

# *Coping Strategies of Music Performance Anxiety*

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**Abstract:** Music Performance Anxiety (MPA) puzzles lots of people for a long time, including professional musicians, students and teachers, and even children who learn music. It can affect their stage performance, daily life, and career development, often resulting in adverse outcomes. A large number of psychologists, music psychologists, and music teachers have conducted research on MPA. Through sorting and summarizing these studies, this article discusses the prevalence causes, management, and correction of MPA from various aspects. MPA can occur in any performance. While moderate tension is common and can enhance performance, excessive tension leading to anxiety is considered a psychological and behavioral disorder. The causes of MPA are complex, possibly due to inadequate preparation exercises or lack of performance experience, as well as the influence of past failures. It has varying degrees of impact on the emotional, psychological, and physiological levels of performers. In addition to existing treatment methods, including psychoanalysis, cognitive-behavioral therapy, body-oriented methods, and mind-oriented methods, a good educational environment and support from family and teachers also play a crucial role in helping performers develop effective self-management strategies to alleviate negative emotions and behaviors.

**Keywords:** Music Performance Anxiety, Causes, Coping Strategy, Treatment, Music Educators

## 1. Introduction

The research on music performance anxiety began in the 1960s and 1970s. With the development of today's society, music performance anxiety has become an increasingly important psychological phenomenon. The increasing pursuit of art by people has led to more and more people participating in music performances. Therefore, music performance anxiety is not only the "patent" of performers and professional students but also exists among amateur performers and children. Symptoms of MPA may arise even without formal stage performances, such as during practice sessions in the presence of others. This anxiety can significantly affect the quality of performance and the mental health of performers, underscoring the urgency of addressing this psychological issue for both professionals and amateurs [1].

The research topic of this article is about the coping mechanisms of music performance anxiety. Starting from the symptoms of music performance anxiety and the psychological characteristics of performers, the factors that cause it will be analyzed. This article explores strategies for coping with and treating MPA on three levels, aiming to enable performers to overcome anxiety, enhance

performance quality, and achieve their optimal state. The purpose of this review is to help educators and performers understand MPA correctly by summarizing the current research status of MPA. The content of this article can also promote the development of appropriate and effective measures to alleviate MPA.

## 2. Overview of Music Performance Anxiety

### 2.1. Definition

Music Performance Anxiety (MPA) is considered to be the sustained, painful tension and worry experienced by performers during public performances. This anxiety not only affects the quality of the performance but also has a significant impact on the performer's physical, emotional, cognitive, and behavioral aspects [2]. It usually includes concerns about performance, attention to shortcomings, and high arousal of the body and autonomic nervous system. The level of performance in MPA is sometimes unrelated to an individual's musical talent, training, and preparation level [3]. In literature, "music performance anxiety" is sometimes used interchangeably with "stage fright," although stage fright is often considered an extreme manifestation of MPA [4]. However, MPA encompasses the experiences of musicians, students, educators, and hobbyists alike. According to the *Diagnostic and Statistical Manual* published by the American Psychiatric Association in 2000, severe and painful manifestations of MPA can be classified as pathological and may require treatment as a type of social phobia [1]. Researchers have found that MPA can occur in practitioners of different age groups and abilities, such as instrumentalists, vocalists, as well as students, professionals, hobbyists, and children [5]. Therefore, MPA has received increasing attention and research from people.

### 2.2. Causes

The most common physical symptoms of MPA include increased heart rate, hyperventilation, muscle tension, nausea, limb tremors, dry mouth, and sweaty palms [5]. Research has indicated that MPA causes muscle pain in musicians, with the waist and neck being the most affected areas [6]. These changes in physical states often interfere with the performer's performance state. For example, accelerated heartbeat could cause deviations in the performer's perception of speed to some extent; Overventilation could affect the performer's performance; Muscle tension may affect the correct application of force by instrumental performers, which may lead to issues such as mispronunciation and inadequate performance of force. The emotional changes brought about by MPA are reflected in excessive worry, where performers are extremely afraid of failure and often accompanied by a series of anonymous panics. Due to excessive worry and concern, people may lose confidence in the performance, have difficulty concentrating, and even experience memory loss and blank mind [7].

The reasons for the above situations are complex. Firstly, this is related to insufficient preparation of performers, such as inadequate skills or insufficient practice. Selecting pieces with a difficulty level beyond one's ability may foster anxiety and a fear of failure. On the contrary, even appropriately challenging pieces can provoke anxiety if practice is insufficient. Secondly, anxiety is related to performance experience. While seasoned performers may display emotional stability during performances, less experienced individuals often experience heightened apprehension. Thirdly, according to Barrow's anxiety theory, hereditary susceptibility and sensitive early life experiences can lead to widespread anxiety or psychological disorders (depression) [8]. For example, some young musicians who face high expectations but lack familial support may engage in frequent self-evaluation, which can undermine focus and increase stress. Fourthly, Craske and Craig's three-system model and self-efficacy theory suggest that MPA arises from the interaction of cognitive overthinking, autonomic arousal, and behavioral overreaction [9].

## 2.3. Measurements

In addition to observable physiological changes, MPA can be assessed by using research tools such as Hamilton Anxiety Scale (HAMA), Self Rating Anxiety Scale (SAS), Symptom Checklist 90 (SCL-90), Performance Anxiety Inventory (PAI), and State Trait Anxiety Inventory (STAI). HAMA was developed by Hamilton in 1959 and is primarily used to assess the severity of anxiety symptoms in patients with neurosis and other conditions; SAS by W K. Zung was developed in 1971 and can assess the severity of anxiety symptoms and their changes during treatment. It has good reliability and validity and can be used in clinical and scientific research work; SCL-90 was developed by L R. Derogatis was developed in 1975 to measure the mental health level of participants over the past week and is currently one of the most widely used scales for measuring mental health status; PAI was developed by Nagle, Himle, and Papsdorf. The scale includes 20 descriptions of the cognitive, physiological, and behavioral components of a performer's solo experience; STAI was developed by Spielberg et al. and consists of two parts: state anxiety and trait anxiety. State anxiety assesses feelings in the "present" or the most recent specific time frame, which is a response to a particular scene or event, while trait anxiety assesses emotional experiences that are typically sustained and a personality trait. [10] These scales provide valuable insights into understanding of the subjects' anxiety levels.

## 3. Coping Strategies

### 3.1. The Perspective of Performers

As performers themselves, the first thing is to strengthen practice before the performance, especially by extracting and repeatedly training the bars, sections, and technical difficulties that are poor performance to solve the problem of insufficient professional preparation before the performance. Secondly, to alleviate the problem of limb stiffness, it is necessary to develop the habit of muscle stretching exercises in daily life. Before performing, stretching can also be used to relieve muscle tension in various parts of the body. Additionally, some breathing training should also be added, because when a person is nervous, the blood flow rate increases, and smooth breathing can help slow down the blood flow rate, while also expanding blood vessels to some extent, thus achieving the goal of reducing tension and anxiety. Finally, performers should also accumulate performance experience. Many people may have negative emotions towards things that have not experienced and worry about not being able to do them well due to a lack of experience and confidence. By participating in more performance opportunities and focusing on positive outcomes, performers can lower anxiety levels and foster a virtuous cycle of confidence and success.

### 3.2. The Perspective of Educators

Educators play a pivotal role in helping students cope with MPA by fostering a supportive and encouraging environment. Nagel and other researchers unanimously believe that increasing the amount of exercise does not guarantee that anxiety will not occur [11], so often it is not enough practice to avoid performance pressure. Educators should treat students with the correct didactics and appropriate attitudes. If teachers always scold students with harsh or even rough language, students would feel nervous during class and transfer this emotional state to performance.

Researchers have conducted a study on 808 music major students, investigating their perception, coping strategies, and analysis of the reasons for stage fright. The results showed that 44.9% of students had psychological problems with stage fright, while 8.4% of students reported being very stage fright. The analysis of environmental factors contributing to stage fright includes the influence of parents' and teachers' attitudes towards students' piano learning on stage fright [12]. Educators should aim to reduce the pressure associated with perfectionism and discourage students from linking

performance errors to self-esteem or self-worth. Encouraging students to view mistakes as learning opportunities rather than failures can mitigate MPA.

Furthermore, teachers should also encourage students to naturally express their feelings about the world through music. Rigid technical requirements that limit students' interpretive freedom can disrupt their emotional connection to the music, turning it into an external task rather than a personal, creative experience [13]. By fostering a more personalized and expressive approach to performance, educators can help students develop a healthier relationship with their music and reduce anxiety.

### 3.3. The Perspective of Treatment

#### 3.3.1. The Field of Psychotherapy

Cognitive Behavior Treatment(CBT), Acceptance and Commitment Therapy(ACT), Guided Imagery and Music(GIM)as well as Conditioned Emotional Response Intervening Technique(CEI) are common treatment methods in psychology. Kenny believes that CBT therapy has a significant effect on the treatment of MPA [14]. CBT therapy is a combination of behavioral therapy and cognitive therapy that aims to alleviate anxiety by encouraging and supporting participants to change their misconceptions about behavioral disorders. Faced with the assumption and imagination of "catastrophizing" in the treatment of MPA, CBT mainly has a positive impact on people in the form of cognitive restructuring and attentional shift. In terms of behavior, gradually replacing negative performance experiences through positive performance experiences and increasing positive performance experiences through changes in external performance conditions to cope with MPA [15]. During the performance, CBT aims to encourage participants to focus on the content of the music itself rather than on the audience or themselves, which can effectively reduce the level of MPA [16]. ACT is known as the third wave of psychotherapy theory, which is an experimental behavioral psychotherapy based on a framework approach to the relationship between human behavior and cognition. Its treatment focuses on enhancing psychological flexibility and resilience to anxiety by identifying avoidance behaviors and practicing valuable behaviors, meditation, and homework. ACT therapy has more potential advantages in the MPA field than CBT. [17] One representative evidence of this is that Juncos et al.'s treatment on college students majoring in violin music performance anxiety. The study adopted a single subject design, and participants received ten courses of ACT treatment. The intervention effect showed that after treatment and one month follow-up, the participants' ability to accept and resolve anxiety was significantly improved, their sense of control over MPA was significantly improved, and their performance quality also improved after treatment [18]. Subsequently, Juncos et al. conducted twelve ACT treatments on a group of singing team participants, and self-reported before, during, and after the treatment. After treatment and follow-up, it was observed that the participants improved in MPA symptoms, psychological flexibility, and performance quality, and reduced their sense of shame towards MPA [17]. GIM is a method in which a guide purposefully uses prepared classical music to evoke sensory and emotional responses in listeners. These reactions will become the core of treatment, and their manifestations are diverse, including imagery, symbols, feelings, reviews of past and present life, perceptions, metaphors, and transformative experiences. [19] Helen Lindquist Bonny and her team were responsible for selecting the most effective music accompaniment for treatment in clinical drug-related research at the Maryland Psychiatric Research Center in the early 1970s. Her work revealed that classical music was the most effective drug therapy heretofore, and they subsequently applied GIM to the treatment of alcoholics and achieved success. [20] CEI, developed by Professor Jin Hongyuan from China, refers to a psychological intervention technique that aims to cultivate visitors' metacognitive knowledge, enabling them to monitor their subconscious emotions, psychology, and behavior, and adopt certain methods to control their emotions, psychology, and behavior, ultimately achieving psychological

rehabilitation. There is a study that intervened six students with MPA at a music college. The measurement results before, after, and after the intervention showed that CEI is effective in treating music performance anxiety disorder, and the effect is long-lasting and stable. [21]

### **3.3.2. Music Seminar Method and Improvisational Music Therapy**

Music seminars and improvisational music therapy are commonly used methods for treating MPA in music therapy. Montello et al. used improvisational music therapy to deal with group music therapy, which allows participants to experience unconditional acceptance and support within the group, creatively transforming anxiety [22]. Kim Youngshin used music therapy improvisation techniques combined with systematic desensitization in her research, which showed effectiveness in relieving performance anxiety compared to music assisted muscle progressive relaxation and imagination techniques [23]. The music discussion method refers to the therapist's discussion with the subject's music, including analyzing the style of the selected music, identifying erroneous thoughts and analyzing the subject's internal personality traits, psychological needs, thus providing correct guidance. Kenny's research has shown that the effectiveness of music seminar therapy is significant in professional musicians and experienced performers [24]. This method obviously requires a deeper and more professional understanding in the field of music, with higher requirements, so I personally think it cannot be widely used.

### **3.3.3. Medical Methods**

In the field of medical treatment, the Alexander Technique stands out as a healthcare approach designed to relax the body, maintain balance, enhance flexibility, and improve coordination. For MPA patients, this method can help them relieve local muscle tension caused by tension before performing, ensuring the body is in the best state to complete the performance. Researches have proved that the Alexander technique is highly effective in controlling pulse rates. [25] However, this purely physiological treatment cannot alleviate the anxiety caused by psychological factors, therefore, it cannot effectively alleviate various anxiety symptoms of MPA. In medical therapy, benzodiazepines, especially Valium and Ativan, are most commonly used to alleviate anxiety. These drugs can temporarily relax people, but fear and terror do not disappear, and they may cause side effects. Meanwhile, the use of low-dose  $\beta$ -blockers to alleviate performance anxiety has been welcomed by many performers. Some authors proposed  $\beta$ -blockers as a drug solution for treating MPA in the early 1980s, but the advantages and disadvantages of this approach have been controversial - long-term use carries risks [1]. In addition, studies indicate that practices like yoga, within the realm of meditation, can also effectively reduce MPA levels [26]. By promoting relaxation and mindfulness, yoga helps performers manage both physical and psychological symptoms of anxiety, offering a holistic approach to MPA treatment.

## **4. Conclusion**

The causes of MPA are complex, including cognition, emotional reactions, music learning, and stage experience, among many other aspects. Addressing MPA requires not only the performer's self-regulation but also the active involvement of educators and social support systems to provide performers with psychological support during their development. Breathing exercises, meditation, and gradual muscle relaxation can effectively regulate the autonomic nervous system, alleviate symptoms such as increased heart rate, shortness of breath, and emotional distress triggered by performance anxiety, and alleviate muscle tremors.

To combat MPA effectively, performers must work on breaking negative thought patterns, positively reassessing the value and significance of their performances, and understanding that

nervousness is a natural reaction. By accepting these emotions and redirecting them toward achieving their best performance, performers can better manage anxiety. As research on MPA evolves, the focus has shifted from merely addressing symptoms to understanding underlying causes. As researchers delve deeper into the study of MPA, the research perspective continues to expand from symptom management to causal analysis. A good educational environment and support from family and teachers play a crucial role in performers, enabling students to learn self-management strategies in music education. Performers can only generate a strong sense of self-efficacy and complete a satisfactory music performance by developing positive self-awareness and real-life self-evaluation abilities psychologically.

By reviewing the current research status of music performance anxiety, both empirical and empirical studies have reflected the impact of MPA on the development of performers, as well as the effectiveness of corresponding exploration strategies. However, these researches also have certain limitations. Future research should focus on the validation and advancement with larger sample sizes.

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