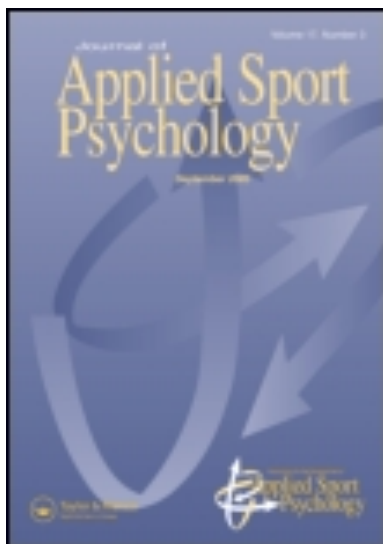




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## The Enhancement of Performance Excellence Among Performing Artists

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With the maturation of the practice of applied sport psychology has come recognition of the ways in which knowledge of performance excellence can address performance issues among other populations. The present article addresses applications to performing artists. Four issues that may affect performing artists, and that have direct parallels within sport, are performance enhancement and psychological skills training, developmental issues, injury and retirement, and eating disorders. Performing artists' preferences and concerns about consultation are discussed, noting parallels and differences with applications to athletes. Both practical and ethical considerations of developing such a practice are reviewed.

In what ways are a baseball pitcher, a musician, and an actor comparable? At first glance, the differences may be more readily apparent than the similarities. Yet all are performers. Their professional identities and activities are linked inextricably to their performance. In the public eye, their actions and occupations—they themselves—are the thrilling and enthralling stuff of audiences, spectators, commentators, critics, media headlines, and lead stories.

When who one is and how one acts constitutes one's professional identity, there are risks as well as benefits. In contrast to other fields—say, computer programming or plumbing—the person (and others' judgments about him or her) is the instrument of the performer's profession. Whether scoring a perfect 10 or singing a high C, tightly woven into one's being are issues relating to competition, achievement, practice, the audience, the management of injury, and retirement.

If sport psychology can be said to be in its adolescence, performance enhancement and the prevention and treatment of performance concerns in other performance areas are still in their infancy (Clark, 1989; Harmon, 1991; Hays, 1999a; Sataloff, Brandfonbrener, & Lederman, 1991). Issues in performing arts medicine began receiving systematic attention only in the late 1970s (Geben, 1991; Lederman, 1989). In some ways, this discrepancy of application is especially remarkable, as there are so many similarities between sport and art performance. The medical parallels, in particular, are striking. "The artist's counterparts of tennis elbow or

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swimmer's shoulder are clarinetist's thumb, cymbalist's shoulder, flutist's forearm, and violinist's neck" (Lubell, 1987, p. 253). Yet articulating these similarities and providing organized methods of psychological services for those in the performing arts are fairly new concepts (Hamilton, 1997a; Hays, 1999a; Hipple, 1989).

Because the performance arena is common ground between athletes and performing artists, it is not surprising that the primary psychological concerns confronting both groups also share similarities. Performing artists may be interested in mental skills training or receiving assistance with regard to various clinical or counseling problems (Hays, 2000). The practitioner who understands performance issues in relation to athletes is in an excellent position to transfer that knowledge base to other performance domains (Heil, Sagal, & Nideffer, 1997). Sports medicine physicians have begun working in performing arts medicine. Likewise, applied sport psychologists may have a strong theoretical and practical base to transfer their knowledge into work within the domain of performance psychology or performing arts psychology.

Starting from the perspective of sport psychology, this article offers information regarding similarities and contrasts in the broader arena of performance as it applies to performing artists. This material is drawn from the relevant literature in both sport psychology research and professional practice, as well as the author's experiences in consulting in the two performance domains. This information can be clustered logically into four major performance issues for both sport and the performing arts. Following the literature and practice review, those aspects of consultation that would be desired as well as those that would be distrusted by performing artists are described. The article concludes with a discussion of practice issues, including practical considerations, ethical concerns, and future directions.

## MAJOR ISSUES IN WORKING WITH PERFORMING ARTISTS

Parallels between performing arts and artists on the one hand, and sport and athletes, on the other, are intriguing. Both similarities and contrasts can be drawn in regard to a number of areas. Among the most salient are the mental aspects of performance enhancement, developmental processes, the management of injury and retirement, and eating disorders.

### *Performance Enhancement*

The emphasis on flawless technique and performance puts an extraordinary demand on performing artists. Whether as student or professional, the artist's life is permeated with judgment about performance. Auditions, lessons or classes filled with critique, performance itself, and reviews—all of these often focus less on aesthetics than on perfection. Ballet students, like gymnasts, look forward to receiving feedback from their instructors; when they receive a "correction," it is a sign that they are working well. The comment of a panelist at a prestigious music school also illustrates this pressure. Observing the palpable tension, the juror remarked, "I hate audition time at Julliard. The whole building shakes" (Kogan, 1989, p. 14).

In sport, competition is primary, whether with oneself or with others. Among performing artists, the level of competition often is intense as well (Hamilton, Kella, & Hamilton, 1995). The focus of the competition may be somewhat different, however. In sport, one of the primary goals is to win. Within the performing arts, "winning"—winning a part in a play, a chair in an orchestra, or a teaching position—is supposed to be a means rather than an end (Hamilton, 1997a).

There is a somewhat different relationship with one's audience, as well. Although the audience may be an important or even (financially) necessary element of sport performance, a sense of connection with the spectators is not essential to the activity itself. In contrast, one of

the central purposes of the performing arts is presentation to an audience—that is, sharing one's art with others. Because of this interaction, the relationship between performer and spectator takes on a vital role (Conroy, Poczwardowski, & Henschen, 2001).

Arousal and arousal management issues are described and experienced somewhat differently in the two domains. Although optimal levels of arousal and tension management are central mental skills, athletes may vary in their attention to or concern about arousal. In the performing arts, even the language is different. Performance anxiety generally is considered a routine element of performance. For a performing artist, the issue is usually not *whether* one will experience performance anxiety; rather, the relevant questions tend to focus on how much, how debilitating, and how to handle it. Stage fright, the commonly used term, refers to that aspect of performance anxiety that is “a state of nervousness or apprehension concerning performing before an audience” (Clark, 1989, p. 30). Various national and international surveys have noted that one-quarter to one-half of professional musicians report performance anxiety or stage fright. A staggering 96% of Canadian symphony musicians reported experiencing stress related to performance (Brodsky, 1996).

The somatic aspects of performance tension can directly affect performance itself. For example, tremors interfere with bow control and fingering for string players; shortness of breath affects wind players and singers (Lockwood, 1989). Cognitive and emotional reactions add further to the mix. Tension and concern about the symptoms of physiological arousal not only exacerbate the symptoms themselves, but also can directly affect concentration and memory (Clark, 1989; Lockwood, 1989).

Other typical components of psychological skills training for athletes—such as goal setting, concentration training, relaxation training, and imagery—are notable by their absence within many performing arts programs. Some experiential, cognitive, and psychodynamic approaches have been developed, however. Tim Gallwey's inner game method—detailed with golf, tennis, and other sports (e.g., Gallwey, 1997, 1998)—has been applied to music performance (Green & Gallwey, 1986). Cognitive methods also are used in helping performers, although the perspective often is reparative rather than preventive (Robin & Balter, 1995; Salmon & Meyer, 1992). In other instances, performance anxiety is understood to be a manifestation of deeper psychological issues regarding the presentation of self in public (Nagel, 1992).

### *Developmental Issues*

Like athletes, musicians typically begin instrumental training in early childhood. Ballet dancers usually commence rigorous lessons well before adolescence. There are comparable implications in terms of social and emotional development. In an epidemiological study of 375 arts students, 74% of music students and 60% of drama students (compared with 45% of regular academic students) took additional classes or courses after school in their particular art (Robson & Gitev, 1991). Focus and discipline, hours dedicated to practice, and concentration on a single-minded goal all have costs along with rewards. The risks of identity foreclosure, recognized in the world of sport (Pearson & Petitpas, 1990), have their parallels among performing artists.

Dynamics among families of performing artists also may be similar to those of aspiring athletes (Côté, 1999; Hellstedt, 1995, 2000). Parental investment—of time, financial resources, logistics, and support of offspring—is necessary and can be vital if a child is to continue and succeed in the arts. At the same time, overinvestment via overidentification, taking on the task for the child, can affect the child's relationship with her or his art and have profound effects on the family system. Perhaps paralleling the dangerous syndrome of Munchausen's by proxy,

Tofler, Stryer, Micheli, and Herman (1996) described parental overengagement among elite gymnasts as “achievement by proxy.” Parents’ own sense of self becomes defined by their children’s achievement. Parents may exploit their children’s talent, placing them at some physical and mental risk and becoming impervious to their children’s relationship with their activity. This same dynamic can occur among parents of performing artists, and has long been recognized by the term *stage mother*—or, in more egalitarian fashion these days, *stage parent* (Hamilton, 1997b). Stage parents may impose a constantly moving target of competence on their children. They also may become aggressive with those adults who have roles of responsibility for their children (e.g., teachers, directors, and adjudicators).

The cultural isomorphism assumed between sport and masculinity is, to some extent, reversed within certain performing arts. Just as with figure skating, it is considered normative for girls to be engaged in dance, but people may automatically presume that boys who are involved are gay. The relationship between perception and reality, the chicken-and-egg of sexual orientation and career choice, is not yet clear (Hamilton, 1997b). For example, in a survey of nearly 1,000 dancers who read *Dance Magazine*, 50% of the men described themselves as homosexual or bisexual (compared with 2% of the women; Hamilton, 1998). Even taking into account the self-selection process involved in mail-in survey response, these results are markedly different from those reported in the general population. A related issue is that of sexual exploitation. In another survey, of 300 dancers, males in their late teens were more likely than females to report having been sexually harassed, especially by male artistic directors and choreographers (Hamilton, 1998).

### *Injury and Retirement*

Performance practice can result in a variety of medical and psychiatric difficulties. Repetitive strain injury, also described within performing arts medicine as *overuse syndrome*, is a “common disorder characterized by pain and loss of function in muscles and ligaments used in instrumental performance” (Clark, 1989, p. 29). Overuse syndrome tends to be associated with abrupt changes in performance practice, such as changes in technical style or marked increase in playing intensity among musicians. Only minimal study of the etiology, prevention, or effective treatment of overuse has been conducted, even though this problem has been recognized for a considerable time and affects many musicians. As with athletes (Williams & Andersen, 1998), it seems likely that artists’ performance tension may be a precursor to injury. Improved self-monitoring, relaxation training, and reduction in performance anxiety all might be helpful preventatives (Clark, 1989). The extensive literature on issues of injury and risk among athletes—for example, a special issue of the *Journal of Applied Sport Psychology* (1998) was devoted to the topic of theoretical, empirical, and applied issues in the psychology of sport injury—although clearly relevant, has only begun to be applied to performing artists (Mainwaring, Kerr, & Krasnow, 1993).

Actors often are called upon to use a variety of skills for which they may have minimal training. Singing, dancing, or playing a musical instrument all may be integral to performing a particular role. Due to lack of training in these arts, however, actors may be at high risk for injury (Brandfonbrener, 1999). The demand for versatility, combined with the high rate of freelance work rather than performance company membership, can add to a stressful lifestyle (Lubell, 1987).

Among the performing arts, the physicality of dance most clearly parallels sport with regard to issues of injury and retirement (Geben, 1999; Schoen & Estanol-Johnson, 2001). For dancers, the combination of intense physical training, disordered patterns of eating, and amenorrhea (29%–45%) results in a high rate of injury, especially stress fracture. Scoliosis is report-

edly “ubiquitous” (Hamilton & Hamilton, 1994, p. 37) among dancers. In various studies, 40%–80% of ballet dancers report minor injuries, and a similar percentage report “overuse” syndromes (Hamilton & Hamilton, 1994; Hamilton, Hamilton, Meltzer, Marshall, & Molnar, 1989). The effect of these stressors is cumulative, and “older” dancers (most retire by their 30s) appear to experience more injuries and physical problems of various kinds, and also spend longer periods of time disabled than younger dancers (Hamilton et al., 1989). The incidence of arthritis may be high, as is the risk for osteoporosis.

The emotional and behavioral impact of injury on dancers is powerful. In a comparison of female national corps dancers with and without injury, those who were injured used significantly more alcohol and drugs. Thirty-eight percent reported suicidal ideation, whereas none of the uninjured dancers reported such thoughts (Hamilton & Hamilton, 1991).

Ballet has been described by Anna Marie Holmes, the former artistic director of the Boston Ballet, as “the butterfly profession. Dancers have a short-lived time of real beauty, and then you go” (Kaye, 1998, p. AR1). Former prima ballerina Cynthia Gregory commented, “I don’t miss the adulation. I just miss the really good feeling I got doing something as well as anybody else could do it in the world” (Kaye, 1998, p. AR27). Intensely involved with and isolated by their art, ballet dancers tend not to plan for their postcareer future, even though they consider it important. The challenges of career transition from ballet are augmented by a culture in which it is atypical for dancers to be college graduates; in fact, up to a quarter may have dropped out of high school. Retirement from dance may “usher in a series of losses that encompass income, workplace, community, and most important, loss of identity” (Hamilton & Hamilton, 1991, p. 43). At the same time, it is important to recognize the potential advantage of early retirement from one’s first career: Dancers may be young enough when they retire from dance to successfully change vocations (Geben, 1999). Their level of academic achievement often is remarkable (Sidimus, 1998).

### *Eating Disorders*

A recently developed theory of “activity anorexia” (Epling & Pierce, 1991) suggests that activity itself can result in eating disorders. The interface of high demand for leanness and a specific body type, attention to attractiveness, narrow weight requirements, and a female-focused competitive activity may increase the potential for a physiologically fueled drive toward emaciation. Athletes and dancers are at especially high risk for the development of anorexia as a function of increased activity.

Within lean sports, recent concern about disorders of eating has resulted in adjustment of expectation and adaptation of training. USA Gymnastics, for example, has developed a manual and increased coach training on various topics, including the female athlete triad (Heckt, Nattiv, Balague, & Marshall, 1998). In dance, the aesthetic tradition varies by type of dance. Thus, modern and jazz dancers, on average, are somewhat underweight, but not markedly so (Hamilton, 1997b). Ballet, however, demands a prepubescent shape in women, such that dancers chronically strive to maintain a weight at around 15% below ideal weight—a proportion that conforms with one of the primary criteria for anorexia nervosa. Intriguingly, this criterion appears to be endemic to international ballet, not just Western standards. A cross-cultural study assessed 92 dancers from national ballet companies in the United States, Russia, and the People’s Republic of China with regard to weight, menstrual cycles, eating patterns, and injury patterns. Overall, “ballet’s stringent requirements place equal stresses on dancers across vastly different cultures” (Hamilton & Hamilton, 1994, p. 37). In particular, in all cultures the women ranged from 12% to 15% below ideal weight (taking into account cultural differences) for their height. Because weight preoccupation, disordered patterns of eating, and underweight

all are interconnected with eating disorders, it is not surprising that 5% of the American women dancers reported anorexia nervosa, and one-fifth of the women reported problematic binge eating.

## PERFORMING ARTISTS' PREFERENCES AND CONCERNS

Having reviewed some of the major issues that may be encountered by performing artists, it is important to consider the types of services and skills that would be of interest to them. What is it that performing artists desire, and what concerns do they express, when they consider working with consultants? With these and similar questions in mind, a series of semistructured, in-depth interviews were conducted with both performers and consultants who work with performers (Hays & Brown, in press).

Purposive sampling (Patton, 1990) was used to recruit expert performers, those with at least 10 years of experience in their field and with regional to national or international reputations (Ericsson, 1996). An interview guide (Patton, 1990) was conducted with each participant, addressing the mental, psychological, and emotional aspects of optimal performance as well as optimal performance consulting.<sup>1</sup>

Following an initial joint review procedure, each transcript was read separately and coded for meaning units by the investigator who had not completed the interview. This procedure allowed optimal freshness of analysis. Subsequent study audit, followed by member checking (Lincoln & Guba, 1985; Patton, 1990), provided a measure of trustworthiness. The investigators subsequently jointly grouped meaning units into lower- and higher-order themes (Conroy et al., 2001; Gould, Eklund, & Jackson, 1993).

Fifteen performing artists were interviewed: three actors, two broadcasters, three dancers, and seven musicians. In the next two sections, information derived from these interviews informs discussion concerning performing artists' preferred consulting services, as well as those they considered might actually hinder or interfere with performance.

## WHAT DO PERFORMING ARTISTS WANT?

Performers were asked about the assistance or skills they would seek from a performance enhancement consultant, as well as the ideal characteristics of such a consultant. Five of the 15 performing artists had direct experience of some form of such consultation; the others responded in terms of expectation rather than direct knowledge.

Both basic consultation or counseling skills and an understanding of the particular performance domain were emphasized. Sport psychology provides a useful grounding perspective of performance and mental skills, yet it was apparent that sport psychology needs to be applied carefully when "translated" into other performance domains. These points are elaborated below, with illustrative quotes from interviews with performing artists.

### *Essential Consultation and Counseling Skills*

Although consultation and psychotherapy contain differences of perspective and practice, they share in recognizing the importance of human connection. In a meta-analysis of central factors in psychotherapy outcome research, Whiston and Sexton concluded, "More than any other element to date, the therapeutic relationship is significantly related to positive client outcome" (1993, p. 45).

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<sup>1</sup> A copy of the interview guide is available upon request from the author.

The importance of well-developed relational skills was described by seven of the performing artists. Among characteristics they considered important were a sense of caring and empathy, yet without strong personal investment or involvement. A nonjudgmental and collaborative approach was suggested, as well.

### *Understanding Systems and Domains*

Certain basic expectations of consultants included an understanding of organizations, systems, and issues of entry and engagement. As with sport organizations (Gould & Damarjian, 1998), the capacity to assess the formal and informal structural elements is a necessary underlying skill. This may involve learning about a particular organization before offering services (Schoen & Estanol-Johnson, 2001) or knowing about the systemic hierarchy within which a performer works. Just as with athletes, the milieu within which performing artists function needs to be understood. A conductor, for example, raised a central question in the relationship between conductor and musicians:

How do you gain control over the essential character of music you're doing, create a frame and many of the details, be responsible for the sense of organic-ness that the work might have—put it all together—yet not totally squelch the musical initiative of those that you are working with?

Whereas core systems knowledge is essential, the consultant should either know or be willing to learn about the specific performance domain. Performing artists described experience and knowledge of the field and valuing the domain as essential elements of credibility. A pianist explained the need for a combination of relational skills and knowledge of the domain in a succinct manner. She commented that an ideal consultant would be “somebody who has a lot of empathy, who can read you quickly. It would probably give them more credibility in my eyes if they have been a musician, so that there is an understanding of what it's like.”

As with sport (Gould & Damarjian, 1998; Orlick & Partington, 1987; Van Raalte, 1998), the particular performance area (including its language and culture) is a significant factor in consultation. Although they are all performing arts, dance differs from music, which differs from acting. Even in situations such as opera—in which instrumental musicians, vocal musicians, dancers, and actors may perform together—there often is not much within- or cross-discipline contact. And even within a particular art form, there are a number of variations and ways in which each part of the field is different. Communication among members, sources of information, needs, and interests may vary. For example, rock musicians may have no more contact with classical musicians than any other type of performer. Furthermore, although some jazz musicians have had classical music training, different mental skills are needed for improvisation as compared to reading music from a score. In many ways, this specificity is similar to the level of specialized knowledge necessary for effective work with athletes.

Understanding the culture and language of the art form serves a number of functions. The practitioner has a greater appreciation for and flexibility about relevant issues and appropriate interventions. Furthermore, the practitioner gains legitimacy in the eyes of the consultee. This knowledge and legitimacy thus serve to give the practitioner flexibility, resulting in practical implementation of strategies as well as appropriate examples and metaphors.

Performing arts groups tend to be carefully closed to the outside world, not unlike athletes (Cogan, 1998; Van Raalte, 1998). Even the same military language of “us vs. civilians” often is employed (Robin & Balter, 1995). Performing artists often are more attuned to artistic than to academic credentials. Legitimacy is heightened, for instance, if one has been a dancer, or recognizes the unremitting nature of rehearsal and practice, or accurately uses the language, or

gives relevant examples and analogies. The more one has actually practiced the art, the more easily the practitioner will be accepted initially as “one of us.” A ballet dancer reflected:

My idea of the ideal consultant is someone who had been a practicing performer and moved into consulting out of their own interest. Being able to identify some area of your life as performance would be quite important if you want to help performers. And, at the same time, you need to be clear about what you’re doing. Most consultants would have a hard time maintaining their credibility if they actually gave technical advice.

Beyond knowing about the field, performing artists see it as valuable that the consultant actually have interest in, or care about, the field. Consultants considering work with performing artists might review their own behaviors and thought patterns: To which section(s) of the newspaper is one likely to turn? What does one watch on TV? How is one’s leisure time spent? How easy and intriguing, or burdensome and effortful, is it to learn more about this particular field? An instrumental conductor commented, in describing the consulting relationship:

Obviously there has to be sufficient likingness between the people who work together. There has to be some kind of affinity. It would be helpful if someone who is dealing with a musician actually loved music themselves, and knew a bit about it, or was an avid concert-goer. If they had seen or been around situations that they [the consultee] were in, they might have an easier time being trusted than somebody who’d never seen a symphony play and is trying to work with a conductor. It might be a little bit harder to get enough connection going, you know, trust.

### *Applications from Sport Psychology to Performing Arts Psychology*

Because most of the performing arts participants were not familiar with the idea of using performance consultants for their art form, they tended to make comparisons with the types of helping or assisting with which they were acquainted. Coaching, consultation, and therapy may be viewed very differently within the performing arts than they are perceived by athletes—or by the general public.

Unlike sport—in which athletes may view psychotherapy, psychologists, and counselors with a certain degree of wariness (e.g., Van Raalte, 1998)—a long tradition, dating back at least to Freud, allies psychoanalysis and psychodynamic psychotherapy with the performing arts and artists (Obrecht & Telson, 1992; Ostwald, 1992). Ballet dancers may feel comfortable with the idea of psychotherapy in which performance issues are discussed, but they may be hesitant to seek “performance enhancement training,” as they may understand those words to mean that their performance or abilities are lacking (Schoen & Estanol-Johnson, 2001).

Yet the apparent lack of stigma for psychotherapy among performing artists can be more complicated than it appears. The level of comfort with and sense of legitimacy about psychotherapy that performing artists may feel means that potential clients also may assume that any “mental work” will be psychotherapy, that it will be long-term, and that a brief intervention may not be legitimate and would not address central issues of concern. For these reasons, even though seemingly less skeptical than some athletes, potential performer clients may need as much (albeit different) education concerning performance-enhancement training. It will be useful for performing artists to obtain information concerning performance-enhancement rather than pathology-focused approaches, the efficacy of mental skills training, the utility of briefer treatments, and a present or present/future focus.

Even though the psychotherapy model seemed most comfortable to the performing artists, a number of the participants thought it would be important for the consultant to spend time

within the artist's work setting. This format, although familiar within the sport realm, is atypical within the framework of psychotherapy. When asked, 7 performers suggested that a consultant would be most effective if she or he spent some time actually *in* their place of work—whether to observe the atmosphere, experience the dynamics, or actually conduct some intervention on site.

With the increased popularity of mental skills training, many performers are familiar with various techniques. Yet even if they know *about* such techniques, they may not have learned how to use them, they may have learned them in ways that are not useful or effective, or they may not have truly understood their utility or applicability. Actors, for example, often are trained in various preperformance routines in acting school. Although they have obtained this training, they may not use the routines they learned, or they may haphazardly and superstitiously try one and then another. They may not have settled on specific methods that are expressly useful for their own needs. Similarly, most musicians, whether instrumental or vocal, have learned quite extensively about diaphragmatic breathing. Yet, in the performance moment, their performance anxiety may override what they have learned. Even more, they have learned breathing in the context of sound production. They may be entirely unaware of the arousal management or anxiolytic capabilities of this form of breathing.

A consultant needs to identify the ways in which mental skills techniques can be incorporated in this particular field—or how these skills need adaptation. Some mental skills techniques translate directly from the sport domain to that of performing arts. A dancer working on a particular dance sequence can use imagery in the same way that, for example, a basketball player might image a free throw routine. However, dancers—ballet dancers in particular—must maintain a particular visual line, especially in a frontal view. They are not willing to entertain as a concept, let alone as a practice, the notion of a full diaphragmatic breath in the way it is usually taught. On the other hand, having accurate appreciation for their own physiology, they can learn to do side- or back-breathing, with the concomitant connections of calming and arousal control.

A consultant should understand the appropriateness of sport examples or analogies to the particular population. Examples from sport often can engage performers in other professions and be accurately illustrative. Men who are in business, for instance, often are comfortable with and intrigued by the metaphors of team sport in particular. Using sport examples within the performing arts needs to be done with particular care, however. Consultees may not see the analogy immediately and, unless actively guided, may find the examples either irrelevant at best or off-putting at worst. An instance of this miscommunication occurred recently when I was speaking to parents and teachers of high-performance adolescent musicians. Thinking the advice that adolescent tennis players had given concerning burnout and burnout prevention (Gould, Tuffey, Udry, & Loehr, 1996) might have nearly direct applicability for these interested adults' concerns about their students, I shared the information and advice—and, I thought, bridged the gap to music application. Feedback I later received indicated that “the speaker seemed more knowledgeable about and interested in sport than music.” Clearly, the translation had not been made effectively. The potential richness of this information had not been received or absorbed.

### WHAT DO PERFORMING ARTISTS *NOT* WANT?

Along with obtaining information about consultant capabilities, participants also were asked, “Are there things a consultant might do that would actually hinder performance?” Three higher-order themes that emerged included having poor skills, being off the mark, or issues with the personality or ego of the consultant.

### *Poor Skills*

Among the lower-order themes included within the framework of poor skills were problems with presentation, not matching the intervention to the individual, creating overdependence, and undermining confidence or discounting the performer's experience.

The lack of an individualized approach can signal problems with consultant skill. One actor commented, "I wouldn't want someone just saying, 'Hey, this is the way to do it. This is what works for the sprinter I work with, so this will work for you. I know there are different circumstances, but this will work for you.'"

Client overinvestment was described by a musician as "an overreliance, that you felt that you couldn't do it without the other person's help. If that person were to lead you to believe that your performance was somehow based on their helping you, that would be a detriment."

A consultant who is not sensitive to performers' capabilities can undermine their confidence and self-efficacy. Although this may seem to be a basic element of appropriate counseling or consulting skills, four performers recognized the delicacy of their sense of their own knowledge, skill, competence, and confidence. An actor who had commented earlier in the interview about his own frequent self-doubts said, "Somehow I would get the message that indeed I am wrong, like that there is something wrong with me. And that's just perpetuating my own cycles of crumbling."

### *Off the Mark*

The obverse of the previous point is that consultants can hinder a performer if they offer suggestions that are of little use or are unrealistic. The lack of domain-specific knowledge—that is, advice or interventions that are unrealistic or inaccurate—was a potential concern mentioned by 4 of the performers. Within the highly traditionalist, structured framework of ballet, for example, a dancer commented that a performer's capacities could, in some ways, be impaired

if someone whose ego was already a little out of control was convinced that they were even better than they thought they were. Part of being mature in dance—you have to understand your place in the organization, and not everyone can be a principal dancer.

### *The Personality or Ego of the Consultant*

Included within this theme were lower-order themes of working outside the boundaries of the consulting contract, unethical practice, and selling "The Answer."

Even though one of the dancers suggested that the ideal consultant would be one who had been a practicing performer, he expressed concern that consultants who provide technical advice when they have been asked for mental skills training might interfere with the performer's development. A broadcaster was forever wary, after having worked with a consultant who did not maintain confidentiality.

Performers were leery of consultants who have "The Answer," whether it is one particular method that *always* works or a method that works with a different performance population. A conductor remarked:

The consultant shouldn't set himself or herself up as an authority, because whoever needs help has to discover what's true, that's the only thing that has to happen. The person has to discover what's true for themselves. If the person who is working with them can help them do that, then that's great.

## PRACTICAL AND ETHICAL CONSIDERATIONS

A number of financial and funding issues need to be addressed when working with performing artists. Although superstars in the performing arts, like those in sport, may have immense amounts of disposable income, the vast majority of performing artists tend to be markedly more financially circumscribed. The romanticism of the “starving artist in a garret” remains a cultural attitude at some levels. Artists often are underpaid, based in part on an unarticulated assumption that their art should be enough to sustain them (Sidimus, 1998). Self-employment also may limit healthcare coverage. Furthermore, the provision of performance-enhancement training may, legitimately, not be covered by a health plan.

Given these financial constraints, the practitioner may need to use some ingenuity in developing methods of reimbursement when working with performing artists (Hipple, 1989). Some examples include differential pricing or a sliding fee scale; provision of services to groups via workshops or contracts with performing arts organizations or granting agencies; subsidization via employment, whether in an arts organization, clinic, or teaching institution; or indirect provision of services (for example, through magazine columns or articles).

Who is competent to practice performing arts psychology, coaching, or consultation? Competence underlies the medical injunction to “do no harm.” At the same time, competence extends beyond proscription, implying capacity and proficiency. As in other areas, the term *psychology* is restricted by legal regulation, and thus any modification of the term would need to take that regulation into account. Beyond that legal restriction is the ethical restriction relating to competence. Each discipline has its own ethical standards (e.g., APA, 1992; Meyers, 1995), and practitioners are constrained to operate within them.

In addition to considerations of competence, other ethical issues are important. These are strikingly similar to those that may be present when working with athletes. Relevant problems pertain to multiple role relationships and boundary slippage; the awe of treating celebrities; changes in the structure or context of treatment; and issues around confidentiality, especially with celebrity performers (Hamilton, 1997b; Hays, 1999b; Van Raalte, 1998).

## THE FUTURE OF THE FIELD

There is a synergistic excitement in recognizing the conjunction between sport and performing arts (Hays, 1997). Approaching performing arts psychology from two differing perspectives and traditions (sport psychology and arts) offers both challenges of misunderstanding and opportunities for expansion of knowledge and practice. There is potential for further understanding, through training, research, writing, practice, and teaching.

A number of individuals with a wide variety of training and interests are providing such services, yet at present there is no systematic sense of what is needed in relation to training or practice. The field is wide open and actively being shaped at this time. With its systematic understanding of high achievement and performance excellence, sport psychology can provide a rich grounding (Murphy, 2000) when combined with knowledge of the arts setting and the lives of performing artists.

Departments of kinesiology and psychology offer courses in the psychology of performance, increasingly being attended by both athletes and performing arts students. Specialty journals—such as the *American Journal of Sports Medicine*, *Journal of Dance Medicine & Science*, *JASP*, and *Medical Problems of Performing Artists*—provide continuing professional development. Membership in specific professional organizations and attendance at their conferences can add to one’s knowledge and collegial connections. In addition to the American Psychological Association (APA) and the Association for the Advancement of Applied Sport

Psychology (AAASP), specialty organizations include the Artists Health Centre (Canada), Career Transition for Dancers, the International Association for Dance Medicine & Science, the International Organization for the Transition of Professional Dancers, and the Performing Arts Medicine Association.

The potential for research inquiry into this area is vast. The past 20 years has seen the reemergence of the study of talent and expertise development (e.g., Bloom, 1985; Ericsson, 1996a, 1996b) across a number of domains. Both within- and cross-domain investigations are warranted and beginning to appear (e.g., Conroy et al., 2001; Hays & Brown, in press; Starkes, Helsen, & Jack, 2001). Issues that would be well worth exploring include: optimal methods of skill acquisition and training or coaching; developmental aspects, including the role of family, social milieu, and the larger culture, age, and gender; relevant aspects of psychological skills training and the interaction of cognition, emotion, and behavior; issues of failure and loss (dropout and burnout); and ongoing attempts to understand, at a broader level, nature vs. nurture, deliberate practice, multiple intelligences, and extraordinary achievers. A combination of both qualitative and quantitative research can best help us understand this area to its fullest extent.

On the practice side, as a fairly narrow niche market with somewhat shaky funding sources, performance psychology or consultation currently is an arena that appeals in particular to those with specific knowledge, interest, and skills, as well as an entrepreneurial or creative and venturesome bent. Because it is unregulated, this area also can be a breeding ground for exploitation, charlatanism, and generally poor practice. However, by joining together with competent organizations and training institutions, the specialty can expand and become of greater use to performing artists. A fertile base for such an endeavor could be provided by the combined resources of the AAASP; interested divisions within the APA, such as the Divisions of Exercise and Sport Psychology (Division 47) and the Division of Consulting Psychology (Division 13); the Performing Arts Medicine Association; and various performing arts medicine programs.

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