

A Psychoanalytic View of Performance Anxiety*

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The understanding and treatment of performance anxiety belong to many aspects of medicine, psychiatry, psychology, physiology, and music pedagogy—perhaps other disciplines as well. The psychoanalyst's chief contribution rests on his interest in conceptualizing the unconscious meaning of the performance situation to the performer. For analysts, "unconscious" refers to hypothesized mental activity occurring outside of conscious awareness. If a lover "forgets" a luncheon date with a loved one, the loved one—indeed all the world—correctly understands that there must have been inner conflict about the luncheon date, and no amount of protesting one's honest conscious intent on the part of the lover will avail. It is in this sense that I am using the concepts of unconscious mental activity and unconscious conflict.

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To the analyst, some degree of performance anxiety must be considered normal and well-nigh universal. Only when anxiety is so great as to have clinical consequences does one need to trouble oneself to think in terms of the unconscious meaning of performing to the performer.

Expressions of Anxiety

After panic itself, the most important expressions of anxiety where this becomes an issue are obsessional rumination, blocking, and depersonalization. "Some degree of ruminating, for example, for days or weeks prior to a performance is normal: ruminating that illness will prevent one's performance, that no one will show, that one will fail in the most humiliating way, that the audience will respond malevolently, and so on."* Only when ruminating so takes over one's inner life that there is no room for everyday living should one regard it as a clinical issue. The same approach holds if one regularly experiences at the beginning of, or momentarily during, a performance, some degree of blocking, here understood as the sudden loss of one's capacity to express oneself. Some blocking, momentarily restrictive, is normal; a great deal, choking one's performance, becomes a clinical issue. The same applies to depersonalization, here understood as a subjective "sense of split between one's observing and one's performing self, one's observing self perceiving one's performing self as off at a distance, operating lifelessly and mechanically."³

Causes of Anxiety

From a traditional psychoanalytic standpoint, anxiety occurs because the performance situation stirs uncon-

scious desires which are conflicting. Put a little differently, the performance situation stirs persisting desires from childhood which, if fulfilled in current life, one is convinced will bring about some other situation of which one is afraid—all of this occurring essentially outside of conscious awareness. Blocking and depersonalization, then, are unconscious efforts at protecting oneself, as though singing out or playing out would place one in an unconsciously anticipated situation of danger. Among the elements of the current situation which are unconsciously charged, "the role of the audience is especially noteworthy, because of the universal propensity of performers to experience an audience as though it were a person from childhood, real or imagined." [Paraphrased from Gabbard, 1983.]

Clinical work with musicians who present with severe performance anxiety invariably reveals the anxiety to be complexly determined. Any attempt, therefore, to point to one or another consideration as though performance anxiety reduces to it inevitably violates the intricacy of real-life. Nonetheless, I shall proceed to do something like that, but as a heuristic: I shall present four clinical examples, imaginary reconstructions, greatly oversimplified, as a way of introducing and highlighting four different, universally occurring dynamic issues. [These clinical examples are taken from my original paper (Weisblatt, 1985).]

Hypothetical Situations

1. An unusually gifted 19-year-old violinist suffered from severe performance anxiety. The patient was the second of three children. His father, a successful attorney, was so absorbed in himself as to be relatively unavailable to the boy while the boy was growing up; what little the father had to give

* Paraphrased from Gabbard, 1983.

went to the older son, who was like the father, and to the younger daughter, who adored the father. The patient's mother, moderately unresponsive during the boy's infancy and toddler years, turned away from him even more when he began to assert his boyishness and independence. An awkward, shy youngster, he had difficulty making friends and connecting with his peers all through grade school and high school.

At 19, when he came for analysis, he suffered on the surface from low self-esteem. Beneath the surface, however, it gradually became clear that he had reacted to the rebuffs of his childhood with a conviction of great specialness, a kind of childhood grandiosity, for which his musical talent could be seen as providing an opportunity for fulfillment. The childhood fantasy, familiar enough, was that he would become a great violinist and evoke in his audience, as though it were a person, all the adoration the circumstances of his life had seemed to deny him.

The performance situation dramatized three aspects of himself: (1) a *customary conscious self*, shy and excessively modest; (2) partly conscious, partly unconscious, a *mature appraising self*, confidently aware that he was talented and accomplished; (3) in response to the performance situation experienced as unconscious temptation, a more childlike, now unconscious, *grandiose self*. The grandiosity in this situation was an unconscious burden, causing him to be anxious because he realistically knew he was unlikely to be as great as his childhood fantasy demanded; driven to performance because of his craving for adoration, he had constantly to fear he would humiliate himself by falling short of the imperious demands of a child's fantasy, now largely unconscious, but nonetheless dynamically alive.

2. Imagine a second situation: the same youngster, but with a different father. This father was devoted to the boy, and the boy idolized him until, when the boy was six, the father became profoundly depressed and withdrew, causing the boy to experience an abrupt de-idealization. From being everything to him, the father became nothing. The legacy of the early (prior to six) years was that the boy located strength and fantasied greatness not in himself but in fathers. As a youth growing up, all hope for himself, as it

were, rested in establishing and sustaining a tie to the right father. It is in this situation that the music teacher becomes most idealizable. Now it is not the audience that is central to the boy's anxiety, but the boy's relation to his teacher. Mature awareness is burdened by the anxiety generated by a child's expectation of what an ideal father might demand. Only in part influenced by the actual reality of the teacher, the youngster's continuing need keeps a distorted image of the teacher eternally alive as a presence within, even in the absence of, the actual physical presence of the teacher.

3. Consider a third hypothetical situation: the same young man with yet a different father—not indifferent, not idealized, but rather a father whose underlying relation with his son is a hostile, competitive one. In this situation the unconscious meaning of performing for an audience is that of revenge, of competitive triumph over the father. The performer wants to dazzle his audience, to stun them with his virtuosity, to overwhelm them so that they feel childlike and envious in relation to him as he once felt in relation to his father. Because the unconscious prospect of triumph evokes an unconscious reaction of guilt or fear of retaliation, the very prospect of success necessarily carries with it anxiety. The performer either spares himself anxiety through inhibiting himself or pays a price for triumph through suffering through the performance. It is in this situation that fantasies of disaster most often accompany the anticipation of performing, as though fate or destiny might actualize the father's retaliation.

4. In a fourth hypothetical situation, the relation to the father is less important to the boy, the relation to the mother more so. Consider a boy whose mother doted on him when he was compliant and withdrew from him when he asserted his individuality. If such a mother has her heart set on a nonmusical career for her son, successful performance will unconsciously

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constitute an act of self-assertion and thus generate anxiety. Playing well or playing badly, unconsciously in fantasy he will lose something; playing well he loses his mother; playing badly to appease his mother, he loses himself.

Analysis as Treatment

Analysts tend to think of analysis in three different, though related, ways: (1) as a psychologic theory, a body of assumptions and hypotheses about how the mind works; (2) as a technique of investigation of a given individual through the process of a psychoanalysis itself; and (3) as a mode of treatment. Thus far, I've been concerned with the first, theory as it relates to performance anxiety. I shall now turn to the third, analysis as treatment.

Though there is substantive disagreement among analysts as to what constitutes psychoanalysis and how it differs from other forms of psychotherapy, I suggest that analysis can usefully be thought of as a treatment experience in which a patient, by means of an interpersonal interaction with his analyst, experiences evolving intrapsychic change through engaging those past issues of inner lack and inner conflict which importantly affect the patient's current life. Traditionally analysis makes use of the couch, the analyst's relative anonymity, frequent sessions, and open-endedness to promote regressive depth—the emergence of irrationality that matters, so that it can be understood and worked out through ongoing understanding of the patient-analyst relationship itself. I shall now try to give these concepts life by returning to the four clinical examples outlined and suggesting how analysis as treatment might relate to them.

In the first clinical example, unconscious grandiosity, one would expect that the young violinist in analysis would gradually experience feelings toward his analyst that would condense those evoked by the analyst as he actually is, those derived from the person he would like the analyst to be, and those derived from how he remembers having experienced his father. With time, one would expect a revival of his childhood longings to be special and to be adored. One would further expect these wishes to become the central driving interest of his life, but this time to be special and to be adored as a patient, not as a violinist. With this,

his violin performing would become easier and less charged because the analyst has assumed for him the role the audience had previously played, performance anxiety now centering on analytic performance, where it can be worked with.

The longings for specialness and adoration will become increasingly frustrated, partly because the analyst sees his role as that of empathically understanding and interpreting rather than fulfilling wishes, and partly because the extravagance of childhood demand is intrinsically unfulfillable as re-experienced in later life. As this frustration intensifies, the analyst is seen less as he actually is, less as the person the patient would like him to be, and more as though he actually were the frustrating father of childhood. The patient can be expected to re-experience the hurt, the despair, and the rage that played such a role in his turning to the violin and to fantasies of greatness in the first place.

The patient's experiencing of negative feelings and his integrated understanding of these connections are crucial for an analytic result—not because the expression of anger itself is therapeutic (it may or may not be)—but because resentment is a reliable marker and thus point of entree for the whole nexus of emotionally important inner experience that results in it. The rationale for analytic neutrality follows from these considerations; if the analyst is too giving, the patient is less likely to make sufficiently full contact with the hurting, despairing, resentful side of himself; if the analyst is not giving or responsive enough, the patient simply repeats the past, re-traumatized to no avail.

Similar considerations play a role in thinking about analysis in connection with our other three clinical examples. In the case of idealization, for instance, the analyst would permit himself to be idealized, expecting some shift of emotional investment from the music teacher to himself. He would do so expecting that the inevitable small-scale experiences of de-idealization, times when the patient was convinced the analyst had failed him, if pursued by the analyst, would gradually provide access to the feelings connected with the original traumatic de-idealization. This incremental reliving of the original hurt, despair, rage, and anxiety

permits the emergence of material, expressed either as remembered or as current experience, which helps one understand the crucial issue of why there had been the need for so much idealization to begin with.

With the third example, the wish to triumph and the fear of retaliation, again one would hope in analysis to shift the competitive arena to the analytic relationship itself, again the analyst unconsciously assuming the function the audience had previously served, so as to gain access to all that was behind the original connecting of destructiveness to competition and of both to musical performance.

With the fourth example, anxiety evoked by performance as self-assertion, one would expect long periods in which the analyst, male or female, would be experienced as the mother of childhood. Especially relevant in this context would be the patient's reactions to naturally occurring analytic separations, such as the weekend interruption, vacation breaks, and unanticipated illness, for understanding the specifics of the patient's vulnerability to separation. At the same time one would pay particular attention to conflict around self-assertion in the analytic relationship in order to gain access to understanding the patient's fear of individuation, so that he can ultimately achieve a stable enough sense of self to risk more fully being himself.

With these patients it is often the case that persisting toddler, pre-school, and early school age rage and destructive fantasy toward the mother has made it impossible to become sufficiently separate and individual for fear that doing so would destroy her, at a time when one, as a child, is terrified by the prospect of doing without her. By providing a treatment context in which the rage can be re-experienced, understood, and ultimately diminished as a force in one's life, analysis helps one be free to perform musically less encumbered by such deep anxiety.

Music Teaching Viewed Psychoanalytically

I would like to relate this brief sketch of analysis as treatment to other forms of psychotherapy, so as to be in a position to discuss music teaching viewed psychoanalytically. Analysts tend to think of all psychotherapy as either an-

alytic or supportive. Conventionally, the distinction is made largely in terms of the treatment relationship, the experiencing of the resentful side of oneself, and one's attitude toward the persisting unconscious role of the therapist after the treatment. In analysis itself, and in analytically-oriented face-to-face psychotherapy, there is usually an effort to focus explicitly on the patient-therapist relationship as the most valuable locus of therapeutic work. In supportive work, by contrast, explicit work with the relationship is generally deliberately avoided, the relationship being in the service of focusing on the patient's extra-treatment life.

In analysis, though this is somewhat controversial, there is generally an attempt to uncover and permit the expansion of anger and resentment so as to be worked with within the relationship, as I've just emphasized. In supportive therapy one deliberately accepts these as unworkable, given the nature of the patient or the context of the therapy, and attempts to shore up defense by putting the accent on the positive. In analysis, though again this is controversial, there is generally so much valuing of the patient's ultimate independence that the termination phase of analysis involves a sustained effort to help the patient face post-analytic life with as minimal continuing unconscious presence of the analyst as possible. In supportive work, it is just the opposite: one encourages the patient's continuing reliance on the therapist as both an internal presence and an externally available force in the patient's life.

There is a difference of opinion among analysts regarding psychoanalytically-oriented psychotherapy, usually—but not always—less frequent, less intense, face-to-face, and less long-term. Most analysts regard analysis itself as qualitatively different from analytically-oriented psychotherapy, the latter viewed as being often analytic in intent, but in actuality an amalgam of analysis and support. I say this descriptively and not pejoratively; much analytically-oriented therapy is done by analysts who generally believe that analysis as treatment is not for everyone, and that each treatment—supportive, analytically-oriented, and analytic—can be, given the particulars of a patient, the treatment of choice.

Music students know how powerful

the influence of their teachers may be—going beyond music per se—with regard to their feelings about themselves and their lives. Though not formally psychotherapeutic, the influence of music teaching can be, to some extent, understood psychoanalytically in terms of the framework I have outlined. Essentially supportive in nature, music teaching has an important feature that distinguishes it from both supportive therapy and analysis: the fact that the emotionally charged arena of conflict, musical performance, is continuously the center of interaction between teacher and student and not displaced to a formal therapeutic relationship gives music teaching special therapeutic potential. [This discussion is taken from my original paper (Weisblatt, 1985).]

In our initial clinical example of unconscious grandiosity, if the music teacher is capable of responding intuitively and spontaneously, he is in a position to provide some of the realistic, involved responsiveness the student failed to get from his parents. The genuineness of the teacher's involvement helps the student consolidate healthy self-regard; sensitivity to the student's fear of humiliation helps the student expose some of his unconscious grandiosity; once exposed, the teach-

er's taking the student's dreams seriously without reinforcing grandiosity often helps the student let go of childhood extravagance in favor of more realistic fulfillment.

In the second clinical example, that of idealization, if the music teacher can accept and use the position he is placed in, he can affect a gradual de-idealization by promoting over time the student's reliance on the student's own internalized musical and technical values. As the student's own inner values consolidate, his need to idealize another necessarily diminishes.

In the third example, the wish to triumph with fear of retaliation, a teacher can help by not responding aggressively to the student's provocative competitiveness. By not meeting aggression with counter-aggression, he helps the student modify both the aggression and the reactive fear of retaliation. As the teaching situation becomes more conflict-free and thus safer, all musical situations, including performance, do also.

In the fourth example, in which the student's fear is that asserting his individuality will lead to abandonment by someone he depends on, the teacher helps each time he is not angered and does not withdraw in response to each

act of self-assertion and individuality on the part of the student. Since all of us are so universally sensitive to and resentful of being "treated" in non-treatment situations such as the teaching situation, the kinds of teaching responses I've described can succeed only if they are genuinely spontaneous. I am, therefore, not prescribing them, but rather suggesting a way of conceptualizing them and thus how it is that music teaching can be so profoundly influential.

Faced with severe performance anxiety, what does one do with oneself if one is a performer, one's student if one is a music teacher, one's patient if one is a physician? I have tried to provide a psychoanalytic dimension to add to one's thinking about one's choices.

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