

MARY WASHINGTON COLLEGE
PSYCHOLOGICAL SERVICES CENTER

"I Know I Can't Do This Speech...Is It Too Late To Drop The Class???"
Tips for the Petrified Student (and coaches, too!)

- *Public speaking anxiety is the number 1 fear among adults. Almost everyone experiences some anxiety when speaking...this is normal and can even be helpful, to a degree. But too much anxiety can interfere with education, career choices and even leisure activities if the response to anxiety symptoms is "avoidance."*
- *Anxiety symptoms occur when a person perceives a threat or a danger; it is the body's signal to do something. Mobilizing oneself in the face of danger helps us survive...but if we have many "false alarms" or if anxiety symptoms become too intense, we experience extreme discomfort and we may be less able to perform.*
- *Typical physical symptoms:
Racing heart, rapid breathing, trembling, shaky voice, dizziness, feeling faint, sweating, nausea, muscle tension*
- *Anxiety also happens in your head...negative predictions about one's performance, negative assessment of one's skills, predicting disastrous consequences of a less-than-perfect presentation, occur in the form of thoughts and images...many times these cognitions are distorted, unlikely, exaggerated or all of the above.*
- *Therapy (cognitive-behavioral therapy) addresses both physical arousal and unhelpful thinking patterns.*
- *Public speaking anxiety is evoked by many "different" situations:
Class presentations, class discussions, speaking at meetings, talking in a group, asking Qs in class, speaking with authority figures, social situations...and more.*
- *An in-depth individual assessment of anxiety triggers and the severity of the anxiety response is the key to successful intervention...and everyone is different.
Is this mild stage fright? Is this social anxiety disorder? Panic disorder?
Has the individual developed a long-standing pattern of avoidance?*

- Identify situational triggers and especially, thinking patterns that contribute to the anxiety spiral, with the goal of helping student challenge inaccurate beliefs. Examples:
 - nature/degree of situational risk
 - nature and degree of all types of “consequences”
 - self-perceptions

- Challenging beliefs is *not* (just) “positive thinking”. Sometimes anxiety provoking thoughts are accurate and need to be addressed in other ways: Example: accurate “belief” that one’s speaking skills are poor – coaching, use of rehearsal, videotaping, help with planning and delivery skills.

- *Relaxation training* is an important behavioral component of therapy. Anxiety and relaxation are incompatible! Focus on relaxation process also diverts attention from anxious thoughts and physical symptoms.

- *Exposure* to the feared situation is critical and can be planned in several ways. Avoidance reinforces itself and only leads to more avoidance.
 - Student and therapist develop a hierarchy of tasks and goals starting with “lower threat” situations and gradually working up to “higher threat” situations.
 - Situations can be real or role-played or otherwise set up to follow the steps. Examples:
 - asking a simple Q in class
 - volunteering a comment/answer in class
 - brief presentation in class as part of a group
 - brief solo presentation in class
 - solo presentation that is longer, persuasive v. factual, etc.
 - speaking to group outside class

- Emphasis is placed on using relaxation and new thinking patterns to cope with and manage anxiety in successive situations. Goal is *not* to fight symptoms or “just-get-it-over-with”!

- Anxiety management skills (PSC expertise) is coupled with whatever skills training might realistically be needed (Speaking Center expertise).

- *PSC*: We’re in Lee 100 and at x1053. We’re open M-F 8am – 5pm. Services are free/confidential but appointments are needed. We welcome consultation requests from students, faculty, staff, and student coaches.