

A transversal approach to performance anxiety

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Abstract: *Performance anxiety represents a series of phenomena and effects, manifested through a range of disorders that modify the behavior of the individual, presenting negative effects on the performance provided. This study aims to carry out a thorough research on the origins of performance anxiety, referring to musicians affected by MPA (musical performance anxiety) since adolescence and even childhood. Moreover, the most useful methods of mitigating and combating this phenomenon will be presented, from relaxation techniques, music therapy and the use of specific medication. In order to succeed in overcoming MPA, which can often block the musician, there is a necessity to explore theoretical explanations for the appearance and development of performance anxiety and the profile of the individuals most exposed to MPA. There is no specific age, experience or mindset that can be attributed to this obstacle. In the absence of a pattern, there is a need for continuous research, comparative analysis of individuals and the permanent consolidation of methods to improve the overcoming of performance anxiety.*

Key-words: *performance anxiety, stage fright, the musician mindset*

1. Introduction

Musical performance anxiety, known as MPA, highlights that the anxious state has a dysfunctional effect on the musician's mental life when motivation and performance exceed functional thresholds, understood as the individual's fear of not being able to perform at a high level.

Musical performance anxiety is often associated with ambition and perfectionism, values that are dominated by competitiveness. Whether it is a solo recital, an accompanying performer, a member of an orchestra or a choir singer, the musician can be affected to a lesser or greater extent by performance anxiety. For mental health experts, ambition and perfectionism are a potential threat to mental health. Referring to the phenomenon of ambition, it is identified both its intrinsic value, which directs attention to internal motivation, as well as the

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extrinsic value, anchored exclusively in a place of external control, generating anxiety, depression and other mental disorders. The article aims to dig into the origins of MPA and to analyze the most effective methods of treating and combating these conditions caused by stage fright.

2. Brief research on the origin of musical performance anxiety

Anxiety is the most frequent phenomenon in terms of the alteration of mental health, both in case of adults and adolescents. According to studies conducted by Kessler et al (2005, 595), 30% of individuals show anxiety and approximately 15% have a phobia. Public speaking and stage fright are the most common phobias among individuals.

After analyzing the numerous studies carried out by the researchers, the origins of MPA have their roots in childhood (Freud 1895, 95). Moving towards adolescence, there can be different types of parenting, an accumulation of negative experiences that can have an impact on the musician's brain, the continuously developing cognitive capacity and the developed perception on life. All these gathered, strongly influenced by temperament, can inhibit the performance of the performers, until they manage to overshadow the skills and technical mastery reflected when there is no audience. The self-reflexive function develops exactly at the border between childhood and adolescence, this being also a possible circumstance in the appearance of musical performance anxiety.

2.1. Sensorimotor and psychological factors to MPA

An eloquent model for the origin of MPA is Barlow's model, as in Barlow et al. (1996, 290). It refers to vulnerabilities that can lead to the emergence of emotional disorders. Barlow's model proposes three types of vulnerabilities, classified as follows:

- a. Biological - hereditary vulnerability
- b. Generalized psychological vulnerability, fueled by early episodes, during the child's development period, when the feeling of controlling and certain standards appears, whether it is intrinsic motivation or external requirements (parents, school, competitiveness in class, the instrument teacher)
- c. Specific psychological vulnerability, associated with specific environmental stimuli, this being the one that generates phobias in particular.

These vulnerabilities can lead to anxiety, which will be associated with somatic sensations, affecting the musician's performance.

Adapting the model presented previously, the youthful performer, who is genetically predisposed to anxiety (hereditary vulnerability) will be subjected to pressure to achieve excellence (generalized psychological vulnerability). Contests, auditions, instrumental exams, etc., are sufficient to trigger MPA, these being cataloged as part of the third category, the specific psychological vulnerability, as in Barlow et al. (1996, 304).

Musical performance anxiety, once triggered, will generate a series of somatic sensations, regarding to the performance in front of an audience, no matter how small or large it may be, the performer entering a state of self-evaluation. Most of the time, the musician suffering from MPA self-evaluates below the level of his expectations, this phenomenon leading to a poor performance, disturbed by the thoughts and consciousness that appear during the performance. Perceived as a combination of factors, the origin of musical performance anxiety is based on sensorimotor and psychological factors (Figure 1).

MPA \rightleftharpoons Dynamic Stereotype \rightleftharpoons Musician's Dystonia

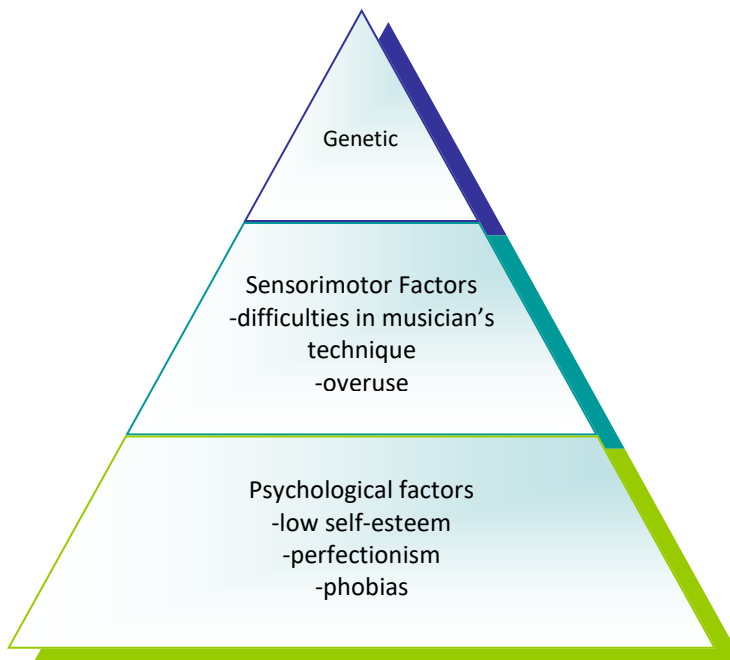


Fig. 1. *Reinterpretation of the main factors that lead to MPA, as presented by Eckart Altenmüller and Christos I. Ioannou (2016)*

Zinn and McCain (2000, 66) analyze performance anxiety as a psychophysiological episode, in which the autonomic nervous system not only triggers musical performance anxiety but also maintains it.

In contrast to them, Kirchner (2003, 80) states that the problem is the perception and not the autonomic nervous system, the performer sensing a threat triggers his automatic response to the stressful situations to which he is subjected. What differentiates performers from MPA is the possibility of overcoming or allaying stage fright, determined especially by the amount of pressure felt by the musician.

MPA represents a natural reaction of the human brain in stressful situations, as a form of nonpathological music performance anxiety. Almost all performing musicians are confronted with this kind of disorder.

Genetics represents the top of the pyramid, playing a particularly important role in pathological cases of MPA.

3. The clinical perfectionism

The skills needed by a professional musician are not limited to a single domain, including motor skills, focus, memory and coordination, all of which are ultimately contained by the field of interpretive skills. The multitude of years required to achieve performance requires individual training, moments in which the musician constantly self-evaluates to improve his skills.

Buswell (2006, 25) believes that perfectionism, one of the major causes of the appearance of MPA, is a preoccupation taken to extremes, not to make mistakes, rising to high personal standards, combined with the expectations of the family and the institutional environment.

In a study evaluating the perception of musical performance, Mor et al. (1995, 210) studied 50 professional classical music performers. The percentage of MPA traits of those who scored perfection in the description of personal expectations was higher than those who presented realistic expectations regarding the quality of the experience of performing in front of an audience.

Another important experiment for discovering the main factors leading to MPA was carried out by Sinden (1999, 590). He discovered, following the questionnaires completed by more than 140 university students, that the term "perfectionism" is closely related to the stress caused by the constant challenges to

which the performer subjects himself, as the constant fear of not making mistakes and presenting oneself impeccably at every public performance.

When this phenomenon is taken to the extreme and leads to MPA, there is the clinical perfectionism. In this scenario, the individual perceives perfection as tangible and will try to achieve it at all costs, the situations reaching colossal levels of stress and worry, before and during auditions, concerts and contests.

Freud (1895, 97) and his psychoanalytic perception of perfection, which transforms the desire for excellence into anxiety, leads to physiological and behavioral phenomena. Palpitations, abnormal breathing, sweating, trembling of hands and feet, have been found since Freud's research as being associated with anxiety. He analyzed the childhood experiences of a series of patients, through psychoanalysis and introspection, considering that childhood experiences represent the main origin of MPA.

4. Treatments and specialized research to improve and eliminate MPA

The treatments proposed over time by researchers, regarding the improvement and combating of musical performance anxiety, assume two categories: those that aim at non-drug techniques and those that are based exclusively on medicines.

The figure below shows a series of methods for improving MAP, according to the ICSOM study from 2015. For each category, there are studies and research trying to carry out the percentage in which they can positively influence the state of the musician affected by MAP.

The research was classified in the number of articles and experiments that targeted a specific type of therapy. More than 1500 experiments have been identified that propose meditation as a means of improving MPA, contained in the Medline and APA PsycInfo databases. Helding concluded in one of his experiments that meditation self-regulates the organism and the way of thinking, thus the individual succeeding in voluntarily controlling the mental processes involved in the musician's performance (2020, 58).

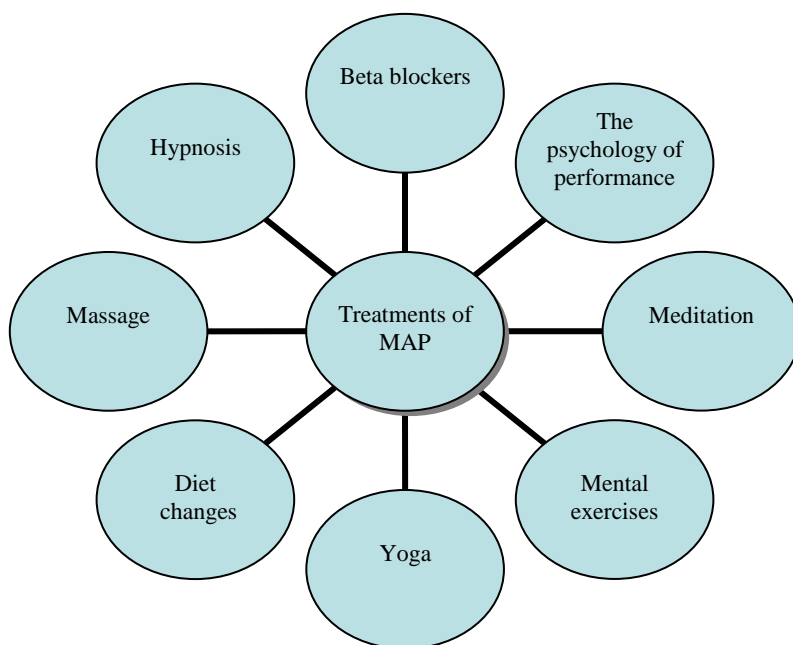


Fig. 2. *Effective treatments for MPA (according to the ICSOM study, 2015)*

Another method addressed in numerous research studies is biofeedback. It involves the mind (brain functions) to control a body function that is normally functions automatically, such as body temperature, muscle tone, heart rate or blood pressure. Sensors linked to a monitoring device are attached to the musician's body. It provides an instant feedback of a certain body function (for example, body temperature). The doctor who conducts the procedure will help the musician, both physically and mentally, to control this function by himself. The results are displayed on a monitor, while the patient tries to control a specific function. The monitor emits a sound or visual signal, depending on the patient's ability to control the function (such as increasing body temperature or reducing muscle tone). Holding (2020, 57) evaluated the attempt to balance the peripheral temperature of the skin, in the case of 30 men, professional musicians in wind instruments. There is evidence that this experiment can improve the quality of the performance, in cases where the performance is affected by MPA.

Hypnotherapy is another method approached over time to improve MPA. In 1994, Stanton (1994, 15) conducted a study for its therapeutic effect. He

performed two hypnotherapy sessions, each lasting 50 minutes, during which the specialized medical staff discussed with the musicians (students) about the symptoms of MPA and how they are affected when performing in front of an audience. The significant reduction of MPA was observed 6 months after the end of the sessions, Stanton considering that only two hypnotherapy sessions were enough to persuade that musical performance anxiety is treatable.

The Alexander technique is another method studied in order to reduce MPA. The performer would reduce the areas of tension in the body, by learning a set of skills. The movement becomes looser and easier to control in case of a stress factor, such as a competition or audition. Through this technique, the control becomes conscious and despite the symptoms that appear due to MPA, they can be more easily endured and alleviated. The performer would organize his awareness of the phenomenon in a systematic way. In 1995, Valentine et al. studied the effects of the Alexander technique on MPA. 15 sessions were performed, in which the Alexander Technique was applied. The improvements were significant for the heart rate and in the qualitative and technical control of the musical performance. NMAC, namely the Nowlis Mood Adjective Checklist and the MPASS, the Self-Declaration Scale of Musical Performance Anxiety (1995, 133), were used in the research, through which was found an increase in the positive attitude towards the visualization of the musical performance.

4.1. Beta-blockers, the most effective methods of combating MAP

Regarding to the research on the reduction of MPA through beta-blockers interventions, Nube' (1991, 62) is very often mentioned, but also anxiolytics and antidepressants as in Sataloff et al. (2000, 35). Beta-blockers are very common among the musicians. Lockwood conducted a survey in 1989 on a sample of over 2000 members of some orchestras. More than a quarter used propranolol before the musical performance and 20% stated that they use this type of drug daily. Studies conducted in 1983 by James et al. (1983, 195) established an improvement due to beta-blockers. A major difference was found regarding the intonation, in the case of violinists and the trembling of the bow, greatly reduced with the help of medication. The general pharmacological treatment of severe chronic stress is based on tranquilizers that reduce anxiety (anxiolytics), those that induce sleep (hypnotics) and antidepressants as in James et al. (1983, 196). Medicines must be dosed and administered with great care. These can be dangerous for those with certain medical conditions, such as

bronchitis or asthma, low blood pressure, and other problems. As for asthma, for example, beta-blockers will counteract the effect of inhaler drugs, creating a dangerous situation for the patient during an attack. Beta-blockers are not suitable for performers who need to be physically active, such as dancers and ballerinas, because of their effect on heart rate (such drugs reduce the ability to sustain a high level of muscle activity).

5. Conclusions

While stress is generally defined as an environmental problem that requires a special approach, anxiety is seen as an emotional reaction evoked by an individual in response to a stressful situation, perceived as threatening or containing perceived demands as being excessive or inaccessible. Anxiety can bring improvements to the artistic act, and in many situations, it can become useful, although it is difficult to isolate the active ingredients in complex interventions, especially when cognitive behavioral elements are involved, there are a number of methods and drugs, in terms of managing performance anxiety, as previously presented. Rigorous investigations are in full swing and the specialized literature is constantly enriched in this sense. The most common stress model is the moderately inverted U-shaped model or the Yerkes-Dodson law, in which a very high level of arousal (maladaptive) results in poor performance due to an excess of physical and mental activation (Papageorgi, 2007, 39). Performance anxiety has been investigated in a variety of contexts, including public speaking, writing, sports, and the performing arts (dance, music, and theater). Music performance anxiety – MPA - is a complex phenomenon caused by the interaction of numerous factors, including genetics, environmental stimuli, experience, emotions, cognitions, and the individual's behaviors. It manifests itself through three independent elements, which are present in different proportions: cognition, autonomic arousal and specific behaviors (Kenny 2011, 173). While a certain amount of performance anxiety is beneficial and normal for performance, it can sometimes qualify as a mental disorder. Performance anxiety is a subtype of social anxiety disorder (SAD).

Stage fright has its roots in previous experiences and most likely in childhood. The musician must train for an appropriate mindset, being aware of the MAP level. There is research in the field, musicians experiencing different methods to adapt various patterns to their own requirements.

References

- Barlow, David, Bruce Chorpita, and Julia Turovsky. 1996. *Perspectives on anxiety, panic, and fear*. Nebraska: University of Nebraska Press.
- Buswell, David. 2006. *Performance Strategies for Musicians*. London: MX Publishing.
- Freud, Sigmund. 1895. *On the Grounds for Detaching a Particular Syndrome from Neurasthenia under the Description "Anxiety Neurosis"*. London: Standard Edition of Collected Works.
- Helding, Lynn. 2020. *The Musician's Mind: Teaching, Learning, and Performance in the Age of Brain Science*. Lanham: Rowman & Littlefield Publishers.
- James, Ioan, Will Burgoyne, and Temple Savage. 1983. "Effect of pindolol on stress-related disturbances and musical performance: Preliminary communication." *Journal of the Royal Society of Medicine* 1: 194–196.
- Kenny, Dianna. 2011. *The Psychology of Music Performance Anxiety*. Oxford: Oxford University Press.
- Kirchner, Michael. 2003. "A qualitative inquiry into performance anxiety." *Medical Problems of Performing Artists* 18: 78-82.
- Kessler, Ronald, Patricia Berglund, Olga Demler, Robert Jin, and Kathleen Merikangas. 2005. "Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication." *Archives of General Psychiatry*, 62(6): 593–602.
- Mor, Shulamit, Day, Hy, Flett, Gordon and Hewitt, Paul. (1995). Perfectionism, control, and components of performance anxiety in professional artists. *Cognitive Therapy and Research*, 19(2): 207–225.
- Nubé, Jacqueline. (1991, June). "Beta-blockers: Effects on performing musicians." *Medical Problems of Performing Artists* 1: 61–68.
- Papageorgi, Ioulia. 2007. *Understanding performance anxiety in the adolescent musician* (Unpublished Doctoral Thesis). UCL: Institute of Education.
- Sataloff, Robert, Deborah Rosen and Steven Levy. 2000. "Performance anxiety: What singing teachers should know." *Journal of Singing*, 56, 33–40.
- Sinden, Lisa. 1999. Music performance anxiety: Contributions of perfectionism, coping style, self-efficacy, and self-esteem. *Dissertation Abstracts International Section A: Humanities and Social Sciences*, 60(3-A), 590.
- Stanton, Harry. 1994. Self-hypnosis: One path to reduced test anxiety. *Contemporary Hypnosis* 11(1): 14–18.

- Valentine, Elizabeth, David Fitzgerald, Tessa Gorton, Jennifer Hudson, and Elizabeth Symonds. 1995. "The effect of lessons in the Alexander technique on music performance in high and low stress situations." *Psychology of Music* 23(2): 129–141.
- Zinn, Marcie, Claudia McCain, and Mark Zinn. 2000. "Musical performance anxiety and the high-risk model of threat perception." *Medical Problems of Performing Artists* 15: 65-71.