Proceedings of ICILLP 2025 Symposium: Psychological Perspectives on Teacher-Student Relationships in Educational Contexts
DOI: 10.54254/2753-7048/2025.NS28376

A Scoping Review of Public Speaking Anxiety: From General Anxiety to Interventions and Future Directions

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Abstract. Anxiety has been a common negative emotion in humans, and public speaking anxiety (PSA) has been its most common subtype. This scoping review focused on PSA, the popular subtype of social anxiety, within a broader framework of anxiety. Based on 24 peer-reviewed articles provided by authoritative platforms such as Google Scholar, China National Knowledge Infrastructure, and Web of Science, this article basically has shown the definition, core dimensions, influencing factors, theoretical perspectives, and intervention strategies of PSA, totaling five points. The characteristics of PSA have been cognition, emotion, and behavior, and its manifestation was influenced by individual, situational background, and culture. Theories such as cognitive assessment and emotional construction have provided different dismantling logics for mechanisms. Interventions such as vlogs, Corp-Oral projects, and Flash Techniques have shown different therapeutic effects. But there have been some shortcomings, such as the gap in research volume between the East and the West and the blank in the online digital communication environment. This review provided insights for industries such as education, psychology, and pathology, advocating for innovative and inclusive intervention measures to address PSA issues.

Keywords: public speaking anxiety (PSA), communication apprehension, cognitive performance, social anxiety

1. Introduction

To provide readers with more comprehensive information, this article will first briefly outline the definition of anxiety. Due to varying definitions of the term "anxiety" in current industry research, these diverse definitions of anxiety will also be listed in detail later in this article. Meanwhile, to unify the concept, this article will introduce the definition of anxiety proposed by Barlow in his book as the basis. Barlow's [1] concepts, anxiety is a negative emotion related to uncertain future events. Its emergence allows people to prepare in advance to face such bad things. Anxiety, by its very nature, constitutes a form of subjective pessimistic emotion and falls under the category of psychological abnormalities. Its occurrence is frequently shaped by a variety of subjective and objective factors, including one's surrounding environment and current psychological state. As such, it can be classified into numerous subtypes, with PSA being the most prevalent, which is the point of this review, affecting up to 70% of individuals in performance contexts [2]. PSA refers to the fear

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DOI: 10.54254/2753-7048/2025.NS28376

and worries people have when they need to hold a public speech. Cases often show that it is not only a disrupting type of anxiety, but also a highly pervasive one [3]. This review aims to synthesize PSA's nature, influences, theoretical frameworks, and interventions, drawing on psychology and communication studies to highlight gaps and propose future directions.

The paper is structured as follows: Section 2 outlines the methodology, Section 3 examines PSA's dimensions, influences, theories, and interventions, Section 4 discusses limitations and future directions, and Section 5 concludes with key insights.

2. Methodology

This scoping review aims to systematically map the literature on public speaking anxiety (PSA), synthesizing its definitions, dimensions, influencing factors, theoretical frameworks, and intervention strategies, while identifying research gaps and future directions. To present the logic and structure of this article more intuitively, this paper adopted a five-stage process: (1) defining the research question, (2) identifying relevant studies, (3) selecting studies, (4) charting data, and (5) collating results.

Literature was searched in Google Scholar, China National Knowledge Infrastructure, and Web of Science using keywords such as "public speaking anxiety (PSA)", "speech anxiety", "communication apprehension" and "solution to PSA," combined with Boolean operators (e.g., "public speaking anxiety AND intervention"). The search spanned peer-reviewed articles in English from 1977 to 2025 to include foundational works (e.g., McCroskey, 1977) and recent studies.

Studies were included if they addressed PSA's definitions, dimensions, factors, theories, or interventions, encompassing empirical, theoretical, and review articles. Excluded were non-peer-reviewed sources, non-English articles, and studies unrelated to PSA. Then the preliminary screened data were extracted into a charting table, categorizing findings by PSA's dimensions, influencing factors, theories, and interventions. Thematic analysis synthesized key trends, such as the prevalence of cognitive-behavioral interventions and gaps in cross-cultural research, informing the review's structure. Table 1 lists all 24 papers referenced in this article, including the author(s) and corresponding years, thematic focus, key contribution, and specific citation in which section(s) of the review. The order of paper listing is in accordance with the order of citation.

Table 1. Literature charting for public speaking anxiety scoping review

Author(s) (Years)	Thematic Focus	(Brief) Key Contribution	Section(s) in Review
Barlow (2004)	Anxiety Definition	Generally, defines anxiety as a negative emotion tied to uncertain future events, positioning PSA as a social anxiety subtype.	1, 3.1
Bodie (2010)	PSA Definition, Dimensions, Interventions	Further defines PSA as situational anxiety with cognitive, affective, and behavioral dimensions; Reviews measurement and interventions.	1, 3.1, 3.2, 3.5
Li (2020)	PSA Definition, PSA Causes, Interventions	Analyzes causes of PSA and discusses treatment approaches, emphasizing its pervasive impact.	1, 3.1, 3.5
McCroskey (1977)	PSA Definition, Measurement	Introduces communication apprehension; Develops PRCA scale for PSA measurement.	3.1, 3.2, 3.4
Horwitz et al. (1986)	PSA Definition, Measurement	Defines PSA in language contexts; Introduces FLCAS for measurement.	3.1, 3.2

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Table 1. (continued)

Weissman & Merikangas (1986)	Anxiety Epidemiology	Highlights anxiety disorders' prevalence, including PSA as a social phobia.	3.1
Wang & Wan (2001)	Anxiety Definition	Defines anxiety as an emotional state tied to anticipated failure or threat, refining PSA's context.	3.1
Bartholomay & Houlihan (2016)	PSA Measurement	Develops and validates PSAS, emphasizing PSA's cognitive, behavioral, and physiological aspects.	3.1, 3.2
Hashemi et al. (2020)	PSA Measurement	Adapts PRCA-24 to assess PSA in medical students, focusing on demographic influences.	3.2
Mörtberg et al. (2018)	PSA Measurement	Refines PRPSA scale for university students, improving reliability and test duration.	3.2
Cardon (2025)	PSA Measurement	Adapts PRCA-24 for autistic adults, highlighting elevated PSA in special populations.	3.2
Bippus & Daly (1999)	PSA Factors	Identifies subjective causes of PSA (e.g., lack of preparation, fear of evaluation).	3.3
Finn et al. (2009)	PSA Factors	Proposes an anxious arousal model, linking individual, situational, and cognitive factors to PSA.	3.3
Lintner & Belovecová (2024)	PSA Factors	Finds gender, academic stage, and school type as key PSA predictors.	3.3
Naser & Isa (2021)	PSA Factors	Examines PSA in classroom settings, noting moderate anxiety levels even among high performers.	3.3
Behnke & Beatty (1981)	PSA Theory	Proposes a cognitive-physiological model, linking PSA to arousal and cognitive labeling.	3.4
Heimberg (1995)	PSA Theory	Positions PSA as a social phobia subtype, emphasizing situational specificity.	3.4
Barrett et al. (2025)	PSA Theory	Applies emotion construction theory, linking PSA to individual interpretation of arousal.	3.4
Madzlan et al. (2020)	PSA Interventions	Demonstrates vlogs reduce PSA in ESL learners, enhancing confidence.	3.5
García-Monge et al. (2023)	PSA Interventions	Evaluates Corp-Oral program, using body awareness to reduce PSA.	3.5
Liu et al. (2023)	PSA Interventions	Compares group sand table game therapy to traditional methods for social anxiety in students.	3.5
Ling et al. (2024)	PSA Interventions	Introduces Flash Technique for PSA linked to childhood trauma.	3.5
Wang et al. (2024)	PSA Impact	Links social exclusion to increased PSA among students.	4
Ye (2024)	PSA Interventions, Current progress	Proposes teaching strategies to reduce PSA in English classrooms.	4

The 24 papers selected in this article are all authoritative articles with high citation rates in the industry. Six of them are from the second half of the 20th century, with the earliest one published in 1977. These six articles are all foundational works in the field of PSA, and the vast majority of research is further developed based on the theories and methods provided in these six articles. Especially McCroskey's paper published in 1977, which formed the earliest framework for PSA

DOI: 10.54254/2753-7048/2025.NS28376

research, was selected as the foundational article for the definition and detection of PSA in this article.

3. Literature review

3.1. Anxiety and its relevance to PSA

Anxiety is a psychological state involving anticipatory fear and physiological arousal, often categorized into generalized anxiety, social anxiety, and specific phobias [1]. PSA, a subtype of social anxiety, is triggered by the anticipation or act of speaking before an audience [4]. Affecting up to 70% of individuals, PSA disrupts academic, professional, and social functioning [2]. Unlike generalized anxiety, PSA is context-specific, yet its intensity can rival clinical disorders. This section aims to establish PSA's place within anxiety research, setting the stage for a detailed exploration of its dimensions and influences.

First and foremost, it is necessary to synthesize the existing definitions of "anxiety in communication contexts" within the current academic community and conduct a detailed, multi-dimensional analysis to clarify the essence of this term. The earliest definition to date was proposed by McCroskey in 1977. He argued that anxiety manifests as "communication apprehension" in communication contexts, which refers to an individual's fear or anxiety toward actual or anticipated communication interactions [4].

Subsequently, in the 1980s, more systematic research was conducted by Horwitz et al. Focusing on anxiety triggers in specific scenarios, they ultimately concluded that anxiety manifests as tension and worry about language performance in particular contexts (such as foreign language classrooms). This series of studies involved cognitive and emotional dimensions; meanwhile, they also developed the Foreign Language Classroom Anxiety Scale (FLCAS) [5]. The advent of this scale has expanded research on second language performance anxiety (PSA) and provided more quantifiable data indicators. In the same year, researchers such as Weissman systematically introduced an epidemiological perspective to the study of anxiety disorders. They found that anxiety disorders are highly prevalent mental illnesses characterized by excessive reactions to threats and impaired functioning, often accompanied by panic and avoidance behaviors [6]. This further demonstrates that by the end of the 20th century, the scientific community had begun to attach importance to and conduct specialized research on "anxiety" as a psychological disorder.

Entering the 21st century, Wang Yinquan and Wan Yushu put forward a more comprehensive definition: Anxiety is one of the abnormal emotions, also referred to as psychological abnormality. It is generally considered that anxiety refers to a state of emotional feelings. The state arises when the individual anticipates failure to achieve goals or feels threatened by inability to overcome obstacles, which in turn leads to frustrations in self-esteem and self-confidence, or an increase in feelings of failure and guilt [7]. In combination with Professor Weissman's previous research on disease, Professor Wang and Wan proposed that anxiety is a normal adaptive behavior made under the color of unpleasant emotions, although it may contain a kind of powerlessness to the plight [7]. The definition given by Professor Wang and Wan made anxiety change from a more subjective and abstract concept to a more accurate description.

With the refinement of the concept of anxiety, in 2010, Professor Bodie clearly put forward the concept of PSA, pointing out that the oral anxiety is a situational anxiety, involving the cognitive (negative self-evaluation), emotional (fear) and behavioral (avoidance) responses to public speaking [2]. Based on the preliminary concept of PSA, professors Bartholomay and Houlihan refined the corresponding evaluation criteria, and believed that PSA was one of the most common forms of

DOI: 10.54254/2753-7048/2025.NS28376

social anxiety, involving cognitive (worry), behavioral (avoidance) and physiological (heartbeat acceleration) performance. At the same time, the team developed and verified the public speaking anxiety scale (PSAS), which showed high reliability and validity [8]. And this theory has influenced so far.

3.2. Core dimensions and measurement of PSA

By 2025, there are various systematic research scales on PSA, and the specific measurement dimensions covered by them are also different. The earliest available PSAS is the PRCA scale proposed by McCroskey in 1978, and the emergence of this scale has also become the foundation of PSA research. This table is still adapted and used by scholars in the industry.

In 2020, Hashemi and other researchers published a paper on communication anxiety and anxiety of medical students in the Journal of Education and Health Promotion. This personal report combined professor McCroskey's scoring formula for his personal report on fear of communication, and focuses on five different influence dimensions, namely: demographic information, major, gender and marital status, economic strength and school subsidies [9]. In other words, this article has shown a developed scale based on PRCA-24. Of course, because the experiment itself is carried out in the form of a questionnaire, the data source is filled in by students in school, the gender ratio in school is unbalanced, and the answers filled in by individuals are subjective and have a certain degree of avoidance (giving up the answer because of personal privacy), the data is not widely applicable. However, even though the experiment has certain limitations, the five measurement dimensions concerned by the team and the series of tables developed by the team are still reliable and referential for the investigation of college students.

As early as 2016, Professor Bartholomay and Professor Houlihan developed and verified a new generation of PSAS. Then in 2018, Mörtberg team found that the existing scales still had room for improvement. At that time, they keenly found that both the PSAS and the original PRCA were limited in content, and the evaluation fields of these two scales were relatively limited. So, the team upgraded and optimized a version of the scale, which not only satisfied the degree of fear of distinguishing subjects (college students) from public speaking, but also became a more reliable choice because it could control the length of test time [10].

The latest research has adapted and applied the PRCA-24 scale to study the level of social anxiety in adults with autism. Due to the unique nature of autism, expression becomes a difficult social skill to achieve. The introduction and adaptation of the scale can better adapt to this special population, and at the same time, the scale data more intuitively demonstrates that individuals with autism may experience higher social pressure during communication due to uncontrollable factors [11].

And from these new studies, it can also be seen that PSA related scales (such as PRCA-24) have great compatibility, and can be adjusted and provided with different questionnaires and calculation formulas for different populations while ensuring a certain level of credibility.

3.3. Factors influencing PSA

At present, the industry believes that there is a continuous process of development, expansion, and refinement of the influencing factors for PSA. Early researchers Bippus and Daly believed that subjective attribution (cognitive bias) played a significant role. Individuals attribute PSA to lack of preparation, fear of audience evaluation, and low self-efficacy. Their research reveals subjective reasons through interviews [12].

DOI: 10.54254/2753-7048/2025.NS28376

Subsequent researchers further systematically studied different subjective and objective factors. For example, PSA is influenced by individual factors (such as introversion and low self-esteem), situational factors (such as audience size), and cognitive factors (such as expected failure), and an anxiety arousal model is proposed to explain its interaction. Finn, Sawyer, and Behnke's 2009 study showed that anxiety arousal is associated with physiological responses such as heart rate [13].

Lintner and Belovecová detailed and multidimensional research on specific student groups further completed the research factors: gender, learning stage, high school type, which have a more significant impact on individuals' anxiety levels, while age and nationality have no significant effect. Among them, women, undergraduate students, and academic high school students are more likely to experience PSA symptoms [14]. Compared with another study on classroom speaking anxiety conducted by Naser and Isa in 2021, there are certain similarities and differences. In both studies, the average level of anxiety reported by participants was approximately moderate. The study from 2021 focused on classroom scenarios and found that participants, even with excellent academic performance, still feel the pressure of speaking anxiety when performing public tasks such as public speaking or second language communication [15].

3.4. Theoretical perspectives on PSA

There are mainly two types of early theories, namely McCroskey's theory of communicative anxiety (which is trait anxiety) and Bandura's sociological theory, which states that anxiety is acquired through observation.

In 1981, Behnke and Beatty combined cognitive and physiological interactions, suggesting that PSA is a combination of physiological arousal (such as increased heart rate) and cognitive labeling (interpreting arousal as anxiety), and proposed a cognitive physiological model to explain its mechanism [16]. Anxiety may be a perception of danger, and some individuals may interpret arousal as "excitement" rather than anxiety.

The Heimberg team once again clarified the positioning of PSA in social anxiety in 1993, as a subtype of social phobia involving excessive fear of social evaluation, which may be independent of generalized social anxiety. The diagnostic criteria for PSA should focus on situational specificity [17].

In the new century, Barrett proposed the theory of emotional construction, which holds that physiological reactions (such as heart rate changes) have no objective emotional meaning, and PSA anxiety is determined by an individual's interpretation of physiological arousal. The proposal of this theory provides a modern emotional theory perspective for PSA, explaining why physiological measurements are inconsistent with self-report [18].

The entire history of theoretical construction is essentially a process of constantly overturning, updating, and integrating with the development of science and technology and a deeper understanding of PSA.

3.5. Intervention strategies for PSA

Based on the above analysis, different researchers have also provided intervention and solution strategies. The intervention methods or techniques mentioned below are classified into the following sections for introduction: technical assistance, physical development, and individual intervention therapy.

In the early stages of research, scientists mostly attempted technology assisted intervention strategies. Many experimenters proposed the introduction of VR technology to alleviate the anxiety

DOI: 10.54254/2753-7048/2025.NS28376

level of subjects. However, due to technological limitations at the time, there was no practical way to introduce VR to solve the problem. However, this approach is well in line with the development trend of the times. Subsequently, scientists developed more diverse technological media for intervention therapy. Madzlan, Seng, and Kesevan combined popular media in the digital age: video blogs (vlogs) to research solutions. Using vlogs as a practice tool can significantly reduce the PSA of English as a Second Language (ESL) learners, improve confidence and performance [19]. This study highlights the role of new media in the educational context, emphasizing the intervention potential of online environments.

The development of technical assistance comes to a temporary end. Scientists are also exploring more pathways to provide more diverse assistance, with both the García-Monge team and Professor Liu's team focusing their research on physical development. The García-Monge team proposed a new approach in 2023: the Corp-Oral program. This program reduces PSA through techniques such as body awareness, simulation, and gesture enhancement, significantly reducing self-reported anxiety and heart rate [20]. This non-traditional approach emphasizes the potential of body-oriented intervention, providing new ideas while also having good development trends. In the same year in China, Professor Liu and others conducted an intervention study on feedback from medical students with social anxiety, and compared group sand table game therapy with conventional psychological therapy. The research results also indicate that group sand table game therapy as a psychological intervention is an effective measure [21].

In 2024, some Chinese researchers attempted a self-developed individual intervention therapy. Professor Ling's team in China has developed a new Flash Technique, a six-week individual intervention that can effectively cure social anxiety caused by childhood trauma among college students [22].

4. Future directions

Based on all the aforementioned studies, this review emphasizes that PSA is essentially a negative psychological state, usually divided into generalized anxiety, social anxiety, and specific phobias. PSA usually manifests as the unnatural or uncomfortable emotions felt by anxious individuals during communication due to possible negative reactions from the other one. Further analysis of the different manifestations of PSA in specific environments reveals that: firstly, oral anxiety in the classroom involves both cognitive and emotional dimensions. Secondly, PSA is considered a psychological disorder during epidemics.

With the deepening of multidimensional definition and understanding of this term in the industry, existing research has also developed different questionnaires and refined them according to different research groups in the industry to obtain data. The commonly recognized scales in the industry are PRCA-24 and PSAS. The use of these scales can assist researchers in digitizing subjective emotions with corresponding objective variables (such as environment, gender, age, etc.) to provide more professional evaluation results.

However, even complete and industry recognized scales and feasible and powerful research frameworks still have limited integration capabilities. At the same time, research on the subcategory of PSA has only gone through less than 60 years as of 2025. The research related to PSA is relatively emerging compared to other emotional studies.

Besides, scholars have also focused on the development of intervention methods. Early researchers proposed that VR could be a great intervention tool. In recent years, more and more scholars have developed new intervention or treatment methods based on traditional psychological intervention methods (such as group sandbox games) and current trends. These methods are divided

DOI: 10.54254/2753-7048/2025.NS28376

into two categories: those based on the human body (physical development) and those based on technology, including Corp Oral programs, vlogs, Flash Techniques, etc. The emergence of multiple methods also represents the academic community's emphasis on PSA research.

It is worth noting that a trend that can be seen from current research is that the overall development of PSA is gradually becoming younger. This is also the reason why most scholars choose college students as their research subjects. The occurrence of this phenomenon can also make it difficult for the affected population to establish good interpersonal relationships [23]. And due to the existence of certain social exclusion phenomena as students, this can also lead to the vicious cycle of exacerbating anxiety. And this also involves the limitations of the current industry. The main limitations include: firstly, the Western sample is relatively large and diverse, while research in China is relatively scarce. The abundance of Western samples has led to many studies focusing on PSA, but setting different scenarios for it (daily communication and formal speeches). This resulted in the final conclusion being influenced by the set scenario and having weak universality. By comparison, fewer researchers in China have paid attention to the field of PSA. At the same time, because this study has not formed a large system in China, it is more commonly used as an indicator in the study of social anxiety (social phobia) for research and organization. Secondly, due to the fact that most research focuses on specific offline scenarios, there is a lack of targeted experiments for online digital communication scenarios. This also leads to experimental gaps, although there are a considerable number of research samples overall.

To address these two current research shortcomings, researchers and other relevant personnel should consider introducing more advanced equipment and technology for data collection and analysis from the perspective of the research object, expanding more diversified research methods to eliminate possible data errors caused by a single data source. The specific measures currently considered are as follows: future universal research should prioritize cross-cultural research, introduce neuroscience methods, and ensure longitudinal intervention evaluation. At the same time, for mainstream research subjects - student groups (especially college students), in addition to filling out PSA survey questionnaires, long-term intervention comparative experiments can also be considered. Clearly define the oral teaching objectives and evaluation methods during teaching, and combine diverse teaching methods to strengthen the emotional connection between teachers and students [24]. This practical and feasible method can be further studied, referenced, and implemented.

In summary, the findings of this article provide information for educational curricula, workplace training, and mental health interventions, and offer some effective strategies to promote global reduction of PSA phenomenon.

5. Conclusion

The key findings of this article highlighted the complexity of PSA, organized existing tools, and explored the future potential of different intervention measures. It focuses on summarizing several intervention measures and treatment methods for PSA symptoms, including three sections. Scientists have proposed technologies such as VR intervention and vlog assistance. Some researchers have also proposed physical development strategies represented by the Corp Oral program and group sand table game therapy, as well as intervention therapies such as Flash Technique. Although the methods vary, they have all received good feedback in the practice of development and testing, proving that these methods are effective. This article also identified gaps in the existing research field, including the gap in sample size (cross-cultural) between the East and the West and the inadequacy of online digital research. Therefore, future research should consider providing

DOI: 10.54254/2753-7048/2025.NS28376

innovative and inclusive interventions for different audiences, expanding and updating more advanced methods to eliminate data errors. And considering the current differences in PSA research both domestically and internationally, enhancing cross-cultural communication skills among different populations and learning from cutting-edge industry research can further address and eliminate the negative impacts of PSA. All in all, the research prospects for PSA are promising.

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