Nervousness, ranging from slight edginess to full-blown panic, plagues large numbers of adults and students whenever they are required to give oral presentations. An examination of textbooks and other sources shows most explanations for nervousness are based on folklore and on unsubstantiated psychoanalytic theorizing. Many of the remedies which have been offered are ineffective and, in some instances, counterproductive. An examination of research from several fields provides new explanations for presenter nervousness and reveals new techniques for managing the discomfort.

Helping the Nervous Presenter: Research and Prescriptions

William T. Page
Pace University

FROM ALL REPORTS, IT IS COMMON to be nervous when addressing an audience. Butterflies in the stomach, sweaty palms, and rapid heart rate are only a few of the symptoms reported by adults making important stand-up presentations and by students in business communication courses.

If nervousness about presentations is a significant problem, then business communication teachers have a special obligation to help students cope with their feelings. To support teacher's efforts, textbooks should provide accurate information about the nature and causes of the problem as well as helpful instructions for self-management. However, an examination of business communication texts will reveal lists of remedies which are often inconsistent and often at odds with research findings.

Over the last twenty-five years, a large amount of research has increased our understanding of the nervous presenter and our knowledge of how the nervous presenter can be helped. Much of the information is scattered throughout journals in several disciplines and has never been synthesized. Thus, the purpose here is twofold: to review recent research on the nature and causes of presenter nervousness and to evaluate some of the many remedies which have been proposed. This article is directed not only to business communication teachers but also to presentation-skill trainers in business. The material should also interest anyone who works as a teacher or trainer, for the same problems that plague presenters often occur in any situation where oral communication is required, including class recitation and even everyday interaction.[1]

RESEARCH ON THE NATURE AND CAUSES OF PRESENTER NERVOUSNESS

Research dealing with presenter nervousness comes from three fields of inquiry. First, researchers in speech communication have examined its extent and causes. Further understanding of the problem can be gained from the

work of experimental psychologists who have studied personality and emotion. A third field, clinical psychology, provides important information about remedies for nervousness. In this review no effort is made to cover all the findings. Rather, I emphasize findings which have the largest amounts of corroborating evidence, which provide new insights, and which dispel erroneous but commonly held beliefs.

The most important recent findings are that presenter nervousness is both widespread and serious. According to surveys, between ten and twenty percent of college students and adults consider themselves to have significant difficulties.[2] One would expect similar percentages to apply in required business communication courses where there is substantial work in presentational speaking. In elective courses, the percentages will be lower since the most troubled students will not enroll, except for a few courageous ones who hope the course will reduce their nervousness.

How serious is the problem? In landmark studies Phillips[3] has shown that the problem is so severe that students will drop a required course even when it is the only course remaining for degree completion. To appreciate the nature and severity of the problem, it is essential to realize that there are two classes of presenters, the phobic and the normal.

In phobic cases the presenter will consistently miss class when presentations are due, drop the course, be unable to speak (to get words out), go blank during the presentation, and on rare occasions vomit or faint. About ten percent of college students are true phobics.[4] In management training programs conducted by the author, about one trainee in twenty has failed to finish the program, and substantially more have blocked and been unable to continue to speak either at the start or in the middle of a presentation. Phobic cases have been even more numerous among lower-level (nonexempt) personnel.

In contrast, normal presenters are often very uncomfortable, but their discomfort does not substantially impair their ability to deliver a message. For normals, the level of discomfort will fluctuate during a presentation and will also vary from one presentation to the next, but for phobics the discomfort level will remain high or increase.[5] Contrary to earlier research[6] (and to much common belief), nervousness does not necessarily subside with experience for either phobics or normals. Sometimes, fluctuations in situational stress seem to cause fluctuations in nervousness, but often nervousness varies for no apparent reason. In the vast majority of cases, presenters learn to tolerate their nervousness, not to cure it.

Since propositions which hold true for normals may be false for phobics (and vice versa), determining which group a presenter belongs to is obviously important. In making a determination, the best course is to take the presenter's word for how serious his or her problem is. The ability to judge nervousness

levels from external appearances is very poor.[7] Often, apparently composed presenters are on the verge of coming apart.

What causes the nervous presenter's discomfort? To answer the question, a more precise definition of *nervousness* is needed. The following discussion draws heavily on Izard's[8] Differential Emotions Theory.

According to Izard, humans experience ten primary emotions, i.e., emotions which can be felt in a pure state, independent of other emotions. Among the ten are fear, anger, interest, and joy. Izard, consistent with other emotion and personality scholars,[9] describes anxiety and depression as particular combinations of primary emotions.

From the Differential Emotions Theory perspective, the nervous presenter's experience can most accurately be called *fear.* The feelings are much the same as when one fears falling from a tall building or being bitten by a snake. While the average person may be unwilling to use the self-label "afraid," both physiological tests and personal reports of symptoms reflect reaction patterns that are hard to distinguish from reaction patterns evoked by fear of physical injury. Frequent symptoms include perspiring, shaking, stumbling over words, and reduced eye contact; but symptoms differ greatly from person to person. At a later point, this characterization of presenter nervousness as fear will be refined and expanded.

Of the many causal explanations which have been offered for presenter nervousness, only a few have merit.

Child rearing practices. Although some significant child rearing studies have been conducted,[10] too little is known to draw any strong conclusions.

Intrapsychic conflict. Working from psychoanalytic theory, Hollingworth[11] proposed that presenter nervousness is caused by a conflict between the desire to woo an audience and the fear of being unsuccessful at it. The notion that an intrapsychic conflict is necessary to produce phobic behavior was debunked when it was shown that phobias could be induced in laboratory settings which were free of conflict.[12]

Personality traits or predispositions. According to personality trait theorists, everyone has many internal predispositions which are partly learned, partly inherited. These internal predispositions cause or mediate responses to external stimuli. Thus, someone with an anxious predisposition (i.e., someone who is high in trait anxiety) is more likely to panic than someone who is by nature nonanxious.[13] Since the ability to predict behavior in specific situations from personality trait measures has been shown to be limited, personality trait explanations are now in serious question. If one wants to predict presenter nervousness levels on a particular occasion, drawing numbers from a hat will be almost as accurate as making predictions from personality test scores.[14]

A corollary proposition of the personality trait view is that normal and phobic presenters can be distinguished by using personality trait measures. One trait

measure which has been used extensively is the Personal Report of Communication Apprehension.[15] But the results from a test of that kind may be seriously misleading. In one recent study highly nervous individuals were shown to receive below-average nervousness scores.[16] On the other side of the scale, high scorers have often been excluded from clinical research programs when interviews have revealed that the high scorers were not truly troubled.[17] Despite problems inherent in trait instruments, work by McCroskey and his associates has produced some valuable data about the nervous presenter. For instance, the more nervous the presenter, the more likely it is that the person will also be nervous in one-to-one encounters and the more likely it is that the person will have general social skills deficits.[18]

Lack of self-confidence. According to a familiar nostrum, all the nervous presenter needs is self-confidence. How self-confidence is related to presenter nervousness is somewhat confusing, but a few facts are clear: When told how well they have done, skillful presenters are often surprised. Other skillful presenters suffer intensely no matter how well they do. Confident, previously successful presenters who have suddenly blocked during presentations are among the most frequent people to seek individual counseling. Finally, investigators studying the relationship between presenter nervousness and general self-confidence have reported low correlations.[19]

Irrational beliefs about achievement and about need for approval by others. One successful procedure for treating nervous presenters emphasizes eradicating beliefs that one must always excel and that one must always be admired or liked by others.[20] It could be argued that if such a treatment succeeds, then the treated person must have held the beliefs. Although the reasoning is specious, conversations with phobic presenters show that perfectionism and excessive need for approval do contribute to nervousness in many instances.

Modeling. Among the most convincing causal explanations is modeling. Essentially, modeling means that people acquire nervous behavior and feelings from seeing others act nervous under similar circumstances.[21] From watching others, presenters acquire the belief that nervousness is appropriate even if undesirable. There is clear evidence that phobic reactions can be developed in this fashion.[22] Recently, the writer counseled a borderline phobic, a university administrator who experienced near-panic attacks when giving convention presentations. The administrator effected a self-cure by teaching herself that she need not be nervous even if others were. Since she was never more than slightly nervous except when in the presence of other panicking individuals, modeling was a sensible and parsimonious explanation.

Emotional mislabeling. In the preceding discussion, nervousness was defined simply as fear. It is now time to expand the definition. Both research and counseling sessions with phobic presenters show that in some cases nervousness is caused by emotion mislabeling, i.e., experiencing one emotion

but labeling it a different emotion. In other cases, failing to recognize the role of emotions in addition to fear compounds the nervousness problem. How mislabeling functions will become clear as some actual instances of mislabeling are analyzed.

Case 1: The presenter experiences general autonomic arousal, but initially experiences no particular emotion. Since people usually feel compelled to label their feelings, and since people do not usually describe themselves as "automonically aroused," the arousal is labeled nervousness. In effect, the labeling has induced an emotional state that was not there before. Researchers have now established that people can be aroused without feeling any particular emotion[2,3]—to capture the feeling, merely run up a short flight of stairs for no particular reason. A related phenomenon: if a person is nervous about a presentation and has some additional cause of arousal (like too much coffee) and fails to note the additional cause, nervousness about the presentation will be increased.[24]

Case 2: The presenter experiences fear plus one or more other emotions. Frequently, the other emotion will be interest, either interest in the subject or interest in getting the message across to the audience. In these instances, the interest will be converted to fear if the presenter fails to acknowledge the interest component, but the fear will often diminish if the presenter recognizes the interest as interest. According to Differential Emotions Theory, anxiety is fear plus interest plus one or more other emotions, so the nervous presenter may have even more primary emotions to recognize and cope with.

Case 3: The presenter is naturally inclined to experience some emotion other than fear, but thinks that the other emotion is inappropriate and that fear is appropriate. One example is excessive enthusiasm about performing before an audience. Since it is less acceptable to admit that one wants to show off than to admit that one is nervous, enthusiasm is labeled nervousness which, in turn, converts enthusiasm to fear. The processes through which the emotion shifts take place have been outlined by Schachter.[25] A second example: Wilcox[26] has observed presenters whose mislabeled anger has turned into fear when the presenters have had to defend their superiors' proposals, proposals which the presenters themselves opposed. The writer believes this fear-for-anger substitution also takes place in management training sessions which the trainees are forced to attend against their will, or when trainees do not understand or accept the purpose of an intimidating assignment. In another fear-for-anger setting, the haughty presenter resents having to explain a subject to a dimwitted audience.

Case 4: The presenter claims to be nervous, but basically feels unworthy or undeserving. So far as one can make out from writings under the rubric of Rhetoritherapy,[27] this description fits some of the presenters called "speech

reticents." In workshops conducted by the author, one of every six students who signed up for a "nervous problem" would admit, after only a little probing, that they did not feel they had a right to address an audience, even in a public speaking class. When intense, the feelings of unworthiness suggest a pattern of depression, not nervousness. The key primary emotion seems to be embarrassment, or its more intense form, shame. Individuals with these feelings cannot accurately be called nervous, nor can they be helped with fear reduction techniques.[28]

The concept of emotion substitution is in dispute at this time.[29] Even so, there is clear evidence that emotion substitution sometimes occurs and that some nervous presenters can be helped by understanding how they are manipulating their feelings.

For most individuals, there is no single cause of presenter nervousness. Physiologically, the changes which presenters experience can best be called *stress reactions.* Perhaps surprising, the nature and magnitude of physiological changes are essentially the same for both normals and phobics.[30] But as this discussion has shown, the way presenters interpret their physiological changes is a major determinant of what primary emotions presenters feel. Cognitively, presenter nervousness can now be defined as (1) a fear reaction; (2) a mixed emotional reaction in which fear plays a part; (3) a quasi-fear or pseudo-fear reaction where fear is substituted for some other emotion.

Evaluation of Proposed Remedies

While research on the nature and causes of presenter nervousness may be hard to interpret, research on treatment procedures affords straightforward propositions about remedies that work and those that do not. There is only one source of confusion: contrary to what one might expect, remedies which work well for phobics often work much less well for normals. Where no mention is made of the effects of a remedy for normals or phobics, it may be assumed that no evidence exists about the effects of that remedy on that group.

Practice. Undoubtedly, practice is the most frequently cited remedy for nervousness. Practice helps develop skill, but its value for reducing nervousness is vastly overrated. Normal students regularly report inconsistencies between amount of practice and level of nervousness. In clinical research, evidence that practice reduces nervousness is equivocal.[31] For phobic presenters, mere practice strengthens the mental equation: presenting-equals-panicking.

Understanding the problem. A popular maxim is that one must understand why one has a problem before the problem can be solved. Understanding the problem may be helpful in cases of emotion substitution, but further evidence

of effectiveness is sparse. Only about fifty percent of phobic presenters are helped by psychotherapy directed toward understanding the causes of nervousness,[32] about the same percentage that would improve with no therapy at all.

Systematic desensitization. In this procedure the presenter first learns to achieve a state of deep relaxation. While in the relaxed state, threatening scenes related to presentations are imagined. In this way a new association, relaxing-presenting, is substituted for the old association, panicking-presenting. The new association carries over into actual situations. Systematic desensitization helps about ninety-five percent of phobic presenters.[33] However, two notes of caution are in order. In about five percent of phobic cases, the sufferers are also highly extroverted. For reasons not yet known, relaxation procedures fail to work for this group.[34] Also, a few phobics will panic as they learn to relax. This phenomenon is called, ironically, relaxation-induced anxiety.[35]

Rational Emotive Therapy. According to Ellis,[36] people experience unnecessary distress because they hold certain irrational beliefs. For nervous presenters, the most common irrational beliefs are assumed to be, "I must be liked and admired by everyone," and, "I must be good (or the best) at everything I do."

According to the theory, nervousness subsides when the sufferer has internalized that these beliefs are unrealistic and harmful. Recent efforts to show that neurotic individuals in fact hold to those beliefs have produced inconsistent results.[37] But the remedy seems powerful enough to work anyway and can be recommended in cases where systematic desensitization appears inappropriate. Sometimes Rational Emotive Therapy is combined with voluntary relaxation training. Called Cognitive Modification, the combination works as well as systematic desensitization and works faster than Rational Emotive Therapy alone.[38] The value of these techniques for normals is open to question.

Modeling. Just as reacting to nervous, unsuccessful models can cause nervousness, nervousness can be alleviated by observing successful, poised models.[39] Of all the techniques discussed here, this one is most easily adapted to classroom use. Students can watch videotapes of successful former students giving presentations like those the current students will be assigned. As a bonus, using videotapes in this way can have considerable instructional value. The nervousness-reducing value for normals is once more open to question.

Biofeedback training. Self-monitoring of physiology is extremely effective for phobics. The procedures are similar to those used in reducing high blood pressure.[40]

Chemotherapy. As a cure for presenter nervousness, the use of tranquilizers and other psychotropic drugs is debatable. The effects of the drugs often vary

from one occasion to another. Sometimes the drugs themselves induce fear-related symptoms like increased pulse, dry mouth, impaired vision, and reduced verbal fluency. On the other hand, a short-term cure for phobics can sometimes be provided with Inderol, a drug used commonly for high blood pressure. Inderol has worked effectively in treating stage fright among violinists and pianists and has proven effective for opera singers the writer knows. Obviously, any drug therapy requires consultation with a physician.

With appropriate treatment from professionals, phobic presenters can usually be helped significantly in a short time, often in as little as three weeks. For phobic students, teachers should keep a list of free or inexpensive sources of help. College counseling centers or psychological clinics are usually the best bets.

For normals, the outlook is bleaker. Despite all the claims made in texts and mass market books, no one truly knows how to reduce nervousness that is painful but not dysfunctional. Following is a list of recommendations for normals, recommendations that may also provide small increments of help for phobics. The goal of the recommendations is to maximize presenter control over the environment as much as is realistically possible. Even though these recommendations have been extrapolated from research findings, the usefulness will be inconsistent.

Control over the external environment. Reduce all possible sources of stress.

Prepare everything well in advance, including clothing and visual aids.

Reduce all other stressful obligations the day of the presentation as much as possible.

Allow ample travel time so there is no concern about being late.

Walk to the presentation site at a normal rate.

Avoid talking to other presenters about nervousness. Ignore others' nervous mannerisms.

Whenever possible, check out the presentation site in advance so there are no surprises like poor lighting, no lectern, no projector.

Control over the internal physical environment. Stabilize bodily processes as much as possible.

To prevent disorienting shifts in blood sugar level, eat protein about two hours before the presentation.

To control gastrointestinal symptoms, avoid greasy foods and any other hard-to-digest foods for twelve hours before the presentation. If prone to gastrointestinal symptoms, take an over-the-counter antacid.

Consume the usual amount of caffeine. More may cause overarousal; less may cause caffeine-withdrawal symptoms.

Take no drugs except those prescribed for regular use. Sometimes drugs interact synergistically with stress to cause fainting, blurring of vision, or heart pounding.

No alcohol, either, even if there is a cocktail party.

Control over internal mental environment. Avoid negative and other counterproductive thought patterns; think realistically.

Admit to yourself whatever you feel, but don't dwell on it.

Avoid self-pity. Say to yourself, "I'm nervous, so what?"

Avoid anticipating your nervousness level.

Accept that you can only improve as a presenter a little at a time; trying to rush it will only cause frustration.

Refuse to worry.

Convince yourself that it truly doesn't matter what others think of you.

Make yourself believe that a less-than-perfect presentation can still be very good.

Realize it's not the end of the world if you never become a great presenter—few succeed at the top level.

CONCLUSION

The material presented throughout this article has both practical and theoretical implications.

Practically, the material points to some important, if general, directives for anyone working with presenters: (1) Always assume that complaints about nervousness represent potentially serious problems, problems which may pose a threat to coursework or career success. Leave the ultimate determination of problem severity to a mental health professional. (2) Offer realistic assurance that nervousness problems are common and can be dealt with successfully in the long run, but avoid false promises about how nervousness automatically fades as a result of practice or experience. Teaching with these directives in mind sets up an environment where presenters are most likely to learn long-term strategies for coping with nervousness.

Theoretically, this discussion shows that normal and phobic presenters differ qualitatively, not quantitatively, but what the differences are remains mysterious. Until the differences are understood, helping normals will have to proceed more from intuition than from a knowledge base.

NOTES

1. William T. Page, "Development of a Test to Measure Anticipated Communicative Anxiety," (Ph.D. dissertation, University of Illinois, 1970).

2. James C. McCroskey, "Implementation of a Large-Scale Program of Systematic Desensitization for Communication Apprehension," *Speech Teacher,* 21 (Nov. 1972), 255-64.

3. Gerald M. Phillips, "Reticence," *Speech Monographs,* 35 (Mar. 1968), 35-49.

4. McCroskey.

5. Phillips.

6. Theodore Clevenger, Jr., "Synthesis of Experimental Research in Stage Fright," *Quarterly Journal of Speech,* 45 (Apr. 1959), 134-45.

7. Milton Dickens and William R. Parker, "Experimental Study of Certain Physiological, Introspective, and Rating Scale Techniques for the Measurement of Stage Fright," *Speech Monographs,* 18 (Nov. 1951), 251-59.

8. Carroll E. Izard, *Human Emotions* (New York: Plenum, 1977).

9. E.g., Raymond B. Cattell and Ivan H. Scheier, *Meaning and Measurement of Neuroticism and Anxiety* (New York: Ronald, 1961).

10. Allan Paivio and Wallace E. Lambert, "Measures and Correlates of Audience Anxiety," *Journal of Personality,* 27 (Jan. 1959), 1-17.

11. H. L. Hollingworth, *Psychology of the Audience* (New York: American Book, 1935).

12. Steffan Hygge and Arne Ohman, "Modeling Processes in the Acquisition of Fears," *Journal of Personality and Social Psychology,* 36 (Mar. 1978), 271-79.

13. Douglas H. Lamb, "Speech Anxiety," *Speech Monographs,* 39 (Mar. 1972), 62-67.

14. The argument supporting this assertion is developed in William T. Page, "Rhetoritherapy vs. Behavior Therapy," *Communication Education,* 29 (May 1980), 97-98.

15. James C. McCroskey, "Validity of the PRCA as an Index of Oral Communication Apprehension," *Communication Monographs,* 45 (Aug. 1978), 192-203.

16. Daniel A. Weinberger, Gary E. Schwartz, and Richard J. Davidson, "Low-Anxious, High-Anxious, and Repressive Coping Styles," *Journal of Abnormal Psychology,* 88 (Aug. 1979), 369-80.

17. Peter J. Lang, *et al.,* "Fear Behavior, Fear Imagery, and the Psychophysiology of Emotion," *Journal of Abnormal Psychology,* 92 (Aug. 1983), 276-306.

18. McCroskey, "Validity."

19. See discussion by Clevenger, p. 141.

20. Albert Ellis and Robert A. Harper, *New Guide to Rational Living* (Englewood Cliffs, NJ: Prentice-Hall, 1967).

21. Hygge and Ohman.

22. *Ibid.*

23. Rainer Reisenzein, "Schachter Theory of Emotion," *Psychological Bulletin,* 94 (Sept. 1983), 239-64.

24. *Ibid.*

25. Stanley Schachter and Jerome Singer, "Cognitive, Social, and Physiological Determinants of Emotional State," *Psychological Review,* 69 (Sept. 1962), 379-99.

26. Roger Wilcox, *Oral Reporting in Business and Industry* (Englewood Cliffs, NJ: Prentice Hall, 1967), 251-64.

27. Gerald M. Phillips, "Rhetoritherapy versus the Medical Model," *Communication Education,* 26 (Jan. 1977), 34-43.

28. F. Dudley McGlynn, *et al.,* "Effects of Cue-controlled Relaxation, a Credible Placebo Treatment, and No Treatment on Shyness among College Males," *Journal of Behavior Therapy and Experimental Psychiatry,* 12 (Dec. 1981), 299-306.

29. Reisenzein.

30. Lang, *et al.*

31. A. Robert Sherman, Anthony Mulac, and Michael J. McCann, "Synergistic Effect of Self-Relaxation and Rehearsal Feedback in the Treatment of Subjective and Behavioral Dimensions of Speech Anxiety," *Journal of Consulting and Clinical Psychology,* 42 (Nov. 1974), 819-27.

32. Gordon L. Paul, *Insight vs. Desensitization in Psychotherapy* (Stanford, CA: Stanford University Press, 1966), pp. 33-40.

33. *Ibid.*

34. J. Stoudenmire, "Effects of Muscle Relaxation Training on State and Trait Anxiety in Introverts and Extroverts," *Journal of Personality and Social Psychology,* 24 (Nov. 1972), 273-75.

35. Frederick J. Heide and T. D. Borkovec, "Relaxation-Induced Anxiety," *Journal of Consulting and Clinical Psychology,* 51 (Mar. 1983), 171-82.

36. Albert Ellis, *Reason and Emotion in Psychotherapy* (New York: Lyle Stuart, 1962).

37. David P. Himle, Bruce A. Thyer, and James Papsdorf, "Relationships Between Rational Beliefs and Anxiety," *Cognitive Therapy and Research,* 6 (Sept. 1982), 219-23.

38. M. Weissberg and Douglas Lamb, "Comparative Effects of Cognitive Modification, Systematic Desensitization, and Speech Preparation in the Reduction of Speech and General Anxiety," *Communication Monographs,* 44 (Mar. 1977), 27-36.

39. Cyril M. Franks and G. Terrence Wilson, "Systematic Desensitization, Flooding, Symbolic Modeling, Cognitive Restructuring, and Assertion Training," in *Annual Review of Behavior Therapy,* ed. Franks and Wilson, Vol. 4 (New York: Brunner/Mazel, 1976), 119-49.

40. Robert Gatchel and Janet D. Proctor, "Effectiveness of Voluntary Heart Rate Control in Reducing Speech Anxiety," *Journal of Consulting and Clinical Psychology,* 44 (June, 1976), 381-89.