What would you do if I sang out of tune...? A qualitative study of music performance anxiety in professional Irish musicians.

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Abstract

The literature on music performance anxiety (MPA) suggests that everyone who performers for an audience experiences it to some degree (Gabbard, 1983), and that it can both facilitate and debilitate performance (Mor *et al.*1995; Steptoe & Fidler, 1987). Psychology research proposes the severity of MPA occurs on a continuum and offers 3 classifications: MPA as a focal anxiety; a specific social phobia; and comorbid with other disorders. A limited amount of psychotherapy exists on MPA. Psychoanalytic practitioners explain MPA phenomena in terms of underlying developmental vicissitudes of a universal nature that are activated in the performance setting. This study aims to explore the experiences of MPA in Irish musicians. The researcher investigates how the participants experience and view MPA; how they cope; whether talking about MPA helps; and their relationship with the audience.

The findings show the participants' have conflicting views about whether MPA facilitates or debilitates performance. With regard to coping, the findings indicate the importance of rituals, preparation, and discussion with teachers and peers for self-regulation. In spite of this, the findings show participants are somewhat unwilling to speak about MPA with peers. The researcher proposes shame and oedipal dynamics underlying relationships with peers play a key role in the reasons participants do not discuss MPA with peers. Finally, the researcher investigates why performances where the participants' feel connected to the audience are the most exhilarating.

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Chapter 1: Introduction

In a paper on 'stage fright' Glen Gabbard (1979) illuminates the universal nature of performance anxiety. He proposes that it affects anyone who "places himself in front of an audience of other people and demands their attention" (Gabbard, 1979). Music performers commonly exhibit combinations of physical, cognitive, emotional and behavioural symptoms including (but not limited to) dry mouth, hand trembling, restricted breathing, distorted thinking, negative self-talk, anger, panic, worry, motivation/ avoidance of practice, and substance abuse (Klickstein, 2009). The research suggests these symptoms may or may not affect performance quality (Kenny, 2011) but in some extreme cases it can devastate careers (Steptoe & Fidler, 1987).

The area of music performance anxiety is relatively young in terms of research. As a result there is no widely accepted definition for MPA and no diagnostic criteria. It is for this reason that the researcher decides not include the current, often contradictory definitions to avoid misleading the reader. Instead the researcher offers an overview of the current psychology and psychotherapy research for the reader's consideration.

Interest in the area is growing and psychology researchers' input seems to have sparked plans for the revision of social phobia (social anxiety) to include MPA as a specific social phobia (APA, 2012). There is very little psychotherapy research on MPA at present. The researcher finds the psychotherapy research limited to a handful of psychoanalytic case studies, the findings of which have yet to be verified empirically. For this reason the researcher chooses the topic of MPA for her study. Psychoanalytic papers suggest developmental residues of a universal nature are activated in the performance situation (Tylim, 2002; Nagel, 1993, Gabbard, 1979, 1983). Several but not all of these dynamics are

found in the study. The theories of Winicott, Kohut, Klein, and Rogers are also considered to offer explanations for the emerging phenomena.

As a humanistic integrative psychotherapist the researcher is interested in exploring the participants' experiences of MPA on an intrapersonal and interpersonal level. The researcher is curious about the anxiety process and how that might unfold in the participants' experiences of MPA. Psychology studies show certain factors such as low personal control and high self-oriented perfectionism (Mor *et al*. 1995) exacerbate MPA. The study aims to look at the factors participants' feel exacerbate or ameliorate their MPA levels from a psychotherapeutic framework. The literature suggests performers do not generally discuss MPA (Nagel, 2003). The researcher is keen to understand how the participants' cope with MPA and whether discussion of MPA is helpful or even practised by the participants. Finally the study aims to explore the participants' views of their relationship with the audience and what impact, if any they feel this has on their MPA levels.

Chapter 2: A Review of the Literature

2.1 The Origins of Anxiety

An investigation into the experience of MPA is informed by the origins, characteristics and functions of stress and anxiety. The English words "anxiety", "Angst" and "anguish" share common roots with the German word "Angst" and French "l'anxiété", tracing back to the Indo-European "angh" ("anxietas" in Latin) which means "to squeeze", "choke", "constrict" or "throttle", or "weighted down with burdens" (Himmelhoch et al., 2001). In German, Angst means "fear with no objective or external cause" (Himmelhock *et al.,* 2001). Borrowing Angst from the German lexicon, it describes "anguish and/or existential fear or insecurities...inherent [to] the human condition and generated by freedom of choice" in English (Himmelhoch *et al.,*2001). This etymological presentation gives a sense of the somatic, psychological and affective difficulties arising in anxiety-evoking experiences (Himmelhoch *et al.,* 2001).

In his writings Freud differentiates between 'real' or 'objective' anxiety; the expression of "instincts of self-preservation" (Freud, 1974, as cited in May, p.135) and 'neurotic' anxiety; a disproportionate reaction to real danger, or a misperception of threat where there is none (May, 1977). While humans are born with an innate, phylogenetically inherited capacity for anxiety, specific objective anxieties are taught (such as a fear of fire) (Freud, 1926, as cited in May, 1977). The anxiety which underlies neuroses however, is linked to four 'danger situations' namely:

> *fear of loss of the mother at birth, loss of the penis in the phallic period, loss of the approval of the superego (social and moral approval) in the*

> *latency period, and finally loss of life, all of which go back to the prototype, the separation from the mother.* (May, 1977, p. 142).

Neurotic anxiety-evoking experiences are thus the reactivation in the present of [symbolic] loss or separation from mother [or her substitute] which occurred at birth and the fear of [symbolic] castration, depriving the individual of mother, her love, threatening bodily integrity and self-affirmation (Kenny, 2011). In Freud's view, the resulting anxiety and its symptoms defend against the re-experiencing of these 'danger situations' in relationships with others (May, 1977). This early conceptualization of anxiety provides a starting point for current psychotherapeutic approaches to conceptualise the early 'danger situations' that are likely to be rekindled in present-day public performance settings; appraised and responded to based on the earlier internalized framework.

2.2 Stress

The terms stress and anxiety are often used interchangeably in the literature and require definition. Sarason (1984) defines stress as "a call for action...awareness of a need to do something given a state of affairs" (Sarason & Sarason, 1981 as cited in Sarason, 1984, p. 936). In humans, a real or perceived threat triggers two responses. It activates the sympathetic nervous system (SNS) causing the rapid release of epinephrine and norepinephrine which mobilizes the body for "fight-or-flight" (Kemeny, 2003). At the same time the hypothalamic-pituitary-adrenal (HPA) axis is activated to release cortisol which releases sugars to fuel response to the threat (National Institute of Child Health and Human Development, 2002) and eventually halts the alarm response once the threat has passed, allowing the system to return to a state of homeostasis (Rothchild, 2000). In contrast with the rapid fight-or-flight response, this process lasts 20 to 40 minutes from perception of threat

and recovery takes 40 to 60 minutes (Dickerson & Kemeny, 2002). In extreme cases where a threat cannot be fought or fled, the unmyelinated ventral vagus of the PNS activates in tandem with the SNS response. This triggers an altered state of 'tonic immobility', whereby the organism freezes or 'plays dead' (Gallup & Maser, as cited in Rothchild, 2000) which increases possibility of escape should the predator lose interest or at the very least, will reduce suffering by numbing the body and the mind (Rothchild, 2000).

2.3 Responses to Threat

Previously it was believed that all physical and psychological stressors evoke a uniform response however, recent research suggests that cognitive appraisal of stressors can elicit distinctive patterns of cognitive, physiological, emotional and behavioural responses (Kemeny, 2003). Increases in blood pressure signifying perceived threat do not occur with perceived challenge (Blascovich & Tomaka, 1996 as cited in Kemeny, 2003); circumstances perceived as uncontrollable as opposed to controllable are more likely to elicit increased cortisol during HPA activation (Dickerson & Kemeny, 2002, as cited in Kemeny, 2003); and HPA activation is likely in performance evaluative situations where social status or self-esteem could be undermined by failure (Dickerson & Kemeny, 2002 as cited in Kemeny, 2003). Therefore, acute psychological stressors (such as public music performances) evoke a myriad of responses, depending on how they are appraised.

Modern integrative theories of stress and coping suggest that a number of factors interact to determine how an individual appraises and responds to stressors. Responses range on a continuum from highly adaptive coping, to maladaptive coping and the development of anxiety disorders. The interaction of the innate characteristics of child and parent (including level of parental psychopathology), social context, quality of parenting, attachment quality, quality of object relations, and presence of environmental supports determines the ways an

individual will experience, appraise and respond to life experiences which result in varying degrees of coping and resilience (Kenny, 2000b, as cited in Kenny, 2011). A response to a stressor will therefore depend upon the perceived level of danger the stressor poses, whether it exceeds coping resources, the level of control the individual has over the situation and (in situations of social evaluation), the level of risk to social status (if performance is poor).

2.4 Anxiety: Processes and Effect on Performance

Whereas stress signifies a call to action, anxiety is an emotional response involving "self-preoccupation over the ability to respond to the call" (Sarason, 1984, p.936). For Barlow, anxiety or 'anxiety apprehension' is a negative "cognitive-affective structure within a defensive motivational system", at the core of which exists a sense of uncontrollability or unpredictability focused on future or upcoming negative situations, which can be triggered unconsciously or consciously (Barlow, 2000, p.1249). Common characteristics of anxiety apprehension include the activation of HPA axis (releasing cortisol), a sense of helplessness in view of the event, hypervigilance for cues signifying threat, a shift in attentional focus from the external threat (and tasks required to deal with it) to an internal self-evaluative focus of one's potentially inadequate ability to cope with the threat (Barlow, 2000). The system operates as part of a feedback loop, with arousal, negative affect, and attentional focus, influencing information processing which may further increase or decrease arousal, negative affect, and hypervigalence for cues of threat. Increased arousal triggers one or two simultaneous coping processes; avoidance of the anxiety source; and worry, which places further demands on the individual's cognitive capacities, directing them away from the threat (and tasks at hand) (Barlow, 2000).

For a great number of people, the activation of stress and anxiety responses are adaptive and even necessary for the optimum performance of complex motor tasks such as

elite sports (Singer, 2000 as cited in Davis & Sime, 2005) and music performance (Hamann, 1982; Steptoe & Fidler, 1987). Studies carried out on young professional opera singers (Steptoe & Fidler, 1987) and in college music students (Hamann, 1982) assert that optimum performance occurs at moderate levels of anxiety, in line with the Yerkes-Dodson inverted U-shape curve; however more recent studies in elite athletic performance (Hanin, 2003) suggest that every athlete has their own 'individual zone of optimal functioning' (p.2) giving rise to speculation whether musicians too, achieve optimum performance at different levels of low, moderate and high anxiety. Further research is required to assert whether this is the case.

A study conducted by Mor *et al.,* (1995) into the effects of performance anxiety indicates that performance anxiety can have both facilitative and debilitative functions, with higher self-oriented perfectionism and lower personal control being associated with higher levels of debilitating anxiety and lower levels of facilitating anxiety (Mor *et al.,* 1995). Attentional Control Theory (ACT) proposes that anxiety impairs performance quality by putting increased pressure on processing efficiency (Eysneck *et al.,* 2007, as cited in Derkashan & Eysneck, 2009). High working memory is required for complex tasks such as sight reading a new piece of music (Meinz & Hambrick, 2010, as cited in Association for Psychological Science, 2010), and creative improvisation (De Dreu, *et al.,* 2012). In ACT, increased anxiety augments negative cognitions placing higher demand on processing resources available to working memory. This diverts attention towards task-irrelevant stimuli (external cues of threat in the environment, internal negative states, concerns about ability to cope) thus impairing performance by inhibiting the ability to stay focused on the task at hand or to respond effectively to the changes in task requirements (Derkashan & Eysenck, 2009). It was believed that increased anxiety does not affect automated skills such as playing musical scores from memory (Kenny, 2011), however evidence suggests that pressurised

performance situations cause self-consciousness, diverting attention towards proceduralized skills which can impair their execution (Masters, 1992, as cited in Kenny, 2011).

2.5 Music Performance Anxiety, Stage Fright and Performance Anxiety

Those who are familiar with the literature on music performance anxiety (MPA) will note some problematic issues which impede the advancement of our knowledge of this topic. One feature of the literature is the lack of a clear definition or classificatory diagnostic system (Kenny, 2011). Performance anxiety and stage fright appear as part of a differential diagnosis of social phobia in the DSM-IV-TR as follows:

> Performance anxiety, stage fright and shyness in social situations that involve unfamiliar people are common and should not be diagnoses as Social Phobia unless the anxiety or avoidance leads to clinically significant impairment or marked distress (American Psychiatric Association, 2000, p. 455).

There are several problems with this. The indiscriminate grouping of performance anxiety, stage fright and shyness fails to acknowledge specific differences between these three conditions. It also does not clarify whether music performance anxiety is distinguishable from other types of performance anxiety such as test anxiety, public speaking, writers block, sport, acting or dancing. These practices encourages the interchangeable use of the terms 'performance anxiety', 'music performance anxiety' and 'stage fright' as seen in Steptoe and Fidler (1987), Powell (2004) and Nagel (1993).

Several authors have attempted to make distinctions between MPA and stage fright, however a consensus on the terms has yet to be reached. For Spahn *et al.*, (2010) MPA occurs on a continuum. Stage fright, "a normal and positive phenomenon for performance" represents low to moderate levels of MPA whereas high levels are "pathological" and require

treatment (Spahn et al., 2010 p. 176). For Powell (2004) stage fright is subsumed under the umbrella term "debilitating performance anxiety" along with public speaking anxiety, test-taking anxiety and writing block whereas Brodsky (1996) agrees MPA occurs on a continuum, however he ranks stage fright as a highly debilitating state akin to panic (as cited in Kenny, 2011). A number of authors forgo attempts at defining MPA and simply provide characteristics (Iltis, 2012; Langendorfer, Hodapp, Kreutz & Bongard, 2006) or descriptions of experiences common to the condition (Boucher & Ryan, 2011). To avoid confusion the researcher follows the current trend in the literature to use the term 'music performance anxiety'.

2.6 Epidemology

It was once thought that MPA is absent in young children who seem to relish any opportunity to showcase their talents (Kenny & Osborne, 2006), only to develop in adolescence (Kenny & Osborne, 2006) with researchers thinking the onset of formal operational thinking causes the self-consciousness observed in adolescent musicians (Kenny, 2011). However the age of onset for formal operational is not universal and in some cases not achieved (Danner & Day, 1977). In addition, evidence of MPA in children as young as three (Boucher & Ryan, 2011) seems to discount this claim.

Examples of MPA epidemiological numbers are cited to range from between quarter to half of professional orchestral musicians (Wilson, 1997, as cited in Langendorfer *et al.,* 2006); to more than half of professional choral singers during at least half of their performances (15% experiencing frequent anxiety; 7% high anxiety) (Ryan & Andrews, 2009); to all performing artists to some degree during their professional career (Spahn *et al.*, 2010); to approximately 2% of the population (Powell, 2004). Considering that MPA represents an "exaggerated and sometimes incapacitating fear of performing in public" for

Wilson (1997) (as cited in Langendorfer *et al.*, 2006), a continuum based condition with facilitative and debilitative effects for Ryan and Andrews (2009) and a social phobia subtype for Powell (2004), it is possible that the lack of a widely accepted definition or diagnostic criteria creates confusion as to what MPA is. Other challenges to the collection of accurate percentages include the lack of universal, reliable assessment measures of MPA (Kenny, 2011) and the obstacles to studying MPA in those who avoided or quit professional music careers (Steptoe & Fidler, 1987). In order to produce reliable data in future studies, a definition, diagnostic criteria, and effective measures must first be developed.

2.7 MPA as an Anxiety Disorder

The study of MPA is relatively a new and underdeveloped area. The researcher finds a considerable lack of psychotherapy research on the topic. A handful of psychoanalytic practitioners offer theories based on clinical experience as to the conflicts underlying the phenomenon. For this reason the researcher includes perspectives from psychology research for a greater understanding of MPA. In this section common features of MPA are discussed and its classification within the spectrum of anxiety disorders. It is advantageous for psychotherapists' working with MPA to understand its place in the spectrum of anxiety disorders and the comorbid disorders which accompany it. In this way clients may receive better treatment and psychiatric assessment if required.

While some authors distinguish MPA from "performance excitement" (Klickstein, 2009), and being "in the zone" (Singer, 2002, as cited in Davis & Sime, 2005), which enhance performance quality and enjoyment for the performer, there is evidence to suggest MPA has the potential to enhance *and* impair performance. In most cases the performer may experience marked distress during a performance but not experience performance impairment

or breakdown (Kenny, 2011). Studies into the variances and the causal factors of MPA give an understanding of the interacting variables which cause and reduce MPA.

2.7.1 MPA as a Focal Anxiety Disorder

Based on research, anecdotal and clinical reports, three types of MPA are hypothetically proposed for empirical verification: MPA as a focal anxiety disorder; MPA as a social phobia subtype or a condition comorbid with social phobia; and severe MPA that is comorbid with depression, panic and problems with sense of self and self-esteem (Kenny, 2011). It is suggested that the first type occurs in "healthy, functioning musician[s]...whose music performance anxiety is mild and easily self-managed" or "severe and described as panic...but remain confined to very specific situations such as auditions or infrequent solo [performances]" (Kenny, 2011, p. 57). Several accounts from musicians reveal anxiety occurs only in performance or specific performance situations (Kenny, 2011), with solo performances (Ryan & Andrews, 2009) and auditions (Kenny, 2011) evoking the most anxiety. Weerts & Lang's (1978) study finds exposure to a specific feared situation elicits significantly higher emotional and physiological arousal in focalised phobics than non-feared situations. Boucher & Ryan's (2011) study of children during two performances (one day apart) reveals that all musicians experience anxiety to some degree in performance situations, with less experienced musicians experiencing more anticipatory anxiety before the first performance. Interestingly, lower arousal and anxious behaviours during the 2nd concert compared to the 1st suggests that increased performances may reduce performance stress (Boucher & Ryan, 2011). However, findings indicating lower arousal in older, more experienced populations (Steptoe & Fidler, 1987) do not indicate whether exposure or "survival of the fittest" explains this relationship (Valentine, 2002). This highlights an area for further research

2.7.2 MPA as a Specific Social Phobia

Individual differences occurring among MPA suffers support the proposal of MPA as a specific social phobia and as a condition comorbid with social phobia. Barlow's (2000) triple vulnerability theory indicates that specific social phobias (MPA) develop through the interaction of a generalized biological vulnerability (genetic predisposition to development of traits i.e. neuroticism), generalized psychological vulnerability (diminished sense of personal control) and specific life experiences (vicarious learning from caregivers of potential danger of social evaluation). Kemp (1981) shows that musicians score higher in anxiety than the general population, with university music students showing a significantly high predisposition towards anxiety (as cited in Koktsaki & Davidson, 2003). Several studies confirm a positive correlation between trait-anxiety (Craske & Craig, 1984, as cited in Tarrant, Leathem, & Flett, 2010), neuroticism (Steptoe & Fidler, 1987) self-oriented and socially-oriented perfectionism (Mor *et al.,* 1995) and the level of MPA experienced, while Langendorfer *et al*., (2006) reveals socially-oriented perfectionism predicts MPA in rehearsal (where one performers in front of one's peers) and self-oriented perfectionism predicts MPA before a performance. These findings suggest the significant role of biological vulnerability in MPA aetiology.

Research into the relationship between control and MPA levels suggests that control impacts significantly on the response to performance situations, and illustrates that the interaction of the triple vulnerabilities can lead to MPA in performers. Mor *et al.* (1995) discuss a need amongst performers to attain high standards to maintain identity and well-being. Their investigation into MPA, self-oriented perfectionism (a focus on meeting high self-standards) and socially-oriented perfectionism (a focus on meeting the expectations of the audience) indicates that high self- oriented perfectionism in particular and low personal control result in higher debilitating and lower facilitating anxiety in performers (Mor *et al.,*

1995). For Langendorfer *et al*. (2006), self-oriented perfectionism predicts a lack of confidence, low self-efficacy and low self-esteem during performances. MPA is distinguished from other types of social phobia in that musicians seem to be somewhat less concerned about audience evaluation and more preoccupied with concerns of their ability to realise their own high standards (Powell, 2004). The interaction of vulnerabilities may produce worrying thoughts of losing control which dash any hope of attaining personal performance goals and impressing judges or peers.

Barlow (2000) highlights that anxiety responses operate as part of a feedback loop. Once a response has been triggered, the appraisal of the physiological component can further exacerbate or ameliorate the anxiety depending on whether selective attention is directed towards or away from the physiological arousal and whether the arousal is interpreted as threatening or non-threatening (Eysneck, 1997). Anxious students tend to "interpret almost any physiological signs of anxiety as harbingers of an impaired performance" (Petrovich, 2003, p. 26). A study of young children indicates that MPA can be innate or acquired through performance experience and exposure to expectations and reactions from peers, siblings, teachers and parents (Boucher & Ryan, 2011). The interaction of triple vulnerabilities explains how one performer's "performance energy" (Nagel, 2007) is another performer's "sign of impending disaster" (Spahn *et al.* (2010).

While MPA and social phobics share similar cognitive concerns of potential negative evaluation (from self or others), the differences between the two conditions account for a specific social phobia classification (Kenny, 2011). Factors distinguishing MPA from social phobia include limited impairment specific to performance situations; higher expectations of self; primary fear of self-evaluation and scrutiny of others a secondary concern; varying levels of anxiety between individuals; and commitment (rather than avoidance) of the feared task (Powell, 2004). In light of this the proposed revision for social phobia in the DSM-V

(APA, 2012) includes the specifier "Performance Only: If the fear is restricted to speaking or performing in public". This is a hopeful step towards the diagnostic classification requested by researchers in the literature.

2.7.3 Comorbid Disorders

In the clinical treatment of performance anxiety, Powell (2004) finds that about 1/3 of cases often have comorbid disorders. The most common comorbidity is with generalized anxiety disorder (GAD) (Powell, 2004). A staggering 95% of one sample meets the social phobia criteria (Clark & Argas, 1991, as cited in Kenny, 2011). In a smaller percentage, performance anxiety and depression occur comorbidly (Powell, 2004). Considering the limited research focusing on possible comorbidities with MPA, Kenny (2011) suggests the need for further research in this area, with particular focus on depression, OCD and its traits, GAD, and panic disorder.

2.8 Oedipal and Narcissistic Issues in MPA

Gabbard (1979; 1983) proposes the universality of 'stage fright' arises from several universal core conflicts and transferences which are reactivated in the performance situation. The relevance of any one conflict to MPA depends on to the individual's childhood experiences with caregivers (Gabbard, 1979), and determines the severity of their MPA (Nagel, 1993, para. 3). Though Gabbard explicitly highlights his comparisons to key developmental phases may not be *identical* experiences, the similarities are evident and deserve consideration (Gabbard, 1983). A detailed presentation of the theories is beyond the scope of this paper and is left for future research. An outline of the underlying conflicts and some examples are included for consideration. In the texts discussed, the term 'stage fright' is used by several

authors; however the researcher substitutes the term for MPA in line with the terminological shift in the current literature.

2.8.1 Search for the Mirroring or Idealising Object

In self psychology the early developing child-parent dyad comprises the selfobjects that provide the child with a solid, cohesive self structure (Greenberg & Mitchell 1983, as cited in McLean, 2007). If the caregiving is adequate most of the time and selfobject failures occur at an appropriate age, the child is given opportunities to develop a more realistic, less grandiose self-image, an internal capacity to self soothe the ability to maintain self esteem when he is faced with his own imperfection (McLean, 2007). Premature selfobject failures are traumatic and lead to the development of a grandiose self image underdeveloped internal self regulation structures and a dependency on external selfobjects to maintain his self-esteem (McLean, 2007).

Gabbard (1983) suggests that like the silent analyst, the "dark, dimly seen, silently observing audience" (para. 3) evokes a mirroring or idealising transference. Performers who lack adequate internal self regulatory structures may become dependent on the audience "whose confirming and admiring responses will nourish their famished self [esteem]" (Kohut & Wolf, 1978). No amount of mirroring from the audience is ever enough to maintain their self-esteem so they continue to seek audience approval in spite of the distress MPA causes them (Kohut & Wolf, 1978). For performers with a rigid grandiose self-image, winning the audience's approval is dependent on a perfect performance and anything less than perfection undermines their self-worth (Gabbard, 1983).

Early selfobject failures may also create a sense of incompleteness though the lack of internalised 'good' objects. In the idealising transference, the audience becomes the idealised parental imago in which all goodness resides (Gabbard, 1983). The "blissful merger" with

the audience many performers strive for seems to suggest the activation of an idealising transference in the performance setting (Gabbard, 1983). Though Gabbard's examples illustrate cases of extreme early selfobject failure, it is important to note that "normal" individuals who experience others as separate from themselves also show narcissistic components in their psyche and early caregiving experiences (Kohut, 1971, as cited in Gabbard, 1983). In this way "normal" performers have the potential to experience one or both transferences to some degree.

2.8.2 Shame Dynamic

Mayman's (1974) 'shame-prone' state is similar to the MPA experience (as cited in Gabbard, 1979). At the core of this issue is the conflict between repressed desires to romp in the nude and an overwhelming sense of inadequacy stemming from an awareness of possessing underdeveloped genitals (Mayman, 1974, as cited in Gabbard, 1979). In Kohut's terms, the self-consciousness of the shame experience accompanies the pressure of unmodified narcissistic cathexis to a defective organ (Kohut, 1972). The shame arises from anxiety that an exhibitionistic display of genitals (or their substitute) will fall short of self-expectations and may elicit laughter from an audience (Gabbard, 1979). For performers this could manifest as feeling exposed or naked accompanied with anxiety lest the audience find the display of their skill inadequate and expose them as a fraud.

Shame may also stem from castration anxieties linked to the phallic-oedipal developmental stage. Freud notes little Hans' mother's threat to send the doctor to "cut off [his] widdler" (Freud, 1909/2001, p.8) when she finds her 3 year old with his penis in hand. The harsh reprimands at genital exposure aimed at socialising young children can become internalised as part of the superego and projected onto audiences who, in the performer's fantasy threaten to castrate him for his 'showing off' (Gabbard, 1983). Castration anxiety is

also linked to fantasies of losing bladder or sphincter control, i.e. "making a mess" during performance (Tylim, 2001, p.14). Performers are expected to simultaneously maintain technical control and symbolically 'lose' themselves in the music to achieve a creative interpretation (Nagel, 1993). Control can be difficult to maintain to a violinist or pianist who experiences intense hand or leg tremors. The anxiety underlying losing control is related to retaliation from the audience (i.e. booing, catcalls) and being perceived as a fool (Gabbard, 1983).

2.8.3 Envy and Greed Dynamic

Narcissistic personalities display "various combinations of intense ambitiousness, grandiose fantasies, feelings of inferiority, and overdependence on external admiration and acclaim" (Kernberg, 1974, para. 1) along with intense envy. To defend against the envy, performers employ devaluation, omnipotent control and narcissistic withdrawal (Kernberg, 1974). Gabbard (1983) does not imply that all performers have narcissistic pathology; simply that performance situations activate universal narcissistic developmental experiences. Covert envy and aggression in performers are observed in the common practice of wishing each other "break a leg" before a performance. Defences against envy can include devaluation of other musicians' performances and putting oneself in the stoplight, "becoming envied rather than envious" (Gabbard, 1983, para 4). The futility of the latter defence lies in potentially arousing the envy of a deprived audience (Klein, 1957, as cited in Gabbard). In this scenario, the performer's anxiety is related to retaliation (i.e. devaluation of the performance) from an audience envious of his success (Gabbard, 1983).

In some cases of MPA a more primitive experience is activated through the performer's concerns that his insatiable need for appreciation will deplete and destroy his audience (Gabbard, 1983). The performer may project his oral greed onto his audience which

is reversed and amplified to take the form of fantasies of being devoured by the audience (Gabbard, 1983). From another perspective, Alper (1992) notes that the artist cannot reciprocally admire the audience and so to cope with the narcissistic injury to its grandiose self, the audience "craves more and more narcissistic supplies (feedings of ever more glorious art) [to] restore itself" (p. 15). Both of these dynamics may belie an unconscious anxiety in some MPA suffers to satiate audiences who are perceived as particularly aggressive and demanding.

2.8.4 Guilt Dynamic

Oedipal aggression, envy and greed underlying infantile desires to possess the opposite-sex parent may be revived where on-stage success is symbolic of oedipal triumph over the same-sex parent (Gabbard, 1983). Unconscious desires to eliminate oedipal rivals may arouse oedipal guilt which "can sabotage the best-prepared performer" (Nagel, 2003 para. 2). Furthermore, MPA may arise from the performer's unconscious castration anxiety, implying that successful performance will result in retaliation from the audience who is cast as the punitive father (Gabbard, 1979).

The guilt dynamic may also stem from the performers "aggressive, omnipotent wish to control and...manipulate his audience" (Gabbard, 1979, para. 6). Performers often tailor their programs to elicit specific reactions from their audiences at precise moments. In this instance, MPA is related to the possibility that the audience will become aware of his unconscious desires (Gabbard, 1979).

2.8.5 Separation Anxiety

In the rapprochement subphase of the separation-individuation process the infant experiences marked separation anxiety at the potential loss of object, and later loss of the object's love

(Mahler *et al*. 1975, as cited in Gabbard, 1979). Gabbard (1979) suggest a similar conflict is triggered in some musicians who express concern that the audience "will either walk out on him or withdraw their love, praise and admiration and become bored, sleepy and irritated" (para.8). When MPA manifests concerns of this type, the performer views the audience as the rejecting 'bad' mother of the rapprochement crisis, whereas when MPA is overcome the performer experiences being at one with the 'good' mother/ audience (Mahler *et al.* as cited in Gabbard, 1979). Narcissistic concerns may also arise in this conflict where the performer strives for perfection to avoid rejection from the narcissistic parent/ audience (Gabbard, 1979; 1983). In this case MPA may manifest as hypervigilance for audience cues which inhibits the performer's concentration and prevents him from becoming absorbed in the music (Gabbard, 1983). Lastly, the anticipation of a negative audience reaction may activate a defence against the MPA this arouses by splitting the 'bad' (functioning) self from the 'good' (observing) self (Kaplan, 1969, as cited in Gabbard, 1979). This manifests in the kind of depersonalised 'out-of-body' experience some performers describe.

Chapter 3: Methodology

3.1 Introduction

Performance anxiety is a universal phenomenon affecting any individual who "places himself in front of an audience of other people and demands their attention" (Gabbard, 1979). While low levels of anxiety are common before and during music performances and potentially enhance the performance, MPA appears to trigger autonomic arousal, cognitions and behavioural responses (Craske & Craig, 1984, as cited in Kenny, 2005) which interfere with public performances "to a degree unwarranted given the individual's aptitude, training, and level of preparation" (Salmon, 1990, as cited in McGinnis & Milling, 2005 p. 358). In extreme cases MPA has the capacity to end promising careers in musical performance (McGinnis & Milling, 2005).

The researcher's experience as an amateur musician and trainee psychotherapist inspires the study of Irish musicians' experiences of MPA. Of particular interest to the study are case studies from psychoanalytic clinical analyses. These suggest the reactivation of phallic-oedipal and narcissistic concerns in performers play a significant role in eliciting an MPA response (Gabbard, 1979; 1983). In one example, Gabbard posits that the "dark, dimly seen, silently observing audience" activates transferences just as the 'silent analyst' might. The lack of empirical psychotherapy research in this area requires reliance on a limited amount of clinical observations. It is important to note that this study does not attempt to validate or refute the relevance of narcissistic issues to MPA in those participating exclusively; several aspects of the musicians' experiences are explored and a range of relevant theories are considered to understand emerging themes.

3.2 Research Aims and Objectives

The aim of this study is to collect a series of narratives from Irish musicians' of their performing experiences and to consider the emerging themes from a humanistic integrative psychotherapeutic viewpoint. The objectives of the study are:

- To explore professional Irish musicians' past and present experiences of MPA and to invite speculation about the impact MPA has had on their performance in the past and in the present.
- To identify some of the ways MPA manifests in professional Irish musicians.
- To determine participants' views of factors which are likely to exacerbate or ameliorate MPA.
- To determine the coping methods of Irish musicians.
- To examine the relationship between performer and the audience.
- To explore the discussion of MPA amongst performers.

3.3 Phase 1 - Desk Research

In the initial stages of the study, secondary sources of MPA data are consulted to achieve grounding in the current knowledge of the phenomenon and to substantiate the data gathered from the primary sources. A wide variety of sources on MPA and performance anxiety in other contexts are considered, including academic journal articles, books, websites, podcasts, videos, and informal personal accounts accessed in person, from online forum discussion and chat rooms. Reflection on a range of secondary data sources and informal accounts of performing guides the direction of the research question.

In the absence of an MPA definition or diagnostic criteria in psychotherapy, the researcher turns to psychology studies to investigate emerging diagnostic criteria for MPA

and a definition of MPA based on current research. Due to the lack of empirical psychotherapy research in this area, a basic psychotherapeutic perspective on MPA is garnered from psychoanalytic clinical observations and theoretical hypotheses. The information gathered from these two perspectives gives an understanding of MPA and what MPA means in relation to musicians' performing experiences discussed in previous studies. This knowledge shapes the interview questions, yet it may or may not have relevance for this particular sample of Irish musicians.

3.4 Phase 11- Primary Research/ Semi-Structured Interviews

Considering the multiple factors that lead MPA development (Kenny & Osborne, 2006), the varying constellations of symptoms and severity among performers, and the subjective meanings MPA has for performers, a qualitative approach is chosen. In order to "capture participants 'in their own terms' one must learn their categories for rendering explicable and coherent the flux of raw reality" (Lofland, 1971, as cited in Patton, 2002 p. 21). To explore Irish musicians' views and experiences of MPA the data is obtained from in-depth interviews and analysed using thematic analysis.

An interview guide (see Appendix A), informed by the secondary research and informal discussions with psychotherapists and musicians who perform music in public provides a basis for discussion. The interview guide ensures that "specific information...can be compared and contrasted with information gained in other interviews" while retaining flexibility which allowed other information to emerge naturally (Dawson, 2006, p.30). The questions are open-ended and directive only in the sense of keeping the interviewee 'on topic', with prompts being made when the conversation might "dry up" (Coolican, 2009, p. 156). A personal knowledge of music and performing ensures a general commonality of language between researcher and participants; however clarification is necessary and sought

on occasion where meaning appeared to be unclear. The interviews range between 26 to 44 minutes in duration and are held in a secure environment chosen for the convenience of both researcher and participant.

Access to the field is obtained through placing advertisements in discussion forums on Irish Traditional Music orientated websites, making direct contact with professional Irish musicians via social networking websites, through contact via acquaintances, and through snowballing. A lack of response from a professional music college yields no participants. Due to the limited number of respondents the sampling is both convenient and purposive. This method of sampling implies the results may not be applicable to the wider population; however the study intends to explore the in-depth experiences of Irish musicians (Burns, 2000, p.93) which may reveal similarities and differences to populations already studied.

3.5 Data Collection

The data for the interviews is collected using audio-recording equipment. Before each interview the interviewee is informed of the study aims steps to ensure anonymity are explained (Coolican, 2009, p.159). Dual copies of an informed consent form and information sheet are signed and retained for the participants' and researcher's records before commencing the interview. To create a comfortable, open atmosphere, the researcher actively listens to each participant's point of view, responding in an encouraging, non-judgemental manner. This facilitates the rapport between researcher and participant which is necessary if interviewees are to venture to any degree of depth. The data is then fully transcribed for analysis.

3.6 Data Analysis

The study of MPA indicates that it affects musicians of any age, regardless of the amount of training, practice or musical standard achieved (Kenny, 2011). The severity and combinations of symptoms differ from individual to individual and even within some individuals depending on the performance situation. This study aims to uncover the specific quality and meaning of MPA for Irish musicians (Joffe, 2012) and to interpret what the findings reveal about MPA in these particular individuals. The individual similarities and differences in training, musical skill set and preferred genre within the sample may reveal similarities, differences and unexpected insights in coping and conceptualisation of MPA. For these reasons, thematic analysis is chosen to analyse the data.

'Good' thematic analysis involves collaboration between researcher and participant (Braun & Clarke, 2006). To "understand the thoughts of a people, the whole analysis of experience must be based on their concept, not ours" (Franz Boa, 1943, as cited in Patton, p. 455). To facilitate this, 'orthographic' accounts are produced including verbal and non-verbal data (Braun & Clarke, 2006). The audio-recordings are revisited several times and notes are written on the transcripts to enhance the accuracy of the transcripts. The transcripts are then analysed at a semantic level for codes that "can be assessed in a meaningful way regarding the phenomenon" (Boyatzin, 1998, as cited in Braun & Clarke, 2006, p. 88) using an inductive thematic approach which facilitates the emergence of themes rather than searching for predetermined themes (Braun & Clarke, 2006). From the codes patterns are noted and categorised into themes. Following Braun & Clarke's (2006) method, the themes are reviewed against the initial codes and the transcriptions collectively for their relevance. The themes are then defined and named, based on their specific qualities and how they relate to the overall data corpus (Braun & Clarke, 2006). During the discussion phase the

researcher draws on relevant humanistic integrative theories to interpret the themes, selecting extracts from the transcripts to form an argument (Braun & Clarke, 2006).

It is important to note that the discovery and interpretation of themes is a subjective process (Ely *et al.* 1997, as cited in Braun & Clarke, 2006) owing to the researcher's background and experience. In the interest of transparency the researcher includes that she is a 30 year old humanistic integrative psychotherapy trainee, with several years of private musical training in classical piano, guitar, and fiddle. The researcher regards herself as an amateur musician, doing irregular, solo and group performances in bars since 2005. It is also acknowledged that the extracts provided in the discussion are selected, edited and employed to support the researcher's arguments (Fine, 2002, as cited in Braun & Clarke, 2006). Following Conroy's (1987) lead, the researcher's interpretation is provided to benefit the understanding of the reader and is open to interpretation and evaluation (as cited in Patton, 2002).

3.7 Access, Confidentiality and Ethics

To minimise the occurrence of ethical issues arising during the course of this study, potential issues are considered and measures are taken to ensure a high standard of ethical practice is upheld throughout. Participation is voluntary and informed consent is obtained after disclosing the study aims and purposes and how anonymity will be maintained. Prior to the interview, the researcher explains that quotes might be included in the discussion, and pseudonyms will be used to conceal identities. It is also stipulated that the transcripts and audio recordings are accessible to the researcher alone.

An imbalance of power between interview and interviewee might influence the participants to give responses they feel are 'good', rather than remaining true to their experience. It is also possible that speaking about past experiences of MPA might evoke

painful memories. To diminish any sense of hierarchy and to establish safety and trust between researcher and participants, a relationship with clear boundaries, based on mutual respect, empathy and acceptance (Mearns and McLeod, 1984, as cited in McLeod, 2003) is established. To avoid traumatising the participants, they are invited to take control of the tape recorder and can choose to pause the interview at any time if they feel uncomfortable responding to a question or a probe. The researcher is mindful of the participants' emotional state and invitations are made to take a short break or to continue the interview taking hand-written notes rather than recording as required. Participants' are also de-briefed after the interview to facilitate ending the process.

Chapter Four: Findings

4.1 Introduction

The following chapter presents the research findings. To ensure anonymity the participants are awarded pseudonyms. Vignettes are included to illustrate the themes. Quotations are presented in a narrative format yet remain true to the participants' opinions and experiences.

4.2 Participants

Fred is 26 years old. He began learning music at age 4, and studied Traditional Irish (Trad) piano accordion as a child. He completed a degree in classical piano accordion. He plays Traditional Irish music in sessions, with bands and performs his own compositions with accompaniment. He also plays jazz gigs and occasional orchestral concerts.

Cindy is 37 years old. She began learning music at age 3 and the harp since age 7. She trained classically at several colleges. She played as principal harpist with an orchestra for five years. She has been playing internationally with a Traditional Irish group for ten years.

Keith is 38 years old. He has performed piano and organ for over 20 years. At present he mostly plays the organ at weekly church services. He also performs solo or as accompanist at classical concerts, operas, musicals and weddings. He has a music degree and teaches in a several colleges and summer schools.

Kate is a 45 years old harpist and composer. She sang from an early age before studying the harp. She has classical harp, piano and voice training. She plays harp and piano at classical

concerts, congresses, operas, church events, weddings and funerals. Occasionally she performs folk songs. She also teaches music.

4.3 Major Themes and Subordinate Themes

Three main topics emerge from the data which the participants use make sense of their experiences.

Theme	Subordinate Theme
4.3.1 Experiences of MPA	Symptoms
	Positive and Negative Views of MPA
4.3.2 Performance Coping	Preparation
	Adaptability
	Communication
4.3.3 Performer/ Audience Relationship	Connection
	MPA Barrier
	Handling of Situation

4.3.1 Experiences of MPA

The participants' descriptions of symptoms and views on MPA reveal interesting findings about the experience of MPA in the participant.

4.3.1.1 Symptoms

Three out of four participants say they experience MPA to some degree. The symptoms they describe occur in unique combinations of physiological, cognitive, behavioural and emotional components. In general, Keith "*becomes a little bit nervous*" before a performance but recalling a two month period where he did not have much time to practice he describes symptoms akin to panic:

> *Keith: I felt everyone was watching me and, my mind would nearly panic and freeze. I wouldn't know where I'd be. So I'd be trying to play the music in front of me but yet I didn't feel I was in control. My hand would just go off on a tangent and just keep on playing, and then, if I thought to myself "I'm going to make a mistake", then I would of course.*

This extract demonstrates the interaction of cognitive, physiological and emotional components which impair his performance. He feels self-conscious, disorientated and not in control of his own body which draws his attention from relevant tasks to focus on the possibility of a mistake. This becomes a self-fulfilling prophecy.

Kate describes her "*usual*" symptoms:

> *Kate: sweaty hands, general sense of anxiety. I'm sure if I were to check it out my pulse was probably up a bit.*

Later she describes an experience where she had to stop playing:

Kate: there was one [time] when I was 15, and eh, I just, it's like I turn over the page in my head as I had the music memorized and what was there was blank!

On another occasion, her father's friend attended a performance. After listening to him share stories about her father (who died two years previous) for a few hours she recalls:

Kate: And then when I went to sing, I went to sing and he was in the audience and my whole throat closed up. I had to gulp and breathe, and...I struggled through it.

It seems that not only do participants express unique symptom constellations; their symptoms vary depending on the context. An interesting feature of Kate's singing symptoms is that they are localised at the exact point of the body she needs to perform the task. It seems like her body is sabotaging her performance.

4.3.1.2 Positive and negative views of MPA

Several participants mention their symptoms hinder performance. It begs the question; is MPA always a bad thing? All four participants agree that MPA has potential benefits and disadvantages but opinions diverge on whether it is beneficial for *performance*. Although Cindy reports she does not experience MPA, she conceptualises her symptoms as "*excitement*" rather than anxiety. She illustrates the impact MPA has when she plays a new piece in public:

Cindy: it just means that it's more difficult to play. Everything is slightly slower than I would like it to be. If I'm really relaxed, everything moves very quickly without any restrictions at all, but with a bit of nerves that can cause problems.

On other occasions it gives her a buzz:

Cindy: So there's a buzz and there is an excitement about [playing a new piece in public]. And I can understand how people may not think it's such a nice feeling but at the same time if you know that you can do it and you're prepared it's very exciting really.

In her experience MPA is a hindrance to performance on some occassions, yet when she feels confident it provides her with an exciting buzz. Self belief and preparation seem to temper her MPA experience.

For Kate MPA is a double-edged sword:

Kate: I'd see it as an essential part of rising to the occasion, of channelling the energy that's needed for the certain kind of energy you have to provide when you're on stage. If I weren't experiencing it I'd be concerned because the performance wouldn't have the drive and the focus. You know?

Later she illuminates MPA's shadow side:

Kate: the feeling when the nerves get bad, it's like a huge oppressive cloud coming down upon me and it takes the greatest of effort to push it back up off me. And it's like through sheer strength of will (smiles) that I find myself having to push through so that the voice doesn't wobble badly or out of breath, or just get the voice out there and sounding.

MPA is generally a positive force behind Kate's performances. It primes her for the task at hand but when she is badly affected it takes tremendous effort to prevent her nerves from impairing the performance.

Fred mentions MPA has affected his performance on a few occasions. During a recorded orchestral performance he was nervous, could not read the conductor's beat and missed his cue twice. He views MPA as a motivational force to anticipate possible mishaps and be prepared if they occur:

Fred: I suppose the anxiety might lead me to memorize the piece, just to have as many safety nets as I possibly can have...I suppose having more safety nets has to be a good thing...does that mean it's improved the performance? It means that there's not as much of a chance of it going wrong...I think anxiety would help in the run up to something. I don't think it helps a huge amount in the moment.

In contrast with Kate's view, Fred's MPA is not directly facilitative to his performance but it may have indirect benefits, driving him to prepare for the worst.

4.3.2 Performance Coping

The participants often have to deal with unexpected factors which mean having to cope with MPA *and* unforeseen circumstances. In Fred's experience "*there's always going to be a risk involved...anything could always go wrong*". He acknowledges the relationship between the unexpected and his MPA:

> *Fred: you know be it the strap breaks off the accordion, it's happened on stage twice before! (laughs) Eh you know in the middle of it, and how will you react to these, well that's what [MPA] means I think. It's just anxiety towards a performance.*

The participants report using a variety of effective strategies to cope with MPA and added pressures which are grouped under three headings: preparation, adaptability and communication.

4.3.2.1 Preparation

For all four respondents preparation means practice. Fred expresses his view:

> *Fred: Ideally you would learn the bloody stuff! There's a lot to be said for rehearsal, I mean the more confident you are that you REALLY know the stuff, the less nervous you'll be ultimately.*

Feeling prepared promotes a sense of calm confidence for Fred going into a performance.

In addition to practice Cindy mentions having *"a habitual thing to do before I play in a concert and I have certain exercises that I like to warm up with".* She says doing these

things "*helps me feel much more comfortable about going out there".* In a similar vein Kate mentions "*certain eating and drinking habits you'll adopt as well, you'll drink enough but not too much, em a banana a half an hour beforehand..."* Pre-performance rituals seem to prepare performers for the performance and offer comfort. It is also possible that focusing on warm-up exercises reduces opportunity for negative cognitions to form.

As part of their preparation, all four participants integrate "*back-ups*" or "*safety-nets*" into their preparation to deal with slip-ups and unplanned pressures. Cindy uses mental markers help orientate her so if she forgets part of the piece, "*at least you can start the next eight bars*".

Kate highlights the benefits of classical training in helping her to prepare her for almost any circumstance:

> *Kate: It's really brilliant because the practice methods you're taught are all gearing you for the memory lapses, the distractions, the ambulance is going by in the middle of the quiet...of the piece.*

To boost her performance resilience she remarks "*I try to anticipate what the problems are and practice them in*". For her this means "*so if somebody does bring a child to the concert and they start crying, you're OK".*

4.3.2.2 Adaptability

In Fred's vignette, he highlights a key contributor to his anxiety; concern about how he will react if something goes wrong. The findings seem to indicate the coping strategies employed by an individual are determined by their skill set, training and innate ability to cope with anxiety in light of the performance context.

Fred and Keith are gifted at musical improvisation. Fred improvises to mask mistakes but not all musical contexts allow this:

> *Fred: You know, so there's no room for mistakes whatsoever [in orchestral concerts], you can hide them much easier in trad or jazz, especially jazz! (laughs).*

In this musical context he is under added pressure to be note-perfect and is disarmed of a valuable "*safety net".* It is not surprising when he admits "*the orchestral stuff scares the hell out of me when I get the phone call*".

When Keith is experiencing heightened arousal he uses a number of techniques. He will "*just play the bare notes*" and finds:

> *Keith: if I work though it in my head, I say, "I've learned this, I've practised this". I'd relax, maybe do a few quick breaths, something like that, but it's pass-, it's gone. I can deal with it now.*

By improvising a simple passage Keith gives himself the space to recover from his MPA symptoms. He then replaces negative thoughts with self-affirming thoughts, and uses breathing techniques to calm the arousal.

In contrast to Fred and Keith, Cindy says she doesn't improvise much "*because it's not how I prepare for concerts*". Kate does not mention improvisation at all. Cindy remarks "*the main thing with me is preparation*". To cope with anxiety evoking experiences Cindy employs cognitive and behavioural techniques. After seeing the stage from the audience perspective in a 3,000 seat venue she

realised "*how vulnerable we are up there*". She says "*But I put that out of my mind as soon as I can! I generally don't go walking through auditoriums if I can help it*". Avoidance of the seats prevents the thought, but once it occurs, Cindy avoids the thought to minimise the chances of increased arousal. Kate also banishes "*unhelpful thoughts*" and replaces them with something positive "*to try and turn it around*". Like Keith she makes "*A conscious effort to slow my breathing down and to make it deeper*" to manage physiological arousal.

4.3.2.3 Communication

Communicating with teachers and peers about MPA is supportive when it takes place. Kate finds the transmission of experience from older musicians very useful to her as a young musician. She says "*they're giving you all the tips they've picked up along the way"* and she practices this with her own students, providing them with a positive coping role model. She also critically evaluates each performance with her students highlighting where they did well and how they could improve for future performances. Keith says "*we all have to give students advice on how to deal with [MPA]. Some students get very, very anxious, even 7 year olds, 8 year olds..."* He tells his students to focus on a treat they will have after their exam because "*if you view the exam as something interim, that's not that important*". Kate and Keith display an empathetic understanding of their students and they pass their knowledge on to equip them with the tools to cope with MPA.

Even though there is support in sharing experiences, the findings reveal that MPA is not often discussed amongst peers. Keith reveals "*it's only people who know each other really well that they'll often ask and admit to it*". When asked why this is, he remarks "*it's not quite cutthroat, but we're all em, competitors in a*

way...some way...and it's a bit of egotism as well". In fact all four participants share the view that musicians do not want to expose themselves as being vulnerable or weak.

In Cindy's experience musicians talk around the subject:

> *Cindy: the anxiety will come in if we don't feel comfortable doing something so that's where we would speak from like, we'd say "oh, I've not really done that before and so therefore it might be a little tricky", and therefore there's a certain amount of anxiety about it because you can't do it.*

Cindy finds that musicians are more apt to speak about the task they rather than mention feeling anxious about it. Keith thinks talking helps "'*Cause you realise that everyone is in the same boat*". It seems a shame that that professional performers would rather suffer in silence than risk being vulnerable with their peers.

4.3.3 The Audience-Performer Relationship

For the participants, the most enjoyable performances involve a connection of some kind with the audience. Several participant mentions that it does not occur in every time but it is something they strive for in every performance. When the performer is in the grip of MPA however, the connection is missed because the performer's attention is focused on getting through the piece. From the participants' perspective a lack or break in connection with the audience can be overcome by responding in ways which facilitate a connection.

4.3.3.1 Connection

Fred and Keith talk about "*pin drop*" performances where audience and performer collaborate to create an enjoyable moment. These moments occur for Keith when he is absorbed in the music. He says "*the more you get into [the piece] then I find the more they work with you*". By *"[being] honest musically while you're playing to the character of the piece*" Fred and his audience work to achieve a "*magical moment*". At this moment he experiences a "*transcendental*" merger with his audience. He says "*You know, but there's not so much a feeling of 'they' and 'I'...you know that's the magical thing that happens*".

Cindy feels she has made a connection with the audience when she can hear them react to the subtleties of her performance. She recounts an example:

> *Cindy: I was playing a piece that kind of pulled around tempo and it was a piece that was kind of quirky and em, cheeky I suppose was a good word for it and you know you could hear if I tried to be funny with a phrase or something like, I could hear the audience reacting to it...There is actually a video and on this video there's two people who just sighed in the middle of [the performance].*

This vignette suggests a kind of unspoken dialogue between audience and performer. Being able to move an audience "*without their conscious knowledge*" is a powerful experience for Cindy. She explains "*it's very exciting to hear [the reactions] because it just gives you more energy or something to play...that's what I strive for, is getting that level of connection with an audience*".

As we have seen from Kate's positive view on MPA, a kind of energy transmission occurs during performance. She transmits the energy by communicating her joy of performing and carefully selects her program to achieve this.

> *Kate: I feel like obviously if it's pleasant to listen to, I don't play you know something that would be very difficult to hear. But em, as long as it's em you know pleasant, and I'm playing what I want to play, there's joy in that...that is communicated.*

In this extract Kate expresses that playing what she wants to play helps her to connect with the music and communicate with her audience. She says "*we're all doing it 'cause we love it and we're all going to have a nice time*". She feels that conveying her joy of music ensures that she and her audience have an enjoyable experience.

4.3.3.2 MPA Barrier

The findings show that MPA can inhibit a connection forming between audience and performer. The moments of panic Keith experienced in the past made him self-conscious and focused on just getting through the performance. He explains "*if I was nervous, I wouldn't try and communicate with the audience at all. I'd just try to get through the pieces*". Before he learned to manage these sporadic MPA experiences he says:

> *Keith: it would have stayed like that, stayed in that mode you know, "I can't play this" and it would be a very wooden performance for the rest of it then".*

This vignette indicates the distraction negative thoughts pose, causing him to question his ability to play the piece. Distracted from the task at hand, Keith cannot become absorbed in the music which is necessary for him to connect with his audience.

Kate avoids thinking about the audience because she finds:

> *Kate: when I think about them by accident I get distracted. Em, so I just think of communicating but I'm not thinking about them...sometimes even noticing who's there before you go out...that can be very distracting. The positive and negative thoughts, they're all a distraction from music...*

Like Keith, Kate notes the threat negative thoughts pose to making a connection with the audience. She goes a step further to say positive thoughts about anything other than the music are just as bad. Therefore she tries to focus her thoughts solely on communicating with her audience and not on the actual people.

4.3.3.3 Handling the Situation

Two of the participants express that when things go awry it is possible to establish the sought after connection with the audience, depending on how the performer(s) handle the situation. Fred mentions the importance of minimising the audience's awareness of mistakes on stage. He remarks "*You know but these, these things have to be managed and you can't let them know that there's something badly wrong (laughs)".* This finding may stem from musicians' aversion to being seen as vulnerable or weak mentioned earlier.

In some cases it is obvious that something is wrong. When this occurs Fred says "*You can get away with anything on stage as long as you handle it in the correct way*". Once during a small Trad concert Fred realised that instead of playing the second tune in the set, he

had gone back into the first tune. This would have been very noticeable to the audience which was made up of skilled musicians. He recalls his response to the mistake:

> *Fred: (smiles) I sort of stopped, and went "FUCK!" as loud as it could be and went flying into a set of tunes in A major and the place COMPLETELY erupted.*

He explains that "*the place just erupted because everybody could empathise with it...it was the best thing that has happened in a while..."* His use of profanity seems to support the finding that musicians wish to avoid showing vulnerability, however it was his response to being vulnerable that the audience could connect with on a human level and it enhanced the experience for all.

To give another example, Kate recalls her response to a memory lapse in a more formal setting:

> *Kate: I turned to the audience and said "I'm sorry. It's gone!" and I picked up from a later point in the piece. Eh, but I remember them all chuckling and laughing with me, a really nice feeling...If you freeze and you don't communicate, they're dying with you...so on that occasion I could feel the immediate "she's alright she's not freaked out" but at the same time a part of me is going "oh shit!" (laughs).*

Again we see the performer's aversion to vulnerability through Kate's use of profanity. It is interesting to note Kate's view that the audience feel uncomfortable when a performer makes a mistake and her preception of immediate relief on their part when she discloses that she is

OK and it was just a memory lapse. Kate's honesty and the audience's empathetic laughter seem to alleviate the awfulness of the situation and the two parties connect in "a really nice feeling".

Chapter 5: Discussion

5.1 Introduction

The results reveal interesting findings about the characteristics and functions of MPA in these participants. The participants' diverging views on MPA is unexpected in light of the current psychology research findings. The coping strategies participants utilize seem to reflect their approach to performance and MPA. An exploration of the performer/ audience relationship in relation to MPA reveals some possible insights into the dynamic between the performer and the audience and how this impacts MPA. Due to the lack of psychotherapy research on MPA the researcher includes current psychology research, psychoanalytic and psychotherapeutic theory to the discussion of the findings. The researcher offers possible theoretical links to explain the findings. The literature suggests that the universality of MPA stems from vestiges of *universal* developmental experiences. In light of this, the researcher's intention is not to pathologize but to offer possibilities for the reader's consideration.

5.2 Experience of MPA

5.2.1 Symptoms

Keith's vivid description of his MPA symptoms seems to illuminate features of the anxiety apprehension process Barlow (2000) refers to. On this occasion, at the heart of Keith's panic, or "false alarm" is "a sense of uncontrollability" (Barlow, 2000). His experience shows several interacting characteristics of anxiety apprehension; increased physiological arousal causing his mind to "panic and freeze" (HPA activation); feeling disorientated/ loss of control (helplessness); feeling watched (hypervigilance for cues of threat) and shift in focus to self-

evaluative concerns about ability to cope with the threat ("I'm going to make a mistake") (Barlow, 2000).

From a psychoanalytic perspective, one of two dynamics could be at play. A self-focused concern about ability to maintain bodily control may indicate anxieties of subjection to shame or castration (Gabbard, 1983) for symbolically "making a mess" (Tylim, 2001, p.14). Feeling watched and concerns about making a mistake suggest the other-focused hypervigilance for audience cues and desire for perfection reactivated in the separation anxiety experience with narcissistic concerns (Gabbard, 1983). In any case, any diversion in attentional focus distracts from the task at hand (Derkshan & Eysneck, 2009) which inhibits the performer from becoming absorbed in the music (Gabbard, 1983).

5.2.2 Positive and Negative Views of MPA

Kate's three distinct examples of MPA experience illustrate the variety of symptoms that can manifest in one individual. According to Dickerson and Kemeny (2002) her responses to stressors differ depending on whether the stressor is appraised as a challenge or threat; as controllable or uncontrollable; as manageable or exceeding coping ability, and whether self-esteem is at risk in socially evaluative situations (as cited in Kemeny, 2003). For Kenny (2000) Kate and Keith's experiences, appraisal and responses to different performance settings are determined by interactions of both their own and their parent's genetics, parenting, social context, attachment, object relations, and environmental supports (as cited in Kenny, 2011). Kate's symptoms are normally moderate and manageable. In the third extract Kate describes a spontaneous story-telling session with her Dad's friend which caused to become emotionally overwhelmed during the performance. This finding gives us an insight into the impact unplanned factors can have on MPA.

The findings show the participants' have conflicting opinions about whether MPA helps or hinders their performance. Cindy normally experiences MPA as "excitement" (Klichstein, 2009). Sometimes when she plays a piece in public for the first time however MPA slows her movements slightly "*making it more difficult to play*". The constricted movement is captured by the origins of the word anxiety (Himmelhoch *et al.* 2001). Cindy then reveals her movement is not affected "*if you know that you can do it and you're prepared"*. This supports Dickerson and Kemeny's (2003) findings; her perceived control and confidence she can cope mean it is a challenge, not a threat. Kate views MPA as an "*essential part of rising to the occasion*". This is reminiscent of Sarason's description of stress (1984). When she feels badly affected MPA is a "huge oppressive cloud coming down upon me" which takes great effort to shake off. The former experience primes her for action, the latter conveys a sense of being "weighted down with burdens" which also derives from the roots of the word anxiety (Himmelhoch *et al.* 2001). For Fred MPA motivates him to anticipate problems and devise "*safety nets"* thus increasing his sense of control (Mor *et al.* 1995). Unlike the female participants, he does not think MPA facilitates performance *"a huge amount"*.

5.3 Performance Coping

5.3.1 Preparation

The results show the participants often have to cope with MPA and unforeseen circumstances. Fred notes a direct relationship between his MPA and unexpected mishaps or mistakes. Practice alleviates some of Fred's anxiety. He says "*the more confident you are that you REALLY know the stuff, the less nervous you'll be ultimately"*. In fact all four participants advocate practice as part of their preparation regime.

In addition to practice Cindy performs ritualistic exercises before a concert. She says it "helps me feel much more comfortable about going out there". Pre-performance rituals "reduce stimulation (internal or external), enhance concentration, and absorb extra energy...due to arousal" (Salmon & Meyer, 1992, as cited in Tarrant *et al.,* 2010, p. 70). The soothing quality of the ritual is reminiscent of transitional phenomenon (Winnicott, 1971). For young children transitional phenomena can be "a word or tune, or a mannerism – that becomes vitally important to the infant for use at the time of going to sleep, and is a defence against anxiety," (Winnicott, 1971, p. 3). Winicott (1971) notes this "need for a specific object or a behaviour pattern...may reappear at a later age when deprivation threatens" (p.3). Cindy's comments suggest that perhaps performance activates the crisis of separation anxiety and the transitional phenomenon (ritual) helps to calm her in preparation for the potential risk of object loss or losing the objects' love (Mahler *et al.,* 1975, as cited in Gabbard, 1979). Kate mentions "certain food and drinking habits you'll adopt as well" before a performance. This may be an attempt to reinstate the "'good', satiating, nurturing feelings of a successful feeding (Bateman & Holmes, 1995) that give this performer the nourishment she needs to perform.

All four performers speak about the "back-ups" and "safety nets" they develop before a performance. Mental markers help to orientate Cindy in the event of a memory lapse. Kate's classical training equips her to cope with everything from memory lapses to crying babies. Central to the shame dynamic is the concern that the exhibitionistic display of genitals/ the performance will fall short of self-expectations or evoke the audience's laughter (Gabbard, 1979). Many performers feel exposed or naked if this occurs and worry the audience will expose them as a fraud. Castration anxieties may also surface around "making a mess" (Tylim, 2001, p.14). The participants' efforts to 'cover' themselves in the event of a mistake or mishap may be linked to fantasies of shameful exposure and castration.

5.3.2 Adaptability

The results show individual coping strategies are determined by the performer's skill set, training and innate ability to cope with stressors in a performance context. The ability to adapt to performance catastrophes is a huge advantage. The male participants are adept improvisers and use their skill to mask mistakes and on stage difficulties. However Fred's anxiety rises in orchestral situations where improvisation is not permitted and "there's no room for mistakes whatsoever". This performance context "scares the hell out of [him]" because it adds the pressure to be note-perfect and removes one of his precious "*safety nets".* The orchestral boundaries and expectations make it harder to adapt and perhaps leave him feeling more exposed him to the shame that derives from making mistakes.

These days when Keith feels heightened arousal he has a process for self regulation. He pares back the melody giving him the space to "*work through it in my head*". He will say to himself "*I've learned this, I've practised this*". He will also "*maybe do a few quick breaths"* to manage his physiological arousal. Self regulation was not always automatic for him; recall the disorientation of the first MPA experience he mentions. Keith's has developed the ability to cope through "transmuting internalisation" (Kohut, 1971, as cited in Kahn, 1997, p.92). This is the process whereby (age appropriate) selfobejct failure gives the child "the opportunity of the failed mirror to take the mirroring function upon themselves and ...change something basic in the *self"(*Kahn, 1997, p. 92). These internal structures lay the foundations for coping with stressors in adult life and MPA. The sources of transmuting internalisation are in the next section.

The experience of seeing the stage from the audience's perspective compounds just "how vulnerable we are up there" for Cindy. To cope with this realisation she immediately "*put[s] that out of my mind as soon as I can*!" and generally avoids walking through auditoriums "*if I can help it*". Again a participant highlights feelings of inadequacy and

exposure that can arise when the shame dynamic is activated in relation to the audience. Cindy's cognitive and behavioural techniques provide a defence so she can be in front of the audience without being overwhelmed by the vulnerability this may evoke in her. Kate also adapts to "unhelpful thoughts" by focusing on something positive thus *"[turning] it around*". Like Keith she makes "*A conscious effort to slow [her] breathing down*" to manage physiological arousal. Attending to the specific aspects of the MPA experience in adaptive ways allows her to cope with MPA.

5.3.3 Communication

The findings show communication with teachers and peers is a powerful support to performers if it is available to them. Kate speaks about the role modelling she received from older musicians. She provides her students with similar modelling, as well evaluating their performances with them. Kate's points highlight the importance of the idealising parental imago and empathetic holding (Winnicott, 1965b, as cited in Jacobs, 1995) to the development of MPA coping in younger musicians. Students who have "powerful, calm, confident" teachers internalise that power and confidence through transmuting internalisation (Kahn, 1971, p. 93). In this way they acquire "*ideals"* to guide them, "*control over impulses"* and "*the capacity for self soothing in times of stress and pain"* (Kahn, 1997, p. 94). Evaluating the student's experiences in a holding environment provides the "*good enough*" care and mirroring (Kohut, 1971, as cited in Kahn, 1997, p.91) that promotes autonomous coping in adults. Keith also emphasises the need for teachers to "*give students advice on how to deal with [MPA]*" and gives his young students with tips which help them to "*view the exam as something interim, that's not that important*". In doing so he provides his students with an idealising parental imago they can internalise.

Despite the support sharing MPA experiences provides for coping it is surprising to find MPA is generally not discussed amongst peers. Keith experiences the profession as "*not quite cutthroat*" but competitive. His comments suggest oedipal aggression and envy amongst performers which may make it difficult to reach out to others (Gabbard, 1983) unless "*it's...people who know each other really well*". Cindy says performers generally discuss problems they are having without naming the anxiety. These findings reveal that discussing the anxiety component of MPA is avoided because it means admitting to weakness or vulnerability. Again this points to the shame dynamics underlying MPA experiences (Gabbard, 1983). The findings show that the transmuting internalisation essential to coping with MPA is also facilitated through peer discussion. Keith says talking with close peers helps "'Cause you realise that everyone is in the same boat". The participants' views of peer discussion as a somewhat unsafe environment is unfortunate as it remains a relatively untapped resource for MPA coping.

5.4 Performer/ Audience Relationship

5.4.1 Connection

The findings show the most enjoyable performances occur when participants experience a connection with the audience. Fred's description of the "magical" and "transcendental" moment where "there's not so much a feeling of 'they' and 'I'" implies the omnipotent symbiotic merger of mother and infant (Mahler *et al.* 1975, as cited in Gabbard, 1979). For Fred and Keith this collaborative moment arrives when the musician and audience become absorbed in the music.

Cindy finds enjoyment in hearing the audience's reactions to her performance. She revels in the thought of moving an audience "*without their conscious knowledge*" and strives

to get "*that level of connection with an audience"* in every performance. Cindy's comments suggest an "omnipotent wish to control and...manipulate [the] audience" (Gabbard, 1979, para. 6). Gabbard (1979) speaks about the sabotaging guilt and anxiety aroused in some performers about consequences should the audience become aware of this wish for omnipotent control. This is not Cindy's experience as she finds it "*very exciting...because it just gives you more energy or something to play*". Connection with her audience gives her a feeling of powerful omnipotent control which fuels her performance.

Kate experiences performing as a kind of energy transmission to the audience. This is achieved though communicating her joy of the music and she selects her program to help her reach a state of joy. She says "*I'm playing what I want to play, there's a joy in that...that is communicated*". Alper (1992) suggests that since the performer cannot reciprocally admire the audience it experiences its experiences a narcissistic injury to its grandiose self. Therefore it "craves more and more narcissistic supplies (feedings of every more glorious art) [to] restore itself" (Alper, 1992, p. 15). Kate's remarks imply the feeding the audience needs to recover from the narcissistic injury. Some performers experience their own projected and reversed greed as a fantasy of being devoured by the audience (Gabbard, 1983). In choosing her own program and playing what she thinks the audience wants to hear, (thereby transmitting joy to the hungry audience) she can balance her own need for appreciation with the mirroring needs of the audience.

5.4.2 MPA Barrier

MPA symptoms can impede the performer's ability to reach the state of absorption in the music necessary to connect with the audience. On the occasions where Keith felt badly affected by MPA he says "*I wouldn't try to communicate with the audience at all. Id' just try to get through the pieces*". MPA would cause him to think "*I can't play this*", distracting him

from the task at hand and producing "*a very wooden performance*". Kate tries to minimise thoughts about the audience and any thoughts positive or negative because "*they're all distracting from [the] music*". These findings support the notion that MPA impairs the performance by affecting the performer's attentional control (Derkashan & Eysneck, 2009). The results go a step beyond Derkashan & Esyneck's study to imply that the real impairment MPA poses to the performance quality is the lost connection that results from attentional control difficulties.

5.4.3 Handling the Situation

The findings indicate that the participants' place significant importance on how mistakes and mishaps are responded to. Fred's desire to minimise the audience's awareness of mistakes and mishaps suggests a wish to conceal the feelings of inadequacy intrinsic to the shame dynamics previously discussed (Gabbard, 1983). It is impossible to conceal every blip however, and Fred thinks on these occasions it is OK that the audience knows something is wrong "*as long as you handle it in the correct way"*.

Examining Fred's handling of an obvious mistake in front of an audience of peers we see his horror at exposing inadequacy (Gabbard, 1983) from the loud profanity he uses and his quick transition into a new set of tunes. The oedipal envy and aggression underlying peer relationships in performers is defended against by devaluing others' performances, omnipotent feelings that "I could do better given the chance", and narcissistic withdrawal i.e. avoidance or walking out during peer performances (Kernberg, 1974). In the moment, Fred may have unconsciously feared his audience would respond in one or more of these ways. Instead the audience "*COMPLETELY erupted*" which made it "*the best thing that has happened in a while*". These findings indicate performers wish to avoid feelings of inadequacy especially in front of peers.

It is interesting to note the empathetic connection that formed between Fred and the audience during this performance. Rogers posits that the client's experience of unconditional positive regard, empathy and congruence from the therapist form a facilitative bond between them which promotes therapeutic change (Rogers, 1961). In Fred's example the audience show unconditional positive regard to his mistake, empathising with him because they know what it this experience is like. The factor which brings this about is the congruence of Fred's response. In being completely honest with his audience Fred and the audience achieve the collaborative connection making the performance an enjoyable experience for both parties. This finding also challenges Keith's views of peers as egotistical, competitive and "*cutthroat*" and highlights the potential gains to being congruent with one's peers about MPA.

Kate's example illustrates the collaborative bond which can be established by being congruent when mistakes occur. In response to a memory lapse Kate tells her audience "*I'm sorry. It's gone!"* Kate's congruent response about the mistake evokes the audience's empathy and they laugh with her, relieved that "*she's alright, she's not freaked out*". Kate understands the importance of being congruent because "*if you freeze and you don't communicate, they're dying with you*" suggesting the unconditional positive regard the audience holds for her. There is a wedge of shared discomfort between the audience and performer if nothing is said. In being congruent Kate and the audience share "*a really nice feeling*" and allowing both parties to move on and enjoy the rest of the concert.

Chapter 6: Conclusion

6.1 Conclusion

The study finds the participants' MPA symptoms fall in line with Barlow's (2000) theories of anxiety processes. Kate and Keith's examples illustrate how the system operates as part of a feedback loop which can be very hard to regulate once it gets to a certain level. The differences between Keith and Kate's experiences of MPA also gives evidence to support the theories that MPA experiences vary from one individual to the next, and also within the same individual depending on the factors Dickerson & Kemeny (2002) outline (as cited in Kemeny, 2003). The researcher is surprised to find that not all participants experience MPA as facilitative to their performance which conflicts with the studies of Mor *et al. (1995)* and Steptoe and Fidler (1987). It is interesting to note the significance of the participants' conceptualisation of MPA as anxiety or excitement in their views on MPA.

The results attest to the importance of pre-performance rituals in facilitating self-regulation before a performance (Salmon & Meyer 1992 as cited in Tarrant *et al.* 2001). The researcher proposes rituals perform a similar function to transitional phenomena in defending against and soothing anxiety. The findings suggest that a primary concern for performers is to avoid being seen as weak, inadequate or vulnerable by their audience. It motivates the participants to find ways to 'cover up' when they feel their inadequacies are exposed and explains the increased anxiety when certain performance contexts deprive them of their "back-ups" and "safety nets". These findings suggest the shame dynamics suggested by Gabbard (1983). It also suggests that performers might benefit from increased peer support in performance contexts with higher demands.

An interesting finding shows that performers develop MPA coping skills through transmuting internalisation in relationships with their teachers and peers. The two

participants who teach try to provide an idealising parental imago for their students to internalise (Kohut, 1971, as cited in Kahn, p, 94). The study finds peer support is underused by some participants perhaps due to oedipal envy and aggression which exists in performers relationship with their peers (Gabbard, 1983) and the desire to protect against vulnerability (Gabbard, 1993). The participants' experiences of MPA and performance suggest several but not all of the underlying dynamics outlined by Gabbard (1979; 1983).

Finally, the participants' experiences reveal the connection with the audience is the most sought after and enjoyable thing about performance. The findings highlight the way in which MPA creates a barrier between the performer and the audience. Since the performance quality depends on the relationship an unexpected finding is that real impairment MPA poses is through its interference with the performer/ audience relationship. A more interesting finding is that dynamics arise between the performer and the audience which are similar to the core conditions (Rogers, 1961). The results suggest that when these conditions occur in the relationship it brings the performer and audience closer, thus enhancing the performance quality for both.

6.2 Suggestions for Further Research

The findings support the view that pre-performance habits and rituals are beneficial in helping the performer regulate MPA before a performance. The researcher proposes a link between these and transitional phenomena which help to infants to manage their anxiety. Future studies which investigate pre-performance rituals as transitional phenomena may help psychotherapists to clarify the significance of rituals in self-regulation and highlight specific pre-performance behaviours which reduce MPA.

Two of the musicians who took part in the study perform a considerable amount of Trad music. The researcher finds no research in existence on the experiences of MPA in

musicians who identify as trad musicians. Future research into the MPA experiences of this sample may reveal interesting similarities and differences in experience and coping strategies which further informs the collective knowledge of MPA and may provide insights for the psychotherapeutic treatment of MPA in this population.

The findings indicate musicians have reservations about discussing MPA with their peers but also show discussion with peers as a source of transmuting internalisation. Further studies into the possible underlying dynamics which impede performers from reaching out to their peers may encourage psychotherapists to explore and treat maladaptive perceptions of peers which prevent performers from discussing MPA and finding support from their peers.

Appendix A: Interview Guide

Experiences of MPA

1. Do you experience music performance anxiety?
    - How do you experience MPA? Thoughts, Feelings, Behaviours, etc...
2. Do you think MPA impacts on your performance in a positive or negative way?
    - Could you expand on that?
3. Which public performance situations might induce more MPA for you?
    - Why do you feel that is?
4. Which public performance situations would evoke less MPA for you?
    - Why do you feel that is?
5. How do you view the audience when you perform?
6. Have you ever stopped completely during a performance?

- **If so**, what was that experience like?
- What do you think caused this to happen?
- **If not**, have you ever felt like stopping?
- What kept you from stopping?

Coping with MPA

7. How do you cope with having to perform in public?
8. Have you ever discussed MPA with other musicians?

- If not, why not?

9. What keeps you performing in public?

Meaning

10. When I say Music Performance Anxiety, what comes to mind?

Is there anything else you would like to add at this time?

Appendix B: Information Sheet

Department of Psychotherapy
Dublin Business School
Castle House
South Great George's Street
Dublin 2
Tel : 01 4170650

Information Form

My name is Erica Shaw and I currently undertaking a Masters in Psychotherapy and Counselling at Dublin Business School. I would like to invite you to take part in my research project. The title of my study is "What would you do if I sang out of tune...? An exploration of professional Irish musicians' experiences of music performance anxiety". I am interested in looking at what the experience of music performance anxiety is like for Irish musicians, using a psychodynamic theoretical framework to understand those experiences.

What is involved?

You have been chosen to participate in this study on the basis that you are a professional musician (i.e. perform music in a public setting for a living), are an Irish national and experience music performance anxiety. If you agree to take part, you will be asked to do a recorded interview on your experiences of music performance anxiety, which will last no longer than 50 minutes. The interview will take place at a time and location which are convenient for you.

Confidentiality

The information obtained from you during the research will be kept confidential. The recorded interviews will be transcribed and kept in a safe location. These transcriptions and recordings will only be accessible by me, the researcher. During the write up of the research project, each participant will be assigned an alias to assure the participant's anonymity is maintained. In the event that any information will be used for a future study, you will be contacted and asked to give your consent. This is a voluntary study and you are free to withdraw your participation at any time.

DECLARATION

I have read this consent form and have had time to consider whether to take part in this study. I understand that my participation is voluntary (it is my choice) and that I am free to withdraw from the research at any time without disadvantage. I agree to take part in this research.

I understand that, as part of this research project, notes of my participation in the research will be made. I understand that my name will not be identified in any use of these records. I also understand fully the time commitment of one 50 minute interview is required. I am voluntarily agreeing that any notes may be studied by the researcher for use in the research project.

Name of Participant (in block letters) _____

Signature_____

Date / /

If you have any questions regarding your rights as a participant in this research project, please contact Susan Eustace, MSc Counselling Psychology at eustacsm@tcd.ie.

Appendix C: Informed Consent

CONSENT FORM

Protocol Title:

"What would you do if I sang out of tune...?" An exploration of professional Irish musicians' experiences of Music Performance Anxiety

Please tick the appropriate answer.

I confirm that I have read and understood the Information Leaflet attached, and that I have had ample opportunity to ask questions all of which have been satisfactorily answered.

☐**Yes**
☐**No**

I understand that my participation in this study is entirely **voluntary** and that I may withdraw at any time, without giving reason.

☐**Yes**
☐**No**

I understand that my identity will remain anonymous at all times. ☐**Yes**
☐**No**

I am aware of the potential risks of this research study. ☐**Yes**
☐**No**

I am aware that an audio recording will be made of the interview. ☐**Yes**
☐**No**

I have been given a copy of the Information Leaflet and this Consent form for my records.

☐**Yes**
☐**No**

Participant: _____ _____ _____
Signature Date Name in block capitals

To be completed by the Researcher.

I the undersigned, have taken the time to fully explained to the above participant the nature and purpose of this study in a manner that he/she could understand. We have discussed the risks involved, and have invited him/here to ask questions on any aspect of the study that concerned them.

_____ _____ _____
Signature Date Name in block capitals

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