

New Ideas in Treating Performance Anxiety

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Many social work clients, as well as many citizens who never refer themselves for mental health intervention, suffer from performance anxiety, a type of social phobia which causes them great distress and can prevent their successful functioning in many areas of life. With an awareness of and ability to enhance the known sources of self-efficacy, social workers help their clients arm themselves with powerful weapons against the debilitating effects of performance anxiety, with the result that performance can be enjoyed rather than feared. Social workers can also utilize this concept in consultation with teachers in the school setting, and in many other generalist practice settings.

What Is Performance Anxiety?

Jane, a talented high school student, has enjoyed her flute lessons for several years, playing in the school band and orchestra. This year her teacher placed her in the first chair position in the band and orchestra's flute sections, a position of honor and responsibility. She would have a solo to play in the very first school concert. She practiced hard for her part in the performance and was excited and a bit nervous when her 'big moment' came. All of a sudden something happened to her that had never happened before. Her mind went blank. As she tried to begin playing, her lips started to shake and her trembling hands couldn't hold the flute steady. Jane frantically struggled to find her place in the music and to begin playing, but time seemed to stand still. She felt frozen, rooted to her chair, beads of sweat forming and pouring in tiny rivulets down her back. Her teacher looked quizzically at her and waited but she couldn't begin. After what seemed like an eternity, the second flute player began to play her solo. Jane joined in, with a trembling and wispy sound. After she finished, she wished a trapdoor would open up under her so she could disappear forever, so intense was her shame and embarrassment. She talked to no one afterward, not even her teacher. No one seemed to have noticed. But from then on, Jane avoided solo performance at all costs, and eventually gave up on plans to apply for college at a music conservatory because all universities required an audition. She let go of a promising potential career. Performance situations like speaking in class or leading meetings, became frightening; and Jane attempted to avoid them too. Still friendly and academically high achieving, Jane continued to suffer silently, keeping her secret terrors to herself.

Classified as an Anxiety Disorder in the DSM IV, performance anxiety differs from the fear of a realistic danger or from the universally familiar experiences of shyness or stage fright, in that its sufferers experience excruciating distress and varying levels of disabling impairment. Common examples of this disorder include the fear of music or theatrical performance, fear of public restrooms, fear of public speaking, fear of meeting new people, or the fear of eating, drinking, or writing in public.

The following constellation of behaviors, thoughts and feelings occur:

1. In social or performance situations, the sufferer fears exposure to scrutiny, humiliation or embarrassment, and anticipates the failure to perform up to standard.
2. In the performance situation, she is intensely anxious, may have a panic attack; (in children, crying, tantrums, or shrinking and freezing responses can occur).
3. She recognizes that her fear is excessive (children may not).
4. Either she avoids the feared situation or endures it with intense distress.

5. The combination of avoidance, anticipation, or anxiety in the situation prevents her from functioning normally in the relevant social or occupational activities. She is markedly distressed about having the phobia.

Often temperamentally shy children shouldn't be judged to have performance anxiety unless their symptoms last more than six months; and in both children and adults, conditions caused by medical or mental disorders, or by substances, aren't considered anxiety. If the pattern of anxiety becomes long-lasting or pervasive enough, it can generalize to other situations; and with time, its sufferer may develop Avoidant Personality Disorder.

Persons with performance anxiety are often hypersensitive to rejection or to any negative evaluation, and may have general difficulties with assertion. A pervasive sense of inferiority and low self-esteem may develop, and the individual may avoid academic or social challenges, such as pursuing higher education, dating, or marriage. Unsatisfying job situations or relationships may be clung to out of fear of appropriate risk-taking. Depending on age, culture, or gender, the outward manifestation of performance anxiety may differ. In Japan or Korea, a person may be anxious about giving offense, blushing, maintaining eye contact, or having an offensive body odor. Children may not talk about their fears but may suffer a decline in classroom performance or even refuse to go to school or to play with friends. In children the disorder usually takes the form of failure to achieve an expected level of functioning rather than a decline from an optimal level of functioning. Adolescents may shrink from customary academic and social challenges. This phobia often lasts for a lifetime, with fluctuations depending on life stressors or the demands of particular jobs or social situations.

Self-Efficacy and Its Usefulness in Treating Performance Anxiety

Self-efficacy is a social learning theory term which contains elements of reinforcement, classical conditioning, attachment, identification, cognition, and physiological causes and effects of behavior. It is usually understood as the belief in one's own ability/capacity to perform the actions required to accomplish a desired goal. It must be noted that this apparently simple concept, is quite complex in its elements. A client can believe that a certain set of skills or actions, if performed, will accomplish the desired goal. She may possess the requisite skills or actions and may have worked hard to perfect them, but not believe in her own ability to perform them in the required situation. Others in her environment may believe in the client's capacity to perform the action, but his support may have no impact on the client's performance. It is the client's subjective appraisal of her own abilities to carry out the actions that is the important element needed. Several sources of self-efficacy have been identified. These include performance accomplishment, verbal persuasion, physiological arousal, and vicarious experience. Awareness of these sources, and the ability to strengthen each one, is of enormous help to those who suffer from performance anxiety. Examples of each source, and its clinical utility to will follow.

Performance Accomplishment

The more frequently the client has the actual experience of successfully attaining a desired goal, or of taking steps in the direction of performing the goal, the more self-efficacy is strengthened. The client must not only know she can perform well, but that she can manage her own anxiety sufficiently well. For example, remembering all the salient points in a public speech, while shaking nervously, speaking with a trembling voice, and avoiding eye contact with the audience, satisfies only the requirement for mastery of the content of the presentation, while the anxiety continues unabated. The important variables for the social worker to consider here are frequency of performance, along with subjective appraisal, both of the performance and of the management of anxiety during the performance, as successful. The social worker (or teacher or

other helper) must help the client approach, rather than avoid the challenge, and construct performance situations in which the client feels successful. This may involve role playing, behavioral rehearsal of the feared situation, or graded tasks which help the client master parts of the situation until the fear is overcome. A student may be helped to practice a speech in front of a mirror, then to practice it in front of the social worker, then in front of his best friend, his family, and to other relatives or neighbors, before giving the speech in school. Practice situations which are very frequent, resemble the performance situation more and more closely, and contain consistent experiences of success are vitally important. It is significant that many public performance situations are practiced with an emphasis on what is going wrong and must be corrected. For example, in master class situations for musicians, or in videotaped social work/client interviews during clinical training, students are often interrupted in midstream in order to be given feedback about what to do differently. Self-efficacy is better promoted by allowing the student to go through the entire performance uninterrupted, and then to be given feedback first on what was done correctly. Care must always be taken to talk about the student's own appraisal of her performance, rather than to take for granted that the teacher/social worker's evaluation is being accepted by the student or client. Practice situations in which performance is experienced positively must be repeated frequently and consistently in order for this source of self-efficacy to be strengthened.

Verbal Persuasion

This source of self-efficacy is the one most frequently used and is usually the least powerful. Known as the "pep talk," it is belief in the client expressed by an admired or trusted other. Sometimes well-meaning pronouncements can hinder, rather than help, when they are addressed only to the obvious performance and not to the ability to manage anxiety. It is a common misconception among music teachers, for example, that "preparation, preparation, preparation" is what guarantees a successful performance. For the musician with performance anxiety, the humiliation of a botched performance due to her phobia may be more intense if she, her teachers, peers, and family members know how well prepared she is to perform the music but unprepared to manage her anxiety. Thus verbal persuasion is only powerful to the degree that preparation has included coping skills related to anxiety, and the person offering moral support is trusted by the student or client as knowledgeable about anxiety-management. The use of specific, rather than general feedback by the persuader is also more valuable to the client - it is more effective to say, "I've watched you use your breathing and relaxation skills so well so many times that I know they'll be there for you today," than to say, "I know you can do it."

Physiological / Emotional Arousal

Moderate physiological arousal enhances performance while too much arousal (shaking hands, pounding heart, profuse sweating, lightheadedness or other elements of the fight-or-flight response) impairs it. Any intervention which a social worker can use to help the client reduce his level of physiological arousal is a powerful source of self-efficacy. Examples of useful interventions include, but are not limited to, relaxation training, repetitive internal verbalizations ("I am calming my body," "I am filling up with calm and powerful energy") breathing exercises, fantasy visualizations of the self as powerful and competent, and regular practice of meditation or other self-soothing practices. In contrast to the above techniques, which reduce arousal by calming the body and mind, powerful body interventions which allow the client to release pent-up adrenaline before the performance may be equally or more effective. These may include pounding a tennis racket on a stuffed chair, pounding a pillow with one's fists, shouting and moving one's body vigorously and doing calisthenics. These kinds of exercises, which release excess energy and anxiety, are often practiced by actors, alone and in combination with others.

Social workers should not impose their favorite relaxation or self-soothing practices on clients, but should help their clients creatively try out practices uniquely useful to them. The use of medication to control debilitating anxiety falls under this source of self-efficacy. Beta blockers are commonly prescribed to musicians for performance anxiety, but care should be taken not to describe the drug as all-powerful because the performer may then contribute his successful performance only to the drugs and thus reduce his own sense of self-efficacy for managing his anxiety. Medical interventions are best used, if at all, as part of a range of coping techniques which incorporate all of the self-efficacy sources.

Vicarious Experience

All human beings learn from role models in their environment. Watching someone else perform the feared behavior is a well-known technique for the treatment of many phobias. Studies of the ways in which clients best learn from role models have shown that it is best to use a model with whom the client can identify. Clients identify better with coping models (persons who have struggled imperfectly, but succeeded in coping with the same feared situation) than with experts (fearless role models who perfectly illustrate the desired behavior). The role model should be similar to the client in ways important to the client, and salient similarities should be explored by the social worker in conversation with the client. For example, a man may not identify with a female role model, or vice versa; a younger person may not identify with someone significantly older or younger than himself or with a person of a different race or social class. Social workers can encourage their clients to seek out their own role models, to ask to observe them performing the desired actions, or to simply talk with them about how they cope with anxiety. It is a powerful experience for a client to discover she is not alone with her fears and that many of her peers are struggling, or have struggled with the same anxiety. Social workers can also encourage a client to use herself as her own role model, noting other areas of anxiety which the client has partially or successfully mastered.

In summary, careful and systematic attention to the sources of self-efficacy for each client will yield the social worker a rich supply of relevant and useful techniques for overcoming performance anxiety. Searching for believable role models, teaching ways to reduce physiological arousal, offering verbal support and encouragement, and providing frequent and graduated opportunities to practice increasingly successful (less anxiety-ridden) performances, when designed and implemented in a consistent fashion, can produce lasting relief from this very prevalent and largely hidden social phobia. Release from the grip of performance anxiety can generalize as positively as the phobia itself did negatively, with the result that life satisfaction, and the ability to reach out for it creatively, can be greatly enhanced.

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