

# UNDERSTANDING AND MANAGING MUSIC PERFORMANCE ANXIETY

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Why is it that some performers find the act of performing positive, energizing and exhilarating while others approach it with fear and dread? Most performing artists experience a mix of these two extremes. All musicians - classical and popular, vocal and instrumental, solo and band – are susceptible to the experience of music performance anxiety (MPA) at some time in their careers. Indeed, some popular musicians even write about it in their songs!

The lyrics of the song *Stage Fright* (The Band, 1970) below paint a vivid picture of the emotional difficulties, including MPA, experienced by popular musicians in the practice of their craft. The left column presents the song's lyrics; the right column identifies the central characteristics of the experience of music performance anxiety that they capture.

<b>Lyrics</b>	<b>Feature of MPA</b>
See the man with the stage fright Standin' up there to give it all his might He got caught in the spotlight And when he gets to the end He wanna start all over again Now deep in the heart of a lonely kid Suffered so much for what he did They gave this cowboy his fortune and fame Since that day, he 'ain't 'bin the same I got fire water on my breath	<i>Extreme anxiety associated with performance</i> <i>Maximum personal investment</i> <i>Fear of exposure</i>
And the doctor warned me I might catch my death	<i>Perfectionism</i> <i>Underlying psychological vulnerability</i> <i>Psychological costs of performing</i> <i>Uncertainly about his performing career</i> <i>Feelings of chronic anxiety</i> <i>Self-management via self-medication (with alcohol)</i> <i>Physical/psychological health consequences</i>

Said you can make it in your disguise Just never show the fear that's in your eyes	<i>Pretend you are OK Fear as the basic underlying emotion, but it must be hidden</i>
And as he says that easy phrase Take him at his word	<i>Glib advice from others</i>
And for the price that the poor boy pays He gets to sing just like a bird	<i>Consequences of performance Striving for and achieving momentary perfection</i>
Your brow is sweating and your mouth gets dry	<i>Somatic symptoms of anxiety</i>
Fancy people go drifting by The moment of truth is right at hand	<i>Valued but feared audience Reality based (?) catastrophising; evaluative threat</i>
Just one more nightmare you can stand.	<i>Extreme emotional distress experienced repeatedly</i>

This song conveys a vivid image of a young man dedicated to his craft (he invests “all his might”), but at great personal cost (he experiences “stage fright”). He bravely faces that which he most fears (the spotlight). He has a perfectionistic standard to which he aspires, but rarely attains (When he gets to the end, he “wants to start all over again”), although he occasionally experiences the sublime (“he gets to sing just like a bird”). He is psychologically vulnerable (he is lonely - perhaps he has had little support, encouragement or understanding; and hence he suffers alone). His musical success has brought him ‘fortune and fame’ but his emotional life has suffered (fear is his constant companion, but he must never show it). He has never been the same since he attained success (there is a suggestion that something of himself has been lost). This creates a conflict for him because performing is both prized and feared. He manages his emotional distress by self-medicating with alcohol. Every performance is accompanied by the somatic symptoms of intense anxiety (his “brow is sweating and [his] mouth is dry”); he worries about the audience reaction to his performance (“fancy people go drifting by”), afraid that he may be exposed as a fraud and a failure (when he is confronted with the “moment of truth”). These types of thoughts are called cognitive anxiety. Despite the intense emotional distress and worry that this performer experiences, he steels himself for his next performance (“Just one more nightmare...”). This song depicts the cycle of music performance anxiety for many performers.

Billy Joel also captured some of the stresses, strains, and anxieties of being a popular musician in his song, *The Entertainer* (Billy Joel, 1974 from *Streetlife Serenade*).

I am the entertainer  
And I know just where I stand  
Another serenader  
And another long-haired band  
Today I am your champion  
I may have won your hearts  
But I know the game, you'll forget my name  
And I won't be here in another year  
If I don't stay on the charts

I am the entertainer  
And I've had to pay my price  
The things I did not know at  
first I learned by doin' twice  
Ah, but still they come to haunt me  
Still they want their say  
So I've learned to dance with a hand in my pants  
I let 'em rub my neck and I write 'em a check  
And they go their merry way

***I am the entertainer  
Been all around the world  
I've played all kinds of palaces  
And laid all kinds of girls  
I can't remember faces  
I don't remember names  
Ah, but what the hell  
You know it's just as  
well  
'Cause after a while and a thousand miles  
It all becomes the same***

I am the entertainer  
I bring to you my songs  
I'd like to spend a day or two  
I can't stay that long  
No, I've got to meet expenses  
I got to stay in line  
Gotta get those fees to the agencies  
And I'd love to stay but there's bills to pay  
So I just don't have the time

I am the entertainer  
I come to do my show  
You've heard my  
latest record It's  
been on the radio  
Ah, it took me years to  
write it They were the  
best years of my life It  
was a beautiful song  
But it ran too long  
If you're gonna  
have a hit You  
gotta make it fit  
So they cut it down to 3:05

I am the  
entertainer  
The idol of  
my age  
I make all kinds of  
money When I go on  
the stage  
Ah, you've seen me in the  
papers I've been in the  
magazines  
But if I go cold I won't get sold  
I'll get put in the back in the  
discount rack Like another can of  
beans

I am the entertainer  
And I know just  
where I stand  
Another serenader  
And another long-  
haired band Today I  
am your champion  
I may have won your hearts  
But I know the game, you'll  
forget my name I won't be here  
in another year  
If I don't stay on the charts

Joel's song also highlights some challenging aspects of popular music as a career, such as competitiveness with other bands, financial stress, insecure employment, the fickleness of the audience, the constant demands for new material, time pressures, the industry's disrespect of the artistic process, and the fear of sinking into oblivion. He also presents his perspective on touring, discussed later in the chapter.

### **Freeze, Flight, Fight, Fright, and Faint**

What is happening in our bodies when we experience the reactions to demanding performance situations described by The Band and Billy Joel?

A sequence of five fear responses are triggered when one senses danger:

- (i) *Freeze* (hypervigilance, being on guard, watchful and alert; behavioural sequence of stop, look and listen)
- (ii) *Flight* – occurs if the threat appears to exceed one's resources
- (iii) *Fight* – occurs if the threat is perceived as manageable
- (iv) *Fright* – also called tonic immobility or “playing dead” is a panic-like reaction that occurs when one comes into direct contact with the threat and the person has decided that flight and fight are not options. “fright” (in French “effroi,” in German “Schreck” and “Schreckneurosen”). In musical terms, this is often called “stage fright” (in German “Lampenfieber”, literally, “fear of the lights”) which is an extreme and rare form of MPA in which the musician mounts the stage but is unable to perform or commences his/her performance but has a memory lapse or uncontrollable shaking and is unable to continue.
- (v) *Faint* (vasovagal syncope; flaccid immobility) – is a rare response to fear or threat. Most people with anxiety disorders do not faint, even when very anxious. Fainting is a vasovagal response, also called syncope, defined in the New England Journal of Medicine “as a sudden and brief loss of consciousness associated with a loss of postural tone from which recovery is spontaneous. The pathophysiology of all forms of syncope consists of a sudden decrease in or brief cessation of cerebral blood flow.” Those with more serious psychological disturbances such as severe anxiety, depression, worry and those who have experienced childhood trauma may be more susceptible to a lifelong vasovagal tendency. Identification of potential precipitating and perpetuating psychosocial factors that contribute to recurrent syncope is imperative, given that this patient group are less likely to respond to medical interventions to treat the condition.

In its normal state, fear motivates defensive behaviours such as freeze, fight (approach) or flight (avoidance) as adaptive responses to danger. Similarly, panic reduces focus to the essential elements in the environment to mitigate the danger. These are all reactions that have evolved because they had survival value in the wild.

When these responses are triggered in social settings such as music performance, they become problematic because there is no opportunity to discharge the excessive circulating stress hormones that are released when danger is perceived.

If we remain in a state of chronic hyperarousal, we retain tension in the large muscle groups in the body, which leads to somatic complaints of pain and loss of function or flexibility. More serious forms of anxiety express themselves in the smooth muscles, which are not under voluntary control, creating symptoms like nausea, cramps, gastrointestinal problems, vomiting, irritable bowel syndrome or migraines. Musicians who experience these symptoms in the severe range are likely to have an underlying fragile personality structure that requires specific focus in psychotherapy.

The figure below summarizes some of the common bodily effects of too much



arousal.

In addition to these commonly experienced effects of excess autonomic system arousal, other effects have also been observed. For example, sound perception alters in response to extreme stress. Further, extreme stress may cause hippocampus dysregulation which impairs memory. Musicians frequently complain that they cannot trust

their memories under conditions of stress and this, of course, heightens the stress of a performance if they are performing from memory. Hippocampal dependent memory decreases with age, so these effects of stress may be more pronounced in older musicians. Physiological threat responses are also related to heightened negative affect and poor behavioral performance in multiple situations with high cognitive demand. Thus, high autonomic reactivity in response to perceived danger/threat may have multiple negative effects on cognitive, affective, behavioral and physiological functioning that may affect musical performance. When symptoms become intense, we refer to them as panic. If the panic becomes chronic and frequent, a diagnosis of panic disorder may be given. Box 1 outlines the key issues in the cause and management of panic and panic disorder.

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## **BOX 1**

### **WHAT CAUSES PANIC AND PANIC DISORDER AND WHAT CAN I DO ABOUT IT?**

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Four main causes:

- Traumatic -> hypersensitivity to threat
- Disruptions in attachment to parents/caregivers -> insecurity
- Psychological conflicts -> unable to solve tensions between competing needs
- Neurobiological causes -> imbalance in neurotransmitters (genetic or physical causes)
  - o Some children are born with a stress response that acts too quickly and too intensely
  - o Children model anxious parents

#### **What should I do if I experience panic?**

##### ***Immediately:***

- Sit down
- Think: “This is a panic attack; it is not a heart attack and I am not going crazy”.
- Breathe: breathe out (do NOT breathe deeply)
- Take slower breaths (not deeper breaths)
- Wait five minutes—panic attack will burn out

##### ***Address physiological panic triggers:***

- Caffeine, alcohol, tobacco, sweeteners containing aspartame (CATS)
- Low blood sugar
- Physical sensations—oversensitivity to bodily sensations (shortness of breath, dizziness, faintness, palpitations, sweating, flushing, numbness, tingling)
- Environmental factors (e.g., agoraphobia)
- Low serotonin (smiling, laughing and having fun increases serotonin levels)

##### ***Address cognitive panic triggers***

- Common thoughts of people experiencing panic attacks:
  - o I am having a heart attack
  - o I am going crazy
  - o I will lose control
  - o I am going to die

- Change cognitions

- o “I am having a panic attack. I will use my management strategies and it will pass in five minutes.”

- o “Fear is unpleasant, but not lethal.”

- Control excessive thinking

- Excessive thinking results in decreased serotonin in the right brain, which generates unhelpful “thought loops” that prevent problem solving

- Control worries—often related to:

- o Unrealistic perfectionism

- o Excessive need to be in control

- o Fear of the unexpected

- Address underlying emotions and psychological vulnerabilities. Work through:

- o Damaged attachment relationships

- o Past traumas

- o Psychological conflicts

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## BOX 2

### WHO SUFFERS FROM MPA?

Although we have all experienced anxiety, some of us are more susceptible than others. Musicians with underlying anxiety about their lives in general are more likely to suffer MPA in its more serious forms. Musicians who suffer debilitating MPA often have other underlying conditions that need to be assessed and managed as part of treatment for MPA, including the following

(i) **Generalised anxiety disorder** (GAD) i.e., chronic feelings of excessive worry and anxiety without a specific, identifiable cause. GAD may result in physical complaints such as high blood pressure, diarrhea, and insomnia.

(ii) **Social anxiety disorder** (SAD) i.e., the experience of intense anxiety when performing (any task) that is judged or evaluated by others. This anxiety disorder is the most common comorbidity for musicians experiencing high levels of MPA. Hence, all musicians presenting to clinicians with MPA should be screened for SAD. The central theme in SAD is fear of negative evaluation because of a perceived discrepancy between the motivation to make a desired impression and the perceived (in)ability to

make that impression. Over time, people with SAD develop negative core beliefs (i.e., I can't do this, I will make a mistake, I will forget my lines, I will make a fool of myself). These core beliefs trigger anxiety and result in safety behaviours such as avoiding or escaping the perceived threat. For musicians, this may include avoiding performance opportunities, which, of course, will have serious negative consequences for their careers. People with SAD are at higher risk for depressive illness and substance abuse. Although substance abuse is not common in classical musicians, it is among popular musicians, who abuse both licit (alcohol, prescription medication) and illicit (marijuana, cocaine etc) substances, generally with disastrous consequences for the musician, up to and including accidental death, and parasuicide and suicide by deliberate overdose. MPA may occur against a background of SAD that renders the experience of MPA more intense and debilitating, thus heightening the risk of resorting to substances to relieve these feelings.

(iii) **Specific phobia** i.e., an intense and persistent fear of objects, people, or situations that appear irrational and excessive. I have termed this type of anxiety in performing artists, who experience intense performance anxiety but no other forms of anxiety, focal music performance anxiety.

(iv) **Panic disorder** is an anxiety disorder in which the sufferer experiences a sense of dread and foreboding of threat or danger, loss of control or public humiliation. The main response to panic is to avoid the situation in which one feels panic-stricken in order to prevent a recurrence. Musicians with MPA who also experience panic, panic disorder and/or depression are the most vulnerable and usually require a longer-term therapy that explores the whole life course and relational history in order to reduce the frequency and intensity of panic attacks, including those that occur before and during performances.

Using this taxonomy, I have identified three main types of music performance anxiety:

- (i) Focal MPA in which the individual experiences anxiety during performance but is otherwise psychologically healthy
- (ii) MPA with comorbid social anxiety or generalized anxiety
- (iii) MPA with comorbid panic, panic disorder and depression (either dysthymia or clinical depression).



Each of these diagnostic categories of MPA requires specific therapeutic foci, so it is important that a careful assessment is undertaken prior to offering clinical intervention. Box 4 describes these different forms of MPA.

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### **BOX 3**

#### **KNOW YOUR MPA**

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The stress in the professional musician's work environment far exceeds that observed in other professions. Like elite athletes, performing artists must maintain their skills at peak form, endure many hours of solitary, repetitive practice, constantly self-evaluate their performances and subject their public performances to scrutiny. Individuals vary in their capacity to cope with occupational, physical and psychological stressors and some people are more resilient than others.

Difficulty in coping may be compounded for those who are generally highly anxious, who lack confidence in their abilities or who engage in unhelpful strategies to deal with their anxieties, such as the regular consumption of alcohol, and licit (e.g. beta blockers) or illicit (e.g. marijuana) drugs. Since music performance anxiety (MPA) is one of the most reported psychological stressors in musicians, MPA will be the focus of this tip sheet.

#### **Are there different types of MPA?**

It is helpful to think of MPA as three related but different conditions that vary in severity and that include other psychological processes that must be attended to if treatment is to be successful and sustainable. Each type requires a different treatment approach.

##### ***I. Focal MPA***

Almost no musician is immune from this type of MPA because it occurs in situations in which there is a very high level of threat and demand. Examples include auditions, eisteddfods, examinations, or solo recitals. If there are no other underlying issues or more generalized performance anxiety, performers can learn to self-manage their anxiety in these situations through adequate practice, achievement of technical mastery of the repertoire, implementation of pre-performance routines that may include visiting the venue, practising in the venue if possible, performing the repertoire for small groups of family and friends prior to the actual performance, and having sufficient rest and nutrition preceding the performance. Self-application of some cognitive-behavioural therapy techniques once taught by a qualified psychologist can also assist. These include relaxation/breath awareness/mindfulness, realistic self-appraisal, identification and challenge to cognitive distortions and thinking errors (see tip sheet – Are you thinking straight?)

##### ***II. MPA as part of a more general social anxiety***

Some musicians feel anxious, not only in "focal" situations, but more generally, across most performance situations and in some social situations. Added to the strategies described for focal MPA,

treatment may also involve several sessions with a suitably qualified psychologist who can assist with both the music performance and social anxiety simultaneously using primarily a cognitive-behavioural approach (CBT).

### ***III. MPA as part of a vulnerable personality***

A small group of musicians will experience more severe forms of MPA in the context of a vulnerable personality where depression and panic may also form part of the clinical picture. This group would benefit from more intensive psychotherapy which provides a reflective space in which one can make sense of one's experience, thereby gaining mastery over its detrimental effects on performance. CBT for specific MPA symptoms may be helpful in conjunction with psychotherapy.

#### **Manifestations of MPA**

MPA presents in different ways; therapy interventions must address all its aspects.

1. Somatic symptoms<sup>1</sup> → somatic strategies (reduction of sympathetic hyper- arousal, including anxiety sensitivity reduction training)
2. Cognitive symptoms<sup>2</sup> → cognitive strategies (reduction of cognitive biases and maladaptive perfectionism)
3. Both somatic and cognitive<sup>3</sup> → both somatic and cognitive strategies
4. Underlying psychological vulnerabilities (poor sense of self, low self-esteem, low self-efficacy, identity diffusion, depression) → dynamic psychotherapy

#### ***Somatic strategies:***

Preparation (spaced practice), pre-performance routines, breathing, relaxation, physical fitness, adequate rest and nutrition, mindfulness; and medication, as an adjunct, in extreme circumstances.

#### ***Cognitive strategies:***

Cognitive restructuring, cognitive challenges to dysfunctional thoughts.

#### ***Dynamic psychotherapy:***

Working within a therapeutic relationship to uncover and resolve early conflicts and traumas that are affecting music performance. Depression may also be a factor in MPA, which the therapy will also need to address.

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Musicians often ask the question, "How do I achieve an optimal performance?" Box 2 outlines the process.

#### **Box 4**

#### **ACHIEVING OPTIMAL PERFORMANCE**

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Performance quality is determined by a complex interaction between person characteristics (traits, physiological arousal, cognitions, emotions) task characteristics (task complexity and mastery), and performance demands/setting. When all of these characteristics occur at an optimally manageable level, the performer is said to be 'in the zone' or to have achieved a state of 'flow' – i.e., an optimal

performance.

### **What is the ideal level of arousal in optimal performance?**

The relationship between arousal and performance is complex but these general rules of thumb are helpful.

1. A high level of arousal is essential for optimal performance in gross motor activities requiring strength, speed, and endurance.
2. A high level of arousal impairs performances requiring a complex series of movements, coordination, fine muscle movement and concentration, as in musical performance.
3. A slightly increased level of arousal over baseline (i.e., resting) is preferable for all motor tasks, including the activities of daily living, practice and rehearsal.

There is not a single level of optimal arousal for performance – rather, we aim to achieve arousal congruence, a concept that considers the ecology of each specific performance based on person, task and setting characteristics.

### **How do I achieve peak physical and mental condition?**

The body of a performing artist is an integral part of their instrument. Just as you keep your instrument in top working order, it is necessary to keep your body fit and healthy.

*What are you doing, eating, drinking, and thinking?*

- Limit caffeine, alcohol, tobacco, sugar, and sweeteners (CATSS)
- Add protein—it builds neurotransmitters
- Eat green vegetables—they build new brain cells
- Eat regular meals
- Do not rely on multivitamins if diet is deficient; they produce expensive urine, and few other benefits
- Get enough sleep (at least seven hours per night is recommended)
- Enjoy intellectual stimulation away from musical activities

Certain practices built into one's regular routine provide a firm foundation for the achievement of optimal performance. These include:

#### *Diaphragmatic breathing*

- Activates parasympathetic nervous system – generates a feeling of calm
- Stops hyperventilation
- Practise daily for one-minute blocks when needed (e.g., days leading up to performance)

#### *Mindfulness*

- Close eyes, inhale, notice each sensation, turn attention inwards
- Shift awareness to external world as you exhale

#### *Relaxation and stretching*

- Progressive muscle relaxation
- Cued relaxation for use in critical situations – activates the parasympathetic nervous system to counter the stress response
- Stretching is also protective and relaxing for bodies held in stressful and static positions

#### *Exercise*

- Keeps the body supple and strong and combats muscle fatigue
- Decreases impact of stress on body, uses fat and glucose released by the stress response, dissipates adrenalin, reduces circulating cortisol
- Promotes positive mood by releasing beta endorphins, thereby reducing depression and anxiety

### **How do I prepare for optimal performance?**

Systematic practice that is deliberate, concentrated but spaced (shorter bursts with regular breaks) achieves the best results.

At a mechanistic level, to achieve task mastery, practice has three main goals:

- Maximizing correct responses from the outset
- Eliminating incorrect responses immediately, and
- Encouraging maximal transfer from practice to performance

At a psychological level, practice must achieve:

- Removal of external cues that interfere with attention. Manage psychological barriers.
- Extinction of conditioned emotional responses to extraneous cues, such as emotional reactivity or rumination when errors occur.
- Conditioning new responses to such cues (e.g., direct use of relaxation under conditions of arousal in conjunction with cognitive restructuring to deal with problematic thoughts)

Transfer to performance - not only are the skills learnt to automaticity, but the emotional responses attached to the performance of those skills are embedded in the skill itself.

At a musical/aesthetic level, practice must achieve:

- Maintenance of a clear link between technique development and interpretative goals
- A coherent personalized musical understanding of the work
- Intrinsic enjoyment of and absorption in the music

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Music performance anxiety (MPA) may impair performance, so it is important to learn how to harness the anticipatory anxiety prior to a performance and to manage anxiety during a performance. The first step in this process is to understand who is vulnerable to MPA, how to recognize it and how it can be treated.

### **Medication:**

Very few medications address MPA directly. This is a complex issue that deserves its own discussion (see Box 5)

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**BOX 5****BETA BLOCKERS FOR MPA**

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Many musicians take medication, so it is important that you understand how and when medications work. About 30% of musicians suffer moderate to severe performance anxiety. In some cases,  $\beta$ -blockers may provide appropriate support to manage its performance impairing effects.

This tip sheet will assist you with information about your options, but you should consult a medical practitioner before commencing any medication for your MPA. You should also consider psychological therapies as the effects of medication are short term and do not teach you new skills or resolve underlying issues.

**What are  $\beta$ -blockers?**

$\beta$ -blockers are medications prescribed for high blood pressure, cardiac problems or following heart attacks to reduce or block the effects of sympathetic arousal of the heart, resulting in the lowering of blood pressure and cardiac output.

**Why do performing artists use  $\beta$ -blockers?**

Because many of the somatic symptoms of performance anxiety are mediated through the activation of the sympathetic nervous system,  $\beta$ -blockers have become increasingly popular among performers.  $\beta$ -blockers block the physical effects of the “fight/flight” response i.e., tremor, increased heart rate, sweating, flushing.

$\beta$ -blockers are most effective for reducing severe somatic anxiety such as palpitations, hyperventilation, tremor, shaking bow arm, trembling lips, sweating palms, and dry mouth. They are NOT effective for sleep disturbance, cognitive anxiety (worry, rumination, negative self-talk) or “free floating” or general anxiety. If you have a combination of both somatic and cognitive anxiety,  $\beta$ -blockers will assist with the somatic symptoms only.

**Which beta blocker?**

Propranolol (Inderal) is frequently prescribed for MPA but you should consult a physician to determine which type of  $\beta$ -blocker will be best for you. Better results are achieved under medical supervision. Use is not advised for people with heart conditions, asthma, diabetes, and Raynaud’s syndrome. Beta blockers are most effective when taken 1.0-1.5 hours before performing.

**Physical side effects of beta blockers**

Known side effects of regular use of  $\beta$ -blockers include low blood pressure, cold extremities, fainting, rapid heartbeat, dizziness, fatigue, headache, depression, sleep disturbance, short term memory loss, joint pain, and muscle cramps.

### **Musical performance side effects of beta blockers**

$\beta$ -blockers may have adverse effects on rhythmic control, emotional connection to the music, and overall performance quality.  $\beta$ -blockers do not enhance musical performance.  $\beta$ -blockers for wind instrumentalists and singers should be used cautiously because the required respiratory exertion may “sapped” by  $\beta$ -blockers, resulting in performance impairment.

### **Medications not recommended for music performance anxiety**

Anti-depressant medications should only be prescribed if there is comorbid depression, but NOT for MPA without depression.

Benzodiazepines (i.e., anti-anxiety medication) are NOT recommended for MPA.

All medications in these two classes of drugs may have significant side effects.

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Treatments that only focus on reducing the discomfort of the presenting symptoms of anxiety are rarely effective because the context in which the behaviour (anxiety symptoms) occurs, comorbid presentations, triggering factors in the environment or problems in the individual’s current or past relationships with significant others must also be explored. Sometimes, anxiety symptoms may be an adaptive response to maladaptive environments or relationships. In music performance anxiety, we also need to assess the nature of the (musical) task and the musician’s task mastery i.e., preparedness to perform (i.e., how difficult the music is to play, whether the musician has practised enough to achieve mastery, whether the repertoire is within the technical capacity of the performer) and how these task characteristics interact with behavioural, situational, and relational factors that combine to cause anxiety.

In addition, it is advisable to visit and rehearse in the venue where the performances will occur in order that the musicians can familiarize themselves with the acoustics, size and proximity of the audience. For pianists, it is particularly important that they have some practice sessions on the instrument in the venue as differences in the tone, key resistance and pedals may disturb the performance of an already anxious musician.

When musicians play in bands, ensembles and orchestras, they are a collective. A question that commonly arises in such situations is: Is MPA contagious? How do groups of animals or humans respond to a common threat, such as a fire, a flood, 9/11, an orchestral performance that is being recorded for an international audience? Using an animal model of a natural predator-and-prey relationship between the barn owl and the vole, Eilam and Izhar (2010) tested the communal group response to a common

threat. The results showed that while individuals respond to an apparently equal danger with varying degrees of anxiety, when a group is placed under a common threat, the group members display the same level of anxiety, appearing to adopt an acceptable code of conduct, in this case, an acceptable level of anxiety, that overrides individuals' natural tendencies to experience either high, moderate or low anxiety. When the group comprised all females or all males, each group showed similar levels of heightened anxiety when exposed to the threat. However, if the group contained both males and females, only the females showed heightened anxiety while the males remained relatively calm. The researchers explained this effect in evolutionary terms – males must protect the nest and to do that they must remain calm.

This study has two interesting implications for orchestral/band/ensemble musicians. Firstly, orchestral musicians comprise a mixed male and female group exposed to a common threat, such as a difficult or incompetent conductor or an unappreciative audience. Secondly, it has been my experience in talking and working with professional musicians that they are reluctant to talk with each other about their emotional difficulties in general and performance anxiety in particular. When I ask them why they feel unable to talk with each other, they say that there is an underlying fear that performance anxiety is contagious among performers. If someone talks to a colleague in the orchestra about their anxiety, both the speaker and listener fear that the anxiety will be transferred from one to the other, and further, that the anxiety of both will increase. It would be interesting to explore the group anxiety levels of musicians in orchestras to ascertain whether they respond in the same way to a community of voles, and to test their belief that performance anxiety is contagious amongst musician collectives.

### **Touring and mental health**

All musicians are exposed to stressors while on tour and most would experience stress associated with these stressors. However, those who experience additional psychological challenges, such as music performance anxiety, will need to be particularly well-prepared to manage these while away from home, their regular routines and support systems.

While on tour, musicians' work patterns resemble shift work; they also must adjust to changing time zones, live in close quarters with fellow musicians and their entourage, cope with sexual frustration and the dilemmas it creates if engaging in casual sexual relationships when they have partners at home. Billy Joel noted the monotony and repetitiveness of moving from city to city where experiences become a blur, including engaging in meaningless sex "with all kinds of girls" whose names he can't

even remember. There is no place for commitment because he will be moving on again very soon.

Under such conditions, musicians may experience heightened anxiety, depression, boredom, sleep difficulties, and resort to alcohol, “uppers” and “downers” so that they can sparkle on stage and sleep at night. New work-related injuries or performance-related pain may appear while on tour as a result of these factors.

Other stressors such as conflictual relationships among band members, particularly on tour, can exacerbate anxiety when one’s significant others are not around to buffer the stresses of band life. Issues such as musical or ‘sibling’ rivalry, envy, feelings of alienation or unimportance can disrupt one’s feeling of wellbeing, leading to increased alcohol and substance use, poorer sleep quality, and feelings of fatigue and irritability, which may escalate conflict among band members.

Anxiety on the road can be an alienating experience, so it is important that everyone on tour be alert to tour members who are struggling. with additional stressors, such as chronic MPA. Most people try to hide their painful struggles with anxiety, depression or low self-esteem for fear of being judged negatively. Some musicians even believe that if they talk about MPA, it is contagious and can pass from one affected musician to another. This is a misperception - it is healthier to talk about one’s struggles and share the load than struggle alone.

Notice if the person seems listless or disinterested, with low mood and low energy. Is s/he more withdrawn than usual, drinking more alcohol or taking more drugs before or after gigs? Conversely, a distressed member of the tour group may become more irritable or aggressive towards others, uncooperative, volatile and quick to anger. In these circumstances, it can be very helpful to take the person aside and ask him/her, “Are you OK? I’ve noticed that you are more [e.g., angry, withdrawn] and/or less [engaged, cooperative] than you usually are. Can we talk about this?” Sometimes, the changed behaviour occurs in response to a perceived slight, insult, or criticism or feeling left out or excluded. At other times, the person is homesick, and missing hi/hers partner and other family members. A third possibility is that the person has lost confidence in his/her ability to perform well, following a poor performance, a memory lapse, or negative audience reaction. A sincere and empathic ear can be enormously helpful in such situations, particularly if you are prepared to listen closely and not provide premature reassurance or negate the person’s perceptions of him/herself or others. It is better to say, “Tell me more about why you feel that way” than to say, “I am sure Joe didn’t mean to insult you” or “Don’t worry, you will play better at tonight’s gig” and then help them



to problem solve, e.g., “What can you do before the next performance to ensure that this issue does not recur?” or “Is there something I can do to assist you to resolve this issue?”

### Further reading

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