ABSTRACT

KEEPING IT “REAL”: DOES PRACTICING SPEECHES BEFORE AN AUDIENCE IMPROVE PERFORMANCE?

by Tony Edward Smith

Public speaking texts and instructors typically encourage students to practice speeches as a means of managing anxiety and enhancing performance. Less effort has been made, however, to evaluate the effectiveness of various speech practice methods in general. After completing the PRCA-24 and PRPSA-34, students in this study were asked to indicate the number of times they used a variety of methods to practice an oral interpretation speech in their public speaking course. Upon completing this questionnaire, participants delivered a videotaped performance of their speech. Videotaped speeches were then evaluated on elements of content and delivery. Students who practiced their speech before an audience received higher evaluation scores than students who practiced without an audience. In addition, students who practiced their speech before larger audiences received higher evaluation scores than students who practiced before smaller audiences. Results suggest audience-based speech practice is effective in enhancing speech performance.
KEEPING IT “REAL”: DOES PRACTICING SPEECHES BEFORE AN AUDIENCE IMPROVE PERFORMANCE?

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The popular adage “practice makes perfect” is, in many cases, both accurate and worthwhile advice. Improvement in skills such as hitting a baseball, operating an automobile, or playing a musical instrument is largely dependent upon method and frequency of practice. Similarly, mental activities such as studying for a quiz or exam, performing mathematical operations, or playing a game of chess can be enhanced through practice.

There is, of course, considerable difference between practicing an activity and practicing it well. Ineffective practice in weightlifting, for example, can cause serious injury, just as poor practice techniques in checkers (e.g., playing against the rules of the game) can result in lost matches when the rules of the game are actually enforced. Unfortunately, practice methods may sometimes be viewed simply as a means to an end. In such cases, critical evaluation of practice techniques and their effectiveness may not receive adequate attention.

There is no universal blueprint for determining the most effective practice techniques in each and every scenario. It seems reasonable, however, that regardless of the activity one wishes to practice, practice itself should accurately reflect that activity. One probably would not jog two miles, for example, to improve his or her skill at playing the guitar. Nor would one spend hours playing the guitar in an effort to improve his or her cooking skills. Simply put, the best practice methods are those that most closely reflect reality. In competitive speeches, for example, when methods of practice do not coincide with those of competition, Fryar (1981) (as cited in Menzel & Carrell, 1994) states that “practice makes perfectly awful” (p. 18). Similarly, in the public speaking realm, Dance and Zak-Dance, Lucas, and Fryar (1981) (as cited in Menzel & Carrell, 1994, respectively,) cite realistic oral practice as crucial to speech preparation and performance. In the same regard, the majority of public speaking texts that address speech anxiety (also referred to as “apprehension,” “reticence” or “stage fright”) list practice and preparation as a potential coping technique (Pelias, 1989).

Practice can instill individuals with confidence and positive attitudes toward public speaking. Given that practice aids in memory, effectively preparing and practicing speeches can help ensure the contents of those speeches are not forgotten. Research by Lesgold (as cited in Schunk, 2000) revealed a significant link between practice and basic procedural knowledge. Rehearsing, or mentally reviewing information, plays a key role in retention. Studies by Rundus and Rundus, as well as those by Atkinson (as cited in Schunk, 2000) found that repeating information aloud or to oneself can sustain that information in working (short-term) memory for an indefinite period of time. In the process, one’s recall or recollection skills can be improved (Schunk, 2000). Repeated practice has also been found to promote automaticity in processing and retrieving information. In these instances, performance of certain skills or activities such as walking, riding a bicycle, or using a keyboard become “second nature” (Ormrod, 1999).

Another advantage of practice with regard to public speaking is that practice enables individuals to identify and address problems or concerns associated with their speeches prior to performing them (O’Hair, Stewart, & Rubenstein, 2001). This can allow individuals to better focus their concerns and increase their awareness of the public speaking environment at large (Daly, Vangelisti, Neel, & Cavanaugh, 1989). Benefits reaped are often significant, for one’s awareness of his or her public speaking anxiety (PSA) is the first step in effectively treating it (Freeman, Sawyer, & Behnke, 1997).

Lack of preparation in public speaking, on the other hand, is often viewed as a chief source of PSA (Lavelle, 2003). This is one reason a considerable amount of studies have been
conducted concerning PSA and its effects (Ayres & Hopf, 1985; Daly, Vangelisti, Neel, & Cavanaugh, 1989; McCroskey, 1984; Phillips, 1984). In fact, numerous articles (e.g., Grice & Skinner, 1993; Hamilton, 1999; Jaffe, 1998; Verderber, 1988) and entire books (e.g., Ayres & Hopf, 1993; Dwyer, 1998) have been written on the subject.

Some scholars argue that since the highest levels of speaker anxiety often occur during the anticipation phase of public speaking, treatment and instructional strategies should focus on the preparation period prior to one’s performance of a speech (Sawyer & Behnke, 1999). Viewed in respect to individuals with higher than moderate levels of PSA and/or communication apprehension (CA), such claims seem relevant.

Communication Apprehension: Treatments and Implications

Communication apprehension is defined by McCroskey (1977) as “an individual’s level of fear or anxiety associated with either real or anticipated communication with another person or persons” (p. 78). Unlike PSA, which pertains to one’s level of fear or anxiety toward public speaking or the public speaking environment, CA encompasses a broader level of communication fear. A person high in CA, for example, might find speaking to a coworker, telemarketer, or stranger at a bus stop just as fearful as delivering a public speech. A person suffering from PSA, on the other hand, might feel considerable anxiety toward preparing and delivering a public speech, yet suffer little if any anxiety in resisting a telemarketer or conversing with a coworker or stranger at a bus stop. Given that CA is measured in four separate contexts (i.e., dyadic communication, communication in meetings, small group communication, and public speaking), it is also possible (though probably not likely) for an individual high in overall CA to experience little anxiety toward public speaking or small group communication, yet feel significant discomfort toward dyadic communication or communicating in meetings.

CA and PSA are closely related—so much so that public speaking state anxiety (i.e., the anxiety caused by situational factors in public speaking environments) has been cited as the appropriate criterion variable in validating CA studies (Beatty & Andriate, 1985; McCroskey & Beatty, 1984). Similarly, a strong positive correlation was found between the PRCA-24 (a 24-item Likert-scale instrument designed to measure individuals’ CA level) and the PRPSA-34 (a 34-item Likert-scale instrument designed to measure individuals’ PSA level) with regard to this study ($r = .71, p < .02$). However, the role contributed solely by CA in predicting and understanding persons’ responses to communication tasks, beyond that provided by simply examining individuals’ general anxiety levels, has been questioned (Porter, 1979). Porter (1979), for example, claimed that general anxiety was nearly as effective as the PRCA-24 (an instrument used to measure trait CA levels) in predicting several criterion variables. Another study found the PRCA-24 to be no more effective than the A-Trait scale—a general trait measure—in predicting performance anxiety of students during their performance of the first two of three assigned speeches (Beatty & Andriate, 1985). However, the PRCA-24 emerged as clearly superior to the general measure in predicting state anxiety in students’ third and final speech performance. Based on these findings, Beatty and Andriate (1985) concluded that the PRCA-24, as a predictor of state anxiety, may achieve greater reliability as individuals gain further experience in public speaking.

CA of a serious nature. CA in general is associated with a variety of negative consequences: apprehensive communicators are perceived as less knowledgeable (McCroskey, 1976) and less credible (McCroskey & Richmond, 1976) than individuals with lesser amounts of CA.

The two most commonly associated forms of CA are state and trait CA. State CA perspectives regard contextual and environmental factors as vital in determining one’s thoughts and reactions toward communicating. In this respect, a person’s anxiety toward communication is largely learned from and reinforced by his or her environment (Buss, 1980).

Trait CA perspectives, on the other hand, view CA as largely a matter of biology and genetic predisposition (Beatty, McCroskey, & Heisel, 1998). Situational variables are thus considered somewhat less significant in determining individuals’ thoughts and reactions toward communicating (Ayres, 1990; Beatty, 1988; Beatty, Balfantz, & Kuwabara, 1989; Beatty & Friedland, 1990). Still, most proponents of communibiological perspectives acknowledge the importance of situational factors in contributing, in part, to CA’s development and impact. Many also believe situational factors should be given due consideration in both studies and treatment methods pertaining to CA. Beatty and colleagues, drawing from Eysenck and Eysenck (1985), maintain that genetics contribute roughly 80% with regard to communication behavior, while situational factors contribute approximately 20% in the same regard (Kelly & Keaten, 2000). Studies further suggest that various CA treatment methods may indeed result in moderate reductions of CA, especially when dispensed in combination (Beatty et al., 1998; McCroskey & Beatty, 1998).

Given CA is not entirely genetic in nature, practicing speeches in a realistic manner (i.e., before an audience or at the location the speech will be presented) may lessen the environmental shock or discomfort CA sufferers may experience when delivering speeches. Effective practice may also facilitate constructive feedback to CA sufferers who otherwise might not be exposed to such advice. More specifically, practicing speeches before an audience may enhance preparation strategies and foster awareness of concerns and obstacles that might go unnoticed in practicing alone. In addition, practicing speeches before an audience may enable speakers to improve their overall perspective regarding the speech, along with audience-analysis skills prior to actually performing it (Menzel & Carrell, 1994). Practicing speeches in ways that accurately reflect real-life speaking environments may offer significant benefits to sufferers of PSA as well. Studies suggest that individuals high in PSA may generate more negative thoughts and less vivid self-perceptions toward public speaking than individuals lower in PSA (Ayres & Heuett, 1997).

Unknown or unfamiliar public speaking environments can act to reinforce levels of fear or apprehension associated with speaking in front of others (Lavelle, 2003). Effective practice techniques, when used repeatedly, may serve to gradually increase one’s familiarity, comfort level, and confidence toward public speaking and its various contexts. This, in turn, may promote increased self-control and greater overall effectiveness in speech performances.

Consider an example in which two students wish to play basketball for their school’s team. Student A attends all school practices, challenging and improving her skills in a realistic setting with individuals of her size, age, and skill level. Student B does not attend school practices, but practices on his basketball court at home. He practices alone or, occasionally, with his eight-year-old brother, whom he consistently throttles. As tryouts begin, Student A relies on knowledge, experience, and feedback acquired from school practices in trying to make the team. Student B tries just as hard, but does so lacking the benefits of constructive feedback and the experience of playing the game in a realistic atmosphere. As tryouts begin, Student B is shocked and discouraged by the fact that playing basketball alone is very different from playing the game.
with others in a team environment. Whereas he could easily outrun, out-dribble, and outscore his younger brother, the same does not apply against athletes of similar size, strength, and speed.

Student B’s illogical efforts with regard to the game of basketball are easy to identify. At the same time, college students in general may be using similarly questionable approaches when practicing their speeches. Many, as an example, may do so before smaller audiences of one to three people—a size that often fails to reflect the environment of public speaking classrooms consisting of 20 or more students. Despite evidence supporting the benefits of practicing speeches in front of audiences in general (Kelly & Keaten, 2000; Lavelle, 2003; Menzel & Carrell, 1994), the technique is often absent in communication textbooks. In an analysis of 25 public speaking texts, Pelias (1989) found that only five of them (20%) encouraged students to engage in speaking opportunities outside the classroom. It should be noted (as it was in Pelias’ study) that highly apprehensive speakers may be less likely to seek out and participate in such opportunities in the first place, given the significant fear or apprehension that may be associated with doing so. Other research suggests that high CA individuals focus the majority of their time and effort toward preparing speech notes as opposed to engaging in practice techniques (Ayres, 1996). Research also indicates that high CA individuals may avoid delivering speeches and even listening to speeches from others (Daly, Vangelisti, Neel, & Cavanaugh, 1989). Some scholars thus contend that decreasing CA levels pertaining to speech preparation and encouraging high CAs to utilize more effective preparation strategies may enhance their speech performances. It has even been argued that interventions focusing on speech preparation and delivery tactics might prove more effective with regard to CA than current CA treatment strategies (Ayres, 1996).

PSA, in some form or another, probably exists in all individuals (McCroskey, 1977, 1982). On the other hand, not all speakers are highly apprehensive, nor are all individuals high in CA. Students who choose to practice speeches in front of an audience and benefit from doing so should not be discounted simply because others may not do the same. In fact, individuals with low to moderate levels of CA comprise the majority—roughly 80%—of the population (McCroskey, 1977, 1982).

PSA affects nearly everyone from time to time (Motley, 1995) and is relatively hard to avoid (Kendall, 1974). Treatment methods to assist those affected have therefore proven valuable in many instances (McCroskey, 1980). A variety of treatment methods designed to address CA and PSA exist (Ayres & Heuett, 1997; Ayres, Hopf, & Edwards, 1999). The strategies mentioned herein—each based on a meta-analysis by Allen, Hunter, and Donohue (1989)—include systematic desensitization (SD), cognitive modification (CM), and skills training (ST). Studies have revealed that a combination of these treatments may prove most effective in reducing CA and PSA in general (Whitworth & Cochran, 1996). A brief description of each method is as follows:

Systematic Desensitization. Systematic desensitization (SD) (McCroskey, 1972) is a type of behavioral intervention that encourages individuals to associate pleasant and tranquil feelings with performing a speech or similar act of public speaking. While in a relaxed mental state, individuals gradually learn to reduce apprehension associated with public speaking by visualizing speech scenes in relation to calm and enjoyable environments (Wolpe, 1958).

Success is ideally achieved as individuals learn to regard public speaking as a controllable and potentially rewarding activity. SD is often used to treat both context-based (state) and trait-like (trait) CA. The method is often regarded as a prominent and effective technique in treating CA (Ayres, Hopf, & Will, 2000).
Cognitive Modification. Cognitive restructuring or modification (CM) (Fremouw, 1984; Fremouw & Scott, 1979; Meichenbaum, 1977) is based on theories of human cognition (Meichenbaum, Gilmore, & Fedoravicius, 1977). The method views anxiety as a result of how individuals perceive themselves and communication in general. CM attempts to reduce CA by transforming negative self-perceptions associated with communication into positive ones (Whitworth & Cochran, 1996). Visualization (VIS) and rational emotive therapy (RET) are two common types of cognitive modification.


Skills Training. Practicing speeches before an audience is a form of skills training (ST), another method used in the treatment of CA (Kelly, 1984, 1997; Phillips, 1968, 1977, 1986). ST approaches view CA as the result of ineffective or underdeveloped communication skills. The primary goal of ST, therefore, is to diminish the ambiguity of various speaking contexts by providing speakers with knowledge and strategies necessary for effective communication and public speaking (Whitworth & Cochran, 1996). Proponents of ST regard the method as necessary in preventing apathy and incompetence in communication (Whitworth & Cochran, 1996). In the same respect, ST intervention methods have proven valuable in treating and reducing CA.

Richmond, McCroskey, and McCroskey (1989) suggest, in fact, that altering one’s perceptions toward communication, in combination with ST, may prove beneficial in increasing public speaking effectiveness. A study by Robinson II (1997) maintained that public speaking instructors are using ST to teach fundamental public speaking skills and as a means of assisting apprehensive students. While the method as a whole may be time-consuming and limited to individuals with less than severe levels of CA and/or PSA, its use in the classroom may prove beneficial to a variety of students. Instructors are also addressing CA by creating supportive and productive classroom environments, accepting CA as a normal condition in students, and developing strategies to help students cope with feelings of fear and anxiety caused by CA.

Studies indicate that ST may reduce perceptions of negative environmental variables in apprehensive speakers by providing structure to the public speaking experience (Kelly & Keaten, 2000). In a study by Booth-Butterfield (1986), high CAs were shown to benefit from increased structure in their public speaking assignments (Kelly & Keaten, 2000). Such findings are supported by the communibiological perspective, which posits that threats of punishment may aid in activating the body’s Behavioral Inhibition System (BIS) (Gray, 1984), thus resulting in feelings of anxiety. In essence, ST may act to reduce the novelty of stimuli associated with public speaking, thereby reducing the potential for anxiety.
Benefits of Audience-Based Practice

Research suggests PSA can significantly affect speech preparation methods by shaping individuals’ beliefs and attitudes toward public speaking (Daly, Vangelisti, & Weber, 1995). High PSA individuals have been shown to view public speaking and speech preparation in particular with less positive attitudes than individuals lower in PSA (Daly et al., 1989). In addition, a study by Ayres (1996) cast skepticism on longstanding beliefs that general practice and speech preparation techniques inadvertently result in decreased speaker apprehension. Findings revealed that high CA individuals might need to adjust not only the amount of time they spend practicing speeches, but how they practice them in general. High CA participants reported spending more time preparing their speeches, yet still received poorer evaluation scores than participants lower in CA. These results challenge traditional views that speaker apprehension is primarily caused by insufficient preparation (Ayres, 1996). Research further suggests that individuals high in CA may display a greater lack of familiarity with speech topics than those with lower levels of CA. Essentially, in addition to jeopardizing their speech performances, highly apprehensive speakers may be exacerbating an already undesirable situation by selecting less familiar topics for their speeches (Daly et al., 1989).

Despite a variety of negative consequences associated with CA and PSA, neither may be receiving adequate attention in public speaking textbooks. Though many public speaking texts have been found to examine a variety of topics relating to CA and PSA (including definitions, causes, and coping strategies), much of the advice offered may constitute mere “folk wisdom” (e.g., telling students to relax and not to be nervous when delivering speeches). Menzel and Carrell (1994) lament that, “As teachers, coaches, and scholars of public speaking, we have long recommended rehearsal and preparation, offering this advice with only personal experience and observation as a guide” (p. 25). While such well-meaning advice may be harmless, much of it is probably of little use (Pelias, 1989).

Why should individuals practice speeches before an audience prior to performing the “real thing?” As one researcher wrote, “it is important to practice (speeches) in front of an audience…who can help you get used to speaking to more than one person” (Lavelle, 2003, p. 31). Research also suggests that practicing speeches before an audience may allow speakers to address concerns and obstacles relative to their speech in a practical and non-threatening context (Kelly & Keaten, 2000). For optimal results to be achieved, however, peer and teacher feedback must be positive (i.e., rewarding rather than punishing) and ST must prove successful in shaping students into competent speakers prior to their using the technique (Kelly & Keaten, 2000).

A study by Menzel and Carrell (1994) noted a significant positive correlation between speech performance quality and the number of practices before a classroom audience. In fact, among several preparation strategies (i.e., preparation of notes and visual aids, silent rehearsal, oral rehearsal, state anxiety, total preparation time, other research, and grade point average), the number of times students practiced speeches before a classroom audience was the most significant predictor of speech performance quality. The authors thus concluded that realistic speech rehearsal “appears to be sound advice based on the findings of (the) study” (Menzel & Carrell, 1994, p. 23).

characterizes experiential learning as a cycle in which one’s experiences facilitate reflection and examination, conceptualization and discovery, and the testing and utilization of ideas.

Experiential learning approaches are advantageous in that they provide valid and practical models of the real world. As a result, individuals are able to learn from experience without incurring real-life punishments or other undesirable consequences. The experiential learning method essentially strives for personal improvement before the “real thing” (Rumsey, 1996). In this sense, reality is accurately simulated without actually being duplicated. Otherwise, “policemen would practice with real bullets, military trainers would drop real bombs, managers would actually fire people role-playing employee problems, etc.” (Rumsey, 1996, p. 8).

Proponents of experiential learning cite several benefits of the approach, including optimal states of focus, involvement, presence, productivity, concentration, and enthusiasm among learners. An individual seeking to gain confidence in his or her public speaking skills through the process of experiential learning, for example, might utilize what is known as a self-created reference point. In doing so, the individual calls forth a “mental video” in which he or she speaks with confidence and effectiveness. Once created, this mental video can be accessed when needed by the individual to facilitate improvement and success in future speech performances. It is worth noting the similarities between this particular example of experiential learning and the visualization (VIS) approach used in treating CA (Ayres & Hopf, 1985, 1991; Ayres, Hopf, & Ayres, 1997; Robinson II, 1997; Rumsey, 1996).

Experiential learning is also beneficial in that it has been shown to promote effective performance in tense or otherwise volatile environments (Rumsey, 1996). Given the approach emphasizes one’s personal involvement in his or her learning, experiential learning activities are designed to address the world outside the classroom. This instills individuals with a sense of control over the learning process. Learning occurs within individuals’ own schemas as they experience the results and consequences of their actions (Weil & McGill, 1989).

Given the empirically supported benefits of practicing speeches before an audience, the following hypothesis is proposed:

H1: Students who practice their speech before an audience will receive higher evaluation scores than students who practice their speech without an audience.

As discussed previously, practice should accurately reflect reality. Speeches delivered by college students typically take place in classrooms consisting of several other students who serve as audience members. In this regard, practicing speeches before larger audiences seems more germane to the typical public speaking environment than that of practicing speeches before smaller audiences. “Larger audiences” were defined in this study as consisting of four or more members whereas “smaller audiences” were defined as consisting of three members or less. This categorization system was used following results of a pilot study conducted prior to the present study to examine various methods college students use to practice their speeches. Among other techniques, participants in the pilot study (N = 90) were asked to indicate the number of times they practiced an upcoming speech before audiences of one to three members, four to seven members, and more than seven members. Results indicated that the vast majority (97%) of the population sampled practiced their speech at least once before an audience of one to three members.
Less than one-half (41%) of the population surveyed indicated they practiced their speech before an audience of four to seven members. Of this group, the majority (29%) indicated they practiced only once in this manner.

Only 13% of participants surveyed indicated they practiced their speech before an audience of more than seven members. Of this group, more than one-half (8%) indicated they practiced only once in this manner.

Essentially, a clear distinction arose between the number of participants who practiced their speech before an audience of one to three members and those who practiced their speech before an audience of four or more members. Because of this distinction, it seemed reasonable and beneficial to eliminate the “midsize” audience category of four to seven members for two condensed categories: one for smaller audiences and one for larger audiences. Given that 56% more of the sample surveyed practiced their speech before audiences of one to three members than those of four to seven members, it was decided that practice audiences of one to three members would serve as “smaller” audiences, while practice audiences of four or more members would constitute “larger” audiences. This was also done to ensure that the number of participants who practiced their speech before larger audiences was significant enough to serve as a basis of comparison with that of smaller audiences in the same regard. In other words, if the minimum number of participants necessary to constitute a larger audience had been set too high, only a miniscule number of participants within the present study might have practiced their speech before this type of audience.

With regard to such a basis of comparison, the following hypothesis is proposed:

H2: Students who practice their speech before larger audiences will receive higher evaluation scores than students who practice their speech before smaller audiences.

A study by Beatty, Balfantz, and Kuwabara (1989) indicates that repeated speech performance may not necessarily reduce speaker anxiety. A study by Byers & Weber (1995) concerning speech anxiety reduction techniques, however, suggests the opposite. Furthermore, greater amounts of practice are assumed by many instructors to result in better overall grades. If practice truly increases one’s performance skills, it seems reasonable that repeated practice (i.e., practicing at a high frequency) would further facilitate improvement. Based on this reasoning, the following hypothesis is proposed:

H3: Participants’ speech evaluation scores will increase as the total number of times they practice their speech before an audience increases.

As discussed previously in the chapter, individuals high in CA or PSA may be less inclined to practice their speeches before an audience due to potential fears or anxieties invoked in doing so. Thus, the following hypotheses are proposed:

H4a: As participants’ CA score increases, the total number of times they practice their speech before an audience will decrease.
H4b: As participants PSA score increases, the total number of times they practice their speech before an audience will decrease.

Repeated practice of speeches may instill individuals with confidence and positive attitudes. In addition, consistent practice may enhance one’s familiarity with performing a speech and with the public speaking environment overall. This may facilitate greater self-control and increased effectiveness in one’s speech performances. In this regard, the following hypotheses are proposed:

H5a: Participants’ reported confidence level will increase as the number of times they practice their speech before an audience increases.

H5b: Participants’ reported grade expectation will increase as the number of times they practice their speech before an audience increases.
CHAPTER TWO: METHOD

As stated previously, a pilot study was conducted prior to the present study to examine various techniques college students use to practice their speeches. This pilot study sought to discover the most common practice methods among participants along with the methods participants perceived as most effective. Of specific interest was whether inconsistencies might exist in practice methods participants used versus those they perceived to be most effective. In other words, was it possible that participants might perceive a particular practice method to be effective yet decline to use that method when practicing their speeches? Also of interest was whether any correlations would be found between various speech practice methods and participants’ expected grade in their public speaking course.

Participants in the pilot study were 90 undergraduate students enrolled in an introductory public speaking course at Miami University. Of the total sample analyzed in the study, 60 participants (67%) were male and 30 participants (33%) were female. With regard to student rank, 20 participants (22%) were first-years, 47 participants (52%) were sophomores, 16 participants (18%) were juniors, and 7 participants (8%) were seniors. Age of participants ranged from 18 to 24 years, while the mean age was 20 years. Using a five-point Likert scale (0 = “never,” 4 = “very often”) participants were asked to indicate how often they practiced their speeches using a variety of techniques. The practice technique most commonly employed by participants was reading speeches silently to oneself ($M = 3.47$, $SD = .85$), followed by reading speeches aloud at a quiet, private place ($M = 3.0$, $SD = 1.21$); reading speeches aloud in front of an audience of one to three members ($M = 2.18$, $SD = 1.05$); reading speeches aloud in front of a mirror ($M = 1.73$, $SD = 1.31$); reading speeches aloud in front of an audience of four to seven members ($M = .61$, $SD = .92$); recording or videotaping speech performances for future review ($M = .47$, $SD = 1.0$); and reading speeches aloud in front of an audience of more than seven members ($M = .22$, $SD = .67$).

Using a similar five-point Likert scale (1 = “strongly disagree,” 5 = “strongly agree”), participants were also asked to indicate how effective they perceived each of the above practice methods to be. Participants rated reading speeches before audiences in general as the most effective speech practice technique ($M = 4.42$, $SD = .72$), followed by reading speeches aloud at a quiet, private place ($M = 4.22$, $SD = .78$); reading speeches in front of an audience of more than seven members ($M = 4.13$, $SD = .89$); reading speeches silently to oneself ($M = 3.93$, $SD = .82$); reading speeches aloud in front of a mirror ($M = 3.64$, $SD = 1.0$); recording or videotaping speech performances for future review ($M = 3.52$, $SD = .89$); and reading speeches before larger audiences as opposed to smaller audiences ($M = 3.33$, $SD = .92$). No significant correlations were found for any of these practice methods with regard to participants’ expected course grades.

Results of this pilot study suggested that inconsistencies indeed existed with regard to certain practice methods used by participants versus how effective participants perceived those methods to be. Results pertaining to audience-based speech practice techniques were especially puzzling and equally intriguing. On average, participants reported practicing their speeches before audiences of one to three members “occasionally” ($M = 2.18$, $SD = 1.05$), four to seven members “rarely” ($M = .61$, $SD = .92$), and more than seven members almost “never” ($M = .22$, $SD = .67$). At the same time, participants reportedly “agreed” (and almost “strongly agreed”) that practicing speeches in front of an audience in general is an effective practice technique ($M = 4.42$, $SD = .72$).
Such inconsistencies served as a basis for the current study, which sought to discover the most effective speech practice techniques with regard to overall evaluation scores. It was theorized by the author of the current study that if empirical evidence could be provided in support of certain speech practice techniques (i.e., using X practice method has been shown to result in Y additional evaluation points), students might be more inclined to try them. In addition, this current study sought to determine whether any significant correlations could be found between speech practice methods used by participants and participants’ expected speech grades.

Participants

This study was conducted at Miami University. Participants in the study were 220 undergraduate students distributed among 18 sections of COM 135, an introductory public speaking course. Of the total sample analyzed in the study, 128 participants (58%) were male and 92 participants (42%) were female. With regard to student rank, 55 participants (25%) were first-year students, 121 participants (55%) were sophomores, 33 participants (15%) were juniors, 11 participants (5%) were seniors, and two participants (1%) were graduate students. The study was publicized in courses taught by 11 graduate student instructors (see Appendix A). Students enrolled in public speaking courses taught by the author of this study were not eligible to participate. Students who participated in the study received credit for one of two required research participation assignments.

Prior to the study, public speaking instructors were asked to encourage students in their classes to practice speeches before an audience. An informal survey conducted by the author among 11 course instructors during the preliminary phase of this study revealed that seven of the instructors (64% of those surveyed) already encouraged their students to practice speeches in this manner. For purposes of this study, all other course instructors were asked to do the same. It was explained to public speaking course instructors prior to the study that they were under no obligation to heed this request and could decline to do so for any reason. These and all other procedures pertaining to this study were discussed with and approved by the course director. It was rationalized by the author of this study that in classes in which instructors encourage students to practice speeches before an audience, some students would heed the advice, some would practice using other methods, and some would not practice at all.

All participants completed two videotaped speeches in their public speaking course prior to their delivery of an oral interpretation speech that served as the basis for this study. Classes were “standardized” so that speeches were given at roughly the same time period for courses that met two times (one hour and 15 minutes every Tuesday and Thursday) and three times (50 minutes every Monday, Wednesday, and Friday) per week. Videotaped oral interpretation speeches were the only speeches analyzed in the study.

It was explained to participants prior to this study that total anonymity was not possible. Participants were also told prior to the study that: 1) their videotaped speeches would be accessed solely by the author of the study, three graduate students assisting with the study, and the study advisor, 2) data in the study would be analyzed solely by the author of the study and the advisor, and 3) participation in the study was completely voluntary and would have no impact on participants’ speech grade (see Appendix B).
Procedure

During Phase 1 of this study, participants were asked to complete the PRCA-24 and PRPSA-34 in combination (see Appendix C) to measure their level of communication apprehension (CA) and public speaking anxiety (PSA), respectively. A total of 220 participants completed this survey (128 male participants, 92 female participants). With regard to student rank, 55 participants (25%) were first-year students, 121 participants (55%) were sophomores, 33 participants (15%) were juniors, 11 participants (5%) were seniors, and two participants (1%) were graduate students. Upon completing the survey, participants were asked to indicate the following in the space provided at the end of the survey: 1) their sex, 2) the name of their public speaking instructor, 3) the time and days their public speaking course was taught, and 4) the last four digits of their social security number (SSN). It was explained to participants that the last four digits of their SSN would serve as their personal “code number,” and that this number, rather than their name, would be used for identification purposes throughout the study (see Appendix D). Participants were then thanked for their time and reminded that they would be asked to complete a brief questionnaire concerning an upcoming oral interpretation speech in their public speaking course (see Appendix E).

Approximately one week after completing the survey, participants were asked to complete a nine-item questionnaire on various methods they might have used to practice their oral interpretation speech. A total of 191 participants completed this questionnaire (110 male participants, 81 female participants). With regard to student rank, 47 participants (25%) were first-year students, 104 participants (55%) were sophomores, 28 participants (15%) were juniors, 10 participants (5%) were seniors, and two participants (1%) were graduate students.

Questionnaires were administered to participants in their public speaking classrooms by the author of this study. When two or more classes met simultaneously, questionnaires were administered by the author of the study and one to three graduate students who assisted with the study. Care was taken to ensure that questionnaires were never distributed by the instructor of the class in which questionnaires were distributed. Course instructors were asked to wait in their office while questionnaires were distributed, completed, and collected.

Questionnaires were administered and completed shortly before participants delivered their oral interpretation speech. This was done to reduce participants’ potential suspicions that their speeches would be graded in relation to the “quality” of their questionnaire responses. As mentioned previously, it was explained to participants that their involvement in the study would have no bearing on their speech grade. It was also explained to participants that their public speaking instructor would neither see nor have access to participants’ questionnaire responses at any time (see Appendix F). Nonetheless, questionnaires were administered in this manner to reduce the potential for participants to respond to the questionnaire based on perceptions of how effectively they performed their speech. If questionnaires were administered after participants had delivered their speech, participants may have responded to the questionnaire based on perceptions of how they should have practiced their speech versus how they might actually have chosen to do so. Participants who felt they delivered their speech effectively may have downplayed their practice efforts as a matter of pride, while participants who felt their speech performance was poor or otherwise ineffective may have exaggerated the methods or frequency in which they practiced to indicate more effort was put forth than what actually might have been the case.
Participants were asked to indicate the number of times they used each practice method by writing that number on the lines provided. If participants did not use a particular practice method at all, they were asked to indicate this by writing “0” on the line provided for that method. Participants were asked to complete the questionnaire as soon as they received it so that they would not be distracted by the questionnaire while other students were giving their speeches. The length of the questionnaire was such that participants could complete it rather quickly. This was done to minimize the likelihood of participants completing the questionnaire during other students’ speeches. The questionnaire was also kept relatively short to help reduce additional anxiety participants may have felt toward the questionnaire in relation to their speech performance.

Instructors were asked to advise all students in their classes—whether they participated in the study or not—to state the last four digits of their SSN before delivering their speech. It was explained to all students by the researcher or research assistant that these four digits were being used as “code numbers” so that their public speaking instructor would have no way of knowing which students participated in the study and which did not. Participants were instructed to write their code number on the line provided on the questionnaire upon completing it. Participants were advised at the end of the questionnaire to clearly state their code number before delivering their oral interpretation speech (e.g., “Hi. My code number is 1352. Edgar Allen Poe is considered a master of the horror story, and my selection of *The Tell-Tale Heart* will leave little doubt as to why”).

Questionnaires were collected by the researcher or research assistant(s) upon completion. Participants were thanked for their time and wished the best on their oral interpretation speeches. The researcher or research assistant(s) then left the room. After all speeches had been delivered, participants were debriefed with regard to the study at the beginning of their public speaking course (see Appendix G).

Participants’ speeches were videotaped as standard procedure in Miami University public speaking courses. After all oral interpretation speech grades had been calculated and recorded, the videotaped speeches were evaluated on various content and delivery elements (described below) by the researcher and three research assistants. Research assistants were public speaking instructors who were familiar with the speech assignment and experienced in evaluating speeches. Research assistants were trained regarding the performance evaluation instrument used in this study (see Appendix H). Videotaped speeches were analyzed solely by the author and research assistants. If a speech to be evaluated was delivered by a student of one of the research assistants, another research assistant evaluated that particular speech.

**Measurement**

*Communication apprehension.* The PRCA-24 (see Appendix C) was used to measure participants’ levels of communication apprehension (CA) approximately one week before their performance of the oral interpretation speech. This instrument consists of 24 items designed to measure trait CA within four specific communication contexts: public speaking, dyadic communication, speaking in small groups, and speaking in meetings. The PRCA-24 has emerged over the years as one of the chief instruments used in the communication field to measure trait CA (Lohr, Rea, Porter, & Hamberger, 1980). Based on data obtained from over 25,000 subjects in 52 colleges and universities, the mean total score of the PRCA-24 is 65.60 with a standard deviation of 15.30. Alpha reliability for the instrument is typically .93-.95
Alpha reliability for the PRCA-24 in this study was .94 ($M = 57.85$, $SD = 14.77$).

Public speaking anxiety. The PRPSA-34 (see Appendix C) (McCroskey, 1970; Richmond & McCroskey, 1985) was used to measure participants’ levels of public speaking anxiety (PSA) approximately one week before their performance of the oral interpretation speech. This instrument is used to measure trait anxiety and includes a variety of anxiety stimuli specific to public speaking environments. In previous studies, the PRPSA-34 has yielded three separate internal reliability measures of .94 and a test retest reliability of .84 over a period of ten days (Byers & Weber, 1995). The mean score of the PRPSA in a previous study was 102.23 with a standard deviation of 17.90 (Lohr et al., 1980). Alpha reliability for the instrument in this study was .94 ($M = 104.34$, $SD = 20.98$).

Speech practice. Participants completed a nine-item questionnaire (see Appendix E) concerning the number of times they practiced their oral interpretation speech aloud in front of a mirror ($M = 2.57$, $SD = 3.36$); silently to themselves ($M = 10.74$; $SD = 11.03$); aloud at a quiet, private place ($M = 6.81$, $SD = 8.77$); through use of video and/or audio recording devices ($M = .07$, $SD = .74$); before smaller audiences of one to three members ($M = 1.99$, $SD = 2.25$); and before larger audiences of four or more members ($M = .15$, $SD = .58$). Participants were asked to indicate the number of times they used each practice method by writing that number (or “0” if they did not use the method at all) on the line provided.

Participants’ performance expectations regarding their oral interpretation speech were operationalized as indications of their expected grade on a four-point “A” to “F” scale (plusses and minuses included) ($M = 3.43$, $SD = 5.45$).

Participants’ level of confidence regarding their oral interpretation speech was operationalized using a five-point Likert scale (1 = “very low,” 5 = “very high”) ($M = 3.65$, $SD = .69$).

Speech performance. Participants’ overall speech performance was measured using a modified version of the standard speech evaluation sheets used in public speaking courses at Miami University in which this study was conducted (see Appendix H). This instrument was designed to evaluate participants’ speech performance using criterion for speech delivery and content. Delivery criteria included: 1) volume and vocal clarity; 2) rate, tone, and modulation; 3) “body language” (i.e., gestures, posture, and facial expressions); 4) eye contact; and 5) speakers’ apparent comfort level in performing the speech. Content criteria included elements relative to the introduction, body, conclusion, and overall structure of the speech. This instrument consists of ten total criteria, each based on a five-point Likert scale (1 = “very poor,” 5 = “very good”). Each videotaped speech evaluated received an overall evaluation score based on a summary of points earned in all criterion, resulting in a total score range of 10 to 50 points. Effective use of the evaluation sheet and its 10 criterion were explained and demonstrated by the author of the study to two research assistants. The author of the study and both research assistants familiarized themselves with the evaluation sheet by evaluating 10 sample speeches from a public speaking training video. These practice evaluations were then reviewed and discussed in terms of accuracy and consistency among the author of the study and both research assistants. Twenty additional sample speeches from various public speaking training videos were then evaluated by the author of the study and two research assistants using the same evaluation sheets (see Appendix H). Evaluation scores were then normalized and tested for inter-coder reliability. Alpha reliability for the instrument was .88 and inter-coder reliability was .90.
CHAPTER THREE: RESULTS

H1 predicted that students who practiced their speech before an audience would perform more effectively than students who practiced their speech without an audience. An independent samples t-test was conducted to compare the evaluation score of participants who practiced their speech before an audience with participants who used non-audience-based methods to practice their speech. Participants who practiced their speech before an audience received an average speech evaluation score of 38.02 (SD = 5.42). Participants who practiced their speech without an audience received an average speech evaluation score of 35.56 (SD = 6.34) (t[189] = 2.83, p < .01). H1 was thus supported.

H2 predicted that students who practiced their speech before larger audiences would perform more effectively than students who practiced their speech before smaller audiences. A second independent samples t-test was conducted to compare the evaluation scores of participants who practiced their speech before larger audiences with those who practiced their speech in front of smaller audiences. Participants who practiced their speech before larger audiences received an average speech evaluation score of 40.2 (SD = 3.12). Participants who practiced their speech before smaller audiences received an average speech evaluation score of 37.72 (SD = 5.61) (t[28.63] = 2.55, p < .05). H2 was thus supported.

H3 predicted that participants’ speech evaluation scores would increase as the total number of times participants practiced their speech before an audience increased. The total number of times participants practiced their speech before an audience was not significantly correlated with participants’ speech evaluation scores (r = .11, p = .15). H3, therefore, was not supported.

H4a predicted that as participants’ CA scores increased, the total number of times participants practiced their speech before an audience would decrease. Participants’ CA scores were not significantly correlated with the number of times participants practiced their speech before an audience (r = .01, p = .17). Thus, H4a was not supported.

H4b predicted that as participants’ PSA scores increased, the total number of times participants practiced their speech before an audience would decrease. Participants’ PSA scores were not significantly correlated with the number of times participants practiced their speech before an audience (r = .08, p = .30). H4b, therefore, was not supported.

H5a proposed that participants’ reported confidence levels would increase as the number of times participants practiced their speech before an audience increased. Participants’ reported confidence level was not significantly correlated with the number of times participants practiced their speech before an audience (r = .09, p = .23). H5a, therefore, was not supported.

H5b predicted that participants’ reported grade expectations would increase as the number of times participants practiced their speech before an audience increased. On the contrary, participants’ reported grade expectation was not significantly correlated with the number of times participants practiced their speech before an audience (r = -.05, p = .52). Thus, H5b was not supported.
CHAPTER FOUR: DISCUSSION

On average, students who practiced their speech before an audience scored three additional points on their evaluations than students who practiced without an audience. In addition, students who practiced their speech before larger audiences scored an average three additional points on their evaluations than students who practiced before smaller audiences. Nevertheless, the total number of times students practiced their speech before an audience did not significantly correlate with their speech evaluation scores. Similarly, students’ CA and PSA scores did not significantly correlate with the number of times they practiced their speech in front of an audience. In the same regard, students’ confidence level and grade expectation did not significantly correlate with the number of times they practiced their speech before an audience.

This study lends support to audience-based speech practice as a potentially valid method for enhancing student speech performance. Students could certainly benefit from a 7.5% increase in speech scores (the improvement yielded with regard to the 40-point evaluation scale used in this study) (see Appendix H)—especially those in public speaking courses where several speech assignments are given throughout the semester. The results of this study also support findings from previous studies which suggest practicing speeches as realistically as possible (i.e., in ways that adequately reflect the public speaking act and environment) may contribute to better performance overall (see Kelly & Keaten, 2000; Menzel & Carrell, 1994; O’Hair, Stewart, & Rubenstein, 2001; Pelias, 1989; Rumsey, 1996).

That no significant correlation was found between students’ speech evaluation scores and the number of times students practiced their speech before an audience tentatively supports previous research which suggests that repeated speech practice may not inadvertently decrease speaker anxiety and its potential to undermine performance (see Beatty, Balfantz, & Kuwabara, 1989). In the absence of such benefits, students’ public speaking effectiveness may be hindered overall, thus providing a possible explanation for the findings of this study with regard to H3. As H1 predicted, students in this study who practiced their speech before an audience received higher evaluation scores overall than students who practiced their speech without an audience. If practicing speeches before an audience leads to better overall performance, it seems reasonable that benefits reaped from this method would increase the more one used it. On the contrary, results of this study suggest the relationship between speech performance evaluations and number of speech practices before an audience may be curvilinear. In other words, while practicing speeches before an audience may help improve overall performance, a point may exist at which no additional benefits are gained from the technique. Still, the somewhat limited number of participants who practiced their speech before an audience may also have contributed to this finding (along with other correlations pertaining to this study).

No significant negative correlations were found in this study for students’ CA and PSA scores with regard to the number of times students practiced their speech before an audience. These results are especially intriguing considering the results of previous studies that suggest individuals with high levels of CA and/or PSA may view speech practice before an audience (and speech preparation in general) in a negative light and thus be less inclined to engage in this particular practice method (see Ayres, 1996; Ayres & Heuett, 1997; Daly, Vangelisti, Neel, & Cavanaugh, 1989; Pelias, 1989). In fact, post hoc analyses conducted in this study revealed a negative correlation between students’ CA level with regard to their speech evaluation scores (r = -.17, p < .05), reported confidence level (r = -.30, p < .02), and expected speech grade
In the same regard, students’ PSA score negatively correlated with their reported confidence level \((r = -0.32, p < 0.02)\) and expected speech grade \((r = -0.24, p < 0.02)\).

Though admittedly slight, these correlations support the notion that students with higher than moderate levels of CA or PSA may become victims of a malevolent self-fulfilling prophecy in preparing and performing their speeches. As such, neither CA nor PSA should be taken lightly, for both may undermine student speech and course performance in public speaking classrooms. In fact, neglecting to identify and assist students with high levels of CA and/or PSA may be just as pedagogically unsound as moving remedial math students into advanced calculus courses in hopes that the material presented will somehow eventually “stick.” In either scenario, students affected may needlessly suffer while gaining little in the way of long-term learning.

Surprisingly, students’ reported confidence level and grade expectation were not significantly correlated with the number of times students practiced their speech before an audience. This finding tentatively supports previous research suggesting that speech preparation techniques and speech practice in general may not inadvertently yield reductions in speaker apprehension (Ayres, 1996). Considering the results of this study regarding the negative effects of CA and PSA on students’ speech evaluation scores, confidence level, and expected speech grade, future research should reexamine such findings.

As stated previously, this study sought to address inconsistencies in students’ perceptions of effectiveness regarding various speech practice techniques versus how frequently students chose to employ these techniques. An intriguing inconsistency was found in this study regarding the number of times students practiced their speech before a mirror. Reading speeches aloud in front of a mirror was the fourth most commonly employed practice technique among seven listed on the questionnaire used in the previously discussed pilot study. Participants in this pilot study ranked speech practice before a mirror as the fifth most effective technique of the seven listed. In the present study, speech practice before a mirror was the third most commonly employed practice technique among the six listed in the questionnaire (see Appendix E). These results suggest that students do not engage in mirror-based speech practice on a substantial basis and may not perceive the method as particularly effective. Results of this study, however, revealed a positive correlation between participants’ speech evaluation scores and the number of times participants practiced their speech aloud in front of a mirror \((r = 0.27, p < 0.02)\). In fact, mirror-based speech practice was the only practice method significantly correlated with students’ speech evaluation scores (see Appendix I).

Several factors may explain the potential benefits of mirror-based speech practice. Practicing speeches before a mirror enables the speaker to observe and monitor his or her nonverbal communication skills (i.e., facial expressions, posture, eye contact, etc.), in a typically private and relaxed environment. When one engages in mirror-based speech practice, speaker and audience are essentially the same. This method of rehearsal may allow speakers the potential to improve several elements relative to their speech performance—all in a much less intimidating atmosphere than that typically imposed by an “outside” audience. While no significant correlation was found between participants’ CA and PSA scores and the number of times participants practiced their speech in front of a mirror, it seems logical that students high in CA and/or PSA might especially benefit from this practice technique.

It can similarly be argued that recording or videotaping one’s speech for future review also allows for self-monitoring of various public speaking elements in a safe and comfortable environment. Yet a surprising finding of this study was that only two participants (1% of the sample) used this particular method. It is possible the majority of participants felt they lacked
the time or resources required for this particular technique. It is also possible that participants may have dismissed the need and/or value of recording and subsequently monitoring their speech performances. Participants may also have been less than thrilled with the prospect of seeing and/or listening to themselves on tape, especially if for the first time. Future studies should address the overall validity of this particular method of practice by employing an experimental design that would garner an ample number of participants willing to use the technique.

Future research might also address whether observing other students’ speeches or other speeches in general could constitute a method of speech practice in itself. In other words, can public speaking skills be improved through observation and evaluation of others’ speeches? If so, public speaking instructors might require their students to observe a particular number of speeches or public speaking forums as a potential means of enhancing classroom speech performance. Educators might also use this technique to promote the value of effective listening skills.

Limitations exist in this study, one being the relatively small number of participants who chose to practice their speech before an audience. Only 15 participants (8% of the sample) elected to practice their speech in front of audiences of four or more members. While 123 participants (64% of the sample) engaged in speech practice before smaller audiences, the number of participants engaging in audience-based practice overall was limited.

It should also be noted that a “chicken or egg” phenomenon cannot be ruled out in interpreting the results of this study. As discussed previously, students who practiced their speech before an audience earned an average three additional points on their speech evaluation scores—a 7.5% increase with the evaluation scale used in this study—as opposed to students who practiced their speeches using other methods. It is plausible these additional points can be at least partially attributed to the overall effectiveness of practicing speeches before an audience. It is also possible that this particular practice technique simply appealed to and attracted a greater number of effective public speakers than other methods in comparison. In other words, does audience-based speech practice lead to better public speakers, or do better public speakers simply prefer audience-based speech practice?

Future studies might address this issue by randomly assigning participants a particular method of speech practice (e.g., 50 participants are randomly assigned “practice before a mirror,” 50 participants are randomly assigned “practice at a quiet, private place,” etc.). In this regard, results obtained could less likely be attributed to participants’ public speaking abilities beforehand, as speakers would not choose and therefore might not receive their preferred method of practice. Future studies might also ask participants to indicate two or three methods they typically employ when practicing speeches. In addition, this survey could include a section for participants’ self-ratings of strengths, weaknesses, and overall effectiveness with regard to public speaking. These responses could then be analyzed to determine if any relationships exist between participants’ preferred method of speech practice and their perceptions of public speaking ability.

In conclusion, this study lends empirical support to the effectiveness of audience-based speech practice. Practicing speeches before a mirror might also be regarded as a potentially effective technique. Overall, both methods seem worthy of suggestion to students in public speaking classrooms. This is not to imply that other speech practice methods examined in this study (i.e., reading a speech silently to oneself, oral rehearsal at a quiet, private place, etc.) are inferior and should be ignored by instructors. On the contrary, an important finding of this study
was that none of the practice techniques examined correlated negatively with students’ speech evaluation scores.

In the same regard, results of this study in no way suggest that any of the practice methods examined might actually undermine students’ speech performances. Instructors should therefore feel relatively confident in suggesting any or all of the methods analyzed in this study as a potential means of enhancing students’ speech performance. Effective speech practice techniques may lead to higher speech evaluation scores and higher course grades overall. These methods may also contribute to students’ overall enjoyment of public speaking classes and the attitudes they take away from them. Contrary to the saying, speech practice does not ensure perfection. All the same, promoting effective and realistic speech practice techniques in the classroom may yield substantial benefits to students and instructors alike.
References


APPENDIX A

ANNOUNCEMENT:

A research study on speech practice methods will be conducted November 18—20, 2002. All COM 135 students are encouraged and eligible to participate. Students who participate will receive credit for one participation (out of class) assignment in COM 135. Not participating in the study will in no way negatively impact students’ course grade.

Sign up on the RED sheets located on the bulletin board outside of room 162 Bachelor Hall. Please be sure to note the time and room number when you sign up. Participation in the research will take approximately 15 minutes. For more information, contact Tony Smith at 529-1879, in person at 52 Bachelor Hall, or by email at smithte@muohio.edu.
APPENDIX B

Department of Communication Research Consent Form

1. Description of Project: This research project is designed to investigate students’ feelings toward communication, along with methods students use to practice speeches.

2. I understand that my participation in this study will take approximately 15 minutes today, and will also involve answering a nine-item questionnaire on the day I deliver my oral interpretation speech that will take approximately three minutes.

3. I understand that I will receive credit for one participation (out of class) assignment in my public speaking course for participating in this study.

4. I understand that there are no foreseeable risks to my participation in this study.

5. I understand that I have the right to withdraw from this study at any time without penalty.

6. The purpose of this research has been explained to me, and I understand the explanation.

7. I understand that I have the right to have this study explained to my satisfaction upon completion of the study.

8. I understand that the information I give in this study will be treated confidentially.

9. I understand that the data I provide in this study may be used by other scientists for secondary analysis.

10. I understand that my upcoming oral interpretation speech for COM 135 will be videotaped, and that this videotaped speech will be accessed and analyzed by the researcher or one of three research assistants. With this understanding, I give consent for my videotaped speech to be accessed and analyzed in this manner.

11. I understand that my participation in this study will in no way affect my speech grade in my public speaking course.

12. I understand that a copy of the research report for this study will be made available to me upon request.

Given these statements, I freely consent to participate in this research project within the Department of Communication.

Signed: __________________________________________
Date: ___________________________________________
Name (print): ___________________________________
COM 135 Instructor: _______________________________

If you have any questions or concerns about your rights as a study participant, please feel free to contact the Office for the Advancement of Scholarship and Teaching at 513-529-3734 or humansubjects@muohio.edu. Additional questions regarding this research project should be directed to Tony E. Smith or Dr. Ann Bainbridge Frymier. Mr. Smith’s office is located at 52 Bachelor Hall (phone: 529-1879, email: smithte@muohio.edu) and Dr. Frymier’s office is located in 162-D Bachelor Hall (phone: 529-7473, email: frymieab@muohio.edu).
APPENDIX C
CA/PSA SURVEY

Directions:
This survey consists of 58 statements concerning your feelings about communicating with other people. Work quickly and record your first impression. Indicate the degree to which each statement applies to you by marking whether you:

1 = Strongly Agree   2 = Agree   3 = Are Undecided   4 = Disagree   5 = Strongly Disagree

____ 1. While preparing for giving a speech, I feel tense and nervous.
____ 2. I feel tense when I see the words “speech” and “public speech” on a course outline.
____ 3. My thoughts become confused and jumbled when I am giving a speech.
____ 4. Right after giving a speech I feel that I have had a pleasant experience.
____ 5. I get anxious when I think about a speech coming up.
____ 6. I have no fear of giving a speech.
____ 7. Although I am nervous just before starting a speech, I soon settle down after starting and feel calm and comfortable.
____ 8. I look forward to giving a speech.
____ 9. When the instructor announces a speaking assignment in class, I can feel myself getting tense.
____ 10. My hands tremble when I am giving a speech.
____ 11. I feel relaxed while giving a speech.
____ 12. I enjoy preparing for a speech.
____ 13. I am in constant fear of forgetting what I prepared to say.
____ 14. I get anxious if someone asks me something about my topic that I do not know.
____ 15. I face the prospect of giving a speech with confidence.
1 = Strongly Agree  2 = Agree  3 = Are Undecided  4 = Disagree  5 = Strongly Disagree

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<td>16.</td>
<td>I feel that I am in complete possession of myself while giving a speech.</td>
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<td>17.</td>
<td>My mind is clear when giving a speech.</td>
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<td>18.</td>
<td>I do not dread giving a speech.</td>
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<td>19.</td>
<td>I perspire just before starting a speech.</td>
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<td>20.</td>
<td>My heart beats very fast just as I start a speech.</td>
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<td>21.</td>
<td>I experience considerable anxiety while sitting in the room just before my speech starts.</td>
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<td>22.</td>
<td>Certain parts of my body feel very tense and rigid while giving a speech.</td>
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<td>23.</td>
<td>Realizing that only a little time remains in a speech makes me very tense and anxious.</td>
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<td>24.</td>
<td>While giving a speech I can control my feelings of tension and stress.</td>
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<td>25.</td>
<td>I breathe faster just before starting a speech.</td>
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<td>26.</td>
<td>I feel comfortable and relaxed in the hour or so before giving a speech.</td>
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<td>27.</td>
<td>I do poorer on speeches because I am anxious.</td>
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<td>28.</td>
<td>I feel anxious when the teacher announces the date of a speech assignment.</td>
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<td>29.</td>
<td>When I make a mistake while giving a speech, I find it hard to concentrate on the parts that follow.</td>
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<td>30.</td>
<td>During an important speech I experience a feeling of helplessness building up inside me.</td>
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<td>31.</td>
<td>I have trouble falling asleep the night before a speech.</td>
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<td>32.</td>
<td>My heart beats very fast while I present a speech.</td>
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<td>33.</td>
<td>I feel anxious while waiting to give my speech.</td>
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<td>34.</td>
<td>While giving a speech, I get so nervous I forget facts I really know.</td>
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<tr>
<td>35.</td>
<td>I am very relaxed when answering questions at a meeting.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36.</td>
<td>I dislike participating in group discussions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37.</td>
<td>While giving a speech, I get so nervous I forget facts I really know.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38.</td>
<td>My thoughts become confused and jumbled when I am giving a speech.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39.</td>
<td>Usually I am calm and relaxed while participating in meetings.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40.</td>
<td>Ordinarily I am very calm and relaxed in conversations.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1 = Strongly Agree  2 = Agree  3 = Are Undecided  4 = Disagree  5 = Strongly Disagree

41. Generally, I am nervous when I have to participate in a meeting.
42. I am very calm and relaxed when I am called upon to express an opinion at a meeting.
43. While conversing with a new acquaintance, I feel very relaxed.
44. Certain parts of my body feel very tense and rigid while giving a speech.
45. While participating in a conversation with a new acquaintance I feel very nervous.
46. I am tense and nervous while participating in group discussions.
47. I am afraid to express myself at meetings.
48. Generally, I am comfortable while participating in group discussions.
49. Communicating at meetings usually makes me feel uncomfortable.
50. I have no fear of giving a speech.
51. Engaging in group discussion with new people makes me tense and nervous.
52. I feel relaxed while giving a speech.
53. I’m afraid to speak up in conversations.
54. I face the prospect of giving a speech with confidence.
55. I like to get involved in group discussions.
56. I am calm and relaxed while participating in group discussions.
57. Ordinarily I am very tense and nervous in conversations.
58. I have no fear of speaking up in conversations.

Your Code Number: __________
Your COM 135 Instructor: ______________________________
Time and Days Your COM 135 Class is Taught: ________________
Sex: _____ Male _____ Female
Class Rank: _____ First year _____ Sophomore _____ Junior _____ Senior
EXPERIMENTER INSTRUCTIONS:
CA/PSA SURVEY

1. Be sure you have: surveys
consent forms
pens & pencils
sign-up sheets from bulletin board

2. As students enter the room, tell them to take a seat and that the research will begin shortly.

3. Begin the session by asking students to read and complete the consent form. Participants should be told that the consent forms will be used at the end of the study to notify their COM 135 instructor that they participated in the research.

** Collect consent forms from participants. These must be collected BEFORE the CA/PSA survey is administered. **

4. Hand out the CA/PSA survey. Read the following to participants:

   “This survey will take about 15 minutes and concerns your feelings about communicating with other people. Please read the directions carefully. Indicate the level to which you agree or disagree with each statement. At times it may seem like the same statements are being made but using different words. This is done on purpose because no single statement will perfectly measure your feelings.

   “There are lines at the end of the survey for your code number, the name of your COM 135 instructor, the time and days your COM 135 class is taught, your class rank, and your sex. Your code number is the last four digits of your social security number. This number, rather than your name, will be used for identification purposes throughout the study. Your name will not be used to identify you at any time throughout the study. Your responses will be treated confidentially and accessed only by the researcher and study advisor.

   “On the day you are scheduled to deliver your oral interpretation speech in COM 135, you will be asked by the researcher or research assistant to complete a brief questionnaire on speech practice techniques. Answering this questionnaire will take approximately three minutes. If you have any questions at any time, please feel free to ask the researcher.”

5. As students complete the survey, be sure to ask if they have any questions.
APPENDIX E

QUESTIONNAIRE ON SPEECH PRACTICE METHODS

Directions:
Listed below are several methods you might have used to practice the speech you are scheduled to deliver today. Please indicate the number of times you used each practice method by writing that number on the line provided. If you did not use a particular practice method at all, please write "0" for that method.

For example, if you practiced your speech silently to yourself four times, you would write: I practiced my speech silently to myself __4___ time(s).

1. I practiced my speech aloud in front of a mirror _____ time(s).
2. I practiced my speech silently to myself _____ time(s).
3. I found a quiet, private place and practiced my speech aloud _____ time(s).
4. I recorded or videotaped myself giving my speech _____ time(s).
5. I practiced my speech in front of an audience (friends, roommates, etc.) of one to three people _____ time(s).
6. I practiced my speech in front of an audience (friends, roommates, etc.) of four or more people _____ time(s).
7. The grade (including plusses and minuses) I expect to receive for my speech today is a(an): ______
8. My confidence level toward my speech today is (check one): ___Very low. ___Low. ___Neither high nor low. ___High. ___Very high.
9. My code number is: ____________.

Thank you for completing this questionnaire. Good luck on your speech! Please remember to clearly state your code number before delivering your speech.
APPENDIX F

EXPERIMENTER INSTRUCTIONS:
PRACTICE METHODS QUESTIONNAIRE

1. Be sure you have: questionnaires + pens & pencils (Tony has extras if needed) schedule of Code Numbers and instructors’ room numbers

2. Advise the class instructor to leave the room and that he/she will be notified as soon as all questionnaires have been distributed and collected.

3. As class begins (do NOT start early) introduce yourself and state the following:

   “About one or two weeks ago, several COM 135 students completed a survey on their feelings about communicating with other people. This survey asked for their code number, which was the last four digits of their SSN. I’m here this week to distribute a brief questionnaire on speech practice methods to students who completed that survey. I have a list of code numbers for participants in this class. Please listen carefully as I read each code number. If I call your code number and you are scheduled to deliver your speech today, please raise your hand. If I call your code number but you are NOT scheduled to deliver your speech today, DO NOT raise your hand. Your code number will be called again later this week. Once again, your code number is the last four digits of your SSN.

   “If you did not participate in the survey or you are not delivering your speech today, please wait quietly until all questionnaires have been collected. EVERYONE should state their code number before delivering their speech today whether they filled out the survey or not. This is being done so that your COM 135 instructor will have no idea who filled out questionnaires today and who did not. Also, please try to stay in camera range as much as possible when delivering your speech today. Does anyone have any questions?”

5. Read the list of Code Numbers from your schedule. Pause after reading each one to see if any student raises his/her hand. If so, circle that number. If not, continue reading from the list until all numbers have been read. Read back the list of circled Code Numbers and ask those students to raise their hands again. Distribute questionnaires to those students only. Read the following to those students:

   “This questionnaire will take about one minute to complete and concerns various methods you might have used to practice your speech today. Please read the directions carefully. Indicate the number of times you used each practice method by writing that number on the line provided. If you did not use a particular practice method at all, please write “0” for that method. There are no right or wrong answers for this questionnaire, so please be completely honest in your responses.

   “The last item on the questionnaire asks for your code number—the last four digits of your Social. Be sure to write this number on the line provided. Please remember to clearly state your code number before delivering your speech. Your responses to this survey will be treated confidentially and accessed only by the researcher and study advisor. If you have any questions, please feel free to ask. Good luck on your speech today!”

6. As students complete the questionnaire, be sure to ask if they have any questions before leaving the room. Return questionnaires directly to Tony or drop them in his mailbox. Don’t forget to notify the instructor to return to his/her class!
College students’ feelings toward delivering speeches and communicating with other people, along with how college students practice speeches, are important areas within the communication field. The first goal of this study was to explore students’ feelings of anxiety and apprehension toward delivering speeches and communicating with others. The second goal was to analyze various methods college students use to practice speeches in an effort to discover which methods are most effective.

You were asked to indicate the number of times you used a variety of methods to practice your oral interpretation speech for COM 135. It was expected that students who practiced their speech before an audience would perform more effectively than students who used other practice methods or did not practice at all. It was also expected that: 1) students who practiced their speech before larger audiences would perform more effectively than students who practiced before smaller audiences (the idea being that larger audiences more closely simulate the public speaking environment of the COM 135 classroom), and 2) students who more frequently practiced their speech before an audience would perform more effectively than students who less frequently practiced their speech before an audience.

The primary purpose of this study was to discover the most effective methods students can use to practice speeches. The results of this study will be used in a thesis written by the researcher on the same topic.

If you would like a copy of the results of this study, please give your permanent address to Tony E. Smith, 52 Bachelor Hall (Phone: 529-1879; Email: smithte@muohio.edu), and a copy of the results will be sent to you in approximately one month. Thank you very much for taking part in this study, and best wishes in your academic endeavors.
APPENDIX H

SPEECH EVALUATION SHEET

Participant’s Code #: __________ (Must be Included!)

Participant’s COM 135 Instructor: ____________________________

Directions:
Listed below are two categories concerning participants’ videotaped speeches.
Please rate each item listed using the following scale:

1 = Very poor.  2 = Poor.  3 = Average.  4 = Good.  5 = Very good.

Delivery Technique:

Speaker’s vocal clarity is ____.

Speaker’s “body language” (gestures, posture, facial expressions) is ____.

Speaker’s emotional enactment of the text is ____.

Speaker’s eye contact is ____.

Speaker’s overall “polish” (comfort and confidence level) appears to be ____.

Speech Content:

Introduction is ____ in effectively setting up the performance.

Introduction is ____ in eliciting interest in the selection.

Selection is ____ in its completeness.

Speaker is ____ in giving a compelling performance.

Speaker’s performance overall is ____.

TOTAL: ________/50

Rater’s initials: _______
## APPENDIX I

### CORRELATIONS FOUND FOR SPEECH EVALUATION SCORES

<table>
<thead>
<tr>
<th>Speech Practice Technique</th>
<th>Speech Evaluation Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aloud in front of a mirror</td>
<td>.27**</td>
</tr>
<tr>
<td>Silently to oneself</td>
<td>.01</td>
</tr>
<tr>
<td>Aloud at a quiet, private place</td>
<td>.08</td>
</tr>
<tr>
<td>Videotaped or recorded performance</td>
<td>-.02</td>
</tr>
<tr>
<td>Practice before audience, 1-3 members</td>
<td>.08</td>
</tr>
<tr>
<td>Practice before audience, 4(+) members</td>
<td>.14</td>
</tr>
</tbody>
</table>

** p < .02