

“A CRITICAL EVALUATION OF THE RESEARCH RELATING TO MUSIC PERFORMANCE ANXIETY”

INTRODUCTION

Music performance anxiety (MPA), often referred as ‘stage fright’, is quite a common experience for musicians. It is likely to present itself in up to eighty percent of individuals (Plaut, 1988) and may be described as feelings of apprehension and tension in situations when being judged by others (Harris, 1986). Arneson (2010) similarly defines MPA as a natural reaction to situation in which one exposes oneself to judgment and evaluation.

This essay will identify and discuss both the positive and negative aspects of performance anxiety. This will be explored, firstly by discussing the effect of MPA on musicians in three different ways: physically, cognitively/mentally and behaviourally/emotionally (Welch, Papageorgi, Creech, Himonides, Potter, Haddon, Whyton, de Bezenac, Duffy, Morton, 2008 and Hunnicutt & Winter, 2011). Secondly, the paper will focus on positive and negative aspects of MPA and its treatments. Finally, I will use my personal reflection of my own professional practice.

One can be well prepared to perform the music, but unprepared to manage one’s anxiety (Petrovich, 2003; 2004). For this reason, MPA has been associated with poorer performance quality, career opportunities, overuse syndrome, and may have a negative impact on general wellbeing (Riley, 2012). It is essential, as Harris (1986) mentions, not to avoid but to face the difficult situations in order to gain experience, increase confidence and overcome MPA.

PHYSICAL EFFECT OF MPA

Physical reaction to MPA is called arousal (Harris, 1986). Hunnicutt & Winter (2011) indicate that primitive man has not been designed to perform in front of a group or compare oneself to others (Barefield, 2012). This might be the reason why sometimes we can perceive performing as a danger situation, which invokes ‘fight or flight’ reaction (Robertson & Eisensmith, 2010). When it came to our ancestors, the fight-or-flight stress response prepared humans to either attack back or flee from a life-threatening risk in the environment, such as a dangerous animal or climate condition (Star, 2018). Greene & Savage (2009) describe the impact of this reaction on hypothalamus, which stimulates the

sympathetic nervous system and releases adrenalin (amongst others hormones) into the bloodstream. Too much arousal, such as shaking hands, pounding heart, profuse sweating, light-headedness or other elements of the fight-or-flight response, impairs performance (Petrovich, 2003; 2004). At its' very worst, an anxiety attack can cause the heart rate to rapidly drop, resulting in freezing or even fainting on the spot (Cox, 2015).

COGNITIVE / MENTAL EFFECT OF MPA

To begin, cognitive symptoms are deceiving thoughts that harm the artist's ability to perform. This may include feelings of being overwhelmed, focusing only on negative possible outcomes, lack of focus, feelings of inadequacy, and imagining catastrophic conclusions of the performance (Hunnicuttt & Winter, 2011). In other words, anticipating mistake increases arousal, which further enhances access to memories of mistakes and feelings of humiliation. This activates more fears and more arousal (Sataloff, Rosen & Levy, 1999).

Cognitive symptoms cannot be seen (Greene & Savage, 2009), so it might be obvious that the difference between two musicians is most likely in the self-talk (Harris, 1986; Nagel, Himle & Papsdorf, 1981). As Ellis (1994) equally points out, these feelings are not directly caused by any fear even, but rather one's thinking about it.

BEHAVIOURAL / EMOTIONAL EFFECT OF MPA

Other indicators of MPA that can be observed by an outside person at either a conscious or subconscious level are behavioural symptoms. Behavioural symptoms may include avoidance (practice, lessons, etc.), procrastination, cancelling or postponing performances, and stopping midperformance (Hunnicuttt & Winter, 2011). These symptoms are developed to harm one's emotions and are caused by fear. Fear is not bad but has a potential to limit a musicians' ability to manage their own body and vocal mechanism and to create an ongoing sense of failure.

Sometimes, they can be caused by establishing an unrealistic expectation that leads to perfectionism. Bemis & Barrada (2004; 1994) say that perfectionism plays a large part in laying the groundwork for anxiety problems. Occasionally, a person can become obsessed with a once-in-a-century voice like that of Pavarotti and all these comparisons become impossible to live up to (Barefield, 2012).

It is unusual for a performer to experience only one type of symptomatology; most singers will have moderate physical, cognitive, and behavioural symptoms (Hunnicuttt & Winter, 2011). Greene & Savage (2009) explain what gets in the way of optimal performance – the symptoms are universal – fear (fears of failure, success rejection, change, discomfort, and the unknown (Riley, 2012), lack of self-confidence and inability to concentrate.

There are a few ways to break this frustrating yet common obstacle.

TREATMENTS

One would say that recurrent performances would decrease MPA but Petrovich (2003; 2004) says that frequency alone was not predictive of lower levels of anxiety. She notes that the combination of frequency with positive appraisal of the performance was a much better predictor. It's important to remember that the goal is not to eliminate anxiety completely, but to reduce its excessive, debilitating aspects (Nagel, Himle & Papsdorf, 1981). They continue to clarify that it is not the lack of anxiety that produces better performances, but better coping strategies. Wolfe (1990) defines coping strategies as either problem-focused (such as: proper eating and sleeping habits, lots of dress rehearsal etc.) or emotion-focused (such as: self-talk, medication, muscle relaxation etc.). Bandura (1997) points out how to effectively manage MPA: through self-efficacy - the belief in one's ability to use effective coping skills with the result of successful outcome in performance. Coping skills, like any skill, become sharp with practice (Nagel, Himle & Papsdorf, 1981).

Let's stop here for a minute and talk a bit more about practising. Ericsson calls it 'deliberate practice' and Syed (2010) calls it 'purposeful practice'.

'When most people practise, they focus on the things they already know how to do. Deliberate practice is different. It entails considerable, specific, and sustained efforts to do something you cannot do well – or even at all. Research across domains shows that it is only by working at what you can't do that you turn into the expert you want to become.' (Ericsson, Prietula & Cokely, 2007, 193)

That being said, it is important to find the balance between practice and perfectionism. Practice could make perfect, but as Barefield (2012) mentions, it is no wonder that some singers become fixated, obsessive and full of self-criticism if they are constantly being told to present themselves in a profitable way to achieve an extraordinary degree of polish. This

constant state of reaching for perfection leads to higher generalized anxiety which, in turn, leads to more MPA (Hunnicut & Winter, 2011).

In contrast to the above techniques, Harris (1986) considers the importance of becoming aware of one's inner silent self-talk and self-statements as an initial step in changing feelings of anxiety and replacing them with relevant and positive ones. Psychologists call this process 'cognitive restructuring', Robertson & Eisensmith (2010) calls it 'developing a Teflon mind' and Hånley (1984) suggests using affirmations that can be silent, spoken or written and therefore become part of the subconscious – where they affect one's perception of one's ability, strength, qualities, and skills (Riley, 2012).

One way to develop this style of thinking is by practising mindfulness (Robertson & Eisensmith, 2010). Elliott (2010) describes mindfulness as a way of paying attention to present moments without judgment or attachment. Another way to grow this mindset might be through hypnosis also called 'creative visualization'. Gawain (1982) defines it as 'a technique of using your imagination to create what you want in life'. It is really nothing new, but is essential use of relaxation techniques and mental imagery to develop a positive self-concept (Hånley, 1984). Alternatively, as suggested by Barry Lenson (2002) one can stage 'nightmare performance'. The more of these fearful scenarios that are worked through in advance, the better the chances of defeating them and managing MPA (Riley, 2012).

Another simple technique is called progressive muscular relaxation that has been developed by Edmund Jacobson and involves repeatedly tensing and releasing specific group of muscles in order to induce deep physical relaxation (Emmons & Thomas, 1998). Robertson & Eisensmith (2010) describe this easy-to-learn method of reducing arousal level and tension as a 'tension scan'. This study is very good but there is one caution. It is possible to become way too relaxed before a performance. This would create a lack of concentration, so it is advised to use this technique wisely.

On the other hand, Petrovich (2003; 2004) considers any person with significant amount of trait anxiety, to be referred to a psychotherapist who specialises in the treatment of anxiety disorders. Psychiatric disorders can be approached from many schools of psychotherapy. (Hunnicut & Winter, 2011). One of the most popular treatments is 'cognitive behaviour therapy' (CBT). Hunnicutt & Winter (2011) describe CBT as 'an exposure therapy/response prevention and cognitive restructuring'. Another treatment option is called a 'short-term psychodynamic psychotherapy', an umbrella term that incorporates a group of therapies that share common goals and processes (Kenny, 2016).

Pharmacological approaches could be another way to deal with MPA. Hunnicutt & Winter (2011) call these medications 'beta blockers'. Beta blockers prevent the flow of adrenalin to the beta-receptor sites in the autonomic nervous system and are known to substantially reduce the physiological manifestation of MPA (Brandfonbrener, 1990). Petrovich (2003; 2004) explains that the medical interventions are best used, if at all, as part of a range of coping techniques incorporating all the self-efficacy sources. It is important to notice that all of these studies offer beta blockers as an optional choice but none of them would encourage taking them. As Ely (1991) mentions these drugs may help mask the symptoms of MPA, but they do not cure the problem.

More examples of useful techniques include video/audio tape, taking care of the non-musical matters in advance, Alexander Technique, Autogenic Therapy, Deep Breathing, Eastern Technique – such as: yoga, t'ai chi, and Systematic Desensitization (Kirchner, 2004/2005). Some suggest that journal writing has a huge benefit as it helps to track one own thoughts, ideas or concerns very easily. As Riley (2012) mentioned, writing a journal means developing a healthy self-esteem and defeating one's fear.

Another treatment that is used at the Royal College of Music is the world's first virtual concert hall with backstage area, backstage manager and green room. Everything is simulated, as it would be in an actual performance. This includes a 30- and 15-minute countdown, the door opening, and the applause rippling through to backstage (Cox, 2015). This relevantly new study reveals how to approach and deal with MPA while still being in a safe environment.

Alternatively, when one becomes overwhelmed by so many options and treatments, it might be a good idea to focus on and examine goals only. Riley (2012) notes that adhering to a structured plan will help the student to feel that he or she is in control and is slowly but surely accomplishing what he or she set out to do. In addition, the forward-looking student will more quickly get over post performance highs and lows. Robertson & Eisensmith (2010) highlights three different goals groups – such as: performance goals that focus on a particular outcome; avoidance goals that eliminate any distress associated with a task; and mastery goals that entail performing as well as one can. Research has shown that people who adopt mastery goals experience the lowest levels of performance anxiety (Chen, Gully, Whiteman & Kilcullen, 2000). Arneson (2010) adds that consistency and reliability might be a better goal than pursuing excellence.

Regardless of the specific technique, tailoring the treatment strategy to the particular person, causes, and symptoms, will produce better results (Hunnicuttt & Winter, 2011). Barefield (2012) adds that when a singer experiences success, dreadful responses are progressively exchanged with a degree of self-confidence and weaknesses change to strength (Greene & Savage, 2009). If one learns how to identify and regulate any factors that can be disturbing and realize that a little bit of nervousness is normal, one is well on the way to enrich all musical performances (Ely, 1991).

POSITIVE EFFECTS

Certainly some degree of performance anxiety is normal and to be expected. A piece of research by Welch et al. (2008) had projected that there are numbers of positive effects of anxiety on MPA – such as: improving concentration and stamina, confirming motivation, improving performance quality, signifying one's passion for music. This research evidence is very strong and has been carried out by 10 Investigating Musical Performance project members and focused on musicians in four different genres: Western classical, popular, jazz and Scottish traditional music.

In contrast, Senyshyn (1999) notes that if we weren't anxious we would never create anything. He continues stressing out the danger of individuals attempt to evade or suppress anxiety, as one may alienate self from oneself. Henny offers another interesting thought. He suggests that MPA is triggered by being overly self-focused. When one stops thinking about sharing one's gifts with the audience and shifts the attention only to one's fears. He says: 'lack of stage fright is the more selfless and sharing act.'

Star (2018) mentions the purpose for anxiety as a warning sign that makes us more cautious thinkers and great problem-solvers. She points out that people who have dealt with MPA may be more empathetic, sensitive and understanding to the issues that one can face.

Fowler (2018) offers another view on anxiety itself. She notes that 'most of the time, anxiety is the result of repressed emotions that need to be released. This can be repressed grief, sadness, anger, or fear (just to name a few) that are now manifesting as anxiety since they have not yet been expressed in their true form. Even though we have trained our minds so well to swallow certain negative emotions, our bodies seek the opposite and try to release these stored energies through any means possible. If not released in a healthy way, these

trapped emotions will manifest as anxiety or illness.’ Arneson (2010) follows this up, suggesting that MPA might be hereditary and arises from one’s own personal experience. He says ‘the anxiety response involves a reactivation of unconscious childhood conflicts and environmental stresses unrelated to singing that are stored in the brain’ (p. 537).

Cox (2015) confirms all the above when saying that MPA can be partly inherited through the mother’s hormone levels, but also stimulated by perceived traumas at an early age that have subconsciously affected them. It is good to mention that Cox refers to only one person, Sarah Solovitch, pianist and author who was chased by her mother round the kitchen table until she practised.

MY OWN PROFESSIONAL PRACTICE

Petrovich (2003; 2004) reports that every musician, student or music teacher have had the experience of worrying about a performance. Nagel, Himle and Papsdorf (1981) follow up by saying that if performance anxiety has been a long-standing problem, the reduction of that anxiety will take time, patience, and perseverance. Even though this research is old, it has been carried out over two years at the University of Michigan. To develop this psychological flexibility and mental preparation one requires to utilise the most appropriate strategies and to use them when necessary (Daubney & Daubney, 2017).

Years ago, one of my first students had suffered from anxiety. Singing was one of a few ways that helped her to release this tension and calm down. We have not mentioned a ‘stage fright’ during her lessons as it made her uncomfortable. With the right and tailor-made vocal exercises and new, refreshing and sometimes a bit challenging vocal repertoire, my student has drastically improved her vocal skills. This whole process increased her self-confidence and self-believe.

To follow up on this two years progress, the next suggestion was obvious. The next step was to perform. We started with audio and video recordings. First my student recorded herself while practising at home, and then we recorded her singing during lessons. Now, she had an option to use the recordings and share her voice with others and listen to their feedback, rather than face live performances. This experience evoked healthy emotional responses and increased her self-esteem. I felt that we had reached the point that Arneson (2010) talks about ‘when performers desire to be seen yet they are afraid of being exposed’ (p. 539).

After an ongoing discussion where we mentioned the importance of facing MPA rather than avoiding it, my student decided to sing for her two friends. Petrovich (2003; 2004) noted that it is important to help the student to prepare for an upcoming event by scheduling as many practice performances in as possible. My student's friends loved the performance which helped to then go and perform for her family, a larger circle of friends, a few co-workers and finally performed at an open mic.

During the entire time, I was trying to be aware of the way I use my words and offer specific feedback to encourage the growth, as Petrovich (2003; 2004) suggests that anxious students can internally interpret almost any kind of feedback as negative without their teachers' awareness. Despite the fact that this research isn't peer reviewed, it contains very important and personal experiences that can help deal with MPA.

We covered the need of physical movement. Asner (1987) points out that keeping one's body fit and not exhaust oneself is essential to good performances. One should strive to be both physically and mentally fit, emotionally and spiritually stable, and learn to recognize the signs of fear as soon as possible, as this should not be an opportunity for self-sabotage or self-destructive behaviour (Arneson, 2010).

My student started to really love the idea of performing but was still extremely scared of facing the fear of failure. I tried to remind her each time that a performance is a small part of her wider development. Daubney & Daubney (2017) mentioned that it is important to emphasise to students that their performance is only on that occasion and does not reflect on them in general. It is important to indicate that this practical guide is full of strategies and is underpinned by a strong research base.

The other important part of our lessons was a discussion. Riley (2012) says another top priority for the educator should be to actively discuss with each student his or her reasons for performing as well as the fears that get in the way. To eliminate my student's negative self-talk she incorporated imaginary and breathing exercises, yoga and affirmations into her daily practise. This helped her tremendously and it became a part of her effective practice. Practicing a calm, peaceful state of mind is as important as practicing sound singing technique (Arneson, 2010). As Hänley (1984) notes, shutting out distracting and anxious thoughts and relaxing the mind into the present allows us to reconnect with the joy that originally sparked his or her interest in the vocal art (Barefield, 2012).

Even though Günter (1992) summaries that the singing voice reflects all of the problems and emotions a person has in his private life, it is important to say that I have never felt the need

of contacting a psychotherapist or seeking any professional or medical guidance for my student. I have tailored the treatment strategies to my student, her cause, and symptoms and it did produce great results (Hunnicuttt & Winter, 2011).

CONCLUSION

Most of the evidence suggested that MPA begins as a state of mind, when thoughts turn into emotions and later on into physical tensions. When this is experienced it is very difficult to focus and easy to forget the joy of singing one had at the beginning. Performance anxiety is a universal human experience that occurs with varying intensity in everyone (Arneson, 2010).

Some authors discuss responses to MPA and others focus on treatments. MPA research is very well mapped, and most authors either agree with each other or add a few new options and ideas on treatments.

Writing about my own professional experience has reminded me that MPA can be tackled with a tailor-made plan and accurate strategies.

I agree with MacGregor saying:

'Even if you're nervous, to make it as a performer you still need to welcome the opportunity to sit in front of an audience and play to them, of course, there's lots of training needed to be physically and mentally prepared, and emotionally flexible enough to be comfortable and creative on stage, but ultimately there has to be the desire to go out there and fly.' (Cox, 2015).

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