



# Variations on Exposure Therapy: Best Practices for Managing Public Speaking Anxiety in the Online Communication Classroom

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**Abstract:** Exposure and response prevention (ERP) therapy techniques offer unique opportunities for comprehensive management of public speaking anxiety in the online public speaking classroom beyond exposure to only the speech-giving act itself. This best practices article outlines nontraditional strategies for incorporating ERP practices in a distance-learning setting.

Researchers have used *exposure therapy* as a theoretical lens to support the idea that the more a student is exposed to a public speaking situation, the more their public speaking anxiety (PSA) will decrease, while using the speech-giving act (SGA) as the unit of exposure (e.g., Finn et al., 2009). While this technique can be effective, it does not necessarily directly expose students to the actual phenomena they fear. To clarify, students who fear public speaking tend not to be anxious about the *successful* delivery of a speech. Rather, their anxiety is rooted in things like embarrassing themselves, their mind going blank, being unable to continue talking, saying foolish things and not making sense, trembling, shaking, or showing other signs of anxiety (Stein et al., 1996). Exposure therapy, combined with *response prevention*, has been used to treat a host of anxiety disorders by exposing patients to the *very thing* they fear (Abramowitz, 1996). It follows that exposure therapy used to mitigate public speaking anxiety ought to borrow further from treatments used for fear-based disorders by exposing students to their actual fears (in safe settings) and incorporating *response prevention* to create the most comprehensive PSA-management strategies possible. In this essay, I present 10 best practices for incorporating exposure and

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response prevention (ERP) into the online public speaking classroom as it specifically addresses these aforementioned anxiety-provoking fears.

### **Best Practice #1: Identify Students' Key Fears**

Early in the semester, ask students to confidentially submit their top five fears concerning public speaking to an online Dropbox. My experience indicates that the responses will focus on fear of embarrassment about making a mistake or appearing nervous to their peers (e.g., forgetting parts of the speech, sounding shaky or stuttering, blushing, sweating) (Hofmann et al., 1995). Compile a list of the most common five to seven fears identified in the Dropbox responses. Listing their fears in this way helps students identify where to target their PSA management work and helps you identify the most commonly shared fears among the class.

### **Best Practice #2: Restructure Conceptualizations of Embarrassment and Anxiety**

Our fear responses can sometimes be helpful. For example, when standing on the edge of a cliff, my hands get sweaty, my stomach drops, and my head feels dizzy; my brain is trying to tell me to back away from the cliff through bodily signs because it senses immediate danger. In that case, my brain is on to something: there is immediate danger of harm if I were to fall off the cliff. However, our brains can sometimes indicate immediate harm when there is none and show the same bodily signs (Kovner et al., 2019). When this happens, we have to retrain our brains to differentiate between what is *dangerous* and what is merely *unpleasant*. We have all experienced unpleasantness and we know we can survive it.

The previous paragraph is how I help students restructure their perceptions of embarrassment and anxiety: comparing “true” danger to the *unpleasantness* of what could happen to them during a speech. Sometimes called *de-catastrophizing* (Radomsky et al., 2010), reframing fears related to public speaking as only “unpleasant” will pave the road toward students being willing to engage with them. Since one of the most common fears about public speaking is embarrassment of some kind, I like to use it as an example of a fear that is merely *unpleasant*. I argue that embarrassment has four qualities: temporality (the human body cannot possibly stay embarrassed forever because embarrassment will inevitably go down on its own over time), safety (no one has ever died from embarrassment), subjectiveness (not everyone considers the same things to be embarrassing), and universality (everyone, at some point, has felt some sort of embarrassment).

To present the concept of *de-catastrophizing* and the four qualities of embarrassment, design a lecture video with an accompanying slide show using the language above. This video can be used alone or extended to include best practice #3.

### **Best Practice #3: Introduce Exposure and Response Prevention**

Intentional exposure to anxiety, accompanied by education and response prevention, can help us manage it better (Himle & Franklin, 2009). When explaining exposure therapy concepts to your class, *use the metaphor of an inoculation*: if you are exposed to a small bit of a virus in a safe way, your body builds an immunity to it so when it encounters the virus in the wild, you are less likely to contract the disease. Similarly, when you are exposed to incremental bits of anxiety in an intentional way, when you encounter it in a speech-giving situation, you are less likely to be incapacitated.

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For their first taste of exposure therapy, create a YouTube playlist of embarrassing public speaking videos of your choice. Some of my favorites include bungled answers to pageant questions and political speeches gone wrong. Next, either continue your video that you started above (restructuring embarrassment and anxiety) or create a new one in which you prepare your students for their first experience with exposures. Ask them to ready a pen and paper for the video, and then let them know that you are going to show them some clips of people experiencing embarrassing moments in public speaking. Have them record what they feel both emotionally and physically while watching the others experience embarrassment (explain you'll do the same) and ask them to try not to push down any of those feelings as they are experiencing them. Then, play the clips live during your video, picture in picture (so that you are visible alongside the YouTube clips), allowing some time to pass silently after the video ends, in which you can show that you are also recording your physical and emotional reactions. After a minute or so, tell students what you recorded: for example, I would say that physically, I felt my hands sweat and my stomach tighten, and emotionally, I felt embarrassed for the speakers I saw in the clips. You can inform students that other, normal physical symptoms of anxiety or embarrassment include shortness of breath, pounding heart, restlessness, headache, and head tension (Kendler et al., 1987). Tell students that the more they know about what their bodies do when they feel anxious, the better they'll be able to manage their bodily symptoms of anxiety when it is time to give a speech.

#### **Best Practice #4: Approach Fear Hierarchically**

Most anxiety management theory suggests that fear should be approached *hierarchically*; that is, smaller fears should be tackled before more intimidating ones (Abramowitz, 2006). Students can create fear hierarchies in a couple different ways: first, they can rank the phenomena they listed as their top fears, or second, they can break down one single fear into ranked levels. As an example of the second hierarchy format, if a fear were "I will forget what I am saying during a speech," that could be dismantled into smaller, incremental bits, such as, "I will forget one line of my speech, look down, find my place, and quickly pick up where I left off," all the way up to, "I will forget a large chunk of my speech, not be able to find my place on my outline, my face will turn red, and I will stop my speech in the middle and retake my seat, completely embarrassed." In either hierarchy setup, have students rank their fears on a seven-point scale where *one* represents low, manageable anxiety and *seven* represents very high, unmanageable anxiety. Students may then, in turn, start to confront each fear starting with the most manageable, using imaginative and/or *in vivo* exposures, explained below.

#### **Best Practice #5: Assign Imaginative and In Vivo Exposures**

Once students have identified their specific fears associated with public speaking and ranked them hierarchically, they can begin engaging in exposures targeting specific fears, starting at the bottom of their hierarchy. For both imaginative and *in vivo* exposures, students are to record the date, their peak anxiety level, their final anxiety level, and total elapsed time.

For imaginative exposures, students should write a script that details their fear happening *in the present tense*. Using the example above, if a student fears forgetting what they are saying mid-speech, their script could say, "I walk up to the lectern. I am feeling nervous. I start my speech confidently, but halfway through, I forget what I am saying. I feel my hands sweating and my face get hot. I look at the audience for reassurance, but they stare back, blank-faced." These scripts should not have a resolution; they should end in uncertainty to intentionally provoke anxiety. When doing an imaginative exposure, the student should read the script out loud while imagining the scenario happening to them and note their peak

anxiety level on a scale from one to seven. As soon as they finish reading the script, they should start a timer and then wait for the anxiety to go down *on its own* without any intentional anxiety-relieving interventions such as distractions or reassurances. When their anxiety level goes down by half, they may stop the timer and record their time elapsed and final anxiety rating. If their anxiety rating does not drop by half within 30 minutes, they are to abandon the exposure and move their thoughts to something else.

*In vivo* exposures are timed, recorded, and executed in the same way, but they are done *in person* or *live*. Using the same fear as an example, if a student fears forgetting what they are saying mid-speech, they could design an *in vivo* exposure in which they set up a video call with a friend, start to tell them a joke, but pretend to “forget” the punch line. In that case, they would still not do anything artificial to relieve their discomfort, for example, telling their friend, “I’m doing this for a class!” Rather, they would hang up from the video call and wait for the anxiety to go down with time. Have students do each exposure at least five times; their peak anxiety should go down the more they do each exposure. If students are apprehensive about doing these exposures, they can do their first few with you over a video call, where you would also engage in whatever exposure they are doing.

These exposures will accomplish two things: first, students’ overall public speaking anxiety will decrease. Second, the more students encounter and survive their fears, the more confident they will be in their ability to survive them in the future during an actual public speech.

### **Best Practice #6: Encourage Habituation**

I have often said to myself, “you’re going to do fine; you’re going to do fine” when I’ve been nervous about speaking in public. While rituals like chanting seem like they help in the moment, they actually tend to make anxiety worse (Himle & Franklin, 2009). Instead, it is more effective to confront a fear and slowly allow the body to *habituate* to anxiety over time. Habituation, that is, “the inevitable natural decrease in conditioned fear” (Abramowitz, 2006, p. 410), is a learned skill. Even though our bodies achieve habituation naturally, we can be resistant to it and have to practice allowing it to take over. Let students know that habituation takes time; it is not our first instinct to sit with anxiety and let it go down on its own. One way to facilitate habituation is to resist reassuring your students in the outcomes of their speeches. For example, if a student asks you during online office hours, “Do you think I’m totally going to mess up this speech?” an instinctual response might be, “Of course not! You’re going to do great.” Instead, to encourage habituation, you could try something like this: “It’s possible you could mess it up. That could happen. What do you think you would do if you messed up?” The second response encourages the student to confront the possibility of failure and habituate to their anxiety. Consequently, it is important here to refrain from reassuring the student of the improbability of their feared outcome occurring, as this would inhibit habituation. After you sense some initial habituation, you may offer encouragement (rather than reassurance) involving the student’s ability to endure such a catastrophe, such as: “You have prepared well, and you could handle it if you made a mistake.”

### **Best Practice #7: Prevent Ritualistic Responses**

*Response prevention* is a strategy borrowed from the treatment of psychiatric disorders such as obsessive-compulsive disorder that has not yet been used to manage PSA. However, response prevention is a key facilitator for habituation by “blocking the performance of anxiety-reducing rituals that would foil the habituation process” (Abramowitz, 2006, p. 410). Therefore, it is vital that we encourage students to resist

ritualistic behavior that may artificially decrease their anxiety during the habituation process. These behaviors can include seeking distractions (e.g., listening to music during exposures or abandoning exposures), reassurance-seeking (e.g., asking friends or family if they think their public speaking fears will come true), checking (e.g., making sure they have all their necessary materials for a speech after they already checked multiple times), mental rehearsal (e.g., excessively walking through each step of a speech in their mind even though they've already practiced sufficiently), avoiding (e.g., not practicing to prevent anxiety), chanting (e.g., saying "that won't actually happen" during an exposure), confessing (e.g., telling an exposure partner about the activity to alleviate anxiety), superstitious behavior (e.g., touching or rubbing a good luck charm during exposures), or physical tics (e.g., leg bouncing, foot tapping, or skin picking). These types of behaviors should be explained to students during the explanation video as blocks to habituation, and subsequently, hinderances to the successful management of their PSA.

### **Best Practice #8: Co-Design Creative Exposures**

Work with students remotely (either via email or a video call) to help them design creative exposures, both imaginative and *in vivo*. For example, if a student fears appearing foolish to an audience, there are countless ways they can safely experience and habituate to embarrassment that you can help them create. For example, they could attend a video meeting with lipstick or food in their teeth, spill something in public, cite a fact incorrectly to a group of people, or make their voice crack in front of others. If a student seems hesitant to engage in a certain exposure, help them think of something smaller they could do that would provoke less anxiety and work their way up. I have found that students start to have fun with coming up with increasingly creative and more difficult exposures as we celebrate the accomplishments of smaller exposures.

### **Best Practice #9: Model Therapeutic Behavior**

Exposure and response prevention can be intimidating. To encourage buy-in and participation, show students that exposures are doable by making a video of you doing some yourself. Engage in exposures that target one of your specific fears and capture the whole process on camera; modeling exposures for your students will help them feel bold enough to take the first step to participate in exposures themselves (Foa et al., 2012). In the video, talk your students through the habituation process and let them know what ritualistic behaviors in which you are tempted to engage. Show the students how to time exposures and record your peak and final anxiety levels. This will go a long way to encourage students to participate in their own ERP practice.

### **Best Practice #10: Debrief Exposures and Semesters**

Ask students to reflect on each set of five exposures by noting their physical and emotional sensations during peak anxiety, the speed at which anxiety subsided, how others reacted (if *in vivo*), and how they handled any criticism of others (if applicable). This debriefing may be assigned as a short written essay or a video journal entry. Typically, students are surprised at how well they were able to handle anxiety. I have also had students reflect on being pleased on knowing exactly how their body reacts to anxiety, so they know how to handle it when it comes up on speech day. Students have also reported a sense of pride that they now know how to handle anxiety and embarrassment.

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Close to the end of the semester, when most or all students have turned in their exposure record sheets and debriefing assignments, post a video reflecting on the semester's practice. Congratulate the students on their hard work confronting their PSA and let them know they can use these same strategies to manage other anxieties in their lives.

## Practical Applications Beyond Classroom Settings

Exposure and Response Prevention (ERP) theory and practices address fears and anxiety beyond public speaking and can therefore be used in other communication settings where apprehension might be a hinderance. For example, these practices could be used to help a student manage the anxiety concerning an upcoming job interview during one-on-one coaching. As another example, these practices could be used to help new hires manage organizational socialization anxiety by thinking through any trepidations of taking on new tasks or roles.

## Conclusion

Using these best practices to incorporate exposure and response prevention into your online public speaking classroom helps students achieve comprehensive and effective PSA management by targeting their specific fears instead of merely using the SGA itself. While it may feel like a large task for students to engage in these assignments, students have found it incredibly helpful. As one student put it:

The exposures showed me that the anxiety didn't last forever. I knew the signs for my nervous streaks, and I learned how to deal with said signs. I believe that the way you did it was very helpful. I do better with hands-on kind of stuff—the anxiety exposures related it to real-life situations.

Since public speaking remains one of the most dreaded fears, it seems prudent to include best practices like these in our courses in the academy and training programs in industry, as well.

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