the tracks" situation". Instead she earned a two year

teaching certificate. She spent several years teaching at elementary school, but felt that she didn't quite fit into the "concrete task" world of regular teaching. She went back to earn her degree in Special Education, "I went to University and I got into a seminar situation, then there was no way around it. I had to cope with it somehow." She worked with special needs children first at the elementary level and then for 20 years at high school. Teaching does not evoke PSA for this participant, "teaching is just a totally different thing...I seem to see kids differently,...I can get down to their level and talk with them so easily whereas, ah, I don't seem to do the same thing with adults." Certain aspects of her job involved some public speaking in front of parents, colleagues and administrators and she says she successfully avoided many of them but she did speak at the yearly graduation ceremony - a task that caused her considerable distress. In addition she felt unable to speak out at staff meetings:

I didn't want to stand up in front of staff and just present ordinary things so, I would avoid those and in fact, I was pretty successful at avoiding them altogether.... I would do it through individual contact or the phone, written notes or some other way, instead of standing up and talking to staff

Her decision to join Toastmasters' a few years ago came from a desire for personal growth and achievement, as well as to learn to cope better with her graduation ceremony speeches. She expressed some regret that she has not tackled it sooner, but didn't believe she could do it.

The Teacher reported being satisfied with her career choices and what she has accomplished in her special needs children's program. She has been able to draw on her own experiences to help children build strong self concepts and self esteem. Upon reflection she said that if not for her PSA, she might have promoted and developed her program faster (an innovation at that time), if she had felt able to go out and present it to the community:

probably it would have been a good thing to have gone and presented to the business um, associations, you know, to different, different groups around, that's something that I didn't really do when I was first starting it... but I would have really shied away from all of that.... And we got our program up and running, you know, despite that.

She felt that she might have experienced more variety in her profession if her apprehension had not held her back:

I think of what held me back from doing other kinds of ah, jobs or, or developing things within my future area that, you know really, if I'd had the ability to do probably ..., because I wouldn't step out of my comfort zone, with the confusion coming.... I see myself as have, as missing out on a lot of, um experience because of that anxiety or, or social kind of withdrawal.

The Volunteer.

During high school, this participant was very socially involved, participating in a variety of high school activities such as sports, student committees, the student executive, and even school plays but she said, "I'd never, ever be one of the actors. I would prompt, I'd do the stage, I'd do the scenery, I'd do anything, costumes, just anything, but don't get me out in front of the audience". Some activities put her in front of groups which caused her anxiety and unpleasant memories, for example having to go on stage to receive awards or make a speech when she ran for office. After high school, her academic decisions were largely motivated by her PSA. For example, she mentioned her interest and aptitude in English, "So although I'm quite good in English, I love reading and that, I would never have touched, you know that, the, that whole section because I knew you'd have to give presentations." Instead she pursued a general science degree:

Volunteer: I avoided courses that had to give any kind of presentation at all, so I stuck with sciences because a lot of them don't have to do that, ... I took anything (laughter). I graduated in ecology but it could have been something else (chuckle)

Interviewer: So you were able to navigate through your university career without....

Volunteer: saying a word(laughter). Yup, in front of a group of people (laughter).

Her career goal was to work in environmental sciences, but soon after graduation, she met her husband and decided to make raising a family her priority. When her children were small, she

sold educational toys which required that she present to them to groups of women, which “absolutely terrified [her]”.

The Volunteer believes in being socially involved, “giving back” to one’s community and she spoke passionately about the value of volunteerism as an occupation. She worked in several community and school organizations over the years. Until she joined Toastmasters’ however she avoided public speaking of any kind.

The Volunteer believes that her PSA has had a significant influence on her academic and career decisions, “my whole life has been avoiding situations where I would have to speak in front of people...in a way it really has directed my life. It’s just incredible when I think back.” However this participant did not indicate any regret or dissatisfaction with her choices. She said that she sometimes thinks that she would have liked to become a medical doctor but she was deterred by reasons other than PSA such as the years of training required. She said her main reason for joining Toastmasters is that she is at a stage in her life where she is re-evaluating what she wants to be doing in the future. She said “you know, you’re on a cusp; the kids are leaving...” and she believes it important to keep challenging herself mentally and physically as she gets older.

The Display Person.

This participant did not talk much about his academic years nor his work history in any detail. He said that he avoided all public speaking situations until recently. He was an only child and spent a lot of his time playing on his own, learning to appreciate solitary activities. He described the job he has had for 28 years as a display person and why he likes his job:

Everything that I’ve done, because I’m not comfortable being at center front, or front and center, I always do the background stuff. That’s, my, my job is the same way. I do the background stuff. I set up stuff for somebody else to take the limelight. You know I set up stuff for their weekend event ... and then I take it all down after. So it’s sort of like being in a theatre if you’re on the, you know the stage crew. So then I can avoid being, having the limelight.

At a staff meeting, the Display Person would speak up but only when he felt inconspicuous among 50 to 60 other people, "I would be one of the guys at the back that would, you know, just have the comments, I would throw the comments out, you know, it's safe, in a safe place."

Of his career choices the Display Person said, "the job that I've gotten, um is, whatever has happened, has just happened." He feels lucky to have an occupation that matches his nature.

Display Person: you see I don't have to get up and talk in front of people, it's my choice, whether I want to or not, so I'm, I'm not put on the spot

Interviewer: Yeah

Display Person: Oh, I'm luck, I'm very lucky.

His decision to join Toastmasters' a few years ago was prompted by seeing his brother get up and speak, "well, if he can do it, I can do it." In our second interview he talked more about how learning to deal with his fears is about challenging himself, but if it became too stressful or difficult he would not do it.

The Educational Advisor.

Aside from ice skating as part of a group and dancing in school plays, this participant avoided being in front of people until she started university. She wanted to be a teacher but her father influenced her to enroll in a Bachelor of Applied Science and Communications degree program. To please her family she finished the degree even though it involved a lot of public speaking, "doing a communications degree – Whoa! You're out front and centre so I'd say most of my classes you had to do some type of oral presentation on a topic." She said the presentations never got any easier. After conducting informational interviews in communications, she came to this conclusion, "I liked the writing and I liked the research but I did not want to be out, front and center". She found that working in a type of helping field was where she belonged, "it's what comes to me, what feels good, what makes me happy." She went back to university and completed

a social work degree. She got a job co-facilitating workshops to train people to work on a crisis line, unaware that she would be required to run the workshops on her own. Without warning she found herself having to deliver unfamiliar material to an audience but she adapted quickly for the next time by “preparing like stink” and by making the workshop interactive. Ultimately her public speaking experiences in that job became positive ones.

Her position ended due to lack of funding, so the Education Advisor took a position as social worker. Once again she found herself in front of a audience this time “being grilled” by lawyers in court as she defended her case decisions. She described those public speaking experiences as “probably the most intense nervous mess, what was having to give evidence in court”. Feeling strongly about the value of her work helped her cope.

After she left the Ministry she considered making use of her communications degree. Her decision to join Toastmasters’ was “to resolve some of those feelings of nervousness or uncertainty” and to become a competent speaker. At the time of our interview, the Educational Advisor was regularly speaking in front of groups at a local college where she runs workshops and was volunteering as a teacher’s aide. She speculated that her apprehension may increase when she is once again being formally evaluated.

The Sheet Metal Worker.

The Sheet Metal Worker said that he avoided all public speaking throughout his school years and at the time of our interview had never spoken in front of a group. He is just at the beginning of his career development, having completed his courses and started his apprenticeship. Throughout his training he advised that he worked primarily on his own. There were no requirements to give presentations or work in a group setting. His decision to join Toastmasters’ was partly because he has aspirations to invest in a pyramid franchise and believes learning how to overcome his fears and become a good public speaker important to his success. He also feels there

is “something missing” and looks forward to enriching his life by learning how to become a good speaker.

The Massage Therapist.

Other than her gymnastics competitions and other sports, and similar to the other participants, the Massage Therapist did little in front of people until she entered Massage School. She chose massage therapy because she was interested in physiology and sports medicine and wanted to help people. Her massage therapy training involved class presentations and although she remembers being very nervous, she “managed to get through them”. She found that her hands were getting sore. After about 4 years and some life transitions she chose to do some personal growth work through workshops and seminars (e.g. “Warrior Camp” and “Success Tracks”), however as she progressed she accessed some of her deepest feelings about herself and about speaking in front of a group. Her personal growth experiences and a desire to succeed in business motivated her to join Toastmasters’:

I don’t think it was until I really started doing the personal growth where I actually would burst into tears... just getting up those few times at seminars and things.... I just thought, ‘you know I can’t keep doing this’.

The Systems Network Engineer.

This participant did no further public speaking or performing after the air band competition in Grade 6 until his mid twenties. After high school he worked for 2 years at the front end of a computer store, then worked selling ads for newspapers. Even though the jobs involved one to one communication, he said he would get nervous and “freeze”, couldn’t think of all the things he needed to say, or “be [his] regular charming self, which is important when you’re doing sales.” Through personality and interest testing he discovered that he is most comfortable working in a detail oriented technical occupation. He attended college and earned his diploma as a certified software systems engineer. He has found his niche in the computer field. Of that he said “it’s

comfortable, I'm really good at it, I enjoy it" What appeals to him in part is that "you don't have to work with heaps of people".

His apprehension of speaking in front of a group still affected his career path: he described losing his chance at a "great" job, because he was so nervous, he said he "screwed up the interview". Currently this participant works as an entrepreneur but his short term plan is to work as an employee because his business is not doing as well as he had hoped. He believes that his PSA and CA are partly the cause, "It hasn't worked for me as well as I hoped it would, a big part of my weakness has been my, my ability to do sales and go out and get clients and push." He considered joining Toastmasters' when he worked in advertising, "because I knew that it was a weakness that I had in terms of public speaking, ah dealing with people". He joined Toastmasters' to help him attain career independence, and in our second interview he added that he believed one should evolve and improve throughout life.

The Contractor.

Throughout his childhood and adolescence, the Contractor avoided any situations where he had to be in front of people with the exception of playing ping pong. He was good at it, loved it and in the final school competition he finished second. He said that any time he was forced to speak in class or be in a school play, he was so terrified that he blocked out most of those memories. He said that throughout school he "tried to avoid that at all costs. I mean, any form of public speaking."

When he was 12 or 13, this participant started his own business cutting lawns in the neighbourhood and expanded it into a part time job after school and on weekends. He never felt uncomfortable or nervous approaching neighbours for work. He left high school after Grade 11 to work with his father and brother in their construction business. He found the work "very satisfying" and over the last 20 years developed other businesses in the construction field. He has "a good network of people" who refer business to him. He has never had to go out and meet with potential

customers. He employs 13 or 14 people but doesn't have meetings with them as a group because of his PSA, "I avoid the meetings with the employees. I don't have, I don't like having meetings. I have more one on one 2 minute or 5 minute little meetings with the people concerned. " This participant related his perspective that, as a boss, he feels that he is evaluated by his employees every day. In this role, he has felt that he has performed his whole working life.

I guess I have to perform every day at work and I have, I have been ever since I was 23, I've been under a microscope every day. Because the employees are looking at what you're doing. So you have to keep up a certain ethic, work ethic you know. Act like a boss would act.

With respect to interacting with his customers, he said "there's definitely a performance there too, you know you have to come on as, as organized and you're upbeat and there's a sorta ah, sales kinda thing". These comments reflect this participant's perception that in many work communication situations one is always performing a role. The Contractor joined Toastmasters' to support his aspirations of selling his inventions that he has been working on for some time, Like all the other participants, he sees working on his PSA as a matter of personal growth.

Participants Describe Themselves.

This section was developed from participants' characterizations of themselves and themselves in relation to others. Characterizations common to participants included their shy, intraverted temperaments, feeling different from or inferior to others, self criticisms, and low public speaking efficacy. Several indicated that they think they have low self esteem. Five described themselves as socially anxious, however, all participants indicated a keen desire for social involvement with others and all intend to include public speaking in their futures as part of their social involvement activities.

Three themes emerged: self concept, public speaking efficacy and social involvement. The theme of self concept came out of participants' descriptions of their personalities and self critical statements. The public speaking efficacy theme emerged from participants' descriptions of their public speaking efficacy and comparing their ability to do a public speaking task with others. Social involvement emerged from participants' descriptions of their social activities and work activities that indicated a desire for social involvement. Although separation of the data in this way aided in analysis and organization of the data, the reader will likely note overlaps in meaning between these themes.

Self concept.

All participants except the Sheet Metal Worker described themselves using the word "shy" or "introverted". Three used both descriptors. Four participants also used the word "quiet" to describe themselves. All participants except the Display Person described themselves as being different from other people, or not fitting in with others, inferior to others or "not okay". The following quotes illustrate the connection participants made between their self concept and their public speaking experiences.

The Volunteer's described herself as "very introverted" as a child and "self conscious". She thought it important to stress that her apprehension of public speaking made her feel different from most people who would feel nervous, because of the degree:

I don't know if people realize, like everyone says "oh, I'm, I'm nervous about speaking, oh I hate speaking too", but I think it's the degree. I'm sure when you're interviewing people you've hit people who are nervous, they don't like doing it, you know, next to death it's the next ah, biggest worry that people have, but um, boy..... And I can't emphasize that enough."

The Educational Advisor connected the task of public speaking with her self concept: "I think [public speaking is] confronting who you are and how you feel about who you are." She described how past negative speaking experiences confirmed her belief about herself that she was

“not okay”. She said that especially while she was in university doing a communications degree, which required a lot of presentations, she engaged in “just a lot of unhealthy negative self talk”

The Systems Network Engineer expressed a similar view that PSA might indicate an innate weakness “I think [my fears of public speaking are] going to make me weak”. He explained how PSA affected his self concept, “being ashamed any time that I was afraid of something, because I saw it as a weakness in myself. So, I’m terrified of things um, public speaking and, and other things.”

The Contractor described his struggle to feel comfortable in group situations in several contexts including social gatherings and at work. He talked about how he often feels inferior at business meetings, “I think of myself as an inferior businessman, so I think that when I’m in a setting like that I always lower myself below them and think of myself as a lower person than they are.” He then connected PSA to his self concept as inferior:

I think it’s a self esteem thing. It’s a self belief, you know it’s how I perceive myself as what has to be, so. But I know, I know the whole fear of public speaking and the whole fear of being in groups is because I think less of myself than, than I really am.

Public speaking efficacy.

Participants talked about their ability to communicate in front of groups and six made social comparisons with others who succeeded at the same public speaking or performing task. This theme of efficacy and comparing themselves to others appeared in their earliest recollections. Seven participants indicated that at some time they believed that they simply could not do the task of public speaking. A typical comment that illustrates the theme comes from the Sheet Metal Worker who is talking about being asked to recite aloud in his Grade 8 class, “Everyone did it except me and I was, I just couldn’t do it, I just... (shaking head).”

The Contractor described low efficacy in all the negative public speaking and performing situations he experienced growing up, saying, "I would always go into those situations thinking that I was going to screw it up, so I already had a preconceived notion that I wasn't going to pull it off"

The Teacher gave several instances of measuring herself against others who seemed better able to do a speech or handle other communication situations. She described feeling unable to speak out in her university seminars and at staff meetings at work, for example:

you needed to do a lot of speaking and discussion. And it was in a very small group. But whatever I, yeah I just basically acted stupid, it wasn't that I didn't have things to say, it's just like I didn't know how to say it out loud....Once in awhile, I had to do it, I didn't do it well.

Self critical thinking appeared in six participants' stories about public speaking and performing. For example, the Educational Advisor described being self critical about her presentations at school or speeches at Toastmasters', especially afterwards when she would tell herself her speech was "terrible" even though others would tell her, " ' it wasn't so bad, you did an okay job' ".

Recall from the previous section on self concept that when some participants felt handicapped or incapacitated by their PSA, such as exemplified by the Systems Network Engineer, they seemed to internalize PSA as a personal flaw or weakness. The Systems Network Engineer was consistently self critical in his stories. He said this about himself when he was talking about a job interview in front of a committee, "I screwed up the interview because I, I got nervous. You know afterwards I remember, I analyze everything that I said and I realize every place that I screwed up." In fact, four of the six participants who self criticized described how such thinking impeded their ability to speak in front of groups.

Four participants mentioned being perfectionists. In this example, the Volunteer explains how her tendency towards perfectionism affected her public speaking as well as taking other types of risks:

my speeches, I um put a lot on myself that way, that they have to be perfect. Being a perfectionist can halt you from a lot of things too, in that you're afraid to try things unless you're doing it right

A final example of low public speaking efficacy came from the Display Person whose quote below also illustrates another struggle that all eight participants spoke about: that is desiring participation e.g. to be socially involved versus believing that they can not successfully speak in front of the group, "part of me wants it but part of me says 'oh, no, no thanks, I, I can't handle that'."

Social involvement.

Six of the eight participants described themselves as anxious or uncomfortable in a variety of communication situations, for example: phoning strangers, phoning committee members to ask them to do something, selling oneself or a product, asking a store clerk for something, job interviews, speaking to authority figures, speaking to people who appear to be successful, talking to coworkers socially, talking to Toastmaster's members socially, talking to family socially and talking to acquaintances or strangers socially. However, social involvement was evident in participants' stories - in their social activities, in school and in all cases except the Sheet Metal Worker and the Display Person, in their careers. The purpose of presenting this theme was to see if anything could be learned from a group of people who see themselves as largely shy and introverted by nature but who have taken risks by actively seeking social involvement through a variety of activities and eventually through public speaking.

The most striking example of wanting to be out in front of people came from the Systems Network Engineer when he was talking about being in school plays, "Actually I was always excited about doing the biggest role. I wanted the biggest part. I wanted to be in front of people but once that I got there, you know, all of a sudden I was afraid." In fact, several participants expressed an

awareness that their desire to do public speaking seemed contrary to their shy nature. The Teacher commented on the apparent contradiction of her joining Toastmasters':

you would think that would be the last thing I wanted to do but I really think that going to Toastmasters' is a good thing and I feel good having done the speeches that I have done and I want to do more and more of them. But it seems to be contrary to my personality

All of the participants, through their stories, indicated their desire to be socially involved in the world and that desire eventually outweighed their fear of having to speak in front of groups. For example, the Volunteer, who described a long history of devoting herself to working in and for her high school and later, her community had this to say about how she met her social involvement needs and why it was important to her:

So the volunteer organizations, ... I would be the secretary, I would be the treasurer, I'd be anything other than having to get up there and speak....I am a very friendly person I'd say and I like to do things for people.

But as shown by this theme, for the Volunteer and the other participants, working behind the scenes or maintaining silence in a group was at some point no longer a desirable option. All but two participants sought and/or are seeking social involvement through public speaking in their careers. The two exceptions expressed the intent to do public speaking via their volunteer/leisure activities when they retire.

The Core Experience of Public Speaking Apprehension

The purpose of this section is to reduce the phenomenon of PSA to its core structure in order to illuminate the essential what and how of it. Common elements of experiencing appeared across child and adult development. The number or type of experiences described also did not seem to affect the core experience. Core components remained consistent. After working through some of the Toastmasters' program, some participants reported a decrease in the intensity of the

phenomenon. This change in intensity is presented in the last section on Career Futures and the Role of Public Speaking, but is not included in this section on the Core Experience.

In order to conceptualize the structure of PSA, it seemed logical to organize the data into three basic components of any human experience: thoughts, feelings and physical reactions. They are presented here chronologically: before, during and after the public speaking or performing task. It should be noted that this presentation of the data is not meant to suggest a characteristic structure of the experience. Feelings in particular were described referring to the whole experience as well as to specific times. There are noticeable overlaps prior to and during the tasks. In other words, the phenomenon seems to be loosely structured on a continuum as a participant lives through it, but many aspects of it do not connect in a linear fashion. It was difficult to separate the aspects of it in this way, however attempting to break it down chronologically and experientially ultimately aided in the conceptualization of the phenomenon as a whole. More will be presented about its whole structure in the Essential Structure of the phenomenon at the end of this section.

Thoughts, feelings and physical reactions before a task.

Thoughts occurring before having to speak or being up in front of people were described by six participants. Typical thoughts included imagining negative outcomes, thinking about ways to avoid the task and self criticisms such as worrying if it would be good enough, or even *if* they could do it.

For example, the Volunteer would ruminate days before about having to go up to receive an award in high school, "thinking about it, and how can I get out of it and um, could I be sick?" She suggested that her ruminations might have made her apprehension worse, "I'm probably talking myself, half of my symptoms by the time the event came along." The Educational Advisor remembered worrying over her college presentations, catastrophizing, engaging in negative self talk and wishing for a way out of it:

that it wouldn't be good enough, the voices (chuckle), the messages going through my mind would be, you know people aren't going to enjoy your presentation, ... it's going to be boring, that it's, it's dumb, that I'll get a poor mark, that if I could just hand it in, I'd get a better mark.

The Systems Network Engineer said this about being interviewed for a job by a committee, "I go through it in my head, you know it just, every possible scenario I'm just imagining the whole thing and what people would say and, and just, I go over it and over it and over it".

Similarly, thoughts while waiting to speak were about wanting to escape, trying to talk oneself out of the fear and about failure. For example, the Volunteer described what she was thinking while waiting to be asked to comment at her first Toastmasters' meeting, "guests were going to have to give a comment, where they ask for your feedback, I'm thinking how can I get out of this room?" In several situations, she would often scold herself in an effort to control her feelings, "I'm over-reacting - this is ridiculous". The Contractor said this about waiting for his turn to read aloud in class: "I'm probly not a very good reader, um, I'm gonna screw this up."

A noteworthy exception was found in the experiences of the Massage Therapist. She recounted the first time she chose to get up and share in front of a large audience at a personal development seminar:

Like you know, with some people they're thinking, they're sitting there in their minds and going 'can I get up and speak in front of all these people?' I wasn't actually thinking those thoughts.... I could feel myself getting nervous and all the physical aspects coming on

Her physical reactions dominated her experiences, building up as her turn to speak came closer.

Descriptions of negative feelings before a task or even the possibility of having to speak, included nervousness, dread, fear and terror. For example, the Teacher expressed a general sense of dread when she described how she felt when she knew she'd have to take courses in college that involved public speaking "oh, god, I've gotta do this". About any group situation, the Display

Person said “ I always dreaded being called up to, ah to you know, sp..speak or whatever”. When a task became concrete, several participants expressed more intense apprehension. For example, the Contractor said, “I was always terrified if I knew I woulda had to do some public speaking in any sized group, absolutely terrified.”

It was interesting to hear four participants’ describe childhood experiences in which they were not worried or fearful before the task; some felt positively about it. They reported feeling surprised and confused at the sudden appearance of their intense negative feelings and the impact their reactions had on their performance. For example when the Massage Therapist went out to do her cartwheel in front of her family at 3 years of age , she remembered: “I was proud that I could do this”. When the adults laughed because she inadvertently showed “[her] panties off to everyone.”, she ran and hid behind her mother’s chair. The Teacher remembered volunteering to go up and read her book report in front of her classmates in Grade 7: “I think I was fairly, almost relaxed,” but once up there she suffered from an extreme physical and emotional reaction, blocking out most of the event. The Educational Advisor was surprised at 7 years of age that she had thrown up just before going on stage: “I was surprised that I was sick, was it the flu?” The Systems Network Engineer reported that before he went on to perform in his Grade 6 air band competition final, he was feeling excited yet confident: “before I definitely kinda didn’t care, even when we’d done it before, we had all these different rehearsals...I was pumped, I was you know, already to go and we were going to win the prize” He did not expect the intense negative physical and emotional experience that followed when he walked onto the stage.

Emotions and thoughts before a task were accompanied by the type of physical reactions one might expect when one is facing something that may be extremely harmful or painful. The Contractor said that days before a speech or performance :“I was just, I wouldn’t sleep at night,”.

The Educational Advisor provided a typical description about her physical state on the day of an impending presentation at college:

the knot in the stomach, just really tightening up and ah, you know the butterfly feeling. And nervous, not being able to eat much or drink much, prior to, just because your stomach or my stomach would be tied up in knots.

Similar to feelings, the intensity of physical manifestations of the apprehension increased as the time to speak or perform approached, the most common of which was that participants' hearts would start to "race" or "pound". A good example came from the Systems Network Engineer who described how he felt when he entered a radio phone-in contest: "... my heart just races... I remember phoning up and I'd just get nervous as soon as the phone starts ringing... [I would] tense up. My heart starts beating very quickly." Some also described shaking limbs, sweating or clamminess, cold extremities and a general sense of tension. For example, The Volunteer described her apprehension escalating as she waited to introduce herself in a group setting such as at a school function or a club: "by the time it gets around to me, my hands are sweaty and I'm, my armpits are sweaty ". If she was to give a prepared speech, just prior to it her emotions were so intense, she'd be close to fainting: " I would have to leave the room, usually, try and get a drink of water. I'd almost black out, really, I'd be just so upset over it."

Thoughts, feelings and physical reactions during a task.

The Sheet Metal Worker had no experiences to contribute to rest of this section, so what follows is based on the other seven participants' stories.

Four participants reported having such intense fear that their minds went blank. The most severe case of this piece of the phenomenon was found in the Teacher's first story when she volunteered to do her Grade 7 book report: "the fear was so intense...I have absolutely no memory, ...just wiped out,". She remembered bits of the experience: taking her paper up to the front of the class, beginning to read – but not knowing if she read out loud, thinking she might have reached the

end, and then “somehow I got back to my seat and I kind of looked around.” Similarly, when asked about his first memories, the Contractor said that it was “absolutely terrifying” for him, and “well I think I kind of blocked most of those incidents out of my mind.” Adult experiences included similar descriptions for example, the Volunteer’s described of having to introduce herself to a group, “I couldn’t remember my name, couldn’t even remember if I was married, how many kids I had, or anything”. She would scold herself in frustration at her own reactions: “All this is, is my name!”

In addition to having their minds go blank, in many situations participants talked about losing control their cognitive processes: minds raced or thoughts became confused and disorganized or they couldn’t access what they wanted to say.. A typical description is provided by the Contractor:

I miss big parts of the story and then I go, I jump ahead because I kind of forgot parts of it, so it just kind of like I go blank and get all confused, right? ...It’s funny what it does to my mind, you know?

The Systems Network Engineer said “my mind races and I have trouble pulling out thoughts”. He and others expressed frustration that their PSA got in the way of getting their message across to their audience or group in the way that they wanted

Some participants described self critical thoughts they had during a task. For example the Contractor said: “I am so worried about what I’m going to say and how it is going to come out,” and the Educational Advisor, “the negative messages going through my head, ‘are people bored, this is so badly done’.”

Six participants used the word “fear” and/or “scared” in their descriptions and four used the word “terror” to describe their feelings just prior and during a public speaking or performing task. Other common words used were “panic”, “nervous”, “anxious” and “uncomfortable”. Feelings of fear were associated with feeling overwhelmed and feeling a loss of control.

The Contractor described any situation of being in front of a group, especially when he was younger which typifies the contributions to this theme: "it's generally all of them. It was just terror, absolutely terrifying." And like other participants, because all the focus was on him he felt overwhelmed and a loss of control:

this is too much... because all these people are looking at me and watching me . . . If I was on a one on one situation and you asked for something, to speak about something for two minutes I'm sure it'd be no problem, because I can probly speak about anything, but up in front of a group, I just lose it.

When asked about his first experiences at Toastmasters', the Contractor replied "Total panic".

The Volunteer suggested that the terror of the experience goes beyond words: "I can't describe the terror, of public speaking but I can say those words". She said "having to stand up there [is] overwhelmingly terrifying". The Teacher also struggled to verbalize the fear in her first experience, "... the fear was so intense... I had no clue what I actually had done, because the fear had just..... you know". She viewed her first emotional reaction of "blanking out" as "extreme" meaning at the extreme on a continuum of emotional intensity that caused her to shut down. She described the feeling as "sheer panic.

The Massage Therapist remembered feeling "cold and really really nervous" as a child. Her later descriptions revealed no specific feelings during the actual task. Recall that this participant said she was also largely unaware of any thoughts during the task. Her experience was the overwhelming physical reaction of bursting into tears that culminated from her escalating "nervousness".

The Volunteer remarked on how her negative feelings did not change during the task, "But it didn't even feel better, it didn't feel better when you started. You know how sometimes when you get going on something, you feel better about it, you know, the whole thing would just be horrible to me." Descriptions from the other participants also did not convey any subsiding of the fear, confusion and panic until after the task had ended. .

Some participants worried that their emotions were misunderstood as negativity towards the audience. For example, the Educational Advisor said: “my facial expression when I give my presentations was not relaxed. Ah it was probably tense, it was probably looking angry, maybe a frown, ah something like that.”

Similar to what was physically experienced before a speaking task, physical manifestations of apprehension escalated from an internal tension to overt signs of apprehension. Five participants said that they would visibly shake, three of whom specifying that their knees shook. Four participants’ described sweating or clammy hands and four said they experienced a dry mouth or fumbled or slurred their words. Four participants described their stomach in “knots” or “butterflies” immediately before and during a task and their heart racing or pounding.

The physical reactions would to varying degrees interfere with participants’ ability to do the task. For example, The Systems Network Engineer said that this “overwhelming fear” caused him to freeze. In this quote from a childhood experience he describes his frantic attempt to try to regain some control without success:

I remember trying to do something and trying to get over it. I remember, you know trying to you know, just you know, coming out there and lip sync and you know dance, but I was, but I was, I was so terrified I could hardly, hardly move.

Three of the female participants mentioned that they would feel like crying. The Massage Therapist suffered from the most extreme expression of that particular manifestation and provided several examples like this one, “the first time I stood up at Toastmasters’ I burst into tears (chuckle), just. I got, came as a guest and they asked us to just give our feedback on, on the meeting.”

An exception to this theme was found in the stories of the Contractor. He knew his face would go red, because his classmates used to call him a nickname because of it, but he said he couldn’t identify his physical reactions because during a speech they were not salient to him:

I would get tense and ah, and probably I don't even realize what I'm doing physically. I think that I don't even realize what my body is doing because I am so worried about what I'm going to say and how it's going to come out.

He added that when he is speaking at Toastmasters' he concentrates so much on what he is trying to do, that he may have his hands clasped and not be aware of it.

Several participants used metaphors of physical harm to describe the public speaking experience. For example, the Volunteer described how she felt when she would have to introduce herself during the Toastmasters' opening round: "Oh that would just, that would blow me out of the water. Well it did blow me out of the water." The following quote illustrates an acute increase in apprehension, when the Systems Network Engineer becomes aware of making a mistake during a speech, - in this case slipping an "um" or "ah" into a speech at Toastmasters:

Every time I say um or ah, it like shoots through me like a bolt of lightening, that I, I've just said that, I, you know. Nobody, anybody I've talked to says they doesn't, they don't notice it, but ah, I, I feel like I've just been hit with a baseball bat

The Educational Advisor described her reaction when she was asked to conduct a seminar "on the spot", i.e. with no notice "well, I just about died". The Sheet Metal Worker said, "like hit you, like, like a wall, like boom, what am I doing? Like wake up and see everyone in the audience." The Volunteer talked about surviving an experience that was more unpleasant for her each time, "it wasn't a good experience either, because you, you live through this horrible time."

Thoughts, feelings and physical reactions after a task.

After a task, five participants said that they ruminated and analyzed details of what had happened. Five participants described being disappointed, self critical and angry at themselves. Six participants described feeling embarrassed. The following are typical descriptions about the period right after a task. The reader may note that this section adds to the data presented under the theme of public speaking efficacy, particularly with regard to self criticism.

The Systems Network Engineer said, "I just blew it and ah, and then I felt kind of bad 'cause I, I screwed it up for everybody else." The Teacher described being disappointed and frustrated in several situations "I thought, it's not really what I wanted to say, I mean about the important things that I would really want to say". And in group situations, work or social, if she felt she couldn't say anything at all, "I just basically acted stupid". The Contractor described feeling anger and disappointment after his speeches:

I guess I'm pissed at myself because it didn't come out the way it should have. So I am a little bit. It brings me down. Yeah, because it didn't, it wasn't as successful as ah, it wasn't a good presentation?

The Volunteer expressed anger with herself when she was talking about the opening round at Toastmasters', "And then after it passes you, and it makes, you've said some stupid thing, well why couldn't I have remembered this, this and this, you know?"

Only three participants mentioned their physical state after a task – two mentioned feeling relief that the task was over and one mentioned feeling exhausted.

Summary of the core structure of the phenomenon.

The essential core structure was developed from a holistic non linear perspective, except for two aspects of the experience which are at the end of this section. This approach attempts to honour a characteristic of the phenomenon: it is subject to changing variables or conditions that include external factors such as environment and internal factors such as personality, but its essential meaning remains relatively unchanged.

There are two aspects to the core structure of the phenomenon. Firstly, a person perceives, either consciously or unconsciously, being vulnerable to harm from the group. The second aspect of the phenomenon is fear. The intensity of the fear, which over half the participants described as "terror", mostly occurs just prior to and during the task. The perceived vulnerability can be present prior to, or simultaneously with the fear, or both.

The experience of apprehension may be sudden and unexpected or may be anticipated and build up over time. At its peak, the experience often surprises the speaker with its intensity. It is often overwhelming. As a result it is accompanied by a feeling of loss of control of the self, both mentally and physically, which in turn incites feelings of helplessness and of panic. These feelings feedback into and increase feelings of vulnerability to harm and feeling the terror. Thoughts may become confused, erratic and incomplete, looking for ways to escape, racing to gain control of the self all at the same time as trying to focus on doing the task. Adrenaline surges, as evidenced by increased heart rate, perspiration, and energy is diverted into muscles that begin to shake as the body prepares to fight or flee. However the person can not flee and there is nothing to fight, so the self is trapped. The self either turns inward, struggling to regain some control, fighting the phenomenon itself, or it flees by shutting down mentally and/or physically.

As awareness of one's reaction becomes salient other corollary feelings emerge, such as embarrassment and shame, which attach to the core structure. Thoughts start to organize around analyzing what is happening or has happened and if no logical explanation is apparent, i.e. "there is no danger here" and "others aren't this scared", one attributes the cause of one's reaction to the self: the self must be different, flawed or weak. If one does experience psychological harm, for example rejection or anger from the group or group leader, this assessment of the self as flawed is validated from outside. When the self is perceived as flawed, it is logical for one to assume the self is more vulnerable to harm from the group.

After the task event has passed, the core structure slowly dissolves but the corollary emotions often remain. Additional feelings may surface such as disappointment and anger with the self and with the outcome, and generally feeling "down" or "awful". Thoughts focus on what happened and the event may be relived over and over as one searches for the meaning of the experience.

There are two linear aspects of the phenomenon that emerged from participants' stories. The first is that once the phenomenon has been experienced, in anticipation of the next encounter a person will start experiencing the phenomenon well before a task event. The second aspect that emerged from the data is that if a person has experienced it once, the next experience will intensify as the task event approaches.

Task Difficulty

All participants except the Display Person described at least one traumatic childhood incident of being in front of a group. Some participants continued to struggle through public speaking and performing tasks while others managed to avoid them entirely until their adulthood. Until joining Toastmasters', six participants described the task of the public speaking as neither easier or harder as they got older. However several common situational factors seemed to contribute to how difficult a task would be for participants in terms of their apprehension: speaking on the spot, group composition, negative evaluation and perceived vulnerability, social support and the speaker's relationship with the group.

Speaking on the spot.

As previously mentioned the Sheet Metal Worker had no public speaking experience outside of elementary school, but for the other seven participants, having to speak in an impromptu "on the spot" way seemed to elicit the most apprehension compared to having some warning and time to prepare. Recall the descriptions of dread expressed by several participants in the section on thoughts and feelings before a task, when they had to introduce themselves or contribute to group meetings (both socially and at work). The Educational Advisor described herself as "the most intense nervous mess" when she was answering questions about one of her social work cases in a courtroom because "there was no prepared material, ... you didn't know what was coming out."

About speaking on the spot in general the Display Person said: "If I have to give an opinion of my own off the cuff, uh, it's much harder for me."

Toastmasters' situations were cited because an important piece of the Toastmasters' program is to regularly expose members to speaking on the spot. A typical example below is from the Teacher who described an exercise (called Table Topics) where people are chosen on the spot to do an impromptu speech on a random topic:

I believe it was some kind of war, or something, but you think that I could do something with that, because my mind was so blank I couldn't deal with it at all. And I just wasn't clicking with it at all, ... and I thought about it after, I had read about this, I had lots of ways I could have responded, but on the spot, there's no way.

Audience/group composition.

The audience described by participants ranged in size from rehearsing in front of a spouse, speaking in front of two people, to speaking in front of hundreds but size of the group did not appear to contribute in any consistent way to the level of apprehension. Composition was more important: all participants said they experienced high apprehension if the audience was composed of adult strangers or people they did not know well. Six participants said their apprehension was less if they were "comfortable" with the people in the group as they are at Toastmasters'. It is interesting to note that most of the experiences described were about being in front of people known to participants to some degree, people who might evaluate or judge them, such as co-workers, classmates, group members, authority figures such as teachers, administrators and supervisors.

Two participants mentioned the value of having a respectful and sympathetic group leader, who values each group member and who understands an apprehensive person's trepidation.

Negative evaluation and perceived vulnerability.

An analysis of participants' childhood recollections revealed that only two out of eight described being overtly criticized or ridiculed. Four participants were not apprehensive until they

were actually up in front of the group and one recalled being nervous but thought she had the flu. However in subsequent experiences, concerns about judgment or criticism frequently appeared across all participants' stories. In contexts in which evaluation was expected, such as seminar/classroom situations, the courtroom and Toastmasters' meetings, the possibility of a negative evaluation intensified participants' apprehension. For example, the Volunteer said:

Volunteer: I'd almost black out, really, I'd be just so upset over it....(pause)

Interviewer: yeah.

Volunteer: Uh hmm. I knew I had good material. I knew my speech. I am very literate, or, or you know can, can converse, quite, quite easily but that situation of standing up in front of people and having, having I think what you've written exposed to critically.

The Educational Advisor said presenting her own material made it harder and expressed her concern as a consequence of her confidence and self esteem:

Do you think you're good enough to be in front of other people saying this is what I think. And that's huge... I think to be a good public speaker there is a connection, between self esteem and confidence, at least for me.

Concerns about negative evaluation by the group also appeared in many situations where it was not expected as part of the agenda. For example, the Contractor said that what worried him in a classroom was a fear of ridicule: "if I made a mistake I didn't want anybody to laugh at me, that's really one of the fears there, strong fear there". An example from the Display Person reveals his need to protect himself from close scrutiny:

Display Person: I could do something in a costume where I couldn't do things just without it, because ah, be too threatening.

I: And what, what sort of threat is it for you?

Display Person: Well, I just, the vulnerability I guess of, just being, of goofing up, you know.... But for me to open up myself, my own pers, you know inner self, forget it. I just can't do that.

Several participants more specifically described feeling exposed or vulnerable because they were acutely aware that the focus of the whole group was on them. In this example, the Contractor explained why he didn't like holding staff meetings:

I just don't like meetings, you know, because I have 13, 14 employees. And to get them all in a room like that, I'm a little bit intimidated, to speak in front of them. Because I'm again, again I'm under the microscope.

An noteworthy interpretation came from the Massage Therapist when she described her personal development seminars: "I think that was biggest, the biggest thing. Not necessarily who was out there, but just what, how they were perceiving me up there." Recall that this participant wasn't aware of her thoughts. She suggested her fear of evaluation might be unconscious, "don't think it was a conscious thing in my mind, but I guess subconsciously I was afraid of that, the way they'd think of me, or if they were judging me."

The following quote from the Educational Advisor nicely summarizes this theme:

Because what comes out of your mouth is who you are, and it's so easy for people to judge or criticize, maybe verbally or maybe in their heads or through facial expressions or whatever it might be. ... In anything you do, especially when you're out front and center, everyone's looking at you.

Another concern four participants expressed was that the group might misinterpret or misunderstand what they were communicating—their emotions and/or their message. For example, the Educational Advisor expressed the concern that her facial expression might be misread by an audience: "it was probably looking angry, maybe a frown, ah something like that." The Systems Network Engineer said, "I have a really hard time pulling together the vocabulary that I need to say exactly what I want so that it doesn't, you know somebody doesn't take it some other way."

Interruptions, confrontation or criticism, distractions and mishaps were also described as increasing several participants' apprehension during a speech.

Social support and positive feedback

Successful, positive public speaking experiences were described by seven participants in terms of positive feedback received from an audience and social support. Specific examples included unconditional social support and empathy for their role as speaker, such as found at Toastmasters'. For example, in his description of his first speech at Toastmasters', the Contractor associated the supportive atmosphere with positive evaluation, "...everybody was very understanding and very encouraging and they said "oh you did a good job", you know nobody... It's such a protective environment." About a year after she joined Toastmasters', the Massage Therapist was able to give a successful 45 minute presentation about the vending business in front of 800 people:

...and the thing that really helped me and, ah, one of the Toastmasters' was there um, in, in the audience and he said I did a really great presentation which was nice to, hear and people coming up to me afterwards that go "I'm not even interested in the vending but I just wanted to let you know you gave an amazing presentation", it was just overwhelming, I was just so appreciative of all this feedback.

Familiarity and trust.

Achieving a comfortable level of familiarity between audience/group members was mentioned by seven participants. For example, the Contractor suggested that familiarity would help him become more comfortable at his business owners' meetings: "Might be needing for me to know them, and once I get to know them, it's, it's a little better and I can see that." Toastmasters' came up consistently for participants as a place where they can feel safe, could trust their fellow members to support them and therefore they were less apprehensive, as seen in this comment from the Display Person:

the camaraderie with the club that, that really helps, because you may, oh you know, with a club um, for a couple of years and you know, you know you meet new people and, and ah, they tell you stories about themselves and open up and you do the same for them and, and you're like a little family.

The Volunteer was told by a fellow Toastmaster, "this is our practice field, this is where we do make mistakes, this is where we can make them and get positive feedback".

Coping with PSA

Participants described a number of common coping strategies which included avoidance, preparation and practice, looking inward, and taking control.

Avoidance.

As presented in the section on academic and career paths, all participants said that after a negative childhood public speaking or performing experience they avoided public speaking, enduring the task only when forced to in school. The Display Person and the Contractor also successfully avoided doing any speeches throughout their working lives. The Teacher, Volunteer, Educational Advisor, Massage Therapist and Systems Network Engineer struggled with their PSA to meet occupational demands or pursue their career goals. The Sheet Metal Worker is just beginning his career and is learning how to cope in ways other than avoidance, through Toastmasters.

Preparation and practice.

Preparation and practicing were described as a coping strategy by all but two participants. Here are some examples of participants wanting to be prepared and in control as much as possible, of the task. To cope with presentations and seminar discussions at university, the Teacher said she would "over study" and practice:

I just remember that I, that was a way to do it, to get so prepared that I couldn't go wrong... what I did then was just try to practice 'til, you know, like 900 times or so, that I couldn't possibly forget what I was gonna say. And that's the step towards being able to speak out at all.

The Systems Network Engineer explained how he prepared for a job interview with a committee:

if I know that it's going to happen I will go through my mind, every possible scenario I can possibly think of, of every question that would be asked so that I can prep, prepare my answer ahead of time. And that's, that's kind of how I get around my ah, tendency to freeze up in front of people.

The Volunteer recalled when she sold educational toys to groups that even though she would practice, the apprehension would still cause her to forget.

I knew my material. Well how could I forget, you know? I'd be practicing at home for hours, days ahead, even with speeches for Toastmasters'. I'd practice and practice and practice them and when you get up there it's just a blank.

Looking inward.

All participants indicated that they engaged in introspection about their PSA. This theme illustrates participants' need to understand the phenomenon and their search for answers. It was developed from three types of statements: 1) questions about the phenomenon, 2) possible explanations for the phenomenon and 3) self awareness statements about participants' internal processes.

The most common question posed about the phenomenon was why they suffered from PSA. For example, the Contractor said "I don't understand what the block is and why, I, I have that problem....I've been trying to figure that out... why I can't just go with the flow". The Educational Advisor asked why she should continue to struggle with PSA after years of public speaking experience:

I mean I have two university degrees, I've had 15 years of professional work, like why is that still, such a (pause)..... I mean I should, after all the public speaking I've done, why am I, you know, why am I going to Toastmasters'?

The following quotes from the Systems Network Engineer illustrates five participants' perception that their PSA seems irrational:

like I, like visibly start shaking, my heart beats, I don't know why. Um, it's really hard for me to understand because it's seems irrational and anything irrational frightens me, so I don't get it, I can't control it, I don't know why,

The Volunteer used reason to try to allay her apprehension:

they're not going to throw tomatoes at you, like you see on TV and things like that. What do they do? Boo or hiss? No, I don't think so. I still can't talk myself out of that. It's just a real fear (pause). Who is going to do anything horrible? (chuckle). So why have I avoided this so much?

Reasons for the phenomenon included having a traumatic childhood experience, focussing on or overanalyzing oneself too much, having a naturally shy, quiet personality, and having low self esteem and therefore a lack of confidence when with or in front of people. The most common explanation was shared by six participants who explored their childhood environments and the influence their parents had on their development. They believe that their upbringing combined with their inherently shy nature might have caused PSA to develop. For example, the Massage Therapist talked about the effect her father had on her self concept as a quiet, introverted person:

I wouldn't want to make him mad or anything about it so, um that maybe part of it. I just didn't feel like I was able to express my anger or my part of things because my dad would get mad at me, yell more, so um, I just learned to be quiet and keep things to myself. I learned to not be confrontational and to not be able to yell back and that kind of thing so, my voice was kind of quiet in that sense and that's probably where maybe some of the fear about speaking out came from

The Educational Advisor associated her struggle with PSA with low self esteem developing from of a lack of parental guidance and support. Here she is talking about how difficult it was as a child to struggle with the negative thinking that results from having PSA:

when you as a child have had to make that up for yourself, it takes a long time, you know a long time to muddle through that and to figure out, okay so why would I think those things, you know. Why would I not have the confidence and the ability?

The Contractor suggested that his mother's consistent characterization of him as "quiet and shy and easily embarrassed" had a lot of influence on his self concept of a shy, ineffectual person:

The Contractor: You know how my mother introduced me as a shy person. ... All along, and I just recently thought that maybe that was the reason I am the way I am and that's why it makes it so difficult for me to speak in public, possibly. That's what I think so far.

Interviewer: Somehow her saying that over and over?

The Contractor: Yeah, constantly. I think it, what it did is it developed a certain soft perspective of myself that I am shy

Participants also talked about being disadvantaged economically, being an only child or moving around a lot with their families which, again combined with their shy natures, resulted in loneliness, self consciousness, or slowed social skill development which they felt put them at a disadvantage.

In terms of analyzing their own processes around public speaking, the most common sentiment came from six participants who recognized their self critical thinking as not helpful but self defeating. For example, the Teacher talked about how she would “run [herself] down completely” and said, “I’m really a terrible critic of my own behaviour.” The Systems Network Engineer echoed similar thoughts when he said, “I’m certainly probably much harder on myself than anybody else there is going to be.”

While other participants expressed an understanding that most people are nervous when called on to perform or speak, the Display Person was the only one who expressed the belief that his reaction to the task is common and “normal”:

The, the terror, or...ah, the dry mouth. I think that’s common with most people, if you’re afraid of public speaking. Dry mouth, ah knees are shaking, forget what you’re gonna talk about, um. Lots of ums and ahs, oh all that stuff. I think that’s very, very normal.

Taking control.

A resolve to overcome.

Although several participants commented that wanting to become successful speakers surprised them as somewhat contrary to their nature as shy or intraverted people however all participants showed tenacity in their resolution to overcome their PSA. The Contractor talked with

conviction about how he knows he will get better at speaking, even though he finds his business and Toastmasters' meetings difficult:

I actually am surprised that I still go, because it's difficult for me each time, right? Every time.... I keep at it, ... 'cause I'm not going to stop going, I'm just gonna keep going.

The Systems Network Engineer said this about his overcoming his apprehension: "I won't go and give in to it.... I think it's going to be make me weak so I, I push myself constantly".

The Educational Advisor didn't verbalize her resolution to conquer but her actions, like other participants, demonstrated that she was committed to doing so. Recall that she completed a university degree in communications, even though she found she had no desire to work in the field. She then got her social work degree and has been doing public speaking doing workshops and seminars ever since. As mentioned earlier in the section on Academic and Career Paths, and similar to several other participants, part of her motivation stems from her belief in the value of personal growth. Like others, she said that tackling public speaking is symbolic of rising to overcome personal challenges, "It's not just public speaking, it's a lot of things, it's taking risks and it's stepping outside of the comfort zone."

The value of meaning.

One of the strategies encouraged by Toastmasters' is finding a topic that has meaning for the speaker, so the speaker can project passion, belief and commitment in his/her message. All but two participants mentioned using this strategy. For example, the Teacher said, "...having a speech if you really feel you've got a mission and it's something you really want to present, it takes the anxiety of it out".

The Massage Therapist learned to access her inner voice through her personal growth seminars, "speaking from my heart, I think that's when I really find I have the most confidence." In the following account, she demonstrated the use of personal meaning and belief in her message to

change her role as speaker. The weekend before a big presentation this participant questioned her efficacy and began to think about her successes as an instructor at Massage School. She decided that she had something of value to share and she experienced a cognitive shift in her perspective of herself as a speaker – from performer to teacher.

the week building up to it because I was thinking, can I really do this?.....somehow, I got in my head that, that's all I'm really doing up there, is teaching people about what I know about vending.....so I have a lot of confidence instructing in that manner in front of smaller groups and I just took that attitude into my presentation in front of these 800 people.... It's a subtle shift in my way, in my perception, I guess on how I'm looking at it.

She reported that she still experiences some of “the old, old way” of thinking that “people may be judging me” and she gets nervous, so she consciously shifts her perspective to the role of teacher and remembers it in the context of her successful public speaking experiences.

Feeling strongly about the message or purpose of a speech did not always help a participant, for example, the Volunteer said “We were selling educational toys and I really felt strongly about the toys but again this fear factor of having to sp..., to be in front of even a group of 10 women, 15 women, terrified me. Absolutely terrified me.” She advised me in our second interview that “nothing so important a speaking situation has happened to force me to overcome my emotions”.

Other coping strategies.

Other strategies described by participants were visualization, bolstering, and using humour. The Educational Advisor talked about self esteem, efficacy and confidence in general, suggesting that visualization of a successful, confident self and positive outcomes are useful coping strategies.

I think if you have that, then you, and you see yourself that way and you can imagine and visualize yourself accomplishing those things, not only public speaking, but just accomplishing goals as a person, you're gonna feel less intimidated, whatever, wherever

Bolstering is defined herein as statements by which a participant said to him or herself, “I can do this”. Five participants described using this coping strategy. The Contractor demonstrated

how he uses bolstering and resolve to reinforce his self efficacy, “if I keep at it, I’ll get better than I’ve been. It can just get better.”

Several participants, such as in this quote from the Educational Advisor, remembered positive feedback they received from their audience to bolster themselves for the next speaking task. They are learning to replace their critical self thoughts with positive feedback.

thinking okay, well this shouldn’t be too bad because you know I, I’ve done the groups, the workshops....Because you get that positive feedback and some of those messages in your head, well you think well, you know, I think I’ll do okay, that’ll be good.

Three participants mentioned learning to use their unique view of the world, especially their sense of humour to not only cope with their apprehension, but to enhance their speeches. For example, the Display Person said , “And I can always make a joke. Ah, humor is, is how I deal with things”.

Toastmasters’.

Participants’ motives for joining Toastmasters’ were matters of personal growth, and for five of them, career development. Toastmasters’ offers people a comprehensive program of learning the skills to become an effective public speaker. A bi-product of working through the program is systematic desensitization to giving prepared and spontaneous speeches, as well as to receiving evaluations from the group. The weekly evaluations from fellow members are expected to be both positive and negative. The program contains clear criteria of what makes a “good” speech. The program provides members with a progression of structured types of tasks which allows each person to have clear goals and to work at their own pace.

Field notes based on direct observations of two different chapters’ meetings combined with the data from participants’ descriptions of their Toastmasters’ experiences revealed that even though the Toastmasters’ groups are supportive and encouraging of every member, evaluation and audience feedback are key features of a Toastmasters’ meeting and members and guests are

evaluated each week. First timers and guests are asked to participate in the opening round, and for feedback at the end of the meeting, which is in turn evaluated by a member. They are also called upon, at random, to do an impromptu 2 minute speech on a randomly chosen topic ("Table Topics"). Of course, a guest may decline if he or she does not feel ready, however this researcher felt an implied pressure to participate. This aspect of Toastmasters' is mentioned here because it further demonstrates the courage and tenacity of the participants in this study in their pursuit of overcoming their PSA.

While support is an important feature of Toastmaster philosophy, a few of the participants in this study reported that some chapters are more strict, expect more from new members and guests, and as a consequence were perceived as less supportive than other chapters. In addition to the more formal requirements of being a Toastmaster, one may partake in the various social events and theme nights that are less formal. These events foster informal social interaction, familiarity and may result in more group cohesiveness within the chapter.

Career Futures and the Role of Public Speaking

All participants described their progress towards their goal of becoming less apprehensive, more effective public speakers. Several participants mentioned a collateral increase in confidence socially, in matters requiring assertiveness and a reduction in social anxiety. This theme completes participants' individual stories and has implications for several aspects of the phenomenon which may be unique to this group of participants as Toastmasters.

The Teacher.

After working through some of the Toastmasters' program for the last three years, the Teacher found she was doing more and more public speaking and doing it successfully.

This year, I've actually stood up and given a bit of a rant at a teachers' meeting and also at a parents' meeting. That would be marked as my very first effort in a situation like that after, you know, all this many years that , you know, my silence.

In another example, at her husband's family reunion, (an occasion that had caused her a lot of trepidation in the past), she was not only more assertive socially but she said "I actually was making a speech, I was part of the organization of it, and I was making a speech." In terms of the core experience she said "I don't go up there with shaking knees and a red face or sweating palms or anything like that, but I do go up, for the most part, with a blank mind.... you know, I still have that blankness". However if she had to get up and do a speech at school in front of parents, colleagues and administrators she said "I would feel much more confident and able to put together something that is reasonable, and be able to do it okay."

One type of public speaking situation still causes her concern, is when she is called upon to do "table topics" i.e. speak on the spot, "being able to get up and speak off the top of my head, making some kind of sense, being somewhat coherent (chuckle) will be a huge step for me... that seems to be beyond me at the moment (chuckle)."

This participant said she was soon to retire and so was considering a variety of activities that may involve some public speaking. She said "[PSA] wouldn't stop me from doing things, if I needed to do [public speaking]."

I have actually even thought of speech making, how I could do that, which is a silly thing for me to be saying because of all the problems I've had with it, but if I could get myself, if I had a purpose, a real passion for a cause, and had a, a way to kind of do, I can kind of see myself doing that

The Volunteer .

The first public speaking experience described by the Volunteer was when as a new student in her Grade 5 class, she was asked her name in French and felt humiliated because she couldn't speak. Currently, the participant is taking a language course. The following quote speaks for itself:

Volunteer: I'm taking Italian right now because we're planning a holiday in um, in Italy in September and that's challenging me because again you have to get up and speak in a different language (laughter).

Interviewer: That's interesting.

Volunteer: I've come full circle (chuckle)

Since the Volunteer joined Toastmasters' two years ago, she has taken on several volunteer posts that require public speaking. For example, she ran a committee of about 10 to do a large plant sale, about which she has given reports and presentations to the members and executive, "I'm starting to find more confident with myself by joining Toastmasters' and having feedback from my garden club that you know, I can get there and um and speak in front of groups of people."

About the core experience, the Volunteer said:

I would be nervous but probably not absolutely terrified. I'd probably feel that I could do a good job doing it now. ..Versus 2 years ago, yeah, because even at Toastmasters' 2 years ago, when I went, I almost broke down in tears

This participant has also experienced some other positive changes with respect to her communication confidence and assertiveness. For example, she described how hard it was for her to say no to people who ask her to volunteer in various capacities, "It did a lot for me to say [no] and I just did this last Tuesday too, and I think it's the very first time I've done that" .

Her children will be grown soon so like the Teacher she is considering how she will be spending her time. Her immediate future includes organizing a conference for Lower Mainland master gardeners which will involve a lot of public speaking. If she were to pursue something in the medical field in the future (recall she would have liked to have become a medical doctor at one point), she said she knew she would be able to present at university or at conferences, etc. with some nervousness, but not with the terror that had previously immobilized her. This participant hastened to add however: "I don't dream of becoming a public speaker, that's for sure."

The Display Person.

The Display Person indicated satisfaction with his progress at conquering his PSA. He talked about how he now is able to get more involved at staff meetings, instead of throwing comments out from the back of the room, "I will get up and say a little 2 or 3 minute thing or something like that, where I would never have thought of it before... and that's from Toastmasters' that's helped me do that." He believes that having that type of interaction with his coworkers has increased the feeling of camaraderie in his workplace. He also reported that he felt he was getting better at doing an impromptu on the spot speech, "just getting over that fear of standing up in front of people and, ...yeah .sounding stupid (chuckle). Being able to wing it."

As previously mentioned this participant reported satisfaction with his career choices and intends to continue on until retirement. He foresees some public speaking outside of Toastmasters' once he retires: "I can see joining these clubs, you know, ah these service clubs, Lions or you know one of that, and, and there, definitely public speaking."

The Educational Advisor.

Through her experience training people to work on a crisis line, this participant used her creativity to create a public speaking environment that helped to ease her apprehension – she made the training interactive, "getting [the trainees] involved in the exercises and corresponding". The result provided an example of what a positive speaking experience can look like:

So that was a very positive piece of public speaking for me. And it really helped my confidence and I didn't feel, oh, I didn't feel that ah nervous, when I knew that you know, it's, was going to be a positive outcome. Plus I enjoyed the material myself. I, I believed in it and I knew what worked, too, so I thought the more people who were in this, the better. That's how I see it.

In terms of the core experience, she said that practicing at Toastmasters' every week has really helped her, "I don't think it was the same physical um, nervousness, or there's a bit but the intensity wasn't as great. It wasn't as though, oh, you know, I'm not gonna, I'm gonna faint or something"

At the time of the interview, this participant had enrolled at university to get her teaching credentials. She intends to work with children, providing the kind of encouragement and support she felt she lacked in her life. She stressed that working on her PSA and presentation skills will be an asset to her career as well as a boost to her confidence and self esteem. She believes that anyone who wants to succeed in today's work world should be prepared to present him or herself to a group:

in the workforce, you can't be invisible, you've got to be out front and center and people are going to ask you to present stuff or they're going to ask you to do a demonstration or speak up in a meeting and if you're not able to, you know, it's, it's gonna be really hard to function, you know.

She said: "I see there's a lot of public speaking in the future, I guess, yeah, yeah. Yeah."

The Sheet Metal Worker.

Recall that this was the one participant who had not yet done a speech, but by the time of the second interview had spoken up at a Toastmasters' meeting. He reported that it was "scary" but he got through it "okay." He is just starting his career path which includes his desire to become a competent "natural" public speaker. He expressed the value of reaching that goal, "you walk down to your seat and you feel, you feel good that you, you accomplished a good speech and a worthwhile performance." He said that public speaking in his future would likely be teaching within his field. In our second interview he mentioned his intention to use his public speaking skills to also pursue network marketing. He sees overcoming his fear of public speaking as a way to increased confidence and effectiveness in his business dealings: "public speaking is really what I want to focus on, and then if I can master that, then the other stuff is just easy for me".

The Massage Therapist.

The Massage Therapist has experienced considerable success and personal validation from public speaking since she joined Toastmasters' a year and a half ago, "it's been great actually, I've had a ton of improvement on that. Everyone says that I've really progressed, and feel much more

confident getting up there now.” Similar to other participants, the main change in her core experience has been a reduction in its intensity, but she also mentioned feeling more in control:

I still get the nervousness, I still have the heart racing, cold hands and, and shaky voice sometimes, but I’ve been able to get to the point where I can control it a lot better now. It’s not as bad as it used to be.

She described her recent presentation in front of 800 people, “that was a huge success for me,” saying that she has experienced an increase in her self esteem, her confidence in her ability to overcome her fears and to succeed.

At the time of the interview, the Massage Therapist was doing some limited private massage therapy and was selling her vending machine business. She intends to continue teaching at Massage School. Of note is the fact that this participant has found within herself a talent for public speaking that has led her to some unexpected career possibilities:

I found I was really, had a gift for speaking from the heart and communicating to people, um kind of thing, so that helped me with that to a extent and then I’m hoping down the road somewhere that the, me being, that that may lead to maybe a new type of career in some sort of um, train, being a trainer or a speaker possibly.

She is considering taking a course to become “a motivator or speaker or a trainer”. She recognized how meaningful pursuing this type of career would be:

it’s basically all about being a motivator or speaker or a trainer and so, (chuckle) turning from my, a fear of public speaking into actually doing that as a career would be quite melodramatic, melodramatic too.

Her ultimate goal is to achieve financial freedom so that she can open a center for troubled children to enhance their psychological well being and self esteem.

The Systems Network Engineer.

As previously mentioned this participant is just starting to tackle his PSA and develop his skills as a speaker – he had only been a member of Toastmasters for about two months. Prior to

joining Toastmasters' he had experienced occasional success at speaking and became aware of those successes as a result of our interview process. This awareness helped to confirm his resolve to work on his PSA. He expressed a similar view to the Educational Advisor about having public speaking skills in order to become a success professionally:

It will, it'll come in much more important as, you know, especially having to do this on your own, you know go out and talk to people and, you know especially, you know when ah, the biggest most important part of business is networking, and doing all the networking and you know having to speak at groups of people,

At the time of the interview, the Systems Network Engineer worked as an entrepreneur but his short term plan was to look for work with a company because his business was not doing as well as he would like. He attributed this in part to his general social anxiety and PSA which interferes with his ability to sell himself. He intends to try his own business again, but in the meantime is gearing himself up to handle job interviews.

The Contractor.

The Contractor reported that he has been in Toastmasters' for four years and is working his way through their program. He said that his progress looks to him to be slower than some of the others, however he is not concerned about the group having a negative opinion of him. This comment may be interpreted as evidence of an increase in his self esteem as well as a confidence in his efficacy:

Yeah. But I think I'm one of the slower learners there, like I see people come in after being there, they can do it so much quicker. So I think I'm one of the slowest ones in the group, in this particular group. I don't, I don't progress as fast as some people, but I don't care because I'm not there to impress them. I'm there for myself, right?

He gave several examples of taking risks at Toastmasters' and recognizes these as important successes which helps him stay motivated to continue. For example, he recently managed to stay up in front of the group and talk for the "full 2 minutes" required, which he had never been able to

do before. His core experience is essentially the same but he has noticed a slight decrease in its intensity.

Like the others in this study, the Contractor also has experienced an increase in confidence socially and at his business owners' meetings. He is not interested in using his public speaking skills to expand his current business (his businesses are thriving to the extent that he has been working too hard so he is considering downsizing). One of his passions is developing new products/inventions. Like the other participants the Contractor joined Toastmasters' for self improvement and personal growth but he also joined to learn public speaking skills so that he could pursue presenting his inventions to foreign markets. He intends to continue his work at Toastmasters' and expressed confidence that he will reach his public speaking goals.

There are some great products that I want to bring into the world, so I know that I'm gonna be, my, my future, I can see myself flying to different countries and, and selling my products. 'Cause I like to travel too. So that's kind of what I, I see. I know that I need to get into speaking more.

The Most Important Thing

In order to access the personal significance PSA has in their lives I asked participants to tell me the most important thing they thought I should know to better understand their PSA. Several participants referred to childhood influences. Several stressed the extreme terror of PSA, the apparent irrationality for that level of fear and the frustration of not understanding PSA. Some participants gave suggestions about how to help people by working with shy children at an early age. The meaning units from their contributions were used in the themes presented. For a fuller description of each participant's contribution, see Appendix E.

Chapter 5

Discussion

A review of the literature revealed that considerable quantitative work has been conducted on participants with PSA and CA, but little could be found that qualitatively explored the experiences of PSA sufferers, especially in the context of their academic and career paths. In the discussion that follows, an attempt is made to situate the results of this study in relation to existing research where possible, keeping in mind these different approaches to knowledge.

The Core Experience

There are similarities between Fischer's empirical phenomenological summary description of being-anxious and the core structure of the experience of PSA presented in Chapter 4. There are also some fundamental differences. Understanding the differences in particular may enhance our knowledge of PSA.

Fischer's described an anxiety provoking situation that causes a sudden tearing away "from unreflective involvement with people, things and possibilities" (Fischer 1978, p 180). The PSA in this study does seem to "tear away" participants from their "unreflective involvement" when participants suddenly find themselves in front of a group or when the thoughts of an impending public speaking task intrude. Fischer says the situation demands a person confront it corresponding to who that person feels he/she is, and to "explicitly discover that who he is, what he realizes or fails to realize, and how he comports himself really matters". The descriptions in this study support the latter conclusion but only with respect to the adult experiences described in this study. Note that Fischer conducted his exploration with university undergrads. In those situations where participants were ambushed by their own reactions as children, they would unlikely be confronting it in terms of

who they are or what they “realized and failed to realize”. However, they made social comparisons and concluded at a young age that they conducted themselves differently than their peers. They may have internalized this “difference” in a negative way into their self concepts.

According to Fischer the person is suspended temporarily in confusion and the body intrudes to be paid attention to and understood as part of the experience. During the PSA experience the person’s thoughts may become confused and the body intrudes not only to demand attention but to demand action. Understanding the body’s meaning is debatable since cognitive functions are often overwhelmed by the urgency of the body’s message. The body demands to be heard and immediately responded to. Mainly before and after peak of intensity of the core experience, participants in this study turned their thoughts to understanding the meaning of the experience as a whole.

In the Fischer description, during the experience the person finds him/herself moved to evaluate and condemn the self and then to unreflectively do something to regain control of his/her world. Unreflective attempts to control one’s world, e.g. panic and fighting the self, were described in this study. But in the case of PSA, it isn’t until the core intensity subsides enough for thoughts to coalesce that the person begins their evaluation. The critical moment for regaining control may have passed and corollary feelings of shame and embarrassment emerge.

Fischer doesn’t include intensity in his summary description. Given the descriptions of the intensity of fear in this study, which include words such as “terror” and “panic”, one could argue that the experience of PSA is a special case of anxiety that at its zenith contains elements of a panic attack. The DSM-IV (American Psychological Association [APA], 1994), states that a panic attack is manifested by a sudden onset of intense apprehension, fear or terror accompanied by the kinds of symptoms that were described by participants in this study.

Fischer also does not include anything like the “feedback” loop that appeared in my data: the loss of control of the self results in an increase in feeling vulnerable which in turn increases apprehension, etc.

PSA is also different from general anxiety because its appearance seems to be specifically contingent on one’s perceived relationship with a particular group of people (e.g. recall some participants reacted only in front of adults). The structure and meaning of most participants’ experiences appeared to be essentially unchanged from their first experience until they joined Toastmasters’. After joining Toastmasters’ some have experienced a lessening in the intensity of the experience; for example, rather than experiencing terror they now experience nervousness, however the essential experience and meaning of it does not appear to have changed: their perceived relationship to the group is still critical to their apprehension level and therefore to the success of their speech.

It is significant that several participants used physical harm metaphors to describe the impact of the experience: “blow me out of the water”, “just been hit with a baseball bat”, “I just about died”, “like hitting a wall”, “shoots through me like a bolt of lightening”, because it suggests that participants felt vulnerable to the possibility of harm.

The biggest concerns of the clinical sample in the Hofmann et al., (1995) study about public speaking were bodily symptoms and being impaired by the fear. Participants in this study expressed these two concerns almost unanimously (see the section on the Core Experience).

In the MacIntyre and MacDonald (1998) study about people’s perceptions during a public speaking task, the high CA group’s perceived apprehension decreased as the task progressed. Participants in this study did not report that their apprehension decreased, rather that it remained consistently high. A possible explanation for this might be that the experience is so complex and intense and an apprehensive speaker is so overwhelmed by negative cognitive, emotional and

physical manifestations of PSA, they wouldn't report any decrease in their apprehension level unless they were told specifically to pay attention to it. As previously stated, it appears that participants' core experience was perceived by them as relatively invariable until they joined Toastmasters' and began to work at changing it.

Participants in the MacIntyre and MacDonald study also reported feeling an increase in their competence by the end of the speech. Participants in this study did not report any increase in a feeling of their own competence as the task progressed. As presented both in the Core Experience theme and the Public Speaking Efficacy theme, at the end of their speeches most participants were self critical, disappointed and even angry with themselves.

Participants Describe Themselves

The Ayres and Heuett (1997) study looked at how their participants saw themselves as speakers by asking them to draw themselves in front of an audience. They found that the high CA's drew themselves more negatively and as having less control over their environment than other groups. Although the criteria for coding these drawings was not explained again all participants in this study were self critical and described feeling a loss of control, i.e. being overwhelmed, overcome by the experience and feeling helpless. They compared themselves to others who seemed better able to speak or perform and their self descriptions included how they felt they were somehow different than most people, that they didn't belong or that they were inferior in some way.

Another theme that emerged that was not covered in the literature, is that participants all displayed considerable interest in social involvement, i.e. to be socially involved in and contributing verbally to the world despite their self concepts as shy, quiet, intraverted people. All are seeking social involvement through public speaking in their futures. This piece suggests a possible motive of participants' to resolve their PSA because it impedes their desire to share and communicate with others.

Task Difficulty

All seven participants who contributed to this section, reported that speaking on the spot was harder for them to deal with than if they had time to prepare for a speech. Most participants expressed discomfort and apprehension in the context of a group seminar or staff meeting, where being able to speak on the spot was deemed important. They also found it harder when they had to present their own thoughts, opinions or work. For some, simply having to say anything at all, such as introduce themselves, was intimidating.

In terms of audiences, size appeared to be irrelevant and although participants said strangers made them very nervous, their negative experiences were largely about being negatively evaluated in front of people they knew. A difficult group to speak to was one that could *potentially* negatively evaluate the speaker.

Most common attributions published in Bippus and Daly's factor analysis study (1999) of statements made by 192 undergrads about what caused PSA were fear of making mistakes, being humiliated or being new to the public speaking. Attributions about the causes of PSA made by participants in this study were childhood experiences, environmental and family influences, personality, poor self esteem, self critical thinking and several wondered if it might be something, as yet undiscovered, that is innately wrong with them. These attributions are discussed in depth further on under the section on Coping - Looking Inward. However it may be instructive to compare attributions made in the Bippus et al study with what participants here worried about, i.e. what increased their apprehension and made the task harder. For example, most participants in this study worried about mistakes, but even more so they worried about total failure. Regarding humiliation, three participants here mentioned experiencing ridicule and/or humiliation but overall results here suggest that participants' were largely concerned in a more general way with how the audience were perceiving them and their relationship with the group. They described feeling

generally vulnerable in front of a group, especially if they were presenting their own material or sharing about themselves.

With respect to being new to public speaking, in this study no pattern or theme could be discerned from participants' amount of public speaking experience and corresponding level of apprehension. Length of membership in Toastmasters' did not lead to any insight. Based on these results I suggest that the phenomenon is too complex to be changed merely by gaining experience at the task. Its complexity may be the reason why a comprehensive description of the phenomenon has not been attempted by researchers.

Participants in the Bippus et al study aforementioned, who had more speaking experience were more likely to report that rigid rules for presenting would increase their apprehension than other groups. This aspect was not mentioned at all by participants here, whether experienced or inexperienced. Toastmasters' has strict criteria for what constitutes a good speech which suggests that perhaps highly apprehensive speakers benefit from more rather than less rigid rules for speaking.

McQuillen and Storey, (1993) found that informative feedback, seen in public speaking courses and which one would normally encounter at Toastmasters', increases a speaker's apprehension. Informative feedback was not described by participants in this study prior to their Toastmasters' experiences, although there were several instances of criticism. It might be argued that participants in this study expect to learn how to comfortably accept informative feedback, which would include both the positive and negative, because it is clearly an integral piece of the Toastmasters' program. But as presented in the theme of Task Difficulty, the feedback at Toastmasters' is mediated by several other key factors such as social support, familiarity and trust which factors participants said help reduce their apprehension. The more familiar they were with group members, the easier participants found the task. Some participants mentioned a lessening of

apprehension in an atmosphere in which they could trust their audience to support them thereby feeling safe enough to make mistakes. In addition, it may be that the feedback at Toastmasters' is perceived by participants as informative, rather than critical, when these other factors are present.

It is also worth noting that participants' positive childhood experiences of being in front of people, such as team/group activities, included the common element of social support of school mates. There were several adult experiences described that illustrated the value of a speaker having unconditional support from a member or members of the audience.

One of the concerns of clinical sample in the Hofmann et al study, (1995) was about showing fear to an audience. No one here mentioned that they worried that their fear would show to the audience. Important to these participants was that they not be misunderstood, either emotionally or in what they were trying to communicate. Feeling misunderstood by the group or a group member increased apprehension and affected participant's assessment of the success of their speech. Interruptions, confrontation or criticism, distractions and mishaps also added to their apprehension during a speech. Receiving positive feedback, unconditional social support and empathy for their position as speaker helped foster positive speaking experiences.

In the MacIntyre and MacDonald (1998), their high CA group reported that as the speech progressed the audience appeared to be more congenial. No changes were reported by participants in this study to how they perceived their audience before, during or after the speech. The discrepancy from the literature may be because participants in this study talked about what was most salient to them about each experience – they were not asked to focus on specific aspects of it.

Although only two participants mentioned the positive influence a respectful and sympathetic group leader had on their speaking experiences, i.e. leaders who valued each group member and seemed to understand their trepidation, these comments have implications for the workplace.

Coping with PSA

In the Kondo factor analysis study, (1994) 181 Japanese undergrads were asked what they did to cope with their nervousness when asked to do a speech. Over one third of the participants said they engaged in some sort of positive thinking. The factor positive thinking likely includes bolstering, which several of my participants demonstrated by using statements similar to "I can do this". The next most common strategy, (only slightly less popular than positive thinking), was audience depreciation. This strategy did not appear here. It may be that my participants' keen awareness of the possibility of a negative evaluation from the group would negate any thoughts of audience depreciation. Common strategies used by Kondo's high CA's more than other groups were relaxation, (such as taking deep breaths) and preparation. Techniques for trying to relax also did not appear in my participants' descriptions although several mentioned how important it was to relax in order to give a good speech. Preparation and practice however were talked about by six participants.

Based on the data herein, I propose that preparation may provide the apprehensive speaker with some relief prior to the task for several reasons. It may provide a distraction from the apprehension. It may provide a way for the speaker to feel more secure about making mistakes. It may also help one feel more confident of getting a favourable evaluation from the group. Speaking on the spot with no time to prepare was reported by participants as the most difficult type of public speaking task to conquer, so having notice of having to speak appears to have its advantages. Direct support for the effectiveness of practicing was provided by one participant: her apprehension was eased somewhat if she had practiced so much that she "couldn't possibly forget" her speech. However others said that they would experience such high levels of apprehension that their minds would still go blank regardless of the amount of preparation. Another participant pondered why "after all the public speaking [she's] done", she should need to go to Toastmasters'. One participant

mentioned that her tendency towards perfectionism, (which was a self descriptor for four participants), may have increased her apprehension no matter how much preparation she put into the task. Excessive preparation may actually exacerbate some speakers' worries about doing their speech "perfectly". It would appear from the data here that practice and preparation may be necessary but not sufficient as coping strategies for highly apprehensive people.

A small percentage (6.1%) of all participants in the Kondo study reported the coping strategies of resignation, i.e. not resisting the feelings of apprehension. Participants here were unanimously resolved to "conquer" and "overcome" their anxious feelings. Although the percentage in the Kondo study is not large, there may be differences in how people perceive their control over their feelings. It is also worth reiterating that Beatty's 1988(b) study claimed to support the Yerkes Dodson Law that a "medium" amount of anxiety is necessary for optimal performance and decision making.

The theme of Looking Inward showed seven of the eight participants struggling to make some sense or meaning out of what had happened to them and why, from their first recollection on. Participants engaged in introspection to search for explanations.

First recollections sometimes included descriptions of ridicule or criticism by a group or group leader, but very few: five participants made no reference to the reactions of the group and several weren't afraid at all just before they were to speak or perform. All but two participants said they believed that the fear has no rational basis. Therefore they pondered the possibility of an internal "block", "something missing", an innate "weakness" or inferiority. This perception of being flawed may have resulted in the development of a negative aspects of their self concepts. As the Educational Advisor put it "do you think you're good enough to be in front of other people saying this is what I think."

Another common association participants here made about their PSA was that it is connected to their childhood public speaking or performing experiences. Social learning theory, (e.g. McCroskey, 1977) says that people with PSA would learn it through reinforcement of their communication behaviours as children. The data here that described most participants' early encounters in front of a group doesn't suggest their PSA was necessarily reinforced. However, it may simply be the case that reinforcement of their PSA didn't appear here. Only two participants mentioned that their parents influenced them to be shy, reticent and quiet spoken.

Participants also attributed PSA to environmental and familial influences combined with their shy or introverted temperaments and perfectionism. In the study by Bippus and Daly (1999), personality traits were rated by undergrads as *least* likely to cause PSA, but PSA level was not a consideration in their study. In addition to at least one traumatic childhood experience in front of a group, factors from participants' childhoods that may have influenced how they experienced public speaking included late socialization, moving from school to school, lack of parental support, encouragement, or guidance, parents' expectations and criticisms and the internalization of parents' negative messages. Several participants recognized how focusing too much internally, self critical thinking and overanalyzing themselves increased their apprehension. Several linked their PSA to poor self esteem and overall social anxiety. To conclude, the various attributions made by my participants highlight a strong need for them to understand their PSA.

Until recently all but one participant avoided situations that might require some type of public speaking, unless it was a part of their job. They are now all resolved to overcome PSA and appear to be highly motivated to become good public speakers both for career development and for personal growth and self actualization. Several talked about how finding personal meaning or passion in what they will be saying to their audience helps them. Creating a presentation in which the audience or group members have an active part helped to ease some participants' apprehension;

one participant shifted her role as speaker from performer to teacher which helped her succeed. Other coping strategies included visualizing a positive speaking experience, bolstering and replacing negative self talk with positive feedback, and using humour. These latter strategies may work similarly to desensitization; desensitization works to replace negative feelings with incompatible positive feelings. Lastly, all participants described resolve and took control by joining Toastmasters' which is designed to help them cope through practice, skill building and familiarity with both speaking in front of a group and group evaluation.

Academic and Career Paths

Participants have made varying degrees of progress towards their goals of overcoming their fear and being effective communicators, not only as public speakers, but in social arenas, in groups at work and selling themselves in the world of work. Five described success at applying their experiences at Toastmasters' to other situations, reporting overall improved confidence, higher self esteem and communication efficacy. All still grapple with the core features of PSA from time to time, but five participants reported that the intensity of their PSA is less than it used to be.

As defined in the literature review, PSA can be conceptualized as a career barrier. In terms of choosing work and careers that require little group communication, as seen in the Booth-Butterfield and Thomas study (1995) of secretarial students, participants here (except the Teacher and the Educational Advisor), chose careers in which group communication was minimal and public speaking was not required. However with all but one participant there did not appear to be any perception that PSA was a barrier to them doing the kind of work they wanted to do. An exception could be made in the case of the Volunteer who avoided any academic or career path that would have required that she do public speaking. All participants indicated satisfaction with their career decisions.

PSA did have an effect on specific aspects of the individual participants' academic and career paths. For example, the Teacher described her PSA in terms of not getting community support for her special needs program faster because she did not feel able to go out and solicit it. She speculated that she may have missed job and/or other life opportunities because of it. The Massage Therapist found that PSA was initially a temporary barrier to her personal growth when she decided to do some personal development work, but she now envisions professional public speaking as one of her career goals. The Display Person described his pragmatic approach to his PSA – if he didn't like doing public speaking, it isn't who he is and he wasn't meant to do that in his career. The Educational Advisor took the contrasting view and confronted her fears tirelessly throughout a communications and then a social work degree, refusing to let PSA determine her choices. Although she learned that she didn't want to work "front and center" as a career, she continued to teach adults. She values public speaking as a required skill in today's work world. Similarly, the Systems Network Engineer learned to accept himself as a person who does not necessarily want to do a lot of communicating with others, but he views public speaking as a necessary part of being a successful entrepreneur, as well as an important vehicle for personal growth and expression. He perceives PSA not as a barrier, but as a personal challenge. The Contractor recently decided to change his business focus which will eventually require public speaking but he too indicated satisfaction with his career choices to date. He is optimistic about succeeding in his new business ventures. Lastly, the Sheet Metal Worker is just beginning his career path but he also didn't describe PSA as a barrier. Instead he looks at learning how to speak in public as an exciting challenge. In summary, all participants continue to work on their PSA not necessarily as a barrier, but as a catalyst for personal and professional change.

The study by Ayres and Heuett, (1997) suggested that people who are high CA's are perceived by others to be less assertive and less responsive. Several other authorities found that

behaviours such as silence, reticence, avoidance, quiet spoken and using understatements were often interpreted by others as indicative of low motivation, laziness or lack of ability and are often accompanied by poor evaluations. Participants here didn't talk about their jobs or their relationships at work being directly affected by their communication patterns, however all but one described engaging in some of these behaviours; a few worried that their apprehension might be misconstrued in a negative way. Worries about one's communication style would naturally exacerbate one's apprehension. Similar to the high CA's in the study by Ayres and Heuett participants here indicated dissatisfaction with their ability to express themselves and talk to new people.

Beatty (1988 b) said that faulty decision making can be concomitant with anxiety and concluded that his participants made faulty decisions when they were placed in the stressful position of having to do a speech. He documented participants' apprehension levels and decision making strategies one week prior to a speaking task. The effect of my participants' apprehension on decision making or attending to other tasks did not appear directly in the data here. Participants did describe catastrophizing, ruminating, self criticizing, feeling fear and dread days before an impending task. They depicted a nervous stomach, an overall feeling of "tied up in knots, not being able to eat or drink much and losing sleep. It seems logical to suggest that their ability to concentrate on other tasks might have been affected.

Theories of CA and Anxiety

One of the questions posed in this study was if theories of CA would be reflected in participants' stories. It is interesting to discuss some of the results in the context of theories.

Conditioning theory may explain the data here if one argues that participants' first experience in front of a group was in the presence of an aversive conditioning stimulus. There was no consistent evidence in their first recollections that participants were consciously aware of an

aversive stimulus prior to or during their reactions. However, as revealed in the core experience theme, in all three basic areas of experiencing, i.e. feelings, thoughts and physical reactions were similar to the reactions one would expect if one were in danger. It seems reasonable to say that a perception of the possibility of harm must have been present for participants to react with fear as soon they found themselves in front of the group. Several participants were surprised by their first reactions to being in front of an audience, which may mean that their reaction emerged from a subconscious sensitivity and response to possible danger. It may be that the subconscious interprets the vulnerability of being in front of a group on an instinctive level, as cause for alarm. Once participants had experienced being overwhelmed by the aversive stimulus, conditioning theory would suggest they were conditioned to respond with fear to the possibility of further exposure (Grant & Evans, 1994). Participants' descriptions of the core experience before a subsequent public speaking task support that prediction.

To the extent that participants here avoided public speaking as they were growing up, one might argue that their avoidance was a negatively reinforced response to the stimulus of public speaking. Although efficacy of treatments is beyond the scope of this thesis, treatments found most successful for PSA i.e. types of desensitization (Allen, Hunter & Donohue, 1989), are based on classical conditioning theory. Toastmasters' appears to have helped the participants in this study. Because it lacks the requisite relaxation component, the program at Toastmasters' more closely resembles flooding, a treatment commonly used for phobias that is also based on classical conditioning theory (Grant & Evans, 1994).

Both the genetic explanation and the temperament communibiological model, (Beatty, et al. 1998) attribute CA to inherited traits. Twin studies looked at inherited traits such as shyness and introversion as they correlate with communication behaviours. The temperament communibiological model suggests that one's temperament in social situations is dictated by

neurobiological “wiring” which may explain differences in CA. It is interesting to note that in this study all but one participant characterized him or herself as shy and/or introverted. Five participants described being socially anxious. The dimension of temperament that is associated with childhood fears, their onset and maintenance, is shyness/sociability or intraversion/extraversion; it is based on children’s first responses to novel situations or unfamiliar people (e.g. withholding interaction and withdrawal vs. seeking out novelty and initiating conversation) (Beatty et al, 1998).

Based on their review of the literature on phobias and fears in children, Ollendick, King and Muris, (2002) suggest that not all fears come from individually specific learning experiences, that other factors are present such as the heritability of the phobias and the biological-constitutional factors, such as temperament. Ollendick et al referred to Darwin, who in 1877 wrote that the fears of children that are independent of experiences are not acquired, but must be innate. They conclude that although specific phobias have several determinants, “ in the final analysis, genetic influences, temperamental predispositions, parenting practices and individual conditioning histories converge to occasion the development and maintenance of childhood phobias (p 104). ” Participants in this study provided self characterizations, descriptions of coping strategies and their own theories of their PSA - temperament, childhood trauma and familial influences- which iterate these authors’ conclusions.

Social learning theory says that one learns to be anxious from a perception of being inadequate in front of a group. Research in support showed people with PSA to rate themselves more negatively, expected to be more poorly regarded and expect to perform more poorly than others, (Schlenker & Leary, 1982). As shown in the theme of how participants described themselves, almost all of them criticized themselves and several mentioned that they felt poorly regarded by others because of their PSA. Most compared themselves to others that seemed better at

the task. They described worrying well in advance of the task about failure and indicated poor public speaking efficacy (which improved after joining Toastmasters'). It could be argued that experiencing failure to do the task because of their intense reaction resulted in the quite reasonable conclusion that they indeed were not able to do it. Therefore they might have learned that they were inadequately equipped to do public speaking. However, it is not possible to say if participants were aware of personal inadequacies at their *first* time in front of a group. In fact, several of the participants volunteered and were relaxed, even confident, just prior to the task. This suggests that something else was psychologically in place or occurred prior to or during that first experience.

Ellis' (2003) cognitive-behavioral approach explains PSA under the general class of problems he calls emotional disturbances, and more specifically, discomfort anxiety that he defines as the uncomfortable feelings that result from being anxious about being anxious in a situation that may have been initially traumatizing. Participants here did not describe discomfort anxiety. The Core Experience and Task Difficulty data seem to better fit Ellis' concept of ego anxiety: an emotional tension results when their self worth or life is threatened, they believe that they must either perform well or be approved by others, the situation is catastrophic and along with anxiety, they experience shame. However, the intensity of the phenomenon, that is the horror of it, does not fit with Ellis descriptions of uncomfortable feelings or emotional tension.

Ellis, (1999) suggests that a traumatic experience like those described by participants may lead to the formation of irrational beliefs that reside just below the level of conscious thought. He maintains that these beliefs will continue to re-traumatize people until they are brought into awareness and challenged as irrational, cognitively and behaviourally. In many of their first experiences participants compared themselves to peers who seemed more capable and less afraid and concluded that they might be flawed or weak. Ellis would likely argue that these beliefs were irrational. Based on the data herein, I would argue that these conclusions were quite rational and

reasonable for young children because no other explanation was available to them. Participants here are consciously aware that their beliefs about PSA and their level of fear seem to be irrational. Most have actively challenged their beliefs and challenged themselves behaviourally via social involvement, career and Toastmasters' activities. Over time however their core experiences appear to be relatively unchanged.

Conclusion

The social learning and cognitive-behavioural theories reviewed resonate with various aspects of this phenomenon, but it is my opinion that the temperament communibiological model combined with classical conditioning theory best explain participants' descriptions of the phenomenon, especially its first appearance and its subsequent characteristic self-reinforcing nature.

PSA may be seen as a special case of anxiety possibly originating from a subconscious fear response to feeling vulnerable to harm from a group. When the self starts to lose control, PSA escalates to the point of a state of panic, which impairs cognitive functioning and evokes the flight or fight response. It can be so intense an experience that words may not be sufficient to describe it. However it demands an explanation and because no outward explanation is forthcoming, the person may interpret it as a personal flaw or weakness. In this way the phenomenon inserts itself into one's self concept. Once there, it reasserts, reinforces and even strengthens itself by raising the specter of psychological vulnerability each time a person needs to be in front of a group. It can interfere again with a person's functioning and the person may experience anger at the self for letting the phenomenon win once more. The person again turns inward in disappointment at failing to be a worthwhile member of the group. In this study the phenomenon revealed itself in both speaking and non speaking situations, therefore perhaps PSA stems from a fear of being rejected by the group at the more fundamental level of social survival, or at the very least social belonging.

Participants revealed what PSA meant to them in their lives. Commonalities were the extreme and overwhelming terror of PSA, the apparent irrationality for that level of fear, the desire to explain it, and to that end attributing PSA to their childhood experiences, environment and possibly an internal weakness or difference. A task could be made easier by speaking to a familiar supportive group that they trusted. Based on the data herein, I believe that coping strategies developed out of a desire to understand and to control the experience as well as to be accepted and understood by the group. This group of participants also displayed the perhaps unique desire for personal growth and self actualization. Coping strategies described were preparation and practice, skill building, finding meaning and purpose in both the experience and in one's message to the group and internalizing positive speaking experiences. As many participants' PSA decreased and they gained regular exposure to public speaking tasks, some reported an overall improvement in social confidence, self esteem and communication ability in other areas of their lives.

Implications for counselling

Participants all began their history with PSA in their early youth. Their first encounters set a precedent for subsequent experiencing. Regardless of whether they volunteered or had no choice, whether speaking was a part of it or not, whether they were confident and relaxed just before or not, and whether they experienced overt ridicule and criticism or not, they all appeared to go through a similar core experience. However, individual characterizations of the core experience did not always include all three components of human functioning, i.e. thoughts, feelings and physical manifestations of PSA. Helping a client realize the most salient aspects of the experience could lead to client insight about the self and how it is connected to his/her PSA. For example in the case of the Massage Therapist, she recalled almost exclusively her physical symptoms and was not able to use her voice at all in front of others without bursting into tears. As a child, she was taught to silence both her inner and outer voice. Her self discovery journey led her to awareness of her

emotions and her inner voice, but in that process she found she could not access her outer voice – she would burst into tears in front of a group. Learning to value her strengths and to “speak from the heart” helped her eventually use her outer voice to express her inner voice with confidence. She is now considering becoming a professional public speaker and motivator. Another example was the Contractor who focused almost exclusively on what he is thinking and feeling when he is in front of a group, while relatively unaware of his physical responses. A counsellor could explore with such a client, the meaning of that characteristic of his experience.

For three participants, some of their experiences were so traumatic they blocked out all or parts of them from memory. Based on these and other findings herein, one could argue that the first core experiences of participants contained elements of psychological trauma. The DSM-IV criteria for defining a traumatic event includes one that might cause harm to a person and results in a response of “intense fear, helplessness, or horror” (APA, 1994, p. 428). Working through that experience with clients is a place to begin helping them gain insight into their early experiences. All but one participant expressed the need to understand why they react with PSA and several made attributions about it to their childhood. Counsellors wanting to help their clients understand how these experiences are connected to subsequent public speaking and performing difficulties could facilitate exploration of childhood memories and clients’ ideas about the origins of their apprehension.

Participants struggled with the apparent irrationality of the phenomenon, i.e. that there appears to be no logical reason for such extreme reactions when there is no “real” danger or possibility of harm. Participants also compared themselves to others who could manage the task and as a result they could only attribute their PSA to some innate internal difference, inferiority or weakness. This early childhood attribution likely impacted their self concept and self esteem, making it difficult for them to feel adequate in almost any group situation. Clients may begin to

improve their self concept if they can accept PSA as a normal response to a traumatic situation and not indicative of a personal flaw or weakness.

To my knowledge PSA has not been described to include the elements it has in common with panic attacks. From a counselling perspective, interventions developed to help people cope with panic attacks might be useful for persons suffering from PSA.

My personal counselling philosophy is grounded in part in cognitive-behavioural theory of human functioning. A counsellor taking a cognitive-behavioural approach to helping might want to look at maladaptive thinking and beliefs. For example, participants' "all or nothing" belief that they need to be relaxed to give a good speech and expecting that they can eliminate all apprehension may be unrealistic. As mentioned in my literature review, Beatty claimed that he illustrated the Yerkes Dodson law that a "medium" amount of anxiety is necessary for optimal performance (Beatty, 1988 b). Clients could be encouraged to accept some apprehension as a useful part of the public speaking experience thereby opening up space for their focus to turn elsewhere.

Several participants catastrophized about failure and engaged in self criticisms that reinforced their negative self concepts and poor speaking efficacy. Recall that one participant said "I already had a preconceived notion that I wasn't going to pull it off. It is important to recognize that the meaning of participants' recollections of each public speaking or performing experience is what they carry with them into the next task and into other social communication situations. I recommend that counsellors facilitate exploration of the meaning public speaking experiences have in terms of a client's self concept.

Recall that one participant shifted her perception of herself as performer to teacher, which increased the value of what she shares with her audiences, and lessened her apprehension. Adopting the perspective of the role of teacher as opposed to performer via role plays might help change a client's perspective, and ultimately self concept, as a public speaker.

Other areas to explore are what are the client's perceptions about their audience? What can the client control and not control? How much responsibility do they assume for the audience's reaction? Participants in this study described feeling that all group members were exclusively and unrelentingly focussed on them and that they were vulnerable to audience negative evaluation. Several participants exhibited a keen awareness of how their audience was experiencing them. Their acute sensitivity to an audience or group could be reframed in the positive, to enhance their public speaking abilities. It may be helpful to know how much a client values the audience's opinion of him/her.

Participants said that they found it harder to speak if they had to present their own material, work or opinions. This speaks to how much they value themselves as being able to contribute to others' knowledge and understanding. Counsellors can help clients build their self esteem by exploring strengths and validating client perceptions and experiences. For example, getting up in front of people at all, in the face of their PSA, indicates considerable courage. Any public speaking experiences that were navigated by clients could be used as the basis for strength challenges. Specific speaking tasks can be explored in terms of what went right instead of what went wrong. It is my opinion that the value of a strength challenge intervention with respect to PSA can not be overstated: Recall the Systems Network Engineer had many times experienced paralyzing fear but simply via our interview process, he recalled a successful speaking experience which validated his efficacy and strengthened his resolve.

Counsellors can help a client reframe coping strategies, such as avoidance, as adaptive (wanting to protect the self from harm) as opposed to weak or cowardly. Recall that one participant accepted his choices to avoid public speaking as how he prefers to deal with threatening situations. In fact all negative coping strategies described by participants could be reframed to focus on what the client has done that worked best for him/her at the time.

Assertiveness training could also be considered. Our culture traditionally values assertiveness, especially in the world of work, however assertiveness does not have to exclude shy, less extraverted people who have a quiet spoken, reserved or cautious communication style as these participants described. Clients could be encouraged to accept their personal style of communicating as thoughtful, careful and considerate of others and still learn to assert themselves.

It is noteworthy that participants in this study reported an increase in their assertive behaviours, as well as increased confidence, because of their work at Toastmasters'. To reiterate, for these participants there seems to be a link between PSA, self concept and self esteem, and verbal communication in other situations.

Some participants indicated that their PSA held them back from achieving their social involvement goals. Counsellors might want to explore social involvement desires and goals in the context of a client's PSA. Concomitant social anxiety and/or CA may also be important issues for a client.

In terms of PSA as a career barrier, a counsellor should ascertain if the client perceives PSA as such. That belief will set the stage for the direction of treatment. For example if a client does not perceive it as such or believes he/she can learn to navigate it, I recommend that skills training and practice may be concurrently undertaken along with cognitive-behavioural therapy. If a client perceives it as a barrier, I would recommend the client spend some time exploring fundamental issues of PSA, its possible origins and its effect on the client's self concept and self esteem, prior to taking on public speaking tasks. The rationale for this approach is that the core experience seems to re-occur and reinforce itself until the speaker experiences some cognitive changes with respect to its essential meaning.

Implications for the Workplace

As stated in the introduction, short term written work contracts are replacing the implicit long term psychological contract of exchanging job security for loyalty to a company. The result is that people now need to sell themselves and negotiate their position in the working world regularly.

Organizations have been experiencing considerable structural flux in the last ten or more years through downsizings, mergers and restructurings so employees are faced with adapting to new coworkers and new ways of working, such as in teams.

I have proposed that the ability of people to be adept at working as part of a team, speaking out in groups, doing presentations, selling themselves as they negotiate work contracts is necessary to succeed in the new world of work. One of the main reasons for this study was to see how the experiences of highly apprehensive people might help us understand the dilemma of the apprehensive person who is faced with changing job requirements and/or work environments.

Participants in this study not only struggled with PSA their whole lives, but most indicated dissatisfaction with their ability to express themselves and talk to new people. Several indicated apprehension in unfamiliar social situations and as a result they tended to either avoid the situation altogether or withdraw in silence. However participants expressed a strong desire to be socially involved, to socially contribute to the world.

Factors that seemed to help participants in this study with speaking in front of groups were familiarity with group members, positive feedback, social support and trust that they would not be rejected because of their apprehension and/or if they made mistakes.

These findings have implications for organizations who want to assist the apprehensive employee to cope with changes and help him/her become more productive. One suggestion is that employees be given regular opportunities to become socially familiar with managers and coworkers. Another is that trust be encouraged within groups via clear confidentiality parameters in staff and

group meetings. Regular opportunities for groups members to share their views with others as well as an understanding, respectful group leader may also help the apprehensive employee begin to express themselves more freely without fear of sanction

As mentioned earlier in the discussion, people with high PSA and CA may be judged negatively by others in the workplace. Supervisors and team leaders could be educated about incorrect attributions and assumptions about the meaning of an apprehensive employee's avoidance and withdrawal behaviours, as well as how PSA can get in the way of an employee's contribution to the team. An apprehensive employee could become an unexpected source of creativity and productivity, similar to participants here who, through their desire for social involvement and resolve to work on their PSA, are realizing and capitalizing on their potential. Since they have taken the steps to work on their PSA, many have been more socially involved and more able to share their ideas, resources and talents with others.

It may be in the best interests of an organization to consider how to help employees with PSA because of the effect that apprehension may have on decision making. If they knew they had to speak in front of a group, participants' in this study described high apprehension and the accompanying physical afflictions such as being "tied up in knots", days prior to the event. It is reasonable to expect that the quality of the apprehensive employee's decisions and other work related tasks would be less than optimal. It also seems likely that productivity would decrease if an apprehensive employee was worrying and ruminating about the dreaded task or meetings. In house programs to assist workers' cope could include public speaking workshops that address issues of apprehension.

Several participants here also linked their PSA to their lack of confidence in job interviews and other communication situations in which they needed to sell themselves. Employability programs offered by an organization could include public speaking workshops and/or counselling to

assist the apprehensive person with coping with the increasing demand of employers for competent public speaking skills as well as the apprehension associated with marketing oneself.

Strengths and Limitations

Phenomenological studies of this nature do not claim representative samples to address the issue of generalizability to populations. However in order to get as much variety and as diverse and rich a data set as possible, I recruited four female and four male participants ranging in age from 21 to 55, with different education, work and career experiences, and different amounts of speaking in front of groups (see Table 1, p. 34). A limitation is that participants are from a culturally homogeneous group: all are Euro-Canadians. Researchers have found cultural differences to exist in theory and treatment approaches to anxiety, so in addition to its lack of generalizability due to the sample, this study's findings should be cautiously considered when studying people from other cultures.

The methodology employed resulted in the emergence of a phenomenon that has a broader focus than public speaking alone, which could be considered a limitation of this study. It may be argued based on the definition of PSA presented at the beginning of this thesis, that the analysis herein should not have included the non speaking experiences of participants' and is therefore a limitation. The phenomenological methodology required that my interview questions be general and open to participants' range of experiences. I chose to begin by asking participants about their experiences of speaking and performing in front of people, which included non speaking performing as well as speaking. I reasoned that by doing so, something setting the experience of public speaking apart from being in front of a group for any other reason, might emerge but it did not. Although participants freely related many of their experiences with their PSA and CA at social gatherings and in other scenarios, I could not detect distinctions between speaking and non speaking core experiences. I suggest taking this approach may be considered a strength because results

highlight not only the complexity of the PSA phenomenon but its relationship to other experiences of being in front of a group. This relationship has implications for counselling, the workplace and future research which are presented below.

In attempting to bracket my knowledge and assumptions as described Chapter 3, I was aware of any possible reactive bias (Palys, 1997) by which I might influence participants, in the form of cues coming from myself during the interview process. For example, I hold a theoretical bias about how to cope with PSA. I am of the opinion that we have no power to control the fear of public speaking, (although we may be able to control our thoughts and behaviours which may in turn affect our emotional experience of the fear). Most interventions attempt to help people overcome their emotions of fear and anxiety. Toastmasters tackle the problem with practice and presentation skills, the purpose of which is to help gain some control over the fear. I do not believe that the fear is maladaptive or that it can or should be controlled. I agree with some scholars and practitioners that accepting the fear as natural and instructive and using the arousal to achieve one's goals is an effective way to cope with the anxious feelings (Ishiyama, 2000). I was aware of this personal bias and I believe I was consistently vigilant about remaining non-reactive and open to any explanations, theories and remedies participants talked about in the interviews. My assertion is supported by the data here that show participants freely offering their opinions and beliefs about PSA to me, however there is no absolute way to be sure some subtle influences by me were not present.

My participants were recruited from Toastmasters' International and as the data showed, they have been and are all highly motivated to take steps in order to deal with their PSA. Results, for example the coping strategies, may not be applicable to those who are lacking the motivation or the resolve to tackle the problem in the same manner as these participants.

One of the main themes that emerged was participants' need to find an explanation for their PSA. That desire may have motivated them to volunteer for this study in the hopes of gaining further insight into the problem, so the theme of Looking Inward may be a result of volunteer bias.

It is important to acknowledge the fallibility of human memory because in this study we are of course relying on the salience of memories to inform our knowledge of participants' experiences. However, the data shows that the parts of the phenomenon of PSA that are most salient carry a special value in terms of their meaning and how they connect to influence a person's life. A strength of this study is that it revealed a holistic picture of PSA as situated in the context of the perspective of eight individuals. Researchers disagree on both the underlying mechanisms of the phenomenon as well as the effectiveness of various treatments. In my opinion the data herein has certainly given rise to more questions than answers, but the intended purpose of the study was to present the phenomenon as a whole so that new associations and ideas could emerge.

Lastly, a strength of this study is that descriptions herein include PSA from its first appearance in the life of a participant through to varying degrees of resolution for each, which provides a more comprehensive picture of its influence across a participant's life than if I had approached PSA from the start of a participant's career path.

Future Research

Firstly some of the limitations of this study could be directions for further research. Other Toastmasters' with high PSA scores could be interviewed to see if similar or different themes emerge to replicate, challenge or extend these results. Participants not members of Toastmasters' should be interviewed using similar parameters to see if and how these participants are unique, particularly since employees in the workplace who struggle regularly with PSA may be at a serious disadvantage and not have the resources, internal or external, to do anything about it. The effect of

culture on the experience of PSA in the workplace needs investigating, particularly with respect to cross-cultural adaptation and acculturation in the workplace.

Numerous quantitative studies have compared high PSA's with low and moderate PSA's, but to my knowledge none have been attempted to study low and moderately apprehensive people phenomenologically.

Most participants described their thoughts, feelings and physical sensations in the core experience, however one participant was not aware of any physical aspects other than a general tension - he focused mainly on his thoughts. Another participant was not aware of feeling or thinking, describing a primary awareness of her physical reactions. These two participants illustrate individual differences in experiencing that suggest that further study be conducted on speaker awareness.

Exploratory investigation of the effect of PSA on workplace activities like decision making and other tasks that require concentration and/or creativity would deepen our understanding of the phenomenon and increase employers' awareness of the difficulties an apprehensive employee might face in any situation where speaking in front of a group is required.

PSA was not perceived by most participants in this study as a career barrier. Rather its meaning in terms of academics and career was interpreted differently by each. At some point, they all started to see conquering their PSA as a personal challenge that could lead to personal and vocational success. Current research suggests PSA could be a career barrier for high CA's, so a research question could be about the differences between those who perceive PSA as a barrier and those who don't.

Although participants characterized themselves as shy, quiet and introverted, they revealed a strong desire for the type of social involvement that ultimately led them to trying to resolving their PSA problem. This apparent contradiction between a shy temperament and desire to be in front of

people could be explored. People's motivation for wanting to tackle their PSA as a personal challenge may be another avenue of study because it could have implications for helping people who are shy or who have negative self concepts but have a strong desire to be socially involved, and to share their knowledge and opinions with others. I also wonder how participants' self concept as socially anxious and/or perfectionist are in some way involved in the PSA phenomenon.

Another avenue of research could be investigating the phenomenon of the relationship between audience and speaker that is suggested by these results. One application of such research could be in the context of the workplace when workers are faced with an unfamiliar audience such as in a downsized or restructured organization, non supportive co-workers or a work atmosphere that lacks group cohesion or trust. Understanding the apprehensive speaker-audience relationship and the perspective of the apprehensive employee could assist leaders in facilitating more employees to contribute to group discussions, team activities, etc. In addition, desirable leadership qualities are well researched but don't to my knowledge consider the effect of leadership style on the apprehensive employee in a group communication situation.

One of the most important things participants wanted to me to know was their need to understand why they have PSA, what its causes are: they believe that if they can understand it perhaps they can control or fix it. Recall that for some participants the core experience of PSA appeared in situations where no speaking was required. More work needs to be done on specific experiences of being in front of a group with and without verbal communication. I have suggested that the essential fear might live in a person's unconscious but the origin and mechanisms of the phenomenon clearly requires further investigation.

Researchers have largely studied PSA components and factors quantitatively, but there seems to be little consensus about what it is and how it works as a whole. To my knowledge no one

has attempted a grounded theory approach to PSA which might provide a more integrated explanation of the phenomenon.

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Appendix A – Interview Procedures

90 minutes

The participant will be phoned according to the information he or she provided on the sign up sheet and will be given a six question measure called the Personal Report of Public Speaking Apprehension (PRPSA). Attached as Appendix D is the PRPSA - the directions and statements that will be read by the co-investigator to each participant. The co-investigator will immediately score the responses and give the participant his or her score as well as how the score compares with population scores. If the participant scores 24 or higher, they will be asked for a convenient time and place to meet to be interviewed in person by the co-investigator.

An interview will be conducted by the co-investigator with each of eight participants in the following manner:

After reiterating the purpose of the study, procedures, confidentiality and obtaining informed consent, obtaining some demographic information (see Appendix D), the co-investigator asked each participant the following questions as necessary:

1. What are your first memories of speaking or performing in front of people?
2. Please describe your subsequent experiences of being in front of a group.
3. Please tell me about your academic and work experiences to date.
4. What do you see happening in your career in the future? What will your career look like?
5. Tell me the most important thing you think I should know to help me understand your experience of public speaking.

Each participant will then be thanked for their participation and valuable contribution and offered a copy of the final results of the study when completed.

5 minutes

After the initial analysis of transcript data, a follow-up phone interview was conducted with each participant at his or her convenience to clarify, confirm information and interpretation of the primary interview and to add any additional information the participant thinks should be included.

Appendix B

Personal Report of Public Speaking Apprehension (McCroskey, 1978)

5 minutes

PRPSA Items Used to Measure PSA used Beatty & Valencic (2000):

Note that three items are reversed to minimize response bias

Directions: This instrument is composed of six statements concerning your communication in front of other people. Please indicate the degree to which each statement applies to you by marking whether you (1) Strongly Disagree, (2) Disagree, (3) Are Undecided, (4) Agree, or (5) Strongly Agree with each statement. There are no right or wrong answers. Work quickly, just record your first impression.

1. I have no fear of giving a speech
2. Certain parts of my body feel very tense and rigid when I give a speech
3. While giving a speech I get so nervous I forget facts I really know
4. I feel very relaxed while giving a speech
5. My thoughts become very confused and jumbled when I am giving a speech
6. I face the prospect of giving a speech with confidence

Scaling: participants rate each statement as it applies to them

Scoring: Scores are calculated by adding the Likert-type score from each of the 6 items. The values of items 1, 4 and 6 are reversed. Totals will range from 6 to 30. Based on data drawn from over 25,000 students in 52 colleges and universities a score of 12 or below designates a person as being in the low public speaking apprehensive group, from 13 to 23 in the moderately apprehensive group and from 24 to 30 in the highly apprehensive group (McCroskey, 1984).

Appendix C

Participant Number Assigned: P#

Demographics Questionnaire:

Name: (blacked out once interviews completed)

Gender:

Age:

Occupation:

Length of work experience:

Educational:

Marital Status

Family Status

Appendix E

The Most Important Thing

The following descriptions are summaries of what each participant thought was most important to know about their PSA.

The Teacher said she thinks her PSA and social anxiety are partly a result of her self concept development: "It comes down to my childhood", moving a lot and missing out on socializing with other children. She also attributes her PSA to her self conscious nature and tendency to become anxious by focussing inwards and withdrawing in a social situation. She suggested that "acceptance of yourself and not being your own worst enemy", i.e. engaging in self criticisms, is the way to increased confidence and overcoming the apprehension. She believes that if a "counsellor or somebody in [her] life earlier" had helped her understand and cope with her anxieties and shyness, it would have made a difference. She incorporates her philosophy about self concept development into her work with special needs children.

The Volunteer emphasized that the terror of public speaking is indescribable. She believes that her level of fear is not the same as most people who experience normal trepidation. She stressed how having to "put yourself in everyone's view" effected her "whole body" and overwhelmed her with fear. Another important message from this participant was that she doesn't understand the apparent irrationality of the fear, knowing that she is not in danger of being harmed by the audience. She said that "[PSA] has been way in the forefront all my life. My life has sort of been directed because I don't want to speak in public." She suggested that people who have social anxiety and PSA would benefit from having others refrain from rescuing them from situations in which they need to "get out there" and communicate.

The Display Person believes that children need to know how to be comfortable in front of people in order to be confident in any career they choose. He suggested that children would benefit

if they had more experience with public speaking at an early age and that it should be introduced into school curriculums.

The Educational Advisor emphasized the association between fear of speaking in public and poor self esteem. She stressed that good self esteem, is necessary to weather the social evaluation inherent in public speaking situations because, "It's not just public speaking, it's a lot of things, it's taking risks [such as] confronting who you are and how you feel about who you are and do you think you're good enough to be in front of other people saying this is what I think". Children require encouragement, support and guidance so they will have a solid esteem foundation to cope with possible audience criticism, as well as other stressors in life. Also, in order to succeed in today's work environment, people need to be able to speak in public, presenting or at staff meetings. Lastly, this participant expressed her frustration at still struggling with PSA after her years of public speaking experience in various contexts.

The Sheet Metal Worker said the most important thing he believes about his PSA is that he needs to figure out what he hasn't got that others seem to have and that he knows if he can figure it out or learn how to speak in public, he will do it well: "there is something missing- like I can do it, I know I can, but I just can't right now and I don't know why. There is something missing and I want to find out what it is."

The Massage Therapist's said the most important thing to her was that her extreme physical reactions were not connected in a conscious way to thoughts about audience evaluation or to efficacy, "it didn't, live as a conscious fear thing in my head". She said "the biggest thing that affected me was the physical reaction that I got." This participant also reiterated her coping strategy, which she invokes whenever she starts feeling nervous again, of changing her role from performer to teacher.

The Systems Network Engineer, like several other participants, wanted to stress the physical aspect of the phenomenon as extremely intense and “the terror behind it” as something irrational. He also expressed a strong need to figure it out. He said “anything irrational frightens me, so I don’t get it, I can’t control it, I don’t know why”.

The Contractor emphasized that the messages he heard about himself as a child became a part of his “weak” self concept and that his problems with social anxiety and PSA stem from his belief in those messages. He also stressed that he believes it is up to him to take charge and help himself, which he has been doing. - he is interested in his own psychological mechanisms and stressed that he learns about himself by reading and listening to self help tapes and programs.