The Effect of Behavior-Focused Self-Instructional Training on State and Trait Speech Anxiety.

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Introduction: Several studies indicated that self-instructional training (SIT) was effective for alleviating speech anxiety, but its effect was insufficient (e.g., Hayes & Marshall, 1984). The content of self-statements determines the effect of SIT, but the focus of self-statements constituting SIT for speech anxiety was indistinct in previous study. Ito et al. (2000) indicated that SIT consisting of self-statements focusing on behavior improved shyness rapidly. Considering the similarity between shyness and speech anxiety, this study examined the effect of behavior focused SIT to alleviate speech anxiety.

Method: Seventeen undergraduate students who showed an average level of speech anxiety were screened by using the scores of the Cognitive-Behavioral-Emotional-Speech Anxiety Scale (CBES; Miyamae, 1996) and the Japanese Version of Social Interaction Anxiety Scale (J-SIAS; Kanai et al., 2004). They were randomly assigned to either SIT group or control group. SIT group had homework of telling behavior focused self-statements to themselves seven times in 2 weeks. Participants in both groups had a 3-minute speech task in front of two persons before and after the treatment. The measurements to assess the effect of treatment consisted of the state and trait scales of speech anxiety and social anxiety. The trait scales were: ①the CBES, ②the J-SIAS, ③the Japanese Version of Social Phobia Scale (Kanai et al., 2004), and ④the Short Form of Fear of Negative Evaluation Scale (Sasagawa et al., 2004). The state scales were: ①the State-Trait Anxiety Scale S-Form (STAY-S; Hidano et al., 2000) and ②the Behavior Checklist (BC) consisting of 15 items. Each participant completed trait scales at the pretest, posttest, and 3 months follow-up test. Each participant completed STAY-S just before both speech tasks, and the audience completed BC just after both speech tasks.

Results: Analysis of variance (ANOVA) revealed that there were no significant interactions on any of the scales. On the other hand, there was a significant interaction on STAY-S ($p=.05$). Univariate ANOVA indicated that SIT group significantly improved on the score of the STAI-S ($p<.05$), but control group didn't. The interactions on 4 items of the BC approached significant ($p<.10$). Univariate ANOVA indicated that SIT group improved the clearness of pronunciations, decreased the amount of noises and inappropriate smiles, but control group increased trembling (all $p<.05$).

Discussion: behavior focused SIT alleviated state speech anxiety (subjective rating of anxiety mood and objective rating of anxiety related behavior), but not trait speech anxiety. Behavior focused SIT would be promising because of the effectiveness on state speech anxiety, but the cause of unalleviation in trait speech anxiety needed careful discussion. One reason for this may be the floor effect. To investigate this possibility, it is necessary to examine if this program got participants with high speech anxiety to alleviate their trait speech anxiety. Another reason may be insufficiency of the effect of this program. The effort to improve effect size of this program is needed. The authors will examine the cognitive change leading to alleviation of state speech anxiety elsewhere. We hope this examination will contribute to the improvement of the effect size of SIT for speech anxiety and social anxiety.

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