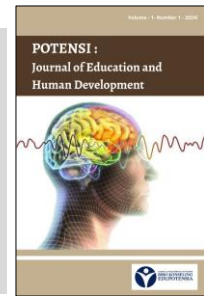


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How Much Does Internal Dialogue Affect Students' Public Speaking Anxiety?

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ABSTRACT

This study aims to analyze the relationship between internal dialogue and public speaking anxiety among tenth-grade students at SMAN 9 Tasikmalaya. Using a descriptive quantitative approach and correlational design, the study involved 167 students selected through simple random sampling. The instruments used were the Public Speaking Anxiety Scale (PSA-S) to measure public speaking anxiety and the Internal Dialogue Activity Scale (IDAS) to assess internal dialogue. Data analysis employed the Pearson Product Moment (PPM) correlation technique. The results showed a negative correlation between constructive internal dialogue and public speaking anxiety, with a correlation coefficient of -0.353, indicating that more constructive internal dialogue is associated with lower levels of public speaking anxiety. Conversely, a positive correlation was found between destructive internal dialogue and public speaking anxiety, with a correlation coefficient of 0.437, indicating that more destructive internal dialogue is associated with higher levels of public speaking anxiety. The findings also revealed gender-based differences, with female students experiencing higher levels of public speaking anxiety compared to male students. This research contributes to understanding the role of internal dialogue in public speaking anxiety and its implications for counseling-based interventions, such as Cognitive Behavioral Therapy (CBT), to help students manage public speaking anxiety.



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Introduction

Issues in the field of education continue to be a critical topic that requires attention. The educational sector is currently seen as one of the primary factors influencing an individual's success academically, personally, socially, and professionally (Nilamsari et al., 2020). Public speaking skills are among the essential competencies that everyone, particularly students, should possess (Nengtias et al., 2022). This is supported by the fact that nearly every profession requires public speaking abilities (Parvis, 2001). Many students today are expected to be active and to have proficient public speaking skills (Smith & Johnson, 2018). High expectations to perform well and receive positive evaluations from audiences can create pressure and provoke feelings of anxiety in students (Saputri & Indrawati, 2017). Public speaking is a critical medium for conveying messages, information, and ideas (Parvis, 2001). Asking questions to teachers, presenting assignments, and participating in group discussions are all forms of communication carried out by students in the classroom (Grieve et al., 2021). Public speaking

anxiety is one of the most common types of anxiety disorders (Bartholomay & Houlihan, 2016). Students with high levels of anxiety may feel that classroom learning activities are threatening to them (Sholikhah & Affandi, 2024). Public speaking anxiety can be understood as reticence, which refers to an individual's inability to engage in conversation—not due to a lack of knowledge but rather an inability to communicate effectively, marked by both psychological and physiological responses (Blöte et al., 2009). Consistent with this view, public speaking anxiety can be categorized into three components that contribute to the anxiety experience: cognitive, behavioral, and physiological (Bartholomay & Houlihan, 2016). The cognitive aspect includes negative thoughts, excessive self-criticism, self-comparison with others, and unrealistic expectations. The behavioral aspect includes actions taken by the individual during or prior to public speaking, such as behavioral disfluencies like stuttering, pausing, trembling, restlessness, avoiding eye contact, and unclear voice projection. The physiological aspect refers to the body's response to stimuli, which includes symptoms such as sweating, heavy breathing, stomach distress, muscle tension, rapid heartbeat, dizziness, and shaking (Bartholomay & Houlihan, 2016).

Public speaking anxiety can arise from an individual's physical fears toward the audience, such as the fear of being laughed at, becoming the center of attention, saying something inappropriate, or being perceived as boring (Osborne & Kenny, 2005). Traumatic experiences can contribute to public speaking anxiety such experiences, often painful, can make individuals feel unhappy in their lives (Sugara, 2017; Finn et al., 2009). An initial survey of 55 subjects on public speaking anxiety through three questions revealed that 56.4% of students sometimes experience anxiety when speaking in public, and approximately 41.8% often experience high levels of anxiety. Common symptoms among students during episodes of public speaking anxiety include nervousness due to various reasons such as lack of confidence, fear of being misunderstood, fear of making mistakes, unpreparedness, fear of becoming a subject of discussion, insufficient material preparation, fear of being laughed at, and past experiences. Public speaking anxiety can negatively impact students' mental health, lower academic performance, and limit their future social and career opportunities (Puspitasari et al., 2024; Sugara et al., 2020).

One significant factor influencing public speaking anxiety is cognitive factors (McCroskey & Richmond, 1996). These cognitive factors include fear of negative evaluation, pessimistic thoughts, emotional mismanagement, and a focus on one's own weaknesses (Kholisin, 2014). Such factors are closely tied to the role of intrapersonal communication. Communication can be likened to a dance, requiring both parties to move in sync to achieve a shared goal (Isti'adah & Permana, 2017). Intrapersonal communication, or self-communication, is the process of communicating within oneself (Blake & Haroldsen, 2005). It includes internal processes such as thoughts, emotions, and self-talk that occur within the individual's mind (Rahmiana, 2019). This constant inner dialogue is a personal analytical process where the individual is both the sender and the receiver of messages (Puchalska-Wasyl et al., 2008). The type of internal dialogue that people tend to engage in affects their thinking and actions (Oleś et al., 2020). Internal dialogue is generally divided into two types: constructive and destructive.

Constructive internal dialogue refers to the process of thinking or talking constructively with oneself, involving self-reflection, introspection, and analysis of one's thoughts and feelings to develop a better understanding of oneself, resolve internal conflicts, or find solutions to personal problems (Starovoytenko, 2019). On the other hand, destructive internal dialogue involves negative, self-critical thoughts and feelings that lead to harsh self-judgment, self-doubt, excessive negativity, and even self-criticism. Destructive internal dialogue can negatively affect a person's mental and emotional well-being and hinder personal growth (Hermans, 2001; Sugara et al., 2021). When a person's intrapersonal communication is filled with self-doubt, excessive worry, or negative thinking about their abilities, it can trigger strong feelings of anxiety and reduce their confidence and performance in situations where they are required to speak (Brinthaup, 2019). Public speaking anxiety can also result from students' negative thoughts and lack of preparation when they must speak in front of others (Blöte et al., 2009). Previous research indicates that students with lower levels of positive self-talk tend to experience higher academic stress and have difficulty managing their emotions (Putri et al., 2019). If students are unable to manage their emotions effectively, this may negatively impact various aspects of their lives, including their ability to communicate in public, often triggered by feelings of anxiety (Putri et al., 2019).

Method

Participants

This study used a descriptive quantitative approach with a correlational design, with a sample size of 167 Grade X students from SMAN 9 Tasikmalaya. The sample was selected using a simple random sampling technique.

Procedure

This study employed two instruments: the Public Speaking Anxiety Scale, used to measure an individual's level of anxiety when speaking in public or in front of an audience. This scale helps identify the extent to which a person feels anxious, nervous, or fearful while addressing an audience. The Internal Dialogue Activity Scale was used to measure participants' internal dialogue. The scales were administered randomly to participants, who completed both instruments.

Measures

Public Speaking Anxiety Scale (Bartholomay & Houlihan, 2016)

The PSA Scale (PSA-S) is an instrument to assess public speaking anxiety in adolescents. The PSA consists of 17 items covering cognitive, behavioral, and physiological aspects. Respondents rated each item based on their view or attitude toward each statement, using a Likert scale with five favorable options (never = 1, rarely = 2, sometimes = 3, often = 4, very often = 5) and unfavorable options (never = 5, rarely = 4, sometimes = 3, often = 2, very often = 1). The PSA has demonstrated an instrument reliability of $\alpha = 0.90$, indicating a high degree of reliability. This study also found that the PSA is a valid construct for measuring public speaking anxiety.

Internal Dialogue Activity Scale (IDAS; Oleś et al., 2020)

The IDAS is an instrument to assess internal dialogue among adolescents, comprising 24 items across eight dimensions of dialogue: identity dialogue, maladaptive dialogue, social dialogue, spontaneous dialogue, supportive dialogue, ruminative dialogue, confrontational dialogue, and change of perspective. Respondents rated each item on a Likert scale where 1 = never, 2 = rarely, 3 = sometimes, 4 = often, and 5 = very often. The IDAS demonstrated an instrument reliability of $\alpha = 0.84$, reflecting a high level of reliability. This study confirmed that the IDAS is a valid construct for assessing students' internal dialogue.

Data Analysis

Parametric statistical analysis was used to evaluate the alignment of variables with a normal distribution. To determine the direction and relationship between the two variables, Pearson's Product-Moment Correlation (PPM) technique was applied. All analyses were conducted using Excel Office (2019) and SPSS version 26.

Results

The results of this research are described in three parts. First, the distribution of public speaking anxiety and its three subscale domains among students, as well as the distribution of internal dialogue and its eight subscale domains, is presented. Second, findings on the differences in public speaking anxiety and internal dialogue based on gender are discussed. Third, the correlations between total PSA (Public Speaking Anxiety), its three subscale domains, and internal dialogue, along with its eight subscale domains, are reported. The total number of respondents was 167 students.

Table 1. Distribution of Public Speaking Anxiety and Internal Dialogue in High School Students

Scale	Mean	Standard Deviation
Total Public Speaking Anxiety	35,72	7,85
Cognitive Aspect	19,13	4,39
Behavioral Aspect	11,11	3,06
Physiological Aspect	5,47	1,43
Total Constructive Internal Dialogue	38,86	7,63
Total Destructive Internal Dialogue	14,85	3,98
Identity Dialogue	6,24	1,63
Maladaptive Dialogue	3,13	1,06
Social Dialogue	6,32	1,78
Supportive Dialogue	9,81	2,51
Spontaneous Dialogue	10,43	2,36
Ruminative Dialogue	2,63	1,04
Confrontational Dialogue	9,07	2,72
Change of Perspective	6,04	1,74

Table 1 shows the descriptive statistics for public speaking anxiety and internal dialogue among students. Findings on public speaking anxiety indicate a total PSA score with a mean of 36 and a standard deviation of 8. Among the three PSA subscale domains, the maximum score was found in the cognitive domain ($M = 19$; $SD = 4$), and the minimum score in the physiological domain ($M = 5$; $SD = 1$). In terms of internal dialogue, the results show a mean total score of 39 for constructive internal dialogue with a standard deviation of 8, and a mean total score of 15 for destructive internal dialogue with a standard deviation of 4. Among the eight IDAS (Internal Dialogue Activity Scale) subscale domains, the highest score was observed in the supportive dialogue domain ($M = 10$; $SD = 3$), and the lowest score in the maladaptive dialogue domain ($M = 3$; $SD = 1$).

Table 2. Distribution of Public Speaking Anxiety and Internal Dialogue among High School Students

Scale	Male		Female		F	P
	M	SD	M	SD		
Total Public Speaking Anxiety	34,19	7,39	36,75	8,02	4,331	0,039
Cognitive Aspect	18,46	4,30	19,59	4,39	2,671	0,104
Behavioral Aspect	10,57	2,89	11,48	3,14	3,606	0,059
Physiological Aspect	5,16	1,37	5,68	1,45	5,321	0,022
Total Constructive Internal Dialogue	36	8,69	40	6,39	11,780	0,000
Total Destructive Internal Dialogue	14	4,17	16	3,61	12,999	0,000
Identity Dialogue	5,70	1,78	6,61	1,42	13,332	0,000
Maladaptive Dialogue	2,78	1,13	3,38	1	13,779	0,000
Social Dialogue	5,94	1,98	6,58	1,60	5,290	0,022
Spontaneous Dialogue	9,33	2,80	10,14	2,25	4,271	0,040
Supportive Dialogue	9,87	2,57	10,81	2,14	6,624	0,010
Ruminative Dialogue	2,55	1,16	2,69	1	0,698	0,404
Confrontational Dialogue	8,21	2,82	9,66	2,52	12,104	0,000
Perspective Change	5,63	1,87	6,33	1,61	6,737	0,010

Table 2 shows the descriptive statistics on differences in public speaking anxiety and internal dialogue profiles between male and female students. The findings indicate a difference in the public speaking anxiety profiles. Female students reported higher levels of public speaking anxiety than male students ($F = 4.331$; $p = 0.039$). Among male students, the highest scores were found in the cognitive domain ($M = 18.46$; $SD = 4.30$), whereas, for female students, the cognitive domain also had the highest scores ($M = 19.59$; $SD = 4.39$). Statistical analysis using an F-test revealed a significant difference in the physiological domain of public speaking anxiety, with female students scoring higher than male students ($F = 5.321$; $p = 0.022$). No significant differences were found in the other domains. Additionally, the results showed differences in the profiles of constructive and destructive internal dialogue. The findings on constructive internal dialogue indicate that female students scored higher on constructive internal dialogue than male students ($F = 11.780$; $p = 0.000$). For destructive internal dialogue, female students also scored higher than male students ($F = 12.999$; $p = 0.000$). Among male students, the highest average score was in the supportive dialogue domain ($M = 9.87$; $SD = 2.57$), while for female students, the highest average was also in the supportive dialogue domain ($M = 10.81$; $SD = 2.14$). Statistical analysis using the F-test showed significant differences in the internal dialogue domains: identity dialogue ($F = 13.322$; $p = 0.000$), maladaptive dialogue ($F = 13.779$; $p = 0.000$), social dialogue ($F = 5.290$; $p = 0.022$), spontaneous dialogue ($F = 4.271$; $p = 0.040$), supportive dialogue ($F = 6.624$; $p = 0.010$), confrontational dialogue ($F = 12.104$; $p = 0.000$), and change of perspective ($F = 6.737$; $p = 0.010$). The ruminative dialogue domain showed no significant difference between male and female students.

Table 3. Correlation Between Public Speaking Anxiety and Internal Dialogue in High School Students

Scale	Public Speaking Anxiety	P	Cognitive Aspect	P	Behavioral Aspects	P	Physiological Aspects	P
Total								
Constructive Internal Dialogue	-0,353	0,001	-0,301	0,001	-0,306	0,001	-0,356	0,001
Total Destructive Internal Dialogue	0,437	0,001	0,376	0,001	0,424	0,001	0,337	0,001
Identity Dialogue	-0,151	0,051	-0,360	0,176	-0,381	0,039	-0,385	0,035

Maladaptive Dialogue	0,231	0,003	0,105	0,004	0,160	0,014	0,163	0,022
Social Dialogue	-0,297	0,001	-0,223	0,003	-0,189	0,001	-0,177	0,001
Spontaneous Dialogue	-0,267	0,001	-0,280	0,003	-0,232	0,006	-0,271	0,001
Supportive Dialogue	-0,230	0,003	-0,230	0,036	-0,209	0,002	-0,310	0,001
Ruminative Dialogue	0,303	0,001	0,162	0,001	0,239	0,001	0,252	0,009
Confrontational Dialogue	0,434	0,001	0,288	0,001	0,268	0,001	0,200	0,001
Change of Perspective	-0,403	0,001	-0,352	0,001	-0,443	0,001	-0,347	0,001

Table 3 presents the correlations between intrapersonal communication and public speaking anxiety. The first finding reveals a negative correlation between constructive internal dialogue and public speaking anxiety ($r = -0.353$, $R^2 = 0.12$), indicating that constructive internal dialogue contributes 12% to the reduction in public speaking anxiety. The second finding shows a positive correlation between destructive internal dialogue and public speaking anxiety ($r = 0.437$, $R^2 = 0.19$), meaning that destructive internal dialogue accounts for 19% of the increase in public speaking anxiety. The third finding illustrates both positive and negative correlations between public speaking anxiety and various aspects of internal dialogue, including identity dialogue, maladaptive dialogue, social dialogue, spontaneous dialogue, supportive dialogue, ruminative dialogue, confrontational dialogue, and change of perspective. The fourth finding highlights the positive and negative correlations between internal dialogue and the cognitive, behavioral, and physiological aspects of public speaking anxiety.

Discussion

Public speaking anxiety is one of the most common forms of anxiety disorders (Bartholomay & Houlihan, 2016). Speaking in front of others can create anxiety for many individuals. Public speaking anxiety is a prevalent anxiety disorder, affecting approximately one in five people (Bartholomay & Houlihan, 2016). The study results show a difference in public speaking anxiety levels between male and female students. This aligns with McLean & Anderson (2009) findings on gender differences in anxiety experiences. Although there is generally no difference in public speaking anxiety between males and females, factors such as cognitive patterns, including negative thoughts, excessive self-criticism, self-comparison, and unrealistic beliefs (e.g., assuming others know what they are thinking), can impact the intensity of anxiety. The cognitive component of public speaking anxiety shows statistically higher scores compared to behavioral and physiological aspects, aligning with McCroskey (1996) finding that cognitive factors, including fear of negative evaluation, negative thinking, inability to manage emotions, and focus on one's weaknesses, significantly influence public speaking anxiety (Kholisin, 2014).

Gök & Yalçinkaya-Alkar (2003) stated that the causes of public speaking anxiety include negative self-perceptions, lack of confidence in one's abilities, and fear of negative judgment by others. There are three aspects that influence public speaking anxiety: cognitive, behavioral, and physiological (Bartholomay & Houlihan, 2016). Public speaking anxiety is typically accompanied by physiological and behavioral responses (Beatty & Behnke, 1991). The behavioral aspect includes disfluencies, such as stuttering, pausing, trembling, fidgeting, avoiding eye contact, and unclear voice volume, while the physiological aspect includes sweating, heavy breathing, stomach discomfort, tension, rapid heartbeat, dizziness, and shaking (McCroskey, 1997). Wahyuni (2014) adds that individuals with communication anxiety may withdraw socially, avoid communication as much as possible, and only speak when absolutely necessary.

The study's findings on public speaking anxiety reveal a difference in physiological responses between male and female students, with females showing higher responses to anxiety, such as increased heart rate and blood pressure, compared to males (Blöte et al., 2009). This suggests that females may be more vulnerable to the physical effects of public speaking anxiety (Mörtberg et al., 2018). Kring (1998) research further shows that females tend to have more intense emotional responses than males, often manifesting as physical signs such as elevated heart rate, rapid breathing, and excessive sweating. Plaisted et al., (2022) classify the factors influencing public speaking anxiety into two categories: internal factors (e.g., experience, speaking skills, self-esteem, assertiveness, self-efficacy, positive or negative thinking, and rational thinking abilities) and external factors (e.g., audience size, attitude, familiarity, status, evaluation, and differences). The cognitive aspect showed no

significant gender difference in this study, nor did the behavioral aspect (Bartholomay & Houlihan, 2016). Although gender differences in cognitive aspects were not statistically significant, cognitive factors generally play a significant role in influencing public speaking anxiety in individuals (McCroskey, 1996).

Based on the research findings, there is a significant relationship between constructive internal dialogue and public speaking anxiety, as well as between destructive internal dialogue and public speaking anxiety among 10th-grade students of SMAN 9 Tasikmalaya, with $r = -0.353$ and $p = 0.001$. A negative coefficient between constructive internal dialogue and public speaking anxiety in students indicates that the lower the interpersonal communication in constructive internal dialogue, the higher the public speaking anxiety experienced by the students of SMAN 9 Tasikmalaya. On the other hand, destructive internal dialogue shows a positive correlation with public speaking anxiety, with $r = 0.437$ and $p = 0.001$. This positive coefficient means that the higher the level of destructive internal dialogue, the higher the public speaking anxiety among the students.

The results of the correlation above suggest that public speaking anxiety may arise from negative thoughts and lack of preparedness when students are required to speak in front of others (Grieve et al., 2021). This is related to the cognitive aspect, which includes feelings of fear of negative judgment, focusing on negative outcomes, emotional management issues, and an excessive focus on weaknesses and deficiencies (McCroskey, 1996). This is connected to the role of intrapersonal communication within individuals (Rahmiana, 2019). Intrapersonal communication can be defined as the constant internal dialogue occurring in the minds of individuals (Oleś & Hermans, 2005). It is an analytical personal process in which the individual acts as both the sender and the receiver of the message (Puchalska-Wasył et al., 2008). Constructive internal dialogue, as defined above, refers to a positive internal dialogue in which individuals speak and think in a supportive and constructive way towards themselves (Starovoytenko, 2020; Sari et al., 2021). This involves using thoughts and words that help individuals feel more confident and prepared to face challenges (Rahmiana, 2019). Individuals who engage in positive and constructive internal dialogue are likely to experience a decrease in public speaking anxiety, and conversely, the absence of such dialogue may lead to heightened anxiety (Starovoytenko, 2020).

Destructive internal dialogue, on the other hand, is defined as negative internal dialogue, where an individual's thoughts tend to be self-deprecating or reinforce non-constructive thinking (Hermans, 2001). As the level of destructive internal dialogue increases, so does public speaking anxiety, because the emotional state of the student becomes harder to control, leading to negative effects such as anxiety. Research has also found significant differences in internal dialogue when viewed from gender, with significant differences between male and female students in both constructive and destructive internal dialogue. In general, internal dialogue always exhibits differences, as each individual has a unique way of speaking to themselves in their minds (Puchalska-Wasył et al., 2008). The findings of this study indicate significant differences in internal dialogue between male and female students in several domains. Among the eight domains of internal dialogue, only one did not show a significant difference between males and females: the domain of ruminative internal dialogue. Ruminative internal dialogue is a repetitive thought process focused on negative feelings or problems, often without seeking constructive solutions (Oleś et al., 2020). Ruminative internal dialogue can be similar between males and females in some cases, but various factors may influence how individuals—particularly gender—experience and cope with rumination (Petrovsky & Starovoytenko, 2012).

Ruminative dialogue between males and females can show similarities when considering the underlying factors (Jose & Brown, 2008). According to Butler & Nolen-Hoeksema (1994), men and women tend to engage in rumination when they are feeling sad. Several factors can influence the level of ruminative dialogue in both males and females, although similarities may not always be apparent (Marsel, 2004). In the domains of identity, maladaptive, social, supportive, spontaneous, confrontational, and change of perspective (perspective shift) internal dialogue, gender differences were found in all seven domains. This suggests that, in some cases, females are more likely to reflect on their feelings and discuss interpersonal relationships in their internal dialogue, while males may focus more on problems or tasks, which can create differences in the content of their internal dialogue (Hermans, 2001). Similarly, Pennebaker (2012) suggested in his research that men and women may differ in how they express and manage emotions in internal dialogue. Women may be more open to acknowledging and expressing their emotions, while men may be more inclined to suppress or downplay their feelings.

Other research findings have shown a negative correlation between the dimensions of constructive internal dialogue and public speaking anxiety, and a positive correlation between the dimensions of destructive internal dialogue and public speaking anxiety. Public speaking anxiety is marked by three aspects: cognitive, behavioral, and physiological (Bartholomay & Houlihan, 2016). Internal dialogue is characterized by eight dimensions: identity dialogue, maladaptive dialogue, social dialogue, spontaneous dialogue, supportive dialogue, ruminative dialogue, confrontational dialogue, and change of perspective (Oleś, 2020). The study found a negative correlation between identity dialogue and the cognitive aspect of public speaking anxiety, which is related to self-understanding of thought patterns (Alderson-Day & Fernyhough, 2015). Identity dialogue also correlates

with the behavioral aspect, which is related to self-understanding of actions, and the physiological aspect, which concerns self-awareness of body responses.

Maladaptive dialogue was found to correlate positively with the aspects of public speaking anxiety. Maladaptive dialogue correlates with the cognitive aspect, reflecting negative and pessimistic thinking, with the behavioral aspect, reflecting avoidance behavior, and with the physiological aspect, which triggers physical symptoms of anxiety (Bartholomay & Houlihan, 2016). Social dialogue correlates negatively with public speaking anxiety. Social dialogue correlates with the cognitive aspect, reflecting conversations in anxious social situations that trigger negative thoughts (Donner & Lowry, 2013), with the behavioral aspect, which affects anxious behavior, and with the physiological aspect, reflecting physical symptoms related to anxiety (Alderson-Day & Fernyhough, 2015).

Spontaneous dialogue correlates negatively with public speaking anxiety. Spontaneous dialogue correlates with the cognitive aspect, reflecting spontaneous inner conversations that generate both positive and negative thoughts about anxiety (Bartholomay & Houlihan & Houlihan, 2016). It also correlates with the behavioral aspect, showing reactions or behaviors when experiencing anxiety, and with the physiological aspect, reflecting physical responses to anxiety. Supportive dialogue correlates negatively with public speaking anxiety. Supportive dialogue correlates with the cognitive aspect, where individuals offer self-support to alleviate anxiety through positive thinking (Kaplan & Assor, 2012). It also correlates with the behavioral aspect, showing actions taken to cope with anxiety, and with the physiological aspect, helping alleviate physical symptoms.

Ruminative dialogue correlates positively with public speaking anxiety. Ruminative dialogue correlates with the cognitive aspect, involving repetitive thoughts that blame oneself and trigger negative thinking patterns that lead to anxiety (Muslimin, 2013). It also correlates with the behavioral aspect, influencing actions and behaviors during anxiety, and with the physiological aspect, affecting physical symptoms related to anxiety. Confrontational dialogue correlates positively with public speaking anxiety. Confrontational dialogue correlates with the cognitive aspect, reflecting a dual self-concept where negative thoughts about anxiety are internalized. It also correlates with the behavioral aspect, reflecting internal conflict that affects behavior, and with the physiological aspect, leading to physical tension and symptoms (Hermans, 2010).

Change of perspective dialogue correlates negatively with public speaking anxiety. Change of perspective correlates with the cognitive aspect, where individuals try to view their anxiety from a healthier perspective (Ole's, 2020), with the behavioral aspect, reflecting changes in actions or responses to anxiety-provoking situations (Bartholomay & Houlihan, 2016), and with the physiological aspect, where actions are taken to reduce physical anxiety symptoms.

These findings have implications for guidance and counseling services, particularly focusing on individual counseling as an effort to address public speaking anxiety experienced by students. Counseling services will incorporate techniques from Cognitive Behavioral Therapy (CBT), which not only addresses the students' issues but also teaches and intervenes in managing irrational thinking patterns.

Conclusions

This study reveals an important relationship between constructive and destructive internal dialogue and public speaking anxiety among 10th-grade students at SMAN 9 Tasikmalaya. The findings indicate that constructive internal dialogue negatively correlates with public speaking anxiety, meaning that the more students engage in positive self-talk, the lower their level of anxiety. Conversely, destructive internal dialogue positively correlates with public speaking anxiety, showing that frequent engagement in negative self-talk increases the level of anxiety experienced.

Additionally, the study highlights significant differences between male and female students in terms of public speaking anxiety and internal dialogue, particularly in physiological aspects. Female students tend to exhibit higher physiological responses to anxiety, such as rapid heart rate and increased blood pressure, compared to male students.

Dimensions of internal dialogue, such as supportive dialogue and perspective change, were found to help reduce public speaking anxiety by promoting positive and reflective approaches to situations. On the other hand, dimensions like ruminative and confrontational dialogue exacerbate anxiety by reinforcing negative thoughts and internal conflicts. These findings underscore the importance of supporting students in developing constructive internal dialogue while minimizing destructive thought patterns. Guidance and counseling services can play a crucial role by applying strategies like Cognitive Behavioral Therapy (CBT), which not only help

students manage anxiety but also teach them to develop more rational and positive thinking patterns. This approach can empower students to become more confident and effectively overcome public speaking anxiety.

Declaration

Ethics Approval

This research was approved by the Institutional Review Board at the Universitas Muhammadiyah Tasikmalaya and was performed in accordance with ethical standards for research with human participants.

Informed Consent

All participants included in the current study provided informed consent immediately after clicking the survey link. Any participants who failed to complete the informed consent or declined were excluded from the study.

Conflict of Interests

The authors declared no conflict of interest concerning research and publication of this article.

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