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Role of Multimodal Therapy In Student Having High Social Interaction Anxiety & Public Speaking Anxiety: A Case Study

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Abstract: The current study aimed to examine the effectiveness of Multi Modal Therapy on on a student with high social interaction anxiety and public-speaking anxiety. Multi Modal Therapy (MMT) is the base of seven interconnecting modalities;Behaviour, Affect, Sensation, Imagery, Cognition, Interpersonal, Drugs/Biology. Social interaction anxiety is a common experience in which individuals experience an intense fear of interaction with others in social environments. Public speaking anxiety, also known as 'stage fright'. In this case study, MMT was used on 21-year-old male student having High Social Interaction Anxiety & Public Speaking Anxiety.After testing him on Social Interaction Anxiety Scale (SIAS) by Mattick& Clarke (1998) &Personal report of public speaking anxiety (PRPSA) by McCroskey (1970) it was found that his score on SAIS and PRPSAwere high. Client scored 48 on SAIS and a score of 43 or more indicates high social interaction anxiety and 166 onPRPSA. A score of 131 or higher than 131 indicates high public speaking anxiety on Personal report of public speaking anxiety (PRPSA). Therapy sessions included positive reinforcement, systematic desensitization, hypnosis, Positive imagery, cognitive restructuring, social skills and encouragement of maintaining good health habits. Results showed that Social Interaction Anxiety was significantly reduced (48 to 30, 62%) and his levels of public speaking anxiety were also decreased (166 to 101, 60%).The research findings indicated positive improvement in self-report scores.

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Improvements were maintained when the client was reassessed at 1-month follow-up appointment.

Keywords: Lazarus Multi Modal Therapy, social interaction anxiety,public speaking anxiety.

INTRODUCTION

Meichenbaum (1976), stated that customary behavior therapy has concentrated mainly on modifying the physical response and claimed that lessattention was provided to other components which usedspecific method. A statement that "something else is required" has been frequently used in the literature and clinical settings. Lazarus (1976) explained MMT as an extensive treatment that has good space for correcting the irrational beliefs,aberrational behavior, troublesome feeling, disturbing image, stressful relationship, pessimisticsensation, and possible physical care.In sum, multimodal therapy assesses a client's responses on seven distinct but interconnectedmodalities that are: Behavior, Affect, Sensation, Imagery, Cognition, Interpersonal relations, and Drugs. After gathering initial information, the therapist then establishes intervention plan for every modality. Major benefit of usingthis model over therapeutic tools are that MMT concentrates on elements traditionally considered as the representation of personality. By establishing individual profiles for every individual, the therapist comprehensively usesall seven elements of Multimodal therapy.

It lessens the chances of ignoringimportant data. By accessing this frame of work, the therapist gets greater mouldibilty in picking the therapeutic tools for all seven modalities. Multimodal behavior therapy is considered a scientificprocess that is the based on a social and cognitive learning theory. Generally, Multimodal therapy is evaluated as eclectic and empirically supported processes in an individualistic way. In most cases Multimodal therapists apply Structural Profile Inventory (SPI) and through it they measure the range to which clients are doer (behavior), their level of emotionality (affect), the intensity of sensory experiences (sensation), their occupancy with fantasy and day dreaming (imagery), their analytical part (cognition), their importance for others (interpersonal) and how much health-conscious are they (drugs/biology).

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Social anxiety (SA) is characterized by an intense fear of evaluationfrom others in social situations. When it touchesthe highest point of severity to the point that quality of life gets impaired, is known as social anxiety disorder (SAD). The prevalence ofSocial Anxiety Disorder and its chronicity, personal/economic/societal costs, and comorbidity with other disorders have been well reviewed.Anxiety or fear when someone said something wrong, take worry to have approval from others, irrational fear of rejection, no adjustment in group, anxious to initiate a talk, hiding their deep feelings, putting up a mask of shyness to protect their "secret". Rarely people understand the acute and traumatic depth of phenomena known as Social Anxiety Disorder. People having SAD go through so much anxiety and fear that seclusion gives them peace. A study on SAD done by Kashani&Orvaschal (1990),found prevalence of approximately 1% with slightly higher prevalence in girls than boys. Most of times, if sufferers of social anxiety disorder forced to face their fears, they may experience actual physical symptoms.To cope with stressful situations sufferers may turn to overeating, substance abuse, other addictions or even self-mutilation. Physical signs and symptoms of SADare: turning pink, body/hand shaking, nausea,sweating, disturbed stomach, problem while talking to others, muscle spasms, confused state of mind, palpitations and difficulty looking into eyes. Related personality attributes in people having social anxiety disorder may include: low self-esteem, unassertive, negative thoughts about self, acute sensitivity to criticism and poor social skills. Mostly a person having SADtries to conceal their emotions from family and others. Unfortunately, without right knowledge and therapeutics, social anxiety keeps on intensifying their issues throughout the life.

Public speaking anxiety, also known as “stage fright”. Public speaking anxiety is considered specific form of communication related anxiety. Individuals having public speaking anxiety experience arousal, negative self-talk, and behavioral reactions when they are expected to speak in front of people or group (Daly, McCroskey, Ayres, Hopf, & Ayres, 1997). If someone is having high public speaking anxiety, it can result in poor speech presentation (Daly, Vangelisti& Weber, 1995) and can have poor effect on performance. Public speaking is importantthroughout our lives. Bodie (2010) confirmed that efficiency in public speaking is prime skill for a student to have success in and out of the classroom.

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Alemi, Parisa, &Pashmforoosh (2011), indicated itsprevalence and declared that it affects students in many ways, researchers have argued that it may specially affect students who are learning English as a second language. Awan, Azher, Anwar, &Naz (2010)reported in their research findings that "speaking in front of others" has been ranked as the major cause of anxiety for non-English speakers. Woodrow (2006) asserts that who experience anxiety when speaking in English can have debilitating effect and can affect students' adjustment to the surroundings and eventually in the attainment of their educational goals. Another research by Friedrich, et al (1997) suggests three therapeutic techniques to reduce public speaking anxiety are systematic desensitization, cognitive restructuring requires participants to identify irrational beliefs patterns, develop a coping statement for each irrational belief (Ayres, Hopf, & Peterson, 2000) and the third technique, skills training toward improving individual speaking behaviors (Kelly, 1997).Safir, Wallach, & Bar-Zvi (2012), considered Public speaking anxiety a common social phobia and a particularly hard barrier to achieve for people who cannot speak English (Awan *et al.*, 2010).

METHODOLOGY

This caseincludes a 20 yr old student, who was from Bihar. He was a first year engineering student studying at one of the top private university in the country. Student was referred by hostel warden of the university with the symptoms of acute sadness, skipping meals& for not attending classes. In initial interview, he informed that he was managing himself quiet well until high school. He became more and more aware of the anxiety after coming to the new environment of university. He started to get really anxious if he had to attend his classes. He was getting worry about it for days and he couldn't sleep in nights. When it came to the presentation or speaking in front of the class, he would be sweating & blushing …it was like torture. He felt like everyone in the class was laughing at him. Other social situations were really difficult too. He was a bright student but had the history of social anxiety. He always preferred to sit at the back of the class hoping no-one would notice him. If there was any chance he had to talk in front of the class, he would call himself sick or make some lame excuses. Simply getting ready for the class would gave him dreadful reactions in his body that included increased heart rate, tightness in his chest, butterflies in his stomach, and an overall uncomfortable feeling. In

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addition, he had the fear of speaking English in the class.He was tested on Social Interaction Anxiety Scale (SIAS) &Personal report of public speaking anxiety (PRPSA). His scores on both scales were very high. Further, he was introduced with Life History Inventory & Structural Profile Inventory (SPI). He was guided to meet every week for 11 weeks for therapy sessions.In Life History Inventory, he mentioned that he was always a good student, and pursued his schooling in the rural area of Bihar. After 12^{th} his parents pressurized to take admission in university for better future. Before coming to university, he had the realization that he was going to be the part ofvery advance university where competition would be high and many smart and talented students would be around him. In that moment, heexperienced to feel a sense of incompetence for the first time.Instead of feeling focused, prepared comfortable, or at ease in class, he began to feel fear, nervousness.

Interventions:The following interventions were given for eleven weeks.

(1) Positive Reinforcement (2)Systematic desensitization (3) Hypnosis (4) Cognitive restructuring(5) Positive Imagery (6) Social Skills Training (7) encouraged to maintain good health habits.

Results

The student was reassessed after eleven weeks. Results showed that Social Interaction Anxiety was reduced significantly (62%) from 48 to 30, on Social Interaction Anxiety Scale (SIAS) [Table 1].

Table 1: Score of Social Interaction Anxiety Scale Before and After Intervention

Score Range	Before	After	Reduction
(0-80)	48	30	62%

Whereas client's public speaking anxiety was improved significantly (60%) from 166 to 101 [Table 2].

Table 2: Score of Personal report of public speaking anxiety Before and After Intervention

Score Range	Before	After	Improvement
(1-170)	166	101	60%

DISCUSSION

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The purpose of the present study was to check the effectiveness of Multi Modal Therapy on Social Interaction Anxiety and Public Speaking Anxiety. For the objective assessment of Social Interaction Anxiety, a psychometric scale, namely, Social Interaction Anxiety Scale (SIAS) by Mattick& Clarke (1998) was used. For the objective assessment of Public Speaking Anxiety, Personal report of public speaking anxiety (PRPSA)by McCroskey (1970) was used. To know the personal information of the student, Life History Inventory (LHI) & Structural Profile Inventory (SPI) by Lazarus were used. A protocol of Multi Modal Therapy was maintained and used to treat the client. Before giving interventions client was tested on Social Interaction Anxiety Scale (SIAS) andPersonal report of public speaking anxiety (PRPSA). Scores of Social Interaction Anxiety Scale (SIAS) indicated high social interaction anxiety and scores of Personal report of public speaking anxiety (PRPSA)indicated high public speaking anxiety. Since he marked high scores on the ability to visualize on SPI. In one of the therapy sessions, student was asked to state five synonyms for the word anxious he stated that fear, Nervous, Hesitant, Lack of confidence, &Scared. All of the above mentioned feelings were sorted in one session of Hypnosis. In hypnosis, he was asked to bring up the positive feelings associated with the information he would be having during a public speech& in social setting. Systematic desensitization was also used to provide practical exposure of speaking in social settings. He was taught ways to calm down physically through relaxation and breathing. He was counselled to change his "self-talk". As he mentioned in LHI that he was telling himself that how horrible this would be and his statements were like, “I look like a complete idiot” needed to be changed. He was given tasks to improve his social skills like pretend to stay calm in class settings, go out to shopping mall and talk to strangers.In addition, homework assignments required, maintain journal of his feeling and was advised various readings. As an outcome, He did go to the weekly conference and was able to deliver his speech with little anxiety or fears after 10 sessions of therapy. He was able to bring up his feelings of relaxation.Multimodal approach is more effective than the uni-modal approaches presently.Further research should continue to examine more consistency for reducing social interaction anxiety and public speaking anxiety.

Conclusion

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The pretest-posttest analysis indicated to have positive effects on improving social interaction anxiety & public speaking anxiety. Improvements were maintained when the client was reassessed at 1-month follow-up appointment.

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