This paper reviews the literature on speech fright in the workplace and examines its symptoms, effects, and causes. The paper also identifies various methods of treatment that have proven effective when adapted to individual and situational factors responsible for anxiety. The paper lists seven specific treatments directed toward improving public speaking skills: (1) utilize effective physical action while speaking; (2) be more audience-centered and less self-centered; (3) prepare thoroughly for public speeches; (4) seek constructive speaking opportunities; (5) choose a good topic; (6) understand the principles of public speaking; and (7) avoid going over a speech immediately before speaking. The paper also enumerates the following strategies to reduce anxiety unrelated to skills deficiencies: realize that some speech fright is normal; seek "friendly faces" in the audience; do not expect perfection in speaking; use objectification to reduce speech fright; understand that speech fright is more evident to the speaker than it is to the audience; employ cognitive modification; and employ systematic desensitization. Attached are 20 references as well as an appendix that rates books and "cures" devoted specifically to speech fright. (KEH)
The Nature and Treatment of Speech Fright

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Abstract
Effective communication is essential in the workplace. Technical writers and engineers often experience significant speech fright in oral presentations. The symptoms, effects, and causes of speech fright are examined. Fourteen methods for reducing speech fright are presented to improve public speaking skills or to reduce anxiety that is unrelated to skill deficiencies in public speaking.

Introduction
Good communications skills are important for several reasons. With increasing competition in the job market, employers are looking for more than strong engineering skills from prospective employees. More and more, engineers are required to discuss their work and make proposals to higher management in order to inform the non-technical manager about current projects and get funding for new projects. And, many engineers desire to move into the management ranks. In all these examples,
Communications skills can make the difference.

(Ref. 6, p. 2)

Coleman Finkel asserted in his Oct. 17, 1985 luncheon address to the Professional Communication Conference of the IEEE that most members of the Professional Communication Society have strong technical writing skills but are deficient in oral communication skills. He identified speech fright as one of the major areas of concern. Engineers and technical writers are not alone in fearing public speaking. A recent survey of 535 business executives revealed that seventy-one percent named controlling nervousness as their principal public speaking worry.

(Ref. 17, p. 1) McCroskey points out that surveys of over 30,000 adults and college students reveal that seventy-five percent report fear of public speaking.

(Ref. 11, p. 23) A survey of 3,000 inhabitants of the United States asked "What are you most afraid of?" Respondents identified their major fear as speaking before a group. This fear was rated more serious than
heights, financial problems, sickness, death, etc.  
(Ref. 19, pp. 469-470)

Since 1970, over 200 studies have been reported involving speech fright and related constructs such as communication apprehension (an individual's level of fear or anxiety associated with either actual or anticipated communication with others); reticence (a behavioral construct involving the inability to communicate competently); shyness; unwillingness to communicate; and audience anxiety. (Ref. 12, pp. 136-144)

The major behavioral indicators of speech fright identified in the professional literature include:

Voice
   1. Quivering or tense voice
   2. Too fast
   3. Too soft
   4. Monotonous, lack of emphasis

Verbal fluency
   5. Nonfluencies, stammers, halting
   6. Vocalized pauses
Nature and Treatment

7. Hunts for words, speech blocks

Mouth and throat
8. Swallows
9. Clears throat
10. Breathes heavily
11. Lack of eye contact, extraneous eye movements

Facial Expression
12. Tense face muscles, grimaces, twitches
13. "Deadpan" facial expression

Arms and hands
14. Rigid or tense
15. Fidgeting, extraneous movement
16. Motionless, lack of appropriate gestures

Gross bodily movement
17. Sways, paces, shuffles feet (Ref. 14, p. 112)

Effects
Most individuals are acutely aware of, and even exaggerate, the extent to which these symptoms occur in their public speaking. Unfortunately, many of these same individuals are so anxious about speaking in public that they avoid training in dealing with speech
The effects of speech fright coupled with the "ostrich response" to training include:

1. Avoiding communication
2. Lower perceived credibility (Ref. 14, p. 109)
3. Lower perceived competence (Ref. 14, p. 109)
4. Lower perceived leadership ability (Ref. 5, p. 135)
5. Lower effectiveness in communication (Ref. 5, p. 135)
6. Lower self esteem (Ref. 5, p. 137)
7. Lower self perceptions of competence, pleasantness, assertiveness, ability to express self (Ref. 5, p. 138)
8. Heightened fears of negative evaluation, situational communication anxiety, and public self-consciousness (Ref. 5, p. 133)
9. Less effective public speaking preparation and performance, perception of failure in speaking, and less effective adaptation to difficult situations (Ref. 10, p. 193)
Nature and Treatment

10. Increased disfluencies in verbal presentations and unnatural nonverbal behaviors (Ref. 12, p. 164)

11. Avoiding, where possible, courses requiring public speaking or dropping required public speaking courses (Ref. 13, pp. 25-26)

Diagnosis

Such effects must be diagnosed from both trait and situational perspectives. The interaction of individual factors with the demands of the speaking situation must be analyzed to understand the major causal forces producing speech fright.

Buss identified the major situational causes of increased communication anxiety: (Ref. 12, p. 168)

1. Novelty. An unfamiliar situation in which the individual lacks knowledge about the upcoming speech event makes public speaking more stressful.

2. Formality. Rigid prescribed behaviors with limited latitude for deviation often produce speech anxiety.
3. Subordinate Status. Appropriate behavior defined by a superior with accompanying evaluative pressures causes speech fright for many communicators.

4. Conspicuousness and Attention. Standing out in one's environment by giving a public speech often makes those prone to speech anxiety more anxious.

5. Unfamiliarity and Dissimilarity. Many individuals feel more uncomfortable speaking before people they do not know. (Major exceptions to this factor exist when people are more concerned with evaluations from unfamiliar audiences.) Furthermore, most people feel more uncomfortable speaking with individuals dissimilar to themselves.

6. Prior History. If one has experienced major problems in previous speeches it is likely that upcoming speech activities will produce significant anxiety. (Ref. 12, p. 156)
7. Learned Helplessness.

My underlying assumption is that people develop expectations with regard to other people and with regard to situations. Expectations are also developed concerning the probable outcomes of engaging in specific behaviors (such as talking). To the extent that such expectations are found to be accurate, the individual develops confidence. When expectations are found to be inaccurate, the individual is confronted with the need to develop new expectations. When this continually recurs, the individual may develop a lack of confidence. When no appropriate expectations can be developed, anxiety is produced. When expectations are produced that entail negative outcomes that are seen as difficult or impossible to avoid, fear is produced. . . .

When we engage in communication behaviors that work (i.e., are reinforced, we
achieve some desired goal), we develop positive expectations for those behaviors and they become a regular part of our communicative repertoire. While in the early childhood years much of this occurs through trial and error, during later stages of development cognition becomes much more important. We may think through a situation and choose communication behaviors that our previous experience suggests we should expect to be successful. Formal instruction in communication adds to our cognitive capacity to develop such expectations and choose appropriate behaviors. To the extent that our behaviors continue to be reinforced, we develop stronger positive expectations and our communication behavior becomes more regularly predictable. In addition, we develop confidence in our ability to communicate effectively. . . .
The development of negative expectations follows much the same pattern as the development of positive expectations. We discover that some communication behaviors regularly result in punishment or lack of reward and we tend to reduce those behaviors. During later stages of development, we may make cognitive choices between behaviors for which we have positive and negative expectations, the former being chosen and the latter rejected. However, we may find situations for which we have no behaviors with positive expectations for success. If we can avoid or withdraw from such situations, this is a reasonable choice. However, if participation is unavoidable, we have only behaviors with negative expectations available. A fearful response is the natural outcome. Consider, for example, the person who has attempted several public speeches. In each case, the attempt
resulted in punishment or lack of reward. When confronted with another situation that requires the individual to give a public speech, the person will fear that situation. The person knows what to expect, and the expectation is negative. (Ref. 12, pp. 157-158)

A similar approach utilizing social comparison theory, instead of McCroskey's reinforcement theory, argues that speech fright emerges from a perception that one's public speaking ability falls short of audience expectations in areas that are important to the speaker. (Ref. 1, pp. 275-287)

Treatment

Treatment programs for reducing speech fright fall into two general categories, those directed toward improving public speaking skills and those directed toward reducing anxiety that is unrelated to skill deficiencies in public speaking. Lynne Kelly reviewed research on the effectiveness of various treatments for reducing speech anxiety. She faults much of the
research for focusing too narrowly on speech anxiety while failing to measure other behavioral components of effective public speaking. However, she concludes that "skills training does produce reductions in speech anxiety. . . . Furthermore, both systematic desensitization and cognitive modification appear to produce similar results in terms of reducing anxiety." (Ref. 10, p. 202) Recent research in visualization (mentally picturing mastery of speaking situations) reports similar success.

Since visualization was found to be effective in reducing speech anxiety, it became imperative to determine if most of that reduction was attributable to those with high anxiety. Post hoc analyses indicated those with high and moderate anxiety who used visualization reduced their anxiety levels significantly more than those who did not use visualization. Those with low anxiety who used visualization were not significantly different from those with low anxiety in the
control group. While the moderates did experience lower levels of anxiety, visualization clearly has the most effect in the high anxiety condition. (Ref. 2, p. 322)

A review of twenty-one randomly selected public speaking textbooks published since 1978 reveals that few public speaking textbooks incorporate recent empirical research on speech fright. These textbooks contain an average of 4.3 pages devoted to an analysis of speech fright and an average of 6.5 specific suggestions for overcoming speech fright (see Appendix A for the pages devoted to and the "cures" provided in each public speaking textbook reviewed).

Many individuals suffering speech fright seek a magic pill offering quick painless relief. (Propranolol, a betablocking drug, appears to produce a calming effect on individuals suffering stage fright without altering judgment or coordination. The FDA has not specifically approved its use for speech fright.) (Ref. 18, p. 33) However, there is no substitute for speaking experience and professionally conducted
training in assisting individuals suffering speech fright. Each individual must be diagnosed for the situational and dispositional factors (including skill deficiencies) contributing to speech fright. Based on twenty years of teaching experience and an extensive review of the professional literature, the author recommends the following fourteen remedies for coping with speech fright.

**Public Speaking Skills Training**

**Utilize Effective Physical Action While Speaking**

Many individuals experiencing speech fright are so nervous that they exhibit little, if any, physical action. Their muscular tension compounds their speech fright and vice versa. Effective movement, gestures, and facial expression enhance speaker effectiveness. In addition, effective bodily action often serves as a safety value to help release pent-up speech fright. Just as athletes are often able to reduce anxiety through physical involvement, public speakers may minimize speech fright through constructive physical activity.
Be More Audience-Centered and Less Self-Centered

Most audiences want the speaker to succeed and tend to empathize with a speaker experiencing problems. Speakers who are concerned primarily with themselves often fail to perceive audience support which could be so helpful in reducing speech fright. The key to effective public communication is audience analysis and adaptation. Increased emphasis on audience analysis and adaption reduces the likelihood of a self-centered approach to public speaking. Concentrate on factors such as positive audience response, how much the audience could benefit from your speech, how to adapt the speech to audience feedback, etc. while preparing and presenting a speech. Try to reduce self-centered orientations while delivering the speech such as worrying about blushing, hands shaking, knees knocking, forgetting part of the speech, how you will be evaluated, etc.

The mountain climber increases his chance of falling by looking down instead of concentrating on the
goal. Likewise, effective speakers must focus primarily on the audience, not on themselves.

**Prepare Thoroughly for Public Speeches**

Speech fright is often a cause and an effect of inadequate preparation. One's anxiety may impede thorough preparation. Furthermore, a poorly prepared speaker is often justifiably anxious about the presentation of the speech. Excessive worry and procrastination impede preparation. Thorough research; drafting and redrafting the speech; practicing out loud in front of others; using an effective note system (Ref. 3, pp. 281-83) (including carefully prepared visual aids); and avoiding memorization of the speech will enable the speaker to control anxiety associated with inadequate preparation.

**Seek Constructive Speaking Opportunities**

Individuals suffering from speech fright often avoid public speaking as much as possible. This ostrich response exacerbates speech anxiety. Speaking experience coupled with constructive criticism enables the anxious speaker to develop skills and confidence.
Speaking experience "is so certain to reduce stage fright that it is the most frequently recommended treatment in textbooks." (Ref. 20, p. 124)

Choose a Good Topic

When speakers have latitude in the choice of topic, they should select a topic of interest to them and one that they know well (or are willing to research thoroughly). Analyze the audience members and adapt the topic to their needs and interests. Because a major cause of speech fright is the speaker's perception of inability to meet audience expectations, selection of a topic suitable to the speaker and the audience will alleviate topic-related fears in this area. Careful selection and development of the topic enables speakers to feel more confident in their presentations and in the value of their material to the audience.

Understand the Principles of Public Speaking

People often fear that which they do not understand. If apprehension is rooted in skills deficiencies, training in this area has an almost
one-hundred percent probability of success in reducing speech fright. (Ref. 13, p. 38) Training in skills essential to public speaking such as: delivery, introductions, conclusions, main headings, transitions, style, support material, audience analysis and adaptation, etc. will reduce speaker apprehension about lack of knowledge of speech principles. Read a good public speaking textbook or take courses in public speaking to enhance confidence and understanding of the principles of effective public speaking.

Avoid Going Over Your Speech Immediately Before Speaking

The time immediately before your speech should not be devoted to mental rehearsal. Professional actors and actresses have learned to avoid going over their lines immediately before appearing on stage. Such last-minute practice is likely to increase tension. It also reduces the opportunity for adaptation of the speech to the activities of the moment since speakers are so engrossed in last-minute preparation that they are oblivious to the audience, other speakers, etc. If
the last-minute preparation is obvious to the audience, it announces the apprehension of the speaker before the speech begins. Try to relax by getting involved with the audience or the other presentations, thus taking your mind off the upcoming speech. If the speaker has prepared carefully beforehand, there is no need for last-minute practice.

Reducing Anxiety Unrelated to Skills Deficiencies

Realize that Some Speech Fright is Normal

It is not unusual or abnormal to experience speech fright. Remember that over seventy percent of executives and college students report significant speech anxiety. Most people exaggerate their own problems, feeling that they are more serious than their neighbor's problems. Many students in my public speaking classes assume that they have much more serious fright problems than their classmates. Understanding that they are not alone often helps them realign their perceptions.

Not only is some speech fright normal, it is also potentially helpful to the speaker. If properly
channeled, speech fright can provide the motivation to produce a quality performance.

Seek "Friendly Faces" in the Audience

Perceived inability to satisfy audience expectations can often be countered through positive feedback from the audience. Some individuals are much more open in their nonverbal support than others. The anxious speaker should scan the entire audience but should concentrate on those audience members (hopefully dispersed throughout the room) providing the most supportive response. Avoid negative self-fulfilling prophesies. Do not allow a few individuals who do not seem to appreciate the speech to reinforce expectations of communication problems (remember that speaker perceptions may be in error).

Do Not Expect Perfection in Speaking

Almost all speakers experience some problems during a speech. Some audience members may not enjoy or appreciate the speech. Speakers may stumble, lose their place, forget portions of the speech, experience time problems, shake, blush, etc. Audiences are
generally very sympathetic to such problems, especially if the speaker is able to recover from them. Do not allow minor problems to obscure the overall effect of the speech. Competitive ice skaters who miss a jump early in the performance must ignore the error and do the best they can with the rest of the program.

**Use Objectification to Reduce Speech Fright**

A detailed analysis of the causes for speech fright may reduce the anxiety. (Ref. 16, pp. 24-28) Detailed analysis helps the speaker understand why the speech fright exists. Furthermore, detailed analysis may dull the emotion. (It may also exaggerate the fear in some speakers and thus should be employed only with professional guidance.)

Perhaps the reader has been involved in a relationship in which a partner over-analyzed every behavior. Eventually this detailed analysis of each and every behavior may have ruined the relationship by deadening emotion. Objectification of speech fright may produce a similar deadening effect on one of the greatest fears of the American people.
Speech Fright is More Evident to the Speaker than it is to the Audience

Speakers usually assume that their speech fright is obvious to the audience. Speakers in my classes are often astounded to hear critiques from classmates praising them for their poise and confidence. These speakers often refuse to accept these comments; responding with statements such as "I was scared to death." Speakers must learn to accept the often reported research finding that speech fright tends to be much more obvious to speakers than to audiences. (Ref. 20, p. 123) Thus, moderate speech fright need not necessarily hinder effective communication with an audience unless the speaker allows it to do so.

Employ Cognitive Modification

This treatment is based on learning theory. People who have learned to perceive their speaking ability negatively can be trained to realign their perceptions to think positively.

Cognitive modification involves four steps. To begin, the person who is receiving treatment is
informed of the full rationale for the treatment. They are taught that their communication apprehension is learned and that as a result of that learning they have adopted a set of behaviors that impairs their communication. They are told that they will learn to identify those behaviors and replace them with more positive behaviors. The second step in the process involves identifying negative self-statements that the person makes about their communication. Such self-statements or thoughts include such things as, "I'll sound stupid;" "I don't have anything to say;" "Everyone is watching me." The person is assisted in developing a list of the negative self-statements. The third step involves learning coping statements to use in place of the negative statements. Such coping statements as the following might be taught: "They don't know any more than I do;" "Speak slowly, it helps;" "This is easier than I thought;" "This is no big deal." The final step involves practice. The individual
receiving treatment must systematically practice substituting coping statements for negative statements, both in the treatment sessions and, more importantly, in actual communication situations in other environments. (Ref. 13, p. 37)

Research demonstrates that cognitive modification techniques may produce significant reductions in public speaking anxiety and communication apprehension. (Ref. 7, p. 215) Recent research investigating the effects of enhancing speakers' perceptions of their ability to meet audience expectations concludes that "when they find out the audience is not as difficult to please as they had thought, their fear subsides because they perceive themselves as better able to meet these lower expectations." (Ref. 1, p. 284)

Employ Systematic Desensitization

This treatment, like cognitive modification, is based on learning theory. Speech fright is a learned anxiety, thus it can be unlearned.
Systematic desensitization involves a two-step process. First, people are taught to recognize tension in their bodies and to relax that tension. A surprisingly large proportion of the population has never learned to recognize when they are tense, much less how to relieve that tension. Once this process is learned, the second step in systematic desensitization can be implemented. This step involves conditioning people to respond with relaxation in the presence of stimuli that previously produced tension. In some instances, the stimulus is brought progressively nearer the person being treated, as in the case of people who fear snakes. In other cases, the person being treated is asked to imagine the presence of the stimulus. This approach is more common in the treatment of communication apprehension. The person is asked to imagine a series of communication situations, progressing from those that previously have aroused little tension (you are talking to your best friend) to those that
normally would cause great tension (you are about to give a speech on television and you have lost your notes). The person learns to completely relax while imagining one situation before moving on to a more difficult one. (Ref. 13, p. 36)

Approximately eighty percent of individuals treated by this method report the complete elimination of communication apprehension. (Ref. 13, p. 36)

Friedrich and Goss reviewed the research on the effects of systematic desensitization and concluded that "the pattern of the results from these studies suggest that SD works best when the nature of the problem is situation-specific (e.g. public speaking as opposed to a more generalized dysfunction) and when the problem does not reflect a major skills deficit." (Ref. 9, p. 182)

Conclusion

Speech fright is a significant problem for many public speakers. Extensive research has provided insights regarding the symptoms, effects, and causes of speech fright. Various methods of treatment have been
identified and have proven effective when adapted to the individual and situational factors responsible for the anxiety. Seven specific treatments have been presented in each of two general categories, those directed toward improving public speaking skills and those directed toward reducing anxiety that is unrelated to skill deficiencies in public speaking.
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Appendix A

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"Cures"

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2. Be audience centered (since usually supportive)  
3. Use physical action (including deep breathing & relaxation techniques)  
4. Preparation  
5. Speaking experience  
6. Topic selection  
7. Seek friendly faces in audience  
8. Don't expect perfection  
9. Know Speech principles  
10. Objectification  
11. Be at your best physically and mentally  
12. Not as evident to others  
13. Avoid going over material just before speech (or memorizing)  
14. Systematic desensitization  
15. Use visual aids  
16. Cognitive modification  
17. Seek outside help  
18. Have confidence (picture positive results)  
19. Place speech in proper perspective  
20. Assertiveness training  
21. Don't call it "stage fright"
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"Cures"

1. Some is normal and useful
   X X X X X
2. Be audience centered (since usually supportive)
   X X X X X
3. Use physical action (including deep breathing & relaxation techniques)
   X X X X X
4. Preparation
   X X X X X
5. Speaking experience
   X X X X X
6. Topic selection
   X X X
7. Seek friendly faces in audience
   X
8. Don't expect perfection
   X
9. Know Speech principles
   X X
10. Objectification
    X
11. Be at your best physically and mentally
    X
12. Not as evident to others
    X X
13. Avoid going over material just before speech (or memorizing)
    X
14. Systematic desensitization
    X
15. Use visual aids
    X
16. Cognitive modification
    X
17. Seek outside help
    X
18. Have confidence (picture positive results)
    X X X X X
19. Place speech in proper perspective
    X
20. Assertiveness training
21. Don't call it "stage fright"
Appendix A (cont.)

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Pages devoted specifically to speech fright "Cures"

1. Some is normal and useful
   - X
2. Be audience centered (since usually supportive)
   - X
3. Use physical action (including deep breathing & relaxation techniques)
   - X
4. Preparation
   - X
5. Speaking experience
   - X
6. Topic selection
   - X
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8. Don't expect perfection
   - X
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17. Seek outside help
   - X
18. Have confidence (picture positive results)
19. Place speech in proper perspective
20. Assertiveness training
21. Don't call it "stage fright"
References for Appendix


Nature and Treatment

