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The relationship of self-talk frequency to communication apprehension and public speaking anxiety

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ABSTRACT

This research examines how self-talk is related to the nature and prevalence of communication apprehension and public speaking anxiety. In Study 1, we examined the relationship between general communication apprehension (CA) and the frequency and nature of general self-talk. Results showed that higher CA scores were associated with more frequent self-critical self-talk than lower CA scores. In Study 2, we examined how self-talk pertaining to the preparation for an upcoming speech related to public speaking anxiety. Results showed that self-critical and social-assessing self-talk were positively related to people's anxiety scores, whereas self-reinforcing self-talk was negatively associated with their anxiety. Implications of these results for the management of public speaking anxiety are discussed.

1. Introduction

Feeling anxious about speaking in public is a common experience for many individuals. Stein, Walker, and Forde (1996) found that as many as one-third of a large community sample reported excessive public speaking anxiety. The prevalence of communication apprehension (CA) is also similar across a wide variety of cultures (e.g., Hassall, Joyce, Ottewill, Arquero, & Donoso, 2000). While CA refers to an individual's level of fear or anxiety associated with either real or anticipated communication (McCroskey, 1977), public speaking anxiety (PSA) is a specific subtype of CA. Bodie (2010) defined PSA as "a situation specific social anxiety that arises from the real or anticipated enactment of an oral presentation" (p. 72). Compared to low PSA individuals, researchers find that high PSA people are more likely to demonstrate maladaptive behaviors, such as shaking knees, quivering voice, and being at a loss for words during public presentations (Beatty, 1988) and to have erroneous or exaggerated cognitions (e.g., "I'll appear incompetent") in response to an expected or actual presentation (Daly, McCroskey, Ayres, Hopf, & Ayres, 1997).

A major emphasis of prior research has been directed to the important relationship between people's cognitive resources and CA/PSA. For example, researchers have investigated how speakers' PSA experiences during the speech preparation and delivery stages are related to positive and negative thought content (e.g., Edwards, Rapee, & Franklin, 2003) as well as task-related, self-confidence, and audience response cognitions (e.g., Cho, Smits, & Telch, 2004; Daly, Vangelisti, & Weber, 1995). Past research suggests that excessive anxiety negatively affects people's normal ability to manage their experiences through cognitive processing. As Bishop (2007) explained, threat-related cognitions can overwhelm a person's ability to process experiences in non-threatening ways. For example, Cho et al. (2004) found that fear of an audience's negative evaluations and predictions of poor performance are the two underlying cognitive factors that give rise to communication anxiety. In the current research, we propose that there are other research questions related to the cognitive aspects of PSA that deserve attention.

Instead of studying people's general thought content, we propose to focus on theoretically distinct self-talk dimensions to examine how multiple (potentially conflicting) cognitive appraisals are related to people's CA and PSA levels. By examining individual differences in people's self-talk, the present studies seek to clarify whether and how certain types of self-talk are related to the experience and management of CA and PSA.

In a set of two studies, we examine people's general and situation specific self-talk patterns in relation to CA and PSA. As no prior research has explicitly examined the full range of self-talk typologies in relation to CA, we first examine the association between people's general self-talk patterns and their overall CA levels in Study 1. Next, in Study 2, we examine how context-specific self-talk relates to people's PSA as they prepare for delivering a speech. Finally, we discuss the major implications of the findings from these two studies for public speaking anxiety and its management.

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1.1. The nature and functions of self-talk

Self-talk is defined as a silent or vocalized dialog with one's own self (Vocate, 1994). By addressing oneself as a communicative object, self-talk plays a critical role in the self-regulation process, including functions such as monitoring and controlling behavior (Carver & Scheier, 1998; Mischel, Cantor, & Feldman, 1996), enhancing intentional focus (Hatzigeorgiadis, 2006), and increasing confidence (Theodorakis, Hatzigeorgiadis, & Chroni, 2008). Researchers have long recognized that self-talk functions as a platform for observing, monitoring, and directing one's own behavior (Winsler, Fernyhough, & Montero, 2009).

Indeed, Brinthaupt, Hein, and Kramer (2009) noted that self-talk is related to people's behavioral regulation in multiple ways. For example, Reichl, Schneider, and Spinath (2013) found that loneliness was positively correlated with self-talk frequency. Chen, Rapee, and Abbott (2013) reported that individuals with social anxiety show higher levels of rumination and negative self-evaluations following social interactions than do those with low anxiety. Alternatively, higher rather than lower levels of mental simulations, such as imagining what could go wrong or focusing on concrete actions or steps to take, are associated with more adaptive planning, task preparation, and performance (e.g., Spencer & Norem, 1996; Watkins & Baracaia, 2002).

Based on a series of six studies, Brinthaupt et al. (2009) identified four main functions of self-talk in adults, measured by the Self-Talk Scale (STS). First, people talk to themselves when they feel discouraged about something they have said or done. This function is labeled *self-criticism*. Second, people may talk to themselves when they feel proud when something good has happened to them. This type of self-talk is labeled *self-reinforcement*. Third, people talk to themselves when they need to figure out what they should do or say (*self-management*). Fourth, people use self-talk when they examine how other people respond to things they have said or want to replay something they have said to another person (*social-assessment*).

2. Study 1: self-talk and communication apprehension

Communication apprehension (CA) is defined as "an individual's level of fear or anxiety associated with either real or anticipated communication with another person or persons" (McCroskey, 1977, p. 78). This broad conceptualization of anxiety includes a variety of social settings and activities, including interpersonal interactions, meetings, small group activities, and public speaking. Research shows that CA is positively associated with general anxiety and external locus of control and negatively associated with self-esteem, emotional maturity, self-control, and need for achievement (McCroskey & Beatty, 1984).

Although no prior research has explicitly examined how different types of self-talk are related to communication apprehension, researchers have documented that highly anxious individuals tend to focus on their weaknesses and deficiencies (e.g., Clark & Beck, 2010). Certain types of self-talk should reflect less success at managing one's emotional experiences. For example, Cho et al. (2004) and Ayres (1992) found that self-critical self-talk tends to be positively related to anxiety about speaking. If this is the case, then self-critical self-talk should be positively related to CA (Hypothesis 1).

In addition, high CA individuals have a more difficult time than low CA people when it comes to managing and controlling the negative aspects of their communication apprehension (e.g., McCroskey & Beatty, 1984). If this is the case, the frequency of self-reinforcing self-talk should be negatively associated with CA scores, assuming that anxiety-provoking experiences will overshadow the occurrence of more positive events that would be associated with self-reinforcement (Hypothesis 2).

Regarding the role of self-managing self-talk, Clark and Beck's (2010) anxiety management model suggests that this type of self-talk involves problem-solving thinking which can help to reduce anxiety. People who engage in more frequent self-managing self-talk in their daily lives would be expected to experience less apprehension across communication contexts (Hypothesis 3).

Because communication typically involves social interactions and feedback, those with high CA should be more attentive to the social implications of their communication activities (e.g., Edwards et al., 2003; Stein et al., 1996) than those with low CA. Therefore, thinking about future interactions, as well as the tendency to replay previous social interactions, should be positively associated with CA scores (Hypothesis 4).

2.1. Method

2.1.1. Participants

Participants were 209 undergraduate students (120 women, 89 men) from a large southeastern U.S. public university, who were enrolled in a lower-division, public speaking course. The course is required for all university students as part of the generation education credits. Participants' mean age was 20.10 years (SD = 3.46; range: 18–44). With respect to ethnicity, 62% were Caucasian, 27% African-American, 4% Hispanic, and 3% Asian, with 4% indicating "other." Students received extra credit points for their participation.

2.1.2. Procedure

The investigators received their institution's IRB approval prior to data collection. The data collection was conducted at the beginning of the semester, when students were about to give their first speech. A few days after a speech topic was assigned, nine classes were randomly selected out of a total of 94 sections. All of the contacted instructors agreed to let their students complete the survey on a voluntary basis. The instructors received a survey packet and let their students complete the survey at a convenient time during their next class period. Prior to starting the survey, participants were reminded of the voluntary and anonymous nature of their participation. Instructors indicated that students had the option for a different activity for the same extra credit if they chose; however, all students present in the classes during the day of testing completed the survey. Next, participants completed the self-talk and communication apprehension measures. The order of these two measures was randomized across participants. Following the two measures, participants indicated their sex, age, and race/ethnicity on a brief demographic questionnaire.

2.1.3. Measures

2.1.3.1. Self-Talk Scale (STS). Brinthaupt et al.'s (2009) STS was used to assess how frequently people talk to themselves across four distinct dimensions: (1) *self-criticism* (e.g., "something bad has happened to me"), (2) *self-reinforcement* (e.g., "I'm proud of something I've done"), (3) *self-management* (e.g., "I need to figure out what I should do or say"), and (4) *social-assessment* (e.g., "I try to anticipate what someone will say and how I'll respond to him or her"). The STS consists of 16 items (4 items per dimension) rated on a 5-point scale (1 = *never*, 5 = *very often*). Each STS item begins with the statement "I talk to myself when. . ." Higher scores indicate more frequent self-talk. Subscale scores can range from 4 to 20, with total STS scores ranging from 16 to 80. Brinthaupt et al. (2009) provide evidence for the reliability and validity of the STS. In the current sample, internal consistency values were acceptable for the STS overall and subscale scores, ranging between .78 and .92.