SUPPORTIVE GROUP THERAPY TO REDUCE PUBLIC SPEAKING ANXIETY IN ADOLESCENTS

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Abstract

This study aimed to discover the effect of supportive group therapy to reduce public speaking anxiety on adolescents. The subjects in this study were five female adolescents of 17- to 19-year-olds. The study method used was an experimental study with the one-group pretest-posttest design using the purposive sampling technique. The study instrument used was the scale produced by Israwanda [9] based on Rogers' [13] theory with public speaking anxiety aspects, i.e., physical responses, emotions, and mental processes. The non-parametric analysis test was using the Wilcoxon analysis technique to discover the differences between the pretest-posttest. The analysis result obtained was 0.043, which is <0.05. It shows a reduction of public speaking anxiety in adolescents. It is concluded that supportive group therapy implementation can reduce public speaking anxiety in adolescents.

Keywords: adolescents, public speaking anxiety, supportive group therapy

INTRODUCTION

Communication is a vital facility in engaging in community life to deliver information or feelings. The communication process can be established well because of the individual's ability to communicate with others. According to Herlina [7], public speaking skill is a form of art and a primary key to achieve career success. Some adolescents are struggling to speak publicly, which follows Devito's [4] statement that one of the essential public speaking problems is anxiety that makes the speaker experience stage fright.

Beaty in Opt and Loffredo [11] asserted that public speaking anxiety is termed communication apprehension. Communication apprehension is a form of real anxiety when speaking in public due to social learning processes. There are differences between public speaking and general speaking. In the general speaking context, individuals feel safe to deliver

their thoughts. An inseparable part from general speaking is the give and take process, or two-way communication (dialog). It differs from public speaking. When an individual starts speaking publicly, the individual automatically becomes the leader and holds full control of people. The communication process turns into one-way (monolog). Fear and anxiety in public speaking are marked by feeling restless and depressed [13].

According to Ghufron and Risnawati [6], anxiety is a negative, subjective experience regarding concerns or tensions of anxiety, tension, and negative emotions perceived by someone. Adler and Rodman in Ghufron and Risnawati [6] stated two factors affecting anxiety, i.e., past negative experiences and irrational thoughts. Past negative experiences might recurrent in the future. Meanwhile, irrational thoughts are beliefs of someone about an event that

causes anxiety. An anxious individual initially has unrealistic assumptions because they consider a situation unsafe, thinking about something bad, and poses a threat to them.

When speaking publicly, an anxious individual typically generates negative reactions. Burgoon and Ruffner in Wulandari [16] argued that communication apprehension is a negative reaction from an individual as anxiety perceived by the individual when communicating, whether interpersonal, in front of the class, or mass communication. Public speaking anxiety emphasizes the situation where a person speaks in front of the general public. The study results of Riany and Rozaly [12] stated several characteristics when an individual perceives public speaking anxiety, e.g., fast heartbeat and cold sweat during and after speaking.

Brabender, Fallon, and Smolar [2] stated that group therapy involves a small-member group with one or more therapies with special training in group therapy. According to Wolberg in Fauziah [5], supportive therapy is fundamentally used to change a person's thoughts, behavior, and emotions regarding a problem. Supportive therapy can help an individual to see the problem from a different, more positive perspective. Grant-Iramu in Hidayati [8], asserted that supportive group therapy consists of several people who plan, organize, and respond directly to issues and pressures and adverse conditions. This therapy is designed to improve psychological development and repair psychological problems through cognitive and affective interactions among members and between members and therapists.

Participants were given public speaking anxiety scale to discover participants' anxiety levels to be included in the group therapy. Participants with moderate to high anxiety will attend group therapy. The therapy used was supportive group therapy. It was chosen because it appeared to be the most appropriate therapy to overcome problems in participants with public speaking anxiety. The study conducted by Nurchahyani, Dewi, Rondhianto [10] regarding supportive group therapy to anxiety showed that supportive group therapy reduced individuals' anxiety. This study aimed to test the effectiveness of supportive therapy on the public speaking anxiety of adolescents.

METHOD
Experimental Study Design

The study design used in this study was a quasi-experiment with a one-group pretest-posttest design. This design aimed to discover the condition differences before and after the treatment.

Table 1.
Study Design

Group	Pre test	Treatment	Post test
Experiment	Y1	X	Y2

Information:

Y1 : Pretest before the treatment

Y2 : Posstest after the treatment

X : Treatment

Study Instrument

In this study, the authors initially conducted data collection through an initial interview. Besides, this study also conducted a measurement with public speaking anxiety scale made by Israwanda [9] based on Rogers' [13] theory with public speaking anxiety aspects of physical responses, emotions, and mental processes. The validity used in this measurement was

content validity. Content validity is an estimated validity through the tester to the test content with rational analyses or professional judgment. After conducting the item analysis of the public speaking anxiety scale, obtained 24 items with a reliability alpha coefficient of 0.917 with different power index ranged from 0.503 to 0.745.

The public speaking anxiety scale consisted of 24 items categorized into favorable and unfavorable. The public speaking anxiety scale had four answer alternatives, i.e., very suitable (VS), suitable (S), not suitable (NS), and very not suitable (VNS). The favorable score is 4 is the subject chose the very suitable (VS) answer, 3 if the subject chose the suitable (S) answer, 2 if the subject chose the not suitable (NS) answer, and 1 if the subject chose the very not suitable (VNS) answer. Meanwhile, the unfavorable score is 1 if the subject chose the very suitable (VS) answer, 2 if the subject chose the suitable (S) answer, 3 if the subject chose the not suitable (NS) answer, and 4 if the subject chose the very not suitable (VNS) answer. Public speaking anxiety score categorization was based on scores achieved by participants with a minimum score of <48 (low), 48-72 (moderate), and >72 (high).

After conducting the measurement using the public speaking anxiety scale, the authors then conducted individual interviews. These interviews were carried out to reveal unclear information from the scale data filled by the subject. It was also conducted to ask the subject's willingness to attend the therapy process.

Next, the authors created an agreement with the subject for the therapy execution. The treatment provided to participants was supportive therapy. This therapy aimed to reduce the public speaking anxiety level in adolescents. The intervention was conducted in three meetings, with each meeting lasted for 1-2 hours, located in the Rejowinangun Village area. The supportive therapy's instruction was given directly by the authors who were capable of administering supportive interventions. The module was modified based on the theory from Heller et al. in Hidayati [8], regarding beneficial support as a participation process which conducts sharing experiences, situations, and problems focused on the principle of giving and taking, applying self-help, helping each other, and knowledge development of each individual. According to Xu and Filler [17], from sharing stories and feelings, the group members learn that they are not alone, and hence, can help each other handle frustration, loneliness, and depression.

Study Subject

Subjects in this study were members of a youth association in Rejowinangun Village, Kotagede Sub-District, Yogyakarta City. The subject criteria were (1) Adolescents of 16- to 19-year-olds, (2) Suffer from moderate to high public speaking anxiety, and (3) Willing to undergo the therapy process. Subjects were then selected based on the criteria and resulted in five study subjects.

Data Analysis

Data were analyzed using quantitative and qualitative analyses. The quantitative data analysis was carried out using the Statistical Product and Service Solution (SPSS). The hypothesis testing in this study used the non-parametric analysis because of the small number of participants (<30) with the Wilcoxon test statistic analysis [1]. The Wilcoxon test was conducted to discover the differences between pretest and posttest. Besides, the qualitative data analysis was also carried

out to understand the process that occurred on each subject. The quantitative data analysis was used to describe the qualitative data obtained during the intervention.

RESULTS AND DISCUSSION

Participants attending the supportive therapy consisted of five adolescents with these following profiles:

Table 2.
Participant profile :

No	Initial	Age	Sex	Education
1.	A	17	Female	Bachelor degree students
2.	B	18	Female	Bachelor degree students
3.	C	17	Female	Bachelor degree students
4.	D	19	Female	Bachelor degree students
5.	E	18	Female	Bachelor degree students

The data analysis result using the Wilcoxon test showed a reliability coefficient of 0.043 with p = 0.043 (p < 0.05). The analysis results indicate a significant difference between pretest and post-test scores of participants after attending the supportive therapy. Therefore, supportive therapy could reduce the public speaking anxiety level in adolescents.

Figure 1.
Result of study participants pretest and posttest
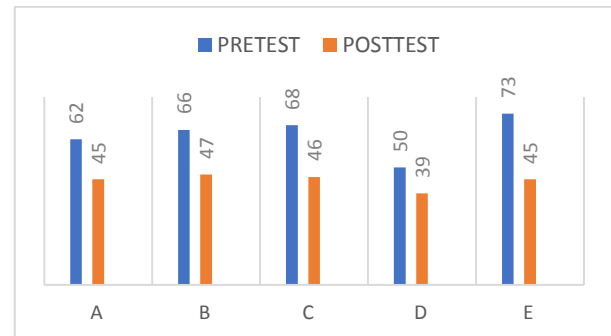
The graph shows a significant difference in participants after attending the supportive group therapy. The blue graph shows the results before the supportive therapy, and the orange graph shows the results after the supportive therapy. Participants' pretest scores ranged from 73-50, included in the moderate to high public speaking anxiety level. Meanwhile, the posttest scores after the supportive therapy ranged from 39-45, included in the low category. The score reduction showed significant results from participant E, C, and B, indicating that participants could follow the therapy process well and actively playing in each session and obtained support from other participants.

Anxious participants to speak publicly perceived physical reactions such as faster heartbeat, shaking hands, and haltingly speaking. Emotional reactions perceived were afraid to come forwards, ashamed in front of people, and felt that they could not do it. Meanwhile, mental reactions perceived was that participants forgot the materials. After attending the supportive group therapy, participants shared their experiences in handling anxiety and received support from other group members. Hence, from the supportive therapy, each participant shared solutions to be applied in handling anxiety and supported each other to boost confidence in speaking publicly. Participants also understood better regarding their anxiety

and were able to overcome it. This statement is supported by a study of Fauziah [5], which stated that supportive therapy helped participants to understand the core problem, i.e., themselves.

The success of this study was supported by cooperative adolescent participants who were willing to attend regular therapy. Adolescent participants were also willing to open up to each other and felt helped to meet other participants. The previous study conducted by Swasti and Pujasari [15], showed that supportive group therapy reduced anxiety in high school students who were about to take the national exam. The activity of exchanging experiences, which is the main focus of this supportive therapy, is, in fact, effective in helping individuals change their point of view that previously judged that certain situations as negative could be turned into positive ones [3].

This study's weakness was related to the quasi-experimental design of the one-group pretest-posttest design, which did not have a control group to compare the effectiveness of the intervention. Besides, this design did not allow random selection of participants, so that it did not allow generalizations about the study results.

CONCLUSION

This study result showed that supportive group therapy effectively reduced public speaking anxiety in adolescents with $p = 0.043 < 0.05$. The analysis result showed significant differences after conducting supportive therapy, and supportive therapy successfully reduced public speaking symptoms in adolescents. Supportive group therapy allowed the process of sharing opinions and helping each other. The process enabled participants to be perceived as being helped and understanding their problems. After

attending the therapy, adolescents could control their anxiety when speaking publicly and positively support other participants. They could also arrange future plans to handle public speaking anxiety.

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