Translating Research into Instructional Practice:

Public Speaking Anxiety

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Introduction

Public speaking anxiety (PSA) is a commonly spoken of, yet rarely addressed aspect of the basic course. Distinguished by the isolated fear of speaking in front of others (Bogels et al., 2010), the experience of PSA can bring about negative physiological and psychological responses within our students (Feldman, Cohen, Hamrick, & Lepore, 2004). Within the specific context of the college classroom, PSA negatively affects students’ ability to succeed in their academic coursework (Bodie, 2010).

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Positioned as a distinct form of social anxiety apart from other performance anxieties such as communication apprehension and stage fright, contemporary work within communication studies defines PSA as a “situation specific social anxiety that arises from the real or anticipated enactment of an oral presentation” (Bodie, 2010, p. 72). Across disciplines, researchers have identified three ways in which PSA is experienced by both speakers and audience members. First, physiological manifestations of PSA can increase a speaker’s blood pressure, increase heart rate, and
trigger uncontrollable sweating of the palms, under arms, and face (Beatty & Dobos, 1997). Students also report gastrointestinal (i.e., stomach churning) issues along with physical disorientation and uncontrolled body movement (e.g., shaking, twitching) during presentations (Addison, Ayala, Hunter, Behnke, & Sawyer, 2004; Witt & Behnke, 2006).

Second, cognitive responses, or the psychological anxiety felt at particular points in the speaking process, manifest in the form of a speaker’s counterproductive thoughts and attributions (Ayres & Hopf, 1993) and are dependent upon several factors such as perceived competence and the perception of competence and affect of the audience (MacIntyre & MacDonald, 1998). These cognitions may occur prior to, during, or even shortly upon completion of a presentation (Behnke & Sawyer, 1999). Third, behavioral manifestations of PSA are those enacted by the speaker and recognized by audience members (i.e. perceivable shaking, vocal inflection of a speaker). In addition, many instructors spend a significant amount of time instructing and critiquing students on their overall behaviors during a speech.

Based on the instructional communication research conducted to date, five general conclusions can be drawn about the role that PSA plays in the classroom:

- First, PSA is a real and distinct social fear within the family of social anxieties. Differentiating PSA from other social anxieties or social phobias can help students understand why they may experience nervousness or other physiological and
psychological effects in front of a classroom, but not necessarily in front of other groups of people in different contexts.

- Second, PSA may be experienced as a trait- or state-based anxiety. Students who begin to generally feel anxious about the idea of public speaking are considered to have trait-based public speaking anxiety. Students who experience an increase or worsening of anxiety explicitly during a particular point in the public speaking process are considered to have state-based anxiety. These anxieties may occur independently or concurrently of and with one another (Bodie, 2010).

- Third, PSA can have both immediate and long-term negative effects on students’ performance within the classroom. Students may find their performances fall short of audience expectations (Menzel & Carrell, 1994), experience uncontrollable physiological effects (Lewin, McNeil, & Lipson, 1996), or find themselves completely unprepared (Daly, Vangelisti, & Weber, 1995). Further, students who experience high levels of PSA may exhibit avoidant communicative behavior in the future (Beatty, 1998; McCroskey & Beatty, 1984).

- Fourth, just as PSA can manifest itself through various physiological, cognitive, and behavioral ways, so too can it be treated. Cognitive behavioral therapy (Wallach, Safir, & Bar-Zvi, 2009; Nelson, Deacon, Lickel, & Sy, 2010) and skills-based training (Pribyl, Keaton, & Sakamoto, 2001) have been noted as successful in reducing self-reported PSA.
Fifth, PSA is not an anxiety to be cured, but managed. Though continued research demonstrates the ability of a number of techniques in reducing PSA as aforementioned, these techniques aim for a reduction in PSA rather than a complete elimination. In particular, because some PSA is experienced as situation specific state-based anxiety, it may manifest among even the most confident speakers.

**Tips for Treating Public Speaking Anxiety in the College Classroom**

1. Make your students aware of PSA. In our own experiences, students have shared that they do not understand how they can interact with strangers on a daily basis and not feel the anxiety that they feel while in front of the class. Start by articulating the differences between trait-based PSA and state-based PSA. Next, spend some time in class explaining PSA to your students by focusing on its prevalence, characteristics, and management techniques. Knowing that they are not alone and that their experiences are distinctly different than other types of anxiety can help students in understanding what they are experiencing and also aid in treatment.

2. Help your students identify when and how their anxiety emerges when faced with public speaking events. During this process, reiterate that virtually everyone experiences some level of PSA, and while there is no physical cure, there are quite a few methods to help manage their feelings once they can identify what triggers it (Price & Anderson, 2012). Explain to them the various modes of PSA (physiological, cognitive, and behavioral) and the difference between trait- and state-based anxiety. This
understanding will allow them to think through what they are feeling.

3. Do not be afraid to introduce multiple methods when treating PSA. For example, work on vocal breathing exercises to reduce the physiological manifestations of PSA while encouraging students to positively imagine themselves successfully performing in front of the class as a method to treat cognitive PSA. The first method increases levels of oxygen to the brain while the second method works on reframing students' initial outlook or attitude towards public speaking. Research supports that multiple methods of treating PSA are significantly more effective than relying upon one single method (Whitworth & Cochran, 1996).

4. Allot time in class for your students to practice their speeches. You can choose to incorporate practice speeches during which students receive feedback from you or their peers. Practice and exposure to audiences, even in small groups, can decrease PSA (Finn, Sawyer, & Schrodt, 2009). In addition, practicing speeches in the classroom further allows students to understand which PSA reduction techniques work for them and which do not.

5. Incorporate small-scale speeches into your lectures even on days with no "official" speeches. Small 30-second speeches have been shown to better reduce PSA, physiological arousal, and behavioral avoidance than longer 3-5 minute speeches (Seim, Waller, & Spates, 2010). Allowing for small-scale speeches can help reduce PSA and also provide additional familiarity for your students with one another as speakers.
and audience members.

6. Record your students’ speeches and have them spend time watching themselves. Though students often balk at the idea, watching video feedback and cognitively reviewing the situation can improve their self-perception and performance (Orr & Moscovitch, 2010). You also can have them turn off the sound during their viewing to watch particularly for behavioral manifestations of PSA. Having students review their own speaking can help them work through their cognitive PSA by asking them to identify what they were thinking during different times throughout their speech. This trait-based approach will assist in helping students focus on the triggers that lead to higher levels of PSA.

7. Incorporate instructional therapy into your curriculum and course schedule. Paul Witt and Ralph Benke (2006) noted that even for instructors who do not have time to include anxiety-reducing exercises into their curriculum, the types of assignments, and the order in which the assignments are presented, also can serve to reduce uncertainty and anxiety. Their results demonstrate that extemporaneous speaking often engages higher levels of PSA than scripted speeches (manuscript reading). In addition, students rate the actual grade or importance of their speech lower than the type of speech when reporting state-based PSA. These results demonstrate that the uncertainty of extemporaneous speaking or impromptu speaking can be far “scarier” for students than the actual received grade.
Conclusion

Public speaking anxiety is a commonly experienced yet largely misunderstood anxiety. Teaching your students the distinct experience of PSA and the multiple methods of managing this type of anxiety will not only help alleviate its experience in your classroom, but also give them the necessary skills to manage it outside of the classroom.

References


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