ED 327 897   CS 507 376

AUTHOR   Cronin, Michael W.
TITLE   The Nature and Treatment of Speech Fright.
PUB DATE   Oct 86
NOTE   40p.; Paper presented at the International
              Professional Communication Conference (Charlotte, NC,
              October 1986).
PUB TYPE   Speeches/Conference Papers (150) -- Guides -
              Non-Classroom Use (055)

EDRS PRICE   MF01/PC02 Plus Postage.
DESCRIPTORS   Audience Awareness; *Communication Apprehension;
              Communication Problems; *Communication Skills;
              Organizational Communication; *Public Speaking;
              Shyness; Stress Management
IDENTIFIERS   Communication Behavior; *Communication Strategies

ABSTRACT
              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 desentization. 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

Dr. Michael Cronin

Speech Communication

Radford University

Radford, VA 24142

703-831-5750

Paper presented at the 1986 International

Professional Communication Conference, Charlotte

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 publ c 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 IEF? 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

    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

fright.   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)

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,

rear 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 ricturing 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 liklihood of a self-centered
approach to public speaking. Concentrate on factors
such as positive audience response, how much the
audience could benfit 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 seech, 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 poor 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 Deficiences

<u>Realize that Some Speech Fright is Normal</u>

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 Desentization

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 desentization 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 nave 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.

References

1. Ayres, J., "Perceptions of Speech Fright: An Explanation for Stage Fright," <u>Communication Education</u>, <u>35</u>, July 1986, pp. 275-287.

2. Ayres, J., and Hopf, T., "Visualization: A Means of Reducing Speech Anxiety," <u>Communication Education</u>, <u>34</u>, Oct. 1985, pp. 318-323.

3. Blicq, R., <u>Technically-Write</u> (3rd ed.). Englewood Cliffs: Prentice-Hall, 1986.

4. Daly, J., and McCroskey, J. (Eds.). <u>Avoiding Communication: Shyness, Reticence, and Communication Apprehension</u>. Beverly Hills: Sage, 1984.

5. Daly, J., and Stafford, L., "Correlates and Consequences of Social-Communicative Anxiety," in Daly, J., and McCroskey, J., (Eds.), <u>Avoiding Communication</u>.

6. Flaherty, D. <u>Newsletter IEEE Professional Communication Society</u>, <u>29</u>, April 1986, p. 2.

7. Fremouw, W., "Cognitive-Behavioral Therapies for Modification of Communication Apprehension,"

in Daly, J., and McCroskey, J., (Eds.),

Avoiding Communication.

8.   Friedman, P., "Special Needs of Handicapped,

Reticient, Gifted, Bilingual, and Female

Students," in Friedrich, G. (Ed.), Education

in the 80's: Speech Communication.

Washington, DC: NEA, 1981.

9.   Friedrich, G., and Goss, B., "Systematic

Desensitization," in Daly, J., and

McCroskey, J., (Eds.), Avoiding

Communication.

10. Kelly, L., "Social Skills Training as a Mode of

Treatment for Social Communication Problems,"

in Daly, J., and McCroskey, J., (Eds.),

Avoiding Communication.

11. McCroskey, J., An Introduction to Rhetorical

Communication (4th ed.). Englewood Cliffs:

Prentice-Hall, 1982.

12. McCroskey, J., "Oral Communication Apprehension:

A Reconceptualization," in Daly, J., and

McCroskey, J., (Eds.), <u>Avoiding</u>
<u>Communication</u>.

13. McCroskey, J., and Richmond, V., <u>The Quiet Ones:</u>
<u>Communication Apprehension and Shyness</u>.
Dubuque: Gorsuch Scarisbrick, 1980.

14. Mulac, A., and Wiemann, J., "Observer-Perceived
Communicator Anxiety," in Daly, J., and
McCroskey, J., (Eds.), <u>Avoiding</u>
<u>Communication</u>.

15. Phillips, G., "Reticence: A Perspective on Social
Withdrawal," in Daly, J., and McCroskey, J.,
(Eds.), <u>Avoiding Communication</u>.

16. Ross, R., <u>Speech-Communication: Fundamentals and</u>
<u>Practice</u>. Englewood Cliffs: Prentice-Hall,
1965.

17. Rost, J. Associates, <u>Spectra</u>, Speech Communication
Association, <u>12</u>, Nov. 1985.

18. Stipp, D., "Heart Pill Used to Ease Anxiety of
Stage Fright," <u>The Wall Street Journal</u>,
October 2, 1985, p. 33.

19. Wallechinsky, D., Wallace, J., and Wallace, A.,

   The Book of Lists, New York: Bantam, 1978.

20. Walter, O., and Scott, R., Thinking and Speaking

   (3rd ed.). New York: McMillan, 1973.

Appendix A

		(86)	(83)	(81)	(82)	(85)
Author(s)		Vasile	Zannes	DeVito	White	Zolten
Pages devoted specifically to speech fright		161-62	16-22	56-63	7-11	304-06
	"Cures"					
1.	Some is normal and useful		X	X	X	X
2.	Be audience centered (since usually supportive)	X	X		X	
3.	Use physical action (including deep breathing & relaxation techniques)	X	X	X	X	
4.	Preparation	X	X	X	X	
5.	Speaking experience		X	X	X	
6.	Topic selection	X			X	
7.	Seek friendly faces in audience					
8.	Don't expect perfection			X		
9.	Know Speech principles					X
10.	Objectification					
11.	Be at your best physically and mentally					
12.	Not as evident to others			X	X	X
13.	Avoid going over material just before speech (or memorizing)					
14.	Systematic desensitization				X	
15.	Use visual aids					
16.	Cognitive modification		X			
17.	Seek outside help					
18.	Have confidence (picture positive results)	X	X		X	
19.	Place speech in proper perspective		X	X		
20.	Assertiveness training		X			
21.	Don't call it "stage fright"					X

Appendix A (cont.)

Author(s)	(79) Ross	(79) Minnick	et al (86) Ehninger	(79) Garner	(78) Capps
Pages devoted specifically to speech fright	60-73	56-60	422-24	26	27-8
"Cures"					
1. Some is normal and useful	X	X		X	.,
2. Be audience centered (since usually supportive)	X				X
3. Use physical action (including deep breathing & relaxation techniques)	X	X			
4. Preparation	X	X	X	X	X
5. Speaking experience	X				X
6. Topic selection	X	X		X	
7. Seek friendly faces n 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					
12. Not as evident to others	X	X	X		
13. Avoid going over material just before speech (or memorizing)	X	X			
14. Systematic desensitization			X		
15. Use visual aids					
16. Cognitive modification			X		
17. Seek outside help					
18. Have confidence (picture positive results)				X	
19. Place speech in proper perspective					
20. Assertiveness training					
21. Don't call it "stage fright"					

Appendix A (cont.)

	(84) Sprague	(85) Verderber	(88) Hugenberg	(83) Lucas	(83) Samovar	(85) Rothfuss
Author(s)						
Pages devoted specifically to speech fright	277-83	118-22	49-51	10-13	66-68	295-98
"Cures"						
1. Some is normal and useful	X	X	X	X	X	
2. Be audience centered (since usually supportive)	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	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						
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.)

		(78)	(80)	(81)	(82)	(86)
Author(s)		Zelko	Brooks	Hunt	McCroskey	McCroskey
Pages devoted specifically to speech fright		76-8	76-8	151-53	191-94	20-39
"Cures"						
1.	Some is normal and useful	X	X	X	X	X
2.	Be audience centered (since usually supportive)	X	X		X	
3.	Use physical action (including deep breathing & relaxation techniques)	X	X	X		
4.	Preparation	X	X	X		X
5.	Speaking experience	X				X
6.	Topic selection	X	X	X		
7.	Seek friendly faces in audience					
8.	Don't expect perfection		X			
9.	Know Speech principles					X
10.	Objectification					
11.	Be at your best physically and mentally					
12.	Not as evident to others		X			
13.	Avoid going over material just before speech (or memorizing)			X		
14.	Systematic desensitization					X
15.	Use visual aids					
16.	Cognitive modification					
17.	Seek outside help				X	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

Brooks, W., Public Speaking, Menlo Park:

Benjamin/Cummings, 1980.

Capps, R., and O'Connor, J., Fundamentals of Effective

Speech Communication, Cambridge: Winthrop, 1978.

DiVito, J., The Elements of Public Speaking, New York:

Harper and Row, 1981.

Ehninger, D., et al., Principles and Types of Speech

Communication (10th ed.). Glenview: Scott,

Foresman, 1986.

Garner, D., Idea to Delivery (3rd ed.). Belmont:

Wadsworth, 1979.

Hugenberg, L., and Yoder, D., Speaking in the Modern

Organization: Skills and Strategies, Glenview:

Scott, Foresman, 1985.

Hunt, G., Public-Speaking, Englewood Cliffs: Prentice-

Hall, 1981.

Lucas, S., The Art of Public Speaking, New York: Random

House, 1983.

McCroskey, J., An Introduction to Rhetorical

Communication (4th ed.). Englewood Cliffs:

Prentice-Hall, 1982.

McCroskey, J., An Introduction to Rhetorical
     Communication (5th ed.). Englewood Cliffs:
     Prentice-Hall, 1986.

Minnick, W., Public Speaking, Boston: Houghton Mifflin,
     1979.

Ross, R., Essentials of Speech Communication, Englewood
     Cliffs: Prentice-Hall, 1979.

Rothfuss, N., Communication Competencies and Contexts,
     New York: Random House, 1985.

Samovar, L., and Mills, J., Oral Communicaticn: Message
     and Response (5th ed.). Dubuque: Wm. C. Brown,
     1983.

Sprague, J., and Stuart, D., The Speaker's Handbook,
     San Diego: Harcourt Brace Jovanovich, 1984.

Vasile, A., and Mintz. H., Speak with Confidence (4th
     ed.). Boston: Little Brown, 1986.

Verderber, R., The Challenge of Effective Speaking (6th
     ed.). Belmont: Wadsworth, 1985.

White, E., Practical Public Speaking (4th ed.). New
     York: Macmillan, 1982.

Zannes, E., and Goldhaber, G., Stand Up, Speak Out (2d
     ed.). Reading: Addison-Wesley, 1983.

Zelko, H., and Dance, F., _Business and Professional
    Speech Education_ (2d ed.). New York: Holt,
    Rinehart and Winston, 1978.

Zolten, J., and Phillips, G., _Speaking to an Audience_,
    Indianapolis: ITT Bobbs-Merrill, 1985.

S. Dept. of