Psychotherapy of Performance Anxiety

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Performance anxiety is ubiquitous among performing artists. When something occurs so regularly in a large population, it behooves us to define it carefully and to delineate when it is a normal phenomenon and when it is a symptom requiring treatment. Accordingly, before turning to a discussion of the psychotherapy of performance anxiety, I shall first define it, then discuss its understanding from three perspectives: that of the performer as an ordinary human being, that of the performer as a creative artist, and that of the performer as a performer.

The manifestations of performance anxiety can be many. Among the most commonly mentioned are palpitations, perspiration, dry mouth, shaky knees and hands, trembling voice, shortness of breath, dizziness, nausea, and bladder and rectal pressure. A given performer may suffer from only one or any number of these. Pablo Casals experienced strong anxiety with every performance up until his death at age 97. We would, however, be on shaky ground if we called his anxiety a symptom needing treatment, since it did not interfere with performing. Indeed, some anxiety is probably essential to performing excellence. The participation by the audience in the performer's mastery of his anxiety is part of what gives a live performance its "electric" quality. David Belasco once said, "I wouldn't give a nickel for an actor who isn't nervous."[1]

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Since almost all performers experience some aspects of performance anxiety, when do we deem these aspects normal and when do we deem them symptoms? The simplest distinction is: it becomes a symptom when it interferes with performing in an important way, although the distinction is not always clear-cut. While it is usually the performer who makes that distinction, it may, at times, be a critic. However, from the perspective of the psychotherapist, it is the performer's assessment that is the most crucial.

It is estimated that 80% of all people experience anxiety whenever they are called upon to make any appearance where the attention of a group of people is focused on them, be that a game of charades, a club meeting, a classroom, or a sales convention. Commonly called "stage fright," it is something most people get over with practice. The issues involved in ordinary stage fright are a significant part of performance anxiety.

All human beings have stresses, conflicts, problems, feared wishes, shame-laden fantasies, and guilt-laden impulses. Public exposure of these is threatening. In this sense performers are no different from the rest of us. The inevitability of psychic conflict as part of the human condition is not an issue to be elaborated here. But, just as it is an error to fail to recognize the unique aspects of being a performer, it is equally an error to underestimate how much of performance anxiety is rooted in ordinary human stage fright. The two dimensions of performance anxiety that distinguish it from stage fright—artistic creativity and being a performer—both serve primarily to heighten the anxiety. The unconscious issues underlying the anxiety are mostly the same for the performer and the non-performer and will be addressed in the discussion of performance anxiety.

Performers are artists. The psychology of artists is the subject of a large and ever-growing literature. It is also the subject of ongoing controversy. Relevant here are only those aspects that have specific bearing on performance anxiety. I shall limit my comments to three areas: the artist and the culture of his/her time, the artist and his/her parents and the artist and his/her genetic endowment.

The Artist as an Outsider

A creative artist is one whose work is new and original. We are all bound in our thinking by the cultures in which we live. The norms of that culture—its paradigms—are

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what is known and accepted by all.[2] Creativity requires going beyond those norms; thus an artist must be capable of stepping outside the accepted paradigm. Being an outsider inevitably carries a burden of vulnerability.[3] We are concerned here with the emotional vulnerability involved, although actual vulnerability occurs also. Socrates is the most famous example.

The anxiety of being an outsider is not to be underestimated. Indeed, a sense of belonging is essential for human psychic integrity. Some artists try to deal with this issue by thinking of themselves as belonging to some higher order. Others profess a fierce, reactive independence—a belonging only to themselves. Sometimes artists congregate in groups only to find that a group of outsiders is self-contradictory and that the relationships among group members are often fraught with conflict.

For many artists, the sense of being an outsider starts early in life, in relationship to parents. All parents have a set of expectations for their children, which, ideally, are flexible enough to encompass considerable variety in disposition, ability, etc. in their offspring. Such ordinary parenting is a difficult enough task by itself. It is a special parent indeed who can deal wisely with a five-year-old who is much smarter, more creative or more insightful than the parent. Many an artist as a child has perceived his parents' inability to fully comprehend him as a token of loss of their love. Indeed, some observers[4] believe that an underlying depression characterizes all artists and that the creative drive derives its power from the thought that through his creations the artist will once again receive the love he feels was lost.

Genetic Predisposition to Psychic Conflict

The question of whether or not there is a correlation between artistic ability and psychic instability on a genetic basis remains unsettled. Given the artist's vulnerability to developing psychic conflict (due to the issues in relation to parents and society discussed above), it is difficult to separate out their relative importance vis à vis genetic predisposition to psychological difficulties. One aspect of the creative process, however, does suggest that such a genetic predisposition does exist. A hallmark of creativity is the ability to maintain two contradictory ideas simultaneously.[5] Sustaining such a contradiction causes conflict. The natural human tendency is to resolve conflict as rapidly as possible, which entails resolution through a quickly available route. Only through being able to sustain the contradiction can an artist come upon a new, creative resolution. This same propensity for sustaining contradictions may, however, be fertile ground for the development of psychic conflict, e.g., the contradictory self-images of the manic-depressive or the split between realistic and unrealistic thinking of the schizophrenic. Similarly, I believe the discontinuity between gender identity and sexual orientation in homosexuals to be involved in their large representation in the world of art. Since time immemorial writers have suffered from writers' block. From a psychological perspective, writers' block is the equivalent of performance anxiety except that, since the writer's "show" does not have to go on immediately, the writer "blocks out" his anxiety and stops writing temporarily. The performer does not have that luxury. The audience is right there, inescapable. And it is from the performer's generally unconscious fantasies about his relationship to that audience that his anxieties originate.

Conscious Versus Unconscious Wishes

Oscar Wilde once said, "In this world there are only two tragedies. One is not getting what one wants and the other is getting it." Nothing is more devastating to a performing artist than not having the chance to be on stage and, as the pervasiveness of performance anxiety attests, nothing is more threatening than having that chance. In psychological jargon, Wilde is stating that behind every powerful conscious wish there is a powerful unconscious wish. Because the performer is on stage, with all eyes riveted upon him, the danger that the unconscious wish will be perceived is great. Sometimes the unconscious wish is the opposite of the conscious wish, e.g., the conscious wish is to be totally in control, the unconscious wish is not to have to control oneself at all. Sometimes the unconscious wish is closely related to the conscious wish, but has specific interpersonal meanings unacceptable to the conscious self-image, e.g., the wish for intense interaction with the audience may have the unconscious meaning of fusion with mother, or the wish to be the star may have the unconscious meaning of being favored by parents over other siblings. The unconscious fantasy itself is often multilayered and complex, and varies from individual to individual, depending on his or her personal history and psychological makeup.

Developmental Issues

There is a large literature about how developmental issues—from earliest infancy separation anxiety to oedipal conflicts and everything in-between—underlie the development of anxiety. Since all human beings struggle with these issues, it is inevitable that they will at times manifest themselves in performance anxiety. I shall focus here on four that are particularly likely to be important in a performing artist: specialness, exhibitionism, bodily issues and the role of play.

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Specialness. There is an implication that one is special when one is standing on stage in front of hundreds of people who have committed their time, attention and money to see and hear one perform. Specialness will evoke that reality, regardless of the emotional meaning of specialness in a given person: it may be the "good me" or the "clever me" or "mother or father's favorite child," etc. Talent often manifests itself at a very young age and so the gifted child is often treated as being special. His sense of worth may become attached to his talent. He may feel able to compete only in that area (and driven to be the best), while feeling inadequate in other areas. The conscious meaning of the specialness of being on stage may be intensely desired. When it becomes a reality, it carries the risk of exposure of its unconscious meaning.

Sir Lawrence Olivier described his "guilt complex due to an overblown claim to pride." He was aware of despising thoughts about the audience and used to stand behind the curtain before a performance muttering, "you bastards." Richard Burton had similar thoughts. For him the perfect audiences were "sheep." He was terrified lest he "lose the ability to command." Colleen Dewhurst had a wish for merger with the audience: "when it's going right the audience breathes with you." Burgess Meredith was more conscious of his ambivalence: "There's so much love around you can't stand it."

Exhibitionism. From the time of the expression of glee in the parent's eye when the toddler takes his first step, through the endless "mommy, look at me(s)" of childhood, pleasure in exhibiting one's prowess is a powerful drive. These early childhood meanings of being on stage can play important roles in performance anxiety. For many performers, however, it is the later sexual connotations of exhibitionism that are central. To many people, being on stage is like being naked in front of the audience. That the anxiety is about the childhood sexual meaning of performing, rather than the adult nakedness, was accurately described by a singer who had to appear unclothed in "O Calcutta." To her surprise, her anxiety decreased. As she stated, "they would be so busy looking at my breasts, they wouldn't notice the performance." Sometimes who is doing the looking is reversed. For Sybil Thorndike the audience was like a "Medusa's head."

Just as there is an element of exhibitionism in performers, there is an element of voyeurism in audiences. This is perhaps most overt in audience reactions to movie actors. We attribute pervasive sexuality to them and they often meet our expectations through much sexual acting-out. We seem not only to tolerate this in them but actually to encourage sexual behavior outside social norms, e.g., Zsa Zsa Gabor and Elizabeth Taylor's serial marriages or Liberace's blatant homosexuality.

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Bodily Issues. Besides sexual exhibitionism the other bodily issues of childhood often play a prominent role in performance anxiety. Traditionally categorized as oral, anal, urethral and genital, these issues are important in all people. They play a heightened role in performance anxiety because the body is the performer's instrument and so he is constantly acutely aware of it. Just as it is integral to the performance, so there is the constant danger that through the body's action the unconscious fantasies will be revealed.

I have chosen a few comments by prominent performers as examples. Eleanor Duse's orality came through clearly in reaction to an unresponsive audience: "I am too sick with disgust for so coarse, so vulgar an audience. . . .there's a bitter taste in my mouth." That same unresponsive audience left George C. Scott "disgusted and revolted." On the anal level, Maureen Stapleton was "scared that something is going to fall down or there is going to be an explosion" and Cornelia Otis-Skinner thought she "might suddenly go mad and goose the leading man" while, before going on stage, Blythe Danner would mutter to herself "go out and maim them." George C. Scott also perceived his acting on a genital level, "You sell your nerve fibers for money. It's as bad as hustling. There are high class hustlers and $4 hustlers." Burgess Meredith was explicitly oedipal, "The audience is the dragon to be slain, the woman to be raped."

The Role of Play. Actors perform in plays. Musicians play their instruments. But performers are never just "playing." What they are doing is their life's work. True play has no reality consequences,[6] and it is only because it has no reality consequences that we can allow ourselves the freedom that makes playing pleasurable and relaxing. For the performer every stage appearance has reality consequences, and more intensely so than in any other line of work for, as the saying has it, "You are only as good as your last performance." Yet the performer is expected to be free and expressive. The inherent contradiction between that requirement and the ever-present reality consequences is a built-in source of anxiety.

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True play always has rules and boundaries, which are essential or freedom of expression would be threatening. For the performer these rules and boundaries are contained within the text—be that the script, the music or the choreography. Indeed, George Szell stated, "The only antidote to anxiety is the text." Yet the inherent contradiction in being a performer remains. Close adherence to the text is part of the discipline of his craft. But, if that is all he does, he is only a technician, not an artist. He must go beyond the text and, therefore, must be able to live with performance anxiety.

Treatment of Performance Anxiety: A Case History

Mr. X, a 29-year-old, white, single baritone came to see me about his performance anxiety. Mostly, he experienced the anxiety in his chest, but he also was concerned about shaky hands and quavering voice. The symptoms had been present for many years, there was no recent change. He was worried, however, lest they now interfere with his promising career. Although not the reason for his seeking help, he was also concerned about his not being married and his cool, albeit friendly, relationship with his parents.

My initial assessment was that of a moderately well-adjusted man with no major underlying psychopathology, but with neurotic difficulties with success and intimacy. We agreed to meet on a twice-a-week basis, aware that his out-of-town engagements would interfere with consistent, regularly scheduled appointments. This proved to be an obstacle in treatment, but not an insurmountable one. The history I learned at that time was unremarkable. Born in Chicago, from grammar school on he lived in the suburbs. His father was an accountant, his mother a school teacher. He was the only child. His musical talents were encouraged from an early age. He was aware that, although he had always been popular with schoolmates, he rarely had close friends. Indeed, the cool but friendly style that he recognized as a problem in relation to his parents characterized all his relationships. It clearly was part of why his relationships with women never deepened. It also characterized our initial sessions together.

For several months, he was open and forthcoming in our sessions, interested in exploring issues as they came up, but not much seemed to be happening. The first significant nodal point in his treatment came when his girl friend of eight months broke up with him. It was a repeat of a pattern that had happened with his previous relationships. As a relationship progressed and became more intimate, he became more critical and eventually provoked the woman to leave. What we learned for the first time was that with each of these break-ups he would go on a two- or three-day drinking binge. This was particularly notable since alcohol normally played no significant role in his life. Exploration of this issue brought a flood of intensely emotional memories.

During the first five years of his life, his father had been a heavy drinker. When he was five, his mother threatened to leave if father did not stop drinking. The father joined Alcoholics Anonymous and has remained abstinent since. The move from Chicago to the suburbs when he was six was possible because, for the first time, his father became successful in his work. At the time of the family crisis, the father's drinking had become heavy and he had been very difficult to live with. These memories became the focus of our work for a number of months. One day, he returned from an out-of-town engagement with the first insight into his performance anxiety. He had been singing a part written for a bass-baritone and became aware that the shaking hands and quavering voice occurred only in the lower range of his voice and were related to his highly ambivalent identification with his alcoholic father.

His next solo engagement came several weeks later. I was perplexed and he was dismayed that his anxiety had increased. We had not anticipated this consequence of our work. Fortunately, he was by this time committed to his treatment and we proceeded to explore this seemingly paradoxical outcome. During the performance he had noticed that, although the anxiety experienced in his chest was more intense, the shakiness of hands and voice had disappeared almost entirely. The ambivalent identification with his father as alcoholic was no longer the issue. Indeed, painful as that identification was, it served at the same time as a protection against another self-image—an earlier, intense closeness to his mother. Although in later years his father had been very supportive of his musical career, in early childhood it had been his mother who had encouraged him. As his father's drinking increased, the bond between mother and son became even closer. She clearly found solace for the pain of her marriage in her son's talent.

As a child he had found all this attention from his mother very gratifying, but also laden with much shame. Because both his early years and the years since his father had stopped drinking had been relatively stable, his conflict over the pleasure of exhibiting his prowess to his mother did not pervade his personality. When he was called upon to be a solo performer, however, the conflict threatened to break through to consciousness.

As we explored the many ramifications of this aspect of himself, Mr. X's performance anxiety began to decrease. A few months later he was offered a contract with a European opera company and treatment had to be terminated. It was clear at that time that his inability to form a long-term relationship with a woman was related to the issues behind his performance anxiety. Whether or not we had worked through enough of these issues to enable him to get married I do not know. The treatment had certainly freed him to pursue his career.

For Mr. X, exploratory psychotherapy was clearly the treatment of choice. This is not necessarily always the case. Besides the issue of the severity of the performance anxiety mentioned earlier, a second issue needs careful evaluation prior to deciding on a treatment plan—namely, the role that the symptom and the issues behind the symptom play in the total personality structure. In Mr. X's case the symptom was not particularly severe. However, it had important implications for other areas of his life, particularly his capacity for intimacy. Whenever there are important ramifications throughout the personality structure of the issues underlying the symptom, it would be a disservice to the patient to treat only the symptom. An analogy from general medical practice would be to treat only the boil but neglect the underlying diabetes.

Discussion

If the symptom is relatively isolated and there are minimal ramifications in the rest of the personality, a behavior modification approach to the symptom may be appropriate. This

would be particularly so if the individual is one with very limited capacity for insight. I believe that this is very rarely the case in performing artists and have not seen such a person in my own clinical practice.

The opposite situation presents a different clinical problem. When the underlying personality organization is fragile, the symptom may in effect be the tip of the iceberg. Indeed, in some cases, it may be the symptom that is holding the personality structure together. For example, if there is an underlying psychotic grandiosity that is threatening to overwhelm the ego, successful performance might jeopardize the fragile hold on reality. The inability to perform, the symptom, is then an essential defense against a psychotic decompensation. In such a situation, an extended period of supportive psychotherapy as well as medication management may be necessary before any approach to the symptom should be made.

Beside the self-protective function, as in the situation just discussed, the symptom may also reflect a wish to fail. Lawrence Olivier's awareness of his guilt because of overblown pride illustrates this dynamic. The need to alleviate the guilt via self-punishment results in a wish to fail. The wish to fail plays a part in almost all performance anxiety. Sometimes it is only a small aspect. Sometimes it is very central. When it is so central, treatment can become a very difficult process. While consciously the patient wants to be free of his symptom and succeed professionally, unconsciously he has a wish to fail and therefore a need to hang on to the symptom.

The role of unconscious guilt about performance success is of importance to any physician treating medical problems of performing artists. When a singer has throat problems, a pianist hand problems, or a dancer leg problems, unconscious guilt can lead them to experience their illness as a form of punishment. Sometimes this can result in a denial of symptoms—as in a dancer who "dances through the pain" until a serious disability develops. Sometimes it can lead to an inability to give up the symptoms—as in the pianist in whom all vestiges of tendinitis have disappeared but the pain persists. The guilt may be totally unconscious but unless the physician appreciates its role, he may have difficulty understanding the patient's failure to improve.

As with any patient, the role of reality stresses must be carefully evaluated. In the performing artist some of the common ones are competitive pressures, schedule pressures, financial pressures, strenuous physical demands and the unique power over the performing artist exercised by directors and conductors. Because of their power over artists' lives, directors and conductors are likely to stir powerful reactions in performers.

Similarly, physical illness that interferes with the ability to perform will arouse powerful reactions. Those reactions will vary from individual to individual depending on his/her personality structure and the unconscious meaning of performing, in all the ways that have been discussed from the perspective of the understanding of performance anxiety. The broad topic of psychological reactions to physical illness in performers is beyond the scope of this presentation. It would need to include not only the issues mentioned today but also the psychology of physical illness and its implications for rehabilitation medicine.

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Referral

Finally, I want to discuss briefly the question of referral of the performing artist by the general physician to the psychiatrist: under what circumstances to refer, when to refer, and how to refer. There are no easy guidelines to follow in addressing these questions. Clearly if the performance anxiety is of a crippling nature, or if there is an obvious underlying psychotic personality structure, referral is indicated. In most cases the issue is not so clear-cut. The performance anxiety will be distressing but not disabling; the personality structure will involve areas of disturbance, but not of psychotic proportions. The physician will want to assess whether the symptom is relatively isolated or if it is intimately related to problems throughout the personality structure. These issues are not much different for the referring physician with regard to performing artists than with his other patients. Similarly, the question of when to refer will depend, as with all patients, on the nature of the patient's relationship with the physician. Has the patient developed enough trust in the physician to be likely to accept a referral?

The question of how to refer, however, has one aspect unique to the performing artist. Artists may have a fear that psychiatric treatment will diminish their artistic potential. Fear of psychiatric treatment is, of course, very common. We are all afraid of what is in our unconscious. For most of us, so long as our unconscious is not actively troubling us, we are content to leave it alone. The artist, however, recognizes that access to his unconscious is an integral part of his work and, because performing is often connected with powerful unconscious wishes, may fear that treatment will diminish him as an artist. The reality is the other way around. Adequate psychiatric treatment, by increasing the strength of the conscious and the ego via à vis the unconscious and the id, will increase the artist's ability to choose access to his unconscious. Indeed, I have never heard of a case in which adequate treatment of an artist diminished his creative potential. The opposite—loss of potential because of untreated psychiatric disturbance—is well known. How many great operas might we have if Rossini's inability to mourn his mother had been adequately treated, instead of resulting in lifelong crippling hypochondriasis?

Not that inadequate treatment might not lead to an undesired result. Had Mr. X interrupted his treatment at the point in time when his anxiety increased, the treatment would have a poor outcome. But that would have constituted inadequate treatment, and a poor outcome from in-

adequate treatment is no different in psychiatry than in any other branch of medicine.

If the physician is in doubt about whether a referral is indicated or about how to prepare the patient for a referral, he/she may want to discuss these issues with a psychiatric colleague. In addition, the physician may want to discuss the management of the patient without referral.

The question of referral may not arise unless management of the performance anxiety by the physician has not produced the desired result. Such a trial of treating the performance anxiety primarily through medication management (e.g., beta blockers) may at times be the preferred plan. Of course, there is nothing to contraindicate concurrent medication management and psychotherapy. The general physician may wish to continue the medication management after the referral, or the psychiatrist may handle both aspects. Both ways can work well, depending on the preferences of the two physicians involved.

As interest in the special aspects of the medical problems of performing aritsts increases, the referring physician should, increasingly, have less difficulty in finding a psychiatrist with experience and skill in treating these patients.

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