

## Addressing Public Speaking Anxiety in Multicultural Counselling: The Use of Cognitive-Behavioural Therapy for International Students

(Mengatasi Kecemasan Berbicara di Depan Umum dalam Konseling Multikultural: Penggunaan Terapi Perilaku Kognitif untuk Siswa Internasional)

Moh. Khoerul Anwar<sup>1,2</sup>, Muhammad Izzul Haq<sup>1,3</sup>, Diafi Salma<sup>2</sup>, Zhongjun Wang<sup>2</sup>

<sup>1</sup>Universitas Islam Negeri Sunan Kalijaga,

Laksda Adisucipto Rd., Sleman, Special Region of Yogyakarta, 55281 Indonesia

<sup>2</sup>Central China Normal University,

Luoyu Road St, No. 152, Wuhan, Wubei, 430079 China

<sup>3</sup>McGill University,

845 Sherbrooke St W, Montreal, Quebec H3A 0G4, Canada

\*corresponding author, e-mail: moh.anwar@cnu.edu.cn

Article received: February 19<sup>th</sup> 2022; revised: May 24<sup>th</sup> 2022; accepted: May 30<sup>th</sup> 2022

**Abstract:** Several studies have highlighted the importance of Cognitive Behavioural Therapy (CBT) in reducing public speaking anxiety. The studies also denote the increase of confidence by strengthening self-efficacy. This study explores previous studies that uncover the use of CBT in dealing with public anxiety to identify its potential as part of multicultural counseling for international students in higher education. International students have different academic and learning cultures, as well as social environments, affecting the development of certain anxiety in dealing with pressures to adapt to new environments. Therefore, it positions the investigation of CBT's ability to reduce public speaking anxiety for international students as highly essential. This study contends that CBT is a useful technique to unpack irrational fear of speaking in public and promote self-efficacy, developing confidence and leading to good mental health. However, given the nature of targeted intervention are international students, multicultural counseling competencies are undoubtedly required for the therapy.

**Keywords:** cognitive behavioral therapy; multicultural counseling; public speaking anxiety

**Abstrak:** Beberapa penelitian telah menyoroti pentingnya Terapi Perilaku Kognitif (CBT) dalam mengurangi kecemasan berbicara di depan umum. Studi ini menunjukkan adanya peningkatan kepercayaan diri dengan memperkuat efikasi diri. Studi ini juga mengeksplorasi studi sebelumnya yang mengungkap penggunaan CBT dalam menangani kecemasan publik untuk mengidentifikasi potensinya sebagai bagian dari konseling multikultural untuk mahasiswa internasional di pendidikan tinggi. Mahasiswa internasional memiliki budaya akademik, pembelajaran, dan lingkungan sosial yang berbeda, yang semuanya memengaruhi perkembangan kecemasan tertentu dalam menghadapi tekanan untuk beradaptasi dengan lingkungan baru. Oleh karena itu, penelitian tentang CBT untuk mengurangi kecemasan berbicara di depan umum bagi mahasiswa internasional sangat penting. Studi ini berpendapat bahwa CBT adalah teknik yang berguna untuk membongkar ketakutan irasional berbicara di depan umum dan mempromosikan efikasi diri, mengembangkan kepercayaan diri dan mengarahkan kesehatan mental yang baik. Namun, mengingat sifat intervensi yang ditargetkan adalah siswa internasional, kompetensi konseling multikultural tidak diragukan lagi diperlukan dalam terapi.

**Kata kunci:** terapi perilaku kognitif; konseling multikultural; kecemasan berbicara di depan umum

## INTRODUCTION

One of the focal issues many international students experience in higher education is their fragility to adapt to the new challenging environment, including the ways to express their thoughts and opinions through oral communication publicly. Their burden increases as they must present their ideas in their non-native language, which can be incredibly stressful for international students. It is especially when the language of instruction on the campus is their second or even third language, for example, the non-English speaker international students (Polit, 2015). In that situation, English can quickly transform that feeling of empowerment into anxiety for multiple reasons. Thus, an international student is likely to experience more anxiety than anyone else, primarily presenting their ideas using English.

Dealing with anxiety is a further step toward maintaining international students' good mental health. Anxiety is a common term in psychology that defines an individual's mixed feelings containing fear and concern about the future without any particular cause, characterized by physiological arousal, unpleasant tense feelings, and a comprehensive feeling that something terrible will happen (Chaplin, 2008; Nevid et al., 2005). Since anxiety is part of human life, almost everyone in this world experiences it. As stated by Sigmund Freud, virtually every person is affected by anxiety in life, but their level of anxiety differs from each other. He addressed it as an unpleasant affective state akin to fear or nervousness, with physiological and behavioral manifestations (Freud, 1921). Anxiety occurs due to worry or helplessness in doing something excessively or the pressure from inside and outside.

By employing a literature review and scholarly journal articles, this study investigated anxiety's nature before discussing the cause and effect of public speaking anxiety. Several notions on cognitive-behavioral therapy (CBT), widely known to address anxiety, were also examined. This study aims to establish an argument on the importance of CBT as a proven technique in dealing with anxiety-related problems in a multicultural setting for international students counseling in higher education.

The significance of this topic rests upon the importance of understanding factors contributing to the emergence of students' fear and anxiety when speaking in public. These factors will erode self-confidence, affect their academic performance, inhibit the optimum functionality in the academic milieu, and decrease their mental health.

## REVISITING ANXIETY RELATED PROBLEMS

Anxiety is eminently related to psychological pressure since it triggers a stress response, such as increasing adrenaline or pulse and breathing. Besides, anxiety can cause an increasing stomach acid in the body. According to Morris et al. (1981), it consists of worry and emotionality. Worry relates to cognitive aspects, such as negative expectations about a particular situation. In contrast, emotionality refers to the indications of autonomic arousal and unpleasant feelings such as nervousness and tension. Generally, symptoms of anxiety include: (1) feeling nervous, restless, or tense; (2) feeling of impending danger, panic, or calamity; (3) increasing heart rate; (4) breathing rapidly (hyperventilation); (5) sweating and shaking; (6) feeling weak or tired, and (7) facing difficulty (Mayo Clinic, 2018). When someone is suffering anxiety or stress, they may exhibit some of these symptoms. In comparison, some types of anxiety disorders commonly experienced by people include agoraphobia, anxiety disorder due to a medical condition, panic disorder, selective mutism, separation anxiety disorder, social anxiety disorder (social phobia), specific phobias, substance-induced anxiety disorder, and other specified anxiety disorders and unspecified anxiety disorder.

MacIntyre and Gardner (1991) have categorized anxiety into three crucial categories: trait anxiety, state anxiety, and situation-specific anxiety. The trait anxiety occurs when a person has a permanent intent to be anxious. However, anxiety is a general personality trait so an individual can be anxious all the time (Scovel, 1978). According to Eysenck (1979), anxiety trait can damage cognitive functioning and interrupt memory. Then, Spielberger (1972) defines anxiety as "the emotional reaction or pattern of the response of an individual who perceives a particular situation as personally dangerous or threatening, irrespective of the presence or absence of objective danger" consequently, it affects the emotions, cognition, and behaviors of the person.

Lastly, situation-specific anxiety occurs at a particular time due to a specific situation (Spielberger, 1983). The likelihood of becoming nervous is apparent in a specific condition, such as during tests or speaking a foreign language (MacIntyre & Gardner, 1994). Thus, anxiety has been and will be experienced by every human being, including by students who experience anxiety in learning, anxiety related to values, anxiety in public speaking, and other anxieties. Notably, international students face more pressure to adapt to new environments.

With the interconnectedness of anxiety with the ability to build confidence in knowing and dealing with the situation, it is essential to acknowledge the role of self-efficacy in establishing one's organization of the course of action intended to cope with the surrounding challenges.

## **POSITIONING SELF-EFFICACY TO COPE WITH ANXIETY IN PUBLIC SPEAKING**

In early 1977, Bandura presented the concept of self-efficacy. He defined it as “the belief in one's capabilities to organize and execute the courses of action required to manage prospective situations”. It refers to people's confidence to achieve and succeed at a particular point. Bandura (1994) stated that students with high self-efficacy perceptions engage in tasks that foster their skills and capabilities. In contrast, students with low self-efficacy will not engage in new tasks that might help them learn more skills (Bandura, 1997).

Self-efficacy is someone's firm or low belief about their abilities in a specific situation (Pajares, 1996). Everyone has different self-efficacy levels in certain situations. Relying on their ability to deal with various problems and the presence of other people as rivals or supporters in the situation, as well as each person's physiological and emotional state since self-efficacy is a person's expectation of being able to behave in a certain way to produce the desired results specifically (Goldfried, 2003; Rizvi, Prawitasari, & Soetjipto, 1997). Self-efficacy is a better predictor of future behavior than past behavior. Hence, self-efficacy is essential for lasting positive change. However, similar to other schemes, it may be difficult to register counter-schema data that would alter self-efficacy. Thus, someone with high self-efficacy can minimize anxiety and vice versa. Previous studies discovered a negative correlation between anxiety and self-efficacy because students with high anxiety eventually have low self-efficacy, hindering the learning process (Tremblay & Gardner, 1995; Tsai, 2013).

In addition, perceived self-efficacy can influence people's choice of behavior and activities, the invested energy, and the duration of their unpleasant experiences. Someone with more excellent self-efficacy presents more active efforts to alleviate it. Efforts to avoid fear and release the previous coping will help individuals maintain hope in self-defeating and defensive behavior (Bandura, 1977). Empirical findings confirm that different approaches can change personal efficacy expectations and be more reliable sources of efficacy information (Bandura & Adams, 1977). One of the influencing factors of someone's anxiety is self-efficacy. Marceline Carlos and Nisfiannoor (2006) explained that individuals with a high level of self-efficacy show a more persistent attitude, no anxiety, and experience no pressure in dealing with something.

Someone's strong and steady expectations encourage them to be persistent in achieving goals, even though they may not have the supporting experiences. On the other hand, someone's weak and doubtful perception of their abilities is easily swayed by unsupportive experiences. Therefore, self-efficacy is a significant element in dealing with experienced anxieties. A person with better self-efficacy has a better ability to deal with problems and maintain their expectations in overcoming them. According to Lunenburg, as cited by Saufi (2018), self-efficacy affects people's ability to learn, learning motivation, and performance because people often try to learn and do tasks that they perceive will succeed. Perception of self-efficacy influences how people act, think and motivate themselves since self-efficacy beliefs involve cognition, motivation, and decision-making (Zulkosky, 2009). Their beliefs adjust the level of commitment, persistence, problem-solving, and implemented strategy in facing certain challenges (Bandura & Locke, 2003). The self-efficacy level refers to someone's confidence about successful

performance at various difficulty levels (Van der Slot, et al., 2010). However, the correlation between self-efficacy and anxiety in public speaking remains unidentified. We examine this relationship from several previous studies on anxiety in public speaking.

Public speaking anxiety is not induced by individual incompetence. However, someone's public speaking anxiety is often caused by negative thoughts on the opinions of others about their appearance, skepticism about their abilities, and fear of being unable to interact with others. Thus, enhancing self-efficacy can reduce speaking anxiety (Rahayu, Ardani, & Sulistyarningsih, 2004).

Other research findings also showed that students' beliefs about their lack of public speaking ability are associated with a decreased positive influence on anticipating opportunities to speak in public (Lucchetti, Phipps, & Behnke, 2003). Thus, there is a relationship between students' self-efficacy and anxiety in public speaking. Someone with a higher self-efficacy has a better ability to their anxiety in public speaking and vice versa. Bandura also states that stressful situations generally lead to emotional arousal, possessing informative value on personal competence in specific circumstances. Therefore, emotional arousal is a source of information that can influence self-efficacy in dealing with stressful situations because high arousal levels usually undermine performance. Individuals are more likely to expect to function when they are not overwhelmed by hostile emotional arousal effectively. For students' self-efficacy with Internet addiction, support can address their emotional hurdles and challenges in fighting the eagerness to access the Internet and play video games, emphasizing the long-term benefits of recovery and change (Greenfield, 2018). Thus, self-efficacy is the influential factor in students' task completion and ability to speak in public.

Commonly, people experience anxiety at the starting period of speaking in public. Even an experienced speaker cannot get away from this experience. Public speaking anxiety is common and consequential in clinical samples (Mannuzza et al., 1995). Bourne and Garano (2016) defines public speaking anxiety as an exaggerated fear of embarrassment or humiliation in situations when someone is exposed to the scrutiny of others on their performance. Further, glossophobia, or the fear of public speaking is one of the most pervasive phobias and is estimated to affect 75% of the population (Black, 2019).

In the end, anxiety turns into a threat, creating tension and unpleasant feelings (Wahyuni, 2015). Public speaking anxiety belongs to social phobia and social anxiety disorder criteria. This condition is characterized by the fear of showing performance and interaction with other people. Then the feeling of dread was felt by the speaker during presentations in front of the class. Both fear and dread arise because of marked negative thoughts on the emergence of physical and psychological symptoms and avoidance behavior (Fitri, 2017; Haryanthi & Tresniasari, 2012). Further, public speaking anxiety is closely related to self-confidence (Kholisin, 2014). A person with higher self-confidence has lower public speaking anxiety. Conversely, people with lower self-confidence present higher anxiety in public speaking.

Myers (1999), suggests that self-efficacy can influence anxiety. There is a relationship between self-efficacy and communication anxiety. Students who have self-efficacy have confidence enabling them to face unpleasant or tense situations with great confidence to succeed in dealing with these situations. Further, Bandura (1982) argues that self-efficacy is efficacy expectancy, representing the expectation of the emerging behavior or performance influenced by individual perceptions of the future performance results.

Social phobias were treated with desensitization to test the theory that desensitization alters behaviour. Then to identify the intervention's effects, the intervention continues until the anxiety reactions are completely extinguished into imaginal representations of the most hostile scenes. Approach behavior and their effectiveness expectation were measured before and after the desensitization treatment. The desensitization behavior is predicted to provide significantly stronger efficacy expectations in reducing avoidance behavior (Bandura & Adams, 1977). Our review results reinforce the efficacy of CBT in treating many disorders, one of which is public speaking anxiety. Furthermore, our findings are consistent with other reviews that highlight CBT's effectiveness in reducing anxiety (Butler et al., 2006).

In line with these findings, public speaking anxiety is influenced by a person's psychological condition, including negative thinking. Someone who thinks negatively will experience public speaking anxiety, so someone's positive view will reduce their anxiety (Swann Jr et al., 2007). Negative thinking arises from previous uncomfortable experiences or assumptions and perceptions built by individuals when dealing with some events. Negative thinking is closely related to thinking patterns of not believing in their abilities and circumstances. Studies also found that a person's self-confidence positively impacts speaking ability, reduces public speaking anxiety, and facilitates interaction and social adjustment (Sulistiyana, 2011). The main factor of negative thinking is someone's helplessness and inability to manage thoughts and uncomfortable experiences. Various efforts have been made to reduce public speaking anxiety, such as the expressive writing therapy method (Amali, 2020). Further, this study seeks to examine the effect of the CBT method on lowering public speaking anxiety.

## **THE PRIMACY OF CBT TO ADDRESS PUBLIC SPEAKING ANXIETY**

Public speaking anxiety is a topic of concern for communication academics (Daly & McCroskey, 2009). Previous studies suggest that anxiety is manifested in three different episodes when someone speaks in public, namely: (1) before the presentation, just before speaking, (2) during the speech, and (3) immediately after the speech (Sawyer & Behnke, 1999). Without proper treatment, the anxiety induced by public speaking results in depression or stress. The speaking anxiety can also be lowered using cognitive behavioral therapy, abbreviated as CBT.

CBT is an established evidence-based intervention for teen depression. It has been tested on increasingly severe and complex cases since the 1980s, in studies spanning multiple sites, large numbers of participants, and rigorous design and statistical methodologies. It is an effective treatment for mild to moderate depression in young people, added to the currently available treatment for adolescents with moderate depression (Curry & Hersh, 2014). CBT performs excellently in resolving these challenges. Besides, previous studies suggest that hypnosis can be a powerful adjunct to addressing these factors, particularly public speaking anxiety (Milburn, 2011). Furthermore, the previous research findings provide preliminary evidence that cognitive-behavioral treatment using virtual reality for public speaking exposure can reduce public speaking anxiety (Anderson et al., 2005; Šalkevičius et al., 2019).

One of the CBT techniques is the desensitization approach. This approach assumes that anxiety activates defensive behavior (Wolpe, 1990). According to this view, neutral events with aversive stimulation create an anxiety drive that motivates defensive behavior. Defensive behavior, in turn, is reinforced by reducing the anxiety generated by conditioned hostile stimuli. As a result, eliminating the underlying fear is required to reduce the protective response. The adverse stimulus is presented gradually until the anxiety response to the threat is eliminated. This section is considered essential to describe students' public speaking anxiety levels. Furthermore, after identifying the anxiety level, students are guided gradually in reducing or even eliminating public speaking anxiety.

A previous study investigated the speaking anxiety of six middle school students with self-reported levels of public speaking anxiety (Rickards-Schlichting et al., 2004). In that study, the students presented a public speech to randomly selected peer observers. Direct observation was done to measure the manifestation of public speaking anxiety behavior. Students viewed self-modeling video recordings edited to eliminate speech dysfluency and speech anxiety behavior symptoms in the intervention phase. Self-modeling tapes depicted only edited adaptive and exemplary behavior so that the students appear to produce eloquent speeches to their peers being their audience. All participants demonstrated substantially reduced speech anxiety behavioral symptoms, and these changes were maintained throughout the follow-up. The range of participant effect sizes was 2.7 to 4.9.

Additionally, self-reports measuring the speaker's anxiety and confidence state were used to assess the additional treatment effects. There was also a substantial reduction in self-reported public speaking anxiety and anxiety state from baseline to follow-up for all participants. Thus, we consider CBT with a desensitization approach capable of reducing or even eliminating anxiety in public speaking.

Beck's model is cognitive therapy, whereas Ellis's model is called rational, emotional behavior therapy. In combination, they are collected under the rubric of CBT. The main purpose of CBT is usually traced back to the Stoic philosophers Epictetus and Marcus Aurelius. Based on CBT principles, problems are not created solely by someone's thoughts, but because of past bad events, with people's perception of these events affecting their difficulty in dealing with them. CBT explores disturbing feelings but does not provide guidelines to amplify them and the beliefs that underlie them (Grieger & Boyd 1980). Therefore, two groups propose that CBT is the idea of looking inward rather than outward to understand our predicament, whereby it can trigger a wide range of client responses from revelation and acceptance to distrust. In the first group, clients were eager to find new problem-solving perspectives, while in the second group, the groups were willing to engage with CBT and expected successful results.

Several scholars have agreed upon the importance of CBT as the psychotherapeutic approach in providing services related to mental health, addiction treatment, operational trauma, stress, and psychosocial aspects (Williams, 1992). CBT is a talking therapy focusing on the influence of the person's thoughts, beliefs, and attitudes on their feelings and behavior. Besides, CBT teaches them coping skills for dealing with different problems. This approach has generated positive results for people dealing with depression, anxiety, post-traumatic stress disorder (PTSD), alcohol and substance abuse, anger issues, as well as couple and family issues. CBT is short-term, goal-directed, problem-focused, structured, oriented in the "here and now," skill-building, and research-based treatment. Additionally, CBT is considered a "best practice" for treating adolescents with mental health problems (Craig et al., 2013).

Furthermore, Regehr (2001) found in his research that another strength offered by CBT is its simplicity, as it is usually understandable for adolescent clients, enabling them to participate actively in therapy. CBT has a role in exploring actual reality without being trapped in baseless thoughts or just uncomfortable experiences (Neehan, 2008). CBT leads to emotional change through cognitive and behavioral transformation, similar to how a client finds his "boss annoying" and gets angry whenever he sees or thinks about it. By accepting the grim reality of his boss's behavior and developing a firm outlook, the client can "move upwards" and moderate the boss's harsh interpersonal style and anger. However, CBT can sometimes be mistaken for positive thinking since the therapists become "cheerleaders" as they always see the bright side of life (Leahy, 2017). Thus, some groups adopt CBT to build positive thoughts because CBT focuses on eliminating or reducing uncomfortable experiences and negative thoughts.

Meanwhile, incorporating CBT as a transformative cognitive technique to change behavior, which increasingly becomes more common, has been rarely investigated, especially in the case of public speaking anxiety for students in higher education. Thus, CBT, or more specifically Beck's cognitive therapy, has been the single most fundamental and best-validated approach for psychotherapy since it offers choices of psychological treatment for various psychological problems (Salkovskis, 1996). Also, there are indications that CBT produces a lasting effect that other approaches are not provided (Hollon & Beck, 2013). Currently, National Institute for Clinical Excellence (2005) guideline places CBT as the first-line treatment for many clinical disorders. Therefore, we presume that CBT can help students reduce public speaking anxiety.

Some scholarly articles have discussed CBT in addressing public speaking anxiety (Anderson et al., 2005). The studies discovered that an individual experiencing glossophobia could benefit from CBT by effectively managing their symptoms by following the treatment principles (Black, 2019). However, the possible potential of CBT for students remains unrecognized, particularly for international students with a certain degree of anxiety and additional risk coping caused by adaptation to a new country with different academic environments and expectations. Cognitive Behavioral Couple Therapy (CBCT) techniques aim to help couples with poor communication skills and great problem-solving difficulties, affecting the interaction process in their relationship (Durães et al., 2020). According to a standardized treatment manual, treatment in CBT consists of eight individual therapy sessions, equally divided into anxiety management training and exposure therapy using a virtual audience (Anderson et al., 2005).

## **THE URGENCY OF MULTICULTURAL COUNSELLING AS CONTEXT OF THERAPY**

A comprehensive view of a multicultural setting is required in dealing with public speaking anxiety among international students. Counseling for international students is a part of an intervention to tackle their anxiety-related problems and must include a multicultural outlook. Thus, as the front-liner in the intervention process, counselors must have multicultural competencies.

Conceptually, multicultural counseling competencies are considered awareness of one's stereotypes and biases, knowledge of one's own and other's worldviews, and required skills for counselors to work effectively with diverse individuals (Guzman et al., 2013). Historically, the 1950s have been called the birth of the multicultural movement (Jackson, 1995). For the first time in the history of psychology, articles addressing the needs of racial or ethnic minority clients appeared in mainstream journals during that period (Jackson, 1995). Some scholars contend that the problems experienced by students are related to interpersonal, career, and education (Boyd et al., 2003; Kiracofe, 1994). These issues urge the implementation of counseling services in universities. Additionally, other studies indicate that specifically, students of color have contextual problems such as academic, stress, depression, and relationship issues that require counseling services (Constantine et al., 1997; Davidson et al., 2004).

An investigation of students of various ethnicities showed an underutilization of counseling services (David et al., 2004). It is reinforced by a survey conducted on students of color who did not utilize counseling services every time they experienced an obstacle or problem. Atkinson (1990) stated that counselors who value diversity in counseling sessions present better counseling services expected by students and will be increasingly trusted as a help center whenever students face problems.

Constantine et al. (1997) found multicultural competence offers great satisfaction in counseling services. The appropriate multicultural counseling framework for academic advice is described by Reynolds and Pope (2003) as follows: (1) The counseling involves awareness regarding the attitudes, values, beliefs, and cultures of other groups to work with diversity, (2) In socialization and consultation, the counselors use working procedures incorporating diversity and cultural content in campus programs. (3) During the teaching, training, and supervision, counselors need to have professional development in multicultural techniques, (4) In testing and assessment, the counselor needs to consider cultural biases and understand the client's cultural context in assessment and testing, (5) In the development, advocacy, and activism of multicultural organizations, counselors focus on developing multicultural counseling centers in universities.

## **CONCLUSION**

Perceived self-efficacy can influence people's choice of activities and behavior, the effort they put into it, as well as the extent they endure obstacles and unpleasant experiences. Meanwhile, public speaking anxiety is not caused by individual inability, but it is often caused by individuals' negative thoughts on other people's opinions of their appearance, low confidence in their abilities, and fear of being unable to interact with others. Self-efficacy and public speaking anxiety are closely related. Additionally, CBT is an established evidence-based intervention for adolescent depression. It has been tested on increasingly severe and complex cases since the 1980s, in studies spanning multiple sites, many participants, and a rigorous design and statistical methodology, showing its potential to reduce or even eliminate public speaking anxiety.

Effective and great, long-lasting change is the aim of all psychotherapy, in which CBT presents great potential to attain those aims. This study has provided opinions on the correlation between self-efficacy, public speaking anxiety, and CBT. Further research is suggested to evaluate the relative contributions of the various components with a detailed presentation. Besides, other empirical research can focus on whether and when a CBT intervention with a decentralized approach carries effects.

## REFERENCES

- Amali, B. A. (2020). Upaya meminimalisasi kecemasan siswa saat berbicara di depan umum dengan metode expressive writing therapy. *Jurnal Ilmiah Psikologi Terapan*, 8(2), 109–118.
- Anderson, P. L., Zimand, E., Hodges, L. F., & Rothbaum, B. O. (2005). Cognitive behavioral therapy for public-speaking anxiety using virtual reality for exposure. *Depression and Anxiety*, 22(3), 156–158. <https://doi.org/10.1002/da.20090>
- Atkinson, D. R. (1990). Minority students' reasons for not seeking counseling and suggestions for improving services. *Journal of College Student Development*, 31(4), 342–350.
- Bandura A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84(2), 191–215.
- Bandura, A. (1982). Self-efficacy mechanism in human agency. *American psychologist*, 37(2), 122–147.
- Bandura, A. (1994). Self-efficacy. In V. S. Ramachaudran (Ed.), *Encyclopedia of human behavior* (Vol. 4, pp. 77–81). Academic Press.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. W. H. Freeman and Company
- Bandura, A., & Adams, N. E. (1977). Analysis of self-efficacy theory of behavioral change. *Cognitive Therapy and Research*, 1(4), 287–310. <https://doi.org/10.1007/BF01663995>
- Bandura, A., & Locke E. A. (2003). Negative self-efficacy and goal effects revisited. *The Journal of Applied Psychology*, 88(1), 87–99.
- Black, R. (2019). *Glossophobia (fear of public speaking): Are you glossophobic?* Psycom. <https://www.psycom.net/glossophobia-fear-of-public-speaking>
- Bourne, E. J., & Garano, L. (2016). *Coping with anxiety: Ten simple ways to relieve anxiety, fear, and worry*. New Harbinger Publications.
- Boyd, V., Hattauer, E., Brandel, I. W., Buckles, N., Davidshofer, C., Deakin, S., Erskine, C., Hurley, G., Locher, L., Piorkowski, G., Simono, R. B., Spivack, J., & Steel, C. M. (2003). Accreditation standards for university and college counseling centers. *Journal of Counseling & Development*, 81(2), 168–177.
- Butler, A., Chapman, J., Forman, E., & Beck, A. (2006). The empirical status of cognitive-behavioral therapy: A review of meta-analyses. *Clinical Psychology Review*, 26(1), 17–31. <https://doi.org/10.1016/j.cpr.2005.07.003>
- Chaplin, J. P. (2008). *Kamus lengkap psikologi*. PT Raja Grafindo Persada.
- Constantine, M. G., Chen, E. C., & Ceesay, P. (1997). Intake concerns of racial and ethnic minority students at a university counseling center: Implications for developmental programming and outreach. *Journal of Multicultural Counseling and Development*, 25(3), 210–218.
- Craig, S. L., Austin, A., & Alessi, E. (2013). Gay affirmative cognitive behavioral therapy for sexual minority youth: A clinical adaptation. *Clinical Social Work Journal*, 41(3), 258–266. <https://doi.org/10.1007/s10615-012-0427-9>
- Curry, J. F., & Hersh, J. (2014). Development and evolution of cognitive behavior therapy for depressed adolescents. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 32(1), 15–30. <https://doi.org/10.1007/s10942-014-0180-9>
- Daly, J. A., & McCroskey, J. C. (Eds.). (2009). *Avoiding communication: Shyness, reticence, and communication apprehension* (3rd ed.). Hampton Press.
- Davidson, M. M., Yakushka, O. F., & Sanford-Martens, T. C. (2004). Racial and ethnic minority clients' utilization of a university counseling center: An archival study. *Journal of Multicultural Counseling and Development*, 32, 259–271.
- Durães, R. S. S., Khaffif, T. C., Lotufo-Neto, F., & Serafim, A. de P. (2020). Effectiveness of cognitive behavioral couple therapy on reducing depression and anxiety symptoms and increasing dyadic adjustment and marital social skills: An exploratory study. *The Family Journal*, 28(4), 344–355. <https://doi.org/10.1177/1066480720902410>
- Eysenck, M. W. (1979). Anxiety, learning, and memory: A reconceptualization. *Journal of Research in Personality*, 13(4), 363–385. [https://doi.org/10.1016/0092-6566\(79\)90001-1](https://doi.org/10.1016/0092-6566(79)90001-1)
- Fitri, D. (2017). Efektivitas cognitive behavior therapy untuk mahasiswa. *Jurnal Psikologi*, 10(1), 64–73.
- Freud, S. (1921). *A general introduction to psychoanalysis* (7th Ed.). Boni and Liveright.
- Goldfried, M. R. (2003). Cognitive-behavior therapy: Reflections on the evolution of a therapeutic orientation. *Cognitive Therapy and Research*, 27(1), 53–69. <https://doi.org/10.1023/A:1022586629843>
- Greenfield, D. N. (2018). Treatment considerations in internet and video game addiction. *Child and Adolescent Psychiatric Clinics of North America*, 27(2), 327–344. <https://doi.org/10.1016/j.chc.2017.11.007>

- Grieger, R., & Boyd, J. (1980). *Rational-emotive therapy: A skills-based approach*. Van Nostrand Reinhold.
- Haryanthi, L. P. S., & Tresniasari, N. (2012). Efektivitas metode terapi ego state dalam mengatasi kecemasan berbicara di depan publik pada mahasiswa Fakultas Psikologi UIN Syarif Hidayatullah. *Jurnal Insan*, 14(5), 32–40.
- Hollon, S. D., & Beck, A. T. (2013). Cognitive and cognitive behavioral therapies. In *Bergin and Garfield's handbook of psychotherapy and behavior change, 6th edition*. Wiley.
- Kholisin, K. (2014). Kecemasan berbicara ditinjau dari konsep diri dan kecerdasan emosional. *Jurnal Ilmu Dakwah*, 34(1), 77. <https://doi.org/10.21580/jid.v34i1.65>
- Kiracofe, N. M. (1994). Accreditation standards for university and college counseling centers. *Journal of Counseling & Development*, 73(1), 38–43.
- Leahy, R. L. (2017). *Cognitive therapy techniques: A practitioner's guide* (2nd ed.). The Guilford Press
- Lucchetti, A. E., Phipps, G. L., & Behnke, R. R. (2003). Trait anticipatory public speaking anxiety as a function of self-efficacy expectations and self-handicapping strategies. *Communication Research Reports*, 20(4), 348–356. <https://doi.org/10.1080/08824090309388834>
- MacIntyre, P. D., & Gardner, R. C. (1991). Methods and results in the study of anxiety and language learning: A review of the literature. *Language Learning*, 41(1), 85–117.
- Mannuzza, S., Schneier, F. R., Chapman, T. F., Liebowitz, M. R., Klein, D. F., & Fyer, A. J. (1995). Generalized social phobia. Reliability and validity. *Archives of General Psychiatry*, 52(3), 230–237.
- Marceline Carlos, Z., & Nisfiannoor, M. (2006). Hubungan antara self efficacy dan prestasi kerja karyawan marketing. *Phronesis*, 8(2), 196–206.
- Mayo Clinic. (2018). *Anxiety disorders—Symptoms and causes*. Mayo Clinic. Retrieved July 9, 2021, from <https://www.mayoclinic.org/diseases-conditions/anxiety/symptoms-causes/syc-20350961>
- Milburn, M. C. (2011). Cognitive-behavior therapy and change: Unconditional self acceptance and hypnosis in CBT. *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 29(3), 177–191. <https://doi.org/10.1007/s10942-010-0121-1>
- Morris, L. W., Davis, M. A., & Hutchings, C. H. (1981). Cognitive and emotional components of anxiety: Literature review and a revised worry-emotionality scale. *Journal of Educational Psychology*, 73(4), 541–555. <https://doi.org/10.1037//0022-0663.73.4.541>
- Myers, D. G. (1999). *Social psychology* (9th ed.). Boston: McGraw Hill.
- National Institute for Clinical Excellence. (2005). *Clinical guidelines for treating mental health problems*. National Institute for Clinical Excellence.
- Neenan, M. (2008). From cognitive behaviour therapy (CBT) to cognitive behaviour coaching (CBC). *Journal of Rational-Emotive & Cognitive-Behavior Therapy*, 26(1), 3–15.
- Nevid, J. S., Rathus, S. A., & Green, B. (2005). *Psikologi abnormal*. Erlangga.
- Pajares, F. (1996). Self-efficacy beliefs in academic settings. *Review of Educational Research*, 66(4), 543–578.
- Polit, S. (2015). 3 public speaking tips for international students | Carey the torch. *Carey the Torch*. [https://carey.jhu.edu/carey-the-torch/2015/03/3\\_public\\_speaking\\_tips\\_for\\_international\\_students/](https://carey.jhu.edu/carey-the-torch/2015/03/3_public_speaking_tips_for_international_students/)
- Rahayu, I. T, Ardani, T. A., & Sulistyarningsih, S. (2004). Hubungan pola pikir positif dengan kecemasan berbicara di depan umum. *Jurnal Psikologi UNDIP*, 1(2), 131–143.
- Regehr, C. (2001). Cognitive-behavioral theory. *Theoretical perspectives for direct social work practice: A generalist-eclectic approach*, 165–182.
- Reynolds, A. L., & Pope, R. L. (2003). Multicultural competencies in counseling centers. In *D. B. Pope-Davis, H. L. K. Coleman, W. M. Liu, & R. L. Toporek (Eds.), Handbook of multicultural competencies in counseling and psychology* (pp. 365–382). SAGE.
- Rickards-Schlichting, K. A., Kehle, T. J., & Bray, M. A. (2004). A self-modeling intervention for high school students with public speaking anxiety. *Journal of Applied School Psychology*, 20(2), 47–60. [https://doi.org/10.1300/J370v20n02\\_04](https://doi.org/10.1300/J370v20n02_04)
- Rizvi, A., Prawitasari, J. E., & Soetjipto, H. P. (1997). Pusat kendali dan efikasi-diri sebagai prediktor terhadap prokrastinasi akademik mahasiswa. *Psikologika: Jurnal Pemikiran dan Penelitian Psikologi*, 2(3), 51–66.
- Šalkevičius, J., Miškinytė, A., & Navickas, L. (2019). Cloud based virtual reality exposure therapy service for public speaking anxiety. *Information*, 10(2), 62. <https://doi.org/10.3390/info10020062>
- Salkovskis, P. M. (1996). *Frontiers of cognitive therapy*. Guilford Press.

- Saufi, M. (2018). Дифференциально экспрессирующиеся гены нейромедиаторных систем в дорсальном стриатуме самцов мышей с двигательными нарушениями. *Высшей Нервной Деятельности*, 2.
- Sawyer, C. R., & Behnke, R. R. (1999). State anxiety patterns for public speaking and the behavior inhibition system. *Communication Reports*, 12(1), 33–41. <https://doi.org/10.1080/08934219909367706>
- Scovel, T. (1978). The effect of affect on foreign language learning: a review of the anxiety research. *Language Learning*, 28(1), 129–142. <https://doi.org/10.1111/j.1467-1770.1978.tb00309.x>
- Spielberger, C. D. (1983). *State-trait anxiety inventory for adults (Form Y): Sampler set*. Mind Garden.
- Spielberger, C. D. (Ed.). (1972). *Anxiety: Current trends in theory and research*. Elsevier.
- Sulistiyana, R. (2011). *Kepercayaan diri dan penyesuaian sosial remaja korban kekerasan rumah tangga; studi kasus di Desa Wonosari Kecamatan Ngaliyan*. IAIN Walisongo.
- Swann Jr, W. B., Chang-Schneider, C., & Larsen McClarty, K. (2007). Do people's self-views matter? Self-concept and self-esteem in everyday life. *American psychologist*, 62(2), 84.
- Tremblay, P. F., & Gardner, R. C. (1995). Expanding the motivation construct in language learning. *The Modern Language Journal*, 79(4), 505–518.
- Tsai, C. C. (2013). The impact of foreign language anxiety, test anxiety, and self-efficacy among senior high school students in Taiwan. *International Journal of English Language and Linguistics Research*, 1(3), 1–17.
- Van der Slot, W. M., Nieuwenhuijsen, C., Van den Berg-Emons, R. J., Wensink-Boonstra, A. E., Stam, H. J., Roebroek, M. E., & Transition Research Group South West Netherlands. (2010). Participation and health-related quality of life in adults with spastic bilateral cerebral palsy and the role of self-efficacy. *J Rehabil Med*, 42(6), 528-535. <https://doi.org/10.2340/16501977-0555>
- Wahyuni, E. (2015). Hubungan self-effecacy dan keterampilan komunikasi dengan kecemasan berbicara di depan umum. *Jurnal Komunikasi Islam*, 05(01), 52–82.
- Williams, J.M.G. (1992). *The psychological treatment of depression* (2nd ed.). Routledge. <https://doi.org/10.4324/9780203414903>
- Wolpe, J. (1990). *The practice of behavior therapy*. Pergamon press.
- Zulkosky, K. (2009). *Self-efficacy: A concept analysis*. *Nursing Forum*, 44(2), 93–102.