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Music performance anxiety, or MPA, affects musicians of every age and performance level. This condition inhibits musical performance in the areas of accuracy, endurance, expression, and enjoyment. Music performance anxiety exists, in large part, through the performers themselves. These performers handicap efforts of musical presentation through the symptoms and effects of MPA. These symptoms and effects can be divided into three categories: cognitive, physical, and psychological.

The cognitive aspects of MPA include an inability to focus on the task at hand as well as difficulty with memory and methodology of specific instrument performance. The physical attributes of MPA are a result of what is known in psychological terminology as the "fight or flight" mechanism. When a person perceives a threat, either real or imagined, the internal workings of the body change to react to this threat. These changes in blood-flow and body temperature adversely affect music performance.

The psychological effects of MPA create a mindset within the performer that is negative and self-defeating, leading to decreased musical abilities and reduced enjoyment of musical performance. These effects are particularly detrimental in brass performance which requires a careful balance and combination of breathing, posture, aural skills, and finger/wrist dexterity.

This dissertation outlines explanations of the physical, cognitive, and psychological effects of musical performance anxiety and details strategies to lessen or

eliminate these effects. Literature pertaining to anxiety, sport psychology, and relaxation therapies are explored to further knowledge of these effects and provide a better understanding of these symptoms. This information can then used to deduce strategies to diminish the effects of MPA within brass players. Teachers can utilize this information as a resource guide to help with the teaching of students who suffer from nominal to severe music performance anxiety. Strategies for teaching students to cope with these effects are also included along with pedagogical applications for brass playing. The purpose of this discourse is to facilitate a change in the methodology of music education and performance coaching in musical performers of all ages and abilities.

CAUSES, EFFECTS, AND SOULUTIONS TO PERFORMANCE-RELATED ANXIETY: SUGGESTIONS FOR THE TEACHING OF BRASS PLAYERS

by

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APPROVAL PAGE

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CHAPTER I

INTRODUCTION

Performance–related anxiety affects people from a wide range of various backgrounds and disciplines. In sports, pressure and stress-related anxiety depletes the focus and drive of athletes. In business, anxiety discourages bright and intelligent employees, keeping them from achieving their potential. In education, teachers with great potential are pushed into other professions due to public speaking anxiety. In some cases, fear and uncontrollable anxiety are caused by tangible threats that pose an actual danger. True danger exists in professions such as law enforcement, military service, and firefighters.

In many cases, however, anxiety results from a threat that is simply perceived and does not pose imminent danger. This type of anxiety can be moderate to severe and even reach clinical levels. These levels of anxiety are not only detrimental to performance in these careers; they also negatively affect the health of the person who suffers anxiety in chronic levels. Stress remains at a high level as the sufferer's stress correlates with the anxiety that is related to various activities.

In the music profession, this performance related anxiety can be especially damaging. The ability to perform at an extremely high level is crucial for any professional musician. Despite many years of study and practice, musicians who suffer from Musical Performance Anxiety (MPA) are simply unable to maintain focus and

composure when placed in a performance situation. These symptoms and inabilities lead many to leave the profession and stop playing music completely.

Musicians who perform on brass instruments such as trumpet, horn, trombone, euphonium, and tuba have specific effects and issues that result from MPA. Brass players produce sound by the buzzing of lips into a mouthpiece, this group of instruments is unique in this method of sound production. In regards to this difference, the physical effects of MPA can be particularly detrimental to the performance abilities of brass instrumentalists.

Purpose

The purpose of this study is to improve the teaching of brass instruments in regards to the control or elimination of the symptoms and effects of Musical Performance Anxiety. This dissertation can assist studio teachers in the methodology of coping with performance-related anxiety. With an improved understanding of MPA, teachers can better prepare their private students for performing in stressful or anxious situations.

Delimitation

The following study does not only use research found strictly in music-centered books and studies. In some ways, this study may not be applicable for instrumentalists outside of the brass family such as pianists, vocalists, woodwinds, and percussionists because the symptoms of MPA affect each specific instrument group differently. Additionally, this study is targeted toward the brass studio teacher and contains procedures and methodologies that are applicable to studio teaching. Thus, this study does not thoroughly detail all medical and psychological treatments that are primarily

used by doctors and psychologists. This study does not contain in-depth discussion of medicinal treatments of MPA nor does it fully analyze the use and methodology of bio-feedback.

Procedures

Through research of the causes and symptoms of performance anxiety**,** the researcher attained a better understanding of the condition's effect on humans. Using current books, scholarly journals, and studies**,** the researcher studies these affects on disciplines outside of music. Using this information, the researcher then applies the ideas and principles for controlling and eliminating performance anxiety within these disciplines to the performance of music, specifically within brass players.

The document is organized into five chapters. Chapter 1 includes a brief introduction that discusses the purpose of the document, the delimitations of the study and the organization of the text. The second chapter discusses the issue of Musical Performance Anxiety in music as a whole. Chapter 3 is a review of current literature and studies in the phenomenon of performance anxiety in various disciplines. The fourth chapter is an application of that information to the performance of brass players. The final chapter includes a summary and conclusions of the document and concludes with suggestions for further study.

CHAPTER II

THE ROLE AND EFFECTS OF ANXIETY IN MUSICAL PERFORMANCE

Music Performance-related anxiety changes what may be an exciting and liberating experience into a fearful and debilitating disaster. Despite this reality, the common causes and indicators often are unknown to the musicians who are affected with this condition. Moreover, these musicians often have even less knowledge of strategies and exercises to manage and cope with unwanted physiological and psychological effects (Hewitt, Mor, Day, and Flett**,** 1995). Being a performer involves various types of anxiety such as fear of failure, being judged, losing income, and social status. A performance is judged and scrutinized for a variety of reasons ranging from audience enjoyment to grades and employment. Given these pressures, performers can experience severe nervousness. When the symptoms of nervousness become so strong that a performer is adversely affected in the areas of physical, mental, and psychological health, enjoyment, fulfillment, and artistry, these symptoms can be identified and treated as musical performance anxiety (Lehmann, Sloboda, Woody, 2007).

Performers affected by musical performance anxiety, or MPA, do not necessarily fall into any one category. From inexperienced players to seasoned professionals, undergraduate students to amateur performers, the effects of MPA are be experienced by most musicians in some form. Shoup (1995) found that 55% of junior high and high school music students reported experiences with MPA in performance situations. This

high number among students of this level indicates that the pressure to achieve in music can overshadow the need for encouragement and musical development (Lehmann, Sloboda, Woody, 2007).

The pressure and desire for perfection is also strong among advanced students. Wesner, Noyes and Davis (1990) surveyed students. Their findings revealed that 61% of those surveyed reported marked or moderate anxiety when performing. In addition**,** 47% of those surveyed listed MPA as a reason for perceived impaired performances. Professional musicians are often the most educated, experienced, and accomplished performers within the musical world. According to studies, however, these musicians also experience MPA regularly. Many have even left the profession due to this debilitating condition (Hewitt, Mor, Day, and Flett 1995). A study of musicians in a professional orchestra revealed that 59% had experienced past incidents of performance anxiety (Van Kemanade, Van Son, & Van Heesch, 1995). These studies confirm that MPA is a truly universal condition that is not bound to factors such as age, experience, or ability level. In fact, MPA has been found to be the most common psychological problem among all musicians (Clark 1989).

The symptoms of MPA can be categorized into three areas: physiological, behavioral, and cognitive. Physiological symptoms affect the physical body. When a performer is affected by MPA, the body reacts with what is known as the "*fight or flight*" defense mechanism. This mechanism activates the sympathetic branch of the autonomic nervous system, which, in turn, causes the adrenal glands to release adrenaline into the bloodstream. The *fight or flight* reaction is part of the body's natural defense. When the

brain perceives a threat, the body prepares either to engage the threat in physical confrontation or to escape. The reactionary preparation to engage the perceived threat affects the performer's body in a variety of ways. The heartbeat accelerates rapidly to increase oxygen supply to the muscles. As body temperature rises, perspiration increases which results in excessive sweating. Another result of increased body temperature is the dilation of the bronchial airways that causes the performer to experience a shortness of breath. A frequent reaction felt by performers is known as "*butterflies in the stomach*"**.** Nausea that is induced by anxiety is also caused by the body's *fight or flight* reaction. As the heart pumps available blood into the muscles to aid strength and endurance for fighting or running, blood is diverted from the stomach**,** resulting in the feeling of *butterflies* (Lehmann, Sloboda, Woody, 2007).

Another common symptom for performers, particularly wind players, is known as "*dry-mouth*". Dryness of the mouth and tongue is caused by a combination of increased short breaths and decreased saliva production. The absence of saliva can be catastrophic for brass players who rely on the moisture of their lips for buzzing and response. Another *fight or flight* reaction is the dilation of the pupils**,** which sharpens distance vision. Unfortunately for performers, this can cause vision difficulties when trying to read musical notation. Often, the performers see the faces of the audience more clearly than the musical notation on the stand. The lack of focused vision can also increase anxiety and further distract the performer.

Perhaps the most common physiological symptom is muscular tension and physical shaking. These symptoms ensue when the body directs excessive blood to the

muscles in an effort to prepare for a fight (Lehmann, Sloboda, Woody, 2007). Physical shaking adversely affects the performer's ability to breathe efficiently and increases muscle tension as in the case of nausea. Overall, the physiological symptoms can mainly affect the body in two ways: enhanced reflexes and aggression for those who stay and fight, and an exaggerated fear for those who choose to run.

As a result of these physiological symptoms, the overall behavior of a performer can be altered drastically. Performers say and do things while on stage that they never say or do in a practice room or similar situation. Brass players react to MPA with shallow breathing and an aggressive pressing of the embouchure against the mouthpiece. Performers may not even realize they are playing differently until their physical endurance quickly diminishes. Similarly, a singer may perform with less breath support and pinch the vocal chords, producing a forced tone and inaccurate intonation. In their mind, these performers know that breath support is crucial aspect of playing their instruments, yet with the onset of MPA, performers feel as though their behavior is beyond their control.

The cognitive aspect of MPA affects performers during on stage as well as off. Away from the stage, performers experience and emit a negative attitude about themselves and their capabilities; an attitude that transfers into performance. While on stage, MPA causes a performer's mind to race in many different directions. The unusually high activity associated with MPA greatly affects the performer's focus and brings about thought patterns involving everything but their task of performing. An inability to focus causes the performer to miss cues, miscount rests, and performer with

an overall lack of musicality. The performer places total focus on fear of failure, and the performance is often destined for failure before it even begins.

From a physiological standpoint, MPA does not necessarily have to be a negative situation. When understood and controlled, these effects can actually enhance a performance. The Yerkes-Dodson Law (Figure 1, public domain) illustrates the relationship of physical arousal and performance (Lehmann, Sloboda, Woody, 2007). A low physical arousal can cause a musician to be lethargic and flat, creating an unemotional and dull performance. Conversely, if a physical arousal is too high, the performer can suffer from the previously discussed physiological symptoms. Thus, the goal for the performers is to achieve and maintain a medium arousal that provides edge to their performance without overexerting the psyche. Psychologists commonly refer to this arousal as being "in the zone" or "peak performance".

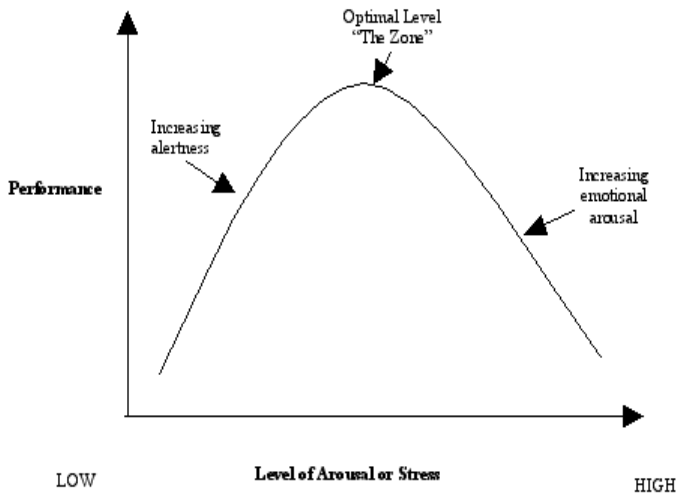

Figure 1

The Yerkes-Dodson Law Inverted U

According to Wilson (2002), the causes of MPA can be divided into three categories: the person, the situation, and the musical task. In many situations, the performer is the greatest cause of anxiety. The body only activates the *fight or flight* mechanism because the performer perceives a threat that may or may not exist. The mental aspect of preparation and performing combined with aspirations, beliefs, and self-image affect how each person sees and approaches a performance. Before a recital, many performers pace the floor, intensely rehearsing the mental aspects of their performance. Habitually, these performers also take this opportunity to create an imaginary negative or self-deprecating situation. The imaginary situation invariably leads to an obsession over minute details in a performance. With the addition of peers and family members in the audience, this obsession grows far beyond what performers can mentally process; thus the body perceives a threat, and the physiological, behavioral, and cognitive symptoms of MPA ensue.

Musicians have also been shown to demonstrate more traits of anxiety than non-musicians. According to Kemp (1996), musicians typically are introverted with a tendency for anxiety and antisocial behaviors in all aspects of life. Having general anxious tendencies contributes to more severe performance anxiety. Musicians who do not have anxious tendencies in non-performing activities have a much lower disposition for experiencing MPA (Craske and Craig, 1984). In addition to being introverted, musicians who struggle with anxiety also have strong tendencies towards neuroticism, emotional instability, difficulty in relationships, and poor social skills (Steptoe & Fidler,

1987); these characteristics have been proven to correlate strongly with MPA.

An additional source of anxiety in musicians is a fixation on the acceptance and praise of others. This fixation results from a combination of introversion and neuroticism (Lehmann, Sloboda, Woody, 2007). When musicians who are already afflicted with social phobias are placed in a performance situation, they are more likely to have an obsession with the opinions and viewpoints of others. This obsession diverts the performer's attention and causes paralyzing anxiety and fear. Wilson (1997) referred to this behavior as self-handicapping. Those who suffer with this behavior make excuses in advance of a performance. For example, brass players talk to others about the strenuous range of a concerto. On the outside, the player simply seems boastful. In reality, the opposite is true; the performer is attempting to lower expectations of the audience to prepare them for a poor performance.

Perfectionism is also a psychological source of anxiety. This mental and psychological behavior causes an unrealistic expectation of flawless performance. A performer who is mired in perfectionism accepts nothing less than a pristine performance. Because anxiety results from a discrepancy between the ideal and actual self, having an unrealistic goal of perfection further exacerbates the problems of MPA (Mar, Day, Flett, & Hewitt, 1995). An unrealistic expectation leads to unusual attention being placed on minor details of a performance. Each mistake, or any action that does not live up to the idea of perfection, causes the performer to suffer a mental and emotional fury that contributes to more mistakes. Performers who experience this behavior focus only on

the aspects of performance that do not go well, and dismiss what is successful (Lehmann, Sloboda, Woody, 2007, pg 153).

These attributes and behaviors enter the minds of performers long before they walk onto a stage. An attitude of negativity is developed and reinforced in the practice room and in the daily lives of the performer. When left untreated, these behaviors lead to depression, suicidal tendencies, low self-esteem, and various personality disorders (Flett, Hewit, Blankstein, & Mosher, 1991).

Mar (1995) also found that the strongest indicators of a predisposition to perfectionism are perceived self-efficacy and personal control. When performers feel unprepared for a performance**,** anxiety naturally increases. Having a lack of personal control, whether physically, emotionally, or mentally, leads to difficulties with MPA as performers cannot focus mental energy and attention towards their performance; instead the mind places focus on a preoccupation with the views of others. Performing for the sole purpose of impressing others frequently leads to a high dissatisfaction regardless of the caliber of performance. The resulting dissatisfaction drives some musicians out of the profession.

Situation of performance also has an effect on anxiety. Performers may have no issues playing in a practice room, but when placed in a situation that includes an audience, MPA has adverse effects on the presentation. Performers, particularly university students, often make comments such as**;** "I can't believe I missed that note, I've never had a problem with it before." The reality of public performance is difficult to prepare for and will lead to an aversion of public performance as situational stress varies

based on the number of audience members or fellow performers (LeBlanc et al., 1997). Another variable of situational stress is not the size of the audience, but who is in the audience. Performing for family and friends who have no musical knowledge may produce quite a different reaction from performing for one's teacher or peers (Craske & Craig, 1984).

The degree of anxiety has also indicated a difference based on genre of the music being performed. Kaspersen and Gotestam (2002) found that jazz musicians experienced MPA at a much smaller rate and intensity than their classical counterparts. The discrepancy between anxiety levels in jazz and classical music performance is likely a result of the traditional sense of separation between the performer and audience that is common in western classical music (Lehmann, Sloboda, & Woody, 2007). Traditionally, performers of classical music are placed on a pedestal they may not feel equipped to hold. Stress and anxiety of this magnitude are not conventionally seen in jazz performance venues where the audience often talks and dances during the performance rather than directing undivided attention towards the performer.

The specific musical task at hand can also contribute to MPA. The stress of the performer is based on feeling unprepared to play a certain piece of music. Extraneous stress results when students select music that is too advanced for their current playing capabilities. When selecting music, the performer or teacher can avoid this stress judicious selection, keeping in mind that selecting music for performance is different than selecting music for practice; this is especially true for performers who suffer from MPA (Lehmann, Sloboda, & Woody. 2007). Strategies of mental practice and consistent

directed performance opportunities are some ways to combat the effects of situational stress. Judicious selection of music also helps to lessen the stress of a musical task. Hamann & Sobaje (1983) found that a high task mastery of the music decreases the effects of MPA even in venues of high situational stress. The conclusion of these and similar studies is that MPA causes such a great strain for performers that this difficulty should not be increased through unrealistic music selection and lack of preparation.

Treatment Options

A variety of methods can be used to treat the symptoms of MPA. The physiological symptoms are the least difficult to treat (Lehmann, Sloboda, & Woody. 2007) because students can easily comprehend the methods and feel the difference when something is working. A popular method of coping with the physical effects of MPA is slow, deep breathing. This approach combats the short, shallow breaths that often come with anxiety and helps combat the body's *fight or flight* defense mechanism. Another approach is to have performers contract and relax muscles throughout their bodies: this relaxation is achieved by starting with smaller muscles and moving toward larger muscles. The procedure is known as progressive muscle relaxation (PMR) training (Sweeny & Horan, 1982). PMR training can be employed to counteract the tension and shaking that results from MPA.

The Alexander Technique is another effective treatment for MPA. This technique was developed by F. Matthias Alexander (1869-1955), a Shakespearian actor, as a method of training for his body in order to keep relaxed during times of stress and anxiety. The Alexander Technique also teaches philosophical methods to connect the

mind with the body. This brief description, written by Joan Arnold and taken from the official website of the Alexander Technique (www.alexandertechnique.com), describes the aims and goals**:**

> The Alexander Technique is an intelligent way to solve body problems. Many people are mystified by their own back pain, excess tension or lack of coordination. They often see problems in their joints or muscles as structural, unchangeable. As an Alexander teacher, I hear clients say things like, "I've always walked like a duck," or "My posture is just like my father's." But, as they learn the Technique, they are surprised that they really can make lasting changes in the way they walk, their degree of muscular tension or the shape of their posture. They learn how dynamic and changeable the body really is. They find that, by learning the Technique, they can improve their overall movement and achieve optimal health for both body and mind.

Musicians have also relied upon medications to cope with the physiological symptoms of MPA. The most common medications are known as beta-blockers. These medications block the effects of increased adrenaline on the body. A study (Fishbein et al., 1988) found that 27% of professional musicians surveyed used beta-blockers on an occasional or regular basis. Of those, 70% used them without a prescription. Although taking medication may seem drastic, Fishbein indicated a 92% success rate in decreasing the physical effects of MPA.

Despite the advantages of beta-blockers, these medications can also have a negative effect on the performer. Because beta-blockers subdue the effects of adrenaline, they can also result in a flat performance where the musician feels very little emotion at all. Considering that the purpose music is to express feelings and emotions through the sound, this effect severely impairs performance. Further study on the phenomenon of medicating music performance anxiety can be found in medical and scholarly journals.

For the purposes of this study, no further information will be presented on the subject, the prescription and use of medication is not applicable to studio teaching.

Treatments for the cognitive and psychological aspects of MPA have also progressed. Nagel, et al. conducted a study (1989) measuring the effectiveness of a treatment that combined progressive muscle relaxation, bio-feedback training, and cognitive therapy. Participants met once a week for group sessions, and once a week for individual sessions in which they participated in bio-feedback sessions. The sessions lasted for six weeks. In the group sessions the subjects were instructed using progressive muscle relaxation techniques. Once the subjects reported being in a relaxed state, they were asked to imagine performance situations that produce MPA. These situations were presented in a hierarchy from least to most stressful.

Examples include:

1. Imagine you have just received the recital hall for your graduation programme which will be held in six weeks.
2. It is three days before your recital; imagine some people telling they are looking forward to hearing you.
3. Imagine that you are waiting backstage – the five minute bell sounds.
4. Imagine yourself halfway through your first piece, you mess up (technique fails) a passage you had worked hard on.

As these situations stimulated anxiety among the subjects, the participants were given training in the use of cognitive-coping strategies. These strategies were a step-by-step method for controlling and modifying negative thought patterns. The first was to have the subjects present their rationale for the negative and irrational thoughts about their performance. Pointing out the irrational thinking patterns helped the subjects to

understand the illogic of what their thoughts during anxious situations. The next step was to replace these negative thinking patterns with positive statements about the performance. Negative thinking patterns lead to negative "self-talk". *Self-talk* is defined as how a person speaks to and about themselves. These statements are a reflection of thought patterns that are deeply ingrained in a person's mind. Once performers can combine these two steps they can challenge their own irrational self-statements, defeat them based on their obvious illogic, and replace them with thought processes that are both affirming and positive.

During the individual bio-feedback sessions the subjects were instructed on methods to control the physiological aspects of MPA. During the instruction, the subjects were connected to monitoring devices which measured physiological responses to stimuli designed to induce anxiety. The subjects could see their physiological responses such as heart rate, blood pressure, and muscular tension on monitors**.** The ability to instantaneously view physical reactions helped the subjects to understand which methods were working and which were not. Thus**,** the study was a combination of treatments for the physiological, behavioral, and cognitive aspects of MPA.

The results of the study strongly support the hypothesis that cognitive, behavioral and physiological training can significantly lower the occurrence and symptoms of MPA in any performance situation. The subjects in the treatment group reported a reduction in levels of MPA when put into real performance situations. Theories and hypotheses' such as these have been studied and proven with subsequent research studies such as Kendrick, Craig, Lawson, and Davidson (1982), and Sweeney and Horan (1982).

Wilson and Roland (2002) have also discussed the role of goal-setting in the treatment of MPA. They break down goals into two types: process-centered and outcome-centered. A process-centered goal involves aspects of performance such as tone and intonation. Outcome-centered goals involve more ambitious accomplishments such as winning an audition or attaining notoriety among peers. Of these two, process-centered goals promote more positive thinking because each goal, such as playing with a good tone, is immediately available to the performer. On the other hand, outcome-centered goals are more likely to lead to anxiety and perfectionism if the students fail to reach their often unrealistic goals. Examples of healthy goal settings can be found on the website of trombone pedagogue Tom Gibson. On his website, www.tromboneleessons.com, Gibson has provided printable goal sheets designed for a little as one lesson or as much as several years. These goal sheets can be used to instruct students on healthy process-oriented goals that can help steer them away from perfectionist tendencies.

Through research has been performed in the area of MPA, a significant amount remains to be learned about causes and solutions of this problem. Above all, the need for education about MPA is the most pressing. Many secondary and university teachers do not discuss the causes or solutions of MPA with their students; as a result, many never reach their full potential of performance. Many carry MPA with them throughout their musical careers and some even leave the profession due to an inability to handle the stress and anxiety. MPA has also been demonstrated to result in lower happiness and satisfaction when performing (Mor, Day, Flett, & Hewitt, 1995). The seriousness of this

issue demands more comprehensive study and education to ensure that musical promise is no longer lost because of music performance anxiety.

Psychological studies of anxiety have been performed for decades both in scholarly and clinical formats. As anxiety is a universal issue, many branches of the study have been created to help with specific issues. Of these differing branches, perhaps the most advanced and funded has been the field of sport psychology. The great amounts of preparation, pressure, and anxiety experienced by professional athletes is similar to the pressures experienced by professional musicians. The resources explored in Chapter III contain detailed explanations of the physical, psychological and cognitive aspects of general anxiety and details strategies for the lessoning or elimination of these symptoms.

CHAPTER III

REVIEW OF PERTINENT LITERATURE IN THE STUDY OF ANXIETY, SPORT PSYCHOLOLGY, AND RELAXATION TECHNIQUES

In *Anxiety: Recent Developments in Cognitive, Psychophysiological, and Health Research* (Forgay, *et al, 1992*), Forgay discusses the effects of anxiety on a person's mind, body, and overall health. One result of these effects on the mind is test anxiety. Test anxiety is defined as

> A person's tendency to become anxious before and during evaluative examinations, especially under highly evaluative conditions, with the result that the person's performance deteriorates. (pg 17)

The root of this condition appears to be an inability to cope with the test situation. This inability is caused by a feeling of inadequacy or unpreparedness for the test and negatively affects the person's ability to prepare and perform tasks that the test demands. Anxiety causes the person to progress into other practices such as negative *self-talk*, imagery, and mental rehearsal. These behaviors, in turn, cause a lack of focus on the task at hand which further adds to feelings of inadequacy. According to studies, a main contributor of test anxiety is worry that occurs in the time leading up to the test rather than an emotional response to the test itself. The reaction to self-focused attention for those who experience low test anxiety actually increases task focus, thereby, these students are even better prepared for the test whereas a person with high test anxiety

becomes increasingly distracted and ill-prepared to achieve the tasks at hand. Thus the expectancies of a person can be an indicator of the expected reaction to test anxiety.

Baggett, Saab & Carter (1991) studied sufferers of speech anxiety and found that people with speech anxiety suffered from higher blood pressure and heart rate in the time leading to the task and during the task itself. These findings highlight the correlation between worry about the task and the stress of the task itself. In addition, anxiety was found to be higher in subjects who suffered from disorganization and subjects who gave above average effort.

Rachman (2004) defined anxiety as "the tense, unsettling anticipation of a threatening but vague event, a feeling of uneasy suspense" (pg 3). Thus, anxiety is caused by tension and unpleasant anticipation. Anxiety is different from fear in that fear has a specific and tangible source while anxiety emanates mostly from the mind of the sufferer and cannot be easily defined. The emotion can be puzzling for the person that experiences it: "In its purest form, anxiety is diffuse, objectless, unpleasant, and unpredictable and uncontrollable" (pg 3). The appearance and disappearance of fear is often predictable and controlled by stimuli whereas anxiety is a deep-rooted feeling that never quite goes away. The sufferer of anxiety will always have a feeling that something awful is going to happen. Anxiety is also defined as a constant state of heightened awareness that cannot be turned off. Anxiety is not simply a lesser form of fear, it is often more difficult to handle that fear itself. "It is unpleasant, unsettling, persistent, pervasive, and draining. Intense and prolonged anxiety can be disabling and even destructive"

(pg 3). In determining a model of anxiety, many components can be considered. Unlike fear, anxiety is a process that builds over time and is heightened or lessened by external stimuli or internal differences in people.

People who suffer from anxiety often seek a source to validate their feelings. Thus, in their heightened arousal state, the sufferer is constantly scanning the room for stimuli to covariate their fear. Once located, this object appears clearer, larger, and even more threatening than in reality. The connection between frightening distortions and the narrowing of attention that are observed during fear are possibly connected. Both of these biases appear to serve the same psychological function, namely to select and enhance possible sources of threat in order to perceive and manage them.

> During periods of apprehensive hypervigilance, people probably concentrate their attention on a narrow focus and also experience a perceptual enhancement of potential sources of threat. (pg 43)

With the threat in place, the sufferer experiences an inhibition of behavior usually seen as a frozen stance with severally heightened awareness. In this state, the sufferer also experiences selective attention and memory that only emphasizes the danger of the stimuli. Sufferers are largely unaware of the selective attention and memory, perceiving everything they feel and see as reality. Selective attention can be obstructive when trying to achieve a task such as sport or artistic performance because the majority of focus is on the perceived threat rather than the achievement of the task at hand.

Anxiety also diverts focus by drawing attention inward. Rather than focusing on the perceived threat, or the task at hand, a sufferer instead obsesses with heart beat,

images, thoughts, posture, body temperature, sweat and other physiological behavior. Self-focused attention is rarely helpful to the achievement of the task at hand. On the contrary, this attention is very constricting and creates a devastating effect on production. Self-focused attention is also thought to be a catalyst for panic attacks. As the sufferer directs attention solely to the feelings of the body, those feelings are perceived to be much stronger than they actually are. The sufferer then overreacts to those feelings, bringing further emphasis upon them. Patterns such as these continue until the sufferers feel as though they are going to hyperventilate. Self-focus can also lead to Obsessive Compulsive Disorder (OCD) when a sufferer directs most or all of their attention toward thoughts, images, or memories:

> Serious misinterpretations of one's unwanted intrusive thoughts can generate lasting obsessions. Indeed in many instances the person's hypervigilant monitoring of the acceptability of his or her thoughts is the root of the trouble (pg 39).

Deffenbacher (1978) found that people who were predisposed to suffer anxiety had significantly higher instances of non-task related thoughts including sensation monitoring, thought monitoring, and worrying about test performance. Deffenbacher also found that the amount of monitoring and self-focus increased exponentially with the degree of complexity and difficulty of the task at hand.

Anxiety creates a state of panic when the object of perceived threat is confronted. Panic can last only a short amount of time, but to a sufferer this condition seems endless. Panic is defined as the extreme and intense fear that people feel as they experience a perceived catastrophe. Panic limits and impair brain function, causing people to feel that

"my mind just went blank" or "I can't think straight". Panic feels like a dust storm of the mind. The common physiological reactions to panic include accelerated heart beat, excessive sweating, short and shallow breathing, dizziness, and nervous shaking. The intensity of these effects can vary depending on the person and the situation. Most importantly, the physiological effects of panic can adversely affect the already diluted thought processes making it even more difficult for the sufferer to function (Diffenbacher, 1978).

A link has also been demonstrated between anxiety and Obsessive Compulsive Disorder (Rachman 2004) leading to another characteristic mind-set of an anxious person, perfectionism.

> All of us are familiar with the feeling that some of our completed tasks seem "just right" but others leave us with the feeling that they are "not just right". Numbers of people with OCD are tormented by an overwhelming need to ensure that whatever they do, however trivial must be "just right" and they labor long and hard to achieve that release, repeating their actions over and over again. It can lead to immobilizing procrastination and avoidance typified by perfectionist students who are seldom satisfied with their work and tend to turn assignments in late or not at all (pg 132).

Freudenberger and North (1982) define situational anxiety as

> The condition wherein a specific occasion acts as a catalyst for the emergence of unpleasant, uncomfortable, and unwanted feelings, thoughts or perceptions from the unresolved past which not intrude upon and threaten one's security base (pg 2).

Anxiety in some form is a universal truth; the only variables are the situations and triggers that affect some people more than others. Anxiety is, in fact, the body's way of alerting the presence of inner conflict.

> When anxiety emerges, there is a private imbroglio taking place between an intellectual notion of who you are and what you are capable of handling, and the substantive emotional reality – how far can you extend yourself in this environment and still remain safe (pg 3).

Situational anxiety differs from neurotic anxiety in that it only presents symptoms within a specific set of circumstances or events. Although some anxiety in low levels is natural, these effects can reach a neurotic level that impairs a person's life and abilities. Situational anxiety can reopen old wounds tied to the situation and cause the sufferer to think and feel in terms of the past rather than the present. This mindset changes the connotations of everyday conversations and makes even simple tasks extremely difficult. Although this feeling is unpleasant, it is not always indicative of a personality disorder. These symptoms become a disorder when the anxiety is somatized and manifests itself in physical symptoms ranging from cardiovascular to gastrointestinal and even dermatological.

Much of the stress and tension inherent with situational anxiety occurs during the anticipatory fear of the impending situation. Performers react to this fear with mental and verbal self-abuse. Through this abuse, the performer is condemned to failure at the task at hand long before it is even visible. Another important aspect of situational anxiety is denial. Some who suffer from debilitating anxiety have invested interest in keeping their anxieties a secret. People feel the need to fool themselves and others into thinking that a

particular task or event creates no anxiety. Falsehoods such as these only feed into and intensify the original situational anxiety. To those, admitting to feeling anything but confidence in themselves and their abilities will result in an alteration of how they are viewed by others. According to Freudenberger and North (1982) keeping the façade of being confident and in control is much more important than conquering fears and anxieties. Unfortunately, each time anxiety is successfully concealed; the effects eventually return even stronger than before. Thus the longer anxiety is denied, the more difficult it becomes to hide and the more obstructive it becomes.

There are many concepts and theories in the field of anxiety in the psychological community. One unifying factor is the "relation of anxiety to the unacceptability of one's own conscious or unconscious awareness of danger" (Freudenberger and North, 1982, pg 7). Freud thought that anxiety stemmed from repressed drives, instincts, or wishes that were not deemed acceptable by the person or society. He also tied the feeling of anxiety with the fear of punishment such as loss of love or castration. Sullivan surmised that anxiety was caused by a fear of losing something important such as love or approval. This anxiety is then transferred to the very people of whom the subject fears losing approval or love. Eventually, the anxiety is transferred to any person or situation in which the subject feels an emotional attachment. Both Sullivan and Freud believed that anxiety arose from experiences early in life in which people were subjected to rejection and disapproval by someone with whom they were emotionally dependent.

Horney viewed anxiety in conjunction with real or imagined hostility from other people. The fear is that this hostility will cause a strain or complete break in relationships

with others. Fromm and Riesman both suggested that anxiety was caused by a psychological alienation and isolation from the community (Freudenberger and North, 1982). May defined anxiety as:

> Apprehension set off by a threat to some value which the individual holds essential to his existence as a personality. A closer inspection of these theories reveals that all of the psychoanalysts and scholars view anxiety as the fear of a loss of a significant value for the individual, whether that value be a threatened loss of love, a threat of incipient loneliness, a threat to ones image, or the threat to needed approval (pg 8).

Kennerley (1995) defines anxiety as "various combinations of physical and mental manifestations of anxiety, not attributable to real danger and occurring either in attacks or as a persistent state" (pg 9). The *fight or flight* response can be physiologically helpful in small doses but it is often detrimental to physical performance and mental focus. The persistence of anxiety can lead to bigger and more limiting conditions;

> If a man was threatened by a dog in the street and he became extremely panicky, his immediate behaviour might be to rush to his car and leave the area. This action could so undermine his confidence about coping in a similar situation that he might begin to avoid going into the street at all. The long-term consequence of this could be agoraphobia (pg 11).

More often, a person deals with anxiety by avoidance which provides short-term relief but can become habitual and limit activities and quality of life. The avoidance and persistence of fear further aggravates the cycle of anxiety causing the fear to grow and become more intense. Practices of avoidance become permanent habits, leading a person to refuse to go to a park, as with agoraphobia, or a performer to refuse to go on stage, as

with performance anxiety. Other cycles can perpetuate the feelings of anxiety and reinforce the original fear:

1. Fear of fear
    a. The anticipation of fear can manifest itself physically which can further exacerbate that fear when the cue or trigger is encountered
2. Short-term reinforcement
    a. Avoidance and self-medicating can lead to short-term relief of anxious symptoms. However, these behaviors reinforce methods that do not solve the problem on a long-term basis.
3. Catastrophic misinterpretation or prediction
    a. Typically, a person experiences a physical sensation that is unrelated to anxiety and incorrectly interprets it to be threatening to sanity, self-esteem, or even life. Some examples of these symptoms include:
        i. Indigestion is a heart attack
        ii. Headache is a brain tumor
        iii. Hyperventilation leads to suffocation
        iv. Light-headedness leads to collapse and humiliation
4. Overbreathing, alkalosis, over-oxygenation of the blood
    a. This behavior can occur with anxiety and results in symptoms such as:
        i. Dizziness
        ii. Blurred vision
        iii. Nausea

iv. Breathlessness.

5. Performance anxieties

a. When people predict the worst outcome of any situation, they manifest the prophecy through tension and fear. Examples of this include:

i. Fear of spilling a drink

ii. Fear of tripping in front of others

iii. Fear about hitting a certain note in a recital

6. Systemic maintaining factors

a. This cause can also be titled "enablers". A person or persons who help the patient avoid their fears such as someone who shops for an agoraphobic or a person who constantly agrees with a hypochondriac in regards to an imagined health issue.

The goal of any treatment of anxiety is for the patient to have control over the symptoms and eventually use them for positive purposes to eliminate them totally. The control of these symptoms can be separated into three categories: bodily symptoms, worrying thoughts, and panic management. Bodily symptoms can be controlled through the relaxation of muscles and deep controlled breaths. Worrying thoughts can be challenged in order to rob them of their power. For example a thought of:

If I perform in public I'll mess up and be embarrassed.

Should be challenged with a more positive:

When I perform I'll play my very best. My friends aren't here to judge me, they are here to support me and everyone involved is rooting for me to play my best.

Panic management can also be achieved with slow, metered breathing. Deep breathing is not compatible with anxiety and panic and works to decrease the effects.

Salecl (2004) defines anxiety as

> An anticipation of helplessness that is associated with a danger situation, but to the known real danger the subject attaches an unknown instinctual one: if real danger seems to threaten a subject from an external object, neurotic danger threatens him or her from an instinctual demand. However, as Freud points out, in so far as the instinctual demand is something real, the subject's neurotic anxiety can also be admitted to have a realistic basis" (pg 120-21).

Salecl also discusses the use of prescription drugs in the treatment of anxiety. Paxil, also known as Paroxetine Hydrochloride, is a drug commonly used to treat "general anxiety disorders". While the drugs themselves are not always bad, they constitute a short-term avoidance method that does not address the psychological issues that are causing the anxiety.

Because sport psychology has been at the forefront of studying performance and task-related anxiety, it is important to use this science in the application of performing music. In *Understanding Psychological Preparation for Sport: Theory and Practice of Elite Performers*, Hardy (et al., 1996) studies how elite athletes handle the pressure of sport and the demands of performing at a very high level. The author outlines the current knowledge regarding psychological preparations for sports performance. These basic psychological skills include: relaxation, goal-setting, imagery and mental rehearsal, and *self-talk*. The author also includes the implications of research and best practice of the psychological skills. The following is a brief summary of these aspects.

Relaxation

The ability to relax is a crucial skill in achieving peak performance. Many elite athletes have achieved a sufficient level of relaxation through trial and error. Others have benefited from a structured program of mental and physical exercises. The techniques employed by these athletes included breathing, imagery, and counting. The assistance of a sport psychologist will likely accelerate the learning process for these athletes. Relaxation methods can be loosely divided into two categories: mental and physical.

A common form of physical relaxation is known as Progressive Muscle Relaxation (PMR). In this technique, the athlete is directed to focus attention on each gross muscle group by creating and releasing of tension within that group. The first sessions generally lasts 15 minutes as the athlete slowly identifies and releases the different muscle groups. With practice, this technique can be performed in as little as 2-3 minutes. The potential for ease of use makes PMR ideal for use just before or even during performance situations such as competitions. An example of mental relaxation is known as Transcendental Meditation. Although this technique has not been as widely used at PMR, it has demonstrated promise in trials and studies.

> Transcendental meditation basically involves individuals assuming a comfortable position, closing their eyes, relaxing their muscles, focusing on breathing, and repeating a mantra or keyword (Benson, 1976; Benson and Proctor, 1984). This technique has been shown to be associated with reduced oxygen consumption, decreased respiration, slower heart rate, lower blood pressure, and decreased responsivity of the sympathetic nervous system. (Berger, 1994; Feuerstein *et al.*, 1986) (pg 15)

Like PMR, Transcendental Meditation can also be modified and shortened for use in and around performance situations. The separation of these two types of relaxation techniques is important since anxiety response can also be divided into two categories: cognitive anxiety and somatic anxiety.

Cognitive anxiety was defined by Morris (*et al.* 1981) as "the cognitive elements of anxiety, such as negative expectations and cognitive concerns about oneself, the situation at hand and potential consequences" (page 541). Somatic anxiety is defined by Morris as: "One's perception of the physiological-affective elements of the anxiety experience, that is, indications of autonomic arousal and unpleasant feeling states such as nervousness and tension". The cognitive and somatic divisions of anxiety response can be further divided by the right and left hemispheres of the brain as well as symptoms and intervention strategies.

Goal-Setting

Goal-setting can be an important strategy in sports and other performance arenas. Researchers documented that specific goal-setting can produce an increase in effectiveness and results of practice. In goal-setting, it is important to identify goal targets that are within the performers' control and that is realistic and obtainable. The additional structure of goal-setting can reduce the anxiety of performing a task. Long-term or very difficult goals can be divided into smaller, more attainable goals.

> *The coach must have goal. The team must have goals—real, vivid, living goals… Goals keep everyone on target. Goals commit me to the work, time, pain and whatever else is part of the price of achieving success.* (pg 20)
>
> - Top collegiate tennis player

Imagery and Mental Rehearsal

In studies, the use of mental imagery was found to enhance the overall composure of athletes and athletic performance. A common practice of these techniques is directing an athlete to imagine he or she is in a performance situation such as a competition. In some cases, the imagery is random and unorganized. In others, it can be vivid and planned. Elite athletes use imagery as a tool to enhance self-confidence, relaxation, and focus in performance situations. Orlick and Partington (1988) interviewed a successful Olympic swimmer about his use of imagery and mental rehearsal.

> I started visualizing in 1978. My visualization has been refined more and more as the years go on. That is really what got me the world record and the Olympic medal. I see myself swimming the race before the race really happened, and I try to be on the splits. I concentrate on attaining the splits I have set out to do. About 15 minutes before the race I always visualize the race in my mind and "see" how it will go… You are really swimming the race. You are visualizing it from behind the block. In my mind I go up and down the pool, rehearsing all parts of the race, visualizing how I actually feel in the water (pg 118-119).

The same study (1988) found that 99% of their sample used imagery. Further research confirms high percentages of imagery and mental rehearsal use among elite athletes.

Self-talk

Athletes self-view can greatly impact performance in a positive or devastatingly negative manner. Bunker (*et al.* 1993) discussed the importance of *self-talk*:

> What athletes think or say is critical to performance. Unfortunately, the conscious mind is not always an ally. We all spend vast amounts of time talking to ourselves. Much of the time we are not even aware of this internal dialogue, much less its content. Nevertheless, thoughts directly affect feelings and ultimately actions. Inappropriate or misguided thinking usually leads to negative feelings

> and poor performance just as appropriate or positive thinking leads to enabling feelings and good performance. (pg 225)

Given the inherent power of *self-talk*, it is crucial for any athlete who is suffering from negative and self-defeating verbiage to adjust and change to more positive and self-enhancing *self-talk*.

In his 1999 book *Sport Psychology,* Jarvis explored the psychology behind physical activity. According to Jarvis, the term "sport" can be used for any physical activity for the purposes of competition, recreation, education, or health. A person's approach and participation in activities varies greatly based on individual psychological tendencies. In the past, attempts have been made to classify a successful athlete from an unsuccessful athlete using individual trait personalities. The practice of trait personality classification is mostly discredited by current sport psychologists who suggest that while trait personalities may affect athletic output, other factors seem to have greater importance. However, studies to use trait personalities to predict athletic success in specific sports have proven fruitful.

The underlying problem with these studies, however, is that they fail to account for the change in a person's behavior based on situational reality. This oversight has caused others to argue with the trait personalities theory and suggest that situational reality response is a true measure of personality (Mischel 1968, 1990). The most plausible explanation, however, is that behavior at any time is a result of an interaction between the situational reality and the trait personality. This explanation is known as the interactional view, first proposed by Bowers in 1973.

Because playing brass instruments is a physical activity and can be likened to sports it is important to examine the role of a coach as it relates to a studio teacher. In their 1981 book *Effective Coaching: a Psychological Approach,* Fuoss and Troppmann give insight into the psychological essentials of effective coaching. Much like studio and large ensemble teachers, coaches tend to feel unprepared for the psychological and emotional strain that coaching can produce. In classroom training, they are prepared for the X's and O's of their particular sport but no classroom can simulate the actual feeling of leading young people while directing their every thought and move. Thus, coaching can be both very rewarding and frustrating for a coach who may not be psychologically able to handle the strain.

> It is working with young people, watching them grow and mature, and their being better individuals as a result of having "played for you" that makes coaching so rewarding. From a personal standpoint, coaching is satisfying, rewarding, fulfilling, and self-actualizing for the coach. On the other hand, at times athletic coaching is frustrating, soul searching, gut wrenching, sometimes literally killing, and, not infrequently, a thankless experience. (pg 35)

With high amounts of pressure and stress many coaches can experience emotional burnout. Fordham and Leaf (1978) concluded that the emotional stability and dexterity of a person must be considered when deciding if he or she will go into coaching. Allen, Olsen, and Fisher (1974) found that a football coaches' pulse rate can vary wildly during a competition even to the point of cardiac damage. These and other affects of coaching stem from an obsession with coaching. Mausin (1975) found that in many cases, coaching is not a job, it is a calling.

> Maybe it's because they're possessed. Coaching isn't a job to them. It's a calling. Much of their tension is self-induced. They work around the clock to months at a time. They neglect their families. They have little or no time for relaxing pursuits. No matter where they are or what they're doing, some part of their mind is going click-click with the X's and O's. (pg 37)

With these unique jobs and responsibilities, a coach/teacher is a unique individual who must juggle a wide range of emotions and pressures that are often in excess of that in other professions.

Developing a philosophy of coaching or teaching can sometimes be difficult or frustrating for a young or inexperienced coach. A teaching philosophy is much more than empty words to put on a job application. A philosophy is a belief system that is created by the experiences of coaching, teaching, and life in general. Teachers should develop a philosophy of teaching or coaching in order to understand and communicate the what, why, and how aspects of what they are trying to achieve in their students. As a mentor, it is also important that you help your students develop their own philosophy of life and achievement. This philosophy can guide them through their development and help with important life decisions. Menninger (1972) outlined some questions the students should consider in creating this philosophy.

1. What are my goals in life?
2. Toward what objectives am I aiming, and how realistic are they?
3. How well do they incorporate what is *really* important to me?
4. How well do they actually express my values?
5. Are they real or only for show?
6. Are my goals solely materialistic?

7. To what purposes have I dedicated my efforts and life?
8. What are my personal priorities in life?
9. Does how I utilize the vital resources of time and energy truly reflect my priorities?
10. Is there an imbalance in the use of my time and energy in that my own needs come first? Last?
11. Do I accept the concept of balanced responsibility which implies a willingness of responsibility for my own attitudes, feelings, failures, and prejudices instead of projecting and displacing my feelings and attitudes on other or forces external to myself?
12. Do I possess the courage to face myself honestly and fairly?
13. Can I accept disappointments and losses?

Also important in goal-setting is that the students or athletes have a structure and plan to achieve the goal, as well as the ability. A coach or teacher can be instrumental in assisting students create structure and gain the ability necessary to achieve the outlined goals. In goal setting there are several important points that should be remembered:

1. Make your goals objective and set specific deadlines; avoid such subjective terms as more, enough, less, and a lot; state specifically how much of what, by when, and starting when; target dates for completion/accomplishment are imperative.
2. Put your goals in writing. Psychologically one feels obligated when goals are written, and it is beneficial to sign off in a contractual sense.

3. Review your goals often. Review strengthens one's drive toward achievement and helps to reconcentrate one's efforts in the proper direction.

Once the goals are produced, persistence and drive is required of the students to achieve them. Fuoss and Troppmann catalogue how to construct goals that breed persistence in students (pg 72):

1. **Definiteness of purpose**. Knowing what one wants is the first and perhaps the most important step toward the development of persistence.
2. **Desire**. It is comparatively easy to acquire and to maintain persistence in pursuing an object of intense desire.
3. **Self-reliance**. Belief in one's ability to carry out a plan encourages one to follow the plan through with persistence.
4. **Definiteness of plans**. Organized plans, even when they are not completely formulated, encourage persistence.
5. **Accurate knowledge**. Knowing that one's plans are sound and are based on experience of observation is very important. Guessing rather than knowing destroys persistence.
6. **Cooperation**. Sympathy, understanding, and harmonious cooperation with others develop persistence.
7. **Will power**. The habit of concentrating one's thoughts on the building of plans for the attainment of a definite purpose leads to persistence.
8. **Habit**. Persistence is the direct result of habit. The mind absorbs this persistence and it becomes a part of the daily experiences on which it feeds.

Self analysis is also important to a student's personal growth and goal achievement. Fuoss suggests this series of questions to help students formulate their short and long term goals (pg 72-73).

1. Where are you now? What is your present status/position?
2. Where are you going? What is your immediate career goal or objective?
3. How/when do you expect to accomplish your immediate career goal?
4. What are your assets/strengths? What have you to offer?
5. How are you overcoming your liabilities/weaknesses?
6. What are you prepared to do to improve the quality of what you offer?
7. What do you want to be or do with your life? What is your ultimate career goal?
8. When do you expect to get there? How/when do you intend to reach your career goal?

The coaches or teachers can be more effective with an understanding of the individual emotional tendencies of their students. Moore (1970) stresses that the understanding of each student's emotions allows you to use emotional situations as optimal teaching opportunities.

> Under milder emotion and less critical situations learning may proceed rapidly or not at all. The problem, then, is virtually one of creating a degree of tension which will facilitate learning and yet avoid the extreme degree of tension and excitement that disorganizes the actions of the individual. (pg 126)

Raglin and Hanin (2000) discussed competitive anxiety in the book *Emotions in Sport*. Among the emotions that manipulate competitive performance, anxiety is

considered to be the most influential. The authors also feel, however, that anxiety in itself is not a bad affect and can even help facilitate performance in competitive situations. The trick is to find each athlete's individual optimal level of anxiety. In essence, this is more controlling of anxiety than eliminating it. The idea of the control, rather than elimination, of anxiety is an important difference between treating anxiety in competitive athletes and the general public.

While treating the mental and psychological effects of anxiety is important, the bodily effects must also be discussed. The tension a body carries can adversely or favorably affect physical performance of a task. With a variety of tasks in mind, bodily tension has been the subject of intense study and experimentation. In Horrigan's (1997) book *Relaxation for Concentration, Stress Management and Pain Control Using the Fleming Method* she outlines the use of the Fleming method. The Fleming method, named for its creator Ursula Fleming, uses both physical and cognitive exercises to bring the body into a state of relaxation and focus. She states that "the method can be used to improve efficiency in every field of human endeavor because it teaches an improved concentration – concentration without tension". Because tension inhibits performance, "the achievement of relaxed and effortless concentration is of enormous value in everyday life" (pg 1).

A source of tension in life is the need for prediction and retrospection. People spend much of their time and energy focusing on the worries of the future and consequences of the past. Part of the Fleming Method is to train minds to be wholly and totally absorbed in the present, focusing all attention on the task at hand. Keeping

attention focused can prove quite difficult, “for the most part we live in a twilight world concerned either with prediction or introspection” (pg 2). The practice of directed focus is an important tool in reducing tension and increasing focus because dwelling on the past or worrying about the future creates emotional conflict. That conflict then produces tension.

Tension itself is not necessarily bad. We use the tension and release of muscles to perform essential functions like breathing and walking. When tension is the result of fear or doubt, however, it can be a damaging condition that keeps people from achieving their potential. In society today many people operate with this type of tension and are unaware of its effects. Human bodies function with high amounts of over-activity, much of which works to build up protections from imaginary dangers. Once the imaginary danger is eliminated that energy can then be focused to the task at hand. The author also discusses breathing. Maintaining steady breathing in all situations is an important component to keeping the body at peace and free of conflict and tension. On the importance of breathing, Fleming states that:

> It is through the movement of breathing that we recognize life and it is through the understanding of the power of breathing that, we come to a better understanding of the precarious balance of our role in life. (pg 56)

The rhythm of breathing changes depending on the circumstances that surround us. Much like a boat on the ocean when the seas are calm the boat is steady and rocks gently with the waves in rhythmic pattern. If the boat encounters a strong storm it rocks with great intensity and with wildly unpredictable rhythms. Human bodies react in a

similar way. When placed in a tranquil and non-threatening situation our breathing remains calm and rhythmic but when placed in a state of anxiety or panic our breathing becomes erratic and displaces the balance of our body. This conflict leads to tension.

> By learning to stabilize breathing, it is possible to become independent of external circumstances – as a boat fitted with stabilizers is independent of the weather – and to remain at peace regardless of the storms assailing us. (pg 56)

Poor posture can also result in tension-related pain. Some general bad habits of posture are to slouch in a chair or, when standing, some people with naturally push the chin forward, causing strain on the neck. Both of these posture habits pull the body out of natural position and cause a suffering in overall physical performance. The most critical issue of this posture is that it teaches and reinforces bad breathing. When a body is slouching or out of alignment a person cannot breathe using the entirety of the lungs. Instead, only the top halves of the lungs are filled with air. Shallow breathing is a major of cause of tension and causes a reduction in the amount of oxygen taken into the blood. A lack of oxygen in the blood creates tension within the muscles which rely on oxygen for operation.

Smith, in his 1990 book: *Cognitive-Behavioral Relaxation Training: a New System of Strategies for Treatment and Assessment*, states that "relaxation is perhaps the most applied, and least understood, clinical tool" (pg 1). The idea of arousal reduction, and the subsequent relaxation, revolves around a belief that the body has the inherited potential for a reaction to events that is the opposite of the famed *fight or flight* response. Whereas, the *fight or flight* response is physiological in nature and mediated by the

sympathetic nervous system; the relaxation response is governed by the parasympathetic nervous system and results in a reduction in arousal, thus bringing the body into a more relaxed state.

Many approaches can be employed to achieve a self-relaxed state. Multiple approaches toward the same goals are both an asset and a problem for the science as a whole. The sheer variety of exercises and sequences of exercises makes it difficult to measure or study the effects of arousal reduction on any one-modality approach. Relaxation trainers use many of the same techniques in varying order. Measuring the effects of relaxation training is divided into three areas: behavior, psychological, and self-report. Of these, behavior is the least intrusive and can be most applicable to teaching in a studio or classroom setting.

Physiological observation can be achieved using bio-feedback. In biofeedback, the electrical physiological responses to stimuli are measured and presented in a measureable format. Seeing the results of reactions, a patient can further understand how tension and stress affects the body and work to reduce that affect while seeing the effects of various therapies. Biofeedback can be an arduous process and the equipment is expensive, but it often provides the most productive therapy for relieving tension and stress.

Self-report can also be used in combination or alone. Generally the patient is given a questionnaire containing questions. The questions differ depending on the type of questionnaire. Trait deals in generalities of feelings with questions such as “how do you generally feel”. Recalled state asks the patient to place the explanation of feelings in

combination with an activity such as “how do you feel when relaxing”. Present state simply asks the patient to explicate current feelings with questions such as “how are you feeling at the present moment”. Ideally, assessments of tension and stress should encompass all three types of assessment.

F. J. McGuigan (1988) discusses Progressive Muscle Relaxation and its benefits in *Stress and Tension Control 3*. In this exercise, the first region to be controlled and relaxed is the arms. Bending the hand at the wrist can help the patient identify the feeling of tension in these particular muscles. Once that tension is realized, it can be released. Be careful that the patient does not “work” to relax the muscles as effort actually works against relaxation. The patient needs to understand that one cannot simply “try” to relax. Relaxation is more of a letting go process whereas the patient allows the muscles to elongate and “let go”. “The appropriate analogy is that of a limp dishrag-the hand simply collapses when support is removed” (pg 8).

Once this sequence is learned and thoroughly understood, the key is practice. Students need to understand that they can control their bodies and feel free or even obligated to practice the techniques without an instructor. The students should be instructed with full simplicity; find sources of tension in their bodies and release them. Once the difference between tension and release is learned, students gain the ability to differentiate between them and can strive for relaxation in any life situation.

Thoroughness is of key importance to this sequence. Tension is similar to an infestation in the body; as soon as one problem has been eradicated, a distant muscle regains the tension that was so difficult to lose. Compounding the problem, there are

many places for tension to hide. Along with specified muscle tension, the body can also emit a kind of widespread tension with can be carried through the entire musculature. A different and longer technique is required to eliminate this type of tension and should only be used with an experienced student who has a full grasp of relaxation techniques. Once these techniques are mastered, students gain the ability to reduce bodily tension to a negligible amount or even eliminate it totally.

Once the student has consistently accomplished relaxation in the right arm, move to the left. From there, the student can proceed individually to each leg moving from the thigh to the buttocks and so forth. Again, it is crucial that this systematic approach be followed if the entire body is to be sufficiently relaxed. Once the legs are relaxed, move up to the abdomen. Relaxation in the abdomen can directly affect gastrointestinal problems, in fact, an estimated 90% of diarrhea and constipation is caused by excessive tension in the abdomen. After the trunk, proceed through the upper abdomen, including the chest, shoulders, back, and neck. Relaxing the neck is important as it is believed to be the region most responsible for headaches. Moving up to the facial area, the student learns to wrinkle the forehead and frown. Mirrors can be used to assist with these exercises. In relaxing the eyes it can be difficult to identify tension. Eye tension can be even 1000 times less intense than that felt in the arms. Guided imagery can be used to relax the eyes.

Next the student learns to relax the speech region. Relaxation is achieved by opening and closing the jaw. Tension in the jaw can be identified fairly easily; however, the secondary muscles in the temple are more difficult to discern. These muscles are

uniquely prone to suffer from bruxism also known as temporomandibular joint disorder or TMJ. This condition affects the temporomandibular joint causing a constant chewing or gnawing motion in the jaw particularly during sleep. The resulting tension can cause insomnia and even lead to the loss of teeth. Along with hemorrhoids, TMJ is the most common ailment that is lessened or cured when a student learns to achieve and apply relaxation into everyday life and especially into sleep.

The next area of tension to be conquered is the cheek, lips, tongue. The tongue is a very strong muscle and is the most important muscle involved in speech. To understand the tension produced by the tongue, the student should pull the tongue to the back of the mouth and observe the tension produced. Next, the tongue should be pressed against the back of the front teeth to feel the releasing of that tension. This practice can be carried into bedtime to combat issues with insomnia.

At the completion of this first phase of training, the student has identified and relaxed approximately one-thousand muscles. The trick at that point is to apply these techniques to everyday life situations. This concept is known as Differential Relaxation. Differential Relaxation is achieved when we only contract the muscles we need to achieve any given task. The student should now practice these techniques in variety of stances and situations. For example, one can initiate the sequence while sitting in a chair, then try it standing up, then try walking while maintaining the same level of relaxation. The next stage should include activities such as reading and writing, sitting at a desk. Gradually, the student should increase the amount of activity while working to maintain the levels of relaxation that were achieved during the first stages of study.

The final stage is to apply relaxation techniques to everyday life, 24 hours a day. This stage takes time to achieve, the stresses and anxiety of every day can be plenty to deal with. At this stage, it is not as important to participate in a daily relaxation sequence because the student should be practicing differential relaxation at all times. The student achieves what is known as “automaticity” in which tension inducing events are quickly handled with ease as relaxation is maintained.

The application of these techniques to brass playing involves exercise similar to these studies. With a change in verbiage, a studio teacher can instruct students in the use of these techniques in ways that are specific to their instruments. Chapter 4 contains information for the studio teacher and includes detailed descriptions of the physical symptoms of anxiety as well as their effect on brass playing. Cognitive exercises can also be applied specifically to brass playing to help students ameliorate the rapid changes of focus associated with anxiety. This information can then be used by studio teachers to improve the overall performance of their students

CHAPTER IV

MUSICAL PERFORMANCE ANXIETY IN THE PLAYING OF BRASS INSTRUMENTS

The physical symptoms of anxiety can be viewed as a problem of cause and effect. Understanding each individual cause, effect, and treatment of these symptoms can assist the teacher and player in the creation of coping strategies. As stated before, most symptoms of MPA are a result of the *fight or flight* reaction in which the brain sends adrenaline throughout the body causing increased heart rate, palpitations, and excessive sweating among other symptoms. Generally, these symptoms can be grouped into categories: heart symptoms, breathing symptoms, pain and tension symptoms, stomach and abdominal symptoms, and associated symptoms of a secondary nature.

Heart Symptoms

With an increase in heart rate, the body is affected in many ways. The muscles become tense and move in short, uncontrollable jolts. The body temperature increases causing temperate discomfort and excessive sweating. The feeling of heart palpitations further induces panic and artificially increases these effects, causing the sufferer to feel that the heart is skipping beats and pounding uncontrollably. Distracting effects such as these are harmful to brass playing and divert the performer from the task at hand. These symptoms can be reversed with breathing. Slow and metered breathing acts as an antidote to the heart symptoms of anxiety. With increased heart rate, the body wants to breathe in

a short and shallow manner. When this tendency is challenged with slow breathing the heart slows accordingly to a normal rate.

Breathing Symptoms

With the advent of adrenaline, breathing becomes short and labored. Tension in the neck and chest restricts airflow, causing friction in the breathing motion. Friction leads to overbreathing and overoxygenation of the blood causing dizziness and light-headedness. The friction also causes the sufferer to feel a choking sensation, adding another *fight or flight* inducing fear. For the performing brass player, this symptom of anxiety is the most detrimental to musical performance and physical endurance. When a brass player breathes incorrectly, more energy is required form the embouchure to make up the difference. Players are largely unaware of this change in their playing and usually blame the resulting short endurance on their own self-perceived deficiencies. Progressive Muscle Relaxation is an important tool for fighting these bodily feelings and the associated effects. When the student learns the difference between tensed and relaxed muscles in the chest and throat areas, an ability to relax these muscles on command is achieved. This ability can then be applied any time the breathing symptoms of anxiety occur. The student can then avoid the detrimental effects on brass performance by the control of these muscles and the elimination of breathing difficulties.

Tension and Pain

Muscular tension and the subsequent pain that accompanies it adversely affect brass performance. As the muscles tense to prepare for *fight or flight*, they contract very strongly and often do not release. These muscle contractions may go unnoticed by the

sufferer who is focusing a great deal of attention on the other physical symptoms. Contracted muscles that do not release inevitably lead to pain. Chest pain causes the sufferer to feel unable to breathe deeply due to the constriction. Headaches arise from tension in the head and neck. With the neck functioning as an extension of the spine, tension and pain increases in the shoulders and upper back, limiting breathing and adding constriction to the breathing process. Moving down from the shoulders, lower back tension and pain are also likely with anxiety. The tension causes the sufferer to assume a posture that is unnatural for the back's curvature, causing the pain to spread beyond the muscular system and leads to serious conditions such as Sciatica.

Particularly with brass instruments, tension in the jaw is a serious problem. The constant need to control the jaw and shape of the oral cavity while playing a brass instrument generally adds to the tension that is already present. Tension in the jaw can cause a nervous tick of constant clinching and lead to more serious problems with the Temporomandibular Joint that controls the jaw. Anxiety-related tension also causes a clinching of fists. Perhaps it is a reaction to the *fight or flight* response needing to fight whatever is causing the anxiety. Preparing to fight a threat is hardly helpful in brass performance considering the source of anxiety is imagined by the player. In fact, this preparation only leads to increased tension and pain in the hands and arms. These differing tensions do have some commonalities, the most important of which is treatment. For the immediate treatment of these symptoms, breathing is the best option. The player must consciously breathe slowly and deeply. Slowly, the tension in the chest releases,

making it easier to maintain a slow and deep breath. Simply stated, slow and deep breathing is the antithesis of tension.

For long term treatment, Progressive Muscle Relaxation is a skill that can be learned through therapy and teaching. Once learned, this technique can be used to relax muscles on command. Relaxing muscles can become similar to riding a bike; once students learn to achieve relaxation, they understand the sensation they are trying to achieve. The link between feeling and achieving relaxation is crucial to relaxing on command.

A natural amount of tension exists in each muscle of the body. This tension in small quantities is important and helpful in bodily function. However, when someone is suffering from a case of music performance anxiety, that natural tension is increased beyond helpful levels. In the procedure of Progressive Muscle Relaxation each muscle group is forced to tense to a severe level which may even cause pain. When the pain threshold is reached the muscle group is then released completely and allowed to “hang”. The most important and intriguing aspect of this exercise is that after an extreme tension and release the muscles are actually more relieved of tension than at normal levels. This practice demonstrates what is often a physiological law; when a muscle is tensed to an exaggerated level, the natural reflex is to release as much tension as possible. The feeling of release is likely new to the student and acts as a sort of anchor which the student gains the ability to discern from normal and heightened states of tension. With the ability to discern comes the ability to control; thus the student develops the ability to relax muscles on command.

How does Progressive Muscle Relaxation help? Besides the obvious return of relaxation in physical performance, other advantages also accompany PMR. In a relaxed state, muscles require less oxygen. Thus, the breathing pattern of the student slows into easier and deeper breaths. The accelerated heart beat associated with anxiety also slows down as the need for oxygen, decreasing labored breathing. Relaxation also allows blood to return to parts of the body that are vacated during the *fight or flight* reaction such as the stomach and digestive muscles. The return of bloodflow decreases the feeling of *butterflies in the stomach* associated with musical performance anxiety. The extremities of the body also see a return of circulation which helps with the feeling of clammy hands and feet. These events act as a chain reaction that is triggered by the initial muscle relaxation. As the body achieves total relaxation changes in mood and demeanor soon follows.

Nausea and Other Stomach-Related Effects

As previously stated, a common physical effect of anxiety is a feeling of *butterflies in the stomach*. Nausea can reach levels of incapacitation and cause the sufferer to experience a lack of appetite and feel a need to vomit. The stomach churns uncontrollably causing discomfort that is debilitating to brass instrument performance. Indigestion interferes with focus and breathing and contributes to tension in the chest, neck, and stomach. These digestive problems are caused by the body's reaction to the perceived threat.

The *fight or flight* reflex not only increases heart rate to increase blood flow to muscles, but also directs blood away from non-combat muscles such as the digestive

system and diverts it to the muscles that are needed for combat or escape such as the biceps, thighs, and calves. When the blood leaves the muscles groups that the body deems unimportant for the task, feelings of weakness or nausea ensue. To avoid these effects of *fight or flight*, the original cause of the physical chain reaction must be challenged. Using the breathing and PMR strategies the blood allocation is reverted back to the lower abdomen, relieving these symptoms and their associated effects.

Other associated physical effects of anxiety and their potential effects on brass performance are detailed in Table 1. These effects, detailed on page 53-54, are an important guide for the studio teacher as this table can be used to assist with teacher-student discussions about performance anxiety. Once the symptoms are confronted, they will begin to decline in varying order as the treatment for one symptom may also be applicable to others.

Many students and teachers believe that consistently performing in front of an audience slowly deteriorates MPA and that performing without debilitating anxiety becomes feasible or even easy to attain. Although this is true in some cases, particularly those who start performing at a very early age, the opposite effect can also result. Logically, it is sensible that repetition is an important tool in improving the performance of a task. However, performing for an audience regularly may actually increase anxiety with each performance. More importantly, this is not only true when the performances are unsuccessful, but also in instances where the performance demonstrates no signs of musical issues. Page 55 illustrates two different examples of the effect consistent performing for an audience can have on anxiety.

Table 1

Physical Reactions to MPA

Physical Reaction	**Cause of Reaction**	**Effect on Brass Performance**
Rapid rise and fall of body temperature	Changes in heart rate effects of the body's cooling system causing hot or cold sweating.	The performer feels abnormally hot on stage, sweats profusely, has clammy hands and general discomfort that distracts from the task at hand.
Facial flush and paleness	As blood leaves the face for the *fight or flight* muscles, the face loses color. Accelerated heart rate causes blood to rush to the face, turning it flush red.	Because a brass performer relies on the muscles in the lips to make sound this is detrimental to a performance. As blood leaves the lips, they lose strength and dexterity, making it difficult or impossible to make a sound in the high range and decreasing flexibility in any range.
Shaking and Trembling	Increased heart rate and reallocation of blood causes some muscles to strengthen beyond a person's control as other muscles suddenly weaken inexplicably.	Shaking makes it difficult to hold an instrument properly, potentially leading to incorrect posture as performers clinches their bodies to control or stop shaking. Shaking also exacerbates a performer's fear of appearing nervous in front of others, causing further distraction from the task at hand.

Physical Reaction	**Cause of Reaction**	**Effect on Brass Performance**
Extreme exhaustion	The body rapidly changing and shifting blood and tension is very exhausting. Because the performer may be just sitting or standing still, it can be confusing to be so tired seemingly out of nowhere.	Playing a brass instrument is a physically demanding task. If any component of the physical process of playing is unable to give a full effort due to exhaustion, other components must make up the difference which can adversely affect physical performance.
Lack of concentration	Although this effect can also be categorized as a psychological reaction, physical reactions to anxiety also contribute. Increased heart-rate and blood flow to the brain can cause the mind to race in many different directions. The performer also feels the need to focus attention on the physical feelings of anxiety instead of the task at hand.	Lack of focus can lead to playing with incorrect fundamentals, affecting the performing and endurance capabilities of the performer Additionally, divided focus causes memory problems, missed notes, and trouble counting rests.
Dizziness and lightheadedness	Dizziness is caused by the sudden reallocation of blood throughout the body and especially away from the brain.	Dizziness adversely affects brass performance just as it adversely affects the physical performance of the body. Dizziness also acts as a further distraction away from the task at hand.

Tom

Tom enters the music program at a local university with a mostly indifferent approach to performing for others. He had performed with his high school band many times and had even taken auditions for all-district and all-state bands. At the university, Tom must perform weekly for an audience of music majors and faculty who specialize in brass instruments. This studio class is designed to introduce music majors to performing for others and has the added benefit of feedback from students and faculty.

In the first meeting of the semester Tom quietly waits his turn to perform. As he waits, the gravity of what he is about to do begins to run through his mind. His teacher is there as well as other faculty members. He begins to picture them in his mind; they are taking notes on everything he does wrong in an attempt to maliciously tear him down in front of all of the students. And what would the students think? Many of them are advanced on their instruments, how could he do anything that would impress them? Tom is already feeling self-conscious about his background. He graduated from a small high school in a rural area that with an unsuccessful band program, while many of his peers in the audience came from highly successful programs. "They probably already think I'm terrible", he thinks. Tom fears that a bad performance only confirms what others think about his high school and home town. He now feels that a bad performance means that he has let down everyone that he cares about. Tom feels as though the weight of the world rests on this one performance.

Physically, Tom begins to notice odd feelings in his body. His heart is racing; it feels like it could beat out of his chest. His body feels hot and sweaty but his hands and

feet feel cold and clammy. He is breathing so fast, yet he feels like he cannot get enough air. He begins to tremble, beginning with his hands and moving up his arms. His stomach is nauseous and his thoughts are running so fast he can't control them. These thoughts vary wildly from fear of failure in performance to tripping and falling on stage. Tom becomes extremely self-conscious and worries how the audience feels about external items such as his clothes and hair; "What if I walk funny, everyone will talk about me later."

Finally, his chance to perform has arrived. Tom nervously walks in front of the audience and begins to play an exercise. His first note is bobbled and unconfident as shallow breathing and distracted thinking plague his entire performance. When he is finished Tom returns to his seat, dejected and confused. He later reflects on his performance: "How did that happen, I've never felt such strong emotions before?" At his lesson he discusses it with his teacher who notes that Tom's performance was the result of incorrect breathing and muscular constriction.

After a week of vigilant physical practice Tom is again in his studio class. He has practiced breathing exercises and can tell a difference in his personal practice and ensemble playing. He feels confident about his chances for a successful performance today. As the time for his performance comes near he begins to notice the same negative thoughts creeping in his mind that plagued him last week. This time the thoughts are even stronger and reinforced by self-doubt and negativity from last week's performance. He begins to unwittingly participate in negative self talk. "Everyone is just waiting on you to fail, just like you did last week". "You are not cut out for this, you come from a nothing

school in a nothing town and you can't compete with the best, they are waiting with anticipation for you to fail". Tom experiences the same physical reactions as well: palpitating heart, shallow breathing, tense muscles, and trembling. By the time Tom gets to his turn he has already convinced himself that failure is imminent.

This pattern repeats itself week by week for the entire semester. Each time, the knowledge of how to play his instrument correctly is useless to Tom as he is seemingly unable to control his emotions and thoughts each time a performance is imminent. The negative self-talk continues to get louder and more controlling with each performance. By the end of the semester Tom has convinced himself that he hates playing music. In actuality, he only hates the feelings associated with playing music. Tom questions why he ever majored in music in the first place. Feeling alone and lost, Tom changes his major before the next semester.

Sue

Sue is beginning her freshman year as music major at a local state university. She loves playing her instrument and seems to have a natural talent for it. She has consistently performed well in high school and placed well at auditions and honor bands. She is confident and well-prepared for the challenges of being music major and performing at a high level. At the first studio class of the year Sue feels slightly nervous but these feelings are tempered by her preparedness and mastery of task. She manages to avoid the physical effects of anxiety and performs well. After the studio class Sue receives many compliments from her teacher and fellow students. Many are impressed that she performs so well at such a young age and by her advanced level of musicianship.

After a week of classes, practicing, and adjusting to college life Sue is again waiting to perform in studio class. As she waits, Sue notices that she feels differently than before last week's performance. He heart is beating unusually hard and her mind is racing with thoughts of "what if". "What if I can't play as well as last week? What will everyone think then? All of those people complimented me; I can't let them down now. My teacher is expecting me to play even better than last week, how am I going to do that?" The pressure to perform flawlessly builds in her mind and manifests itself in her body and emotions. She now feels a slight trembling in her hands. Her breathing quickens and becomes shallow. She cannot stop or even slow down the desperate "what ifs" as she feels levels of anxiety that she has never experienced before. Her performance that day is weak and unconfident. Afterwards, Sue sits and wonders what happened and vows to practice incessantly this week so that it never happens again.

The next week, Sue experiences anxious thoughts and emotions that are even stronger and more debilitating than before. She has even more to live up to now. She must recover from last week's failure and show everyone that she can perform well. Sue again has an unsuccessful performance and returns to her seat feeling confused and defeated. She started out so well, what has changed?

As is evident in the case of Tom, consistently performing is not always conducive to reducing Music Performance Anxiety. As he continued performing without engaging the physical, cognitive, and psychological issues involved in performance these symptoms only grew worse. Sue's performance anxiety developed from a different standpoint. Her situation is more common than is widely known. When children engage

in an activity for the sake of enjoyment, outside positive reinforcement involving that activity actually decreases the enjoyment of that activity and causes the child to have less confidence in abilities that pertain to that activity.

This principle is applicable in the field of brass performance and in the situation of Sue. At the beginning of the semester, Sue performed music for the sheer internal and individual enjoyment of the activity. As she received praise for her performance, her need for validation turned from the internal self to the external audience. As a result, her mind became her biggest critic rather than her partner in enjoyment of the activity. When the goal is enjoyment, internal validation, and internal evaluation, the task is seemingly much easier to achieve and includes an abundance of focus and self-confidence. However, when the focus moved from self to the opinions of others, Self-confidence plummets as the performer must maintain extreme standards of perfection in order to achieve the acceptance and validation of her teachers and fellow students.

When musicians have difficulty performing in pressure situations it is commonly believed that the fault lies with their own lack of preparation. While it may be true that structured and effective practice decreases the effects of MPA, most performers who are adversely affected by anxiety are often ardent students of their instruments. In fact, students who are the most dedicated to performance artistry often have the most difficulty with performance-related anxiety. Their strong love for playing music leads to a need for perfection in performance that becomes of overwhelming and obsessive importance.

This mindset leads to obsessive practicing. On the surface, a student that practices obsessively is a dream come true for any teacher. However, in these situations, the goal

of obsessive practice is not to improve, but to be absolutely perfect. The need for perfection is more of a hindrance to performance than an asset and greatly increases performance-related anxiety.

Six Steps to Conquering Anxiety in a Student's Brass Performance

1. Acknowledge your student's anxiety and start a dialogue about it.
    a. The dialogue between teacher and student is crucial to the student's understanding of and reaction to performance anxiety. The student must understand that anxiety is a part of the normal process and that it does not reflect badly on personal musicianship. On the contrary, it is likely caused by an intense desire to be the best musician possible. Also, explain that anxiety is not necessarily a bad thing. These feelings and effects can be used, with practice, to enhance a performance.
2. Teach strategies for handling the immediate effects of anxiety
    a. Instruct your student in methods and strategies for dealing with the immediate physical and mental effects of MPA. Such strategies may include:
        i. Slow and metered breathing
        ii. Progressive muscle relaxation
        iii. Positive cue words and *self-talk*
        iv. Positive mental rehearsal
        v. Mental imagery

3. Change negative self talk
    a. Negative self talk is devastating to performance in ways the student may not even notice. Speak to your student in an open and honest conversation about their *self-talk*. You then replace negative words with positive and affirming mantras. Most importantly, these mantras should avoid using "victim words" such as can't, should, could, never or always.
        i. *My endurance will **never** last through the whole recital* replace with "*My endurance **can** last the entire recital. All I have to do is practice good fundamentals of breathing and posture."*
            1. This new statement changes the negative tone of the student's thoughts while also redirecting attention to the achievement of good habits such as correct breathing and posture.
        ii. *"I **can't** possibly hit that high Eb, **every** time I try to the note just cracks or fusses out"* replaced with *"I **will** play that Eb, it is only a matter of hearing the pitch and breathing low"*.
            1. The student should avoid using absolute terms such as "every". Even in a positive statement these words create a sense of absolutism that is difficult to maintain and lead to anxiety about the given situation.
        iii. *"I will **never** win this audition, the competition is so much better than me"* replaced with "*Winning is not my goal for this audition,*

my purpose is to play ***to the best of my ability*** *and see what happens."*

1. *Self-talk* reversal can also be used to reinforce other aspects of anxiety control. Students need to keep focus on themselves and not the judges or competitors. Playing for the approval of others only exacerbates the symptoms of MPA.

4. Structure achievable goals
   a. These goals can be long or short-term and stretch out for any period of time.
   b. In the pursuit of each goal it is important that the students only compete with their own playing, not for the approval of others or simply to "be the best". Motivation and reward must come from within. This concept may be difficult for some students to grasp due to the conditioning, through music education, to play for the approval of others in concerts, festivals, and auditions.
   c. Help the students create structure with weekly or even daily goal sheets specifically designed for their level and current repertoire and method books

Some Helpful Tools for Conquering Anxiety

Greene's *Audition Success: An Olympic Sports Psychologist Teaches Performing Artist How to Win* (2001) includes many mental exercises that are easily applied to brass playing.

Process Cues

Process cues are words or mantras that work to focus the mind during anxious situations such as a recital or audition. The words represent what the student is trying to achieve with any given performance. They can be changed or altered depending on the mindset of the student or the situation. For example, trombonists can use the word "pure" to focus on the type of sound they hope to achieve. Horn players can use the word "solid" if they were anxious about missing partials in a performance. Trumpet players can use "effortless" if they were anxious about high range. Tuba players can use "sustained" when worried about sustaining air for a long passage. Process cues work because they refocus the student's thoughts toward achieving a positive goal rather than avoiding a negative fear or worry.

Facing Fears

Everyone who has performed in a high pressure situation has likely had a bout with the "*what ifs"*. What if I miss that note, what if I miscount the rests, what if my contacts go blurry and I can't see the music. When suffering a case of the *what ifs*, it almost seems like the mind is actively working against the performer. These thoughts distract the performer from the task at hand and anchor the performer into a state of mind that is bent on negativities and avoiding mistakes.

A strategy for coping with this mental habit is to personify the "what ifs". You can even name this nemesis. Personification helps to centralize the many negative thoughts that run through a performer's head during a performance, makes them more real and tangible. Once students understand this concept, they then speak to those thoughts and emotions. An example of this behavior is found in *Audition Success*:

> *"He [Brian] remembered talking about his fear of failure and its relationship to internal distractibility. We also discussed Bob.*
>
> *Brian's face lit up. "Actually, I used him on Saturday night. He's the 'what if' guy, you know. 'What if you miss this note coming up?' 'What if you lose the count?' "I just told him to back off," he said triumphantly.*
>
> *And how did that feel when you said that?*
>
> *"That felt pretty good. I felt a little more in control."*
>
> *Super. Did that add any humor to it?*
>
> *"Actually, I took it as kind of 'professional.' You know it's like, "Look Bob, I've got to do my job. I'm supposed to get all the right notes, so let's talk about this at a later time.' This was the first time I've tried that exact strategy out."*
> (pg. 31)

In essence, fighting performance related anxiety is primarily a changing of focus. As a teacher, your job is to assist students in changing their focus from outside pressures to thoughts that positively and actively work towards performing the task at hand. An important tool for changing focus is known as "*Centering*". Initially developed in martial arts, *centering* combines breathing, muscle relaxation, and mental exercises to refocus a person's mind and body toward the performance of a task. These exercises are divided into three sections: muscle relaxation, centering, and cue words.

The techniques listed in this chapter constitute a small portion of the much larger study of music performance anxiety. Further study combined with pedagogical improvisation can prepare the studio teacher to instruct others in the elimination of musical performance anxiety. By the teaching of these, and other, coping methods, teachers can provide their students with knowledge that can greatly impact their performing capabilities.

CHAPTER V

IMPLICATIONS FOR THE INCLUSION OF PYHSICAL, PSYCHOLOGICAL AND COGNITIVE SOLUTIONS FOR OVERCOMING PERFORMANCE-RELATED ANXIETY IN BRASS PLAYERS

Issues Related to Anxiety in Brass Playing

Music performance anxiety affects brass players in all ages and at every level. As examined in various studies, anxiety plays a role in musical performance to varying degrees and effects. Despite this knowledge, brass players frequently do not realize the degree to which these symptoms and effects can be utilized as an advantage in their performance. Performers can also remain unaware of the preponderance and severity of anxiety that other musicians face in various situations. The pressure to perform at high level of excellence coupled with months or years of performance preparation, places substantial pressure upon a musician who may be unequipped to address them. These pressures, combined with a fear of diminishing professional and social status with peers, family, or teachers, can lead to a desire for perfection is that might perpetuate into an obsession. The impact is profound in the professional world where a mistake can negatively affect a musician's employment status. In fact, MPA has been found to be the most common psychological problem among all musicians (Clark 1989).

Although many musicians address anxiety with confusion and frustration, others have created strategies for coping with the condition (Hewitt, Mor, Day, and Flett**,** 1995). These strategies can be helpful in dealing with the symptoms, but few address the primary source of performance-related anxiety. The three categories of MPA affect

performers in different aspects of their physical, cognitive, and psychological being. Despite these differences, the underlying result is the same; musicians perform below their potential. These subpar performances can lead the musician to become frustrated, and eventually, to self-medicate or discontinue music performance altogether.

The cognitive aspect of MPA begins affecting a performer long before a performance begins. When a performer constructs self-ideals under the guise of MPA, lower self-esteem and depressed confidence can result. A performer mentally handicaps a performance before ever walking to the stage. Once on stage, anxiety causes the mind to shift rapidly from one thought or fear to another, affecting mental focus and diminishing musical abilities. Every mistake is exaggerated in the mind of the performer until fear of failure dominates every thought. With this lack of focus and fear of failure, the performance is frequently uninspired and riddled with mistakes.

The physical aspects of MPA correlate with the body's *fight or flight* mechanism. This mechanism activates the sympathetic branch of the autonomic nervous system, causing the adrenal glands to release adrenaline into the bloodstream. Adrenaline increases heartbeat and body temperature and induces sweating. Muscular tension causes the performer to constricted inhalations leading to shallow breaths. The *fight or flight* mechanism diverts blood to muscles in the arms legs and chest in order to prepare the performer to fight or run leading to nausea or nervous shaking in the hands, feet, and abdomen. This nausea is frequently termed as *butterflies in the stomach* (Lehmann, Sloboda, Woody, 2007).

As the body prepares for a *fight*, a combination of short breathing and decreased saliva production causes the performer's mouth to become very dry. For the brass performer, dryness in the mouth is harmful to the ability to vibrate lips in a mouthpiece and causes discomfort in the embouchure that can adversely affect response and tone production. Dilation of the pupils' increases long-distance vision makes it more difficult for the performer to clearly decipher musical notation. The resulting change in visual perspective leads to incorrect notes or rhythms and thus increases an intimidating fear of failure.

Psychological aspects of MPA alter the behavior of a performer. With the body brimming with adrenaline and a mind constantly shifting focus, performers can react with odd behavior. Every musical imperfection preoccupies performers with thoughts of how they are viewed by others thus shifting attention further away from the task at hand. The resulting obsession leads to an erroneous self-view and further diminishes self-esteem. The psychological effects of MPA can alter a performer's perception of performing music from an enjoyable expression to a disheartening reinforcement of a low self-image.

The internal and external factors that lead to these effects are categorized into three areas: the person, the situation, and the musical task (Wilson, 2002). The person encompasses an array of cognitive, psychological, and psychosocial aspects of personality and individual history. Performers who are prone to experience anxiety in non-musical activities experience musical performance anxiety more frequently and to a greater degree. During the time leading to an anxious situation, the performer habitually creates negative scenarios and outcomes of the impending performance. These negative

thoughts and expectations lead to the physiological effects of the *fight or flight* response.

The situation of performance is another variable in musical performance anxiety. Performance situations can range from a life-altering audition to simply playing music for friends and family. Anxiety also varies depending on the genre of music performed (Kaspersen and Gotestam 2002). Jazz musicians experienced performance anxiety at a much lower rate than their classical counterparts. This discrepancy is likely a result of the strict adherence and precision expected in classical music as opposed to the more free and often improvised jazz idiom. In solo or ensemble performances, the members of the audience also provide variables in the situation. Knowing that a specific teacher or family member is an audience member can cause increased anxiety within the performer.

The task at hand also has an effect upon the anxiety of a performer. When musicians feel well-equipped to achieve a task such as playing a scale, anxiety may not play a prominent role in the performance. When performers, however, are charged with a task they feel unequipped to achieve such as music that contains range, technique, or musicality that is beyond the actual or perceived ability of the performer, anxiety compounds the difficulty of achieving that task. Anxiety is also present in non-playing performance activities such as counting long rests in a symphony or opera. Lack of preparation can also contribute to the performer feeling unequipped to perform a musical task. Judicious selection of literature and optimal time spent in preparation can assist a performer in limiting the effects of task-based anxiety.

Strategies for Coping With These Symptoms

In conclusion, performance-related anxiety remains a prevalent issue in music today. While most musical performers are affected by this condition, brass players have a unique consequence. Because brass players use the vibration of lips to produce sound, MPA is particularly detrimental to their ability to perform successfully in high-anxiety situations such as recitals and auditions. The two most common affects of MPA, muscle tightness and breathing constriction, adversely affect sound production, range, flexibility, and endurance.

The solutions for the problem of anxiety in brass performance can be divided into three categories addressing the physical, cognitive and psychological symptoms of performance-related anxiety. The best tool for combating the physical symptoms is natural breathing. Slowly breathing full, metered breaths tends to slow the heart rate and signals the body that the threat which triggered of the *fight or flight* system has subsided. Once the body is convinced that no threat exists, blood-flow returns to normal resulting in a decrease or elimination of shaking and nausea. Muscular tension can be addressed using progressive muscle relaxation techniques. These techniques learned and practiced over a period of weeks, can equip performers with an ability to relax muscles on command. As the body operates at an optimal level without the added stress of *fight or flight*, physical endurance increases and the physical aspects of brass performers naturally improve.

The cognitive and psychological effects of performance-related anxiety are addressed by a change in *self-talk*. Performers may not realize or understand the

importance and power of *self-talk*. Similar to background music of the mind, *self-talk* directly correlates to confidence, which strongly correlates to performance. A first step can be to acknowledge anxiety through discussion. Teachers play an important role in this process. Students are taught to recognize what these physical sensations indicate, why they occur, and how to cope with performance-related anxiety. A teacher can then explain and demonstrate strategies for managing anxiety in performance and perhaps help the student to learn how to manage the symptoms to the their advantage. A teacher can also encourage the student to structure achievable goals for both short and long-term achievement. The achievement of short-term goals builds confidence in the student whereas long-term goals pertain to broad areas of improvement based on the needs of the student and the expectations of the teacher.

Mental practice can also play an important role in decreasing the effects of performance-related anxiety. Mental practice without an instrument can be as beneficial as physical practice with an instrument. Imagining an accurate mental picture of the performance venue can enhance the student's use of mental practice. Through this practice, the performer can prepare mentally for the physical feelings associated with the performance. After placing the mind in the performance situation, the performer can then practice the mental and physical aspects of performing while creating and reinforcing positive mental habits associated with brass performance.

Process cues can also be used to connect the performer's mind to a positive aspect of performance with each situation or musical work. For example, verbal cues can be attached by sticky-note to each excerpt in an orchestral audition. In the case of a tenor

trombone audition cues such as “power” or “pure” can be used to describe the sound the performer strives to achieve. In addition, these cerebral notes can be attached to individual excerpts such as “vocal” for the *Tuba Mirum*, “loose” for *Bolero*, or “fat” for *Hungarian Dances*. These cue words can direct the performer’s attention away from negative thoughts such as “don’t frack the first note” or “watch out here comes the high note” to a positive, more achievable goal.

To assist with mental focus and physiological amalgamation, students can be instructed in a technique known as centering. Centering focuses upon relaxed breathing, mental imaging, and directed muscle relaxation to guide the performer to reach a mindset of optimal performance. Slow cleansing breaths progressively move the performer’s attention toward various locations within the body that create and hold tension. Once tension has been released, the performer can then focus toward centering the ebb and flow of the body, directing all energy to and from that center. When bodily centering has been achieved, the performer’s attention can then turn to a process cue word that relates to a goal or achievement. Centering encompasses many of the methods used in decreasing the effects of musical performance anxiety. The breathing helps to relax the body and regulate the heart and blood-flow while selective muscle relaxation assists the muscles in returning to a state of calm. Moving the mental focus and energy towards the student’s figurative center distracts from a negative mindset of worry or fear. The process cue words then redirect those thoughts toward a positive goal which gives the psyche enough freedom to achieve the task at hand.

While MPA is limited to musical performers, anxiety disorders of varying types

and degrees affect people across a wide spectrum of situations and occupations. These occurrences have been the subject of many books and studies. Researchers in his area provide detailed accounts of the affects of anxiety and cite case studies as examples that contain suggestions and strategies for the lessoning or elimination of abnormal anxiety.

Additionally, the study of music performance anxiety has also been the subject of many books and studies. While these studies provide cogent and helpful explanations of MPA they often focus on a broad scope of situations involving all forms of musical performance. The techniques outlined in these studies are designed to be applied to brass playing by the studio teacher. The implementation of these strategies can ensure a decrease in the frequency and severity of debilitating anxiety in students and professionals alike.

The techniques outlined in this document have not yet been applied in a large studio setting and should be viewed as suggestions to begin a dialogue between teachers and students about MPA. Teachers are encouraged to study other anxiety coping skills that are used in both musical and non-musical approaches. These teachers can then employ a variety of methodologies in studio teaching.

Suggestions for Further Study

Although many papers and books have been written that outline the various techniques for managing music performance anxiety, clinical testing of the effectiveness of these techniques is of greatest need. Studies using surveys to quantify the effectiveness of any given method can be used to create a hierarchy of effectiveness within the techniques and lead to improvements of individual methods. Studies using biofeedback

can be used to provide instant results of various relaxation techniques and provide a quantifiable measurement of how any given technique counteracts the *fight or flight* response.

Studies, such as this dissertation, involving specific groups of instruments would also be advantageous in the fight against MPA. Muscular tension may affect vocalist in a unique way, or a percussionist may have problems with the grip and handle of sticks because of the tension involved with MPA. Pianist could lose finger dexterity and woodwind players could tense their embouchure causing intonation difficulties and increasing the likelihood of squeaking. Further study in these specific areas may prove beneficial in the individual areas in addition to the larger study of MPA.

Additional study would also be beneficial in the field of Medicine. Doctors and sport psychologist can be employed to study the effects of MPA based on their expertise. The use of medication may prove to be an effective and safe treatment option for MPA. Further study is required to measure the effectiveness of individual families and types of medications. Although the prescribing of these medications is not an option for studio teachers, increased knowledge can lead to a referral process that benefits students with abnormal anxiety.

The second greatest need in this field is education. Teachers at all levels can benefit from the knowledge of this condition. The knowledge of how each area is affected by performance-related anxiety is an important aspect of any music instruction. The universal nature of this condition gives credence to a need for further study. The perfection of these techniques and the addition of further methods, combined with a

widespread education of performers and teachers can enhance musical performance of all genres and lead to a time when performance-related anxiety no longer plagues dedicated musicians who simply desire to perform.

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APPENDIX A

Goal-Setting Worksheets used in the Trombone Studio at the University of North Texas and Permission of Use by Dr. Vern Kagarice

Goals

	Professional	Personal
10+ Years		
5 Years		
1 Year		
This Semester		

Personal Assessment of Trombone Playing

Strengths	Weaknesses

Specific trombone-playing goals for this semester

Name_____Date_____

From: Brandon Slocumb ()
To: branisme3@yahoo.com
Date: Monday, May 4, 2009 9:38:12 AM
Subject: Fw: Fwd: Semester Questionnaires

From: **Vern Kagarice** <vern@kagarice.com>
Date: Thu, Apr 30, 2009 at 3:35 PM
Subject: Re: Semester Questionnaires
To: Brandon Slocumb <brandonslocumb@gmail.com>

Brandon,

"You have my expressed written consent to utilize the goal sheets in the appendix of your dissertation."

Will that do it for you?

Good luck,

Vern

APPENDIX B
Long-Term Goal Sheets
Mid-Term Goal Sheets
Short-Term Goal Sheets
and Permission of Use by Dr. Tom Gibson

Long-term Goal Worksheet

To achieve all we desire and to progress effectively/efficiently, we choose to set goals. It is to our benefit to have Long-term, Mid-term, and Short-term goals.This worksheet will help us to clarify and quantize very specific goals for the Long-term. By Long-term, we're talking in terms of years, not months or days.
Be as clear as possible when defining your goals and refer to this sheet every few months to check your progress.
Long-term goals will change as life unfolds and leads us down different paths. Every New Year, refer to your long-term goals and make modifications as necessary. Stay true to your dreams, however, and never fail to shoot for the stars. This is your opportunity to spell out your ideal life. If every wish could come true, this is where you'd like to be.Aim high, work with sincerity, and set goals that will ultimately benefit you, your loved ones, and society at large.

Today's Date_____

In 5 years, I would like to be living in this part of the world:_____

In 5 years, I'd like to be doing this for a living:_____

Eventually, I'd like to have children: Y/N

I'd like to have a large family. Y/N

I prefer the single life. Y/N

Music will play a role in my life in the following ways:

A typical weekend will involve:

When I treat myself with a well-deserved gift, it will be:

My dream home will be this style of house:

I will donate my time to the following groups/charities:

I will give $ each year to the following charities/ scholarship funds/ non-profits:

My motto is:

Mid-term Goal Worksheet

To achieve all we desire and to progress effectively/efficiently, we choose to set goals. It is to our benefit to have Long-term, Mid-term, and Short-term goals.This worksheet will help us to clarify and quantize very specific goals for the Mid-term. By Mid-term, we're talking in terms of months, not weeks or days. Be as clear as possible when defining your goals and refer to this sheet every few weeks to check your progress.This worksheet will be more trombone-specific than the Long-term goals.

Today's Date_____

By this time next year/semester, I will have memorized the following 2 solos:

By this time next year/semester, I will have perfected/memorized these Orchestral Excerpts:

I will have done extensive research/reading and compiled a notebook on the following 4 composers:

I will know all Major and Minor Scales, 2 octaves, by memory, at this tempo:

I will have gathered info and compiled a notebook on the following 5 trombonists:

I will listen to a wide variety of music. In the next year, I will learn more about music from this era/style/country/culture:

I will purchase the following method books, solos, and trombone-related materials:

I will learn all I can about another musical instrument. That instrument will be:

I will seek a lesson with the following musician, and I'll travel if needed:

I will perform with a small ensemble. That ensemble will be:

I will perform a solo with an accompanist. The solo will be:

I will schedule a public performance outside of school. It will take place:
Where? When?

My Grade for the Year/Semester:_____

Short-term Goal Worksheet

To achieve all we desire and to progress effectively/efficiently, we choose to set goals. It is to our benefit to have Long-term, Mid-term, and Short-term goals.This worksheet will help us to clarify and quantize very specific goals for the Short-term. By Short-term, we're talking in terms of days, not weeks or months. Be as clear as possible when defining your goals and refer to this sheet every day to check your progress.A new short-term sheet should be done every Sunday night. This worksheet will be very trombone-specific.

Today's date_____

By the end of the week, I will have mastered the following scales at the following tempo:

Scales: Tempo:

I will have perfected the following Etudes:

I will have continued with my Daily Routine (Descending triads, slow lip slurs, Articulation, fast lip slurs, Range building, warm down) with special emphasis on this area: (use the staff to write specific exercises)

I am learning more about the following composer:

Their homeland was:
Date of Birth was:
Style of music is characterized as:
Their most famous composition(s) was:
Interesting anecdote about their life/music:

I will perfect the following solo, or fraction thereof:

Title:
I'll fix this section:
From: To:

I will begin work on the following Orchestral Excerpts, including finding at least one recording:

I will continue my work on the following excerpts:

My Grade for the Week:_____

From: Brandon Slocumb ()
To: branisme3@yahoo.com
Date: Monday, May 4, 2009 2:54:47 PM
Subject: Fw: Fwd: Goal-setting worksheets

From: **Tom Gibson** <tbonegib@bellsouth.net>
Date: Fri, Feb 20, 2009 at 1:51 PM
Subject: Re: Goal-setting worksheets
To: Brandon Slocumb <brandonslocumb@gmail.com>

That's very nice of you, Brandon. You may certainly use those goal sheets. They do help my students build confidence.

As Buddy Baker used to say Correctness builds Consistency builds Confidence. It's a circular progression.

Good luck on the dissertation!

Peace:-)

Tom Gibson
Trombonelessons.com

APPENDIX B
Artist Performance Survey
and Permission of Use by Dr. Don Greene

1. Artist's Performance Survey

Take Stock of Your Strengths and Weaknesses

PLEASE SET ASIDE at least fifteen minutes to respond to the following questions. Keep in mind that objectivity is critical. Make sure that your answers reflect how you genuinely think, feel, and behave when rehearsing and performing—not as you think you should or wish you would.

Respond with:

5 = very true for you
4 = somewhat true
3 = unsure or sometimes
2 = not very true
1 = untrue for you

SCENARIO 1

Imagine yourself on the way to rehearse or perform.

1. I have a strong inner drive to be my best.	1. _____
2. The level at which I perform is very important to me.	2. _____
3. I have a strong will to succeed.	3. _____
4. I am driven from within.	4. _____
5. I know how to perform under pressure.	5. _____
6. I am commited to be the best I can be.	6. _____
7. I have no fear of success.	7. _____

8. Going into most perfomance situations, I expect to do well. 8. _____
9. I have what it takes to make it. 9. _____
10. I perform well when I'm feeling energized and "up." 10. _____
11. I'm not afraid of failing. 11. _____
12. I believe in my talent and abilities. 12. _____
13. I have fought my way out of many difficult circumstances. 13. _____
14. I have an intense focus. 14. _____
15. I direct my full attention to what I'm doing in the moment. 15. _____
16. I am able to keep focused for as long as necessary. 16. _____
17. I'm not distracted by people moving around me or making noise. 17. _____
18. I don't worry about what other people think of my performing. 18. _____
19. I get anxious before some practice sessions. 19. _____
20. Final rehearsals can make me feel very uptight. 20. _____
21. I can get nervous just thinking about an upcoming dress rehearsal. 21. _____
22. Before important performances, I feel extremely nervous. 22. _____
23. I have no trouble getting my energy up for performances. 23. _____
24. Auditions can place overwhelming stress on me. 24. _____
25. I usually go into auditions with way too much anxiety. 25. _____

Scenario 2

Now see yourself warming up and getting ready to begin.

26. I worry about performing below my capabilities. 26. _____

27. I want to gain others' recognition of my talent. 27. _____
28. I tend to doubt my ability before I even begin. 28. _____
29. My approach to most performances is one of caution. 29. _____
30. Things never seem to work out the way I want them to. 30. _____
31. No matter how well I prepare, something just seems to go wrong. 31. _____
32. I don't do very well when I'm at a high energy level. 32. _____
33. I perform much better when I'm feeling relatively calm. 33. _____
34. It's often difficult for me to get relaxed enough. 34. _____
35. I don't know how to control my nervousness. 35. _____
36. Even the thought of doing my absolute best can make me anxious. 36. _____
37. I get too caught up in what others think of me and my performance. 37. _____
38. I have a strong fear of failure. 38. _____
39. My performance skills suffer suffer significantly under pressure. 39. _____
40. I'd probably start off better if I believed more in myself. 40. _____
41. I would not describe my focus as being powerful. 41. _____
42. I get distracted when other performers make mistakes. 42. _____
43. The main source of distraction is my own mind. 43. _____
44. I have trouble staying focused. 44. _____
45. My mind races with instructions, criticism, or totally unrelated thoughts. 45. _____
46. I say things to myself while performing that I'd never say to a friend. 46. _____
47. I'd probably do better if I didn't try so hard. 47. _____

48. It takes me a while to get it back after making mistakes. 48.____
49. I get really negative and self-critical. 49.____
50. I need to stop trying to force things to happen. 50.____

Scenario 3

Now you are performing and experiencing some problems.

51. Things do not usually go how I'd like them to go. 51.____
52. I seem to get more than my share of bad breaks. 52.____
53. I don't do very well when I'm feeling a lot of pressure. 53.____
54. I usually do better when I'm feeling relaxed. 54.____
55. I feel relatively calm in most rehearsals. 55.____
56. I worry constantly about making mistakes in performances. 56.____
57. I wish I could to do a better job of controlling my nerves. 57.____
58. I tend to start out tentatively. 58.____
59. It takes me too long to calm myself down. 59.____
60. I get distracted when a number of things all happen at once. 60.____
61. I tend to try too hard under pressure. 61.____
62. I don't focus very well. 62.____
63. Sometimes success isn't worth the effort it requires. 63.____
64. I'd probably do better if I were more self-motivated. 64.____
65. I don't always have to do my absolute best. 65.____
66. It takes me some time to recover after making a mistake. 66.____
67. I really get down on myself. 67.____
68. It's difficult getting my energy up after something bad has happened. 68.____

69. Sometimes my energy is not up enough in certain performances. 69._____
70. My energy has even been too low in some auditions. 70._____
71. I have trouble keeping my mind in the present. 71._____
72. I have a short attention span. 72._____
73. I go back to my mistakes or ahead to things that could go wrong. 73._____
74. I even worry about the possibility of performing too well. 74._____
75. I need to focus better. 75._____

Scenario 4

After resolving some of the problems, you are about to finish.

76. I believe that things usually turn out for the best. 76._____
77. I have the ability to bounce back after unfortunate circumstances. 77._____
78. It does not take me very long to get back on track. 78._____
79. Tough conditions bring out the fighter in me. 79._____
80. Even if I'm tired, I can summon up my energy and rally. 80._____
81. I know how to get myself "pumped up" when I need to. 81._____
82. I like to go onstage feeling up. 82._____
83. I enjoy performing with a lot of positive energy. 83._____
84. I am willing to take certain risks to see how good I can be. 84._____
85. I am not afraid of the consequences of doing my very best. 85._____
86. I'm not that concerned with what others may think. 86._____
87. Auditions don't make me all that nervous. 87._____

88. I know that I will be successful.	88. _____
89. I am very driven for my own reasons.	89. _____
90. I am commited to doing my best.	90. _____
91. I would do almost anything to succeed.	91. _____
92. I know how to function under pressure.	92. _____
93. I can focus even in distracting surroundings.	93. _____
94. I talk to myself in a positive way.	94. _____
95. I center myself in the "here and now."	95. _____
96. I am able to still the chatter in my mind before I begin.	96. _____
97. I quietly focus on the task at hand.	97. _____
98. I summon up the courage and "Go For It" *no matter what*.	98. _____
99. I am able to trust my talent and abilities and "Let It Go."	99. _____
100. I keep focused until I am done.	100. _____

Congratulations on completing your survey. You can have it scored at my Web site (DONGREENE.com) or follow the scoring instructions in the Appendix.

Appendix 2

ARTIST'S PERFORMANCE SCORING

1. Draw a line through all the scores in Scenario 2 and Scenario 3 and change them as follows:

1 → 5 2 → 4 4 → 2 5 → 1

2. Add your four numerical responses to determine your score in each category. For example, the Intrinsic Motivation category is comprised of your responses to questions 1, 4, 64, 89: (4), (4), (3), and (3) for a total of 14. Multiply your total by 5 for your score (14 × 5 = 70).

3. Circle that score (90) next to the Intrinsic Motivation category.

FACTOR 1: DETERMINATION

Intrinsic Motivation	*Commitment*	*Will to Succeed*
1) _____	2) _____	3) _____
4) _____	6) _____	63) _____
64) _____	65) _____	88) _____
89) _____	90) _____	91) _____
Subtotal _____	_____	_____
× 5		
Total _____	**Total** _____	**Total** _____

FACTOR 2: POISE

Optimal Activation	*Rehearsal Activation*	*Performance Activation*	*Audition Activation*
10) _____	19) _____	22) _____	24) _____
32) _____	20) _____	69) _____	25) _____
33) _____	21) _____	82) _____	70) _____
54) _____	55) _____	83) _____	87) _____
Total _____	**Total** _____	**Total** _____	**Total** _____

Performance under Pressure	*Ability to Activate*	*Ability to Deactivate*
5) _____	23) _____	34) _____
39) _____	68) _____	35) _____
53) _____	80) _____	57) _____
92) _____	81) _____	59) _____
Total _____	**Total** _____	**Total** _____

FACTOR 3: MENTAL OUTLOOK

Self-Confidence	*Self-Talk*	*Expectancy*
9) _____	46) _____	8) _____
12) _____	49) _____	30) _____
28) _____	67) _____	51) _____
40) _____	94) _____	76) _____
Total _____	**Total** _____	**Total** _____

FACTOR 4: EMOTIONAL APPROACH

Ability to Risk	*Risking Defeat*	*Risking Success*
29) _____	11) _____	7) _____
58) _____	26) _____	36) _____
84) _____	38) _____	74) _____
98) _____	56) _____	85) _____
Total _____	**Total** _____	**Total** _____

FACTOR 5: CONTROLLING ATTENTION

Object of Focus	*Focus Past Distractions*	*Mental Quiet*
18) _____	17) _____	43) _____
27) _____	42) _____	45) _____
37) _____	60) _____	96) _____
86) _____	93) _____	97) _____
Total _____	**Total** _____	**Total** _____

FACTOR 6: CONCENTRATION

Intensity of Focus	*Presence of Focus*	*Duration of Focus*
14) _____	15) _____	16) _____
41) _____	71) _____	44) _____
62) _____	73) _____	72) _____
75) _____	95) _____	100) _____
Total _____	**Total** _____	**Total** _____

FACTOR 7: RESILIENCE

Ability to Fight	*Ease Under Pressure*	*Ability to Recover*
13) _____	47) _____	48) _____
31) _____	50) _____	66) _____
52) _____	61) _____	77) _____
79) _____	99) _____	78) _____
Total _____	**Total** _____	**Total** _____

From: Brandon Slocumb ()
To: branisme3@yahoo.com
Date: Monday, May 4, 2009 2:59:35 PM
Subject: Fw: Fwd: Permission

From: **Don Greene** <drgreene@dongreene.com>
Date: Mon, Feb 16, 2009 at 1:23 PM
Subject: Re: Permission
To: Brandon Slocumb <brandonslocumb@gmail.com>

Dear Brandon,

Thanks your note and kind words. You have my permission to include the Artist's Performance Survey in your doctoral dissertation, but I'd recommend you use the updated version, the Performance Skills Inventory, which you can find at Dongreene.com. You also have my permission to use the 21 day plan. Please keep me updated on your progress. I look forward to reading your dissertation.

All the best,

Don Greene, Ph.D.