EFFECT OF PSYCHO-EDUCATIONAL PROBLEM THERAPY ON SPEAKING PHOBIA MANAGEMENT AMONG ENGLISH LANGUAGE STUDENTS IN SENIOR SECONDARY SCHOOLS IN NORTH WEST, NIGERIA

Ukoha Evelyn Oziri[1], Uloh-Bethels Annah Chinyeaka[1*], Okoyeukwu Ngozi Georgina[1], Agbo Philomina Akudo[1], Eze Kingsley Onyebuchi[1], Nwafor Chidinma Kalu[1], Okon Etim Okon[1], Ossai Rosemary Chidimma[1], Menakaya Cherechi Miracle[1], Chinyelugo Tochukwu Celestina[1,] Ojo, Oluwaseun Dolapo[1], Okonji Ngozi Nkechi[1], Omachonu Clement Gowon[2], Muazu Adamu Momo[2,] & Anucha Wisdom Enyi[3]

[1]Department of Arts Education, Faculty of Education, University of Nigeria, Nsukka

[2]Department of Arts Education, Prince Abubakar Audu University, Anyigba, Kogi State

[3]Department of Educational Foundations, Faculty of Education, Abia State University, Uturu

***Corresponding Author:** Uloh-Bethels Annah Chinyeaka, **Email ID:** annah.uloh-bethels@unn.edu.nh

Abstract

This study investigated the effect of Psycho-Educational Problem Therapy (PEPT) on the management of speaking phobia among English language students in senior secondary schools in North West Nigeria. The study utilized quasi-experimental research design which involved an experimental group exposed to PEPT and a control group that received conventional instruction. The objective of this study was to examine the effectiveness of Psycho-Educational Problem Therapy (PEPT) in managing speaking phobia among senior secondary school students learning English in North West Nigeria. Participants consisted of English language students from selected senior secondary schools in North West Nigeria. The sample is drawn using purposive and random sampling techniques to ensure appropriate representation. The experimental group received psycho-educational problem therapy sessions over a fixed period, while the control group received no such intervention. Data was collected using validated Speaking Phobia Assessment Scale (SPAS) and Speaking Performance Test (SPT) and analyzed using Analysis of Covariance (ANCOVA) to determine the treatment effects. The findings of the study revealed that Psycho-Educational Problem Therapy significantly reduced speaking phobia among students in the experimental group compared to those in the control group. The therapy also led to notable improvements in students' English-speaking performance. Furthermore, students' speaking phobia negatively influenced their speaking performance, significantly indicating that as students' phobia decreased, their speaking performance increased. The study concluded that Psycho-Educational Problem Therapy is an effective intervention for managing speaking phobia and enhancing English-speaking performance among senior secondary school students.

Introduction

Phobia is an intense, irrational fear of specific objects, situations, or activities that leads to significant distress and avoidance behaviour. Unlike normal fears that serve protective functions, phobias are excessive and disproportionate to the actual threat posed. These fears can severely limit a person's daily functioning and quality of life, as the affected individual often goes to great lengths to avoid triggering situations. Phobias are categorized under anxiety disorders and are recognized in diagnostic manuals such as the DSM-5, emphasizing their clinical significance and the need for professional intervention (American Psychiatric Association, 2013). The development of phobias is generally linked to a combination of genetic predispositions, environmental factors, and traumatic

experiences that shape an individual's fear responses. The manifestation of phobias varies widely, encompassing common fears such as heights, animals, or enclosed spaces as well as more specific or situational fears. The physiological responses to phobic stimuli can include rapid heartbeat, sweating, trembling, and in extreme cases, panic attacks. These symptoms arise due to heightened activation of the amygdala and related neural circuits involved in fear processing. Research in recent years has highlighted the role of cognitive distortions and learned behaviour in maintaining phobic reactions, suggesting that these fears are often perpetuated by negative thought patterns and avoidance strategies (Craske & Stein, 2016). Effective treatments typically combine Cognitive-Behavioural Therapy (CBT) with exposure therapy to gradually desensitize individuals to their fears and reframe maladaptive beliefs.

Phobias can have widespread impacts on mental health, contributing to secondary conditions such as depression, social isolation, and impaired occupational performance. The chronic stress caused by persistent avoidance and anxiety can exacerbate physical health problems as well, indicating the interconnected nature of psychological and physiological well-being. Modern therapeutic approaches increasingly emphasize personalized treatment plans that integrate pharmacological options when necessary, alongside psychological support tailored to individual needs (LeBeau et al., 2013). The growing understanding of phobia's complexity encourages more holistic management, focusing not only on symptom relief but also on enhancing overall resilience and coping mechanisms.

In education settings today, students encounter various phobias throughout their academic journey, which can significantly hinder their learning outcomes and general classroom participation. One of the most prevalent is test or exam phobia, where learners experience intense anxiety before or during an assessment. This type of fear is often linked to high parental expectations, fear of failure, or previous negative experiences. Many students find themselves overwhelmed by the thought of being judged solely on their academic performance. According to Yusuf and Aluko (2015), such anxiety not only affects students' confidence but also impairs cognitive functioning, leading to poor results despite adequate preparation. While teachers may perceive underperformance as a lack of preparation, it is sometimes a case of psychological distress rooted in test phobia. Another commonly observed fear among students is Mathematics phobia, which is often associated with abstract reasoning and problem-solving difficulties. This fear can originate from poor foundational understanding, the intimidating teaching style of instructors, or the belief that one lacks innate ability in Mathematics. In a study by Okigbo and Okeke (2011), many students who exhibited strong anxiety towards Mathematics had internalized the notion that Mathematics is only for the naturally gifted. Such a mindset fosters avoidance behaviour, where students neglect Mathematics-related activities, thereby worsening their academic struggles in the subject. This cycle of fear and avoidance creates a long-term barrier to mathematical competence, particularly among learners in science and technology-focused streams.

Social phobia is another critical issue that affects a student's interaction with peers and teachers. This type of fear often manifests as the inability to engage in group work, speak in class, or participate in school events. Students suffering from social phobia tend to fear judgment or ridicule, which may cause them to withdraw or remain silent even when they know the correct answer. Research by Olatunji and Afolabi (2020) suggests that students with social phobia frequently experience loneliness and low self-esteem, which in turn affects their overall academic motivation. This isolation not only hampers their ability to work collaboratively but also denies them opportunities to develop interpersonal skills essential for future success. Closely related to social phobia is performance phobia, particularly visible during presentations, drama, or debates. Students fear public embarrassment or making mistakes in front of others, which can lead to physical symptoms such as trembling, sweating, or even panic attacks. It is during these moments that students often freeze or completely withdraw from participating. Eze and Uzoezie (2019) emphasize that performance phobia in academic settings can result from prior experiences of ridicule or lack of positive reinforcement

from teachers. The culmination of these fears often leads to speaking phobia, a specialized form of performance anxiety.

Speaking phobia, also known as glossophobia, refers to an intense fear or anxiety of speaking in front of an audience, whether in formal or informal settings. It is commonly experienced by students who are expected to participate in classroom discussions, deliver presentations, or answer questions orally. The fear often stems from self-doubt, fear of making mistakes, or past experiences of ridicule. Research by Fatima and Idris (2021) explains that students with speaking phobia tend to avoid verbal interactions, leading to a decline in communication skills and academic performance. This phobia goes beyond shyness, as it is marked by physical symptoms like trembling, stuttering, or heart palpitations, which further discourage the student from speaking.

Globally, speaking phobia is not limited to a specific region or culture, rather, it is a widespread issue affecting students in various educational contexts. In Ghana, studies reveal that many high school students, especially females, refrain from public speaking due to societal expectations and classroom pressure (Owusu & Mensah, 2020). In Japan and China, the educational culture, which places a high value on perfectionism and peer conformity, contributes to anxiety among students expected to speak English or make class presentations (Chen & Liu, 2018). Similarly, in Indonesia, students fear public speaking largely because of limited exposure to interactive speaking activities and the dominance of rote learning in the school system (Yusuf & Ratnasari, 2019). These global trends show that cultural, pedagogical, and psychological factors all contribute to the development of speaking phobia among students.

In Nigeria, the prevalence of speaking phobia among students is widespread and influenced by linguistic diversity, cultural values, and teacher-centered instructional methods. In Kano State, for instance, many students in public schools exhibit speaking phobia during oral English tasks due to limited exposure to the English-speaking environment and fear of being mocked for incorrect grammar (Bello, 2020). Similarly, in Sokoto, Nigeria, speaking phobia is prominent among female students who are often socialized to be reserved in mixed-gender settings, thereby limiting their classroom participation (Abubakar & Musa, 2021). Also in Lagos and Enugu, Nigeria, research indicates that even students from urban areas experience glossophobia, especially in competitive schools where high performance is expected, and oral tasks are graded (Okonkwo & Ajayi, 2022). These findings underscore the fact that the fear of speaking is not necessarily a rural or underprivileged issue but a cross-cutting problem in the Nigerian educational system. The psychological effects of speaking phobia are profound, often resulting in low self-confidence, reduced classroom participation, and avoidance of leadership roles among students. When left unaddressed, this phobia can hinder a learner's overall academic growth and interpersonal development. Students with speaking phobia may also find it challenging to engage in debates, oral assessments, or collaborative tasks, which are essential aspects of modern education. According to Mohammed and Gambo (2022), early intervention through confidence-building activities, peer support, and positive reinforcement can reduce the impact of this phobia. The depth and prevalence of speaking phobia among students has raised a great concern among people.

Speaking phobia is more prevalent among students than in other population groups due to the structured and evaluative nature of academic environments. Students are frequently required to engage in oral tasks such as class presentations, group discussions, debates, and oral examinations, all of which place them in direct focus of both peers and instructors. Unlike adults in most professional settings who may have the autonomy to avoid public speaking or choose roles that do not demand it, students are often compelled to speak as part of their assessment and learning processes. Research by Zhang and Zhou (2018) reveals that students, especially in high-pressure academic systems, experience heightened anxiety when speaking due to fear of judgment and error.

This compulsory exposure amplifies their fear, making speaking phobia more visible in educational settings than in broader social or professional populations.

In contrast, the general population, such as working adults or retirees, often have more control over when and how they engage in public speaking. Adults usually develop coping mechanisms or communication strategies over time, enabling them to manage speaking anxiety more effectively. Moreover, many adults can choose to avoid speaking in public altogether without facing academic penalties or professional consequences. According to Fatima and Idris (2021), the adult population may experience speaking anxiety in formal public events or work presentations, but it tends to be situational rather than persistent, as seen among students. Additionally, the pressure of peer comparison, which is common in student environments, is less intense among adults who are not in competitive academic settings, thus reducing the incidence of chronic glossophobia. Furthermore, students, especially those in primary, secondary, and early tertiary education, are still in the developmental phase of building self-confidence and communication skills. Their cognitive and emotional maturity is still evolving, making them more vulnerable to embarrassment and social judgment. A study by Wahyuni and Marlina (2019) observed that young learners internalize criticism more deeply, which can lead to lasting fears of oral participation. This vulnerability is compounded by the fact that educational systems in many countries still emphasize rote learning and teacher-centered instruction, which provide fewer opportunities for students to build oral fluency naturally.

Speaking phobia has a significantly negative impact on students learning English as a second language, particularly in environments where oral proficiency is emphasized. One major consequence is the students' inability to engage in speaking tasks, such as answering questions in class, participating in discussions, or giving presentations, which are essential for building fluency. When students avoid speaking due to fear, they miss out on the practice necessary to improve their oral skills. According to Okorie and Umeh (2022), students with high speaking anxiety often exhibit poor pronunciation, limited vocabulary usage, and a lack of grammatical accuracy during speech. This undermines their overall language competence and slows their communicative development. Another harmful effect of speaking phobia is the psychological toll it takes on students. Continuous fear of being judged, laughed at, or failing while speaking can result in low self-esteem, depression, and feelings of academic incompetence. Fatima and Idris (2021) found that students with speaking phobia are more likely to experience emotional burnout and isolation, especially when their performance is compared with more fluent peers. These emotional responses can lead to a cycle of avoidance, where the student increasingly withdraws from oral activities, further deteriorating their language acquisition experience and classroom engagement.

Academically, speaking phobia affects English language students by lowering their scores in oral examinations and reducing their participation in continuous assessment tasks that involve speaking. The result is a widening performance gap between anxious and confident students. In countries where English is a second language, such as Nigeria, students who are unable to communicate fluently often struggle in standardized speaking proficiency tests like the English language examinations the West African Examinations Council (WAEC) or International English Language Testing System (IELTS). Research by Zhang and Zhou (2018) indicates that in countries like Japan and China, speaking phobia not only limits academic success but also diminishes students' chances of career advancement, particularly in global job markets that demand strong communication skills. In response to these challenges, researchers have proposed several interventions aimed at helping students overcome speaking phobia. One widely recommended method is collaborative learning, which encourages peer interaction and shared responsibilities in speaking tasks, thereby reducing anxiety (Wahyuni & Marlina, 2019). Another intervention is Acceptance and Commitment Therapy (ACT), which helps students manage anxiety by accepting their fears and committing to gradual exposure to speaking situations (Fatima & Idris, 2021). Also effective is Solution-Focused Brief Therapy (SFBT), which guides students in identifying and applying strategies that have worked in

the past. Other interventions include the use of drama-based learning, oral rehearsal techniques, and positive teacher-student feedback loops to create a supportive environment (Mohammed & Gambo, 2022). These interventions have proven useful in building confidence and reducing avoidance behaviors among students with speaking phobia.

Despite the growing body of research supporting interventions such as collaborative learning, Acceptance and Commitment Therapy, and Solution-Focused Brief Therapy, many English language students continue to exhibit persistent speaking phobia due to inconsistent implementation of these strategies, lack of teacher training, and limited institutional support. Consequently, the effectiveness of these interventions remains underutilized, leaving students vulnerable to continued anxiety and impaired oral communication skills in English.

In recent years, a considerable number of systematic and meta-analytic studies have examined interventions for managing speaking phobia among students. These studies have provided a broad understanding of the causes, prevalence, and general intervention strategies such as collaborative learning, cognitive-behavioural therapy, and teacher-led feedback models. For instance, systematic reviews have highlighted the effectiveness of gradual exposure, peer-supported learning, and digital feedback mechanisms in reducing classroom anxiety (Zhang & Zhou, 2018, Wahyuni & Marlina, 2019). Meta-analyses have further shown that interventions yield moderate to high effect sizes in improving students' oral confidence and participation, especially in countries with advanced student support systems. However, these studies often aggregate findings across diverse contexts, overlooking the unique sociocultural, linguistic, and educational challenges faced by students in specific regions such as North West, Nigeria.

Despite the existing literature, there remains a noticeable gap in context-specific, school-based experimental research that explores the effectiveness of Psycho-Educational Problem Therapy (PEPT) in managing speaking phobia. While meta-analytic data provide generalized insights, they do not account for the unique psycho-emotional and linguistic realities of English language students in senior secondary schools in Northern Nigeria, where issues like teacher-centered instruction, low self-efficacy, and large class sizes may complicate intervention outcomes. This study, therefore, seeks to bridge this gap by systematically investigating the effect of Psycho-Educational Problem Therapy (PEPT) on speaking phobia management among English language students in senior secondary schools in North West, Nigeria.

Method

Ethical Consideration

Before the commencement of the study, ethical approval was obtained from the Research Ethics Committee of the Faculty of Education, University of Nigeria, Nsukka. Consent was sought from the participating schools, and informed consent letters were distributed to students and their parents/guardians. Participants were assured of anonymity, confidentiality, and the voluntary nature of their involvement. They were also informed that they could withdraw from the study at any time without penalty. All data collected were strictly used for research purposes only and stored securely to prevent unauthorized access.

Research Design

The study adopted a quasi-experimental pre-test, post-test control group design. This design was selected to examine the effect of the intervention (Psycho-Educational Problem Therapy) on the treatment group compared to a control group that received no such intervention. The pre-test measured the baseline level of speaking phobia and speaking performance, while the post-test evaluated the changes after the intervention.

Participants

The population of the study comprised Senior Secondary School Two (SSSII) students studying English Language in selected public secondary schools in Northwest Nigeria. A **s**ample of 134 students was selected using a multi-stage sampling procedure. In the first stage, purposive sampling technique was used to select two states from the North West Zone, Nigeria (Kano and Sokoto). In the second stage, two Local Government Areas (LGAs) were drawn from each of the two states giving a total of four LGAs. One school was randomly drawn from each of the four LGAs. The schools were then, randomly assigned to either experimental group (n=61) or control group (n=73) with two schools making up the experimental group and two schools for control group. The SSSII students in one intact class from each of the four schools were used for the study.

Instruments for Data Collection

The instruments used for data collection were the Speaking Phobia Assessment Scale (SPAS), adapted from previous validated tools and the Speaking Performance Checklist (SPC) developed by the researchers. The SPAS contained 18 items covering domains such as fear of public speaking, fear of being judged, and anxiety during oral tasks. The scoring of the SPAS was done using a four-point rating scale of Strongly Agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD) with weighting scores of 4, 3, 2, and 1 respectively. Thus, the highest score for SPAS was 72 (that is, 4 X 18). The scores were classified according to the different levels of speaking phobia as: scores below 25 = low phobia, 25 – 48 = moderate phobia and 49 – 72 = high phobia. The internal consistency reliability was confirmed using Cronbach's alpha and an index of 0.78 was obtained. The Speaking Performance Checklist (SPC) was used to assess students' actual oral communication skills during speaking tasks. It contained 30 items dichotomously scored with 30 marks as the highest score (that is, one mark for one correct item).

Development of Instructional Program

An instructional manual for the Psycho-Educational Problem Therapy (PEPT) was developed based on existing psychological frameworks tailored to classroom realities. The manual included modules focusing on understanding anxiety, self-reflection, confidence building, and practical exposure to speaking tasks. Experts in educational psychology and language teaching validated the content for relevance, clarity, and appropriateness for secondary school students.

Experimental Procedure

The experimental group received the PEPT intervention over a 6-week period with two sessions per week, lasting 45 minutes each. Each session was facilitated by trained school counselors and researchers. Meanwhile, the control group received regular English language instruction without therapeutic input. Pre-tests were administered to both groups before the intervention, while post-tests were administered at the end of the 6th week to assess the impact.

Intervention

Psycho-Educational Problem Therapy (PEPT)

The intervention employed in this study was Psycho-Educational Problem Therapy (PEPT), a structured cognitive-behavioral and solution-focused approach designed to manage psychological barriers to learning specifically speaking phobia in English language classrooms. PEPT integrates elements of psycho-education, emotional regulation, cognitive restructuring, and exposure-based practices to help students recognize, confront, and gradually overcome their fear of speaking. The intervention was carefully adapted to suit the learning level and cultural context of Nigerian senior secondary school students, ensuring relevance and appropriateness in line with both psychological and pedagogical principles.

The therapy was conducted in four structured phases over a six-week period, with each phase building upon the previous to ensure progressive improvement. The first phase, *Psychoeducation and Rapport Building*, spanned the first week and focused on educating the participants about speaking phobia, its symptoms, and how it affects academic performance. This phase aimed to normalize the fear of speaking and create a safe, trusting environment. Students engaged in reflective discussions, storytelling, and icebreaker activities to build rapport with facilitators and peers.

The second phase, *Cognitive Reframing and Problem Identification*, took place during the second and third weeks. In this phase, students were guided to identify negative automatic thoughts and irrational beliefs fueling their anxiety, such as fears of embarrassment or being judged. Using group exercises, guided journaling, and role-play, students practised cognitive reframing, replacing fear-inducing thoughts with constructive and realistic self-talk. The sessions aimed to reduce cognitive distortions and instill a positive mindset toward oral communication.

The third phase, *Skill Building and Exposure Therapy*, covered the fourth and fifth weeks. This was the core of the intervention, involving gradual and controlled exposure to speaking tasks. Activities such as peer discussions, story narration, debates, impromptu speeches, and short presentations were implemented with incremental complexity. By beginning with small group interactions and moving toward larger audience engagements, students gained confidence in real-time communication. Constructive feedback and encouragement were integral to this phase, as students learned to cope with anxiety triggers while receiving social support.

The final phase, *Evaluation and Maintenance Strategies*, was implemented in the sixth week. It involved a comprehensive review of students' progress and the introduction of long-term coping tools. Students were taught relaxation and grounding techniques such as deep breathing and positive visualization. They also developed personal speaking goals and strategies to maintain their gains after the intervention. This phase concluded with the post-test assessment, which provided data to measure the overall effect of PEPT on the students' speaking phobia levels.

Data Analysis

The data collected from the pre- and post-tests were analyzed using descriptive and inferential statistics. Descriptive statistics such as mean and standard deviation were used to summarize the data. To determine the effectiveness of the intervention, Analysis of Covariance (ANCOVA) was also employed to compare the post-test scores of the experimental and control groups while controlling for pre-test differences. The level of significance was set at $p < 0.05$. All analyses were conducted using Statistical Package for Social Sciences (SPSS).

Results

Table 1: Mean Speaking Phobia Scores and Standard Deviation (SD) of Students Exposed to PEPT and those not Exposed to PEPT

Group	Intervention	N	Pretest		Posttest		Adjusted Mean
			Mean	SD	Mean	SD	
Experimental	PEPT	61	42.11	17.34	35.20	15.62	35.44
Control	Regular instruction	73	42.60	16.71	39.22	15.79	39.02

Table 1 shows that students exposed to PEPT had pretest mean speaking phobia score of 42.11 and posttest mean of 35.20. Those that were exposed to regular instruction (no PEPT) had a pretest mean score of 42.60 and posttest mean score of 39.22. The closeness of the pretest mean scores shows that the speaking phobia levels of the two groups were almost at par prior the intervention. The adjusted means of 35.44 and 39.02 were recorded for the two groups respectively. This shows that PEPT reduced students' speaking phobia more than regular instruction.

Table 2: ANCOVA on Students' Mean Speaking Phobia Scores

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	31561.086[a]	2	15780.543	1312.762	.000
Intercept	18.510	1	18.510	1.540	.217
Pre-Phobia	31023.398	1	31023.398	2580.794	.000
Group	**426.348**	**1**	**426.348**	**35.467**	**.000**
Error	1574.735	131	12.021		
Total	220450.000	134			
Corrected Total	33135.821	133			
a. R Squared = .952 (Adjusted R Squared = .952)					

The ANCOVA on Table 2 shows $F(1, 131) = 35.467$, $p < .000$ with R^2 value of .952 This indicates that group contributed 95.2% to the variation in the posttest mean speaking phobia scores of students. This suggests that intervention had a significant effect on students' speaking phobia levels.

Table 3: Mean Speaking Performance Scores and Standard Deviation of Students Exposed to PEPT and Those not Exposed to PEPT

Group	Intervention	N	Pretest		Posttest		Adjusted Mean
			Mean	SD	Mean	SD	
Experimental	PEPT	61	12.93	1.98	22.13	3.23	22.15
Control	Regular instruction	73	12.99	2.41	18.53	2.64	18.54

Table 3 shows that students exposed to PEPT had pretest mean speaking performance score of 12.93 and posttest mean of 22.13. Those that were exposed to regular instruction (no PEPT) had a pretest mean score of 12.99 and posttest mean score of 18.53. The closeness of the pretest mean scores shows that the two groups were at par in speaking performance prior the intervention. The adjusted means of 22.15 and 18.54 were recorded for the two groups respectively. This shows that PEPT enhanced students' speaking performance more than regular instruction.

Table 4: ANCOVA on Students' Mean Speaking Performance Scores

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	844.619[a]	2	422.310	77.436	.000
Intercept	380.064	1	380.064	69.689	.000
PrePerformance	414.682	1	414.682	76.037	.000
Group	**439.803**	**1**	**439.803**	**80.643**	**.000**
Error	714.433	131	5.454		
Total	56083.000	134			
Corrected Total	1559.052	133			
a. R Squared = .542 (Adjusted R Squared = .535)					

The ANCOVA on Table 4 shows $F(1, 131) = 80.643$, $p < .000$ with R^2 value of .542 This indicates that group contributed 54.2% to the variation in the posttest mean speaking performance scores of students. This suggests that intervention had a significant effect on students' speaking performance.

Table 5: Mean Speaking Performance Scores and Standard Deviation of Students at different Levels of Speaking Phobia

Phobia Level	Range of scores in the SPAS	N	Pretest		Posttest		Adjusted Mean
			Mean	SD	Mean	SD	
Low	Below 25	37	14.92	1.99	23.70	2.74	23.48
Moderate	25-48	44	13.30	1.36	20.20	2.41	20.17
High	49-72	53	11.32	1.66	17.68	2.19	18.87

Table 5 shows the pretest mean speaking performance scores of students at low, moderate and high levels of speaking phobia to be 14.92, 13.30 and 11.32 respectively. The posttest mean speaking performance scores of students at low, moderate and high levels of speaking phobia were 23.70, 20.20 and 17.68 with adjusted means of 23.48, 20.17 and 18.87 respectively. This shows that students' level of speaking phobia negatively influenced their speaking performance, indicating the lower the students' phobia level, the higher their speaking performance.

Table 6: ANCOVA on Students' Mean Speaking Performance Scores Based on Levels of Speaking Phobia

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	795.420[a]	3	265.140	45.137	.000
Intercept	749.084	1	749.084	127.523	.000
Pre-Performance	4.804	1	4.804	.818	.367
Phobia	**390.604**	**2**	**195.302**	**33.248**	**.000**
Error	763.632	130	5.874		
Total	56083.000	134			
Corrected Total	1559.052	133			
a. R Squared = .510 (Adjusted R Squared = .499)					

The ANCOVA on Table 6 shows $F(2, 130) = 33.248$, $p < .000$ with R^2 value of .510. This indicates that level of speaking phobia contributed 51% to the variation in the posttest mean speaking performance scores of students. This suggests that speaking phobia level had a significant influence on students' speaking performance.

Discussion

The findings of this study revealed that the speaking phobia treatment strategy had a significant effect on reducing students' level of speaking phobia in senior secondary schools. The results showed a notable difference in the mean responses of students in the experimental group (PEPT) and control group (regular instruction) and in their responses before and after the intervention, with post-intervention data indicating a marked reduction in phobia. This suggests that the instructional method or psychological support applied was effective in helping students overcome their fear of speaking.

This outcome is supported by the work of Aydoğan and Çiftçi (2022), who assert that structured interventions such as anxiety-reduction training, cognitive-behavioral techniques, and guided speaking practices can significantly lower speaking-related anxiety in language learners. They

emphasize that when learners are given repeated exposure, supportive environments, and opportunities for controlled oral practice, their confidence in speaking gradually improves. This aligns with the results of the current study, where students showed noticeable improvement after undergoing the speaking phobia treatment. Similarly, Zhao (2021) maintains that speaking anxiety in second language learners is not a fixed trait but a modifiable emotional barrier. He argues that targeted strategies such as peer interaction, scaffolded speaking tasks, and emotional coaching can foster resilience and reduce phobia. His study showed that students exposed to such structured interventions displayed more willingness to participate in oral communication and exhibited reduced symptoms of anxiety. This finding is further consistent with the work of Woodrow (2017), who reported that targeted interventions aimed at addressing foreign language anxiety can significantly improve learners' willingness to communicate and lower their fear of speaking. Similarly, Dewaele and MacIntyre (2019) argue that when interventions focus on building self-confidence and creating a supportive speaking environment, they produce substantial reductions in speaking phobia. Therefore, deliberate and structured treatment strategies can effectively counter speaking phobia in a measurable and lasting way as the present study has demonstrated that students' speaking phobia can significantly be reduced through a deliberate and guided treatment plan.

The findings of this study indicate that the speaking phobia treatment strategy had a significant effect on students' English speaking performance. After the intervention, students demonstrated noticeable improvement in their ability to speak English, as reflected in the higher posttest performance score of PEPT group compared to that of regular instruction group. This improvement suggests that addressing speaking phobia through targeted strategies can effectively enhance learners' confidence, reduce anxiety, and ultimately improve their speaking competence. These findings align with the assertion of Liu and Jackson (2020), who emphasized that reducing language-related anxiety through well-designed interventions leads to measurable gains in speaking performance. They argue that structured treatment approaches targeting the psychological barriers to speaking help students to participate more actively and perform more effectively in oral communication tasks. Similarly, Chou (2021) found that anxiety reduction programs that incorporate practical speaking opportunities and supportive feedback not only improve learners' comfort in speaking but also lead to measurable improvements in fluency, pronunciation, and overall speaking ability. Both studies support the conclusion that tackling the root causes of speaking phobia can translate into better performance outcomes in English speaking tasks. Furthermore, Yuliana and Hapsari (2020) emphasized that structured interventions aimed at reducing speaking anxiety can significantly enhance oral communication skills, especially when tailored to learners' initial proficiency levels. Likewise, Zhang and Zhang (2022) found that targeted language support programs that incorporate confidence-building techniques can lead to marked improvements in speaking performance, even when learners begin with varying degrees of competence. This finding of this present study reinforces previous findings that reducing anxiety and providing systematic speaking practice can yield significant gains in performance, regardless of students' starting points.

The results of this study also indicate that the students' level of speaking phobia negatively influenced their speaking performance. This means that students with high level of speaking phobia perform lower than those with low level. This aligns with the observation of Yusuf and Aluko (2015) that anxiety not only affects students' confidence but also impairs cognitive functioning, leading to poor results despite adequate preparation. Furthermore, Olatunji and Afolabi (2020) reported that students with social phobia frequently experience loneliness and low self-esteem, which in turn affects their overall academic motivation. Also, Fatima and Idris (2021) explain that students with speaking phobia tend to avoid verbal interactions, leading to a decline in communication skills and academic performance. This shows that speaking phobia is a very strong factor in students' communication skills and should be treated with every seriousness it deserves. Students need to be provided with a relaxing learning atmosphere to learn optimally.

Limitations

One notable limitation of this study is its reliance on a quasi-experimental design, which lacks full randomization and may, therefore, introduce selection bias. Although simple sampling and random assignment were employed at certain stages, the initial use of purposive sampling to select the study locations could limit the generalizability of the findings to other regions or populations. Additionally, the sample size, while adequate for statistical analysis, may not fully capture the diversity of senior secondary students across Nigeria, especially given cultural and linguistic variations that might influence speaking anxiety and performance. Another limitation lies in the short duration of the intervention, which was conducted over just six weeks. This may not have been sufficient to observe long-term behavioural change or the sustainability of the therapy's impact. Furthermore, since the post-intervention performance was assessed immediately after the treatment, there is no indication of whether the observed improvements would persist over time. Finally, reliance on self-report measures like the Speaking Phobia Assessment Scale could be influenced by social desirability bias as students may have underreported their anxiety or overstated their improvement.

Conclusion

This study demonstrates that a carefully designed speaking phobia treatment strategy can significantly reduce speaking anxiety and improve English speaking performance among senior secondary school students. By integrating targeted psychological support with structured speaking activities, the intervention not only addressed emotional barriers but also enhanced students' confidence, fluency, and overall communicative competence. The findings confirm that speaking phobia is not a fixed trait but can be mitigated through intentional, systematic, and supportive instructional practices. In doing so, the study aligns with recent research emphasizing that reducing speaking anxiety can lead to measurable gains in performance, participation, and willingness to communicate. These results have important implications for language teaching, suggesting that English language programs should incorporate structured anxiety-reduction strategies as part of their pedagogy. If implemented widely, such approaches could help students overcome emotional obstacles to speaking, thereby unlocking greater potential for language learning success.

References

1. Abubakar, M., & Musa, A. (2021). Gender differences in classroom participation among secondary school students in Northern Nigeria. *Journal of Educational and Social Research, 11*(4), 105–115. https://doi.org/10.36941/jesr
2. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
3. Aydoğan, C., & Çiftçi, H. (2022). Reducing foreign language speaking anxiety through strategy-based instruction: An experimental study. *Language Teaching Research, 26*(2), 190–208. https://doi.org/10.1177/13621688211032967
4. Bello, H. (2020). Challenges of oral English performance in public secondary schools in Kano State, Nigeria. *Nigerian Journal of Language and Communication Studies, 7*(2), 44–57.
5. Chen, L., & Liu, Y. (2018). Public speaking anxiety and performance in EFL classrooms: Influence of perfectionism and peer pressure. *Asian EFL Journal, 20*(2), 1–20.
6. Chou, M. H. (2021). Speaking anxiety and strategy use for learning English as a foreign language in full and partial English-medium instruction contexts. *TESOL Journal, 12*(1), e00523. https://doi.org/10.1002/tesj.523
7. Craske, M. G., & Stein, M. B. (2016). Anxiety. *The Lancet, 388*(10063), 3048–3059. https://doi.org/10.1016/S0140-6736 (16)30381-6
8. Dewaele, J. M., & MacIntyre, P. D. (2019). The predictive power of multicultural personality traits, learner and teacher variables on foreign language enjoyment and anxiety. *The*

Language Learning Journal, 47(2), 251–265. https://doi.org/10.1080/09571736.2016.1263438

9. Eze, P. I., & Uzoezie, S. C. (2019). Performance anxiety and academic participation among secondary school students. *Journal of Education and Practice, 10*(21), 93–101.
10. Fatima, S., &Idris, A. (2021). Overcoming glossophobia: Acceptance and commitment therapy approach among ESL learners. *International Journal of Education and Development, 6*(1), 22–33.
11. LeBeau, R. T., Glenn, D., Liao, B., Wittchen, H. U., Beesdo-Baum, K., Ollendick, T., &Craske, M. G. (2013). Specific phobia: A review of DSM-IV specific phobia and preliminary recommendations for DSM-5. *Depression and Anxiety, 27*(2), 148–167. https://doi.org/10.1002/da.20655
12. Liu, M., & Jackson, J. (2020). Reticence and anxiety in oral English lessons: A case study in China. *Research in Language Teaching*, 14(3), 371–390. https://doi.org/10.1177/0033688219895334
13. Mohammed, U., & Gambo, M. A. (2022). Reducing speaking anxiety in ESL classrooms: The role of teacher feedback and peer support. *Journal of English Language Pedagogy, 5*(3), 54–68.
14. Okigbo, E. C., & Okeke, S. O. (2011). Mathematics phobia among secondary school students: Causes and solutions. *Journal of Educational Research and Development, 6*(1), 50–56.
15. Okonkwo, I. A., & Ajayi, K. O. (2022). Urban students' challenges in oral English performance: A case of Lagos and Enugu State. *Nigerian Journal of Language Teaching, 9*(1), 15–28.
16. Okorie, T. C., & Umeh, P. O. (2022). Speaking phobia and its effect on English proficiency in Nigerian secondary schools. *International Journal of Language Education, 4*(2), 65–79.
17. Olatunji, M. O., & Afolabi, A. (2020). Social anxiety and academic performance among secondary school students in Osun State, Nigeria. *African Journal of Educational Research, 24*(3), 79–92.
18. Owusu, G., & Mensah, M. (2020). Gender and public speaking anxiety among Ghanaian senior high school students. *Ghana Journal of Linguistics, 9*(2), 55–70.
19. Wahyuni, S., & Marlina, L. (2019). Collaborative learning as a strategy to reduce speaking anxiety among EFL students. *Indonesian Journal of English Language Teaching, 14*(1), 1–14.
20. Woodrow, L. (2017). Anxiety and speaking English as a second language. *RELC Journal, 48*(3), 1–14. https://doi.org/10.1177/0033688217692161
21. Yuliana, R., & Hapsari, P. (2020). Reducing students' speaking anxiety through communicative language teaching. *Indonesian EFL Journal, 6*(2), 147–156. https://doi.org/10.25134/ieflj.v6i2.3276
22. Yusuf, A., & Aluko, K. (2015). Test anxiety and its effects on students' performance in secondary schools. *Journal of Psychology and Education, 7*(2), 38–47.
23. Yusuf, M., & Ratnasari, D. (2019). Overcoming public speaking anxiety in EFL classrooms: Insights from Indonesian high school students. *TESOL International Journal, 14*(4), 110–122.
24. Zhang, X., & Zhou, M. (2018). Exploring the relationship between foreign language anxiety and oral performance in Chinese university EFL classrooms. *System, 76*, 50–61. https://doi.org/10.1016/j.system.2018.05.001
25. Zhang, Y., & Zhang, H. (2022). Effects of anxiety-reducing strategies on EFL learners' oral performance: The moderating role of initial proficiency. *Language Teaching Research, 26*(4), 595–612. https://doi.org/10.1177/1362168820938817

26. Zhao, X. (2021). Understanding and mitigating foreign language speaking anxiety: A classroom-based intervention study. *International Journal of Applied Linguistics, 31*(1), 65–82. https://doi.org/10.1111/ijal.12324