

# The Power of Self-Talk for Speaking Anxiety Reduction Among EFL Learners

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**Abstract**—As a necessary skill for learners to express themselves proficiently, speaking has always been an important goal in EFL learning. Despite its importance, many learners experience varying levels of anxiety that disturbs or even constrains their speaking performance. This study aims to examine levels of public speaking anxiety among Saudi EFL university students and frequencies of different types of self-talk implementation. The study also investigates the relationship between self-talk and PSA and the learner's perceptions of these two variables. The results of the study showed that more than half of the participants (53.2%) were highly anxious while the remaining participants were either moderate or low anxious as represented by almost equal percentages (24.8%), (22%) respectively. The study also indicated that all participants had either moderate or high frequency of self-talk and its subcategories while no participants had low frequency of both total and subcategories of self-talk. The findings also proved that there was a negative correlation between public speaking anxiety and self-reinforcement. Qualitative analysis supported quantitative results in this study and some important recommendations were suggested based on the findings.

**Index Terms**—self-talk, public speaking anxiety, EFL learners, correlations, perspectives

## I. INTRODUCTION

Speaking in public has always been a necessary skill for students to improve as they grow throughout their education and careers (Gallego et al., 2022). However, it is not unusual that many students hesitate or under some challenging conditions refuse to talk in front of others. Those students often tend to escape from situations where they need to speak in front of audiences (Reeves et al., 2022). In general terms, fear of speaking in public has always been considered a common experience among populations (Shi et al., 2015), and surprisingly, characterized as a more common fear than any other fear, including death (Dwyer & Davidson, 2012). Public speaking anxiety (PSA) refers to the anxiety that individuals face when speaking or preparing for speech in front of others (Gallego et al., 2022). In learning English as a second or foreign language (ESL, EFL), speaking among the four language skills has always correlated with anxiety (Chen, 2022) regardless of learners' level of confidence (Salem, 2019). As a psycholinguistic barrier, second/foreign language (SL/FL) anxiety affects learners' oral proficiency (Pérez, 2018).

It has been strongly argued by Cho et al. (2004) that the two main underlying cognitive factors which increase levels of communication anxiety, including speaking anxiety, are fear of negative evaluations from audience and expectations of poor performance. Indeed, PSA implicates fear of negative judgement in social interactive situations that are associated with extreme worries and avoidance of feared conditions (Mörberg et al., 2018). Salem (2019) states that speaking anxiety stems from the incapability of talking to audiences where speakers, even fluent ones, may get stuck when sitting on the stage to give a speech. Certainly, as claimed by Kelsen (2019), speaking in front of others poses unique challenges to FL/SL learners. Such claims may raise the question of whether these feelings are mainly triggered by the presence of audience. Hence, self-talk (ST), where people address themselves as communicative interlocutors without constraints (Shi et al., 2015) may play a role in self-regulation process and help in reducing fears and increasing levels of self-confidence (Theodorakis et al., 2008).

Speaking anxiety was studied with different investigation focus in different research settings (e.g. Gao & Tay, 2023; Grieve et al., 2021; Kelsen, 2019). The Saudi context is not an exception where speaking anxiety received the attention of some researchers (e.g. Al-Khotaba et al., 2019; Alnahidh & Altalhab, 2020; Asif, 2017; Oteir & Al-Otaibi, 2022). Yet, to the researcher's best knowledge, the effect of ST on PSA has not been examined in the Saudi context and this study aims to fill this gap. The aim of the present study is to examine levels of PSA and frequencies of ST implementations and the relationship between them. It also explores Saudi EFL learners' perceptions of PSA and ST. The following are the research questions that underpinned this study:

- 1- What is the level of PSA among Saudi EFL learners?
- 2- What is the frequency of ST implementation among Saudi EFL learners?
- 3- What is the relationship between levels of PSA and frequencies of ST implementation among Saudi EFL learners?
- 4- What are the Saudi EFL learners' perceptions of PSA and ST implementation?

## II. LITERATURE REVIEW

### A. Public Speaking Anxiety

PSA is a specific type of social anxiety disorder (SAD), also known as social phobia, that individuals experience when speaking in public (Gallego et al., 2022). Because they are afraid of saying or doing something that result in embarrassment, people with SAD avoid scrutiny of others (Stein & Stein, 2008). Specifically, PSA, categorized as a performance subtype of SAD (Pull, 2012), is distinguished from generalized SAD that includes performance and anxiety disorder (Reeves et al., 2022). Bodie (2010) defines PSA as “a situation-specific social anxiety that arises from the real or anticipated enactment of an oral presentation” (p. 72). It describes the feelings of individuals who experience psychological, behavioral, and cognitive symptoms when speaking or preparing for speech in public. According to McCroskey et al. (1976), PSA is different from stage fright as the later refers to a response to the participation in or the anticipation of public performance, such as public speech and oral reading.

Previous studies in the literature have investigated PSA from different angles. By examining sources and potential effects of PSA, Grieve et al. (2021) found that PSA negatively affects learning and that the students' fears are mainly associated with judgement and uncertainty about the topic. Kelsen (2019) studied the associations between personality traits and PSA and concluded that openness to experience and extraversion were associated with lower levels of PSA, while neuroticism and conscientiousness were associated with higher levels of PSA. Çağatay (2015) found higher levels of speaking anxiety among EFL females compared to males and when speaking with native speakers than with class members.

Gao and Tay (2023) explored PSA among EFL learners through eliciting metaphors that presented their anxiety in different speech types and examined the relationships between PSA, emotional valence and speech types. The results showed that there was no three-way interaction between the variables, and indicated dynamic changes in the physiology, cognition, and behavior of students with speaking anxiety, which reflected varying attitudes towards PSA. Veenstra and Weaver (2022) investigated how different anxiety-inducing situations and behavioral reactions within a classroom varied across PSA levels. The study found that the participants overall levels of PSA decreased after a 15-week period. Similarly, Atas (2015) found that the speaking anxiety of EFL learners lowered significantly after six weeks of language and drama training.

In the Saudi context, numerous studies have investigated speaking anxiety with different research scopes. Al-Khotaba et al. (2019) found that FL speaking anxiety, as a psycholinguistic barrier, had significant negative impact on Saudi EFL learners' achievement in speaking. Alnahidh and Altalhab (2020) investigated levels and sources of FL speaking anxiety among Saudi EFL learners and found that the participants had a moderate level of speaking anxiety. In addition, they found that there were several sources of speaking anxiety such fear of making mistakes, forced participation, lack of practice, and inadequate vocabulary and grammar. The level of speaking anxiety among Saudi EFL learners has also been examined by Oteir and Al-Otaibi (2022) focusing on the relationship between the socio-economic status of the learners' and their levels of speaking anxiety. They found a negative correlation between speaking and the learners' socio-economic status indicating that socio-economic status could be a factor in speaking anxiety.

### B. The Concept of Self-Talk

Generally speaking, ST or what can be called inner monologue or self-statements, refers to talking to oneself or engaging in an internal dialogue with ones' own self (Brinthaupt et al., 2009). It is not just about talking explicitly to oneself using the first person pronoun “I”, it can be self-directed by using the second person pronoun “You” (Deamer, 2021). Indeed, talking to oneself could be aloud or internal known as “private speech” or “inner speech” respectively (Theodorakis et al., 2008). Bunker et al. (1993) argue that ST is a cognitively controlling behavior through which people address themselves by talking or thinking. Psychological theorists believe that talking to oneself can serve important cognitive and regulatory functions (Hardy, 2006) when monitoring and directing one's behaviors. Undeniably, cognitive theorists have emphasized a strong link between what people say to themselves and what they do (Conroy & Metzler, 2004) based on the fact that ST has a vital role in every day behavior and self-regulation (Brinthaupt et al., 2009). In FL learning, ST allows learners to verbalize their thoughts and practice imaginary speech in a psychologically safe environment where they converse with themselves freely without the restrictions of external elements such as environment and instructors (Huang & Liu, 2023).

Based on the results obtained from a number of studies, Brinthaupt et al. (2009) identified four main types of ST. The first type, known as self-criticism, refers to ST that results from discouragement of saying or doing something. The second type is self-reinforcement through which people talk to themselves when they feel proud. Third, people may talk to themselves when they need to manage what to do or say through what is called self-management. Social-assessment is the fourth type and it refers to ST for the purpose of examining responses and reactions from others. Shi et al. (2015) conducted two studies to examine how ST is related to communication apprehension (CA) and PSA. In the first study, they examined the relationship of CA to ST frequency and found that people with high CA talked to themselves more than those with low CA. In the second study, they examined the relationship between ST and PSA. The results showed that both self-criticism and social-assessment were higher among high PSA individuals whereas self-reinforcement was negatively associated with their anxiety. Examining the effect of ST on speech, Huang (2023) found that ST significantly

improved EFL learners' speaking fluency and attitude. Despite the extensive body of research, the relation of ST implementation to PSA has not been examined in the Saudi context. This study aims to fill this gap.

### III. METHODOLOGY

#### A. Data Collection and Research Procedure

This study followed a mixed-approach design using both quantitative and qualitative measures. Quantitative instruments involved the Self-Talk Scale (STS) developed by Brinthaup et al. (2009) and the Personal Report of Public Speaking Anxiety (PRPSA) developed by McCroskey (1970). The qualitative measure was a semi-structured interview, conducted to explore in depth the participants' perspectives of ST and PSA (See Appendix). The two scales were sent to the participants via an electronic link to complete them in their free time with no classroom restrictions. After that, the participants were asked if they would like to be interviewed and 23 students showed their interests. They were interviewed face to face by the researcher for an average of 45-60 minutes. The interviews were rich and full of information in a relaxed atmosphere where students expressed their thoughts freely.

#### B. Instruments

##### (a). The Personal Report of Public Speaking Anxiety (PRPSA)

The PRPSA, designed by McCroskey (1970), focuses strictly on public speaking anxiety. It consists of 34 items rated on a 5-item Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Of the 34 items, 22 are negatively formulated while 12 are positively formulated. The scores of positively formulated items are added to the scores of negatively formulated items through a computing formula explained by McCroskey (1970) to obtain the total score of PSA. Richmond and McCroskey (1998) reported that the scores fall into three categories: scores between 34 and 92 reflect low anxiety; scores between 93 and 110 reflect moderate anxiety; scores between 111 and 170 reflect high anxiety. The scale is highly reliable with alpha estimates  $>.90$  (McCroskey, 1970).

##### (b). The Self-Talk Scale

The Self-Talk Scale, developed by Brinthaup et al. (2009), focuses on both inner and private speech with more emphasis on the frequency of when and why people might talk to themselves. Additionally, the scale explores the possible functions of ST and captures the aspects of self-regularity. Precisely, the STS measures how frequently people talk to themselves across four different dimensions: self-criticism, self-reinforcement, self-management, and social-assessment. The scale consists of 16 items that measure the overall frequency of ST where each of the four dimensions is measured by 4 items rated on a 5-point scale ranging from 1 (never) to 5 (very often). Total scores range from 16 to 80 while individual subscale scores range from 4 to 20. Total scores between 16 and 37 reflect low frequency, scores between 38 and 59 reflect moderate frequency and scores between 60 and 80 reflect high frequency. Individual subscale scores between 4 and 9 reflect low frequency, scores between 10 and 15 reflect moderate frequency and scores between 16 and 20 reflect high frequency. Brinthaup et al. (2009) provide evidence for the validity and reliability of the STS ranging between .79 and .89.

#### C. Participants

The total number of participants in this study was 109 EFL Saudi female students majoring in English at a public Saudi university in Riyadh, KSA. All participants were freshmen with no prior experience in learning English as college students and their ages ranged between 18-19. The participants' permission to take part in the study was obtained and they were told that their participation was confidential and voluntary and that they could withdraw at any time. They understood that they would be recorded during interviews and quoted in data analysis.

### IV. DATA ANALYSIS

#### A. Quantitative Data

The participants' responses to the two scales were analyzed using SPSS software (Statistical Package for Social Sciences), version 27 to examine levels of PSA and frequencies of ST as well as the relationship between the two variables. The statistical analysis provided frequency counts and percentages and Pearson coefficients showed the correlation between variables.

TABLE 1  
LEVELS OF PSA

Levels	Frequency	Percentage
Low anxiety	24	22.0 %
Moderate anxiety	27	24.8 %
High anxiety	58	53.2 %
Total	109	100 %

Table 1 shows that 53.2 % of the participants have high PSA which means that more than half of the participants were highly anxious while the other students were either moderate or low anxious with almost similar percentages (24.8%), (22%) respectively.

TABLE 2  
FREQUENCIES OF TOTAL ST AND SUBCATEGORIES

Category	Low Frequency	Moderate		High	
		Number	Frequency	Number	Frequency
Self-criticism	0	52	47.7 %	57	52.3 %
Self-reinforcement	0	52	47.7 %	57	52.3 %
Self-management	0	46	42.2 %	63	57.8 %
Social assessment	0	59	54.1 %	50	45.9 %
Total ST	0	53	48.6 %	56	51.4 %

Table 2 shows that (57.8 %) of the participants have high frequency self-management while (42.2 %) have moderate frequency of the same category. The table also shows that the participants have identical percentages of high (52.3%) and moderate (47.7 %) frequencies of self-criticism and self-reinforcement and that (45.9 %) have high frequency of social assessment while (54.1%) have moderate frequency of this category. The data also indicates that (51.4%) of the participants have high frequency of total ST and that (48.6%) have moderate frequency of total ST. Nevertheless, no participants have low frequency of total ST as well as all its subcategories. As for the practice of each subcategory of ST as well as total ST, descriptive statistics show that self-management receives the highest mean (15.81), followed by self-reinforcement (15.29), followed by social assessment (14.07), followed by self-criticism (13.44), while the mean of total ST is (58.61) as represented in Table 3:

TABLE 3  
MEANS AND STANDARD DEVIATIONS OF TOTAL ST AND SUBCATEGORIES

Category	Mean	Std. Deviation
Self-Criticism	13.44	3.748
Self-Reinforcement	15.29	3.035
Self-Management	15.81	2.413
Social Assessment	14.07	3.553
ST Total	58.61	7.987

To examine relations between PSA and total ST as well as its subcategories, Person correlations were used as indicated by Table 4:

TABLE 4  
CORRELATIONS BETWEEN PSA AND ST

Category	PSA	P-Value
Self-Criticism	.430**	<0.001
Self-Reinforcement	-.334**	<0.001
Self-Management	.369**	<0.001
Social Assessment	.448**	<0.001
Total ST	.386**	<0.001

\*\* Correlation is significant at the 0.01 level (2-tailed).

Table 4 shows that there is a negative correlation between PSA and self-reinforcement ( $R=-0.334$ ,  $P<0.001$ ). However, a positive correlation exists between PSA and total ST as well as the remaining subcategories with the highest value of correlation between PSA and social assessment ( $R=0.448$ ,  $P<0.001$ ), followed by self-criticism ( $R=0.430$ ,  $P<0.001$ ), followed by total ST ( $R=.386$ ,  $P<0.001$ ), followed by self-management ( $R=.369$ ,  $P<0.001$ ).

## B. Qualitative Data

Following the grounded theory, the interviews data were carefully transcribed, coded and analyzed. A number of categories were created based on the qualitative analysis and some relationships between these categories were established to derive a theory. Dörnyei (2007) claimed that data analysis using the grounded theory should follow specific sequential coding system and produce some theory as a result of the investigation. To ensure the appropriate coding and categorization, they were verified by an academic expert and a great consistency was found between the researcher and the reviewer. The qualitative analysis led to the following categories.

### (a). Students' Perceptions of PSA

The interviewees expressed similar perceptions of PSA, yet, some slight differences were noticed in their responses. All interviewees believed that PSA was a feeling of anxiety, stress or nervousness experienced when talking or making a presentation in public. Such feelings were usually accompanied by shaky hands, breathing difficulty and a total loss of self-control. Wahaj stated that PSA referred to the faster heart beats that were mainly associated with speaking to large crowds of foreigners. Yet, in Shaden's view, it was a panic attack that people suffered from prior to and during speaking in front of a large or small group of unfamiliar or familiar audience, even classmates. The interviewees provided these

definitions based on their personal experiences as they saw themselves anxious when speaking, nevertheless, levels of such anxiety differed according to the situation.

*(b). Reasons Behind PSA*

As EFL learners, all interviewees agreed that PSA was mainly generated by the concerns of audience's reactions and judgement. Fears of making mistakes that might trigger negative opinions or result in losing marks could definitely make them anxious when speaking. For example, Rana claimed "I feel anxious when I make presentations. I am afraid to make mistakes and I might not meet their expectations". Other factors that might contribute to high levels of PSA included the inner conflicts between the learners' desires to perform perfectly and the challenges they faced due to lack of experience or knowledge. Low self-confidence, insufficient social skills, shyness as well as difficult past experience could be also major determinants in raising PSA levels. Munerah was exposed to an embarrassing situation when she was in high school that resulted in permanent PSA. A group of classmates were always laughing when she spoke in class without any clear justification of their reaction. She says "I don't know why. May be because I don't speak good or may be because they don't like my dress!!".

As a representative of her colleagues who shared the same view, Reham claimed that some severe speaking anxiety cases required psychiatric treatment but their parents always refused. The families insisted that such fears could be cured by regular practice and that visiting a psychiatric was not advocated in our society for such normal fears, as they described them. Rana strongly agreed and indicated "If I have a broken leg, I go to the doctor but if I have a speaking anxiety, I can't. why?". Additionally, many interviewees asserted that their parents always taught them from childhood that polite ladies never raised their voices in front of foreigners nor they negotiated or argued with older people. Growing up with such a strict idea restricted their abilities in speaking and prevented them from expressing themselves confidently and appropriability. Moreover, frequent directions, instructions as well as criticism from others put them under stress when speaking. Indeed, lack of encouragements and reinforcements could definitely lead to higher PSA. The participants loved to hear "nice words" that push them to give more.

*(c). Effects of PSA on EFL Learning*

According to the participants, PSA negatively affected their performances and consequently their grades. This type of anxiety could negatively influence their actions as it could stop them from completing a speaking task or even shorten it to escape from challenging moments. Anxiety could also prevent them from asking questions, negotiating in class, and more strictly, participating in group work activities that included speaking. Sometimes, vocabulary choices and structures of utterances were characterized by weakness and extreme hesitation when speaking as the speakers forgot what they wanted to say and needed much time to think of next parts or find gap fillers. This definitely raised anxiety and gave the impression that they were not well prepared or confident enough. Leen claimed "Even if I am well-prepared and confident and proud of myself, I still have these worries because when I stand up to speak, it is like my first time". In a similar vein, Sara said "When you get nervous, you stutter, you pause a lot, you take a deep breath and you take longer to answer and you make mistakes". Some interviewees held a much tougher view and claimed that they might drop courses that required continuous speaking tasks based on the fact they could not tolerate repeated disappointing anxieties.

*(d). Ways to Reduce PSA*

As college students who should always be ready for different types of speech, PSA should not constitute a barrier that hindered their academic progress, as the interviewees strongly argued. They totally recognized the detrimental effects of PSA on EFL learning, hence, most interviewees confirmed that they always tried to reduce PSA in different ways. For example, Rana claimed that solving anxiety-related problems should start from the brain. She tried to ignore any negative feelings that came to her before speaking and convince herself that "...nothing will happen if I make a mistake". Most participants indicated that they improved their capabilities of speaking by extensive practice via talking to their siblings or friends or even imaginary audience. Seeking feedback from close friends and family member as well as from themselves worked very effectively in reducing anxiety. Some interviewees noticed a close relationship between their appearances and levels of PSA. They found themselves more confident and less anxious when they look elegant and stylish as stated by Rana when "I look nice, I speak more". Other factors that might help in decreasing levels of PSA were related to the content of the speaking task. The interviewees prefer to talk about topics selected based on interests and background information. This indeed softens anxiety and raises confidence and readiness for questions. Additionally, the interviewees find themselves less anxious in more interesting courses with easier materials. The teacher was also a major influential factor in reducing PSA. Undeniably, friendly, cooperative and flexible teachers could create a more relaxed class environment, hence, less anxious students, as the interviewees argued.

*(e). Students' Perceptions of ST*

All participants agreed that ST was simply, as the name suggested, talking to themselves for different purposes in a variety of situations. Some participants talked to themselves when they were alone in their "comfort zone" to reflect to themselves on their own practices during the day or sometimes during the week. Sara argued that she practiced ST to support herself mentally "...as no one can understand me more than myself". Some interviewees sarcastically claimed

that the best time for ST was always associated with a cup of their favored coffee. It was the best time when they enjoyed two interesting hobbies; ST and coffee.

Many participants practiced ST to reinforce themselves and focus on the positive aspects of life in general and academic situations in particular and they strongly confirmed that supportive statements worked as a magic for them. Shaden always said to herself “It was a good day, I look nice today, I feel good today” because such optimistic reflections pushed her to work harder. Similarly, Rana said that “ST makes me relax and I always talk to my self at the end of the day before I sleep and remember the good things. So, I can sleep”. On the other hand, some participants criticized themselves for undesirable behaviors to focus on what to be improved or avoided. However, the majority of participants argued that self-criticism overwhelmed them, made them more anxious and worried and gave negative results. For example, Tala clearly stated that self-criticism made her more nervous, and not willing to work or even speak and most interviewees agreed with her. Planning for future events required ST that was usually accompanied by happiness and inspiration if it is something they favored. Nevertheless, the participants believed that successful planning required consultation of older and more experienced people in addition to self-management. Definitely, the participants asserted that there should always be a balance of different types of ST with a moderate frequency to avoid overwhelming feelings particularly in self-criticism practice.

(f). *Benefits of ST to EFL Learners*

The participants claimed that one of the major sources of PSA was the uncertainty of their language proficiency. Thus, talking to themselves in English could help them enjoy and improve their language via speaking with no audience and no anxiety. They see ST as a real practice of what they have learned in class with no classroom restrictions or worries of grades and judgment of others in a way that reduced anxiety and increased fluency in real speech. Retag claimed that all learners, even those who believed that they were perfect speakers, needed to talk to themselves to train their tongues and muscles and evaluate themselves before speaking publicly. Most participants believed that reinforcing themselves either before or after speaking could be very helpful in reducing PSA. Those who stated that they practiced self-reinforcement more often found themselves less anxious when speaking. Such self-reinforcing behaviors usually resulted in improved self-esteem and decreased speaking fears.

Some participants imagined reactions from others when they practiced ST and keep this in mind when talking in public. This made them ready for different responses which increased levels of self-confidence and strengthen their personalities based on real practice. Some participants argued that they talked to themselves “logically” with no bias to ensure greater benefits. They practiced ST as if they were supporting others to achieve objective decisions. Rana stated that “When I talk to my-self, I sometimes feel that I am talking to someone else and I am so realistic”. ST provided a sample of real-life situations and worked as a continuous reminder that never stopped at any time and under any circumstances in contrast to feedback from others that was restricted to certain situations. All participants strongly confirmed that although levels of PSA could be decreased by frequent ST, this anxiety never completely disappeared as it was a dominating feeling whenever anyone started to talk. Indeed, they asserted that they always talk to themselves, nevertheless, they suffer from PSA with varying degrees and intensities.

## V. DISCUSSION

This study examined levels of PSA and frequencies of ST among EFL learners and the relations between them and explored the learners’ perceptions of both variables. Quantitative and qualitative analysis gave consistent results. The quantitative results showed that more than half of the participants (53.2%) were highly anxious while the other half were either moderate or low anxious with almost similar percentages (24.8%), (22%) respectively. Higher levels of PSA among EFL learners were found by Pribyl et al. (2001) while a number of studies in the Saudi context found moderate levels of speaking anxiety in English classes (e.g. Alharbi, 2021; Alnahidh & Altalhab, 2020). The data also showed that no participants had low frequency of total ST as well as its subcategories and that all participants had moderate or high frequency of ST and its subcategories as indicated by almost equal percentages. The data analysis indicated that self-management received the highest mean of practice among the four subcategories followed by self-reinforcement, followed by social assessment, followed by self-criticism. The analysis also showed a negative correlation between PSA and self-reinforcement which is in line with findings provided by Shi et al. (2015). However, a positive correlation existed between PSA and total ST as well as the remaining subcategories with the highest value of correlation between PSA and social assessment, followed by self-criticism, followed by total ST, followed by self-management.

Qualitative analysis reflected similar perceptions of PSA among the participants. All participants believe that PSA refers to the stress or tenseness when talking or presenting in public. These conditions are usually associated with shaky hands and breathing problems and result in loss of control. According to Alharbi (2021), such symptoms among many others always characterize anxious EFL speakers. For some participants, large size audiences trigger PSA while the majority of participants experience anxiety with small size audiences and even with classmates. Based on personal experiences, all participants believe that they are anxious, yet, anxiety levels are mainly affected by the situation. These perceptions are consistent with previous literature on PSA (e.g. Chen, 2022; Gallego et al., 2022; Kelsen, 2019; Reeves et al., 2022; Salem, 2019).

According to the participants, the main reasons behind PSA in EFL learning are fears of reactions and judgments from others particularly teachers. They assert that they are usually afraid of making mistakes that might result in losing marks. Such findings are consistent with previous research findings (e.g. Alnahidh & Altalhab, 2020; Cho et al., 2004; Grieve et al., 2021). Willingness to perform perfectly without enough knowledge or experience might create inner challenges and consequently raise their anxiety level. Other sources of PSA include low self-confidence, insufficient social skills, shyness and embarrassing experiences which is consistent with results provided by Grieve et al. (2021). Similarly, previous research showed that learners' speaking skills can be negatively impacted by some affective factors such as shyness, anxiety, fear of making mistakes (Alrasheedi, 2020) and peer pressure (Rafada & Madini, 2017). Speaking skills can also be restricted by some socio-cultural factors such parents' beliefs about ladies' behaviors with older people and foreigners and the need of visiting a psychiatric. Usman et al. (2023) proved that socio-cultural factors such as those related to parental attitudes and practices can increase EFL speaking anxiety. In a similar vein, results provided by Malik (2021) showed that speaking anxiety is perceived by EFL learners as a result of psychological, linguistic and socio-cultural barriers. Continuous criticism and direct instructions without reinforcement or motivations from others can with no doubts create anxious people, from the participants' views. As EFL learners, the participants confirm that PSA negatively affect their performance in many different ways such as preventing them from completing speaking tasks, asking questions, negotiating in class, and participating in group work activities which usually lead to losing marks. Al-Khotaba et al. (2019) provided similar results which showed that speaking anxiety has significant negative effects on Saudi EFL learners' speaking achievement. Gallego et al. (2022) proved that PSA affected speech duration and quality in general while Russel and Shaw (2009) confirmed that anxiety could have detrimental effects on academic performance. Uncertainty in speaking reflected by weak choices of vocabulary and structures as well as the incapability of remembering prepared materials and struggling to find alternatives can make speakers more anxious. Consistent with these findings, other researchers (e.g., Alrasheedi, 2020; Rafada & Madini, 2017) proved that paucity of necessary vocabulary is considered one of the factors that hinder speaking performance. Such behaviors, in turn, influence attitudes of recipients who may judge them as not well-practiced or not self-esteemed enough. In a similar line, Kalra and Siribud (2020) indicated that PSA causes problems related to self-confidence. To avoid severe anxiety, some students might drop courses that require continuous speaking tasks.

However, continuous efforts have always been exerted by the participants to reduce levels of PSA because college students, as they claim, should always be confident to engage in a variety of speaking tasks. It was also asserted by Gallego et al. (2022) that public speaking is a requirement that encourages students to present their ideas and increase competency. The participants always try to escape from negative feelings that accompany speaking and listen to feedback from friends and family. Self-feedback can provide the participants with mental support, peace and relaxation and training extensively in different ways help them improve speaking skills. Atas (2015) reported that drama exercises significantly lowered the speaking anxiety levels of EFL learners by improving self-confidence and motivation and decreasing levels of fear of being laughed at in English classes while Pribyl et al. (2001) found that skills training reported a significantly higher drop in PSA. The interviewees assert that good appearances can raise levels of self-confidence and reduce levels of anxiety. Selecting a topic based on interest and background information can also make the participants less anxious when speaking. Additionally, interesting courses, easier materials and friendly, cooperative and encouraging teachers also help in reducing levels of PSA. The role of teachers in raising or reducing anxiety was also indicated by previous research (e.g. Rafada & Madini, 2017).

Consistent with existing literature on ST (e.g. Brinthaup et al., 2009; Deamer, 2021; Hardy, 2006; Huang & Liu, 2023; Theodorakis et al., 2008), the participants agree that it refers to talking to themselves for different purposes in different situations. Some participants practice ST to reflect on their performances on a daily or weekly basis or provide themselves with mental support or relaxing attitude. For some interviewees, ST is always accompanied by favorite hobbies such as drinking coffee. Many participants reinforce themselves via ST by focusing on the positives of all aspects of life including academic situations because supportive words can indeed positively empower them. On the contrary, some other participants criticize themselves for undesirable behaviors to improve these sides of life. Definitely, the majority of participants strongly claim that self-criticism overwhelms them, puts them under greater stress and yields negative results. Bad sides should be ignored and good sides should be emphasized which might result in an unconscious problem solving. Shi et al. (2015) concluded that more anxious individuals reported more frequent self-critical practice. A similar association between self-criticism and anxiety was also confirmed by Shahar et al. (2012). Although self-planning for favored activities brings happiness, the interviewees argue that consulting experienced people is necessary. All participants strongly advocate a balance practice that involves the different types of ST with a moderate frequency to avoid overwhelming feelings particularly in self-criticism.

Uncertainty of language proficiency is seen as a major source of PSA, however, talking to themselves in English can help the participants improve and enjoy their language with no anxiety. Talking to oneself is a real practice in a free context with no restrictions of class environments or fears of judgment from audiences which definitely helps them improve speaking confidence and fluency. This in line with findings provided by Huang and Liu (2023) which showed that practicing ST as an imaginary speech in a psychological-safe and constraint-free environment significantly improved EFL learners' speaking fluency. Imagining reactions from others during ST and considering these reactions during real speech is highly advocated by the participants. Similarly, Reeves et al. (2022) indicated that Virtual Reality Exposure

Therapy through which participants confront their fears in a virtual world and experience responses similar to those experienced in reality was effective in reducing symptoms of PSA. Moreover, talking to themselves logically without bias as if they addressing others is an influential factor that can increase benefits of ST. This supported the claim made by Deamer (2021) which stated that ST can be implemented by using the second person pronoun "You".

It can be theorized from both quantitative and qualitative analysis in the present study that self-reinforcement is effective in reducing levels of PSA. This is reflected by the negative statistical correlation between the two variables as well as the interviewees responses. Those who stated that they practiced self-reinforcement more often found themselves less anxious when speaking. This aligns results found by Shadinger et al. (2020) which confirmed the noticeable role of positive ST in reducing PSA during speeches and presentations. In sum, ST as sample of real-life situations work as a regular reminder all the time and in all contexts as opposed to feedback from others that is restricted to certain conditions. There is a general agreement among all participants that levels of PSA can be decreased by frequent ST, yet, this anxiety never completely disappears. Despite the fact that always talk to themselves, they suffer from PSA with different levels. This supported the quantitative results which showed a positive correlation between total scores of ST and PSA.

## VI. CONCLUSIONS AND LIMITATIONS OF THE STUDY

The present study examines levels of PSA and frequencies of ST implementations among Saudi EFL learners and the relationship between them and explores the learners' perceptions of PSA and ST. Both quantitative and qualitative investigations show that there is a negative correlation between PSA and self-reinforcement and a positive correlation between PSA and total ST as well as the remaining subcategories with the highest value of correlation between PSA and social assessment, followed by self-criticism, followed by total ST, followed by self-management. The quantitative results show that more than half of the participants were highly anxious while the other half were either moderate or low anxious with almost similar percentages. No participants have low frequency of total ST as well as its subcategories while all participants have moderate or high frequency of ST and its subcategories. Self-management receives the highest mean of practice among the four subcategories followed by self-reinforcement, followed by social assessment, followed by self-criticism. The study also reflects the participants' perceptions of PSA and ST and their relations to EFL learning.

The current study is limited to examining levels of PSA and frequencies of ST implementation and the relationships between them and exploring the participants' perceptions. The participants were Saudi female EFL learners at the university level and the data were collected using two questionnaires and a semi-structured interview. The findings of the study cannot be generalized before conducting similar studies with larger samples in other contexts.

## VII. RECOMMENDATIONS AND FUTURE RESEARCH

Based on the findings of the study which showed a negative correlation between PSA and self-reinforcement, it is highly recommended that EFL learners extensively practice reinforcing ST. It is also advocated that teachers create reinforcing EFL classroom environments and help their students reinforce themselves. Extra practice that can help EFL learners reduce levels of PSA should be considered and EFL teaching material developers are urged to include a variety of tasks that develop learners speaking skills and reduce their anxiety. Workshops and training courses that shed the light on the importance of ST implementation in general and self-reinforcement in particular can be very helpful. Anxiety and its reasons can be discussed and solutions can be provided through raising awareness campaigns that address EFL learners, their parents and their teachers.

For future research in the field, it is suggested to consider the effect of other factors such as gender differences and English proficiency level. Other data collection instruments such as classroom observation can also be used in future studies. The effect of teachers' and parents' reinforcement on PSA levels can also be examined and the relation of self-reinforcement to PSA can be deeply investigated in future studies.

## APPENDIX. INTERVIEW GUIDING QUESTIONS

- 1- What is PSA?
- 2- Do you think that you are anxious when speaking in public? Why and how?
- 3- Do you think that anxiety affects your grades as an EFL learner? Why and how?
- 4- Do you try to reduce PSA?
- 5- If yes, why and how?
- 6- If no, why?
- 7- What is ST?
- 8- Do you talk to yourself?
- 9- If yes, how and why?
- 10- If no, why?
- 11- Do you think that ST can reduce PSA? How?
- 12- Do you think that ST can help you as an EFL learner? How?

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