

TRANSFORMING PERFORMANCE
ANXIETY TREATMENT

Using Cognitive Hypnotherapy and EMDR

ELIZABETH BROOKER

For all my patients who have suffered from performance anxiety

They have inspired me to tell their stories

Preface

The main focus of this book is on anxiety experienced in different social environments, in particular in the performance arena. It has been written to help those individuals who suffer from performance anxiety by drawing attention to therapies that have been scientifically proven to be very effective for alleviating this condition. The reader is introduced to a therapeutic approach that focuses on the unconscious mind and to the psychological aspects that underlie and heighten anxiety.

Performance anxiety in any domain can be a crippling experience, causing mental anguish as well as uncomfortable physical symptoms of anxiety which can impair performance. It is non-discriminatory affecting both amateur and professional performers alike, at any age or level of expertise, and in the worst case scenario it can lead to individuals abandoning promising careers in their chosen field.

Over the last three to four decades a large amount of research and money has been directed into alleviating performance anxiety, and yet the problem still exists. The reader may wonder therefore why this should be the case. Current research is dominated by investigations focusing on the role that the conscious mind plays in exacerbating anxiety (explicit memories, conscious thoughts and feelings). However performance anxiety is a psychological condition and as such the causes can be deeply embedded in the unconscious mind.¹ Therefore therapies directed solely towards explicit processes may not be the most beneficial for this condition. Very little research has focused on therapies that target the unconscious mind which stores implicit or automated processes. These processes become activated (without conscious awareness) and are triggered by past memories of negative experiences. The use of therapies that primarily target implicit processes should therefore be extremely effective in bringing about positive therapeutic change.

This book introduces the reader to two therapies which use such processes for the alleviation of performance anxiety: Cognitive Hypnotherapy (CH) and Eye Movement Desensitisation and Reprocessing (EMDR).

My recent doctoral research focused on the psychological aspects of music performance anxiety (MPA) and the role that the conscious and unconscious mind plays in maintaining this state. The investigations gave scientific evidence of the beneficial and rapid effects of CH and EMDR (after only two therapy sessions) for alleviation of this condition, using a nomothetic approach (the study of groups).² Many scientific investigations adopt this method, although valuable insight can be gained into the real-life experience of performance anxiety when an idiographic approach is adopted (the study of the individual's experience). This book adopts such an approach, giving qualitative, descriptive information on the debilitating experience of performance anxiety. It focuses on nine reflective case studies in three different domains: music, sport, and anxiety in the workplace (presentations and meetings) using CH and EMDR, therapeutic treatments which target deep-seated dysfunctional thoughts and memories of past experiences. A reflective study gives a more rounded picture on the therapy adopted giving an overview of treatment effects from the patient's and the therapist's perspective and reflects and critiques the choice of treatment.

As a professional piano and singing teacher, music psychologist, and private practitioner of CH and EMDR, my personal background is highly relevant to the writing and development of this book. During my teaching career, which has spanned more than forty years, I have been aware of the detrimental effect that anxiety can have on performance and the

consequence of this for musicians. I too have suffered from performance anxiety and can empathise with those that are afflicted with this debilitating condition. In my clinical practice as a therapist I am presented with an array of disorders many of which appear to have anxiety as their root cause. As the therapist conducting the research and subsequently writing the case studies my aim is to integrate my clinical experience with the current literature on this condition, my therapeutic interests being centred round the most effective and long-lasting interventions for the treatment of performance anxiety.

To help understand the problem, it is important to include personal accounts of the performance experience as these give more detail, sensitivity and insight on a personal level into the understanding of performance anxiety. Therefore the case studies begin with the individual's own words (their narrative), each containing an abbreviated description of the progression of treatment and therapeutic outcome. This gives insight into the process of therapy by exploring the internal thoughts, feelings and experiences of the individuals. The effects of therapy on subjective anxiety and the long-term effects of treatment are given as well as reflections on the suitability of the treatment administered from a research standpoint, giving comparisons with other treatment approaches currently used for this condition.

This book has been written to appeal to a wide readership. The case studies should give better understanding of performance anxiety and of the two therapies presented here for alleviation of this condition. It should be of interest to those readers who have first-hand knowledge of performance anxiety and are interested in learning of the experiences of others in a similar situation. The book is further designed for those readers who are fascinated by the psychological processes which underlie this phenomenon and are looking for deeper understanding of this condition. Full details of the references are therefore given to assist in this, and of course it is hoped that it might inspire further research in the field.

Organisation of the chapters

The book is divided into two parts: Part 1 (Chapters 1-3) gives valuable information about performance anxiety and why this condition exists, as well as an overview of CH and EMDR. The reader will find that the bibliography is fairly extensive here, the reason being that any book of this kind is a record of a journey through the literature on the subject. Part 2 concentrates wholly on the case studies. The book has been divided in this way to enable those readers who are mainly interested in the case studies to by-pass the earlier chapters if they so wish. However the reader should bear in mind that Part 1 contains information which will help them understand more clearly the content of the case studies.

Part I

Chapter 1 reviews the background of anxiety per se and further explores performance anxiety with its many complexities. The relevant psychological aspects of this problem are discussed, specifically the role that cognitive arousal, emotion and memories play in heightening anxiety. The most popular therapies currently adopted for the alleviation of performance anxiety are documented and the effectiveness of these discussed. This chapter argues that therapies focusing on the conscious mind may not be the most effective method of treatment for this debilitating problem and calls into question current thinking on treatment that focuses on the conscious mind.

Chapter 2 looks at the development of CH, tracing the cognitive and behavioural roots of this little researched therapy in the area of performance anxiety. A section is given on hypnosis, before looking at the use of hypnosis as an addition to therapy (termed cognitive

hypnotherapy) and discussing the benefits of such an integrated approach for the treatment of negativity and emotional disorders. The background, protocols and procedures of CH are given examining the effects in clinical studies in various domains before focusing on their use in the field of performance anxiety.

Chapter 3 focuses on EMDR, a powerful technique used to treat a variety of conditions including anxiety-related issues and trauma. EMDR stimulates a safe, effective and rapid processing of disturbing experiences, allowing the patient to achieve rapid resolution of their problems. Traumatic memories and desensitisation is at the heart of this treatment which is discussed fully. Scientific evidence is given for the beneficial effects of EMDR in situations of high trauma: terrorist attacks, victims of war, the trauma of earthquake. Documentation is also given of studies showing the effectiveness of EMDR in eradicating performance anxiety. The theory and protocols of this therapy are also provided for those readers who would like information on the standard procedures of this treatment.

Part II

Chapter 4 reviews the method and procedure used in the Case Studies. It gives the reasons why the case study is such an important tool for evaluating performance anxiety, specifically the value of studying the real-life experience of the individual in these anxiety-driven situations. It describes briefly the method used when conducting the case studies. In eight instances the long-term effects of therapy are also given.

In the following case studies (Chapters 5-13) snippets of subjective quotes are included and have been italicised. These are taken from the individual narrative or story related by the patient to the therapist.

Chapters 5 and 6 introduce two participants, both advanced pianists, who took part in the PhD research conducted by the author into music performance anxiety (MPA). In Chapter 5 we are introduced to Jane who relates her experiences, not only of MPA, but of Attention Deficit Hyperactivity Disorder (ADHD) from which she has suffered since her mid-teens (for more than five years) and which she felt was exacerbating her performance anxiety. Her treatment (EMDR) is documented in detail. After the first of two treatments Jane described her feelings: *I felt I'd been underneath a table for all of these years and now I'm above the table looking down upon it. I feel positive again, light and free,it feels like a detox.*

In Chapter 6 the focus is on Dan. It is important to include Dan's experiences in this book as during the research period he had been randomly allocated two sessions of CH for the alleviation of MPA. Dan had a negative view of cognitive hypnotherapy and had a fear of feeling "out of control" (Dan's words) and doubted its therapeutic effectiveness. The result was a non-effective outcome. It is an example of why randomly allocated therapies may not necessarily be effective; the therapy needs to suit the client.

The case studies reviewed in the following chapters are of patients from the author's private practice who were suffering from performance anxiety in various domains.

Chapters 7 and 8 review cases of individuals who had only one treatment session to effect permanent change. Chapter 7 documents Mary's experience of MPA and her treatment which was hypnotherapy. This was administered after careful consideration by the therapist of the most appropriate treatment for her and the therapeutic outcome can be contrasted with Dan's. Mary is an example of how a confident adult of mature years can be totally overwhelmed in a first piano examination and described the experience as follows: *I felt that*

I was on show and let myself downit was one of the worst experiences of my life. I couldn't see the music properly, my hands and fingers were shaking and they didn't seem to belong to me.

Chapter 8 focuses on Sarah, a clarinettist playing in a prestigious semi-professional orchestra who had been experiencing *huge performance anxiety for several years. On some occasions I chickened out of playing completely and on others I was shaking uncontrollably and unable to give a good performance.* Sarah's single therapy session consisted of EMDR (targeting past traumas) followed by hypnotherapy.

In Chapter 9 we meet Rebecca whose story has similarities with Sarah's in that traumatic experiences from her past were having a negative impact on her singing in public performances and in examinations: *I had always felt very nervous when performing and always seemed to have the image of my father in the background; I felt that he was judging and criticising me and that I was letting myself down.* Rebecca required two separate sessions of therapy however, EMDR in the first followed by CH in the second which was designed to strengthen and enhance therapy outcome.

Chapters 10 and 11 focus primarily on anxiety in the sports arena, looking at one professional and one amateur equestrian. In Chapter 10 we meet Beth, a competent professional horse woman who had been confident in the sports arena and had won several competitions. However following a traumatic incident with a horse in a dressage competition she experienced severe performance anxiety when competing and was narrowly missing winning gold and silver medals. On entering the arena she had negative thoughts, feelings of fear and of not being in control: *I knew in myself that I was a good horsewoman and was capable of winning first prizes, but negative thoughts were always at the forefront of my mind. It's now nine years since this initial experience but when I go into the arena I feel as if I'm looking inward and this is stopping me from achieving my goal.* This case is a classic example of how one traumatic incident can destroy self-belief in one's achievements and impacts negatively in all similar performance environments.

Chapter 11 illustrates that anxiety can be a complex learned condition³ experienced in a variety of forms having both a psychological and physical effect on the body. Penny contacted me initially for chronic Irritable Bowel Syndrome (IBS). This is a small part of her narration: *For the last 15-20 years I have suffered daily from IBS and it is ruling my life.....I love horse riding and do this on a regular basis and take part in small competitions..... I feel scared before these events anyway as I always want to achieve success and not let myself down, and having the IBS hanging over me makes me feel worse....* This is a very interesting and complex case and illustrates how cognitive anxiety can have a chronic physical effect on the body. During the five therapy sessions that this patient was given her experience of living with the daily symptoms of both physical and mental anxiety was clearly highlighted, giving valuable insight into how negative experiences from the past impact on the present: a case of how the mind affects the body.

Chapters 12 and 13 feature anxiety in the workplace focusing on presentations, meetings and conferences. Chapter 12 documents the story of Craig, a confident individual in many areas of life but lacking confidence and self-belief in the work-place particularly when having to give important presentations: *If something significant arises such as important meetings or a presentation that I would have to give with a critical audience then I start to panic. This has been happening over the last year or so after an important meeting with significant others where I just fell apart. I lost my train of thought and felt that I couldn't speak, my mind just*

went completely blank and I wanted the ground to open up and swallow me. He is now fearful that at any important meetings or presentations he will experience similar feelings and will be unable to control or deal with this.

In Chapter 13 we meet Margaret who contacted me after a recent important presentation went badly wrong. She was shortly having to give another and was afraid that she would have a recurrence of the earlier symptoms which she found very frightening. Blurred vision, shaking/trembling, dry mouth, not being able to focus, are all common symptoms experienced by individuals when suffering from performance anxiety: *I have been noticing that I am becoming really anxious during presentations, which is an important part of my work. I don't start to worry days before the presentation as I prepare well and know exactly how I want the presentation to go, it seems to be minutes before it starts I get different physical symptoms. My hands start to shake, and my stomach begins churning. When I start speaking my voice shakes and I can't seem to control my movements, I lose focus and go blank and my mouth feels really dry..... I didn't know what was happening the first time my mouth went dry and my voice started to shake and this made me feel really anxious. When I was a teenager I did conference presentations and I presented at exhibitions, and had no symptoms then no matter how large the audience. I don't know why this is happening now but it's really distressing me.* The symptoms that she has experienced are the classic symptoms of performance anxiety. When the underlying reasons for this occurrence are targeted and addressed, negative thoughts can be replaced with positive perceptions of the forthcoming performance experience.

Chapter 14 concludes with the implications drawn from conducting the case studies and the author's recommendations for global exposure in order to generate awareness of these therapies as effective fast-acting treatments for performance anxiety. It further considers the contributions that CH and EMDR make to current favoured therapies that are in vogue, and are currently adopted for performance anxiety.

References

1. Alladin, A. (2010). Evidence-based hypnotherapy for depression. *International Journal of Clinical and Experimental Hypnosis*, 58(2), 165-185.
2. Brooker, E. (2018). Music performance anxiety: A clinical outcome study into the effects of cognitive hypnotherapy and eye movement desensitisation and reprocessing in advanced pianists. *Psychology of Music*, 46(1), 107-124.
3. Izard, C.E. (1977). *Human emotions*. New York, NY: Plenum Press.

Acknowledgements

I offer my sincere thanks and appreciation to all the individuals whose case studies are documented here, sharing with us their stories and experiences of performance anxiety. Without their permission it would not have been possible to write this book.

My thanks go to Dr. Alinka Greasley, University of Leeds, UK, who first planted the seed and encouraged me to write this book.

Permission was granted by White Rose Etheses Online (WREO) University of Leeds, UK for inclusion of the case studies reported in Chapters 5, 6 and 8.

Contents

Figures

Tables

Appendices

PART I

Performance anxiety and the use of psychodynamic interventions

- 1 Exploring performance anxiety
Challenging the dogma of preferred therapies in current use
- 2 Cognitive hypnotherapy
Changing negativity and anxiety
- 3 Eye movement desensitisation and reprocessing
Transforming trauma and the emotional mind

PART II

Nine case studies

- 4 Reflective case studies: Performance anxiety
Method and procedure
- 5 Jane: ADHD, perfectionism and fear of failure
A link to music performance anxiety?
- 6 Dan: Scepticism regarding treatment for piano performance
Why random therapy does not work
- 7 Mary: An adult beginner's fears
The spectre of a piano examination
- 8 Sarah: Letting others down in clarinet performance
Ghosts from the past
- 9 Rebecca: Trauma when singing in public
The past need not predict the future
- 10 Beth: Anxiety in the sports arena

The one-incident trigger

11 Penny: IBS, anxiety at work and in the sports arena

A life changing experience post-therapy

12 Craig: Presentations: Mind over matter

Hypnotherapy makes it so

13 Margaret: Presentations: No longer feared post-therapy

An exciting experience

14 Future directions

The future is not set in stone

Figures, tables and appendices

Figure 1.1

The four components of anxiety (based on Miller and Chesky, 2004)

Table 4.1

Case conceptualisation and therapeutic change methods

Appendices

5.1 *Self-Report Questionnaire pre-therapy treatment*

5.2 *Self-Report Questionnaire post-therapy treatment*

7.1 *Log of musical experiences post-therapy treatment*