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Exposure reduces negative bias in self-rated performance in public speaking fearful participants



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ABSTRACT

Background and objectives: Individuals with public speaking anxiety (PSA) under-rate their performance compared to objective observers. The present study examined whether exposure reduces the discrepancy between self and observer performance ratings and improved observer-rated performance in individuals with PSA.

Methods: PSA participants gave a speech in front of a small audience and rated their performance using a questionnaire before and after completing repeated exposures to public speaking. Non-anxious control participants gave a speech and completed the questionnaire one time only. Objective observers watched videos of the speeches and rated performance using the same questionnaire.

Results: PSA participants underrated their performance to a greater degree than did controls prior to exposure, but also performed significantly more poorly than did controls when rated objectively. Bias significantly decreased and objective-rated performance significantly increased following completion of exposure in PSA participants, and on one performance measure, anxious participants no longer showed a greater discrepancy between self and observer performance ratings compared to controls.

Limitations: The study employed non-clinical student sample, but the results should be replicated in clinical anxiety samples.

Conclusions: These findings indicate that exposure alone significantly reduces negative performance bias among PSA individuals, but additional exposure or additional interventions may be necessary to fully correct bias and performance deficits.

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Individuals with social anxiety are negatively biased in their perceptions of their social performance, as reflected by a tendency to underrate their social performance compared to ratings by independent observers (Clark & Arkowitz, 1975; Rapee & Lim, 1992). Such negative biases may contribute to impairments in interpersonal relationships as well as work and academic performance that are characteristic of social anxiety (Schneier et al., 1994). Cognitive behavioral therapy effectively reduces anxiety and modifies distorted beliefs about the self (Feske & Chambless, 1995; Heimberg, 2002; Rodebaugh, Holaway, & Heimberg, 2004). However, it is unclear whether exposure alone, without the addition of cognitive restructuring, is sufficient to reduce negative bias in self-rated performance among anxious individuals. The current study examined whether exposure reduces the discrepancy between self-

ratings of public speaking performance and ratings by objective observers among individuals with public speaking anxiety (PSA).

The cognitive model of social anxiety (Clark & Wells, 1995; Rapee & Heimberg, 1997) suggests that negative performance bias among individuals with social anxiety may result from an attentional focus towards internal cues and away from external cues during a social encounter. By focusing on somatic symptoms of arousal (e.g., increased heart rate, blushing), individuals with social anxiety may have difficulty attending to relevant social cues that provide feedback about their performance. Consistent with this notion, high self-focused attention among socially anxious individuals was associated with poorer recall of information about a partner and the content of the conversation in a social interaction (Hope, Heimberg, & Klein, 1990). Given that self-perception relies on both internal and external information (Clark & Wells, 1995; Rapee & Heimberg, 1997), negligence of social information may result in a distorted self-perception based solely on subjective cues.

Fixation on internal cues may cause individuals with social

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anxiety to exaggerate the visibility of their somatic symptoms, and consequently perceive that they appear more anxious than they actually do in social situations. In accord, [McEwan and Devins \(1983\)](#) found that anxious individuals overestimated the number of anxiety-related behaviors they displayed in a social interaction relative to what was actually noticed by peers, and rated themselves as more anxious compared to peer ratings. Moreover, [Mansell and Clark \(1999\)](#) demonstrated that among anxious individuals, the perception of more bodily sensations during a speech task was associated with greater discrepancy between self- and observer-rated performance.

Negative performance bias among anxious individuals contributes to avoidance of social interactions by prolonging anxiety and distress after a social event ([Clark & Wells, 1995](#); [Rapee & Heimberg, 1997](#)). [Perini, Abbott, and Rapee \(2006\)](#) found that, among anxious individuals, those who appraised their performances more negatively immediately after a speech ruminated more about their performances in the following week. Moreover, [Rachman, Grüter-Andrea, and Shafran \(2000\)](#) showed that anxious individuals who ruminated about a social event also reported subsequent avoidance of similar situations. These findings suggest that negative performance bias may prompt anxious individuals to ruminate negatively about a social event and subsequently avoid future events. Avoidance may prevent collection of objective information about one's social performance and, as a result, help maintain a biased self-perception.

Despite consistent evidence of negative performance bias among socially anxious individuals ([Clark & Arkowitz, 1975](#); [Rapee & Lim, 1992](#)), studies to date have provided mixed results regarding actual performance deficits in public speaking and social interaction ([Beidel, Turner, & Dancu, 1985](#); [Clark & Arkowitz, 1975](#); [Norton & Hope, 2001](#); [Rapee & Lim, 1992](#); [Stopa & Clark, 1993](#)). One study found no difference in observer-rated performance between anxious participants and controls ([Rapee & Lim, 1992](#)), while others have found that anxious participants perform more poorly than controls ([Norton & Hope, 2001](#); [Stopa & Clark, 1993](#)). Determining whether performance deficits do in fact exist among PSA individuals is valuable because it can help guide intervention. That is, the addition of skills training may be warranted for individuals with performance deficits.

Following exposure, anxious participants report fewer negative thoughts directed toward the self (e.g., internal states, ability, appearance) in anticipation of a social task ([Hofmann, 2000](#); [Hofmann, Moscovitch, Kim, & Taylor, 2004](#)). Exposure also leads to greater perceived social skills ([Williams, Kinney, & Falbo, 1989](#)), and improved self-rated speech performance among anxious participants ([Newman, Hofmann, Trabert, Roth, & Taylor, 1994](#)). Additionally, [Anderson et al. \(2013\)](#) found that following exposure, individuals with social anxiety gave longer speeches compared to waitlist participants, showing that exposure reduces behavioral avoidance. However, extant studies have either examined negative performance bias in anticipation of a social task rather than actual performance, or examined improvement in self-ratings without evaluation of the discrepancy between self and observer performance ratings. Prior studies have found reductions in the discrepancy between self- and other-rated performance following treatments that included both behavioral and cognitive components ([Abbott & Rapee, 2004](#)), as well as treatments with video feedback ([Rapee & Hayman, 1996](#); [Rodebaugh & Chambless, 2002](#)). However, no prior studies have examined the effect of exposure alone on performance bias. Given that exposure also improves objective ratings of speech performance among anxious individuals ([Newman et al., 1994](#)), it is unclear whether improvement in self-ratings indicates a reduction in negative performance bias (i.e., self versus other discrepancy), or simply reflects improvement in

performance that occurs with practice. Moreover, given that anxious individuals perceive performance improvements in a social interaction yet continue to underrate their performance compared to objective raters ([Alden & Wallace, 1995](#)), it is unclear whether improvement in self-ratings is sufficient to offset negative performance bias. The current study is the first to examine whether exposure reduces the discrepancy between self- and observer-rated speech performance among PSA individuals.

The study had three aims. First, in an attempt to replicate prior work, we tested whether individuals with PSA displayed a greater bias in self-rated performance than did non-anxious controls. In accord with prior findings ([Clark & Arkowitz, 1975](#); [Rapee & Lim, 1992](#)), we hypothesized that individuals with PSA would show a greater discrepancy between self and observer ratings on speech performance than control participants. Second, to inform a question with mixed results in the literature, we tested whether PSA speech performances were rated more negatively than control speech performances by objective raters. Because prior findings have been inconsistent, we made no a priori hypotheses. Finally, we examined whether exposure reduced bias in self-rated performance and improved objective performance ratings in anxious individuals. We hypothesized that, following exposure, PSA participants would show a reduction in the discrepancy between self- and observer-rated performance as well as improved objective-rated performance.

1. Method

1.1. Participants

The study sample included 82 participants with PSA and 14 controls. One hundred and two PSA and fourteen control participants were recruited to participate. Twenty PSA participants were not included in analyses: one participant received the incorrect study protocol due to experimenter error, one participant fell asleep during the experiment, and eighteen participants dropped from the study following the first exposure session. One control participant's video was not recorded properly and was not coded by objective raters. However, this participant was included in analyses because self-rated performance was available. [Niles, Craske, Lieberman, and Hurr \(2015\)](#) provides a consort diagram of flow through study procedures for PSA participants. PSA participants had a mean age of 26 (SD = 9.2), 77% were female, 94% were students, and 40% spoke English as a second language. The ethnic breakdown of the PSA sample was 60% Asian, 13% Hispanic, 12% Caucasian, 4% African American, and 11% other. Control participants had a mean age of 20 (SD = 2.4), 43% were female, 93% were students, and 29% spoke English as a second language. The ethnic breakdown of the control sample was 43% Asian, 43% Caucasian, and 14% Hispanic.¹

Eligible PSA participants reported a 6 or higher on anxiety (“How anxious would you feel giving a formal speech before a live audience?”) and a 5 or higher on avoidance (“How likely would you be to avoid taking a class that required an oral presentation?”) of public speaking on 0 to 8 point screening scales, where 0 = no anxiety/never avoid, and 8 = extreme anxiety/always avoid. Control participants reported a 2 or lower on anxiety and a 1 or lower on avoidance of public speaking on the same scale. This two-question survey has been used to recruit samples of public

¹ The control group had a significantly higher proportion of males compared to the PSA group. However, when gender was included as a covariate in analyses comparing control and PSA participants, the results were unchanged. Groups did not differ significantly on any other demographic features.

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