

Intensive Short-Term Dynamic Psychotherapy for Severe Music Performance Anxiety

Assessment, Process, and Outcome of Psychotherapy with a Professional Orchestral Musician

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This paper reports on the process and outcome of therapy using intensive short-term dynamic psychotherapy (ISTDP) with a professional musician who had suffered severe music performance anxiety over the course of his entire 30-year career. In this paper, we describe the nature of the therapy, the case history of the musician, the first assessment and trial therapy session, and the course and successful outcome of therapy. The patient underwent 10 sessions of ISTDP over a period of 4 months. This paper reports on the first 6 sessions, which were most relevant to the understanding and treatment of the patient's severe music performance anxiety. This case study is the first reported application of ISTDP to a professional musician. We believe that this case study provides initial support that moderate to severe performance anxiety, in at least some cases, has its origins in unresolved complex emotions and defences arising from ruptures to early attachment relationships. *Med Probl Perform Art* 2014; 29(1):3–7.

This paper reports on the first application internationally of Davanloo's^{1,2} intensive short-term dynamic psychotherapy (ISTDP) with a professional musician who had suffered severe music performance anxiety (Type 3: unresolved attachment disorder,³ also classified as fragile character structure^{1,4}) over the course of his entire career, spanning more than 30 years, at the time he presented for treatment. ISTDP is a short-term psychotherapy that shares with other short-term psychotherapies a number of

common features, which include maintaining a therapeutic focus (as opposed to the free association of psychoanalysis), active therapist involvement (as opposed to the non-intrusiveness and passivity of psychoanalysts), the use of the transference and the therapeutic alliance, and relatively short duration (between 1 and 40 sessions for most patients). ISTDP uses the Triangle of Conflict (feelings, anxiety, and defence⁵) and the Triangle of Person/Time (past, therapist, and current⁶) to maintain the therapeutic focus.^{1,7} (For a detailed explanation of the triangles of person and time, see Kenny.³)

ISTDP's theoretical rationale draws on attachment theory,^{8,9} whose core therapeutic action is the "patient's actual experience of their true feelings about the present and the past."^{1(p2)} Although psychodynamic in theoretical structure, ISTDP is also an emotion-based therapy. The main areas of innovation of ISTDP lie in its therapeutic practices. Its founder, Habib Davanloo,^{1,2,7} developed a technique to rapidly mobilize the unconscious therapeutic alliance, called the central dynamic sequence,¹⁰ in order to remove the major resistances* to change, which are not effectively removed through interpretation alone.

ISTDP allocates the same role to anxiety as most psychotherapies, viewing it either as a response to an external threat or an internal emotional conflict. In situations where a legitimate external threat exists, anxiety is an adaptive response that prepares the individual to deal with the threat as effectively as possible. Internal emotional conflicts are created through ruptures in attachment relationships in the first 8 years of life.^{11–13} The frequency and duration of these experiences of rupture are indicators of the severity of the attachment rupture.^{8,9,11,14} With internal conflicts, the attachment rupture causes emotional pain such as rage, guilt, and grief. Anxiety, as part of the defence system, is experienced to block these repressed

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*Resistance comprises the patient's system of defences, which, according to ISTDP, are the result of intense unconscious guilt and primitive murderous rage in relation to the people in the patient's early life who have caused attachment ruptures.⁷

feelings from entering conscious awareness.¹⁵ Over time, this pattern is automatically activated in any situation that has the potential to trigger the repressed feelings about the initial attachment rupture.¹⁶

The anxiety generated by repressed emotion can manifest in one of four ways:

- (i) tension in the striated muscles of the body^{1,17};
- (ii) smooth muscle anxiety that manifests as gastrointestinal symptoms such as nausea, hypertension, reflux, cramping, irritable bowel syndrome, and migraine^{17,18};
- (iii) cognitive perceptual disruption that manifests as confusion, blanking out, tunnel vision, blurred vision, ringing or buzzing in the ears, and dizziness and fainting⁴; and
- (iv) motor conversion, which results in unexplained weakness in the limbs.^{19,20}

In response to anxiety, defences are automatically activated. There are three main groups of defences²¹:

- (i) isolation of affect,† which is experienced as striated muscle anxiety;
- (ii) repression,† which is associated with smooth muscle anxiety²¹; and
- (iii) projection,† in which the patient perceives that another person is experiencing the feelings (mostly anger) that the patient would be expected to feel. These patients manifest weepiness (tears without feelings of grief), temper tantrums, explosive discharge of affect, and confusion. This defensive system is associated with cognitive perceptual disruption.⁴

The combination of anxiety type and system of defence—low (no unconscious rage), moderate (experience violent to murderous rage, guilt, and grief), or high (rage, guilt, and grief, with syntonic character resistance and a masochistic, self-sabotaging component)—enables the therapist to locate each patient on either the Spectrum of Psychoneurotic Disorders²² (comprising low, moderate, and high resistance) or the Spectrum of Fragile Character Structure⁴ (representing those with no or very weak attachment bonds).²³

ISTDP aims to give the patient access to the full experience of their repressed feelings and the fantasies and memories that have been repressed with these feelings. The major interventions are applied through an over-arching framework, known as the Central Dynamic Sequence (CDS)²⁴ that guides the therapist towards the repressed feelings and memories. The CDS can be divided into eight

overlapping stages comprising (i) inquiry; (ii) pressure and clarification²⁵; (iii) challenge,²⁶ including head-on collision (that activates complex transference feelings)^{1,2,7,24}; (iv) transference resistance; (v) partial or direct access to the unconscious; (vi) systematic analysis of the transference; (vii) dynamic exploration of the unconscious; and (viii) recapitulation, consolidation, and treatment planning. This case study is the first reported application of ISTDP to a professional musician.

THE PATIENT

The patient (Kurt) was a 55-year-old assistant principal in one of the string sections of one of the eight premier state orchestras in Australia, who reported suffering from severe lifelong music performance anxiety and who was motivated to attend therapy after he failed at audition to win the section principal's position, even though he had acted competently in the role on many occasions over several years. Ethics approval for the study was obtained from the University of Sydney's Human Ethics Committee.

THE TREATMENT

The patient underwent 10 sessions of ISTDP over a 4 month period. This paper reports on the first 6 sessions, in particular sessions 1, 4, 5, and 6, because these sessions were most relevant to the understanding and treatment of the patient's severe music performance anxiety. The first session was both an assessment of the patient's suitability for ISTDP and a trial therapy that allowed the therapist to ascertain the patient's likely response to this form of treatment.²² First sessions tend to be longer than subsequent sessions for this reason. The remaining sessions, of 1 hour's duration, were spaced approximately 1 week apart.

THE THERAPY

Session One

During his assessment, Kurt reported that "public performance was sometimes a mountain that [he] could climb and sometimes not." He described a number of self-help strategies that he had employed over the years to help him with his performance anxiety, including meditation, visualisation, self-affirmations, and practical strategies such as increasing his practice for high-pressure performances, to make sure the pieces to be performed were "bullet-proof." He said that these strategies were at best "a 50/50 proposition." He explained that he had been placed on a beta-blocker (Noten) by his physician for high blood pressure and noted that this medication had assisted him to overcome the very problematic trembling he experienced when anxious. He reported that "the mind plays tricks with me," causing his brain to become "overloaded," which resulted in Kurt becoming "overcautious," sensing that he was in a "very dangerous situation," because "the brain can just

† *Isolation of affect* is the awareness of emotions in one's head without the experience of the emotions in the body. It is also called "intellectualizing."¹⁷

Repression, a major primary defence, is an unconscious process by which emotions are shunted into the body and experienced as depression, smooth muscle discharge, or conversion rather than reaching consciousness.²¹

Projection is a primitive defence connected to superego pathology, in which one unconsciously projects into the therapist, and others, unacceptable feelings in oneself.

trip me up” and then “very bad things could happen.” When pressed, he described these as “funny sensations that ... I can’t prepare for when I’m practising. I get funny feelings in my hands.”

All of these symptoms were disruptive to his capacity to perform well. During his recent audition, Kurt described losing the normal feeling in his arm: “it was like somebody else’s arm—I couldn’t control it.” Kurt also reported cognitive perceptual disturbance, an example of which was that his “brain sees the music on the paper but doesn’t recognize it. The message doesn’t get through.”

Extended inquiry beyond the presenting symptom of music performance anxiety revealed that Kurt was socially anxious generally and that he managed this anxiety by “sitting still and shutting up,” which the therapist interpreted to mean that he became passive and withdrawn. These behaviours were later identified as characteristic defences for Kurt.

This phase of inquiry and pressure then progressed to challenge, the aim of which was to further develop the therapeutic alliance and to assist the patient to turn against his characteristic defences. The therapist relentlessly pointed out the patient’s defences, countered the patient’s rationalizations, and blocked irrelevant and distracting talk. At this stage, there was an expected marked elevation in anxiety, indicating that the patient was defending against unconscious feelings rising to awareness. In this phase, Kurt talked about his feelings of “slight hostility” and “slight disrespect” towards the judges in his audition, which increased his anxiety and with which he coped with using the defences of minimization (frequent use of qualifying words like “slight”), rationalization, and turning anger inward (against himself).

The therapist was able to make the links between Kurt’s anxiety, his habitual defences, and his failure to do well at his audition: “We can see in that audition that the anxiety that came out of the fear of feeling your anger actually stopped you getting that job.” The focus remained on the “here and now” of the patient’s transference interactions and the therapist’s pressure to expose the feelings underlying Kurt’s anxiety until there was a breakthrough into the unconscious. “When I was a kid, I was bred that kids should be seen and not heard. You’re not allowed to cry or have your own thoughts or express yourself. You just go outside and shut up. I don’t want to hear about you and all that sort of shit.... I had a really cruel childhood.” The therapist’s response—“You’ve been carrying those painful feelings since you were a little boy. Imagine what must happen to you every time you come before an audience.... The judgments, the abuse.... All that floods through your mind at some level when you stand up to perform”—linked his presenting problem with performance anxiety with his painful childhood feelings. The central dynamic sequence was applied repeatedly to good effect to gain access to Kurt’s core psychopathology and the nature of his attachment ruptures with both parents, which were accessed during this first session.

Patient’s Position on the Spectrum of Psychoneurotic Disorders

At the end of the 3-hour assessment and trial therapy session, the following case formulation was made. Kurt manifested striated muscle anxiety. He reported that, at times, during performances, he experienced cognitive perceptual disruption; however, he did not manifest any symptoms indicating cognitive perceptual disruption during the trial therapy and therefore was not placed on the Spectrum of Fragile Character Structure. Kurt’s primary defences were passivity, helplessness, rationalising, detaching, and turning (anger) inward. He responded well to intervention, the unconscious therapeutic alliance was mobilized, and that resulted in access to previously repressed emotions. He was able to turn against his defences as he saw their cost. On the Spectrum of Psychoneurotic Disorders, he was placed between moderately resistant and highly resistant.

Sessions two and three continued with the work of the first session, with increasing progress towards the needed breakthroughs into the unconscious so that the feelings associated with the original attachment ruptures could be experienced and expressed, first in the transference and then towards his parents. This actually occurred in session four with both of his parents.

Session Four

The patient described an incident while running (for exercise) in which he had a vision of murderous rage toward his father. As he examined it, he realised that, in this image of violence, he was attacking himself. This brought caring feelings for himself and he envisioned himself now hugging the child part of himself: “[I] picked this poor bastard up, which was me, and held him really dearly.” Kurt recognised that he had been attacking himself throughout his life. This realisation led to his experiencing himself in a more connected and compassionate way.

Kurt then recounted an incident from his childhood that resulted in a severe thrashing by his father. The memory resulted in the experience of a breakthrough of feelings of rage towards his father, which quickly converted to sadness, a defence against experiencing his rageful feelings. Kurt continued his defensive expression of anxiety and helplessness, but the therapist maintained the therapeutic focus on his rage. This resulted in a breakthrough of rage in the transference (i.e., towards the therapist), which he quickly dispelled (“Oh, I’m not going to touch you because you are a friend.... I just want to give you a shake, that’s all.... I just want to kick the table over; I don’t know [physically slumps in his chair].... [This] is a dumb thing to feel over all these years and I still feel it”). [Here, Kurt makes his own present-past link between current and past feelings for his father that he is now experiencing in the “here and now” of the transference.] The therapist now makes the vital link between his early anxiety, current anxiety in the transference, and his experience of performance anxiety as a professional musician.

Kurt and his therapist discussed when and how he became afraid of intimacy. Kurt revealed that he had felt close to his mother as a young child, but all good feelings towards her vanished as he entered adolescence and his mother increasingly succumbed to serious mental illness. Complex feelings of pain and sadness were accompanied by anger that his mother did not protect him from his father's violence. The therapist helped Kurt to recognize both his loving and angry feelings towards his mother, whom he had "killed off in his life long before she actually died, in order to survive," and the attendant feelings of guilt about having killed someone he had loved, which Kurt described as putting down a loved animal.

Session Five

Almost the entire session was focussed on helping Kurt to access and express his angry, violent feelings towards the therapist, then towards his mother, and finally towards his wife, towards whom he described feelings of abandonment and anger when she left him in charge of their children to attend what he perceived to be cult-like retreats four times a year. Kurt accessed defences of inadequacy (self-attack) and neediness during this session, as well as anger, which he turned inward. With the relentless therapeutic focus on the defences, Kurt experienced anger toward the therapist, which Kurt reported feeling physically, if somewhat ambivalently at first ("I wish I could punch you but not hurt you"). This progressed, with the therapist repeatedly challenging his defences and the intense anxiety that was suppressing expression of his rage, to wanting to "throw the therapist out of the window," and then to "punch him and not care a shit about whether it hurts," to finally "I want to fucking tear you apart like a dog would tear a fucking bone apart...."

After a long head-on collision phase in which the therapist continually clarified what was occurring within the patient in relationship to the therapist, combined with the challenge not to hide behind defensive anxiety and transference resistance, the complex transference feelings emerged. This fantasy is a facsimile of the patient's murderous rage towards his attachment figures, the experience of which followed almost immediately upon the patient's accessing his unconscious rage, guilt, love, pain, and grief in relation to the therapist in the transference. There followed a painful accessing of his murderous rage towards his mother and feelings of guilt, remorse, and love. The therapist recapitulated and consolidated Kurt's emotional learning to date, especially his access to loving feelings and how his destructive feelings had impacted on his music performance anxiety. Kurt then reported that he was giving a concert the following week: "I am going to bury that bastard and see how I go. I've had that going on in my head when I'm playing, up to now; that other dark fuck would come up and say, watch out, or try to trip me up the whole time. Now I want people to see how I can play. I have always been trying to pick myself up on the negative with that tumorous fucking animal trying to feed off me."

Session Six

Kurt: In the past week, I have been feeling more aware of my body, the physical side of things. I woke up yesterday morning... I usually don't feel like eating before a performance; I usually feel sick in the stomach. I get diarrhoea and I feel like shit. I really feel terrible. Well, I woke up and I felt pretty good.... I got on stage; I was nervous but I didn't have this fucking fight with this other voice coming in when I was playing. I actually could focus clearly for 95% of the time. It was an incredible experience. It was the best fucking performance I have ever done.

Therapist: Wow! Congratulations!

Kurt: Yeah, yeah. I remember you said last week that the anxiety feeds off a certain guilt that I have, which I have recognised... as trying to kill off my mother because of feelings of abandonment. I can clearly see that because ... whenever I had a performance, I would try to deal with issues that were closest to me, like the physical things and doing meditation, but there was always this underlying feeling that there was something else that I could not deal with and that overrode all the other techniques that I had. So it feels like I've got to the root of the problem; it might not be solved but I have got to the basis of it and it goes way, way back to early on and that is why it is inexplicable to the intellectual mind. [Kurt demonstrates profound insight into his emotional process]... I could never rationalize it or deal with it intellectually. It has always been there, a backdrop that I couldn't get rid of, so in those ways I felt a certain palpable thing yesterday. I was really pleased and everybody said, "Fuck, you played well." And I thought, "Jesus, what's happened?" I played the best yesterday that I have ever played in public, ever ... ever.

SUMMARY AND CONCLUSION

A person with unconscious, unprocessed emotions from early life does not distinguish the past from the present.²⁷ Patients interact with people in their lives in the present through virtually the same emotional and defensive templates that they developed as children. These feelings towards attachment figures from the past and the defences that they developed in order to manage those feelings result in self-punishment for having those feelings and serious difficulties maintaining attachment relationships with the people they love.²⁸ When they commence therapy, those templates quickly assert themselves in the transference (i.e., relationship between therapist and patient).²⁹ The therapeutic benefit of mobilising complex transference feelings is the ability to directly examine the unconscious and the unconscious therapeutic alliance in the present.

Kurt's early attachment relationships were dominated by neglect and abuse from those he loved. This caused him emotional pain and feelings of murderous rage towards his parents. However, because he also loved his parents, he experienced unconscious guilt about his rage. Initially, these feelings caused anxiety; gradually, he developed patterns of

avoidance, passivity, helplessness, and compliance in order to reduce his anxiety, protect his parents from his murderous feelings, and punish himself for the guilt he felt about having those murderous feelings towards people he loved. As he grew up, these defences became solidified into his character³⁰ and, to a degree, allowed him to function in his relationships, but denied him the full experience and expression of his loving feelings in his most important relationships.

However, on stage in front of an audience, a situation that is all about judgment, Kurt's defences were useless. As a professional musician, he could not become avoidant, passive, helpless, or compliant and perform at the level required. He was, therefore, left defenceless in a situation that stirred up earlier feelings of rage and guilt about the negative judgments he experienced from his parents as a child. Without the defences to repress these feelings, unconscious anxiety was his only mechanism to keep these feelings repressed. Kurt therefore experienced anxiety whenever he had to perform.³

In his relationship with the therapist, Kurt's unconscious feelings were mobilised as the therapist tried to reach towards an emotionally close relationship. This activated Kurt's defensive template, allowing the therapist to help Kurt identify and examine his anxiety and defences and how they were creating an emotional barrier between Kurt and the therapist. Kurt was encouraged to overcome his defences and to fully experience them with the therapist. As the defences were overcome and the unconscious feelings were consciously experienced, his early memories became accessible, thereby allowing Kurt and his therapist to work through previously repressed memories and fantasies from his early life. As this occurred, the anxiety and defences that previously kept this material repressed became redundant and were relinquished, leaving a more integrated and less anxious and defended person. Kurt experienced the benefits of these changes immediately, in his solo performance between sessions 5 and 6.

We believe that this case study provides initial support that moderate to severe performance anxiety, in at least some cases, has its origins in unresolved complex emotions and defences arising from ruptures to early attachment relationships. Further, systematic research is required in this area.

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