

Management of Stage Phobia with Behaviour Modification Techniques: A Study

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Abstract: *The study was purposely conducted to find out the level of Stage phobia and efficacy of behavior modification techniques for school students to reduce Stage Phobia. The Sixty school Students of kendriya vidyalaya were selected purposively for the study on the basis of their Subjective Unit of Distress scores (Wolpe, 1969). The questionnaire Personal Report of Public Speaking Anxiety – 34 (McCroskey, 1992) was adapted for measurement of stage fright, public speaking anxiety. Another instrument was Rosenberg Self Esteem Scale (Rosenberg, 1965) in order to measure global self-worth by measuring both positive and negative feelings about the self, before and after intervention of behavior modification techniques. The statistical tools employed to analyze the data were mean, standard deviation and t-test and on analysis the results found statistically significant.*

Keywords: *Stage Phobia, Behaviour modification, Speaking Anxiety*

INTRODUCTION

“Stage Phobia is a state of severe anxiety or nervousness prior to or during a performance in front of the audience” (DSM-IV). Stage Phobia goes by several different terms like fear of Public speaking, Performance Anxiety, Communication apprehension etc. by any means it is the intense and debilitating fear of being on in front of people. People who have been filled with dread at the mere thought of getting up in front of a group of people, this perspective leads to drain the confidence and self esteem. Stage phobia though is something we all felt at one point to prepare to the demands of a performance is not only done on stage, during rehearsals or training. It is the way we use ourselves in our daily lives.

Phobia is a strong, persisting fear of an object or situation and social phobia as “strong persisting fear of situations in which embarrassment can occur” (DSM-IV). The Advanced Learner’s Dictionary defines phobia “as morbid or pathological fear and dislike; aversion”. Phobia as “extreme and irrational fear of a

particular object, class of objects, or situation (Encyclopedia Britannica). A phobia is classified as a type of anxiety disorder (Neurosis) since anxiety is its main symptom. Phobias are generally alleged to result when fear created by an original frightening situation is transferred to other related situations, the original being repressed or forgotten. Behavior therapy can be helpful in overcoming phobias where the phobic person is gradually exposed to anxiety provoking object or situation that demonstrates that no threat really exists.

Phobia is considered as a functional disorder. Psychiatric disorders are generally classified in to two group’s namely organic and functional disorders. In organic disorder some specific etiology can be established but in functional disorders no such physiological etiologies can be established. Phobia being a functional disorder no physiological etiologies can be established in phobia (Davidson, 1980). When a phobic response is an integral part of personality the pattern is said to be neurotic.

Phobia is defined as the irrational fear of a specific object or situation associated with rigorous anxiety, perceived as to be unwarranted. It is more than fear, or can be endured only with marked distress, because of the anxiety response or fright attack that it almost perpetually aggravates. Phobic reaction usually disrupts people’s ability to function in life.

Causes of Stage- Phobia

Self-consciousness in front of groups and fear of facing audiences, nervousness and fear of unexpected responses of audience, fear of judgement, previous failures, poor or insufficient preparation, Narcissism (Self-absorption), dissatisfaction with your abilities, discomfort with your own body and movement, improper breathing (hyperventilation), expectation of perfection, fear of being criticized by audience, fear of embarrassment and fear of forgetting etc.

Behaviour Modification

Behaviour Modification is based on the learning theories and its basic principle is that

when we consistently respond to a stimulus in a particular manner neural network forms and it becomes habit. Habits can be learned and unlearned through Behaviour Modification. Further, in 1950s Joseph Wolpe research work based on Pavlovian conditioning and Sherrington (1947) observation led to inception of Reciprocal Inhibition. He extended the principal of reciprocal inhibition to state that if a response that is incompatible with the learned fear or anxiety can be made to occur to a stimulus that had been conditioned to produce that fear, then that stimulus will cease to elicit the fear reaction. Based on Sherrington (1947) observation that if one group of muscles is stimulated, an antagonistic muscle group will be inhibited, and vice versa, Joseph Wolpe propounded treatment for Anxieties and irrational fears.

The efficacy of the Behaviour Technology Modules had been established in the management of neurotic disorders like phobias (Ganesan, 2008, 2009, 2011, 2012). Hence this study had applied such Behaviour Technology Modules for the Management of Stage- phobia in this study.

METHOD

The descriptive correlational study was purposely conducted on sixty students of IX standard, Kendriya Vidyalaya, to find out the level of Stage phobia and efficacy of behavior modification techniques for school students to reduce Stage Phobia. The Sixty Students were selected purposively for the study on the basis of

their Subjective Unit of Distress Scale (SUDS) developed by Wolpe, (1969). The questionnaire *Personal Report of Public Speaking Anxiety - (PRPSA) - 34* developed by McCroskey, (1992) was adapted for measurement of stage phobia, public speaking anxiety. The another instrument was Rosenberg *Self Esteem Scale (RSE)* developed by Rosenberg, (1965) in order to measures global self-worth by measuring both positive and negative feelings about the self, pre and post intervention and compared for gain score. The statistical tools employed to analyze the data were mean, standard deviation and *t*-test. The group was treated with Behaviour Modification techniques and the interventions are as follows: -

Interventions: The following interventions were given for the period of six weeks.

- (i) Development of Alternate Emotional Responses to the Threatening Stimulus (Ganesan, 2008).
- (ii) Establishing dialogues with audience in a graded manner in groups one to twenty members (Ganesan, 2009).
- (iii) Practicing speech in front of a mirror (Ganesan, 2011).
- (iv) Reduction of Rate of Breathing (Ganesan, 2012).

They were used to create reciprocal inhibition in the stage phobia, and thus they had learned the new behaviour to form adaptive and being able to relax with the stimulus and formed habit towards the performance on the stage.

RESULTS AND DISCUSSION

Table 1: Subjective Unit of Distress Scale (SUDS, Personal Report of Public Speaking Anxiety (PRPSA) – 34 and Rosenberg Self-Esteem (RSE) scores before and after intervention

	Before intervention Mean score (SD)	After intervention Mean score (SD)	Mean difference	Critical ratio
SUDS Score Range (01 to 100) (No Distress = 0 Highest Distress = 100)	70.63 (11.05)	50.78 (13.16)	19.85	8.95**
PRPSA - 34 Score Range 34 to 170 (High = >131 Low = < 98 Moderate = 98-131)	116.78 (19.04)	97.18 (18.71)	19.60	5.69**
RSE Score Range (10-40) (Low = 10-20 Average = 21-30 High = 31-40)	19.25 (7.68)	29.67 (5.09)	10.42	8.76**

** p < 0.01

Note: SUDS: Subjective Unit of Distress Score, SD: Standard Deviation, PRPSA-34: Personal Report of Public Speaking Anxiety - 34, RSE: Rosenberg Self-Esteem.

Students were assessed on Subjective Unit of Distress Scale developed by Wolpe, J. (1969), Pre intervention the sample score of the group in Stage phobia SUDS is 70.63 with standard deviation of 11.05 and post intervention the score of the sample group in Stage phobia SUDS is 50.78 with standard deviation of 13.16. The mean difference is 19.85 and Critical Ratio is 8.95. Pre intervention the sample score of the group in PRPSA - 34 is 116.78 (Moderate public speaking anxiety) with standard deviation of 19.04 and post intervention the score of the sample group in PRPSA - 34 is 97.18 (Low public speaking anxiety) with standard deviation of 18.71. The mean difference is 19.60 and Critical Ratio is 5.69. Pre intervention the sample score of the group in RES is 19.25 (low Self-Esteem) with standard deviation of 7.68 and post intervention the score of the sample group in RSE is 29.67 (Average Self-Esteem) with standard deviation of 5.09. The mean difference is 10.42 and Critical Ratio is 8.76.

SUMMARY AND CONCLUSION

The aim of the study was to investigate the efficacy of behavior modification techniques for students to reduce Stage phobia or performance anxiety and enhancement of Self Esteem. The objective assessment of Subjective Unit of Distress, Stage phobia Anxiety and self esteem psychometric scales namely Subjective Unit of Distress Scale developed by Wolpe, (1969), *Personal Report of Public Speaking Anxiety - 34* (PRPSA) developed by McCroskey, (1970; 1992) and *Rosenberg Self Esteem Scale* developed by Rosenberg, (1965) were used. Interventions based on Behaviour Technology were used to treat the students. Initially students were assessed before interventions for Subjective Unit of Distress Scale, Stage phobia or performance anxiety and self esteem. The Mean Scores of the students on Subjective Unit of Distress Scale, *Personal Report of Public Speaking Anxiety* (PRPSA) and *Rosenberg Self Esteem Scale* before intervention were 70.63, 116.78 and 19.25 respectively. Students were given intervention for the period of six weeks with Behaviour Modification techniques, like (i) Development of Alternate Emotional Responses to the Threatening Stimulus (Ganesan, 2008). (ii) Establishing dialogues with audience in a graded manner in groups one to twenty members (Ganesan, 2009). (iii) Practicing speech in front of a mirror (Ganesan, 2011). (iv) Reduction of Rate of Breathing (Ganesan, 2012). These exercises, through principle of Reciprocal Inhibition, developed alternate emotional responses towards Stage phobia or performance anxiety. Stage phobia found to be incompatible with it, Students were responded well to these interventions and after six weeks and the students

were reassessed on Subjective Unit of Distress Scale, *Personal Report of Public Speaking Anxiety* (PRPSA) and *Self Esteem Scale* Mean Score were 50.78, 97.18 and 29.67 respectively. The statistical analysis was carried out using Mean, Standard Deviation and students 't' test. The critical ratio on Subjective Unit of Distress Scale, *Personal Report of Public Speaking Anxiety* (PRPSA) and *Self Esteem Scale* were 8.95, 5.69 and 8.76 respectively. The critical ratio results were found statistically significant at the level of 0.01. The critical scores on Subjective Unit of Distress, *Personal Report of Public Speaking Anxiety* (PRPSA) and *Self Esteem Scale* score revealed that the students had become more balanced in their approach and together with logic and intuition has a good scope in context of performance.

To conclude, this study has shown that Behaviour Technology is efficient in treating stage phobia.

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