"A Cognitive Behavioral Therapy Model: Integrating Anxiety and Phobia Coping Strategies into Fundamentals of Public Speaking College Courses"

This study was designed to examine the effectiveness of the "Fear and Loathing of Speaking Out in Public" program. The program, a personal initiative, adapts primary features of the treatment offered by Cognitive Behavioral Therapy (CBT) for clients suffering from fears and phobias. CBT strategies include progressive desensitization, identifying and challenging negative thoughts, creating and rehearsing positive replacement thoughts, and structured visualizations) Unlike many programs developed to help students overcome Speech Anxiety in a college classroom, the "Fear and Loathing" program is not an isolated instructional module. It is integrated into a basic public speaking course throughout the semester so that it does not take away time from such content and skills-based instruction as how to create a preparation outline and how to deliver a presentation. In fact, the strategies used in the "Fear and Loathing" program to overcome "stage fright," (aka communication or public speaking anxiety) also reinforce content and skills acquisition. These strategies for overcoming "stage fright" are introduced progressively in the course, throughout the semester, progressing in the same way a typical course of Cognitive Behavioral Therapy for a single client leads to its goal usually an average time period of sixteen weeks, according to the official website for the National Association of Cognitive Behavioral Therapists (NACBT). This is also the approximate length of time for a college semester. In sum, the "Fear and Loathing" program adapts a typical cognitive behavioral therapeutic experience for a single client - in length of time, progressive use of strategies, and "homework" assignments – to a group, classroom setting.

Ever since the *Book of Lists* (Wallechinksy, Wallace, & Wallace, 1977), a popular reference title, rated making a speech in public as Americans' number one fear, countless professional communications studies have confirmed that assertion. This tells us that even fear of death (usually ranked as number six) is less severe than the fear of speaking in public! Therefore, it's not surprising that many self-help books are published each year, each advising the layperson on how to control speech anxiety.

Public Speaking Anxiety (PSA), also known as "stage fright," is viewed as a subset of Communication Anxiety/Apprehension (CA), and PSA/CA can be so severe that it qualifies as a social phobia. McCroskey (1977) defines CA as "an individual's level of fear or anxiety associated with real or anticipated communication with another person or persons" (p. 78). Bourne (2003) defines PSA as "an exaggerated fear of embarrassment or humiliation in situations where you are exposed to the scrutiny of others or must perform" (p.5). This student is particularly concerned with how a basic speech class can help students overcome CA/PSA.

A survey of the literature indicates the following:

(1.) Public Speaking Apprehension/Anxiety [PSA] is experienced by virtually all students.

(2.) No one strategy is more effective than any other, although negative belief systems are the strongest predictor of PSA.

(3.) Most colleges and universities are not financially or practically able to offer students separate courses to manage their Communication Anxiety.

Teachers of public speaking are well aware of the challenge presented by their students' PSA, which ranges from mild anxiety to extreme apprehension provoked by the prospect of giving a speech. Teachers of fundamental public speaking courses also find particular significance in Bourne's inclusion in his definition of PSA the notation that it is "often accompanied by partial or total avoidance of the situation" (p. 5).

However, students cannot always avoid a public speaking course. Because the ability to communicate effectively is essential to personal, academic, and professional success, a fundamental public speaking course is often a requirement in the college curriculum.

In a national survey of fundamentals of public speaking courses, Robinson's observation (1997) still holds: the most common pedagogical method for treating CA/PSA in the classroom "is to rely on the textbook…but most of the information given in the textbooks is 'folk wisdom' or information that is rather common…[and] limited." (pp. 189-190).

Survey of the Literature

Before relatively recent advances in neurophysiology and neuropsychology that link biological predisposition and CA/PSA, "stage fright" was thought to be the result of social learning processes. The new "communibiological" perspective drew on previous works in personality theory, and connected psychological processes that depend on brain activity to traits of temperament such as CA and PSA. Various studies linked CA and PSA to inherited personality traits, such as temperament and intelligence. Other theories linked CA and PSA to a different physiological model, a system of behavioral inhibition (BIS) and behavioral activation (BAS), in which new stimuli and the perceived threat of punishment – such provoked by a public speaking situation - activate BIS, which is perceived by the person as anxiety. Those individuals with an inherited lower threshold for BIS stimulation experience greater CA/PSA. Other studies correlated different biologically-based psychological types, as described by psychoanalyst Carl Gunther Jung or the mother-daughter team Meyers-Briggs – to an individual's predisposition to experience anxiety when communicating.

Of course, if CA and PSA are physiological, inherited traits, the question is why treat a trait that is dictated by genetics? That question has led to further studies to examine whether or not strategies for overcoming CA/PSA can be effective despite any biological causes. Many researchers have found that these strategies can be effective, because of the following:

(1.) Environment still plays a role in communication anxiety.

(2.) When dealing with an individual's communication anxiety, it is impossible to determine the relative influence of genetics and environment.

(3.) Even physiologically-based anxiety is provoked by perceived threat of punishment (as a blow to self-esteem).

Most researchers agree that certain strategies - Systematic Desensitization (SD), Cognitive Therapies, and Skills Training (ST) – constitute the treatment of choice for CA and PSA. However, studies attempting to pinpoint which strategies work for one person and not another have been inconclusive. For this reason, most studies conclude that a "multidimensional" model is the most effective approach, particularly in a group, classroom setting.

The Study

All three approaches recommended by researchers into CA and PSA are incorporated in the treatment plan proposed by Cognitive Behavioral Therapy for overcoming any fear, anxiety, or phobia. These elements are also part of the "Overcoming the Fear and Loathing of Speaking Out in Public" program designed for use in basic level public speaking classes and being tested in this study.

Evidence gathered so far indicates that even in the limited time period of a single college semester, the "Fear and Loathing" program effectively lowers student fears of PSA/CA without requiring time taken from acquisition of content and skills by designating two weeks or so of the semester exclusively to overcoming "stage fright," as do other proposed programs. As noted earlier, the strategies in the "Fear and Loathing" program can be used to reinforce content and skills acquisition.

This study followed approximately one hundred (100) students enrolled in basic public speaking courses (Fundamentals of Speech, Spe. 100) at Borough of Manhattan Community College of the City University of New York. All students took a "Fear of "Speaking" self-assessment test in order to gauge their levels of PSA/CA at the beginning of the semester; they then retook the test at the end of the semester, after going through the "Overcoming Fear and Loathing of Speaking Out in Public" program. The scores were then compared and contrasted, and interpreted by this writer in an Excel spread sheet. Students were also asked to fill out an anonymous survey at the end of the course, in which they rated the effectiveness of each course element in helping them overcome SPA/CA. The self-assessment test scores and the effectiveness ratings of the course elements dedicated to helping students overcome "stage fright," indicate the "Fear and Loathing" course substantially lowers CA/SPA.

The "Overcoming the Fear and Loathing of Speaking Out in Public" Integrated Module

The "Fear and Loathing" course differs from other programs presented in past studies in that strategies build on each other and follow the order of a typical CBT therapeutic situation. CBT does not concern itself with determining deep, instigating

factors for a particular fear/phobia, including CA/SPA. Nor does a CBT practitioner take into account whether a fear/phobia such as CA/PSA is biologically based or the result of socially learned processes.

"CBT is based on the Cognitive Model of Emotional Response. Cognitive-behavioral therapy is based on the scientific fact that our *thoughts* cause our feelings and behaviors, not external things, like people, situations, and events. The benefit of this fact is that we can change the way we think to feel/act better even if the situation doesn't change."

National Association of Cognitive Behavioral Therapy (CBRT) at http://www.nacbt.org/whatiscbt.htm

The "Fear and Loathing" basic speech course components draws from CBT theory about the cause and effect relationship between thought, emotion, and behavior. According to CBT, all emotions, sensations, and feelings result from a thought or belief system that is habitual and probably non-conscious – that is, not registered by the person's conscious awareness, but not necessarily buried deep in that person's unconscious. So the first step in overcoming any fear, phobia, or negative behavior pattern is to help the person become aware of these automatic, negative, and habitual thought patterns, because they lead to negative emotions and, in turn, to reactive and negative behaviors (Lubetkin, Oumano, 1991, p.11). According to Antony (2004), the goals of cognitive therapy are to increase awareness of "beliefs, predictions, and assumptions" that cause negative emotions. Once recognized, these beliefs should be viewed not as factual but as "guesses or hypotheses…rather than as definite facts," then "tested" through controlled experiences that challenge their veracity. If these beliefs turn

out to be false – and they invariably do - they are replaced "with more realistic ways of thinking." (p. 28).

The N.A.C.B.T. Online Headquarters at http://www.nacbt.org/whatiscbt.htm offers a list of Cognitive Behavioral Therapy's defining characteristics and strategies. A read through that list suggests how readily the strategies of CBT can be transposed from a single therapist-single client setting into an instructor-class situation.

The "Fear and Loathing" program accomplishes its goal in the following ways:

- Students are guided through brainstorming and group discussion to awareness of the non-conscious, habitual, negative thoughts and belief systems that cause their fear. Students recognize that it is not *situation* of speaking in public that cause anxiety but their r *interpretations* of the situation. For example, "I'll forget what I wanted to say!"

- Once they've listed all their fears, they are ready for the second step, creating a five column Fear Buster Chart that they will revise throughout the semester.

    ✓ The first column lists the fears. For example, "I'll forget what I wanted to say.

    ✓ The second column lists thoughts *about* each fear. For example, "If I forget, I'll be laughed at the professor will fail me."

    ✓ The third column guides students in creating positive, accurate, counter-thoughts for each thought about the fears. For example, "I have note cards, and I prepared and practiced."

- ✓ The fourth column rates level of belief in each new replacement thought. (1=I don't believe it at all, 2=I believe it in my head but not my gut, 3=I believe it completely)

- ✓ The fifth final column lists experiences they will seek out in order to increase belief in the new thoughts. For example, "I can observe how professors and professional speakers forget what they want to say next, simply consult their notes, and move on without any mishap."

- Students learn and practice strategies for relaxation, including simple breathing and tension-release exercises to do at home or at their desks.

- Students participate in class in a group visualization/journaling experience, called "The Circle of Excellence." In this exercise, the class is asked to distinguish between perfection (an impossible and self-defeating ideal) and excellence (the best you can do). They then stand and join together at the center of the classroom inside an imaginary circle. While in the circle, they close their eyes and imagine situations in the past when they felt confident. They are then asked to transfer that feeling to imagining themselves delivering speeches in the classroom. In another part of the exercise, each student thinks of a public speaker whom he/she admires and enlists that person as a permanent speech coach. In between segments of the exercise, students are asked not to speak but to journal on the experience in silence.

- Systematic desensitization, in which repeated exposure to the feared object or experience reduces the level of fear - is a part of CBT, as well as the "Fear and

Loathing" program in that all students are require to deliver several presentations, at the same time they learn the skills that make for a successful presentation.

It is this study's assertion that positive visualizations and affirmations are ineffective if they are practiced *before* taking the other steps, that is, before:

(1) becoming aware of the negative thoughts/beliefs/visualizations that have been creating fear and anxiety

(2) creating and practicing the substitution of positive, accurate replacement thoughts

(3) learning how to induce a relaxation response that allows the person to invest a significant level of belief in the visualization or affirmation.

This is because negative, incorrect, and *non-conscious* thoughts are already in place, thereby preventing new, positive affirmations from taking hold.

Integration of the Overcoming Fear and Loathing Program

Throughout the semester, students are asked to bring their Fear Buster Charts for brief, in-class workshops supervised by the instructor. They are repeatedly encouraged to rework the Fear Buster Chart on an ongoing basis as their fear levels begin the change. Before class sessions involving student presentations, the class is led through a simple breathing exercise. They are reminded of the skills they want to demonstrate in their presentations and that they are working not for perfection, but for excellence.

Following each major speech, students are required to write a 2-page essay that assesses their experience preparing, practicing, and presenting his/her speech. They are asked to note which skills and strategies were used, what areas were successful,

what areas need improvement, and how they plan to improve those areas. In order to

insure compliance, the grade for the speech is withheld until the essay is handed in.

Finally, students are repeatedly reminded that all the strategies for overcoming

public speaking anxiety will not help, if they do not prepare and practice their

presentations sufficiently. In such cases, the unprepared student has every reason to

be afraid!!

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