Therapeutic response to performance anxiety:
Extending clinical research into the experience of artistic performance with a sample of professional musicians

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A note to the reader

This is an abbreviated version of the original research document published by Metanoia Institute and accessible at London University and the British Library from September 2007. Even in its edited form, this is a long document so please visit the contents section on page 4 and search for the information that may be relevant to you as a musician, clinician, researcher, allied professional or any other interested party.

If you are accessing this research as a musician manifesting Musical Performance Anxiety, this research project was primarily written for you in order that you can better understand the phenomenon and identify available treatments to help manage your anxiety levels and overcome your fear of performing. You may wish to read the first section (Chapters 1 – 4) contextualising MPA in the broad arena of general performance anxiety leading to related anxiety disorders and then perhaps go to the developmental and clinical implications section (Chapters 8 - 9) discussing the treatments available for the condition.

If you are a clinician, I hope this will be useful in your practice if you encounter MPA or a similar problem. Though this research focuses on professional musicians, it is of course relevant to all those who make music.

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Abstract

Musical Performance Anxiety (MPA) is a significant issue for many professional performers. Whilst there has been considerable research into MPA, Steptoe (2001) argues that this has largely focused on identifying the number of professional musicians reporting MPA. Furthermore, those studies that have attempted to tackle possible underlying causes have generally consisted of quantitative investigations of generalised performance anxiety, with limited information on the personal, idiosyncratic experiences of musicians experiencing MPA which could influence treatment options and protocols.

This research responds to these limitations of previous research and attempts to expand and enrich understanding of performers' perceptions and experience of performance anxiety, via in-depth semi-structured interviews using a qualitative research methodology. Specifically, twenty professional musicians who had suffered/were suffering from MPA were interviewed with respect to their experiences. Six of these interviews were randomly chosen and Interpretative Phenomenological Analysis was applied to reveal recurrent themes present in the accounts. Seven major themes emerged: (1) developmental features; (2) need for support; (3) fear of failure and negative evaluation; (4) perfectionism; (5) performance evaluation; (6) performance anxiety responses; and (7) anxiety management. These themes are discussed with reference to possible causal factors underlying MPA and used to propose treatment options particularly an integrated clinical response in treating the phenomenon. The research is aimed at professional musicians, allied professionals (agents, employers etc) and psychotherapists as a general educational resource and as an aid to clinical response.

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About the author

Dr Robin Hart graduated from the Guildhall School of Music and Drama gaining an AGSM in 1986. Following a successful career as a musician and in the theatre with the Royal Shakespeare Company, in many West End productions, on television, film and in concerts, Robin returned to London University and took an MSc degree in Cognitive and Behavioural Psychotherapy and an MA degree in Psychoanalytic, Anthropological and Cultural Studies. He followed this with a Post Graduate Diploma in Integrative Psychotherapy and completed his Doctoral studies in adapting existing treatments and identifying new treatments for anxiety disorders and depression. Robin joined the Psychology team at HMP Wormwood Scrubs in 1997 working clinically and researching the efficacy of treatment on the prison population. He returned to private practice in 2002. Robin has a particular interest in working with a range of anxiety disorders, depressive illness, family and relationship problems.

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Chapter 1

Introduction

1.1 What is performance anxiety?

'Performance Anxiety' is a very broad term covering a wide range of areas of manifestation including, sport anxiety, sexual anxiety, test anxiety, shy bladder syndrome etc. Andrews et al (1994) argue that Performance Anxiety is a discreet form of Social Anxiety. Performance anxiety is, quite simply, an excessive and debilitating anxiety over one's performance that can occur in a range of diverse situations. In addition to the aversive psychological state of worry and concern, a distinct set of physiological responses are evident even within the vast range of scenarios in which performance anxiety can occur. These physiological symptoms are representative of the typical "fight or flight" anxiety response. This is often described as the activation of the sympathetic nervous system, the branch of the autonomic nervous system responsible for reactions such as increased heart and respiration rate, which is designed to help the individual evade the threat or tackle it head-on .

It might seem curious that a strong anxiety response may be elicited in the absence of any real or tangible danger - in most everyday situations in modern society, we rarely meet with real physical danger. However, while, there may be no physical danger in a performance situation, there may be a very real danger to the individual's sense of self – a threat leading to a sense of feeling diminished. Consequently, it is possible for many individuals to turn activities that do not clearly present any immediate danger, such as a performance situation, and trick themselves into perceiving danger. Therefore it is the mind that creates the danger and the body responds with the natural survival reaction – anxiety – as if the individual were in real physical danger (Farnbach & Farnbach, 2001,

p. 5-6). A range of types of performance anxiety and models of what causes a particular individual to experience performance anxiety are discussed in Chapter 3.

This project seeks to explore one of those types of performance anxiety which occurs in situations that involve artistic performance such as singing or playing a musical instrument. It has been described as MPA, "musical performance anxiety" (Beatty, 1998 and Brodsky 1996). Salmon (1990, p.3) describes MPA as "the experience of persisting, distressful apprehension about and / or actual impairment of performance skills in a public context, to a degree unwarranted given the individual's musical aptitude, training and level of preparation". Unsurprisingly, given the discussion thus far, MPA has been described simply as a type of social anxiety (Barlow, 1988, Buss 1980, Leary and Kowalski, 1995). Underlining the connection between the MPA and social anxiety, Steptoe and Fidler (1987) reported that musicians with stage fright commonly experience social fears related to appearing in public, especially the fear of crowds and social situations.

Kelly and Saveanu (05) provide a vivid illustration of MPA as experienced by one violinist. It provides an example of the personal and individual dimensions and experiences of MPA with which this project has concerned itself.

> *"The violin is slippery in my grasp. I hear the thud of my foot tapping, but the tempo feels wrong. I'm aware of my chest pounding, a lump in my throat and heat rising from my face. Everyone is watching me, waiting for me to make a mistake.*
>
> *Why can't I stop my hand from trembling? I can only watch as the bow jumps noisily across the strings. I should have practised more. My mind goes blank, and I*

miss the page turn.

Silence. I blink, and the lights blind me as the applause comes, thankfully, and I exhale and run off the stage as the curtain closes."

1.2 Personal and Professional Context

Both clinical and personal experiences underpin my motivation to choose this particular subject for research. One of the principal reasons I chose psychotherapy as a profession was to attempt to deliver an effective treatment for a wide range of people who find themselves unable to function or who are having sufficient difficulty in doing so.

Ellis (94) encourages the professional clinician to go beyond the knowledge base available to him and assume the role of practitioner researcher. Evans (06), amongst many others in the psychotherapeutic arena continues this theme by exhorting clinicians to recognise that clinical practice is a rich base for research, that day to day clinical experience is indeed research. So it is with this in mind that I embarked on this project, the aims of which are threefold: to expand and enrich understanding of performers' perceptions and experience of performance anxiety; to discuss the clinical implications of this knowledge and to provide a body of knowledge that can be used as an educational tool both for clinicians faced with treating this problem and for musicians who might benefit from a clearer understanding of it. The proficient practitioner researcher also needs to be able to reflect on their own motivations for carrying out the research and the influence they may have on it so that bias can be transparent.

For the past ten years I have worked in two settings: a general practice setting in central London and until 2002 for HM Prison Service within a forensic psychology department of a large London prison as clinician and researcher. The research component of my work within the prison service largely focussed on quantitative research into the use of psychotherapeutic models as a clinical intervention in working with those inmates who had been convicted and received a mandatory life sentence. This research involved both individuals and groups.

My clinical work within a large primary care setting in central London which comprises five GP's, a consultant Psychiatrist and myself differs in that I have been working with a general clinical population presenting with diverse issues. However, much of my case load involves working with anxiety and depression. I have also worked regularly with professional musicians who are referred to me for three reasons: I am a musician; I have been a professional performer and I am a psychotherapist.

In my own experience of performing and working with performers I have come to realise the very real distinction between feeling nervous prior to or during a performance and what I will term in this project as feeling *anxious*. This, to some, may seem a semantic question but it is an important distinction to make and raises a very important issue, the qualitative difference between performance anxiety that is beneficial to the performer versus the level or quality of anxiety that becomes problematic and is ultimately destructive. Morehouse (79) argues there is a healthy constructive quality of nerves necessary to performance and likens it to *eagerness.* He posits the need for the artist to have sufficient anxiety to propel him through the performance, '….but not so much as to tie him up.' He continues, 'This eagerness for a

good performance is not to be confused with what I call “stage fright”.’ (Morehouse, 79 p158)

During much of my performing career I was largely experiencing performance nerves which seemed to me to be of benefit in that the sensation facilitated a performance. However, I was aware that this was not the same for some of my fellow performers. Some musicians and actors would practise and rehearse well, but their skill could be significantly impeded by their nerves during a performance. It was obvious that they were suffering from a different sensation, one that visibly reduced their ability to perform to a standard of which they were capable.

A significant issue in my experience of working with performance anxiety and a clear recollection from my long period of study was that the subject did not appear to be openly discussed. As students we were aware of those highly skilled musicians who were on the staff of the Guildhall School, the Royal Academy of Music, the Royal College of Music etc and our awareness that some of our professors might suffer with performance anxiety. The old adage ‘if you can’t do it, teach it’ might have been true in some cases, but certainly didn’t apply to all. Some of these non-performing professors were highly skilled musicians teaching at an international centre of excellence who for some reason had either never performed, or had given up a performance career, and one wondered why. Later as I began to work with professional musicians in a clinical setting, I came to think of MPA as the ‘fear that dare not speak its name’. One of the research participants who generously agreed to take part in this project is a musician who was a professor at the Guildhall School while I was a student there. He describes

in Chapter 6 how he came to choose an ensemble concert career over a solo concert career.

I regularly meet musicians who still report that this condition remains unexplored in a professional and training context. Much valuable work has been done by the leading conservatoires which falls into the category of performance enhancement techniques, but this does not address underlying issues of dysfunctional anxiety.

The seasoned performer knows that to prevent a performance from becoming habitual or 'tired' there is a need to try and keep it alive and fresh by re-working it, by paying attention to detail, by re-visiting artistic decisions and remaining creative. But however much this may be the ideal, for obvious reasons it is impractical for many who are working in ensembles or larger groups such as orchestras to manifest this level of autonomy! To stay in a creative space (rather than an anxious one), I did attempt to keep changing what I was doing and re-discover it but eventually, I did suffer from several episodes of debilitating performance anxiety and in response to my difficulties I sought treatment including medication, psychotherapy and hypnotherapy. I practised meditation. All of the above were, for a while, helpful but I never felt that I was really getting to the core of the problem. At the onset of performance anxiety, many sufferers report that their reaction is to become anxious about being anxious, what Dryden (95) describes as *meta anxiety*. As will be seen in the data (Chapter 6) this can be a very significant problem. I occasionally suffered with crippling meta anxiety and was regularly aware of its manifestations in others throughout my training and performing career.

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It was certainly my belief when I was training and later, whilst working professionally, that to some extent, it might be expected that those who chose such a career would be better placed to deal with the relevant pressures of performing. To select such a vocation, they would very probably be able to perform under duress. But it is not uncommon for MPA to arise midway through a career. We may ask ourselves why an artist who is highly skilled and experienced should succumb to this phenomenon when they have achieved and apparently 'proved' themselves to be an artist who maintains a high standard of performance.

However, if one looks a little deeper and explores the personal history of a performer and human evolutionary theory it is interesting to discover what 'drives' a young person to want to perform or compete. As you will see in this research project, amongst other themes, the subject of approval and validation in early life along with developmental and relational issues frequently emerge. These themes continue in later life for many professional musicians and it would appear that they are central to the subject of Musical Performance Anxiety

The musician meets a range of stressors in his professional life which are discussed later in this document (p18). Many of these stressors will exacerbate performance anxiety about which there is very real fear. This is not surprising as a leading orchestral manager reported at the 2003 International Artists' Managers Association Conference that most musicians who come to his notice suffering with performance anxiety have usually resigned from the orchestra or, in some instances, been dismissed within a year.

As discussed below, Brodsky (1996, p.97) states that 45% of orchestral players report MPA. This does not mean that all performers who suffer with performance anxiety resign or are dismissed but rather raises issues around secrecy and embarrassment about the condition in that it is not readily discussed and therefore remains a 'private' issue until such times as the problem becomes unmanageable and can no longer be concealed. If shame and consequential concealment is a general trend, it would explain why comparatively few researchers have chosen to focus on this subject and why there is so little literature available.

Of course, my experience is subjective and I would not assert that it is a shared experience by all or wish to over-generalise it. But I regularly meet musicians in a clinical setting, some young, some mature, who present with anxiety (and comorbid anxiety disorders such as agoraphobia, obsessive compulsive disorder, compulsive intrusive thinking), a sense of increasing frustration, of shame, a sense of hopelessness and depression and consequential problems such as medication dependence and alcohol abuse and it is with this in mind that I decided to embark on this research project in order to explore and expand both our knowledge and identify treatment options.

1.3 My realisation of the need for further studies

My clinical experience suggests that musicians have difficulty in accessing appropriate support and clinical response within their professional environment. This then renders them with little choice but to visit their GP, who, in turn, will often prescribe medication. Some psychologically aware physicians will also consider referring the

patient to a therapist. However, as we shall see from the data, many musicians are reluctant to discuss the issue of MPA, let alone disclose their difficulties to a stranger.

Apart from the usual direct referrals, in the past twelve months I have been referred three clients by colleagues who feel unable to treat performance anxiety, particularly the discreet phenomenon of Musical Performance Anxiety. When questioned, these colleagues have explained that there is little literature to support treatment and that the acute symptoms accompanying MPA appear very difficult to treat. In her referral letter, a colleague included the following, '……*In our assessment session X reported feeling very frightened, he went on to say '……I don't know where it's going to end, and I don't know that it's not going to end up leaving me with a catastrophic inability to function'*. My colleague reflected on the ethical issue of competency and was brave enough to tell me that she not only felt deskilled but was, herself, somewhat fearful.

Chapter 2

Empirical studies of performance anxiety

2.1 Musical performance anxiety: the extent of the problem

In terms of the significance of the MPA problem, my own clinical experience is well supported by empirical research. The largest study of anxiety in professional orchestral musicians, the survey of International Conference of Symphony and Opera Musicians [IntCSOM) conducted by Fishbein & Middlestat (1987), reported responses made by over 2000 musicians. 76% stated that at least one medical condition was severe enough to affect and interfere with their performances, and 36% reported suffering from up to four independent problems. There were also more specific complaints regarding stage fright (24%), depression (17%), sleep disturbance (14%), acute anxiety (14%) and severe headaches (10%). Interestingly, studies of British musicians reported significantly higher levels of performance anxiety, ranging from 45% to 70%. (Brodsky, 1996, p.97). The differential between these two figures is, to say the least, significant and baffling. Clearly this is an area for further research.

It is important to reiterate, however, that in reviewing this research literature, suggested numbers of sufferers and levels of suffering differ greatly depending on the inclusion criteria and classification used in the research studies. In fact, some theorists understand the emergence of anxiety in performers to be so common that it becomes difficult to determine in which cases it is sufficient to warrant treatment. Again, this supports the argument for a more detailed pursuit of the subject matter, so that musicians who are suffering from a serious and debilitating form of performance related anxiety can be set aside from those experiencing natural physical and mental responses to a performance situation. Many performers experience some level of anxiety. Morehouse (79) asserts, amongst others, that in most cases, low levels of anxiety may in fact assist the musician

in performance functioning as the release of adrenaline is activated. What is more important is to be able to establish those whose anxiety has become a serious hindrance to their ability to perform.

2.1.1 Issues of treatment of musical performance anxiety

The taboo nature of musical performance anxiety within the profession and the consequential tendency to avoid addressing it is surely one reason why the treatments on offer may be insufficient (Brodsky, 96). As was previously mentioned, many musicians harbour fears of employment difficulties if their anxiety becomes a public issue and so the most common trend is to keep the issues hidden away. My experience suggests that where there is disclosure, it is likely to be a discussion in private, with family members or friends, but little discussion takes place in the workplace amongst peers. With such pervasive embarrassment and fear, progress is surely impeded as experiences of anxiety and methods of dealing with it are not shared.

However, despite the fear element which apparently restricts many musicians to admit the extent of their anxiety, there are still large numbers of musicians coming forward in search of assistance, and though the differentiation between different performers' anxiety is key, the treatment that follows must be where the real focus lies. As can be seen, much of the existing research has produced findings that clearly illustrate the existence of musical performance anxiety, and my clinical work has caused me to realise there is a need for further research, a matter Brodsky (96) discusses at great length. In line with Brodsky, as a clinician working in this arena, I believe there is a clear need to research the phenomenon from a different perspective and to explore the nature of individual performers' experience. It is only from this research position that

the possibility of applying different models of treatment to performers experiencing different stresses and constraints can begin to be explored. An interesting paradox arose while working on this project. Whilst it was not difficult to find half a dozen signatories, eminent in the musical field, to support this research project, it was extremely difficult to engage participants.

Thus far, there has been very little investigation into fully understanding the phenomenon, or what musicians require to successfully treat MPA. Indeed, the investigative process into MPA has to date been too general and in most cases results appear to have been greatly affected by assumptions made at the outset of research. For example, the meaning of key words and terms used to assess the phenomenon are open to interpretation and have been evaluated very differently by various clinicians. The result of this is that whilst theorists are generally in agreement concerning the manifestation of symptoms relating to performance anxiety, the definition of terms such as 'stress' and 'anxiety' can be so diverse that separate investigations will shoot off in separate directions and therefore become '….subject to assessment by each experimenter's personal definition' (Lehrer, 1998, p. 36) thus rendering the findings problematic with the possibility that many of these studies are not necessarily researching the same concept (Brodsky, 1996).

As Brodsky argues, the research to date "could have contributed to a general theory and conceptual understanding, which in turn could generate applied protocols for alleviating and managing performance anxiety, but this has not been the case" (Brodsky, 1996, p.97). As such there is little agreement among clinicians about the direction treatment procedures should take and how they can be advanced.

Brodsky continues by arguing more specifically that 'procedures used by physicians and researchers render the current pool of data so diverse that the findings cannot blend into a single theory that might otherwise enhance our general understanding of MPA' (Brodsky, 1996, p.96). As a result our ability to assess the severity of such conditions has been compromised, and broadly speaking, despite significant research, successful treatments have not materialised. Moreover, each individual is experiencing the constraints of a unique situation. For example, the basis as well as the qualia of one person's 'stress' may equate to something very different from the 'stress' a different individual experiences. Obviously, a young musician at the outset of his career is likely to meet differing anxiety triggers than one nearing the end of his career. In fact, one study of students and professional musicians, (Steptoe and Fidler, 1987), provides some interesting results to demonstrate the different causes of stress between the two groups. In the case of professional musicians, the research states that separation from family (43%), irregular hours (45%), monotony of rehearsals (43%), and traveling (42%) are reportedly the major causes of stress and anxiety. Among music students however, uncertainty about future employment (80%), professional competition with colleagues (51%), back-stabbing by colleagues (42%), and irregular hours (20%) are reported as the main causes of stress. It is with these figures in mind that Brodsky remarks that "if MPA is to be extrapolated from the performance arena and placed within the context of the lifestyle of professional performing musicians", then we must re-visit how we research the phenomenon. He argues that much of the literature relates to students. If these findings are generalised across the professional population it is of little or no benefit. (Brodsky, 1996, p.98)

There is no doubt that psychological problems are a serious concern for a large number of performing musicians. Research has also conclusively linked stress and physical illness; psychological factors are seen to initiate disease or illness. Moreover the musical profession has been shown to be particularly stress-inducing. In fact, some studies suggest that it is in the top five most life threatening professions, with high levels of fatality reported sooner than the general population. Brodsky remarks that "it would seem…that mental health among musicians is a more than serious matter and that there is a great need for the performing arts' medical community to commit themselves and their resources to the promotion of a healthier occupational environment through education, as well as developing therapeutic interventions to manage stress and alleviate the effects of career stress and MPA" (Brodsky, 1996, p.98).

2.1.2 MPA and medication

It is common knowledge that the use of beta-blockers has become enormously popular in the music profession to reduce performance anxiety. Some studies have even suggested as many as 27% of musicians have used this medication (Fishbein & Middlestadt, 1987). As such, the use of beta-blockers by musicians has become an accepted part of performance by the medical profession. The general consensus is that the drugs are relatively safe. However, as one observer remarked, 'now that the drugs have established themselves as a seemingly permanent part of the classical music world, some musicians and physicians are beginning to question the acceptability, safety, efficacy and ethics of using them. One concern is that many musicians use beta blockers without proper medical supervision' {Tindall, NYT, 17/10/2004}. More recent studies report the numbers of performers using them to have risen (Kenny 04). With the fear of admitting that one suffers performance anxiety being a prevalent issue - and considering

the concern and even stigma in some quarters now attached to the taking of beta-blockers, one can infer that the number of users may be significantly greater than the number which are currently self reported.

In The New England Journal of Medicine in 1998, Stephen J. Gottlieb, who conducted a survey on the effects of beta-blockers, suggests that they should not be used by those suffering from asthma or heart disease, since problems with heart rate could occur. In the main however, he states that 'one-time use of low doses of beta blockers should be safe in healthy people' and that the risks are 'far more serious for those who use beta blockers consistently'. It is the consistent use of beta-blockers by performers who have become reliant on them that is of growing concern in the profession. It is common knowledge that many medicines are now available via the internet or, in some countries, without prescription. Tindall argues that it is clear that many musicians are using the drugs without medical supervision, where alternative treatments might be more beneficial (NYT, 17/10/2004).

It would seem from Tindall's report that a significant percentage of professional musicians use this medication regularly, simply to be able to perform professionally. It is without question that in some cases this option of treatment may be the most appropriate but mindful of the prevalence of self medication, ideally, further research into our knowledge of MPA should be promoted to explore, research and provide alternative clinical interventions. Research based education would raise awareness of both the phenomenon and identify alternative treatments available, which is a key aim of this research. Brodsky suggests that clinical trial intervention studies have

demonstrated that with or without accompanying medication, therapeutic counseling is effective in managing anxiety disorders but he argues "the reality of the situation is that musicians do not seem to be utilizing these treatments." (Brodsky, 1996, p.98).

The ICSOM survey reports this to be the case, suggesting that 40% of performers who considered their anxiety to be serious had used prescribed medication (92% of which reported successful treatment). Only 25% reported using psychological treatment. Brodsky continues 'perhaps musicians view psychotherapy or counseling methods as less effective than pharmaceuticals. Or, perhaps counselors and psychologists are perceived as foreigners or outsiders who really do not understand music and musicians'.(p99). This is where further research would benefit the musical performer, informing clinical response and raising awareness of the issue of MPA both within the music profession and also the psychotherapeutic world.

2.2 Summary

There has been a clear case posited for the need for further research into MPA to focus specifically on the individual, as well as performance anxiety as a universal idea. In an attempt to access information, hitherto unavailable from existing literature derived from quantitative research methodology, it seems apparent that there is a need for as much focus on qualitative research into the phenomenon. This will hopefully lead to a greater understanding and an increasing capability to address the problem therapeutically.

Prior to this research I experimented with various clinical interventions but largely drew on the Cognitive Behavioural Model (Andrews et al, 94) which will be discussed in Chapter 8. However, mindful of attempting to access the phenomenon in order to

inform treatment possibilities, rather than continue to quantify it, I decided to engage further with the wider literature.

Chapter 3

Performance anxiety as a diagnostic category

3.1 Performance anxiety as a diagnostic category

In this Chapter I will return to basics and re-explore MPA by investigating it in the wider context of the more general diagnostic category of Performance Anxiety (PA) and its variants and related disorders. I will discuss recent research focussing on the genetic basis of anxiety and look at several manifestations of PA to explore links and commonalities between them and those of MPA.

The seriousness of performance anxiety is represented by its inclusion as a diagnostic category within the DSM-IV-TR. It is described as a discrete rather than generalised manifestation of social phobia, which is characterized by an unrelenting and distinct fear of social or performance situations in which the individual might be forced to endure embarrassment or humiliation. Research shows that around 13% of adults experience social phobia (Kessler et al, 1994) while only 2% suffer from severe discrete performance anxiety (Powell, 2004).

3.1.1 Physiological and genetic basis of anxiety response

As previously reported, a central function of anxiety is to mobilise the organism to be maximally prepared to escape a potential threat. Upon the presence of a stressor, a number of physiological reactions occur in order to help prepare the body for this mobilisation, often resulting in familiar anxiety symptoms such as increased heart rate, tremors and sweating (Gorman and Sloan, 2000). The physiological reactions involved in anxiety can be categorised into fast autonomic responses and slower endocrine responses, although the common function of both is the breakdown of stored compounds into a useable energy source.

The autonomic response begins when the hypothalamus sends a neural message through the spinal cord activating the sympathetic branch of the nervous system. The sympathetic nerves then stimulate the medulla on the interior of the adrenal gland, which in turn releases epinephrine into the blood stream (Kolb and Whishaw, 2006). Epinephrine (adrenaline) breaks down the nutrients stored in the muscles into glucose, providing an immediate burst of energy which prepares the body for immediate "fight or flight", and which results in familiar anxiety symptoms such as increased heart rate and sweating. Along with norepinephrine, epinephrine increases blood flow to the muscles by increasing the output of the heart. Epinephrine also activates various areas of the brain including the amygdala, which plays an important role in motivation and emotional behaviour.

In the slow-acting endocrine (hormonal) pathway, the hypothalamus releases CRF (Corticotrophin Releasing Factor) which enters the pituitary gland. The pituitary gland in turn releases ACTH (AdrenoCorticoTropic Hormone), which stimulates the cortex of the adrenal gland thus releasing cortisol into the circulatory system. Cortisol has a range of functions, one of which is to turn off all hormonal pathways not immediately required, in order to utilise all possible energy sources to deal with the stressor. CRF is also secreted within the brain, where it serves as a neurotransmitter in regions involved in emotional responses such as the periaqueductal grey matter, the locus coeruleus, and the amygdala (Pinel, 2006).

Many studies have attempted to estimate the genetic basis of proneness to anxiety. One thing that is clear from growing research is any heritable basis for anxiety disorder is

likely to reflect the complex action of multiple genes rather than a single 'anxiety' gene. Subtle alterations in each of these genes may alter different behavioural manifestations of anxiety (Leonardo and Hen, 2006). The latest research position is that there is support for a genetic component to anxiety. Twin studies have shown that around 30-40% of variance in the occurrence of anxiety disorders can be attributed to genetic variation (Sullivan et al., 2000; Hettema et al., 2000). These findings have been interpreted as supportive of variation in genes leading to variation in brain composition or wiring. Interestingly, the relatively modest figure obtained from twin studies is less than that for psychiatric disorders such as schizophrenia or neurological disorders such as Huntingdon's disease (Kendler et al., 2001). In fact the current research position appears to be that, while there is overwhelming evidence that anxiety disorders carry a significant genetic component, their ultimate expression is highly dependent upon environmental factors (Leonardo and Hen, 2006).

The above research indicates the importance of both physiological and genetic factors in the experience of anxiety. Research has also indicated that the core physiological elements of anxiety can manifest themselves in a number of different types of anxiety in a variety of situations as will be described in the results and discussion sections (Chapters 6 & 7).

3.2 Performance Anxiety and Context

Performance anxiety affects numerous people in a range of personal and professional situations. Consequently, it often proves a major factor in preventing people from all walks of life from operating to the maximum of their potential, accomplishing their goals and, perhaps most importantly, being happy.

A useful way of illustrating variety and severity of performance anxiety is to look at its more renowned types. Doing so may also help identify underlying and common causes of performance anxiety in different situations. Indeed, anxiety about "performance" in social situations is both widespread and frequently experienced, since role-playing covers just about everything we do. Indeed, social anxiety (the precursor to the more extreme social phobia and the more general type of anxiety of which performance anxiety is a discrete manifestation) has been depicted as the "stage fright of everyday life", and can be caused by a myriad of situations, including job interviews, dates, interactions with superiors, speaking or performing in public, leading a meeting or simply talking to a stranger. (Leary & Kowalski, 1995, p. 2).

3.2.1 Types of performance anxiety

Therefore there are probably as many "types" of performance anxiety as there are human experiences. As there is limited literature on MPA I will focus here on the more common versions of PA, including sexual performance anxiety, sport performance anxiety, test anxiety and paruresis ("shy bladder syndrome') to provide a useful background to understanding performance anxiety that takes place in a musical context given that they may share common underlying causes.

Despite obvious differences in the environments for each of these manifestations of anxiety, Beck argues that they all share the defining characteristic of being caused primarily by a fear of being observed and evaluated (Beck, 1983). Doctor and Kahn (1989) go on to emphasise the comparable characteristics of both social phobia and performance anxiety - both involve physiological, behavioural, and cognitive responses,

and can be treated by similar drug therapies and psychological methods (Barlow, 1988; Turner & Beidel, 1989).

3.2.1.1 Sexual Performance Anxiety

Sexual Performance anxiety is possibly one of the more thoroughly examined variants of performance anxiety. Indeed, a significant proportion of sexual dysfunction seems to be caused by anxiety. This includes erectile dysfunction and premature ejaculation in men, and anorgasmia – failure to achieve orgasm - in women (Hyde, 1994). Although specialists in sexual dysfunction have long believed that the stimulation of the sympathetic nervous system inherently inhibits sexual arousal, research has shown that sympathetic activity and sexual arousal show a positive correlation (Beck & Barlow, 1984).

The results of more recent studies imply that the effects of anxiety-inducing stimuli on sexual arousal largely depend on how sexually functional or sexually dysfunctional that particular individual happens to be. For sexually functional individuals, anxiety either has no negative impact on sexual arousal, or even facilitates it. On the other hand, the physiological effects of anxiety clearly inhibit sexual arousal in sexually dysfunctional individuals (Bruce & Barlow, 1990).

These findings challenge earlier assumptions that sympathetic nervous system activity is the sole reason for the effect of anxiety in sexual performance. Barlow presents the idea that cognitive and attentional mechanisms, as opposed to physiological ones, are more likely to cause inhibited sexual arousal in sexually dysfunctional individuals (1986; Bruce & Barlow, 1990). In this regard, a sexually functional person is able to deliberately inhibit

sexual arousal by thinking nonsexual or mundane thoughts. The same inhibition will occur in sexually dysfunctional individuals, but will be caused involuntarily by negative thoughts about one's physical appearance, sexual performance or one's partner's judgements, which naturally interfere with the appropriate sexual thoughts and images necessary for sexual arousal and performance.

Of course, as the level of arousal increases, the impact of focusing on particular thoughts or patterns of thought is greater. As a result, sexually functional individuals become more in-tune with the sexual nature of a situation the more aroused they become. However, the more a sexually dysfunctional person thinks about whether they are attractive enough, whether they are performing adequately and what the consequences of their sexual failure might be, the worse their predicament becomes (McCabe, 2005).

Bearing in mind these consequences of distraction and self-preoccupation in regard to sexual arousal, it is unsurprising to learn that those individuals with a greater tendency to focus on negative thoughts and outcomes during sexual interaction are likely to experience more sexual difficulties. Comparisons between men exhibiting varying degrees of heterosocial anxiety (anxiety caused by interactions with members of the opposite sex) have shown that more anxious men in this regard are more likely to suffer from sexual problems such as premature ejaculation and temporary impotence. Similarly, in women, a smaller portion of highly socially anxious subjects had experienced orgasm than those with lower heterosocial anxiety levels. Finally, both men and women who exhibited heterosocial anxiety were less likely to enjoy their sexual encounters (Leary & Dobbins, 1983).

3.2.1.2 Sport Performance Anxiety

Sport performance anxiety (sometimes called competition anxiety) is yet another widely-known variant of performance anxiety. Even the most accomplished sportspeople can suffer performance anxiety, with greater accomplishment often bringing greater expectations. Many people were shocked to see French superstar Zinedine Zidane actually vomiting before taking (and scoring) a crucial penalty against England in the Euro 2004 football tournament. Many successful sportsmen, musicians, actors, artists and successful business people feel the more successful they become, the more they have to lose (Leary and Kowalski, 1995).

As in other walks of life, a major determining factor in assessing an individual's propensity to anxiety in the sporting arena is the belief that they have to meet the expectations of others. Consequently, a sportsperson might be able to perform exceptionally alone, but find themselves unable to cope favourably with the anxiety caused by performing in front of thousands of observers.

Anxiety can clearly have a detrimental effect on performance, with performance quality generally decreasing as anxiety levels increase (R.E. Smith & Smoll, 1990). Indeed, many people are put off even attempting sports by performance anxiety (Orlick & Botterill, 1975). Predictably, those exhibiting higher levels of sport performance anxiety also enjoyed sport less (Scanlan & Lewthwaite, 1986; R. E. Smith, Smoll, & Curtis, 1978).

Individual differences in competition or sport performance anxiety have often been measured with the Sport Competition Anxiety Test (Martens, 1977) or the Sport Anxiety Scale (R. E. Smith, Smoll, & Schutz, 1990). As explained above, many of the

psychological predictors for evaluation of anxiety generally, such as low self-esteem and a poor expectation of doing well, prove equally indicators of sport performance anxiety (Scanlan & Passer, 1978, 1979). As with other forms of performance anxiety, it seems clear that the simple answer is that sport performance anxiety is largely caused by the concerns of participants about how others perceive and evaluate them (Leary, 1992).

3.2.1.3 Test Performance Anxiety

Over the past two decades, an increasing body of work has also developed exploring the concept of test anxiety. While tests and exams are mechanisms used by academic, professional and other institutions to gauge knowledge, understanding and the ability to assimilate information, in reality, most students of all ages are afflicted by an occasionally debilitating anxiety in these situations that hinders their ability to display what is perceived to be the required level of aptitude. Consequently, researchers and clinicians have gone to great lengths to explore the reasons that underpin test anxiety, the specific consequences of anxiety on students and their academic results and possible means to reduce anxiety in examination environments (Sarason, 1980; Sarason & Sarason, 1990).

Strangely, little of the research has focused on what would appear to be an obvious connection between test anxiety and social anxiety (see, however, Beck & Emery, 1985; Sarason & Sarason, 1990). Of course, when feeling anxious about a particular test or exam, students are not specifically fearful of the test itself unless of course it is an activity-based test that may, for instance, cause physical pain or hardship, in which case this ‘test’ would belong in the realm of sport performance. In academic tests, the participants are primarily concerned about the interpersonal impact of their test score.

Specifically, this relates to how their teachers, parents and peer group will evaluate their performance (ref E). Thus, in most instances, test anxiety, in effect, could arguably be the social anxiety that arises when the student doubts their ability to convey the required impression of intelligence or diligence via their performance in the test combined with the consequences of a poor result having a negative impact on life plans and future choices.

As with performance anxiety generally, it is reported that individuals experiencing test anxiety are likely to exhibit familiar and expected dispositional antecedents such as fear of judgement by others and of failure (Sarason & Sarason, 1980). Moreover, Sarason and Sarason (1990) argue convincingly that individuals showing a tendency towards high test anxiety also have low self-esteem and tend to focus on negative potential outcomes (Wine, 1971).

3.2.1.4 Paruresis

A slightly different but nevertheless interesting type of performance anxiety is paruresis, a psychological disorder that involves the urinary system. In contrast to physiological conditions like prostatitis [Intnflammation of the prostate) that block the flow of urine, paruresis is a type of social phobia or, more specifically, performance anxiety, meaning that the paruretic is usually shy and fears being scrutinized or negatively evaluated by others when performing in public—in this case, urinating in a public lavatory. The psychological conflict that generates this particular form of social phobia is expressed through the physical symptom of being unable to urinate whenever the person desires (Vythilingum, Stein et al., 2002)

Though there is sparse literature on this condition, a survey of people afflicted by paruresis conducted by the "International Paruresis Association" addressed demographic variables such as the phenomenology of paruresis, comorbid disorders, and the impact of symptoms on quality of life via the use of a self-report questionnaire. From a sample size of 63 (59 male; 4 female), approximately one third reported that they avoided social scenarios such as dating, parties and concerts which would force them to use a lavatory outside their home. Incredibly, over half the respondents felt their condition limited the selection of jobs from which they could choose.

Amongst paruresis sufferers, social anxiety and depression are the most common disorder traits and the most common traits in family members. From my own clinical experience, I have become aware of the high incidence of shy bladder syndrome in those presenting with performance anxiety, e.g. those who are in situations such as leading work placed seminars and public speaking and those who present with self worth issues which affect their ease in engaging with and dating the opposite sex. Not unexpectedly, I have yet to encounter a clinical example of paruresis in a female. However, it is commonly reported that women with self worth issues and concerns of the judgement of others have experienced anxiety about defecating in public lavatories or those easily accessed by others (e.g. in someone else's home). "Thus, paruresis can be a chronic and disabling symptom, and there seems to be an association between paruresis and other performance anxieties" (Vythilingum, Stein et al., 2002, p.8).

Section Conclusion

It is evident from the above, that there are numerous different manifestations of performance anxiety that affect many human beings at least to some degree. The issues

of fear of humiliation, a disruption in cognitive and attentional mechanisms, pressure to perform, absolute thinking in terms of winning versus losing, the expectations of others found in the foregoing manifestations of PA are all relevant to and emerge regularly in a clinical setting when working with MPA. In the next section I will consider possible common underlying causes for these various performance anxiety manifestations also common to MPA.

3.3 What causes performance anxiety?

In order to understand and treat performance anxiety, it is, of course, necessary to have an understanding of why performance anxiety occurs. I will look at two theories: self-presentational theory and evolutionary perspective. I will then consider how certain personality variables have, often through a consideration of these theories, been linked to increased performance anxiety.

3.3.1 Self-presentational theory

While self-presentational theory often explicitly discusses the causes of social anxiety, the same theory can be said to apply to performance anxiety, which is merely the manifestation of social anxiety in a particular environment or type of situation. The theory states that performance anxiety in social situations occurs when people wish to make a particular impression on other people, but lack belief in their own ability to meet this expectation (Schemer & Leary, 1982). Consequently, social anxiety is caused by the desire to meet expectations, and the subjective negative likelihood of realising this desire.

Self-presentational motivation is a crucial component of social performance anxiety. However, it is not the only component. People will not feel socially anxious if they believe they will successfully convey the impressions they desire to make (and, thus, expect to influence others to react as they desire). Given that people have the goal of making certain impressions, they will feel socially anxious to the degree they doubt they will make those impressions.

Despite being a prominent factor, on its own, self-presentational motivation is unlikely to cause concern over performance – if people feel sufficiently confident in their ability to meet the perceived expectations of others and to influence others to react in the way they desire to a particular situation, there is no reason to suggest they will feel socially anxious. The two related factors in social anxiety can be expressed in the following equation (Leary, 1983):

$$SA = M \times (1 - p)$$

where SA is the level of social anxiety, *M* is the level of motivation to make a desired impression, and p is the subjective probability of making the impressions the individual desires.

The formula demonstrates that if $M = 0$ (self-presentational motivation is zero, there are no perceived expectations to meet) or p= 1 (the individual is 100% certain they can meet the expectations of others), social anxiety should not occur. However, when *M* is greater than zero and p is less than 1, social anxiety increases as *M* increases and *p* decreases. Put simply, as the motivation to make a desired impression

increases and the subjective probability of making that impression decreases, social anxiety should increase.

Evidently, the worst possible scenario from a self-presentational point of view is one in which the motivation to make the desired impression is very high, yet events have conspired to make the individual feel powerless to meet these expectations. For example, imagine a situation where one dreams of giving a live musical performance singing a well known song in front of a large audience, and then forgetting the words to the song, it is not unlikely that one's sense of self could feel diminished.

3.3.2 Evolutionary basis of performance anxiety

The "Evolutionary Basis Of Social Anxiety" theory put forward by numerous psychologists states that the reason human beings developed the capacity to experience emotions is the same reason any skills or characteristics in a species persist – because they have an evolutionary value in that, in some regard, they enhance the individual's chances of survival (or at least the survival of their gene pool).

Accordingly, it is explained that emotions such as fear, compassion, anger and so on developed because those who exhibited and experienced them were able to show a greater aptitude for survival than their cold-hearted, emotionless contemporaries. Why should this be so? Amongst other explanations, emotions cause psychobiological reactions, which prepare individuals for basic responses, such as the 'fight or flight' response, which are key tools in the battle to survive. If the development of emotions facilitated adaptability and continued existence in early humanity, Darwin's evolutionary theory would tell us that those exhibiting emotions would be more likely to

produce offspring, and consequently, over time, humanity as a whole would grow a greater propensity and capacity for emotions. If this is the case, one must ask that if emotions granted certain individuals evolutionary advantages, what function does anxiety in performing in social situations serve?

One theory would state that the process of becoming anxious about our social performance before others is to motivate us to project a 'good' impression of ourselves. If able to do so, it is more likely that we will be accepted into a group, thus increasing our chances of survival, and most significantly for the species, acceptance increasing the likelihood of reproduction (Dunbar, 2005). 'Performance anxiety', in this sense means that being anxious about our performance results in us spending more time over preparation, practice and making sure everything maximises our chance of a successful performance and therefore being appreciated by our audience. Of course, this can be counterproductive when excessive anxiety is experienced, as the anxiety can become the focus of attention thereby reducing attention on specific elements necessary for a good performance. As will be discussed at greater length in the discussion section this increase in anxiety often manifests itself as meta-anxiety (anxiety about anxiety or fear of anxiety), resulting in a growing desire to avoid the anxiety provoking situation or anything related to it such as preparation (Ellis 1994, Dryden 1996,).

As explained above, the desire to develop connections and relationships with other individuals has a clear survival value and even pre-dates humans. Speaking in general terms, prehistoric humans (and indeed animals) are in a more vulnerable position if they are alone than if they are part of a group of some description hence the sense that we "need to belong". This has resonance in the musical arena as we shall see, specifically

impacting on an individual's choice to perform as a soloist or in an ensemble. Clearly, a solitary existence would leave our early human ill-equipped to deal with the many imminent and persistent factors key to his survival such as fending off attacks from other humans or wild animals, gathering food or fashioning shelter. Furthermore, an individual's chances of procreating would seem to be considerably reduced by the adoption of a solitary lifestyle, a fact that's as true today as it was for our theoretical hermitic caveman! As a consequence of these survival necessities, humans who are more skilled 'performers' tended to enjoy more evolutionary success than their less skilled rivals. As a result, the assumption must be that modern humans have inherited a strong feeling that they 'need to belong'. Evidently, this motivation is not solely due to ancient survival tendencies, but it also has contemporary, behaviourally conditioned explanations. Although initially genetically-induced, the motivation to cooperate and 'fit-in' is demonstrably reinforced throughout infancy and childhood, with anti-social behaviour and non-cooperation clearly marked as the 'wrong' path to take and in extreme cases, followed by various forms of punishment.

In order to function effectively, the psychological system promoting the 'need to belong' not only motivates individuals to engage with the wider social group, it also inhibits acting in a manner that would threaten the individual's position within the group (Miller & Leary, 1992). As an illustration, a person's survival chances would not be enhanced if they felt compelled to behave in an anti-social manner, disregarding others' opinions of their social performance or behaviour. Instead, it would be more likely to cause the group or society to reject, ostracize or even execute the individual in question.

It has been proposed that social performance anxiety may be the primary emotion used to prevent social exclusion. The negative emotional impact of making the 'wrong' impression on others serves to help individuals avoid social rejection in various ways. First, it acts to prevent them creating the undesired impression. Secondly, it interrupts behaviour that might lead to undesired impressions. Finally, the anxiety caused by socially detrimental behaviour can motivate individuals to take action, which can repair the situation and thereby reduce anxiety (Leary, 1993).

Authorities on the subject have made the analogy between social performance anxiety and physical pain. Pain alerts us that damage has been caused to our body and consequently prevents us from inflicting more damage as well as motivating us to repair the damage and help reduce the pain. Similarly, performance anxiety in social situations serves to prevent us from damaging our image in the eyes of others and causes us to seek to undo any damage that has been caused by our behaviour (R. S. Miller & Leary, 1992). In short, it deters us from losing positive regard by 'the other' thereby losing our 'sense of self'.

As well as affecting the ability of an individual to remain in their social group and consequently to survive, social performance anxiety clearly also has another direct effect on reproductive prospects. As expressed by Leary and Kowalski (1995): "To the extent that social anxiety prompts people to behave in ways that enhance their social desirability, the capacity for social concern may promote socially adaptive behaviour and increase one's breeding potential" (p.25).

Although the self-presentational model and evolutionary theory approach the topic of social anxiety from different perspectives, both have provided a rationale for how personality might affect performance anxiety. Consequently, these theories have stimulated research into identifying personality factors that might have an important role in MPA.

3.4 Personality factors and performance anxiety

Although performance anxiety can affect everybody, it is clear that some individuals seem a great deal more susceptible to its effects than others. Consideration of the above models as well as general, non-theoretically driven research has led to the identification of a number of personality characteristics associated with performance anxiety. The major personality traits linked to performance anxiety are considered below.

3.4.1 Trait anxiety

There is a strong correlation between different types of anxiety – people who become anxious about one type of situation are more likely than the average person to succumb to other anxiety-producing stimuli (Leary & Kowalski, 1993). This is not unexpected – for example, we would expect someone suffering from test anxiety to be more likely than a normal, confident individual to experience performance anxiety in social situations.

This connection between general trait anxiety and performance anxiety in social situations could be resolved by a number of explanations. First, it is possible that the nervous systems of certain individuals are simply more reactive to anxiety-inducing

stimuli than the nervous systems of others. Clearly, if this were the case, there would be no reason to suggest they would experience markedly dissimilar responses to different types of threatening stimuli.

One might also suggest the reason for the correlation is that individuals with a negative outlook – a generally negative appraisal of the potential outcome of any given situation – are more likely to become anxious (Lazarus & Folkman, 1984). Thus, they inflate the scale of a potential problem and understate their ability to handle it, regardless of the particulars of a situation – whether at home worrying about their physical appearance, or in an exam, experiencing test anxiety. Consequently, pessimists are likely to become anxious about anything.

Finally, the connection can be explained by looking at people's ability to cope (Smith, 1991). Clearly some people can deal with potentially damaging or threatening situations of all types better than others and these individuals are less likely to experience anxiety. Those with poor coping skills, of course, are likely to be fazed by all manner of situations. Whether the individual's lack of coping skills, in fact, cause the anxiety, or whether the anxiety reduces the individual's ability to cope is unclear, but what is clear is that there is a strong correlation between general trait anxiety and social performance anxiety.

3.4.2 Public self-consciousness

A second personality trait associated with performance anxiety is high self-consciousness. Individuals who experience high public self-consciousness spend a great deal of time evaluating how they are presenting themselves and therefore, how others

react to them (Buss, 1980, Fenigstein, 1979). Those who are low in public self-consciousness are less concerned about their social "performance" and the subsequent evaluations of others. Bearing in mind this difference in attitude and responsiveness, public self-consciousness and performance anxiety in social situations correlates positively amongst both unselected college students and social phobics (Buss, 1980; Edelmann, 1990; Hope & Heimberg, 1988; Leary & Kowalski, 1993).

What are the causes of public self-consciousness? The vast majority of the evidence points to the importance of parental behaviour in the development of this trait. Strict, disciplinarian and demanding parents are more likely than average to have children who experience high levels of public self-consciousness because these children are forced to control their behaviour extremely carefully in order to gain approval, or at least avoid punishment. Parental expectations of achievement may also heighten public self-consciousness as it emphasises the importance of meeting the expectations of others, sometimes regardless of their attainability (Klonsky, Dutton, & Liebel, 1990).

Similarly, parents who are high in public self-consciousness are likely to infer the characteristic to their children as, again, it focuses the child's attention on the need to monitor one's behaviour in front of others and evaluate the expectations of others (Klonsky, Dutton, & Liebel, 1990). If a child sees that a parent is constantly pre-occupied with the opinions and evaluations of others, then, through modelling they will imitate this behaviour and assume it is a central tenet of social interaction. In most cases, it is likely that this assumption will become an accepted norm for the rest of that individual's life.

3.4.3 Approval motivation

Those who demonstrate a strong desire to have their actions met with approval and obtain social acceptance are also generally inclined to experience performance anxiety around others, presumably because a greater awareness of the expectations of others increases the likelihood of becoming concerned that one will not meet those expectations (Jones et al., 1986; Leary & Kowalski, 1993).

Longitudinal studies conducted by researchers in the 1970s looked into the developmental antecedents of the motivation to seek approval from others (Allaman, Joyce, & Crandall, 1972). As with studies into self-consciousness, the investigation demonstrated the centrality of parental behaviour in predicting approval motivation – more authoritarian parenting techniques tended to create children who exhibited a high requirement of approval. Mothers of children who scored high in measures for approval motivation tended to be colder, more distant and less praiseworthy when compared to the mothers of children who exhibited a lower need for approval. This relationship linking maternal behaviour to the child's approval motivation provided a convincing trend, predicting over 60% of the variance in approval scores. Similarly, paternal behaviour, particularly rejection as perceived by the child, proved a particularly strong predictor of a high approval motivation in young men.

However, a child's belief system about itself and the world can be derived from many components of early experience and I would not suggest that performance anxiety necessarily is the consequence of problematic parental relationships. On the contrary, children with excellent parental and familial dynamics are vulnerable to negative

experiences outside of the family for which they may not be adequately prepared with appropriate coping skills.

The key conclusions that can be made from this research are that disinterested or disapproving styles of parenting tend to create a general concern of other's evaluations in the child in question and a strong motivation to avoid rejection (Strickland, 1977). Children raised in this type of environment tend to have a strong desire to gain approval, but they also tend to be pessimistic about their ability to do so. Indeed, it has been stated by the purveyors of the self-presentation theory that "a combination of high value for approval (or avoidance of disapproval), but a low expectancy of obtaining it, results in apprehension in evaluative situations" (Allaman, Joyce & Campbell, 1972, p. 1156).

3.4.4 Self-esteem

As one might expect from the discussion so far, there is a convincing body of evidence to suggest a negative correlation between self-esteem and all types of performance anxiety (Check & Buss, 1981; Clark & Arkowitz, 1975; Geist & Borecki, 1982; W. H. Jones, Briggs, & Smith, 1986; Leary & Kowalski, 1993; McCroskey, 1977). In fact, many of the same developmental experiences crucial in reducing self-esteem also play a role in the creation of tendencies toward social performance anxiety (Klonsky et al., 1990). As is the case in the development of high approval motivation, the basis of low self-esteem is argued to be significant neglect, over-zealous discipline and disapproval. Thus, strict, emotionally distant parents, primary carers or significant others and indeed overly permissive ones, are more likely to raise children with lower self-esteem than caring, involved and accommodating parents, primary carers and/or significant others

(Baumrind, 1989; Coopersmith, 1967). The child who may have become conditioned to criticism, negative judgement and the fear of rejection is perhaps the adult, who, finding themselves in a performance situation (which will elicit judgement or to which expectations are attached) accesses emotionally encoded memories of this early experience which promotes a conditioned anxiety response.

3.4.5 Section Conclusion

The research shows that there may be several different types of personality variable linked to performance anxiety. The studies reviewed suggest that trait anxiety, public self-consciousness, approval motivation and level of self-esteem may all have a definite impact on the extent to which an individual is affected by performance anxiety. It is also evident from the review of the literature so far, that performance anxiety can affect a range of people and extends to an apparently diverse range of performing situations.

In the next section, I consider whether performance anxiety has a significant role in a particular type of performance situation: musical performance.

Chapter 4

Musical Performance Anxiety

4.1 Musical Performance Anxiety

It is apparent that performance anxiety can occur in a variety of non-artistic performance activities such as public speaking, examinations, competing in sporting events, sexual activity, using public restrooms. However, research has also suggested that performance anxiety may also have a substantial impact in situations that involve artistic performance. There are a number of research articles and publications of research findings which demonstrate, for example, the scale and scope of MPA amongst classical musicians. However, as Brodsky & Sloboda (1997) in their research on musical performance anxiety state, "…empirical literature on MPA is sparse and relatively few research studies have gone beyond describing the phenomenon, how it develops and is maintained. This subject needs careful examination". While Brodsky and Sloboda's statement is correct, there are many examples of interesting research into the *phenomenon*. However, as it stands, much of the research is of questionable value to the clinician or those who suffer from MPA. Indeed, according to Brodsky (1996), many of the findings suffer from methodological shortcomings and differences that render the data difficult to blend into one unified theory that can enhance our understanding of MPA and aid the development of treatments that could help alleviate and manage the negative impact of MPA on musicians' careers and lives.

4.2 How common is musical performance anxiety?

One definitive conclusion that one can draw from the existing literature is that far from occurring infrequently, musical performance anxiety is actually a relatively common experience for musicians. Fishbein & Middlestadt (1988) conducted what is probably the largest survey to date, investigating more than 2000 musicians from 48 orchestras in

the US. Their results found that 19% of women and 14% of men indicated that stage fright was a severe problem. The survey also indicated that 24% of both sexes had a problem with performance anxiety and 16% of these described their problem as severe.

In his review of the existing research, Brodsky (1996) claims that the ICSOM (The International Conference of Symphony and Opera Musicians) survey provides a clear indication of the occupational hazards, both physical and mental, facing classical musicians than previous research. While the prevalence of back, neck and shoulder problems is perhaps in line with expectations, the findings on the scale of mental health problems were higher than many had anticipated. The survey reported that a quarter of all American orchestral musicians experienced anxiety in performance situations while 14% suffer disturbances to their sleep, 13% experience acute anxiety and 10% endure severe headaches. Notably, however, these figures are markedly lower than those reported by similar studies, particularly in Canada and Europe.

James' studies of two major British orchestras found that 63% of the musicians experienced performance anxiety (James, 1984) while further research reported that 47% of British professional musicians experienced MPA (Marchant-Haycox & Wilson, 1992). In Canada, the evidence seems even more overwhelming - a survey of 204 members by the Organisation of Canadian Symphony Musicians claimed that 96% "reported experiencing stress related to performance" (Bartel & Thompson, 1995, p. 71). Further research in Austria found that 59% of the Vienna Symphony Orchestra claimed the level of `nervous stress' they experienced during concerts was high or very high, with 24% reporting high levels of tension before performances (Schultz, 1981).

Another large survey, conducted by the Federation Internationale des Musiciens (FIM – cited Mor et al, 1995), investigated fifty-six orchestras worldwide and showed that 70% of the 1639 respondents indicated they sometimes experienced such anxiety that impaired their performance.16% of these respondents claimed that this happened more than once per week. Again, further research in the mid 90s by Van Kemenade et al (1995) investigated the phenomenon and found that as many as 59% of symphony orchestra players claimed to have performance anxiety, with 21% describing their condition as 'intense' or 'acute'. These significant results should also be viewed within the context of team playing, that is those supported within an orchestra, a context generally considered rather less anxiety-triggering than solo performances (Van Kemenade et al, 1995).

One of the most recent studies on the prevalence of MPA was conducted in Norway in 2002 (Kasperson & Goterstam, 2002). In a sample of 126 Norwegian music students, 36.5% reported a need for help with MPA-related problems. Furthermore, anxiety, both before and during performance, was found to be associated with negative affectivity, but not with positive affectivity. The study also highlighted gender differences regarding perceived symptoms of MPA as well as anxiety and "need for help." There were no major differences between the two educational levels and pianists and string players most often reported "high anxiety." There was also a quite drastic difference in symptoms between students in the jazz group, who had substantially lower anxiety symptoms compared to the classical music students.

Montello (89) and Montello, Coons and Kantor (90) in researching the effect of a twelve session music therapy intervention for MPA which included *improvisation,*

amongst other components, identified a reduction in performance anxiety. Jazz music is improvisational in a way that most of the classical repertoire is not and this may have been a significant factor in different symptoms of the two samples of participants. I wonder whether life style issues are also a significant variable in promoting different symptoms in Jazz musicians, or maybe opting for jazz is a healthy rebellion to traditional parental expectations and training. Further research into the differences may yield some very useful data for understanding and treating MPA.

Moreover, from experience of working with anxiety disorders in general and specifically with performance anxiety, the figures demonstrating the prevalence of performance anxiety are far from surprising and, as many clinicians will recognise (Freeman et al, 1990, Dryden et al, 1997), a significant number of anxious patients will often underestimate the severity of their anxiety or fail to report correctly for fear of exacerbating the condition. Thus, if anything, the exact scale of the problem in reality is likely to be worse than the evidence suggests.

4.2.1 Established musical performers and MPA

The above studies clearly indicate that MPA is a major problem for a large number of musicians. Furthermore it appears that MPA is an affliction not only for less successful amateur musicians and novices, but also experienced professionals and even world-famous performance artists from across the artistic spectrum. Several have admitted to experiencing anxiety prior to and while performing, with many examples of this well described by Leary and Kowlaski (1995), from which the following examples are taken. Former Fleetwood Mac singer Stevie Nicks reports feeling anxious before a

performance: “My stomach gets upset. I break out in a sweat. I have asthma and it really kicks in. Everyone wonders, `My God. Is she going to be able to pull this evening off?’”(“Drowning on Dry Land”, 1994, p. 65). Singers as renowned and diverse as Madonna, Michael Jackson and Barbara Streisand to Christa Ludwig, Maria Callas and Dame Janet Baker have admitted experiencing MPA – Streisand even reportedly stayed away from the stage for 27 years due to the intense anxiety she experienced when performing. Likewise two of our leading actors, Dan Day-Lewis and Sir Ian Holm avoided live theatre performances for many years following episodes of performance anxiety, or as it is known in the theatre, ‘stage fright’. Indeed, Mick Jagger even told the crowd at a Rolling Stones event in 1994 that “you’re always more nervous the first night”. Many actors, singers and dancers who will regularly perform the same work, night after night for long periods of time report heightened levels of anxiety on the ‘first night’ as the evening invariably includes the possibility of public criticism by newspaper and other media critics.

It is often challenging for those with less celebrated performance abilities to comprehend why world-famous stars renowned for their ability would experience any social anxiety in a performance setting. Their talent for performance has been a crucial factor in their rise to prominence so, at first glance, it seems contradictory to suggest that they should suffer in this way, or begin to question their ability to deliver another high-quality performance. However further research into this area could yield results that could illuminate MPA and be useful across the range of talent and celebrity.

A key factor would appear to be the perceptions that these celebrated performers have of their audience’s expectations and ability to evaluate their performance. Not only are

they highly conscious of how they will be evaluated, but many feel that perfection is expected of them on every occasion they perform. Madonna explained that her hands had trembled during a performance at the 1991 Oscars because “I had four minutes to be perfect and there were three billion people watching me on TV" ("Drowning on Dry Land," 1994, p. 65). For a variety of reasons, even leading singers know they will not be able to perform to the maximum of their potential on every occasion. However, in part, their concern of how they are evaluated appears exaggerated. Fans ordinarily do not buy a ticket to see their favourite performer with a negative outlook on the upcoming performance – most mistakes would probably not even be spotted by the average audience member, but if they were, it is likely they would be forgiven or forgotten. For a fan to be genuinely negatively affected, one would think the performance would have to be exceptionally poor, far worse than a performance containing the occasional errors that the performer expects to make.

One potential explanation could be that performing musicians are concerned that their audience will expect a live performance to be of the same quality as the recorded version of the same songs or performances sold on CDs and tapes. Clearly this is a more modern factor in performance anxiety since in Mozart and Beethoven’s time, the necessary equipment to replicate a performance did not exist. Of course, a live performance is unlikely to match a recorded version in terms of the sound quality and lack of minor errors as a studio environment allows the performer to attempt the performance as many times as they wish – indeed the Beach Boys’ song ‘Good Vibrations’ is renowned for the number of takes it took before the group’s leader Brian Wilson was content that the group had got it right. Moreover, a music studio allows the song’s producer access to an array of gadgetry designed to iron out any flaws in the

recording. Although it is clear that audiences will mostly be well aware of this and instead happily accept the excitement and spontaneity in place of perfection, many performers are apparently still concerned that their performance will not match up to the technical perfection of work produced from the recording studio.

However, the musical performance anxiety experienced by many leading performers evidently almost never results in the 'worst-case scenario' in which they perform terribly and the audience starts booing them. "…people feel socially anxious when the possibility of making an undesired impression exists, but, in most instances, the person's fears do not come to pass". A significant exception to this is the phenomenon of 'the clack' (a group within the audience who respond negatively unless paid to do otherwise) in some European opera houses. However, as stated previously, a moderate level of anxiety can be used to enhance a performance if the performer is able to treat the arousal caused by 'nerves' as a positive rather than a negative (Alpert & Haber, 1960). This is true to such an extent that some performers, such as Luciano Pavarotti and Stevie Nicks, actually report feeling worried if they don't experience anxiety prior to performing for fear of a flat performance.

4.3 Consequences of MPA

It is clear that MPA is widespread amongst musicians, affecting both amateur and professional musicians of different backgrounds in a variety of environments. Furthermore, MPA also appears, unsurprisingly, to negatively affect performance quality. A qualitative piece of research by Craske and Craig (1984) arranged for independent judges to evaluate the performance of piano students who had been separated into two groups – anxious and non-anxious. The judgements were made both

on recordings made by the performers while alone and on public performances. The judges' ratings were significantly lower for anxious performers when an audience was present while the non-anxious group actually performed better in front of an audience. Although the presence of an audience amplified the subjective distress experienced by both groups, this increase was significantly larger in the case of the anxious group. The detrimental effect of MPA on performance quality was also evidenced at the 12th International Trumpet Competition in France, where many of the competitors performed well below their known level of expertise. The trend was met with concern by those present and led one leading trumpeter and judge, Jean-Pierre Mathez, to suggest, "Why not devote half or more of one's practice time to exercises in self-control and relaxation?" (Hedwig, 1987, p. 116). Furthermore, musicians themselves often report that the quality of their performance has been affected by anxiety (Wesner, 1990)

In fact, some studies suggest that the deleterious effects of MPA can extend beyond the immediate aversiveness of the experience and impoverished performance and result in negative consequences after the performance has ended. Wesner (1990), for example, found that from a sample of 302 musicians, just over 16% believed that performance anxiety had adversely affected their careers, with a similar finding reported by Lockwood (1989) and Clark (1989). Steptoe and Fidler (1997) also claim that severe MPA difficulties may lead to the termination of promising musical careers. Given this, it is perhaps unsurprising that musicians report a number of health problems. Sternbach also cites one study that reveals that the music profession is amongst the 'top five life-threatening professions', with musicians 20-22% more likely to suffer a fatality than members of the general population. Wolfe also points to research that further reinforces the idea that MPA poses a serious threat to musicians' health, with figures that put

musicians amongst the top five occupational groups most at risk from mental illness and co-morbid consequences (Wolfe, 1989). Clearly, MPA is not simply a minor irritation for musicians, or even a troublesome occupational hazard, it is a problem that may significantly and demonstrably reduce their musical performance, careers and possibly even their health. Consequently, there is a serious need to understand the problem in order to best inform possible treatments.

4.4 Components of the MPA experience

It is evident that MPA is a widespread problem with damaging consequences that demands effective treatment. In order to understand how MPA can be most effectively treated, it is important to understand the specific components connected to the experience of MPA. Steptoe (1998) identifies four distinct elements to MPA: (1) *physiology*, which refers to effects such as disturbances in breathing pattern, perspiration, dry mouth, high heart rate and the release of adrenaline and cortisol.; (2) *cognition*, which relates to a loss of concentration, heightened distractibility, memory failure and a misreading of scores; (3) *behaviour,* which equates to trembling, failures of technique and difficulty moving naturally; and (4) *affect,* which refers to feelings of anxiety, tension, dread and panic. These symptoms are similar to all states of panic and can be observed in individuals manifesting social anxiety and across other areas of the wider context of Performance Anxiety. However, symptoms will necessarily disturb individuals differently depending on the tasks and situations specific to the requirements expected of them.

4.4.1 Physiological arousal

Looking at these effects in more detail, one becomes aware of the centrality of physiological arousal plays in the experience of MPA. Physiological arousal induced by performing in public has been established objectively by both studies in which physiological monitoring takes place under conditions specifically devised and controlled and naturalistic studies in which musicians are monitored during live performances. The research points out that the musicians' heart rates were higher during performances in front of an audience as opposed to performing alone (Craske & Craig, 1984). It has also been reported that adrenaline increased by an average of 139% and cortisol by 166% during performances in front of an audience compared to playing alone (Fredrikson & Gunnasson, 1992).

Research by Haider & Groll-Knapp (1981) on the Vienna Symphony Orchestra recorded heart rates and EEG ('brain wave tests') during rehearsals and performances of 24 musicians revealed a number of other pieces of information. String and wind players showed similar responses with mean heart rate during concerts recorded at 93.9bpm and reaching an average maximum of 113bpm, compared to a resting mean heart rate of 66.6bpm. The difference in heart rate between rehearsals and concerts was more than 8bpm - even when playing exactly the same piece. The EEG recordings interestingly showed high levels of cortical activation during concerts.

4.4.2 Cognitive disruption

Another characteristic feature of PA in the broader context and of the discrete manifestation of MPA is its disruption of task-orientated cognitions, which has been linked to distinct negative thinking patterns. The first of these is the tendency to

catastrophise and exaggerate the extent of any problem. For example, a performer experiencing MPA might think that any small error could ruin their entire performance and lead them to lose their grip on the situation. Research shows a strong positive association between catastrophising and performance anxiety amongst both musicians and student actors (Steptoe et al., 1995).

Various studies also point out the link between MPA and a preoccupation with the evaluation of others, a characteristic investigated in depth in section two. Lehrer et al. (1990) point out that the factor analysis of thoughts and worries is strongly related to musical performance. Various factors emerge such as worrying about anxiety and the fear of distraction, as well as preponderance about the reactions of critics and friends, which was positively correlated with anxiety. In fact, concern about the reactions of others may also be related to high internal standards. Indeed, perfectionism scores amongst performers were positively correlated with debilitating performance anxiety while more anxious performers also tended to experience a lower sense of personal control (Mor et al., 1995).

A deterioration in the quality of performance, or what is colloquially known as 'choking', can occur for two reasons. The first is that the performer begins to focus on activities central to the performance, which, under less threatening circumstances, would be carried on automatically (Baumeister, 1984). Evidently, in the vast majority of situations a musician performing in front of a sizeable audience must have the necessary ability to perform effectively – if they did not, it is unlikely they would be there. Consequently, questioning their own technique during a performance is not likely to be beneficial – in fact it has a negative effect as focussing on processes that ordinarily

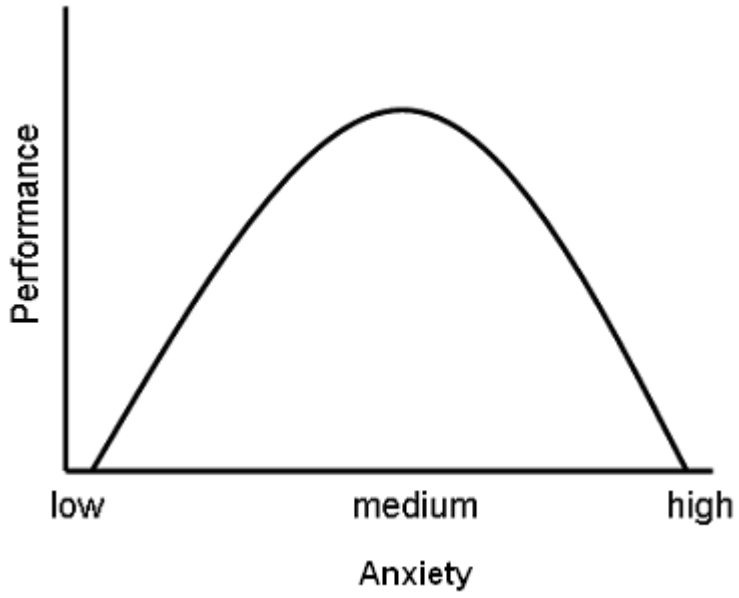
are habitual and mindless merely distracts the performer from concentrating on other key aspects of their performance.

The final noteworthy disruption of cognition relates to a heightened perception of physiological arousal. Clearly, a performance situation causes a variety of physical effects, which aren't necessarily negative in themselves. However, those experiencing MPA are likely to misinterpret increased heart rate and muscle tension as signalling a loss of control or a collapse of their faculties rather than focussing on them as a positive sign indicating involvement and excitement.

4.4.3 Affect

It is interesting to note that mild to moderate anxiety is normal and can even be motivating in performances (Rafferty, Smith & Ptacek, 1997). The effect of anxiety on performance follows an inverted U-shaped curve illustrated in Figure 1 below in moderate anxiety promotes optimal performance (Yerkes & Dodson, 1908) with low and especially excessively high anxiety associated with less impressive performance; increasing anxiety is helpful until a certain threshold is reached, after which the level of performance then plunges (Hardy & Parfitt, 1991). The negative affect experienced during a musical performance mimics the anxiety reactions described more fully in the previous section on general performance anxiety.

Figure 1. Yekes-Dodson curve showing relationship of anxiety and performance



4.4.4 Behaviour

Choking can also come about due to increased bodily tension and minor trembling which can directly lead to an impairment of the musician's ability to perform the complex motor functions essential for a high-skill action such playing a musical instrument (Martens & Landers, 1972). These effects are more prevalent in those more concerned with the evaluations of others. Research demonstrates that, as the motivation for approval increases, performers are more likely to focus on their own behaviour and to experience the type of physical manifestations of anxiety that will affect their ability to perform.

Such effects are more likely the more concerned people are with others' impressions of them. As the motivation to impress others increases, people are more likely to pay conscious attention to their behaviour and to experience the somatic manifestations of anxiety that interfere with bodily movement (Baumeister, 1984; Buss, 1980; Carver & Scheier, 1981; Leary & Kowalski, 1990; Schemer, 1980).

4.5 Audience characteristics and MPA

Another factor that appears to influence the likelihood of occurrence and intensity of MPA is the perception of the audience. Certain audience attributes can affect the intensity of MPA experienced by any performer related to the desire (and possible perceived inability) to obtain a positive evaluation from the audience. It is argued that performers are more likely to feel anxious if performing in front of a higher status. This is partly because the evaluations of those considered by the performer to be higher-status are deemed to be more important than those of others and consequently there is a greater motivation to meet their expectations. Secondly, those with higher status are more likely to have the ability to reward or punish the performer. For example, singing in front of a head of a record company is likely to be more anxiety-inducing than in front of a friend if one's dream is to sign a recording contract for obvious reasons – the record company head's evaluation could have a direct and immediate impact on the singer's career. Finally, if an audience is perceived to be higher status, it will also be regarded that their expectations are higher and therefore harder to meet. As discussed previously, this leads to the performer doubting their ability (or exaggerate their inability) to meet the required standard which in turn results in them experiencing more anxiety. In this field of audience characteristics, it is clear that anxiety is experienced when the audience is perceived to be more expert or skilled (Jones & Russell, 1982; Zimbardo, 1977).

Jackson and Latane (1981) demonstrated this point by asking students to sing in front of two separate audiences. One, they were told, consisted of graduate students and members of the faculty's music department while the other consisted of partially tone-

deaf undergraduates. The results of the experiment were that the performers felt considerably more anxious in front of what they believed was the higher status audience. Another experimental study on the effect of audience characteristics at Indiana University involved thirty organists being asked to perform a composition under six different conditions: alone, in the presence of a critic and in the presence of critics and peers, each carried out both with and without the score in front of them. "Measurement of anxiety levels under these six varying conditions of musical performance indicated that the removal of the score (memorization) and the size of the critical audience were factors which increased anxiety."

Unsurprisingly, anxiety increases as the size of the audience increases – people are more anxious in front of a large audience than a small one (Knight & Borden, 1978; Latane & Harkins, 1976; Zimbardo, 1977). Interestingly, however, Latane and Harkins (1976) also found that as the size of the audience increases, the individual impact of each additional member decreases. For example, people performing in front of four people reported feeling twice as tense compared to performing in front of two people. However, when in front of eight people, they reported feeling only three times as tense as in front of two, not four times tenser. The physical proximity of the audience is also a factor affecting anxiety – it could be argued that a distant audience will exert less anxiety-producing influence than one near to the performer (Latane, 1981), but findings from this project inform us that the audience characteristics, including proximity, is an idiosyncratic issue.

Two potential explanations for increases in audience size resulting in heightened social anxiety are provided by the self-presentational theory discussed in section two. First, a

larger group might present a greater challenge in terms of the performer's perceived ability to meet the expectations of the audience because there are simply more evaluations taking place. Consequently, the potential negative (or positive) impact of the performance is deemed to be greater when performing in front of larger audiences and hence, the motivation to make the desired impression increases. Secondly, one might argue that performing in front of larger audiences inherently requires more developed skills than a simple interpersonal interaction. For example, many people can seem confident and happy conversing with one or two friends, but acutely anxious when they are the focus of attention of a large group. Perhaps it is the ability to treat a large audience as a small one that allows talented performers to appear confident and unconcerned regardless of the situation.

Another dynamic that proves a determinant in MPA is the presence of co-performers. Put simply, people generally experience less anxiety when performing alongside others than when alone (Cox & Kenardy, 1993). Similarly, research has shown that anxiety is higher amongst athletes in individual sports compared with athletes in team sports (Simon & Martens, 1977). College students taking part in a field study, performing various comedy and musical acts in front of an audience of 2,500 in performance groups of one to ten, again reinforced the same concept – that a greater number of co-performers resulted in less anxiety (Jackson & Latane, 1981, study 2). Again bearing in mind the self-presentational model, it would seem that by performing in a group, the individual's perception of risk is reduced, primarily due to the fact the perceived interpersonal load is spread amongst the other members of the group – the focus of the audience's evaluation will not be one person alone. In addition, while a group performance situation also makes it less likely for individual errors to be noticed, it also

clear that the negative effects of a poor performance will be spread amongst the participants.

There are certainly other aspects of the group performance dynamic that deserve consideration – such as discrepancies in the level of competence of the group members. For example, if an individual in a group performance feels their co-members are not capable of performing to a satisfactory level, it is likely that reducing the size of the group will decrease their level of anxiety rather than increasing it. Similarly, someone with less ability than their co-members might feel additional pressure not only from the audience, but also from others in the group.

4.6 Limitations of previous research on MPA treatment

The research to date has been investigated and discussed above. Along with research to identify the size of the problem, there have been several research projects that have attempted to test treatments in response to MPA. Kenny (04) discusses this research and concludes that 'the literature on treatment approaches for MPA is fragmented, inconsistent, and methodologically weak'. However, it should be noted that the research focussed upon was behavioural, cognitive and cognitive behavioural therapies, which was subject to qualitative research methodology and in concluding that it is difficult to reach any conclusions about treatment implications for MPA, Kenny has suggested that less reliance should be given to self report measures. Given that MPA is an idiosyncratic experience or set of experiences, my response to this is to support Brodsky's argument that we do indeed need to access the individual's self report data which should be appropriately processed using methodology that allows us to observe

and explore the very personal experiences of the individual to highlight any commonalities in order to examine and discuss a range of interventions.

In addition to the possible therapeutic implications of conducting further research into the phenomenon and treatment of MPA, there may also be potential health benefits, given the excessive usage of medication discussed previously in this project.

4.7 Summary and Conclusion

A review of the literature on PA and MPA has considered the nature of performance anxiety, possible causal models and factors that might influence a person's level of performance anxiety. Both self-presentational models as well as evolutionary theories have been proposed. Studies have also shown that personality factors such as trait anxiety, perfectionism, public self-consciousness and self-esteem and external factors such as audience size and observer characteristics may be influential. However, while there is a reasonable body of research that has investigated the phenomenon of performance anxiety in general, there appears to be a limited number of studies investigating the phenomenon of performance anxiety in the performing arts. This is unfortunate given that research indicates that performance anxiety is clearly a problem for a very large number of musical artists, with some estimates suggesting as many as 70% may be affected (Brodsky, 1996). Furthermore, given that performing is, naturally, an inescapable part of the lives of musical artists and that musical careers are often dependent upon successful performing, this lack of research is unfortunate.

Particularly notable is the lack of research that investigates musical performance anxiety at a deeper level (Brodsky 96). Brodsky argues that in order to increase our knowledge base and consider treatment options, further research is essential. This research inquiry is therefore specifically directed towards trying to investigate performance anxiety in musicians using a qualitative research methodology to try and help understand the phenomenon of musical performance anxiety at a richer level. This will be done with the aim of informing treatment options for musical performance anxiety.

Chapter 5

Method and rationale

5.1 Method and rationale

In order to access further information about Musical Performance Anxiety, I needed to identify a research methodology which goes beyond the quantitative research models largely employed to date. Though useful in helping to identify the significant numbers of musicians who report manifesting the problem, as argued by Brodsky (96) and Steptoe (2001), the current research gives limited information on the personal, idiosyncratic *experiences* of musicians.

In attempting to identify a research model that would access this experiential data - to reveal that which is hidden - I explored various phenomenological approaches and identified Interpretative Phenomenological Analysis (IPA), a relatively new qualitative research model developed by Jonathon Smith in the mid 1990's specifically for use within the psychological field.

IPA is a research tool designed to facilitate an individual's understanding of their lived experience and how the participants themselves make sense of those experiences - rather than describing the event or events in an objective, detached fashion (Smith et al 97). IPA research has generally been conducted using semi-structured interviews which enables the participant to provide a fuller, richer account than would be possible with a standard quantitative instrument and allows the researcher considerable flexibility in probing interesting areas which emerge. Interviews are taped and transcribed verbatim and then subjected to detailed qualitative analysis - attempting to elicit key themes in the participants' narrative.

This phenomenological approach therefore seemed an ideal choice for further researching MPA. But I wanted to go beyond this perspective and use my own data stream derived from my professional experience both of working with musicians in clinical practice and as a performer who had experienced MPA.

On closer examination, IPA recommended itself further as a viable choice for use in this project due to its interpretive component. Having elicited information via semi-structured interviews, the key to processing it is the researcher's interpretation of the individual's experience; Smith's states, 'An attempt to unravel the meanings contained in accounts through a process of interpretative engagement with the text and transcripts.' (Smith et al, 1997, p189). I recognised that this model could provide space facilitating me to reflect on the research data in the context of my existing knowledge as both clinician and performer to unravel meanings contained in the research data and to underpin categories and themes.

However, from this subjective perspective both as performer and clinician having experienced the phenomenon, this raised the question of bias and my position as insider or outsider researcher. On reflection, it appeared IPA, by its very structure embraces bias and is designed in such a way to utilise existing knowledge and experience. Put simply, the phenomenological component helps me objectify the subject whilst the interpretive component allows me to embrace my existing knowledge about the subject.

The focus of IPA is therefore on exploring and interpreting the individual's personal world and their experience, perception and cognitive process during a particular event. This together with my existing knowledge of the subject seemed to suggest

Interpretative Phenomenological Analysis as an ideal method of analysis for exploring an area such as Musical Performance Anxiety where the individual's experience is so vivid and consuming and would seem to lend itself to an analytic tool which attempts to uncover processes that might precipitate its occurrence.

5.2 Method section

5.2.1 Recruiting Participants

Twenty six musicians responded to a request to discuss this research project of which seven agreed to participate.

The inclusion criteria for participants was as follows: that they should currently be a professional musician; that they should have trained at conservatoire level; that they should, at one time or another, have experienced MPA and that they felt able to explore MPA and their experiences via a semi-structured interview. In view of the relatively small sample interviewed and mindful of the argument that a student sample limits generalisability of findings, it was decided in consultation with my Academic Adviser that I would not recruit students for the project and that findings from this project could be reviewed in planning future research which could be tailored to students' specific needs.

When the sample of participants had been chosen, dates were arranged for a meeting to conduct the semi-structured interviews. With one exception, all interviews were conducted at my office in central London.

Due to the phenomenological nature of the research I constructed a framework for the semi structured interviews which would allow me some consistency across all participants. As researcher I was mindful of areas for further discussion that have consistently arisen whilst working clinically. The purpose of this research is to extend and enrich our body of knowledge and therefore I attempted to construct an overall architecture which would allow me to access information but not inhibit the individual, idiosyncratic experiences of the participants. In composing the semi-structured interview, I attempted to create conditions that would allow the participants to freely explore and express themselves facilitating the interview to flow where the participant led whilst being cognisant of the criteria which needed to be covered. This architecture gave me a measure of safety whilst allowing me to relinquish control thus facilitating a creative and spontaneous process. Towards the end of each interview I did an internal inventory to ensure that all the areas had been covered.

5.2.2 Sample chosen

Seven professional musicians were recruited to take part in this study; three male and four female. Following his interview, one of the male participants asked to withdraw from the project and therefore his interview data was destroyed and does not form part of this project. The remaining group covered a range of instrumentalists and singers. All participants had completed degree courses at post graduate level and are professional performing musicians. All participants perform both as soloists and as ensemblists either with a chamber group, orchestra or opera company. The participants were recruited from a list supplied by allied professionals, e.g. managing agents, employers who had expressed concerns about musical performance anxiety. All

participants were told that his/her name would not be attached to any data and that the interview data would be treated in strictest confidence. All participants were offered subsequent professional support or access to a clinician following interview.

5.3 Process

The participants were interviewed in my office in central London. This allowed for a relaxed atmosphere in which it was hoped that the participants could concentrate. The exception to this was Participant 5, who due to his work commitments asked that I meet him in a restaurant close to his current performance venue. We discussed my concerns about issues of concentration and confidentiality, as a result of which we used a small private room in the restaurant. The interviews were private and consisted of the participant and myself. The interviews were tape recorded and transcribed verbatim.

Informed by my clinical experience, by anomalies and gaps in the existing literature and to elicit specific information, the interviews varied in length between 45 and 55 minutes to give some measure of flexibility in exploring the following areas :

The participants' experiences of MPA

The participants' thoughts about what underpinned MPA

The participants' coping strategies

And any other information that seemed relevant.

I decided to explore the above areas in a phenomenological methodological frame via open questions to elicit information in such a way that participants felt able to explore their experience at their own tempo and in a safe way.

5.4 Analysis

The analysis of the data was processed using Interpretative Phenomenological Analysis (IPA). Following transcription, I read and re-read the first interview several times. Initial comments were then made in the left hand margin. These comments included, where appropriate, my preliminary interpretations of the phenomenon described by the participant. Possible unifying themes that emerged from these comments were then noted in the right hand margin. After coding the interview in this way, themes were then collated into a 'theme table' (Chapter 6), along with a table of supporting quotes together with their location in the text. This method of coding was then repeated for each of the remaining interview data, although subsequent coding was informed by the use of previously constructed themes. This was done so that the emergence of coherent themes consistent across participants could be more easily identified (Smith et al, 1999).

Chapter 6

Findings

6.1 Findings

Seven common themes emerged from the data and were labelled: (1) developmental features; (2) need for support; (3) fear of failure and negative evaluation; (4) perfectionism; (5) performance evaluation; (6) performance anxiety responses; and (7) anxiety management. Necessarily, there is overlap between these categories. However, the categorisation into seven separate themes allowed for the clearest system within which to describe the performance anxiety phenomenon and the consequent consideration of treatment implications. The following Master Theme table summarises the data thematically for the sample as a whole (references to the interview text are in the format: page.line number).

Master Theme List

1. Developmental features

Sub-theme	Interviewee 1	Interviewee 2	Interviewee 3	Interviewee 4	Interviewee 5	Interviewee 6
Early enjoyment, confidence and freedom from anxiety	1.29,3.27,12.37		1.34, 4.18		1.13, 2.3,	4.51, 5.2
Familial Issues			2.6, 3.47,3.48	7.10,12.41,47.6	1.39	1.16,5.15,4.40
Performance central to positive self-identity	2.6,13.12,17.40	5.27,7.14,7.19	4.44, 5.7,9.13	(p6)	1.24	1.31, 8.50

2. Need for support

Sub-theme	Interviewee 1	Interviewee 2	Interviewee 3	Interviewee 4	Interviewee 5	Interviewee 6
Support and approval sought	16.18	1.47	5.7	5.11	6.25	4.25
Unsupportive others detrimental	10.13		4.26	10.1		4.41
Supportive group helpful	4.11	2.96		11.10		3.33

3. Fear of failure and negative evaluation

Sub-theme	Interviewee 1	Interviewee 2	Interviewee 3	Interviewee 4	Interviewee 5	Interviewee 6
Sensitivity to others' evaluation	8.6	15.26	14.17	10.8	6.19	6.29
Fear of letting others down		4.40	5.46	47.6	6.19	4.10
Fear of not achieving standard	13.5	3.23	5.46	3.16	4.10	5.5
Fear of failure related to technical demands					2.10	

4. Perfectionism

Sub-theme	Interviewee 1	Interviewee 2	Interviewee 3	Interviewee 4	Interviewee 5	Interviewee 6
Aspiration to perfectionist standards	2.13		42.4	15.38	11.13	
High expected parental and others' standards	11.41		18.41	6.47	3.26	5.7
Self-evaluation by comparison with highest achievers			4.44		11.2	5.46
Surrounded by high performers	6.38				3.26	4.7

Master Theme List (continued)

5. Performance & performance evaluation

Sub-theme	Interviewee 1	Interviewee 2	Interviewee 3	Interviewee 4	Interviewee 5	Interviewee 6
Negative internal commentary		3.44	7.41		3.31	2.12
Self-scanning for errors			5.3	11.3		2.12
Amplified focus on mistakes (cf. perfectionism)	13.3	3.46				6.45
Focus on 'technical' performance inhibits creativity			8.14			2.33

6. Performance anxiety responses

Sub-theme	Interviewee 1	Interviewee 2	Interviewee 3	Interviewee 4	Interviewee 5	Interviewee 6
Psychological	10.3		5.43	4.52	6.24	1.46
Physiological		6.51, 8.28	8.27	3.29	3.16	9.48
Somatic	9.14	6.26				

7. Thoughts on management of MPA

Sub-theme	Interviewee 1	Interviewee 2	Interviewee 3	Interviewee 4	Interviewee 5	Interviewee 6
Discussion	16.39	14.7	15.45		7.45	8.2
Optimal preparation		3.13	6.15	3.52	3.48	
Physical therapy			15.26	3.31		
Beta-blockers minimal value					4.53	9.36
Career change					3.37	3.14

Chapter 7

Discussion of the Findings

7.1 Discussion of the Findings

Within the broad theme of developmental features, three sub-themes consistently emerged: 'early enjoyment', 'familial issues' and 'performance central to positive self-identity'. The first of these developmental features describes how the majority of the performers often exhibited the very opposite of anxiety, displaying confidence, enjoyment and freedom from any sort of performance inhibition, explicitly expressed by one participant as,

> '..real excitement, exhilaration, loving playing, getting lost in a sort of world that was completely away from everything else and a sort of freedom of expression….' [Int3; 1.34][1]

Turning later to

> 'I can remember the feeling of, suddenly not being held in good esteem, as a very devastating thing for my confidence and I can remember that was the beginning of starting to doubt myself, that I hadn't had before' [Int3; 4.26]

The second developmental sub-theme of 'familial issues' was again apparent. In the majority of the interviews, familial issues appeared to be centred around the interpersonal dynamic within the family and the dynamic between the Participant and one or more parents.

> ' I think my mother is slightly jealous of what I do, of my success'. [Int4; 7.10]

[1] The format for referencing quotes used here is the convention for the remainder of this section. Specifically, [Intx; p.l]: Ix=Interview number, p=page number, l=line number]

And later,

'…there was definitely a feeling, in my upbringing, that, you know, nothing was ever quite good enough. There wasn't a lot of overt praise for what I did' [Int4; 6;47]

And from other participants,

'I always think I am not good enough, because I was always criticised by my father' [Int6; 4.40]

'even though my father died a few years ago, so I haven't got those expectations on me any more, it still seems to be deep-rooted' [Int6; 5.15]

'It was what made me who I am…..well certainly in my father's eyes' [Int6; 1.33]

'my elder daughter said ' 10 out of 10 Mummy. That was a fantastic speech, it really hit the spot', but, my mother and my siblings, who were there, didn't say a word' [Int4; 7.3]

The third developmental sub-theme that emerged was labelled 'performance central to positive self-identity'. It seemed to be apparent in all the performers interviewed that a sense of positive self-identity was dependent upon the quality of their performance - or at least the perception of this performance - as the following quotes illustrate:

'…it's the only way I can progress, by being good. I've nothing else to offer' [Int1; 2.6]

'I tend to gauge the success of all the happiness of my non-performing life with the success and happiness of my (performing)' [Int1; 17.40]

'you are only as good as your last performance' [Int2; 7.19]

'….if it's not the best I can do, instead of realising that it probably is good enough, .. it feels as if I'm really sort of substandard' [Int3; 4.44]

'….because my sense of self-worth is based very much on the performance' [Int6; 8.50]

If a sense of positive identity is product orientated – i.e. a high standard (or perceived high standard) of performance, then it is perhaps hardly surprising that, given the potential consequences to the self-identity of, or perceived failure to do so, anxiety will accompany a performance. It may be, therefore, that one of the factors that promotes the development of MPA, is an over-emphasis on the importance of musical performance as a sign of self-worth. It certainly was apparent in four accounts, that the participants felt that their upbringing tended to be somewhat critical and unsupportive in many areas of parental life, which may have possibly encouraged the performers to have placed such emphasis on the importance of the performance.

The second theme of a *need for appreciation and support* was also consistently evident in the interviews. The following quote from one participant illustrates this:

> 'I always used to say that I didn't need to be famous. All I wanted to do was to be stood at a bus stop and overhear somebody say "Ah, but you should have heard him sing that role"' [Int1; 16.17]

And from other participants:

> 'I don't think you do consciously think about the outcome that much, but you will be disappointed if you aren't greeted with a lot of approval at the end. We are all looking for it, so, yeh, there is a need to please there, I think' [Int4; 5.10]

> 'Well, I think I was trying to please all the time' [Int6; 4.25]

Some participants also expressed their need for support by underlining the need not to be in a hostile and competitive environment; for example;

> 'Not needing or wanting to be top dog, but feeling comfortable amongst people who, as you say,

have probably become my family' [Int2; 2.9]

Moreover, all of the performers interviewed felt that a lack (or perceived lack) of support and appreciation may have had a deleterious effect on their performing, with particular damaging effects for their confidence in their ability to perform and the emergence of subsequent anxiety. This lack of appreciation was perceived from a variety of sources such as audiences, fellow musicians and family members.

'the Musical Director, who was conducting the work for the first time and so had his head down all the time and wasn't like many conductors are, watching you and helping you…he was not supportive… it was just so scary, I can't begin to tell you how I felt' [Int1; 10.13]

'when one is playing comedy, for example, one is used to getting a laugh on a particular phrase or a particular piece of business and, when it doesn't come, 'Why has that not happened? Was my timing wrong? Is it vocally poor that can be, you know and then one tries to micromanage what one is doing…everything becomes magnified … that can be a big problem' [Int1; 2.24]

'I can remember the feeling of, suddenly, not being held in good esteem, as a very devastating thing for my confidence and I can remember that was the beginning of starting to doubt myself, that I hadn't had before. I had always felt a natural confidence when I got up to do things, however anxious I might have been because my family were, sort of, invasive I, nevertheless, felt confident, but that was the point where I started to doubt myself and lose confidence in my ability' [Int3; 4.26]

'if you have somebody around you, a colleague whom you can feel a negativity from, I think that has a very undermining effect on you' [Int4; 10.1]

'no-one looks you in the eye or says nice things to you. No-one says 'there, there, it wasn't so bad after all'. They just smile and you slink back to your hotel and feel like crap and then you have to do it all again the next night.' [Int5; 6.25]

'He (the father) was a perfectionist and he would hear me playing and always say 'Well, you didn't get this right' and so I always felt I was never really quite good enough…..'[Int6; 4.41]

Similarly, all participants (although in different forms and contexts) reported that they felt their confidence was boosted, anxiety reduced and performance improved when they did receive explicit or implicit appreciation.

> 'once I've gauged the audience's warmth…I can be fearless' [Int1; 12.48]

> 'if I don't have that with someone, that can be a point of real anxieties, but, if you do have that fantastic trust …with your fellow performers, that's a wonderful feeling' [Int2; 1.47]

> 'when you have a supportive cast around you and you are supportive of them, it makes all the difference' [Int4; 11.10]

> 'If they are people I feel really comfortable with, then that's quite supportive and I actually feel better because I then think, in some strange way, that will carry me' [Int6; 3.33]

A third theme to have emerged from the analysis was a *fear of failure and of negative evaluation*. In fact, in one form or another, this was a prevalent theme for all those performers interviewed. An excessive preoccupation with and sensitivity to others' evaluations was evident not only in musical, but interestingly also in more general contexts as the following quotes illustrate:

> ' I suppose, I am one of those people who is rather sensitive to…I am over-sensitive to the way I think, or the way I imagine people around me are assessing me and judging me' [Int1; 8.6]

> 'I suppose it is fear of being judged and was I going to be good enough' [Int2; 15.26]

> 'that thing of being so closely examined gives me, sort of, a feeling of stress and, so…yes, it is something to do with how closely one can be surveyed and evaluated. It must be a fear of criticism, I suppose' [Int3; 14.17]

> 'if I could overcome the fear of how other people are judging me, if I could train myself to disregard that particular aspect of performing, um, just get on and trust myself and believe in what I am doing'

[Int1; 17.25]

In addition, five participants also expressed a fear of letting others down. One possible interpretation is that a fear of letting others down is particularly prominent in those with MPA because it may be believed that this would cause others to form negative evaluations. Although this is of course interpretative, some text appears to offer support for this. For example:

> 'I am not quite sure who I am disappointing, but letting somebody down. Anybody who has a good opinion of me, if I can't deliver the goods, I worry dreadfully that I am……I don't know' [Int3; 5.43]

> 'when I am in an ensemble, I think I am more worried about letting people down, so making mistakes and ruining their performance as well, whereas, when I am on my own, I feel as if I am, at least, more in control and, if anything goes wrong, then it is just me. Yes, I think I am slightly worse. It depends on whom I'm with. If they are people I feel really comfortable with, then that's quite supportive and I actually feel better because I then think, in some strange way, that will carry me, that will support me' [Int6; 3.28]

Of course, related to a fear of negative evaluation is a fear of failure. The perception that one has failed would be more likely to lead to the perception that one would be negatively evaluated. Certainly, a fear of failure was also a recurrent sub-theme:

> 'fear of not being able to deliver' [Int1; 13.5]

> 'I suppose its running through your mind, all the things that could go wrong' [Int2; 3.23]

> 'I get this, sort of, overwhelming terror, I think you would call it, when I feel that I am going to make a mistake or I'll look foolish and then I am filled with these very disturbing symptoms' [Int6; 1.46]

One of the participant's comments also gives some insight perhaps into why musical performance anxiety could be present in the later but not the earlier part of a musical career. Not only is some of the repertoire they will be required to play or sing more

demanding in a technical way but also the fear of not meeting the expectations of either themselves or others audiences/others appears to provoke shame.

> 'I played for a very famous singer whom I have only worked with a little, but the concerts we've had, were, by definition very high profile, so playing tricky pieces with him at the Munich Festival, in an absolutely packed Munich Opera House, suddenly the stakes are very high and if you mess up the piece, it is extremely embarrassing, so, you know, that does put on more' [Int5; 4.7]

Once again, the link between the previously discussed 'self-identity' and current 'sensitivity to negative evaluation' theme is emphasised. Specifically, the recurrent theme of fear of negative evaluation could easily be a product of others' evaluations being a cornerstone of a positive identity. The person whose identity depends upon positive evaluation would logically be expected to exhibit a greater fear of failure and consequently negative evaluations given their greater consequences.

The fourth theme, labelled *perfectionism*, reflects the common expression of perfectionist ideals in the text. In fact, the majority of performers interviewed appeared to express a desire to achieve a perfect standard,

> 'you can't ever have perfection. You can get near to it, I suppose, well, I suppose there has to be an element of striving….and the idea that one does better than one did on a previous occasion, so, if you don't match that, you start to slip behind' [Int1; 2.13]

> 'I just didn't feel I could cope and I didn't think I could be perfect enough – if it wasn't going to be good enough, I wasn't going to go on there and do it' [Int4; 15.38]

The quotes above indicate the importance to the performer of striving to reach some perfectionist ideal, but also perhaps implicitly convey the almost unattainable nature of what they are striving for. A performance of the highest quality could thus be viewed as a failure in the sense that it failed to meet some perfectionist ideal – the clinical ramifications of this could be highly significant of course, given that the performers often expressed that they react extremely negatively to perceived failure.

In addition to high 'own-standards', a critical feature of the interviews may be the frequent references to the high standards expected by others. These high others-standards were either simply perceptions or were explicitly expressed by others including parents, teachers or fellow professionals. For example:

> 'there was definitely a feeling, in my upbringing, that, you know, nothing was ever quite good enough. There wasn't a lot of overt praise for what I did and, even recently, last year, I got a Doctorate from my old University, a Doctorate of Music, which was lovely and I had to make a speech to all these students and I thought 'My God, I'm not used to this, this is terrifying', but I did fantastically, you know and I enjoy public speaking actually, if I have got myself together and my two daughters sat in the box in the hall where I was doing this and my elder daughter said ' 10 out of 10 Mummy. That was a fantastic speech, it really hit the spot', but, my mother and my siblings, who were there, didn't say a word' [Int4; 6.47]

> 'the Conservatoire … was the time when, I think, criticism started coming in and expectations - I think it was the fear of not fulfilling those expectations' [Int6; 5.7]

> 'I am just doing this because it is expected of me?' [Int6; 5.12]

> 'the expectations are different, the demands are different and you're not being a pianist as hero, you are not in this kind of Superman role' [Int5; 11;3]

> 'you are brought up to think that the concerto pianist is the highest evolutionary form and that is what you kind of aspire to' [Int5; 11.13]

Another important factor driving perfectionism may well be the competitive nature of the professional musicians life and the close proximity to fellow performers with a high level of expertise. Steptoe and Fidler (87) reported that 51% of musicians responded to competition with colleagues as anxiety promoting. One example from participant 5 was as follows:

> 'you are in a very competitive world, in a market place with some prodigiously gifted people who have been doing nothing else since the age of four' [Int5; 3.26]

A fifth theme to have emerged from the analysis (and one closely linked to other themes) is that of *performance evaluation*. The performers often report and describe the occurrence of several cognitive phenomena during their performance which would seem likely to exacerbate their musical performance anxiety. One such phenomenon appeared to be that of a negative internal commentary - an internal voice that provided a disparaging running evaluation of the performance. The following quotes demonstrate this:

> 'the 'committee' is a sort of constantly critical evaluation of every step – 'well, that wasn't very good' and 'that could have been better', 'oh, it's getting worse', 'you're not breathing', 'now you are so tense, you can't do anything' it is absolutely quite punishing' [Int3; 7.41]

> 'it takes the form of the little man on your shoulder…' He is taking you away from the musical decision-making… and he is whispering evil doubts in your ear about 'I don't think you really know how to play this next page, do you? You should have done a bit more practice.' [Int5; 3.31]

> 'the little man on your shoulder saying 'Oh, my God, your hands are shaking', or 'aren't you nervous', or 'what the hell comes next' [Int5; 2.46]

> ‘I try to stop the thoughts going through my mind, but I am thinking ‘What if I make a mistake, with all these people watching me? What if I make a mistake and then I feel even worse and so I can’t perform? What if I get the pearlies [bow jumping]and I cant finger properly?’ [Int6; 2.10]

> ‘a running commentary…‘right the next note that the audience hear, will be produced by me’ and, you know, just making things much worse for myself than I need to. I think ‘well of course that’s the case, yeh, I am going to be the next person to perform’, but just making it worse really [Int2; 3.44]

In addition to this apparent negative interpretation of their performance, the interviews also revealed a tendency to exhibit an excessive cognitive focus on these negative interpretation as well as other negative thoughts. The following comments illustrate how the performers focused on perceived mistakes, their anxiety and even thoughts which might be expected to encourage anxiety:

> ‘You hear every mistake, of course, any perceived mistake becomes monumental, any pause or slight dry, if you are delivering dialogue or any slight loss of memory, totally affects what you imagine’ [Int1; 14.3]

> ‘I can feel my heart going faster and all the symptoms suddenly flood in. Just thinking about it and thinking about those symptoms and sometimes, if I am rehearsing and I get any of the symptoms, which are quite mild, I then start thinking ‘Oh, this is it, this is the anxiety again’ and, so, they get worse’ [Int6; 6.45]

> ‘I will start kind of playing little games in my head, thinking, right the next note that the audience hear, will be produced by me’ [Int2; 3.47]

Furthermore, the performers would often report that they felt the creative aspects of their performance were diminished by their performance anxiety. For example:

> ‘I get the pearlies and then I don’t feel that I am actually playing well, that somehow there isn’t the feeling, the true feeling of the music’ [Int6; 2.24]

One possible interpretation of why MPA might also inhibit the creativity of the performance is related to the themes previously discussed. Specifically, it may be that the fear of failure and consequent negative evaluation (with positive evaluation of the performance possibly being central to the performers' identity) would prompt a shift of attentional focus towards the production of the correct notes in order to avoid the most obvious performance failure. Consequently, attentional focus may be shifted away from the creative or 'feeling' aspects of the performance - as a lack of creativity might be a less obvious source of negative evaluation than a missed or incorrect note. The following comment appears to offer some support for this interpretation:

> 'having to get everything right and dot the i's and cross the t's and it is all about not making mistakes. It is a very…the opposite of sort of liberating or free…it is a very narrowing, confining thing' [Int3; 8.14]

> 'am not getting the feel of the music. The actual anxiety is getting in the way of me really feeling the mood of the music…..of getting inside it. No that's not right. I don't get inside it, it gets inside me. I'm then the music so I have to be able to technically play well…..to express it. Its hopeless if the music is inside me and it cant be expressed well….if I cant get it out' [Int6; 2.30]

A significant issue that emerged (and is linked to the foregoing themes) is the inter-relational component between fellow performers and the impact that an environment perceived to be inter-relationally problematic has on the individual. Participants report a hypervigilance of the fellow performers' responses and a negative attentional bias of their reactions and associated emotional disturbance. For instance, the most developed hyper-vigilance of fellow performers in ensemble work was reported by Participant 2 – both musically and socially. Participant 1 discusses his sensitivity to group dynamics and perceived evaluations of his performance by others and the negative effects of this on his performance. However Participant 5 discusses group dynamic and others' perceptions and evaluations but demonstrates that they can have both a both a positive

[Intf he sees them as nervous , making mistakes) as well as negative effect which would suggest that fallibility in others reduces unreasonable expectations to be perfect in himself.

A sixth theme identified was that of *performance anxiety responses.* Participants reported a number of negative psychological symptoms, including thinking styles, consequential affect and behaviours, including a desire to escape, pervasive dread, loss of concentration and catastrophic thoughts. A particularly common recurrent theme was shame. The comments below illustrate just some of these:

> 'becomes almost all I think about' [Int1; 10.3]
>
> 'feeling like I want to run away' [Int1; 9.46]
>
> 'mind would go completely blank' [Int1; 10.36]
>
> 'very anxious, cant sleep, cant focus and sometimes quite depressed' [Int1; 17.52]
>
> 'If I make mistakes or don't play my best, I feel then I am, sort of, letting myself down, letting other people down…….I suppose it is partly embarrassment and…it is difficult to define the emotion…sadness, a feeling of worthlessness' [Int6; 7.16]
>
> 'shame….and, also, the feeling that I am a disappointment' [Int3; 5.43]

'Well, just the shame of failing, I suppose' [Int1; 13.12]

Performers also reported a range of physiological symptoms and psychosomatic symptoms:

‘constriction in the upper body’,’ shaky leg, sweaty hands, slight tremors, those kind of things’ [Int2; 6.51, 8.28]

‘my breathing gets shallow, my diaphragm clenches, physically my muscles lock, my neck locks, my jaw locks, my arms lock, my legs lock’ [Int3; 8.27]

‘my skin erupted and my sleep pattern became quite disturbed’ [Int2; 6.26]

‘I completely lost my voice for two days and there was no infection’ [Int1; 9.14]

The final theme management of MPA simply reflects the various strategies and techniques that performers reported using to attempt to combat MPA. This theme was included to elicit information about the methods performers use to try and cope with MPA, but more significantly to explore performers’ experiences possibly to inform a programme of therapeutic intervention.

One of the most common elements that performers believed would have been of therapeutic value during years of suffering from MPA is simply to have been able to discuss the problem. Five participants stated openly that they had been given no opportunity to discuss their anxiety and that having done so may have helped ‘normalise’ the problem. They often stated that MPA was something that people simply did not want to talk about and this may have contributed to the lack of an open forum to discuss the issue.

‘it would be enormously helpful for people training to actually have seminars on performance anxiety’ [Int3; 15.45]

> ‘it would have been good to have had more input into that and just to be made to feel how universal this whole situation is’ [Int5; 7.45]

A second technique that performers reported to ameliorate MPA, was to ensure that optimal preparation was adhered to. It seems likely that optimal preparation could reduce MPA simply by making performers feel that they could achieve the required standard and thus reduce the fear of failure that appears to be a central tenet to MPA.

> ‘anxiety is brought on by the lack of preparation. It might be that one hasn’t been able to rehearse sufficiently …or simply hasn’t had the time to put in the work … they are the kind of things that cause me my greatest anxiety’ [Int2; 3.13]

> ‘the thing that gives me the most peace of mind and the strongest sense of security is when I have really worked hard and prepared very, very thoroughly’ [Int3; 6.15]

Also commonly used were beta-blockers and various forms of physical therapy, although the degree of success attributed to these was variable.

It is interesting to note that one of the ‘coping methods’ considered by one of the performers was a change in career, illustrated below:

> ‘with the fear always there …and I thought about giving it up completely and I am still thinking about that’ [Int6; 3.14]

In another case, the participant readily admits that performance anxiety had a direct impact on his choice of becoming an ensemble player in preference to solo work.

> ‘in my own case, tailoring a big part of the little man disappearing, is making the decision and then coming to a deep peace with the decision that I wasn’t going to be a solo pianist any more, but that I

was going to be more of an accompanist, specialising in a repertoire which is, technically, less demanding ' [Int5; 3.36]

'….my worst performance anxieties came when I was doing things like solo piano competitions or, you know, very physically demanding pieces….' [Int5; 3.48]

'By making that career decision, I was putting myself in a different market place, which put many less pressures, of a mechanistic nature on me and I was also in a much smaller pond, professionally, in which I would either sink or swim and that took a huge weight off.' [Int5; 3.43]

Given that a musical career is often the realisation of a dream to many performers, the above quotes provide an effective illustration of the severity of impact of MPA on performers' lives. and underline the pressing need for an effective treatment.

These seven themes emerged from the semi-structured interviews and showed an internal consistency within the sample of participants. However, the expression of the thematic experiences was, as to be expected, idiosyncratic. Given that research in this area is limited, it is difficult to relate these findings to the sparse literature available on MPA. However, relating them to the broader literature on Performance Anxiety, there are comparisons with sports anxiety, test anxiety, sexual anxiety, social anxiety. The data has underpinned a similarity in cognitive function and behavioural tendency between these related manifestations and MPA. What is of particular interest are the developmental issues that have emerged from the findings and the implications this has in exploring a clinical response.

7.2 Summary

It is clear from the above discussion, that many of the themes appear to link closely in exacerbating or maintaining a state of excessive musical performance anxiety. A fear of negative evaluation would naturally prompt the performer to pay closer attention to the source of these fears and thus cause an attentional bias towards negative aspects. Furthermore, it seems that both high expectations of parents as well as the high standard of other performers could lead to perfectionist ideals. Comparing one's own performance with perfectionist ideals ('unattainable ideals' as one performer put it) will often result in a sense of having failed to perform adequately. Given also that many performers' sense of positive identity appeared to be dependent on the perceived quality of their performance and thus avoiding a sense of having failed, it is perhaps hardly surprising that excessive anxiety is commonplace amongst these performers.

Chapter 8

Developmental themes in relation to psychotherapy

8.1 Early childhood play

What seems to emerge from the first category of developmental themes is that the majority of the performers did not appear to suffer dysfunctional anxiety during early music making. Here are a several direct quotations from the interviews:

> 'almost fearless, well it was child's play really…….not experiencing much in the way of performance anxiety or nerves' [Int 1,1:29]

> 'Exhilaration, I think. Real excitement, exhilaration, loving playing, getting lost in a sort of world that was completely away from everything else and a sort of freedom of expression, I suppose.' [Int 3 p1:34]

> '…it was just something I loved doing and something I could do well and, as is the way of things, when it becomes your 'thing', it is something that you grow in and develop.' [Int5 p1:13]

> 'Well, originally, I enjoyed it and, as a child, it was fun. I loved music.'
> [Int 6 p4:51]

Though the various participants quoted above have used their own language, the early experience of making music appears to have been creative, expressive and free. In all the interviews there seemed to be a consensus that early experiences of playing are remembered as a largely positive experience. Much of the language used to describe it is similar to that which might be used to describe the childhood activity of play. I would argue that this early experience of making music is perhaps best characterised by the term 'playful'.

The concept of 'play' is understood by most humans and research provides evidence that most non-human primates participate in play activity (Slater & Lewis, 2007). Certainly, in humans, 'play' serves several developmental functions including psychological, mastery, cognitive, social and cultural (Tamis-Lemonda & Bornstein 96).

Singer (95) argues that play allows an infant to explore and express a broad array of emotions, both positive and negative but specifically fun, pleasure, excitement along with a growing sense of mastery. If we, as humans, think of play as fun, exciting, liberating - with a growing sense of mastery, a creative process and a means of expression, clients have agreed that this largely reflects the early experience and the ideal of music making.

> 'I think that, when I played music, I was able to express a part of myself that couldn't find a voice in my home or in my life and it made me feel liberated, I think.' [Int3 p1:40]

Continuing with the theme of childhood development, the interpersonal component of play in infancy is crucial (Ruff & Lawson 91). A positive reflection of the child from the mother escalates feelings of joy in the infant to a degree that would not be attained without positive interpersonal communication (Stern 93). If this is considered this in the context of early music making, it raises an interesting question of familial dynamic - whether there may be a correlation between early experiences of play, specifically the early relationship with the mother and others, and the experiences or even ability of being able to 'play' later in life. Slater and Lewis argue that when infants are at play 'more than meets the eye is going on'. They continue, '…the cognitive functions of

play are those that serve the acquisition of information, divergent thinking and creativity…. (Pp 233 243).

The 'other', whether it be parent, significant other, sibling or peer group is crucial in this early experiential phase of childhood. Though children play alone, play is generally thought of in terms of being a social or interpersonal phenomenon (Ruff & Lawson 91). In childhood there is the parent-infant play structure and the infant-peer play structure both of which help a child develop interpersonal skills, experience enjoyment and learn to process and manage conflict and trauma. The place of the 'other' is also crucial in music making. Whilst one can happily make music alone and many people do so, in early music making, the other plays a significant role. There is the adult - child structure (the adult being either parent or teacher), the infant-peer structure (often competitive) with fellow young music makers, translating later into 'co-players' for instance in ensemble situations etc. There is the 'other' fulfilling the listening role, later translating into the 'audience' and there is the child playing alone translating later into the solo performer playing and perfecting skills for many hours alone in a rehearsal room.

Moreno (77) conceptualises a significant function of playing as the passage from island to mainland, the identity of the child connecting with the parents and, through them, connecting to the outside world. During this process, one role or function of play becomes a means of obtaining or maintaining what the child perceives to be conditional love and acceptance. In this respect play in its 'pure' form ceases to be 'play' because it becomes essential. The subjective dynamic of the family will have a significant impact on this developmental stage.

The significance of family dynamics in the experience of the participants is evident. An example is to be found from Participant 1, reporting that he came from an insular, socially withdrawn family using 'play' as a bridge to the mainland, to access the world beyond his closed island.

> ….my parents were quite introverted really, so it was quite interesting that I should have chosen a route which meant that I had to be extrovert, because it wasn't something I studied at close quarters. [Int 1,5:1]

> ……and getting involved in music, I began to break out of that, I began to see how other people lived, how other people enjoyed themselves…….[Int 1,5:15]

Participant 4, the child who found an identity through her play only to find that 'play' was prohibited

> 'There was a great deal of that [discussing the strictures place upon 'showing off']in my family, you know, 'Don't get above your station'' [Int 4,13:9]

Participant 3, the child who 'escaped' to her bedroom to play her cello, the reverse of Moreno's concept where the child has identified the mainland, finds it too difficult to cope with and returns to her island, thus avoiding the chaos of her family

> 'Mm. I used to practice for hours and hours and hours and get completely carried away and, often,..I would practice past the point where other people had gone to bed and it was, sort of……I suppose, in some way, it was a kind of escape as well……I escaped from things I didn't

like and found a, sort of freedom in being able to do something that was entirely my own.' [Int 3,2:43]

And to maintain her sense of identity in the face if her play being hijacked

'I think the idea of identity, also, became a negative problem, because, in fact, my mother was very proprietorial about my achievements and my playing and rather appropriated my own successes for herself and would use the things that I had succeeded in to edify her own sense of herself and would boast and often exaggerate what I had done, which would leave me feeling, not only that she had, kind of, run away with my award, but, also, she had had to make it a bit shinier and a bit bigger, because she needed something much bigger, to make her feel good….' [Int 3 p2:4[

Participant 6, the child who, in the context of her family, knew where her identity lay and what was expected of her

'But I knew I'd be musical…..it sort of happened… In my family, one had to be really.' [Int 6.p1:16]

And Participant 2 illustrates that she used her music or play as a means of communication with others whilst deriving her sense of identity in doing so.

'It started very early. I just recall having a great love of music, certainly from the age of four or five and probably a need to communicate with people through my performance and, certainly, my parents both confirm this. I think, of their three children, I was, by far, the most extrovert, hopefully, not to an unbearable degree, but I think I was and still am very gregarious and just had a desire to communicate to people through music and through performing. It just feels the most natural thing in the world to me and always has done.' [Int 2,1:10]

She continues by likening the ensemble setting with that of the family

> '…..having worked with the same group of people to a large degree, over probably a period of ten years, I often do refer to them as my family' [Int 2.p2:11]

and the 'family dynamic' yet again becomes significant as the participant becomes vulnerable to the interpersonal dynamic in ensemble situations (e.g. rehearsals, orchestras, chamber ensembles)

> 'I think, probably, the ensemble setup has got more potential for anxiety…
> Sometimes I might concern myself, probably rather unnecessarily, with a lack of rapport say, between two other performers. Something that doesn't even concern me, but, because I feel I am very sensitive to atmospheres and vibes and I feel I am tuned into people, I will get unnecessarily upset, sometimes, when I feel there are two people that aren't getting on, aren't gelling, whether it be musically or personally…. '[Int 2,2:27]

Singer (95) continues by asserting that the role of mastery in play affords the child a sense of self efficacy and the desire to set and attain goals. She continues by asserting that a sense of mastery is central to the process of play and I would support this argument by emphasising its importance in making music.

Interestingly, the term 'sense of mastery' raises other issues that have emerged in the data, those of 'control' and perfection' which will be discussed at length (see Chapters 6,7,8).

From further examination of the research data an interesting question arises as to whether the experience of these early interpersonal phases derived from infant and childhood play is a factor in maintaining a sense of play and an ability to do so later in life. More specifically, this also raises the question of whether problems encountered in these early developmental stages may be a causal factor in musical performance anxiety later in the musician's maturation. It could be argued that having experienced difficulties negotiating these early developmental stages 'the other' – that is, the fellow musician or evaluating audience, becomes perceived as an obstacle or contaminant to the process of playing. In discussing developmental and relational experiences, Participant 6 illustrates this

> 'So my father felt rather let down…..because she [her sister] was so good but didn't want to do it. That's why he had such expectations of me……he was also rather arrogant and opinionated……' [Int6,4:16]

> Well, I think I was trying to please all the time and trying to be as good as what I thought was expected of me, so I never felt quite good enough. [Int6,4:25]

Though this may seem rather an extreme hypothesis, when considered in the context of the prodigiously gifted soloist who plays alone for many hours through their childhood developing and 'mastering' their technique, the possibility of such an explanation does not seem so far fetched. These relational issues emerged from the findings, specifically that of group dynamic within an ensemble and inter-personal difficulties between individuals and the emotional impact this appeared to have on performers and their playing. This is an interesting area for future research.

During the research process, whilst continuing to gather and collate the data, I was struck by this concept of 'play' being more central to the question of musical performance anxiety than I had previously thought. During the analysis of the findings, the concept of 'play' began to gather more significance. As an insider, a performer, I tend to think of play and performance being indivisible. But from exploring the data and reflecting upon it and my own experience, I know this is not the case. Perhaps this has been an out of awareness sense of knowing. It was like a light switching on when I began to realise the relational significance of play becoming contaminated as it increasingly becomes an essential act from which the individual derives and maintains a sense of self.

8.1.1 Exploring the findings on play in clinical practice

I decided to raise this theme in a different way with several musicians with whom I was working in a clinical setting. This decision was motivated by wanting to be more creative in my practice, to improve it through the findings and in turn to validate/test the findings.

First, discussing the concept of 'play', the response was largely in line with the data derived from the semi structured interviews - excitement, creativity, expressiveness were key themes. Exploring the concepts of play and performance, the response was two-fold and clients reported (largely) two sets of responses. These represented the difference between excitement, a feeling of mastery, being creative and being appreciated for 'play' versus feelings of dread, a sense of not being able to fulfil the task required of them and feeling 'shut down' – for performance. This response was necessarily biased because the musicians with whom I was exploring this were those who were having current difficulties with performing. In exploring the concept of

dread, ‘a sense of not being able to fulfil the task expected of me’ was one prominent concern.

The question I then raised with clients was ‘when does play become performing?’. Initially, this met with a blank response but on closer exploration several clients appeared to find this entry route to the problem of MPA both accessible and valuable.

I further explored this phenomenon with in vivo imagery techniques by asking the musicians to play a piece of their repetoire they enjoyed playing and felt able to play well. I asked them to rate their level of enjoyment and mastery having played the piece. Following this exercise, when asked to identify a person, persons or an audience who they might have difficulty playing in front of, two musicians identified their agents, one identified several colleagues and the fourth a concert venue and large audience. Having identified the individuals or groups that might trigger an anxious response, I asked them to close their eyes and vividly imagine those people present, to focus on them in detail to access a sensory perception, and then to play again. All musicians rated their playing as worse under those imaginary conditions and an increase in anxiety, with psychological and physiological symptoms.

By a process of elimination between the two concepts of play and performance, though the latter had once been an exciting enjoyable process, clients reported that the performance situation was often robbed of ‘play’ and its constituent parts; excitement, a feeling of creativity and mastery, the performance now being accompanied by a sense of fear and self doubt. I followed by asking if we could explore what might have changed in the dynamic to reduce this ‘playfulness’. In line with the data from the semi

structured interviews (in the form of audience, co-players, allied professionals e.g. agents, employers, and family members), it revolved around the presence of 'the other', as imagined by the musicians. Again, in line with the data, this exercise raised the issue of a heightened sensitivity to external evaluation and judgement. It becomes apparent as one reads the research data that, over time, all the participants became increasingly sensitive to others' judgements and, in some cases, intimidated by the very presence of others.

> 'I am over-sensitive to the way I think, or the way I imagine, people around me are assessing me and judging me.' [Int 1 P8:7]

> 'I can remember the feeling of, suddenly, not being held in good esteem, as a very devastating thing for my confidence and I can remember that was the beginning of starting to doubt myself, that I hadn't had before.' [Int 3 p4:26]

> 'You know, we do want approval and nobody could tell you they are not thrilled when they get a 'Bravo', or something….. you will be disappointed if you aren't greeted with a lot of approval at the end. We are all looking for it, so, yeh, there is a need to please there, I think.' [Int 4 p5:7]

Therefore there is little doubt, both from more general data of developmental research and from anecdotal reporting, that 'play' is a phenomenon at the core of all human beings and, by nature of what they do, at the core of a musician of any age. If playing is creative, expressive, free, fun and supports a sense of mastery, what process, other than 'the others' presence changes this experience?

Discussed above are the functions of play in infancy and childhood, specifically the mastery functions of play leading to a sense of self efficacy and goal orientation. It can be seen from the data that evaluation of the person begins to correlate with the standard of performance. This is nothing new of course. Throughout childhood, adolescence and adult life we evaluate ourselves and are evaluated by others. Ellis (94) argues that whilst we all have extrinsic value to others and intrinsic value to ourselves, the two often become confused and our worth or value becomes defined by our perceived value to others. It is also known in psychotherapy as external locus of evaluation.

8.2 Identity and Notions of Self

A sense of positive identity begins to be derived in the early developmental stages of play (Stern, 93). But as that developmental phase progresses play becomes increasingly complex and aspects of play become defined by what the creative process produces, whether it be a picture or drawing, a mud pie, a formalised game etc. If at that stage the child begins to define itself by the reaction of others to what it is doing or what it produces and this reaction is positive whether it be a mirroring, loving and/or supportive response, the child begins to derive a positive sense of self as can be seen clearly from this research data.

However, this method of defining self can become increasingly problematic as the child begins to attach its sense of identity and personal value to a definable product and become dependent on an external positive response to maintain and support that positive sense of identity. The internal sense of being worthy has now begun to shift to an external locus of evaluation. Following on with this hypothesis, it can be seen why it

is all too easy for the musician to become increasingly product orientated and for the evaluation of this product, in the musician's case – his/her playing - to equate with personal worth.

> 'Absolutely, one is only as good as ones last performance.' [Int 1. p7:24]
>
> '……..it's the only way I can progress, by being good. I've nothing else to offer.' [Int 1: p2:6]

> 'I loved music and, as a child, I was encouraged and, therefore, given quite a lot of praise, as a young child……I felt valued and it made me feel good about myself.' [Int 6 p4;51]

Even in the face of continuing positive external recognition supporting a sense of achievement orientated confidence, the musician can still be susceptible to ego stress. Why? Because as Ellis (94) states though playing well and receiving external validation and even knowing that you can continue to do so, the individual can still believe that in order to maintain this sense of self he must play better. This, in time can underpin a variety of co-morbid conditions such as perfectionism.

Q: …….and what impact does that have on performing do you think?
A: Even more pressure. Makes me perfectionist…but, of course, in art, you know, you can't ever have perfection. [Int 1 p2:10]

'I suppose there has to be an element of striving….and the idea that one does better than one did on a previous occasion, so, if you don't match that, you start to slip behind, you know, and often one is aware of a decline in one's own personal standard and that is quite disturbing. [Int 1 p2:14]

'….if I think about myself and my performing, I have, in my inner ear and my mind's eye, a very high standard that I have to achieve and if it isn't what I want, if it's not the best I can do, instead of realising

that it probably is good enough, the gulf, to me, is really insupportable and it feels dreadful, it feels as if I'm really sort of substandard and have failed, rather than that it just wasn't my best…….' [Int 3 p4;41]

'….and so I felt that I had to achieve, to be valued.' [Int 6p11;2]

My experience of working with musical performance anxiety suggests that many musicians have an ambivalent response to the concept of perfectionism: the rational, intellectualised response versus the emotional or 'felt' response. In the data there are several examples of this with a musician professing both their drive towards attaining perfection whilst recognising that it is impossible to achieve, this is illustrated in the extract above from Participant 1. The musician no longer experiences a ceiling of 'good enough' but is left with an endless strive towards perfectionism which by definition has no ceiling i.e. is unattainable therefore impossible to achieve. Philosophically we can never attain perfection because we cannot have a notion of it: as humans are imperfect so we cannot project perfection. This would suggest that treatment may require a philosophical input. As with the problems of the apotheosis of man – man strives to become God, to reconcile his splits, but is unable to because of the paradox of existence – man can never become god and so he "tumbles to earth". This is perhaps paralled to some extent by the musician who, whilst striving for perfection inevitably promotes a similar experience – that of 'tumbling' from the heights to human fallibility.

Running with this analogy, as the 'fallible' musician therefore becomes increasingly dependent for a positive sense of self from the external source, he strives to play *even* better, and as Ellis argues, at some point, will feel that he is not playing well *enough.* The resulting doubt and ego stress will produce a physiological anxiety response and cognitive disruption with a negative attentional bias. My clinical and professional

experience tell me from having observed musicians both as colleagues and clients that this then produces a dissonance between the sense of efficacy and the external validation received, leading eventually, to challenging or disbelieving the external validation often characterised by the need for reassurance and/or the avoidance of praise. In the Judaic Christian philosophy, when man has "fallen "from grace, he comes to know shame because as a human, he cannot reach the ideal. In the context of an individual who has been idealised or idolised such as the 'prodigiously gifted child' (referred to in Interveiw 5), this becomes perhaps even more acute as he feels incapable of meeting internal and/or external expectations of perfection.

8.3 Identity and Shame

The complex issue of shame arose at the outset of this project. One of the most significant difficulties with this research and one that I had not expected to encounter was the recruiting of participants. Initially, I had intended to make a half hour documentary about MPA. Having previously made a film about Freud for the University of London, I was excited about the prospect of breaking new ground and having a very tangible product that could be used as an educational tool for both the psychotherapeutic and musical communities.

In the early planning stage, the response was very encouraging and exciting. It was agreed that I would interview musicians from a range of disciplines who had either encountered difficulties with MPA or were doing so currently. I also invited several allied professionals to participate including a couple of agents, an orchestral manager and several music teachers. I progressed with this plan, arranging to access equipment and building a structure for the project. I explored the ethics with my academic adviser and though I recognised from the beginning that it would be a very delicate operation to

access information whilst maintaining the safety of all those who took part, we agreed how we should proceed.

However, as the filming dates approached, musicians who had been approached and agreed to participate, and had previously exhibited their interest and support, withdrew from the project. It seemed that the only way forward was to construct a two tier level of informed consent. Firstly, to obtain consent from the participants at the outset of the filmed interviews and then, having shown them the final edit, to give participants the right of veto or withdrawal. On further examination, this appeared to be an unworkable proposition.

Exploring the reasons for participant withdrawal, I met with the consistent response that it was too emotionally difficult to discuss and disclose information about MPA in a filmed format. Reflecting on this, my hypothesis was that there was considerable fear around articulation of these very problematic experiences, thereby making the fear real and embodied, a fear which, participating in the project would have to be 'owned'.

Returning to the drawing board, in consultation with colleagues and my academic adviser, I decided that the project should take its present form. I further reflected on the question of whether, even in this format, it would be difficult to engage individuals to participate. I was correct to the extent that, again, many musicians were extremely encouraging about the project and validated its importance. Several agents had expressed an interest from their clients in participating, a couple of my signatories had signalled that they would suggest individuals who would be interested in and benefit from participation. However, when contact was made with the individuals, there

appeared to be significant fear and avoidance around taking part. When the time approached to actually recruit participants, one signatory who had identified musicians for the project told me, frankly, that he felt too embarrassed because of the sensitivity of the subject matter. He was concerned about the interpersonal difficulties that would be provoked between him and anyone whom he had identified for inclusion. He expressed his embarrassment about approaching two specific individuals and his concern for their embarrassment at being approached. We reflected on this and realised that here indeed we had identified a key theme around MPA.

Not only was I surprised by the difficulty in recruiting participants, I was intrigued by those who had agreed to take part. On meeting the participants my overwhelming impression was that the process to date, including the initial contact and decision to take part had not been easy. Whilst all being socially capable, it was clear from non verbal language that anxiety was present. There were clear signs of fear from all the participants.

Of interest is that the initial presentation of several of the participants would have suggested that there wasn't an issue of MPA…..and yet I knew this was not the case, it seemed unlikely that they would be sitting opposite me with a tape recorder between us. However, even at this stage of meeting with a clear understanding of why we were doing so, there was a reluctance to address the issue. The sample appeared to fall into three categories; those that were friendly, anxious but with whom it was easy to make a connection (Int 1.3,5), those that

were friendly and polite whilst being reserved and anxious (Int 2,4,) and those that were withdrawn and had difficulty with the process (Int 6,7).

In the context of musical performance anxiety, shame or embarrassment and a tendency to want to withdraw or avoid the gaze of others are common. Much has been written about shame over the last twenty years in relation to the 'hidden' traumas such as sexual abuse, emotional deprivation and abruption in developmental stages but these are mainly dealing in situations where the individual has not willingly participated. But the paradox is that within the context of MPA, we are often working with individuals who are highly talented, technically expert with a significant degree of experience and achievement who say they are willing participants.

Therefore, I would argue that, in most instances of musical performance anxiety with professional musicians, we are working with individuals who, in terms of personality type, have shown an extrovert component to their make-up and have enjoyed the process of making music and aspects of performance in their history. Though this is somewhat generalised, I think it is fair to argue that most musicians could not have achieved or chosen professional status had this not been the case.

This raises the question of why professional musicians would manifest shame, a concept one might be forgiven for thinking was the very antithesis of these high achieving, technically able, creative and expressive individuals. The answer I believe lies in the sense of identity becoming inextricably linked with being a musician and the performance. If we lack certainty that we can maintain an external positive response, which funds our very sense of being, we feel under threat of annihilation, a sense of not

existing. Amongst five of the research participants this theme arises. Participant 6 illustrates it throughout the interview in varying ways. Here the participant gives a clear example of identity issues and a feeling of predetermined musicianship raising the question of how acceptable she would have felt both to herself and her family, had she not chosen to be a musician.

> '…..it just came naturally to me, I sort of always understood that I'd be a musician. Not necessarily a professional one. But I knew I'd be musical…..it sort of happened… In my family, one had to be really. [Int 6 p1;14]

> 'Well, I very much felt that it was so important….so important to be a musician, that lesser mortals didn't really exist' [Int 6 p1:26]

> 'Yes that's right. It was what made me who I am…..well certainly in my father's eyes.' [Int 6 p1:33]

Here, Participant 6 continues by merging her identity not only with being a musician but also with the music…..a phenomenon that increases expectations of her performance and feelings of hopelessness and shame if this is impeded.

> 'I'm then the music so I have to be able to technically play well…..to express it. Its hopeless if the music is inside me and it cant be expressed well….if I cant get it out'.[Int 6 p2;33]

> 'I suppose, deep down, I don't believe that I am any good.' [Int 6 p5;34'

> 'I suppose it is partly embarrassment and…it is difficult to define the emotion…sadness, a feeling of worthlessness…….'[Int 6 p7;19]

> ……..my sense of self-worth is based very much on the performance, because, if a performance goes wrong, I then think I am totally worthless, as a person and that is why, in a way, I don't want to give it up, because a lot of my identity is in my career and, if I give it up, I have this fear that I will be even more worthless. So that makes it worse, because then I feel I can't give it up and so I am stuck. (Int 6 p8;50)

Gilbert (98) points out that it is only since 1987 when Helen Lewis began adding to the literature that the issue of shame has begun to attract the appropriate amount of research that this 'hidden emotion' and the 'sleeper in psychopathology' warrants (Lewis 87). In discussing early emotional development, Lewis (02) posits that following the development of a sense of self post two years of age, three new emotions emerge in the infant: empathy, jealousy and exposure embarrassment.

She divides embarrassment into two categories, exposure embarrassment and evaluative embarrassment. What is of particular interest to me in the context of this research is the cognitive-emotive structures that underpin these three emotions, and specifically shame which I will discuss below in the context of implications for treatment of musical performance anxiety.

Of significant interest is Lewis' argument that, 'The self conscious evaluative emotions depend on the development of a number of cognitive skills. First, children have to have absorbed a set of standards, rules and goals. Second, they have to have a sense of self. And finally, they have to be able to evaluate the self with regard to those standards, rules, and goals and then make a determination of success or failure' (Lewis 02;p203). This appears to succinctly describe, what I would argue, is the aetiology of musical performance anxiety.

Gilbert (98) makes the distinction between generalised and specific shame, that though there is confusion between the two, as therapists we should be mindful of this because the 'generalised and specific forms of shame are likely to have very different origins and therapies are likely to be related to self identity and constructs in different ways' (Gilbert, 98 p26). The purpose of this research project is to begin the process of accessing the idiosyncratic experiences of the individual and in so doing help to inform therapeutic practice. I would argue that whilst all aspects of musical performance anxiety are significant, this issue of evaluative shame is crucial to the conceptualisation of the individuals' difficulties. Gilbert (98) argues that shame is manifest 'via fast track, involuntary processes that are difficult to control' (Gilbert 98 p30). It is also notoriously difficult to treat.

8.4 Comparison to other Anxieties

There are parallel examples to musical performance anxiety within the broader context of performance anxiety discussed in Chapter 3. Though all the related manifestations of PA (sport, test, sexual, social anxieties) are similar, in addition to my MPA work, the clinical examples of these conditions which I meet most frequently are clients suffering

from social anxiety – a fear of meeting others, and clients with sexual anxiety, presenting with erectile dysfunction and premature ejaculation. It is not uncommon for those presenting with these symptoms to manifest meta anxiety (anxiety about anxiety) thus promoting much of the symptomatic phenomena reported in this project, negative rumination, fight or flight response, hypervigilance to external threat, self monitoring. But primarily, the significant component appears to be fear. When exploring these feelings of fear, it is often reported that the client is most fearful of the negative evaluation of their sexual performance by 'the other'. It is not uncommon for men suffering from premature ejaculation to report far less difficulties in sustaining sexual performance whilst masturbating alone, but experiencing anxiety and shame when urgently reaching orgasm in the presence of another (McCabe, 2005)

Likewise, when exploring other sexual issues with clients, the discussion of masturbation often provokes feelings of embarrassment or shame. This interests me in the context of this research project because it could be argued that through childhood and puberty, prior to 'the other' being present, i.e. sexual or romantic partners, the masturbating child is 'playing'. It is interesting that a euphemism for masturbating is to be 'playing with oneself'. My clinical experience would suggest that often this act of playing becomes contaminated by anxiety and shame when 'the other' enters the sexual arena and perceptions of negative comparison and evaluation appear.

Similarly, in my clinical experience Paraneusis (shy bladder syndrome) needs the presence or likely presence of 'the other' to promote the anticipatory anxiety which ultimately impedes urination. When explored, the client reports that they are anxious about what other people may think and that a negative label or judgement will be

attached to them. Examined further, the anxiety is about being 'shamed' either for being abnormal or for their 'unusual' behaviour. Having conducted in vivo experiments with several clients using a lavatory in a public place, it seems that if they can be *sure* that no-one else will be present, passing water becomes non anxious. A musician being treated for performance anxiety recently disclosed that, as a guest in someone else's house, she was unable to make a bowel movement. Not surprisingly, she blushed and said that she was very embarrassed about doing so.

Exploring this further, the literature (amongst others the work of R.D. Laing (1964)) illustrates this it is not uncommon for children to interpret bowel movements with a sense of being 'dirty'. The result of this is that bowel movements become the symbol of one's 'dirtiness' and, as a defence mechanism, it becomes something to be concealed and about which to feel shame resulting in the child who 'holds' their bowels and has difficulty using lavatories. One interesting addendum to this is that this problem often arises when children are faced with evaluation of 'the other', that is, teachers and children at school or kindergarten whose acceptance they cannot yet be sure of.

Interestingly, Lewis makes a distinction between exposure embarrassment and evaluative embarrassment (02). In the context of performance this is interesting because we are working with a sample of individuals who, generally, accept that they will be looked at, observed and that music making is an interpersonal experience. Lewis (02), cites an example to illustrate the difference between the two categories, that of an individual being introduced to an audience by another who praises them significantly, resulting in the individual feeling embarrassment prior to doing anything. In the demesne of performance anxiety I argue that exposure embarrassment is one and

the same thing as evaluative embarrassment. The significant difference being that exposure embarrassment is an anticipatory version. In Lewis' example cited above, the exposure embarrassment of the individual would be triggered by his fear that he will not be able to match the audience's expectations which have been raised by the fulsome introduction. If this is the case, it would be an *anticipatory* evaluative embarrassment about being shamed and Beck, as early as 1983, was arguing that the defining characteristic of all performance anxiety is the fear of being observed and evaluated.

However, many of the individuals with whom I have worked and am working do not report difficulty with being observed per se. But they do report increasing levels of difficulty and anxiety when their *playing* is being observed. To check this out, having identified a triggering situation with the client, the 'magic question' I use regularly in a clinical setting is, 'If you could be sure of one thing, *really sure of one thing* that would reduce your anxiety enough to play as well as you are able….what would that be?', the response invariably concerns the client *knowing* that they would be positively evaluated by the observers. The research data supports this point with Participant 1 illustrating several times throughout the interview that confidence in good performance requires an external source of validation.

> 'I am fine once I have made my first entrance in a piece and I've gauged the audience's warmth.' [Int 1 p12:47]

He continues later in the interview by reporting that audience validation promotes confidence, reducing the need for safety behaviours because

'……there is no problem, because I am good' [Int 1 p15:12]

This underlying need for external validation interestingly transmutes to settings other than the conventional performance situation. All of the performers interviewed report that the need for external validation is important whilst four participants reported that it becomes a key component in rehearsal situations with fellow musicians and, in some cases, conductors and directors.

(R) So a rehearsal environment can seem like a performance situation?

(C) Yes, yes very much so.

(R) I'm very interested in this, because if a performer were sensitive to others assessment and judgement, even rehearsing with others in a pre-performance rehearsal situation, this could be anxiety provoking?

(C) Yes, it is….often [Int 1 p8:9]

Of significant interest and illustrating that we are often dealing with a discrete, or idiosyncratic manifestation, Participant 1 has stated that he requires a *reliable* source of external validation.

'Yes, exactly and when one doesn't have anybody that one can trust to give one a clear indication of how one's performing, as to how it sounds, if one relies totally on oneself, one tends to try and rely on what you hear and, of course, that is totally wrong because you have to……a performer has to feel, rather than hear.' [Int 1: 3, 10]

If shame is a significant factor that underpins MPA together with ego stress derived from the perception of a threat of annihilation of the self, then the knowledge base, supported by the findings, demonstrates that an anxiety response is inevitable. Gilbert states, 'Anxiety appears central to the shame experience, and it is difficult to consider shame without it' (Gilbert 1998 pp6). We know from the literature that shame has a panic like quality about it and that when we enter an evolutionary fight or flight response, the amygdala becomes stimulated and we become hypervigilant to the possibilities of external threat. This, in turn, reinforces our need to be alert to external scrutiny and inflates our perception of negative appraisal as so vividly described by the violinist in the introduction section

Everyone is watching me, waiting for me to make a mistake

It has been argued by many theorists that unless we respond to the fight or flight response, literally, taking to the hills and running away from danger or actively fighting for survival, the body goes into a freeze-like state, our mind goes blank and we have impaired memory recall.

My mind goes blank, and I miss the page turn.

As the amygdala becomes over stimulated and the hypothalamic-pituitary-adrenal axis is activated, significant amounts of adrenaline and cortisol are released. We shake and become agitated as the body cannot process the increase in these hormones unless we utilise them in vigorous activity

Why can't I stop my hand from trembling? I can only watch as the bow jumps noisily across the strings.

Our heartbeat increases, raising our body temperature.

……I'm aware of my chest pounding, a lump in my throat, and heat rising from my face.

Lewis then asserts that as '….the self is both agent and object of observation and disapproval, as shortcomings of the defective self are exposed before an internalised observing 'other'…' (Lewis 1996, p 1257) we renew our desire to flee, but by this stage, it is more often a desire to hide from the gaze of others and withdraw thus leaving the performer with the cognitive and affect imprint of this experience.

8.5 Shame and the consequences

It could be argued that if a musician is susceptible to feelings of shame as a result of becoming product orientated and equating sense of self with playing, to maintain that sense of self, defence mechanisms will necessarily follow. We have seen above that the autonomic evolutionary fight or flight response is perhaps the original defence mechanism known to man. It was designed to 'save us' from that which was perceived to be dangerous. However, this primitive, binary response appears to be problematic for the musician. A perception of fear and the resulting symptoms affects motor control and discreet functioning which inevitably renders the musician less able to play well and meet expectations of self and other, thus promoting shame. This then promotes a cycle of anxiety, thus reducing the ability to function well, followed by an internal (or perceived external) negative evaluation of performance promoting increased anxiety about negative evaluation and the consequent loss of status.

In anticipation of, or, following a sense of not having met expectations of self and/or other, reparation or the need to withdraw and avoid a similar situation is now required. As discussed above in the text concerning self worth and self definition, either perfectionism or avoidance appears to offer the insecure self a means by which to defend itself - the former through an unrealistic striving for perfection to make reparation and restore the sense of status which has been lost, avoidance to efface the feared situation in the future. But as Ellis (94) argues, both of these mechanisms are only a short term means of defence and both will ultimately promote increasing anxiety or shame. I include the reported 'need for control' (all participants) in the category of perfectionism as it seems that 'need for control' (as a reaction to the fear of 'loss of control') is a necessary and mediating factor in the pursuit of perfectionism; a rich area for continuing research.

Chapter 9

Findings and Clinical Implications

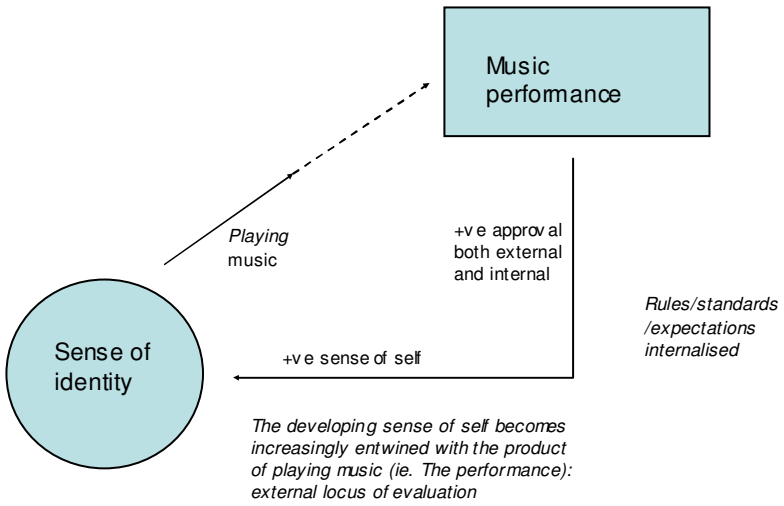
9.1 Focus of Therapeutic Intervention

As discussed, there are commonalities between the various manifestations of Performance Anxiety and Musical Performance Anxiety. However, due to the relatively small focus it has received, the literature recommends that further research is needed in addressing MPA, not only to extend knowledge of the phenomenon but perhaps more significantly in order to identify how clinical treatment for those manifesting MPA can be improved (Brodsky & Sloboda 97, Kenny (04). Whilst MPA shares much of the symptoms of the related anxieties that come within the broader diagnostic areas of PA and SA and arguably could therefore share some of the treatment protocols, there are differences between them. For instance, there is no strong indication in the findings that the participants manifest socially anxious symptoms and would not manifest obvious social anxiety unless (obviously) socially anxious people, but rather that their difficulties are discrete and *musically* performance related. So in other words, the differences between MPA, PA and SA may depend on how likely a context is to elicit fears of negative evaluation illustrating that the similarity is indeed the underlying fear of negative evaluation but the difference is the context likely to trigger the anxious response. An interesting finding to emerge is the relationship of MPA to developmental issues which the findings show impact on the inter-relational aspects of performing which will be discussed in the context of treatment implications. In addition first and foremost the business of the musical performer is by definition a creative artistic endeavour. This research has highlighted the rupture between what the person does (function)

and what the person needs to perform that function well i.e. to play, to be connected to their creativity. Any treatment protocol would therefore need to have the performer reconnecting to 'play' as its aim and this cannot be achieved without creatively addressing the problem. Careful preparation is also indicated before safely addressing the defences and the sources of the disconnection.

Below in diagrammatic form, is the basic developmental model of the MPA that has developed out of this research. The first diagram represents the *playful* relationship to music that musicians often report characterising their early experiences. In many ways it is an idealised model but as such it acts as a therapeutic trope.

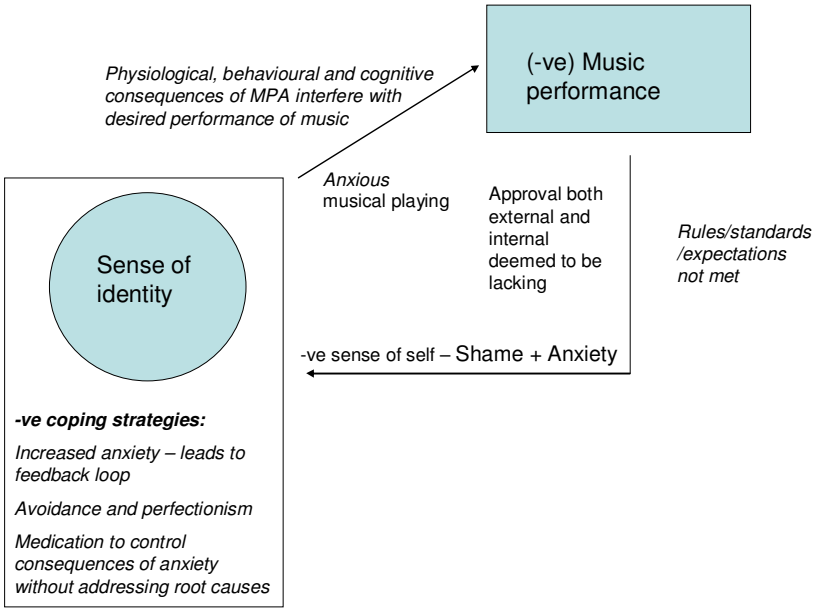
Fig 3. Developmental model of musical performance as *play*



The second diagram represents musical performance characterised by anxiety. The negative feedback loop between performance, internal and external assessment of the performance, shame and anxiety and negative coping

mechanism show the entry points for therapeutic intervention addressed in this chapter.

Fig 4. Developmental model of musical performance characterised by anxiety



A core aspiration of this project has been my attempt to look beyond my experience and to take a more 'holistic' view of treatment. This research demonstrates that MPA is a complex issue and much of what clinicians may be required to respond to may be found very early in the development of the individual. In negotiating this project I have needed to re-explore theory and examine interventions beyond my clinical knowledge base. This has been both challenging and rewarding.

The findings indicate that in treating MPA, shame and defence mechanisms, anxiety and its consequential cognitive disruption and safety behaviours, need to be addressed. Discussions with psychoanalytic colleagues and engagement with the literature suggest a focus primarily on the core issue of shame and work from the 'inside out'. The data

from this project convinces me that shame is perhaps the core issue. I believe that the order in which the clinician proceeds will depend on the client with whom they are working but in order to address/access shame which has emerged from childhood relational issues, the relational core conditions of Rogers - genuineness, unconditional positive regard and empathy - need to be present.

However, as the literature points out given the range and complexity of stressors (Steptoe and Fidler, 1987), there is a coherent argument for working 'outside in' and primarily focussing on using cognitive behavioural techniques to promote symptom reduction before attempting to work at a deeper level and explore the issue of shame. In doing so the musician may be able to continue to perform.

Therefore, I would argue that by teaching anxiety management techniques and educating the client about the core components of MPA, we are containing or 'holding' the client, specifically helping to maintain some of the sense of self which is derived from performing.

2. Towards Flexible Integration

There are clear indications for therapeutic interventions from a range of models. I will attempt to lay out below a coherent argument for treatment options in addressing both anxiety and shame.

Lee & Young (2001) argue that any shame based memory, by virtue of its traumatic nature is encoded in the amygdala and therefore not contextualised or time tagged as are memories encoded in the hippocampus . (For a full discussion of this see Lee et al 2003). As with many traumatic experiences stored in this temporal hemisphere, any correlation drawn in the future between environmental conditions and the encoded experience is liable to overwhelm the individual with a fast track anxiety response (Gilbert 92). It is perhaps understandable therefore that figures for musicians accessing psychological treatment in which their problematic performing experiences will be explored have been surprisingly low, given the de-stabilising effect of accessing the event (see Chapter 2).

When considering treatment, it is of no surprise that a major constituent of acute or chronic anxiety is *meta* anxiety, recognised by any clinician experienced in treating acute anxiety disorders, as overwhelming anticipatory anxiety triggered by the notion of one's reaction to a similar situation. I know from experience that it is exceptionally difficult to address any emotions or memories that are defended by acute anxiety responses. The CBT literature, for example, argues that we should first address the secondary or defensive emotion of anxiety and focus on symptom reduction and anxiety management before attempting to address underlying schematic issues (Clark 86, Dryden & Neenan 04) such as shame. I will therefore proceed by discussing clinical implications in this order.

Cognitive Behavioural Therapy is a hybrid of Cognitive Therapy and Behavioural Therapy (Clark 86). The model is well recognised as a treatment for the reduction and management of anxiety symptoms and uses a range of educational, psychological and

behavioural interventions. The style of therapy is active-directive and collaborative and requires the client's participation in work outside the therapy room including the keeping of thought record/mood logs and behavioural assignments. Kenny (04) amongst many others reports that CBT is the most empirically tested psychotherapeutic model and, to date, considered the most effective treatment available for psychological disorders including depression and anxiety. CBT is often described as a 'short term focussed therapy' and has been designated a 'therapy of choice' (NICE 02). This view has recently become the focus of much scientific and political debate.

In applying CBT in the treatment of anxiety, the usual protocol would be to begin by teaching anxiety management techniques, to determine the client's specific fears, identify any dysfunctional thinking about the feared situation which is provoking or promoting anxiety and re-structure any dysfunctional thinking in order to reduce affect. A central tenet of the CBT model is that cognitions play a significant role in determining the quality of emotions and subsequent behaviours. However, recent research in further demonstrating the complexity of psychological interactionism has necessitated CBT theorists to recognise that CBT theory cannot claim that there is necessarily a causal factor but rather, the model allows us access to cognitive-emotive structures in order to attempt to re-organise habitual and/or automatic thinking styles thus reducing dysfunctional thinking, emotions and behaviours. The treatment also examines, challenges and restructures underlying beliefs or schema (Beck 79). A range of behavioural interventions are then employed to help desensitise the client to stimuli that they find overwhelmingly anxiety provoking including progressive muscle relaxation, re-breathing exercises, in-vivo exposure, exercise etc. (For further discussion see Andrews et al 1994).

Interestingly, a key component of CBT treatment for managing anxiety is the use of exercise and bodywork to stimulate mood and mitigate some of the tendencies of shame to withdraw or hide from view. Three of the six participants raised the issue of bodywork and the necessity of a balance between mind and body to promote optimum conditions for expressivity. Participant 3 describes how she uses bodywork to neutralise some aspects of her anxiety and related symptoms

> …..but the one thing that I have noticed that is a HUGE benefit and sort of, something that can offset all of that, is physical work. I've noticed that…….when I have got myself into a state where I shut myself down and I am really not doing it properly because I am physically contracted, I have noticed that, when I do a lot of body work, I can dispel the kind of…it is like working it backwards because the end result is the physical and muscular contraction, so, if you then start with that and unravel that and open the body and stretch and energise…[Int3 p15 25]

There is much current literature to indicate the benefits of bodywork and exercise in the context of musicians and performance. For further discussion of this subject see Williamson (2004).

Another key focus of the CBT model is the role of therapist as 'psychological educator' (Dryden & Neenan 2004). Five of the participants in this project have stated that a clear understanding, awareness of and education about MPA, its causes and management techniques would have been of significant benefit. I can argue from my own clinical data that the beginning of reduction in and successful treatment of MPA often begins

with an educational component focussing on its biological and psychological phenomena thus 'normalising' the client's experience of MPA.

Gilbert (92) argues that helping a client to normalise and objectify the problem of MPA facilitates the beginning of a reduction in external shame about the problem and fosters an acceptance of the autonomic anxiety state and associated behaviours. Put another way, this approach allows the client to recognise that facing the level of fear they do, this response is a natural expected 'human' response.

> '…it would have been good to have had more input into that and just to be made to feel how universal this whole situation is' [Int5: 7.45]

In using CBT, the therapist also educates the client into identifying habitual thinking styles which perpetuate their disturbance. For example, Participant 3 demonstrates her anxiety manifesting as a critical, internal voice which she identifies as 'the committee'

> '…..the 'committee' is a sort of constantly critical evaluation of every step – 'well, that wasn't very good' and 'that could have been better', 'oh, it's getting worse', 'you're not breathing', 'now you are so tense, you can't do anything' it is absolutely quite punishing, I suppose.' [Int3.p7 41)

And Participant 6 describes her internal dialogue and desire to prohibit the negative thoughts which, as De Silva & Rachman (2004) demonstrate in their recent research, promotes and replicates the unwanted rumination and significantly increases the attentional negative bias

> '….I also go quite cold and I try to stop the thoughts going through my mind, but I am thinking 'What if I make a mistake, with all these people watching me? What if I make a mistake and then I feel even worse and so I can't perform? What if I get the pearlies [bow jumping]and I cant finger properly?' and then I try to shut that out, which is quite difficult.' [Int6.p2:11]

This data illustrates evidence of negative internal dialogues and these examples can respond well to a cognitive approach - identifying the content of the thoughts, categorising and challenging them in order to re-structure them into something more compassionate.

Whilst I have made an argument for employing CBT techniques to help the client cope in the short term, some problems emerge with the model. In using a CBT approach, with some clients I have encountered difficulty accessing the 'felt sense' which does not easily translate into verbally articulated thoughts with which we can work together.

> '…….a shape is coming into my mind when I want to describe the anxiety to you. It is a very, very steep triangle and the only way I can describe it to you is going up and up and up and up and up, very steeply to the point of this triangle, feeling the anxiety really coming on.' [Int2,15;21]

In attempting to 'translate' these feelings into cognitions or thoughts, the client can become increasingly emotionally remote from the event thus reducing affect - the exercise fast becoming a 'cerebral' or 'intellectual' experience with questionable benefit and for which no catharsis is achieved.. Indeed, it could be argued that whilst CBT is indicated for many other anxiety disorders, in the treatment of MPA, CBT alone could be counterproductive due to its cognitive and verbally articulated focus.

Therefore, having focussed on symptom reduction using CBT anxiety management interventions and educating the client about perpetuating anxiety and conceptualising and 'normalising' their human experience of anxiety, it is now important to create the conditions for safely accessing the underlying and idiosyncratic issues such as shame and trauma, self esteem and separation of self from creativity. In treating creative people, it seems we should focus on a creative response. Creativity is about feeling and doing, and in the therapeutic encounter where we meet pain, trauma and shame, the relational position of the person centered approach is of special significance in offering the necessary conditions for change and development to occur.

Reading through the data, what is of significant interest is that 'shame' as a concept is rarely introduced by the participants. You will see that I have accessed the concept, sometimes by design, sometimes by default. This worried me. Macdonald (98) argues that though the literature in recent years has supported the benefit to the individual of disclosing affect and emotionally disturbing experiences, this does not take place in a vacuum and the quality of the recipient of the disclosure is highly significant. A hypothesis for this is that having experienced shaming situations or avoided situations that might promote it, the fear of identifying it, thereby embodying it and making it real is arguably a terrifying prospect with an understandable reluctance to do so. MacDonald asserts that recent research illustrates that though individuals appear to be willing to discuss shame in a research setting, this generally follows a direct request to do so. He continues, 'It maybe that the interviewer has to provide the word *shame* before individuals volunteer their experience as such' (p152).

The place for the therapeutic relationship cannot be underestimated in working with shame ….it is the space for the individual to learn to be himself, to attempt to relinquish the false self and to see the therapist bear the reality of what lies behind……and ultimately feel safe in the gaze of the other. Particularly resonant to MPA are the words of Carl Schneider (87) 'Each of us needs some time off stage, a private space, before we are ready to go public…..rehearsal is a process which becomes more sophisticated and differentiated as we mature, but throughout life is a human need' (p201).

Brodsky (96) discusses the apparent reluctance of musicians with MPA to access psychotherapy and Lynne Jacobs (96) the Gestalt therapist, in her excellent paper on shame perhaps describes best the difficulties for clients with issues of shame in accessing treatment whatever model we embrace. She argues that the client's shame can be inflated by the nature of the therapeutic dyad. She discusses the 'unevenness' of disclosure in the relationship, the perceived importance and power of the therapist to the client rather than vice versa and the need for the client to experience the therapist's affective participation before the client can bear to disclose their level of fear and own it. Significantly, she discusses issues central to shame; the differential in exposure disrupting the 'social code of reciprocity' (p2) increasing shame in the client for revealing too much and terrified of unpacking complex strategies which the client has developed to support the sense of self. Interestingly, all research participants expressed their belief that psychotherapy could help in addressing developmental issues and MPA. Perhaps the nature of how the profession is increasingly exploring how to respond to this problem will impact the number of musicians who embrace the therapeutic process.

What perhaps marks out the Person Centered approach from some other therapeutic models is the underlying assertion that all human beings have within them the means to self actualise and that the therapeutic relationship is a space in which the best possible conditions for its fulfilment are created.

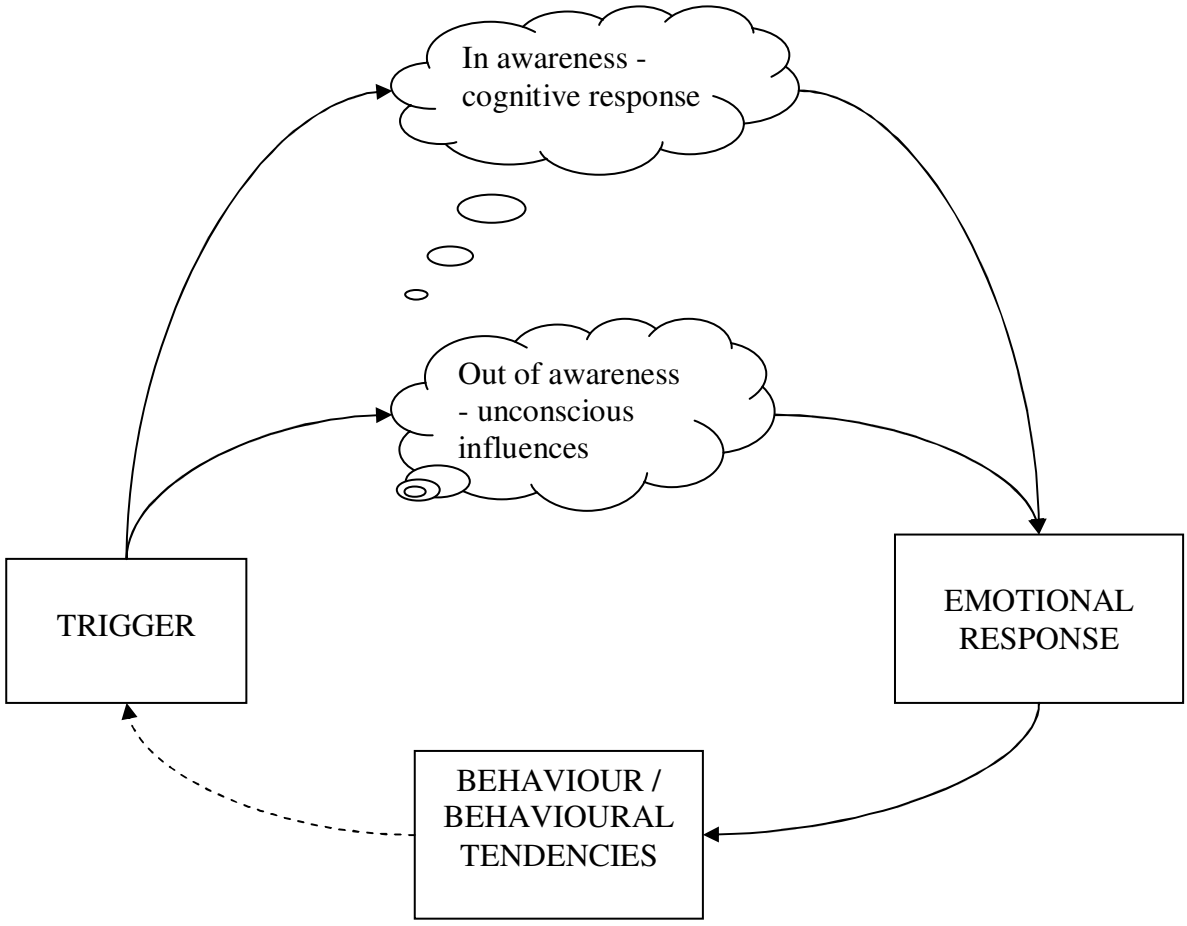
In discussing this approach and its underlying relational aspects Thorne (90) argues that, '…the person-to-person nature of the interaction where not only the phenomenological world of the client but also the therapist's state of being are of crucial significance' (p106) could not be more relevant to the context of working with MPA as the therapist becomes the audience of one. In this role, the therapist must take care not to highlight the disempowerment of the expert versus client dynamic felt by many in the therapeutic space. Person Centered theory asserts that the client is the expert and knows more of himself than the diagnostic professional, that the space provided should not be one of imposition but a creative open space in which the client can explore and find himself. Mearns and Thorne (88) assert the therapeutic process moves through three distinct phases, the establishment of trust between client and therapist, intimacy when the client (in this case the musician) feels able to reveal his inner world, his fear of evaluation and loss, and mutuality in the therapeutic union. It is the creative therapeutic setting which arguably can begin the long process of change and affords the musician a private space to explore.

In responding to the needs of the creative musician I have experimented with adapting CBT interventions during the research process in attempting to be more flexible and creative. There are many conceptualisations of cognitive-emotive-behavioural

structures – see Ellis, 1962 (Revised 1994) for the primary CBT model, the ABC's of Emotional Disturbance.

I have conceptualised this model differently, for two reasons. Firstly, research has shown that the ABC model is too simplistic to attempt to isolate psychologically interactive components in quite such a linear way. Secondly, I have found that clients find it easier to use a more flowing model which illustrates the cyclical nature of their cognitive, emotive and behavioural responses to anxiety provoking situations.See Fig 5.

Figure 5. Cognitive Loop



In Figure 5, the 'trigger' position relates to a stimulus that is past (e.g. a memory of a difficult performing situation), a present situation or an anticipated one. The 'cognitive response' position relates to conscious or unconscious phenomena (e.g. the client's idiosyncratic response, interpreted verbally or pictorially about the performing situation and about the self's perceived ability to handle the situation). The 'behavioural' position relates to the client's need or *desire* to respond in a certain way (e.g. avoidance

behaviours, over compensational behaviour, aggressive or passive behaviours). Finally, the dotted line between the 'behavioural' and 'trigger' positions clearly identifies that the emotional and/or behavioural responses can promote another cycle.

This model also allows for the understanding that much of our thinking will be beneath the conscious level. In drawing an analogy with a brick wall, the foundations below the surface and out of view are similar to many of our 'out of awareness thoughts'. Whilst our day to day feelings, conscious distorted or disrupted cognitions or problematic images may be important to address, the real significance of them is that, again analogous to the wall, the visible cracks or loose bricks that appear above ground level lead us to investigate the structure's foundations – or our early experiences and consequential world view.

In disputing (see Fig 3), the accepted protocol requires an intellectually based focus on rationality, logic, empiricism etc (Dryden & Neenan, 2002). In applying a simpler, less intellectualised version of exploring underlying problematic phenomena, I believe we may better be able to maintain the client's emotional commitment by compassionately examining the quality of the phenomena. This latter approach allows for a more creative connection to be made with the individual's idiosyncratic experience and method of cognitive processing such as image based responses, e.g., the metaphor of the 'very, very steep triangle' as demonstrated by Participant 2.

In exploring broader responses to MPA, I participated in two weekend CPD courses at University College, London during my doctoral studies to learn to employ hypnosis as an adjunct (or integrative component) to psychological therapies. The course

demonstrated that hypnosis can facilitate many of our existing therapeutic interventions by employing relaxation techniques and increasing our clinical creativity with components such as guided imagery and creative visualisation.

Previously relegated to the realm of the supernatural, over the last three decades hypnotherapy has been increasingly integrated into medical practice and dentistry and more recently there have been several significant studies into impact of the use of hypnosis as an adjunct to psychotherapy (Heap & Aravind 2002).

There is much discussion in the literature of Sigmund Freud's collaboration with Breuer employing hypnosis to access and bring into consciousness repressed memories. It was partly through this research that he was able to show a connection between early trauma and hysteria. However, he perceived hypnosis to be a symptomatic approach that did not produce lasting change. Though largely dissatisfied with its clinical outcome, arguing that a conscious catharsis could not be negotiated in the hypnotic state and that accessing trauma does not in itself resolve neurosis (Baker 2000). There is much in the literature today to refute Freud's rejection of hypnosis which is now largely perceived to be misguided Yapko (92). Interestingly, in relation to the artist splitting from his creativity, Janet, a contemporary of Freud, went on to develop his theory of dissociation, much of which underpins contemporary hypnotic interventions and has informed psychotherapeutic theory (Weitzenhoffer,2000).

The place for hypnotic procedures in the treatment of MPA is determined by its two basic elements, deep relaxation (or trance) and suggestion. Hypersuggestibility,

increased vivid imagery and an increase in primary process thinking are demonstrated in the interviews of Participants 4 and 5.

> 'I think my best defence, my best preparation, is by meditation and positive thinking and I do think hypnosis is beneficial …..' [Int4 p6;28]

> 'I have done quite a lot of self-hypnosis tapes and, in the past, it helped me enormously, because I think the particular technique I was using, required me to make my own positive suggestions.' [Int4 p2:18]

and

> '….at some point in your concert preparation, you sit and in real time and in complete silence and without moving your fingers, you sit in your armchair, not on a piano stool and you conjure up, in your mind, your ideal vision of a performance, which you then, in performance, enact. Then you have your dream vision which, were you gifted with the supreme pianistic talent, you have a template of what you want this piece to sound like and, when you sit down, you are enacting that to the best of your ability and, if you have the odd wrong note, that is not a big deal, because you are on this journey. That completely different vision of performance and of preparation was, actually, to me a revelation….' [Int5 p8:26]

Oakley (2000) is helpful in normalising the state of focussed attention, disattention to extraneous stimuli and absorption in an activity to everyday life, situations in which we feel ourselves doing one or all of the above, with common examples such as 'lost in thought', 'lost in a book', concentration on sport, making or listening to music, being absorbed in relaxation or meditative procedures. In addressing MPA the state described above can be used to manage levels of *over* arousal that interfere with pre, peri and post performance functioning and to promote an ideal performing state – relaxed alertness and task orientated focus. Research shows that it can help the individual cope with general life and occupational stress that can adversely affect psychological and physical functioning discussed in the context of musicians in Chapter 2**.**

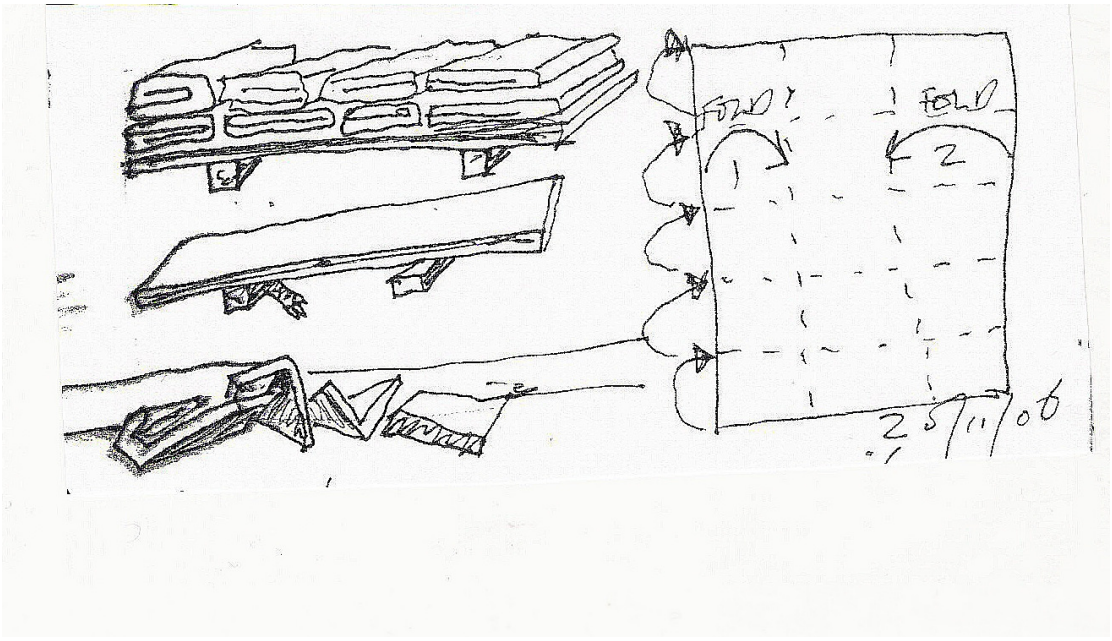
Reflecting on the findings, the divorce of the artist from his ability to play has consistently emerged in this research project. Of the relatively small amount of research literature available, Montello (1989) and Montello, Coons and Kantor (1990) assessed two 12 session music therapy treatment programmes for MPA. They report that all ten participants presenting with severe MPA reported significantly reduced anxiety and increased confidence in performance situations following treatment.

Of significant interest is that a major component of the intervention was musical improvisation. By its very nature, improvisation is a creative, spontaneous and playful process. Similarly, an interesting subject for further research is the use of group improvisation within music therapy to address the inter-relational group dynamic between rehearsing and performing musicians and maximise the potential of the ensemble to embrace the 'playful process' to facilitate optimum conditions for creativity.

In working safely with clients' material through the use of creative metaphor - reflecting play - a range of interventions can be employed to help the client express their narrative. For example, whilst in the process of this research project I have experimented with interventions that I would not previously have considered. **Fig**4, below, is a drawing made by a client in therapy for MPA. After several sessions of therapy, he reported feeling stuck, he reported that words couldn't adequately express his feelings or fears. We had been working around his catastrophic thoughts about performing and the

subsequent need for control and perfectionism. I asked him if we could explore drawing to which he responded.

Fig 4. Control and Perfection



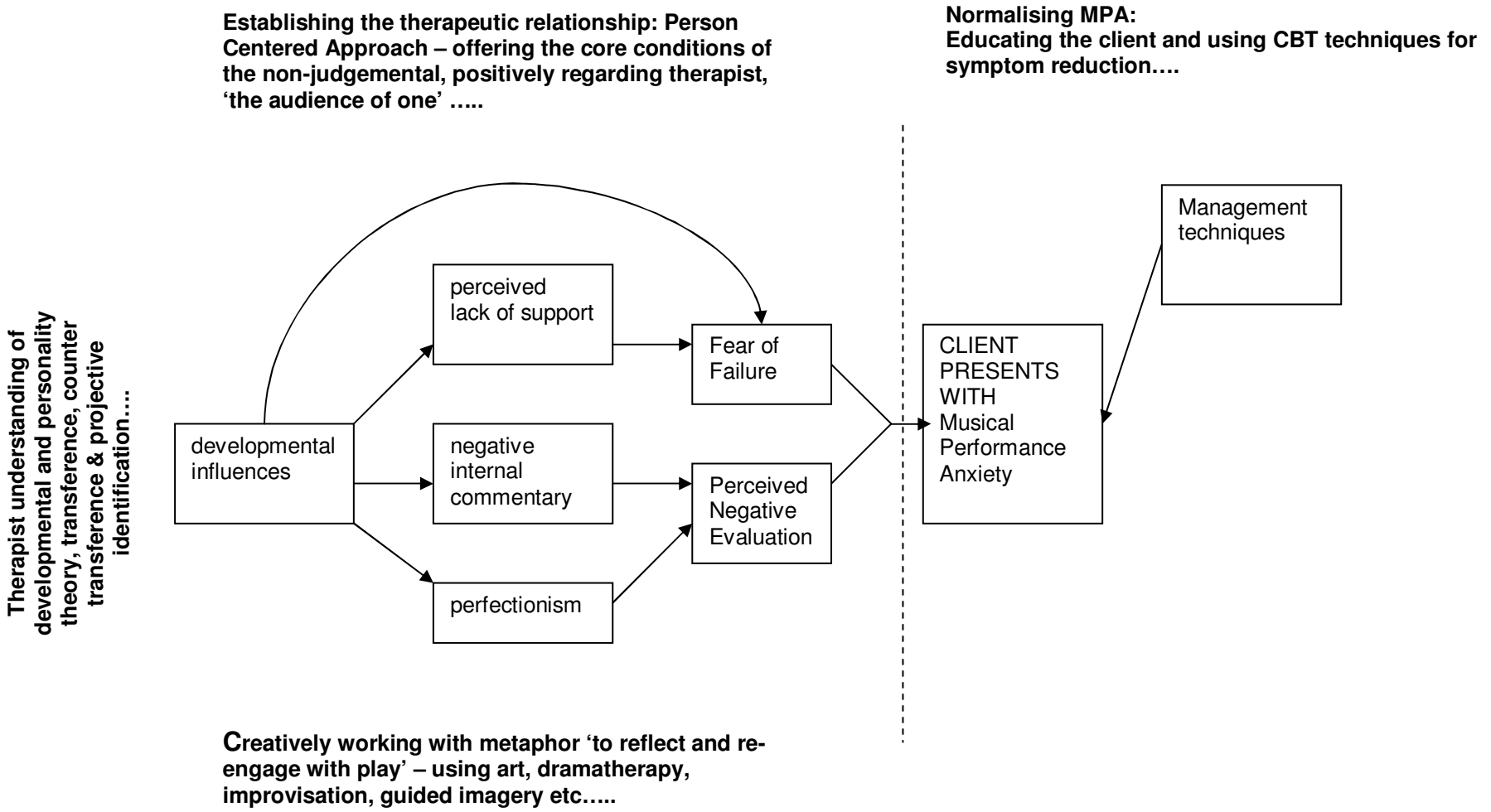
The drawing represents a linen cupboard. The top shelf is 'ordered'…..representing the client's need for control, the second shelf is unsafe and 'disordered' with the sheets having fallen to the floor…..representing the client's fear of 'losing control' and the consequences. The second drawing to the right is a protocol for folding sheets that will prevent the consequences of losing control. In exploring the use of sheets as a metaphor, the client likened this to a sense of feeling vulnerable……we explored issues around sleep and bed and nakedness…. and made the link between performing and feeling vulnerable to the gaze and evaluation of others. It also illustrates a need for control and perfectionism to avoid feeling vulnerable and a disastrous outcome. Having been impeded in verbally articulating his feelings and thoughts, this short clinical vignette perhaps demonstrates the value of being creative with the therapeutic process.

Likewise the use of drama therapy to create a structure through which a client can physically or verbally express feelings and thoughts is indicated (Mitchell, 94) Working with metaphor is creative, it facilitates communication between the left and right sides of the brain and creates a condition for creativity to emerge allowing 'play' to return to being 'play'. In using metaphor, the client is also 'managing' the process of identifying and owning the problem/s thus containing the fear of actually addressing the issue 'head on' and in exploring metaphor, the client is perhaps better able to express the internal world at an appropriate and safe tempo.

In engaging with the literature, Grotowski (75), a theorist on drama therapy and founder of the para-theatrical model of therapy posits the use of drama therapy to disarm our culturalisation, habitual roles and daily masks and in doing so move towards a position of response and spontaneity. In exploring interventions for working with MPA, by very nature of its composition, there appears to be a significant amount that can be adapted from the drama therapy model/s specifically in the context of play and integrating the mind and body (see Int4 3:53) as well as facilitating a re-connection or engagement with the playful, spontaneous aspects of making music. Montello (89) and Montello et al (90) reporting on the use of improvisation in their music therapy research, perhaps illustrates the musician reconnecting with a spontaneous inner creativity whilst removing the obstacle of the inner and/or external expectations and evaluative processes that prolonged experience of performance may promote.

Figure 5 (below) provides a graphical summary of the various themes derived from the data. The figure also describes my interpretation of how these themes may possibility interconnect to promote Musical Performance Anxiety. The MPA box symbolises the presenting client. To the left of the dotted line are the common themes identified that may underpin MPA.

Figure 5. Model of interconnecting themes and flexible treatment protocol



'….We noted that when we eliminated certain blocks and obstacles what remains is what is elementary and most simple…..Precisely at that point one does not perform anymore.'(Grotowski - The Drama Review 1975).

9.2 Medication

This section would be incomplete without reference to medication and its use as an adjunct to psychotherapy. The psychotherapeutic literature concerning medication is sparse and tends to receive broader discussion in the arena of the medically orientated areas of clinical psychology. Performance anxiety is included in the DSM-IV-TR under the more general diagnostic criteria of social phobia and to date, MPA is not specifically included. However, in Chapter 2, the use of medication was discussed and several papers have been published that have addressed this issue. The medication most commonly employed in the treatment of social phobia are beta blockers, anxiolytics of the benzodiazepine class and monoamine oxidase inhibitors.

Marshall (92) reports that beta blockers (e.g. propranolol and atenolol) are useful in the reduction of symptoms such as shaking, palpitations, dry mouth, increased body temperature, sweating and blushing resulting from the hyperactivity of the beta-adrenergic nervous system. Marshall's argument for the value of using beta blockers is that physiological symptoms whilst performing are frequently processed as catastrophic therefore promoting negative attentional bias and an increase in negative evaluative cognitions. By eliminating the physiological symptoms, he asserts that fewer anxiety provoking and perpetuating thoughts will follow.

However, Goldberg & Huxley (92) report that beta blockers, whilst reducing physiological symptoms, are far less successful at reducing more problematic cognitive phenomena. This view is supported by Participant 6 when discussing the use of medication in her interview

> I've tried medication with SSRI's and Beta blockers. I thought the Beta blockers might work. With the SSRI, I didn't feel good and, with the Beta blockers, it was a weird feeling because it, sort of, reduced the physical symptoms, but I still had this vague feeling of anxiety…….i felt better in my body but my head was whizzing…..so in a way, it was worse because I felt calm, well, sort of…..but I still kept thinking in an anxious way. [Int6, 2:48)

And in the use of medication without adjunctive therapy, it seems even more problematic

> (R) So, it reduced the physical symptoms, but, as you were saying that, you put your hand by your head, you were still able to think in an anxious way….
>
> (C) Yes, so I still went on and performed, but, again, I just felt I had lost the feeling for the music. I felt disembodied.
>
> (R) …and, long term, what impact has that had?
>
> (C) Well, I began to dread performing and feeling odd like that with the fear always there underneath, in the back of my mind, between performances that, you know, I think, should I really do this, or should I give it up completely and I thought about giving it up completely and I am still thinking about that. [Int6,3;6)

Clark & Agras (91) reported the potential side effects of this medication as bradycardia, hypotension, gastrointestinal problems, muscle fatigue and sleep disturbance. In the context of music making in a performance setting, all of these symptoms are problematic. However, clearly enough musicians have found some benefit as the

reported usage of this medication by performing musicians is as high as 40% of performers (ICSOM survey 1987) but Clark and Agras both assert that further research is indicated.

To my knowledge there have been no reported trials on the use of Benzodiazepines in treating performance anxiety in the last thirty years. Anxiolytics of the benzodiazepine class are generally considered to be problematic for performance anxiety due to the reported side effects of sedation resulting in cognitive disruption and reduced ability in psychomotor function. The studies that have focussed on social phobia suggest that there is no measurable long term benefit in using this medication and the incidence of addiction is high (Munjack et al, 90).

Salatoff, Rosen & Levy (2000) discuss the use of anti-depressant medications in treating performance anxiety. The use of MOI's and SSRI's have been shown to be affective but with high incidence of relapse at cessation of treatment. An argument supporting continued use of these antidepressant medications suggests that longer term use prior to cessation allows for events formerly experienced as anxiety provoking to be cognitively re-framed and therefore re-appraised in terms of perception of threat. It would seem therefore, that there is a coherent argument for using these medications when indicated (with the exception of anxiolytics) as an *adjunct* to psychotherapy as a first base means of managing anxiety levels and cognitive/behavioural disruption and related co-morbid disorders. However, Kenny (04) discusses the ongoing difficulty in accessing information into the efficacy of medication in the treatment of MPA as a result of the increasingly rigorous ethical issues surrounding drug trials and considers it unlikely that

there will be conclusive evidence of positive effect and indicated use in the foreseeable future.

9.3 Summary

There is clear indication that the treatment of MPA would benefit from further clinical research. The artist's connection to their creativity requires a creative response and this is perhaps the difference between treatment protocols for the more general performance anxiety. By the individual nature of MPA, there cannot be a strict protocol from any one psychotherapeutic model or for a specific integration of models. I have discussed above options for treatment from CBT for anxiety management and a cognitive approach, the need to establish a therapeutic space on Rogerian pricnciples as the non judgemental, unconditionally accepting audience of one, psychodrama, music therapy, the use of art and improvisation in working with metaphor to access that which cannot easily be verbalised and to facilitate re-engagement with the concept of 'play'. The therapist's understanding of analytical concepts and developmental theory help us recognise in the client that which is unbearable within and consequently is projected outward. This list is by no means exhaustive, but perhaps is a starting point to consider an integrative approach in the treatment of MPA with the aim of re-connecting the artist to his art, his play and spontaneity.

9.4 Footnote – personal reflections and critique

Previously my research has largely been empirically based using quantitative measures and control groups etc. When considering how to investigate MPA, I first considered using this paradigm. I considered an experiment with music students who presented

with performance anxiety, separating the participants into two groups, pre testing both groups with measures, treating the first group, reapplying the measures followed by treatment of the second (control) group and a final post test for both groups which would have additionally given me a treatment follow up score of the first group After due consideration, I realised this was too large a project and, as discussed in the document, earlier research which has focussed on students has not necessarily been generalisable across the professional population.

I realise now that this early choice was underpinned by my own performance anxiety. I was looking for safety in evaluating the data. Whilst I genuinely believed that a quantitative model would provide valuable results, I wanted to do what I knew how to do, and on reflection I realise that it would have been an evaluation of figures, not of the phenomenon, not of my participants and not of myself as a researcher or clinician. It was engagement with the literature and a change of three academic advisers (due to retirement and job change) that also gave me the time to arrive at this new position. My current Academic support was mindful of my fears and asked me to address them. We did this collaboratively in a couple of brainstorming sessions and I arrived at the model I have used.

Having been trained in a philosophical environment of practitioner-researcher, where the roles are perceived to be indivisible, this research process was a new departure. The engagement I felt with this qualitative process, in each of the participants' interviews, in processing the data, reflecting on it, re-visitng it and again reflecting on it was a very different experience from previous research I have undertaken. Necessarily, the subject under exploration and my personal and professional relationship and experience of it

promoted some of this difference but what struck me most was the position one holds in the qualitative paradigm. Rather than applying set questionnaires or measures and holding an external observer's position, this process required me to sit inside and outside, both in interviewing the participants, collating and interpreting their data and managing both my dissonance and excitement during the process.

Having studied the methodology, planned the interviews and prepared for the first meeting, I was attempting to elicit information, personal and very valuable information, from a participant who, as the interview progressed, dared to lower his defences and disclose information previously hidden from view. It was at this moment that the tension and fear within me emerged - tension in responding as researcher rather than therapist i.e., continuing to gather data in preference to responding to the individual's issues. There was real concern about the other's evaluation of me. I felt de-skilled as a clinician. I had manifestations of performance anxiety.

Ethically, I had planned for such eventualities arising, and arranged for any participants who felt so inclined to access a colleague for a follow up session (and referral on) should it be needed or requested. I had access to and used my peer clinical supervisor and my academic adviser.

Looking back at my own personal research notes, a trigger for my own anxiety and unease was unpacking the participants' safety mechanisms within the interview. As discussed in the main document, all participants were aware of the nature of the research and had consented to participate. All of them presented with a reserve about exploring MPA, I have gone as far as saying in the document that an observer could

have been forgiven for thinking that there wasn't an issue of performance anxiety to be explored at the start of all but one of the interviews, such was the camouflage. However, I was concerned that, as the interviews progressed, I was unpacking a suitcase only to find that when I had found what I was looking for, I might not be able to get everything back in the suitcase.

Prior to the research, I had hoped that the interview experience would be beneficial to the participants. During the interviews, I was very concerned that this may not necessarily be the case. I can report that five of the six participants later accessed sessions with a colleague or accessed their own therapist to continue to explore the issue and the feedback I got from them was very supportive of the research and the value of having participated.

Interestingly, it is Participant 5 who, to my knowledge, has not accessed further assistance. This is no surprise as reading through his interview, it is perhaps clear that he has already addressed early issues of MPA and made professional decisions that have enabled him to find a comfortable place in which to work within the profession. So my fears were soon allayed and I recognised that the project, even at that early stage, demonstrated the real value of research.

The withdrawal of Participant 7 from the project was a surprise and caused me considerable concern. Following what appeared to be a good interview about which I had no major concerns, the Participant rang me three days after our meeting and asked to withdraw from the process. In discussing this with him, he expressed his concern that having avoided discussing MPA for over fifteen years in the profession, he was

concerned that the data although anonymous would now be 'out there' for all to see. He assured me that there was no concern about my probity in handling research data and reporting it, that it was an internal conflict for him. We agreed to both reflect on our conversation for forty-eight hours and speak again. During this latter conversation, he accepted referral to a colleague to explore and reflect on his experience of participating. I have been informed that he made contact with my colleague but that is all I know. My fear is that they are trying to re-pack the suitcase.

The support and feedback I received from the remaining participants post interview allayed my fears and was profoundly moving. Without exception, all contacted me and stated their benefit in participating and intention to continue exploring their underlying issues that perpetuated their anxiety around performing. This early feedback was valuable as it supported me with the remaining interviews and confirmed the significance of the subject which I was researching. I had realised during the interviews, despite my fear, that collaboratively we had accessed significant issues, that there were moments of recognition not previously achieved and it was during these experiences that I really understood the validity and authenticity of using qualitative research paradigm.

During my diploma and subsequently through two Masters' degrees I was aware of qualitative research and related methodologies. However, during my MSc at London University and working for the Prison Service, the philosophy on qualitative methodology was very much one that viewed it as long, unmanageable and ultimately unrewarding in terms of definable data. It was a meeting with my Academic Adviser who succinctly pointed out that I was working with data all the time, in my clinical

work and to re-visit my personal research philosophy. This has impacted not only on how I have progressed this research but how it has informed my clinical practice during the research process (see Chapter 9) and caused me to explore and experiment with more imaginative interventions.

And yet this niggling consideration from the old days comes back….I wonder whether it would have been useful to have used measures from which I could have identified issues of co-morbidity (e.g., Beck Depression Inventory, Beck Anxiety Inventory, Beck Hopelessness Scale etc). Part of me thinks this would have been useful, but having participated in this research, I know it could have had a negative impact on the interview process. For example, I know how careful I need to be using such measures with clients during the second or third sessions in assessment for treatment. To have applied these measures to participants who may well have been very apprehensive about the interview process and unpacking and disclosing their experiences and fears around MPA, could have promoted a feeling that they were being pathologised and interrupted the early and fragile relationship between us of researcher/participant. Thinking further on this, the defence mechanisms were such that any reading from the measures would almost certainly have been questionable due to a possible approval bias, meaning that they would not necessarily have been prepared to access and disclose relevant information in such an impersonal way. It is quite possible that some participants would have withdrawn, I'm thinking particularly of Participant 6.

My concern in choosing this phenomenological methodology and planning the research was the small sample. I had initially considered using a significantly larger number of participants. I engaged with the literature and discussed this with colleagues who have

experience in qualitative research and in using IPA. The response both in the literature and from colleagues to my concerns was that ideally I should use six and add one or two extra participants to cover possible attrition.

The rationale behind choosing a compact number of six is that phenomenological research generates such significant amounts of data (in this research project, in excess of 80.000 words) that in order to be able to process this amount of data in a project of this size, and draw from it coherent themes, the small size is indicated. Hopefully, the data and findings from this project may stimulate others to continue research in this area and can be accessed for comparison and lend breadth to future research.

Previously, I believe I was responding well to MPA having worked with many musicians successfully in a collaborative therapeutic alliance. However, on reflection my clinical response with a cognitive and behavioural approach was too biased on symptom reduction. It was by holding a researcher's position in this research process that I was able to further access the early developmental experiences of the clients, to get behind the fear and shame of the clients in order to understand the significance of the sense of self. The experience and information derived from the enquiry has been rich and has taken me on a journey that I would not otherwise have travelled. It wasn't that I was unaware of this prior to the project, but the research process has helped me realise not only the core significance of this aspect of MPA but has motivated me to explore broader ideas for clinical response.

With the benefit of hindsight the issue of creativity, specifically responding to creative people creatively, seems so obvious but perhaps it takes a process such as this to access

our own out of awareness knowledge. It has caused me to be much more mindful and adventurous across my practice.

9.5 Conclusion

The projects findings can be briefly summarised as follows. In an attempt to access information, hitherto unavailable from existing literature derived from quantitative research methodology, this research has discussed MPA in the context of related performance anxiety disorders. Both self-presentational models as well as evolutionary theories and personality factors have been proposed in the promotion and maintenance of MPA and the research has illustrated early developmental experience, work place inter-relational conditions, external factors such as audience size, and observer characteristics as being influential. Via qualitative research methodology using Interpretative Phenomenological Analysis, this project has identified seven common themes: developmental features; need for support; fear of failure and negative evaluation; perfectionism; performance evaluation; performance anxiety responses; and anxiety management. Themes one to six appear to link closely in exacerbating or maintaining a state of excessive musical performance anxiety and the sixth theme discussed the participants' idiosyncratic management of anxiety and the need for expanding therapeutic response. The contribution of this research project has been to highlight that multiple processes and therefore multiple or flexible treatment programs are indicated. The research argues that by virtue of the individual manifestation of MPA, no one treatment protocol is indicated but discusses the need for a creative clinical response to a problem affecting the core of the musicians' sense of identity and its relationship to their individual creativity. The research discusses and illustrates various interventions from a range of models including CBT, Person Centered,

Psychodrama and Music Therapy approaches which can be incorporated into a coherent integrated therapeutic response to MPA.

This project responds to Brodsky's challenge to extend our knowledge of MPA with the intention of exploring further options for treatment. I am proud of this research and believe it has value in and of itself. Taking into consideration the gaps in the literature, it offers a contribution to the field and indicates focus for future research so that knowledge in this domain can increase and evolve. Most significantly, this project provides a sound base from which to engage further in exploring and treating the phenomenon. As a psychotherapist and practitioner-researcher I have learned much. I am now in the process of disseminating this to both the music and psychotherapy arenas in the hope that it will be of value to musicians, allied professionals (agents, employers etc) and to my colleagues:

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