

On the dignity of failure

Steven Sharman, an assistant psychologist, considers the importance of positive risk taking

It could be said that without risk, hope is nullified. Without grasping opportunity and putting potential to the test, hope is held in limbo and can never approach fulfilment. Furthermore, hope does not last for ever, so rather than submitting to the fear of a regret of choices made and actions taken, the only way to truly foster hope is to take risks and to embrace the opportunity to either succeed, or grow trying. In the words of Pixar's motto, 'fail early, fail often'.

I have been working in mental health care for the last five years. While my goal was always to work towards a career in psychology, my 'foot in the door' was a

role in occupational therapy. For three years, at a nationally renowned high secure hospital, I worked with the most challenged and challenging sufferers of mental illness. Whilst assisting in the administration of therapeutic interventions, I was made aware of the importance of positive risk taking, and the dignity of failure.

In an environment in which risk assessment surrounds every element of practice, and where complacency is seen as one of the greatest threats to safety and security, it can be easy to become inordinately risk averse. On the 'shop floor' with violent offenders, many of

whom have extremely low frustration tolerance thresholds coupled with often chronically low self-esteem, one can too often try to protect clients from disappointment and failure on the grounds that it seems unnecessary, destabilising and dangerous. However, as one colleague put it after I reflected on having been the first person to hand a vegetable knife to a young, ornately tattooed patient since he had been convicted of using one to kill a neighbour, if the patient was not given the opportunity to use that knife, and either succeed or fail to act with it in an appropriate manner here, then where should this

happen? When they are in conditions of lesser security and lower supervision, or unsupervised after discharge – at which point could it be said that they had been truly risk assessed? This for me highlighted the importance of allowing people the opportunity to fail as an assessment measure. Furthermore, it became clearer to me that the opportunity to fail can be a valuable means of progress towards recovery in the therapeutic context. It encourages ownership of one's own recovery, self-agency to endeavour beyond disappointment, and to learn from mistakes.

The learned helplessness of the fear of failure (or of embarrassment) can stifle us and arrest our development. A quote I once read of uncertain provenance states: 'To do anything well you must have the humility to bumble around a bit, to follow your nose, to get lost, to goof. Have the courage to try an undertaking and possibly do it poorly. Unremarkable lives are marked by the fear of not looking capable when trying something new.' In other words, we must try – whether we possess the requisite skills or not, whether we feel personally confident or not. We have a right to fail, just as much as we have a right to try. The only proviso should be that the risk is in one's best interest, is proportionate to the potential gain and does not place others in harm's way or impinge upon their rights.

When others, usually with our best interests at heart, take from us the ability to fail, or the ability to accept responsibility for our failures, we lose our ability to grow. Trial without error is akin to theory without practice. How can one hope to succeed when one is not allowed to try unless it seems certain that the attempt will be met with success? How likely is it that such opportunities will arise – and should they, how hollow might those victories seem?

After leaving occupational therapy and beginning to work in psychology, I would often find I was congratulating myself for the successes of my patients.



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I would find myself thinking 'I made a breakthrough there', as if the patient was buried under a collapsed building and only saw the light of day as I had found the right piece of rubble to move, or had the requisite strength to pull them out. This point of view ignores the fact that if a patient experiences change, it is they that change; for if not, if this change has been foisted upon them by another, then it is not likely to last. If I had thought in this way when I worked in occupational therapy then I would be congratulating myself for the birdhouse that I made in front of a patient, for fear that they would mess it up, to protect them from disappointment, frustration or hopelessness, or worse, to protect the birdhouse. However, I gave my patients the tools and let them build the birdhouses, and to accept their own consequences. If I am the builder, I am proud of the success, ashamed of the failure; if they are, then I can be equally proud of them for trying, successful or not.

I have recently read of concerns that the most anxious patients are being excluded from important interventions such as exposure therapy for fear of suboptimal response to the treatment, or the worsening of symptoms. Mayer et al. (2014) reported that a relationship exists between exclusions of anxious patients from such treatments and the personal characteristics of the therapist, such as higher anxiety sensitivity, perhaps fostering clinical risk aversion. As therapists, must we not offer those in recovery the opportunity to fail? It was clear to me in my work that while we must protect our vulnerable patients, we must also remember that by robbing them of the 'lesson of the burned hand', we are robbing them of life's most effective tutor. By stepping in and wresting away control when a client begins to stray from a perfect line, we are taking from them the chance to experience either the consequences of their lapses, or the opportunity to practice returning to an intended path – this is anti-recovery. This is un-hope.

It should be remembered that allowing our patients to fail does not make them failures. 'I have failed' implies the intention to try again. 'I am a failure' implies the loss of hope. Patients can fail, but they cannot make themselves failures – it is perhaps only we that can do that.

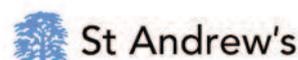
Reference

Mayer, J.M., Farrel, N.R., Kemp, J.J., et al. (2014). Why do clinicians exclude anxious clients from exposure therapy? *Behaviour Research and Therapy*, 54, 49–53.



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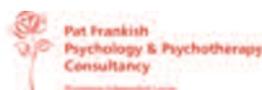
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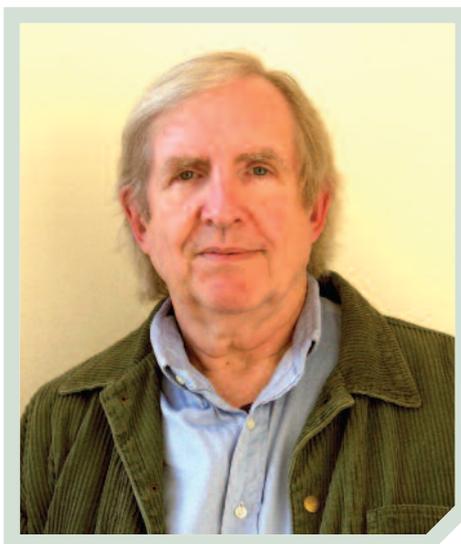
Ian Florance talks to **Andy Evans** about his work with performers

As I walk down Kensington High Street to interview Andy Evans, a huge poster for Symphonica, George Michael's new album, flaps in the breeze. What, you may ask, has that got to do with *The Psychologist*? Well, George Michael's personal travails since Wham! are well-documented, as are the problems of famous performers from Susan Boyle to Michael Gambon and Benedict Cumberbatch (two actors who suffer from severe stage fright). Andy Evans works as a performance psychologist in precisely this area (though I don't know if any of these are or were his clients and Andy makes it clear from the start that confidentiality and ethics are at the centre of his practice). He estimates there are about a dozen psychologists focusing on performers, as opposed to those who deal with performers as a smaller proportion of their client group.

'There are fewer potential performing clients than sportspeople and less money than for sport psychology, where large institutions and clubs provide funding. Funding for performers is largely from charities or from the client's own pocket.' The parallel is interesting, and when I ask him exactly what performance psychology is, he says 'It's easiest to grasp if you see it as sport psychology for anyone who has to produce a performance in real time – not only performers but public speakers, lawyers, corporate executives, even chefs. We address issues which are also central to sportspeople like burnout, mental preparation, and the Zone.'

Does he attempt to solve problems or maximise positives? 'A coaching relationship usually starts with the former. Someone suffers a disastrous performance, stage fright, loss of voice or difficulties in playing an instrument and they want a quick fix in three to six sessions.' What sort of techniques do you use? 'Cognitive behavioural therapy and coaching approaches help with initial fixes. Going forward, we work on breathing, relaxation and mindfulness among other things. These have to be addressed both in practising and in performance since they form a continuum – preparation predicts performance. Beyond that it's all about reaching the career goals you set for yourself.'

Performance psychology is holistic. 'I used to think of performance anxiety as something that appeared as you walked on stage. Over the years I've realised that it's about how you approach life as a whole, which is why meditation, mindfulness and other similar techniques are important. Many clients will spend



three hours in real time in front of an audience. They work long, unsocial hours. They have innately stressful careers. And what worries them most is the judgement of their peers more than audience reaction. They are nervous about being judged or exposed. In addition we work on making artists more powerful and smarter in managing their careers and in negotiating with others. Relationships with managers, record companies and other performers can go wrong and artists tend not to like the hard sell. There are also quite specific career progression issues in the case of orchestral players, dancers and singers. We work on locus of control in this context.'

Andy set up an MA in Performance Psychology and Personal Development at the University of West London to meet the needs of working with artists. The course title highlights another critical issue: 'We're always working with body issues in performance. These can range

from the shakes, focal dystonia and RSI among instrumentalists to injury in dancers and voice issues in actors and singers. You have to be aware of these physical issues – some are either difficult or lengthy to treat, and performers need plenty of emotional support during periods when they can't work.'

'Performance psychology is about the present and the future rather than the past, and that is another way to position it in the continuum of psychological applications. I do however look in detail at a person's performing past to understand what performances went wrong and how they trigger present anxieties. "How do I know this won't happen again?" is a key question for many clients. In working on this area you tend to find a cluster of stressors in performers' "disasters" which predicted the problems and which your client can start to see as unlikely to recur in exactly the same way. This helps to break down the anxiety.'

How did Andy get into this fascinating area? 'Both my parents were doctors which perhaps partly explains my interest in the well-being of others – though when I told my father as a teenager that I wanted to do either music or psychology his response was "music's a hobby and psychology isn't serious". I ended up doing both. For my fellow musicians it was easier to understand – when in my thirties I told them my plans they commented "So... you've always been a psychologist".'

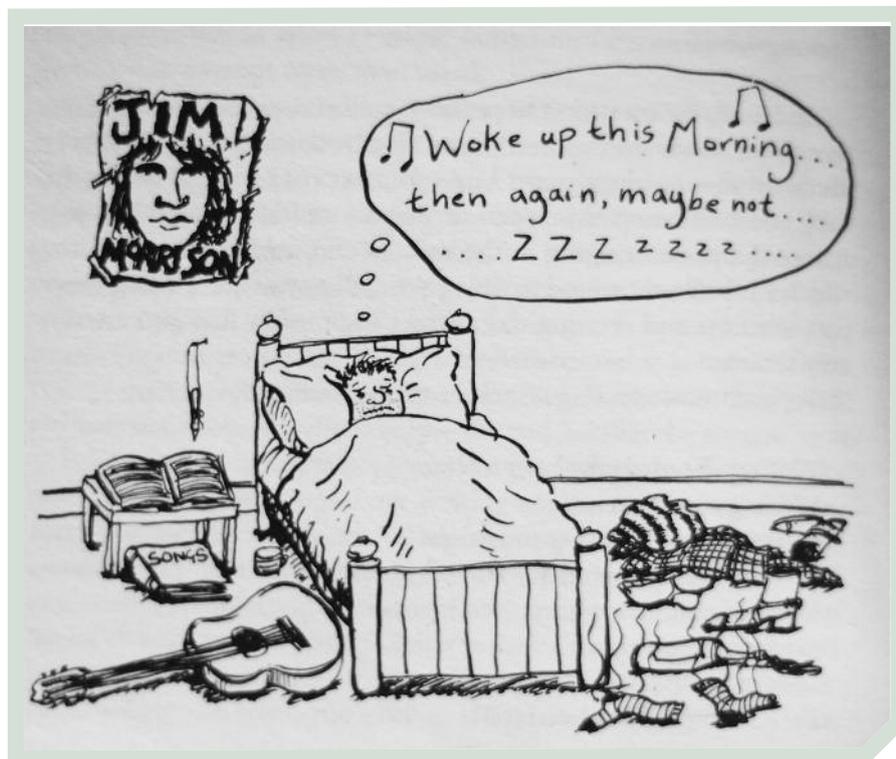
'In my 20s I studied double bass at the Royal Academy of Music in the same student cohort as Sir Simon Rattle, Annie Lennox and Joe Jackson. I'd been playing jazz since my teens – I think I have a bebop brain. I then played jazz till I was 35, living in Norway for six years and touring a lot. It was jazz heaven. Over a long period I watched musicians suffering all sorts of difficulties and began asking myself who they went to when they needed help. The medical profession didn't seem to understand, and my feeling was that some sort of specialist help was needed. So in 1988 I set up Arts Psychology Consultants with psychologist Martin Lloyd-Elliott. Over 25 years I've probably treated 1500 clients in the arts.'

'I trained in a very complicated way! I started in Norway, studied further in Paris then in London. Because of that zig-zag route I had to take the BPS graduate exam – which was extremely difficult. I'm now doing my PhD through published work.'

How has your practice developed? 'My bread and butter is working with freelance musicians – classical and popular. I've also worked with a large number of students at the Royal Academy of Music, the London School of Music, ICMP and Tech Music School, and students come to me from many other academies. Musicians make up 75 per cent of my clients. Since 1991 I've worked with Dancers Career Development on the transition process out of dance in the thirties. Dancers are often very successful in their second careers as they are by training extremely organised, hard-working and dedicated. They are realistic about the length of their careers and the need to adapt and they get good support for retraining. In addition to the above I work with a diverse mix of clients like TV presenters, actors, comedians, media people, chefs and corporate clients who have problems with presentations. I really like working with writers and I wish I saw more creative people like artists and designers. I'm fascinated by the creative process, songwriting and songwriters, to the point where I've thought of writing a book about it.'

Andy has added writing to his range of activities, claiming that 'in effect the clients write my books through the stories they tell and the ideas they bring up'. His new book, a second edition of *Secrets of Performing Confidence, for Musicians, Actors and Dancers* published by Bloomsbury, is co-written with his designer son. Among other books he's written are *This Virtual Life: Escapism and Simulation in our Media World* and *Fame: the Psychology of Stardom* with Dr Glenn Wilson. 'During the '90s there was a fad for including psychologists as talking heads on programmes, so I was on TV and the radio quite a bit.'

'I'm most comfortable with informal/equal client relationships rather than ones loaded to the "expertise" of the therapist or psychologist. Artists tend to be very genuine people who like to exchange ideas, and that creates a more creative and balanced relationship. And formality is pretty impossible given the unpredictable schedules of performers – you can't plan too far ahead, and they rearrange and cancel sessions regularly. And they live unusual lives in that they typically perform in the evening and are



Cartoon by Andy Evans: A failed blues guitarist demonstrates how preparation predicts performance

practising, rehearsing or teaching during the day, a schedule which in itself can cause anticipation anxiety and further stress. I also may attend performances to see how clients' careers are progressing and look at issues in practice, so a limited degree of socialising may occur. You have to adapt and be creative. That's why, for example, we've taken to offering Skype as an option for coaching clients on tour or outside London or indeed the UK.'

Rather self-deprecatingly, Andy admits he still plays double bass a bit then goes on to talk about how performance psychology has developed and what he would say to someone looking at it as a future specialisation. 'There are new MA and MSc courses in the area so you should look at those. I think there are two or three sorts of people who typically get involved with the psychology of performance. First, if you're already a performer you have a head start in motivation and background knowledge. Most people involved in the area are semi-pro, ex-pro or amateur performers – this is true of medics as well. I think it's critical to understanding the lifestyle and the sometimes specialist vocabulary used by performers, especially musicians. Second, if you're a sport psychologist you might consider taking on some performance clients. Third, I think coaching psychology is a good orientation

for this. It's all about fulfilment of future purpose. Values are critical to maximising potential – and artists' values are interesting and unusual.'

You've referred to yourself as a performance coach and psychologist. 'Yes, I use either term but I definitely see what I do as psychology using techniques straight out of the textbook. Given the size of the specialism we can't form a Division but I think we'd sit well in the Special Interest Group in Coaching Psychology.'

And what are the final things you'd say to interest someone in the area? 'You'll be dealing with some of the most interesting people who ever walked the earth. They're creative and always coming up with new ideas, which makes working with them both challenging and, in some ways, easy. You may deal with celebrities, as I have done, but you have to constantly remind yourself that a human being is sitting opposite you and not a public image. The majority of clients I see are successful and well respected in their fields. They're interesting and very nice people. I feel blessed to have had such a fulfilling career.'

I The title of this interview is one of the 10 myths of performance dispelled in Andy's book on performing confidence. For more information on this area, see www.performanceandmedia.org.