

The Schlaffhorst-Andersen Method for the Prevention and Treatment of Stage Fright

An insight into a German teaching approach
from the CJD Schule Schlaffhorst-Andersen in Bad Nenndorf, Germany

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Reference: ISSTIP Journal No. 10 / 2000, editor: Carola Grindea

Summary

The Schlaffhorst-Andersen method offers a structured and holistic prevention and treatment method approach to stage fright. It combines a science based understanding of breathing and voice technique with cognitive, emotional and total-body approaches. The Schlaffhorst-Andersen concept is based on the reciprocal psycho-neuro-motor actions of the organism with the goal of improving performance ability, power of expression and health of the musician. Via deliberate breathing and movement work which integrates emotional aspects, the interference effect of the sympathetic nervous system is counteracted. The procedure and the individual components of this prophylactic and intervention programme specially adapted to the needs of musicians are presented.

Musicians and Performance Anxiety

“Music is hard work.” This statement by Justus Frantz characterises the musician’s profession. Besides numerous hours of daily practicing one particular stress factor rules daily living of a professional artist: being constantly exposed to the often merciless scrutiny of fellow musicians and the audience. Not only an artist’s technical performance is a subject of constant general debate, but even a part of his personality and his individual expression.

Provided a musician is able to physically and psychologically cope with stress the latter has a positive effect on a performance and even enhance it by increasing a musician’s

Dr. A. Lang, “The Schlaffhorst-Andersen Method for the Prevention and Treatment of Stage Fright”, Reference: ISSTIP Journal No. 10 / 2000, editor: Carola Grindea

receptivity and reactive capacities. However, unfavourable social conditions (family environment, culture, etc.), personal attributes (behaviour-related, psychodynamic, cognitive and biological) and professional idiosyncrasies (technique, artistic maturity, degree of exposure) can result in performance stress leading to fear of failure, fear of competition and threaten professional survival. As soon as such anxiety starts to interfere with the artist's performance, professional help is advisable.

In anxiety situations, the organism reacts in a stereotype manner with sympathetic activation of the autonomic nervous system. The alarm reactions, triggered in the hypothalamus and the diencephalon and transmitted by heightened sympathetic *arousal*, is a evolutionary survival tool to deal with life threatening situations ("fight or flight"). A musician whose body is "attacked" by such a reaction, particularly in moments of extreme concentration, is massively impaired in his performance.

Each of us knows the importance of a pervious and "appropriately tensed" body for optimal musical performance: Flexibility and breathing rhythm are not just a precondition for flexible articulation and musical flow for wind instruments and singers. A musician whose body is "on the run" is rigid in his activity. He plays with stressed muscles and hesitating, flat, hasty breathing. This effects expressive power of the music and is furthermore transferred onto the audience, as shown by the American scholar John Diamond (2). Failure occurs, the prophecy has been fulfilled. Repeating such mechanisms in the stage situation can entail a vicious circle which, in terms of conditioning is divorced from its original anxiety stimulants, and leads to a learned anxiety reaction: performance anxiety. The treatment of learned performance anxiety is far more difficult than its prevention.

The well-known symptoms of performance anxiety are all an expression of an activated sympathetic nervous system: cold, moist fingers, dry mouth and gastrointestinal problems, palpitations of the heart, mental blocks, excess muscle tension and trembling of motor muscles, but also of the voice and respiratory system and many others. Widmer et al additionally showed in a study of 141 musicians a positive, anxiety-related correlation between the appearance of disruptive stage fright and hyperventilation (9). Statistics indicate, that more than 41% of all musicians of both sexes suffer from stage fright (3) and recourse to medication is widespread and habitual (5).

The treatment of stage fright includes several different approaches:

Behaviour-based approaches like optimum preparation, appropriate selection of pieces to play and systematic desensitisation through habituation (frequent public performances) characterise the daily life of many musicians. A depth-psychological analysis of anxieties is rarely conducted. If one wants to deal adequately with the multi-factor genesis of performance anxiety, an accordingly multifaceted, i.e. holistic, treatment concept is required which combines cognitive, emotional and total-body approaches. The Schlaffhorst-Andersen concept is based on such a therapeutic approach. It is based on the reciprocal interaction between emotional processes, reactions of the sympathetic nervous system and motor performance and it aims at improving

- the capacity for expression
- the ability to perform and
- health of the musician.

The Schlaffhorst-Andersen Concept

Frequently, a musician's instrument is much better taken care of than the musician's own organism. Most people only become aware of their bodies once they are in pain or when certain musculoskeletal functions are impaired as in the case of performance anxiety. While most musicians almost immediately notice the effects of e.g. climatic changes on their instruments they are quite unaware of current muscle tone, respiratory behaviour and so forth. If we conceive of the body as a part of the instrument, this implies that together with learning to play a musical instrument, dealing with the instrument "body" must also be learned. In order to ensure beneficial tension and thus muscular flexibility a musician needs to take note of and accept the body with all its sympathetic nervous manifestations. Only on this basis it is possible to deal with performance stress in a manner that compensates for the detrimental influence of autonomic arousal.

Autonomic and voluntary nervous systems and the psyche are holistically combined into a single large network by means of messengers and signalling substances (such as neuropeptides) (11). According to Zänker (11) and Pert (6), the neuropeptides are biochemical carriers of emotion. The brain's limbic system, the basal ganglia and motor nuclei of the thalamus are connected with each other and thus link unconscious personal expression to body posture and motion. And the cerebellum (in the rear part of the brain concerned with the co-ordination of movement and muscle action) is according to recent

findings (7) largely involved in emotions. In this we find a neurophysiological correlate for the reciprocal effects cited above between emotional processes, vegetative reactions and motor performance. By external effects on one of these functional constituencies, both other areas are likewise affected.

Breathing plays an important part in this relationship. Respiratory rhythm (as well as respiratory volume) are involuntarily adjusted to existing circumstances by means of respiratory centres in the brain stem. In addition, the respiratory muscle system is voluntarily controllable via the cerebral cortex. Thus the function constituency of breathing fulfils a unique key function as intermediary between the somatic and vegetative nervous systems.

What therapeutic consequences emerge from this for treatment of performance anxiety? The objective is to influence the vegetative nervous system in the direction of attenuating the excessive sympathetic arousal and muscle tone. For this, we use the reciprocal actions cited by systematically counteracting the influence of the sympathetic nerves with deliberate breathing and motion work with particular reference to their emotional aspects.

The procedure

In the first instance, our students train their self-perception (sensory system). Trained body consciousness makes perception and familiarisation with one's own conditions possible, the musician gets in touch with his own body, he learns to notice even minor body signals and to pay attention to them. He can thus consciously experience the context of external and internal motion, that is of muscle tone, posture, motion, voice and mood, breathing and pulse.

The contact to his own focal point has at the same time a centering element which contributes to psychological stabilisation (and which extends well beyond the stage performance). Sensitive perceptions of one's self are accompanied by improved perception and awareness of others as well. This in turn has positive effects on joint performance of music.

On the basis of this body consciousness, deliberate means of compensating the autonomic reaction can occur, in our case by reducing excessive sympathetic tone. Our "additions" to the vegetative system form the functional constituencies of motion,

breathing, voice and, by means of basic cognitive and emotional components, the psyche.

Motion:

As discussed above, with performance anxiety we observe an increased tone of the entire skeletal muscle system. Our objective is not their relaxation but their proper tension (*eutonus*). We strive for a reaction condition appropriate to that of the situation on stage, thus facilitating an artist's necessary presence, musical expression and concentration without however, blocking the motor system. Suitable for this are not just tension-reducing procedures like general or local unblocking, exercises while lying down, downward-pointed movements connected with breathing or reinforcement of floor contact, etc., but in particular tension-compensating methods such as the circular and oscillating motions which are part of the five paths to regeneration according to the Schlaffhorst-Andersen method. The latter involves deliberately prescribed motion actions in which the body is in constant confrontation with traction, pressure, gravitational and centrifugal forces. By stimulating the balance and mechanical receptors such as the muscle spindles with their associated nerve fibres, a constantly reproduced tension balance of the postural and respiratory muscle systems is established, where hypertonic muscle fibre groups are released while hypotonic regions are activated and, which ultimately allows for the desired *eutonisation* (appropriate and beneficial muscle tension).

Breathing:

Work on breathing constitutes the centrepiece of the Schlaffhorst-Andersen method. The heightened tone of the abdominal and pelvic floor muscles obstructs respiratory motion. The increased need of oxygen in stress situations can thus not be compensated for by means of an increase in the *volume* of respiratory action but must rather, and very uneconomically, be compensated for by acceleration of respiratory *frequency*. Enlarged respiratory motion is likewise evident in the equally uneconomic form of deep breathing. If respiratory volume exceeds muscular activity (i.e. metabolic need for oxygen) as is frequently the case on stage, then the typical symptoms of hyperventilation exacerbate the problem (9).

Breathing exercises must therefore facilitate ease of breathing by increasing the volume of each breath while reducing the frequency of breathing. This must be achieved in connection with eutonisation of the obstructed muscle groups.

For this, a further regeneration path according to Schlaffhorst-Andersen is suitable: work on individual tripartite breathing and motion rhythm. After the two phases of

breathing in and breathing out, there is a third phase, the pause in breathing, characterised by a relaxation of the entire respiratory muscle system. With increased breathing work, the duration of this pause is admittedly shortened, but the relaxation phase and quality should remain. Exercises for perception and extension of the pause in breathing serve, besides reduction of hyperventilation, the elimination of tension. They will also make the respiratory muscles more flexible and more economical in their use. This process can be extended to other muscle groups by means of motions carried out in basic rhythm.

Deepening breathing is either achieved by body motions which have a direct effect on respiratory mechanics, or by inhalation stimuli which stimulate the respiratory centres and thus increase the volume of each breath taken. We use such an inhalation stimulus, for instance, by extending exhalation. Prolonged exhalation and the subsequent pause cause carbon dioxide levels in the arterial blood to rise. As a result the respiratory centres in the brain are stimulated to deepen the subsequent inhalation. Extension of exhalation can be achieved both by articulation resistance as well as by using the phonetic resistance during speech and singing.

Voice:

A further path to human and musical regeneration according to Schlaffhorst-Andersen, is the production of sounds in which sound functions are consciously used to set large parts of the body into vibration. This further constitutes a compensating effect on sympathetic nervous arousal. This, together with emotional causes is explained by the close link of the visceral nerve (*nervus vagus*) to the external auditory meatus and the eardrum (1). At the same time by making sounds and by lengthening exhalation, deeper breathing is facilitated (see above).

Basic Cognitive and Emotional Components:

Psychological compensation of sympathetic nervous arousal is additionally accomplished via

- positive images (such as visualisation of relaxing, rhythmic and slow processes)
- developing individual cognitive strategies for blocking out conditioned memories and by
- converting the enormous tension in the performance situation, normally perceived as destructive, into one which is constructive and functional to performing music.

Visualisation and “training for the real emergency” help the musician to familiarise himself with the location, situation, cause of fear and motivation. The musician also works out individual tactics on enhancing this so-called “home advantage”.

The Schlaffhorst-Andersen concept is no simple relaxation process. It is rather a motion exercise, training sensory motor nerves and a programme for regeneration of the human being - in and outside of performing situations.

Thus at the start of the programme, after taking stock of the individual problems, the focus is on intense training in the functions mentioned above. Review of the results of exercises and recourse to audio-visual media expand training. In the course of training, media and accompanying body motion are constantly reduced and the level of challenge is raised (training for the “real emergency”) where the musician can try out new postures in the sheltered environment. Ultimately, uncomplicated images as well as the body consciousness and memory already achieved suffice to down-regulate sympathetic arousal so that all concentration can be channelled into the music.

The trained musician can now immediately react whenever he perceives signals of heightened adrenergic tone and sympathetic arousal (e.g. obstructive tensions or acceleration of breathing and pulse) during a high stress performance. He has learned to actively influence them in a positive way and can prevent a vicious circle and conditioning of anxiety. The musician has learned to stay within a rhythm even at high levels of tension and energy instead of yielding in a helpless manner to his own inner chaos. The musician can allow for and utilise releasing elements and, thus, according to the music, experience the shift from tension and relaxation. He is now more capable to stay with the flow and remains focused, in reference to both music and motion.

An artist who is in this way in the centre of his own perception and armed with the tool of regulating his central life functions is in control of his behavioural modes. He does not feel at their mercy and his “consciousness” increases in the literal sense. Failure proneness is reduced and stress resistance on stage is improved, an effect which usually spills over into daily life.

The Schlaffhorst-Andersen concept thus provides a prophylactic and intervention programme especially tailored to the needs of musicians. It integrates all the constituents of the reciprocal actions of cognitive-emotional, vegetative and motor functions into a treatment of performance anxiety. It thus, offers in concentrated form assistance for professional musicians, music students, music teachers and all those who perform music in public.

References:

1. Burger, C. et al.: "Integrative Horchtherapie", Das Orchester 4/98:27-29
2. Diamond, J.: Lebensenergie in der Musik, Zürich 1989
3. Fishbein, M. et al.: "Medical problems among ICSOM musicians: overview of a national survey", Med. Prob. Perform. Art. 3 (1988): 1-8
4. Lehrer, P.M.: "A review of the approaches to the management of tension a. stage fright in music performance", J. Res. Music. Educ 35 (1997): 143-52
5. Nicolai, F.: "Der Körper ist das eigentliche Musikinstrument", Das Orchester 3/96: 21-26
6. Pert, C.: Molecules of Emotion. Scribner, New York (1997), 187-89
7. Rapp, W.: Ganzheitliche Körperarbeit in der Physiotherapie als Beitrag zur Psychosomatischen Medizin, Krankengymnastik 5, 51. Jg. (1999): 776
8. Saatweber, M.: Einführung in die Arbeitsweise Schlaffhorst-Andersen, Schulz-Kirchner Verlag, Idstein 1994
9. Widmer, S. et al.: "Die Hyperventilation als korrelierender und mitbestimmender Faktor von störendem Lampenfieber bei Musikern", Musikphysiologie u. Musikermedizin (1998), 5(3)
10. Wilson, G.D.: "Performance anxiety", in Hargreaves D.J., North, A.C. (Hrsg.): The social Psychology of Music, Oxford, Oxford University Press (1997)
11. Zänker, K.S. (Hrsg.): Kommunikationsnetzwerke im Körper: Psychoneuroimmunologie, Spektrum Akademischer Verlag, Heidelberg (1991)