Music Performance Anxiety in Choral Singers

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Music Performance Anxiety (MPA) can inhibit a singer from performing to the best of her ability; however, choral conductors are in a position to be able to help singers under their leadership cope with MPA. A Music Performance Anxiety Survey was administered to 85 community choral singers, ages 14-75, in a small musical community in British Columbia, Canada. It was a mixed-methods study investigating how singers experience MPA and how conductors can help singers cope with MPA. Quantitative data were collected concerning singers’ physical and psychological symptoms of MPA, and the factors that influence their experience of MPA. Qualitative data were collected regarding singers’ opinions of how conductors could best help them. Results indicated that 95% of the participants experienced some degree of anxiety-related symptoms prior to performing and that anxiety levels were higher prior to performing than during performance. It was found that psychological symptoms, such as fear, were more bothersome than physical symptoms such as being unable to relax. Memorizing the repertoire was the factor that had the greatest influence on levels of MPA. The development of trusting relationships emerged as the most effective way that conductors can help singers achieve more satisfying performances. Recommendations for physical strategies, behavioural approaches, and addressing the psychological symptoms of MPA are given.
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# Table of Contents

Abstract ........................................................................................................................................... 2  
Acknowledgements .......................................................................................................................... 3  
Table of Contents ............................................................................................................................ 4  
List of Tables of Figures .................................................................................................................. 5  
Chapter One: The Problem to be Investigated .............................................................................. 6  
  Purpose of the Study ....................................................................................................................... 6  
  Justification .................................................................................................................................... 6  
  Research Question and Hypothesis ............................................................................................... 10  
  Definitions ...................................................................................................................................... 11  
  Brief Overview of the Study .......................................................................................................... 11  
Chapter Two: Literature Review ...................................................................................................... 13  
  Effects of MPA for Instrumentalists ............................................................................................ 13  
  Causes of MPA for Instrumentalists ............................................................................................ 15  
  Treatment of MPA for Instrumentalists ....................................................................................... 20  
  Effects, Causes, and Treatment of MPA in Choral Singers ......................................................... 22  
Chapter Three: Procedures and Methods ....................................................................................... 25  
  Research Design .......................................................................................................................... 25  
  Sample ......................................................................................................................................... 26  
  Instrument .................................................................................................................................... 26  
  Procedures .................................................................................................................................... 27  
  Validity .......................................................................................................................................... 28  
  Data Analysis ............................................................................................................................... 29  
Chapter Four: Results ...................................................................................................................... 34  
  The Participants ............................................................................................................................ 34  
  Anxiety Levels ............................................................................................................................... 35  
  Anxiety Level Rating Compared to Personal History Items ........................................................... 35  
  Symptoms of MPA ........................................................................................................................ 37  
  Factors Influencing MPA .............................................................................................................. 39  
  Coping Strategies .......................................................................................................................... 41  
  How Conductors Can Help ......................................................................................................... 42  
Chapter Five: Discussion .................................................................................................................. 45  
  Knowing the Singers ..................................................................................................................... 45  
  The Physical Symptoms of MPA and Recommendations .............................................................. 47  
  The Behavioural Symptoms of MPA and Recommendations ...................................................... 49  
  The Psychological Symptoms of MPA and Recommendations .................................................... 50  
  Limitations .................................................................................................................................... 53  
  Suggestions for Further Research ................................................................................................. 54  
  Conclusion .................................................................................................................................... 55  
References ........................................................................................................................................ 57  
Appendix A: Cover Letter and Consent Form ................................................................................. 60  
Appendix B: Music Performance Anxiety Survey .......................................................................... 62  
Appendix C: Script Read to Potential Participants ......................................................................... 66  
Appendix D: To Conductors. ............................................................................................................ 67
List of Tables and Figures

Table 1: Summary of Participants..................................................................................32
Table 2: Anxiety Levels Before Performing.....................................................................33
Figure 1: Anxiety Related to Age...................................................................................34
Figure 2: Years of Performance Experience Related to Age...............................................34
Figure 3: Singing Level Related to Age...........................................................................35
Figure 4: Physical Symptoms of MPA............................................................................36
Figure 5: Psychological Symptoms of MPA...................................................................37
Figure 6: Factors Influencing MPA.................................................................................38
Figure 7: Effectiveness of Coping Strategies.................................................................39
Figure 8: Coping Strategies Respondents Want to Learn More About............................40
Figure 9: Conductor Qualities That Can Help Singers....................................................41
Chapter One: The Problem to be Investigated

Purpose of the Study

Choral music educators have many responsibilities, but primarily, they are conductors of vocal ensembles. There are several tasks at hand for the conductor including selecting the music, facilitating the learning of the music and technical skills, interpreting the music artistically, and leading the ensemble in performance. The performance goal of a musical ensemble under a conductor’s leadership is to execute their musical tasks to the best of their ability, to enjoy performing and to have their audience enjoy the performance. If these goals are accomplished, the musicians in the ensemble will feel positively about their experience and will hopefully be inspired to continue to perform musically. Unfortunately, instrumentalists’ and singers’ performances can be negatively affected by Music Performance Anxiety (MPA).

MPA is a mental deviation from a normal state (Hamann, 1985) experienced by instrumental and vocal musicians that can be very distressing (Kenny, 2005). It disrupts the correct balance of the mind and can impair the control of mental and physical capabilities while it lasts (Gruenberg, 1919). Studies reveal that up to 69% of musicians are affected by performance anxiety (Khalsa, 2009). As a result, it is important for choral conductors to gain understanding about this phenomenon. The purpose of this study was to provide choral conductors with information about how and why singers experience MPA and to inform them about strategies they can implement in their teaching to help the singers under their leadership cope with MPA.

Justification

In investigating the issue of MPA among choral singers, Ryan and Andrews (2009) found that 78% of participants in their study requested assistance in dealing with the negative physical
MUSIC PERFORMANCE ANXIETY IN CHORAL SINGERS

and psychological effects of MPA. In the physical performing environment, the musician is subjected to a wide assortment of stimuli, the exposure to which results in physical and mental responses (Steptoe, 1982). One can feel threatened by variables such as the abilities and task execution of the other performers, the personal and group potential for memory lapses or slip-ups in a challenging section of the piece, and the sensory aspects of the performing environment, such as coughing and babies crying in the audience, room temperature or technical issues with sound equipment.

The mere idea of all the variables that could negatively affect the performance can be very stressful and anxiety-inducing. The physical responses attributed to stress and anxiety can lead to fear and once a person has fearful thoughts, a chain of neuro-chemical events is triggered in the body. Physically, MPA may cause the onset of the body’s fight-or-flight response, resulting in increased heart rate, hyperventilation, salivary glands drying up, trembling, nausea and stomach upset, and increased muscle tension (Martin, 1964; Mehrag, 1988, Steptoe, 1982). These are very undesirable responses when fine motor control, relaxation, composure and sensitivity are necessary in order to create a desirable vocal tone and a musically exciting performance (Mehrag, 1988).

The psychological aspects of MPA centre on the quality of the self-talk, or the cognition, of the performer. Performing generally requires a high degree of focus and concentration. A musician’s thoughts are task-oriented: physical execution, communicating meaning and emotion to their audience, and integrating with other performers (Steptoe, 1982). Unfortunately, MPA can create a mental state that can inhibit one’s ability to concentrate. Negative self-talk can arise under duress and the musician may begin to doubt his worthiness or technical ability or fear disapproval from his friends, peers or conductors. He may have a judgmental attitude, or lose
self-confidence and self-esteem (Lehrer, 1985; Steptoe, 1982). These “what if” thoughts affect performers negatively in the form of shame, guilt, and lack of satisfaction (Martin, 1964; Yondem, 2007). Obviously, this internal dialogue becomes a threat to a musician’s ability to focus their thoughts on the task at hand.

Interestingly, opinion on whether, or to what extent, the effects of anxiety are positive or detrimental to performance quality varies (Hamann, 1985). Some performers will argue that a certain amount of physical arousal brought on by anxiety is beneficial to a performer’s state of being to create a rich performance (Hamann, 1985; Steptoe, 1982). The quality of a skilled performance may vary with arousal as described by the Yerkes-Dodson law (Steptoe, 1982). Essentially, this law states that performance improves with arousal at a moderate point, but becomes impeded at low or high arousal (Lehrer, 1987; Steptoe, 1982). Practicing music alone or during a lesson doesn’t tend to create enough arousal and the music can feel dull. When an intermediate arousal level is achieved as a result of performing for others, for example, focused attention increases and the performance is good. However, difficulties arise again when tension is too high, such as in auditions or dress rehearsals (Steptoe, 1982). The ideal state for a good performance is then moderate physical excitement. However, when MPA disrupts a singer’s ability to perform successfully, he can be left feeling frustrated, unsatisfied, or in a worst case scenario, he can feel so discouraged that he stops making music in his life (Ryan & Andrews, 2009). Obviously, this is very undesirable.

Based on the wide range of MPA symptoms and their performance consequences, strategies for coping with the physical and psychological symptoms of MPA could be taught to singers by conductors during rehearsals as an aspect of preparation for public performance. Studies have centered on the effect of a variety of coping strategies for instrumentalists in
MUSIC PERFORMANCE ANXIETY IN CHORAL SINGERS

particular. Some strategies for dealing with the physical effects of MPA include yoga and meditation, progressive muscle relaxation techniques, and techniques to improve musculoskeletal performance (Khalsa, Shorter, Cope, Wyshak, & Sklar, 1989).

To address the psychological aspects of MPA, cognitive interventions, desensitization techniques and musical preparation techniques have been shown to be helpful (Hains and Szyjakowski, 1989; Kenny, 2005; Lehrer, 1987; Mehrag, 1988), although it seems that relatively little research has centered on the specific experience of singers, who are physically directly connected to their instrument (Ryan, 2009). One way to deal with the negative cognitive effects of MPA is to analyze the impairing thoughts and to restructure them rationally with the awareness that self-made prophecies will come true. For example, the thoughts of failure must be halted and can be replaced with affirmations such as: “I am a good musician. I will do well. The audience supports me or they wouldn’t be here. Take a deep breath and carry on.” These interventions have been shown to produce significant results in reducing MPA (Steptoe, 1982; Mehrag, 1988).

Practice performances as a form of desensitization have been found to be effective in combating the effects of MPA (LeBlanc, 1997; Orman, 2003; Steptoe, 1982). One way to practice performing is for musicians to perform regularly informal situations, such as for their peers (Lehrer, 1985), friends, and family. Secondly, technology can provide a virtual environment for desensitization. A study was done with saxophonists where a virtual reality environment was provided where the performer wore a head-mounted display providing audio and visual information. This provided a sense of presence and physiological and psychological indicators of MPA existed. This type of exercise has been shown to provide viable practice performance experience (Orman, 2003).
Preparation for a musical performance is the responsibility of both the singers and the conductor in a choral setting. The singers are responsible for practicing their notes, rhythms, and lyrics individually as much as necessary to feel confident they know the material well. The conductor’s role is to bring the musicians together, to select and interpret the music, to identify and work through challenging sections of the music, and to prepare the group for performance. From a musical preparation perspective, Ryan and Andrews (2009) found that 84% of the participants in a study of choristers reported that the conductor influences their level of performance anxiety. Some of the anxiety-inducing conductor characteristics and behaviours included anxious, negative mood, weak conducting/rehearsal skills, disrespectful, poor preparation/disorganized, negative body language, and lack of confidence (Ryan & Andrews, 2009). If conductors can increase their awareness of their behaviour’s effect on their singers’ MPA, they can take steps to address these issues, which can sometimes be a result of the conductor’s own MPA.

There is evidently a need for closer examination of how ensemble singers can best cope with MPA and how the conductors who lead them can assist them in performing to the best of their ability.

**Research Question and Hypothesis**

What are solo and choral singers’ experiences of MPA and what strategies can conductors employ to reduce the effects of MPA for the singers under their leadership?

It was believed that over the course of this research, confirmation would be found that the majority of vocal performers, including soloists, ensemble singers, amateur and professional, school-age and adult, experience symptoms of MPA prior to and/or during performance. The hypothesis was that there are strategies a conductor can teach that can indeed improve the
MUSIC PERFORMANCE ANXIETY IN CHORAL SINGERS

performance experience of singers who experience MPA, including: visualization and relaxation techniques, musical preparation techniques, cognitive interventions, techniques to improve musculoskeletal performance, and desensitization techniques. Additionally, it was thought that the results of this study would uncover some leadership behaviours and characteristics of conductors that singers perceive will help reduce the effects of MPA on their ensemble members.

Definitions

In the current research, singers were defined as professionals, semi-professionals and amateurs, soloists and ensemble members, age 14-75, who perform in front of an audience of at least 50 people at least twice a year. Music Performance Anxiety (MPA) was defined as a fear that an individual has with regard to exhibition of performance in front of others (Yondem, 2007). Strategies were techniques or procedures that could be taught and implemented to reduce the effects of MPA, such as deep breathing, visualization, affirmation and musical preparation. The leader of a vocal group (ensemble or choir) is a conductor who rehearses and directs the singers. The effects of MPA were defined as the physiological and psychological manifestations of anxiety related to music performance.

Brief Overview of the Study

This study was intended to add to the existing knowledge regarding MPA in singers for the purpose of helping singers and conductors achieve more satisfying musical performances. Participants in the study were a sample of 85 professional and amateur singers, aged 14-75, who were involved in vocal performance as soloists or as community choir members from three different choirs in a rural community in British Columbia. Both quantitative and qualitative data were collected with regard to personal history, symptoms, causes and treatment of MPA.
Personal history information was collected pertaining to age, gender, years of performance experience, singing level, and music education. Participants were asked about what physical and psychological symptoms they experienced before and after performing and the degree to which these symptoms bothered them. The causes of MPA were explored, including identification of conductor characteristics and/or behaviours that influenced the experience of MPA. As for treatment, participants were asked to indicate which strategies (if any) they had employed to help them cope with MPA, their effectiveness, which ones they’d like to learn more about, and what a conductor can do to ease their MPA. Questions on the survey appeared in a variety of formats, including selecting from a list, Likert-scale items, and open-ended paragraph responses.

The survey provided rich data about these singers’ experiences of MPA. Results confirm that the majority of the participants are affected to some degree by physical and psychological symptoms of MPA and that there are steps conductors can take to help the singers under their leadership cope with these symptoms more effectively.
Chapter Two: Literature Review

There has been much related research in the field of MPA, with most studies centering on the experiences of instrumentalists. Studies generally focus on one of three areas: effects, causes, or treatment of MPA.

Effects of MPA for Instrumentalists

In a study related to the effects of MPA, Hamann (1982) researched the effect of anxiety on the quality of musicians’ performances. The participants in the study were 90 music students from the University of North Carolina. There were 15 musicians in each of five instrumental areas and one vocal area; five were graduate students and the remaining 85 were undergraduates. The gender distribution of the sample was 42 males and 48 females. This was a convenience sample based on the students’ ability and willingness to perform and record a musical composition of their choice in two different performance conditions within a five-day span.

The five-day time restriction was intended to reduce the variable of extra practice time on the quality of the two performances. The students, who were unaware of the nature of the study, were asked to perform and record their piece whilst alone and then in a repertory class, where the audience consisted of their peers and an instructor. After playing their piece alone in a room, they were administered both the State-Trait Anxiety Inventory (STAI) and the State-Trait Personality Inventory (STPI) in addition to a data questionnaire that was used to obtain information about the participants’ level of musical training. After performing in the repertory class, the participants were administered the STAI and STPI. Three music faculty judges independently evaluated the quality of the musical performances on the randomized recordings using a Likert scale evaluation form with seven categories: intonation, rhythmic accuracy,
technical competence, phrasing, expressiveness/musicianship, tone quality, and total performance.

Results indicated state anxiety significantly increased for the musicians in the repertory situation over the non-repertory situation, indicating that performing before their peers and an instructor may have been viewed as a more threatening situation. Those with High Trait anxiety experienced greater state anxiety than those with Medium or Low Trait anxiety. It was also found that mastery of a task and anxiety were related in this study. For participants with higher years of formal training and greater habit strength, anxiety can have motivational properties, thereby ameliorating the performance.

The anxiety inventories, the STAI and STPI, were selected because they have greater reliability than physiological measures and projective tests. Physiological measurement instrument, such as heart rate monitors, could impede a musician’s movement. Projective tests could be more affected by extraneous factors. The STAI and STPI are also convenient, as they require no special training for administering or scoring. This choice of measuring tool is related to the current research in that the Beck Anxiety Inventory was utilized as guide for developing the current survey for similar reasons. The reported findings of this research do not reference the effect of gender on anxiety response, which would have been interesting, as other studies have noted differences. This study is limited in that the anxiety was self-measured by the participants and not triangulated with another form of data collection, such as physiological measures. The generalizability of this study to all musicians is limited by the fact that the participants were all university music students who have already chosen to pursue an advanced level of music education.
The implications of this information for educators is the emphasis on the importance of musicians being well-rehearsed if the effects of anxiety are to improve rather than impede the quality of a performance.

**Causes of MPA for Instrumentalists**

Yondem (2007) was interested in the relationships between trait anxiety, dysfunctional attitudes, gender, perfectionism and the need for approval with respect to their effect on musicians’ experiences of MPA. Yondem hypothesized that there would be positive correlations between anxiety and dysfunctional attitudes and that females would score higher on anxiety scales than males. Solo performances and evaluative situations had been shown to be the most anxiety-inducing by Kenny (2006). As a result, data was collected from 54 Turkish instrumental music university students, ages 20-28, immediately prior to their solo performance examination where they were to be assessed by an expert jury. Thirty-one of the participants were female and 24 were male.

The Beck Anxiety Inventory (Beck, Epstein, Brown & Steer, 1988) was used to measure the musicians’ anxiety. This tool includes 21 items for rating, including somatic (physical) and subjective (emotional) anxiety symptoms. The Dysfunctional Attitudes Scale (DAS) was utilized to measure cognitive distortions such as irrational beliefs regarding oneself and others and negative internal dialogs or images. Two sub-scales of the DAS were included in the study: the need for approval and perfectionism. After the quantitative data had been analyzed, results supported the hypotheses, showing that music students who had a higher need for approval had higher anxiety scores and that females had higher anxiety scores than males. There were no significant correlations for perfectionism; however, the need for approval is discussed as a form of socially based perfectionism. Social approval is important for many people, but music
students may have greater expectations of approval from others and as such, may be more vulnerable to cognitively related anxiety.

There are some limitations to Yondem’s study. Firstly, there is a cultural component to the research, as it took place in Turkey. Culturally, there tends to be more negative criticism in interpersonal relationships, such as between the Turkish music students and their parents and teachers, thereby increasing the need for approval (Yondem, 2007). Secondly, the sample size was relatively small and consisted of only instrumentalists, excluding vocalists. Also, with respect to the gender aspect of the study, females exhibited higher anxiety, but there was no significant effect of gender on the need for approval or perfectionism. The researcher postulates that the anxiety females experience may have biological, psychological or cultural roots. Finally, the prevalence of the need for approval in the data may have been due to the highly stressful examination situation the students were in.

This study is of relevance to the current research in two ways. The Beck Anxiety Inventory is a measuring tool that was used as a reference by the current researcher and secondly, in the current survey, specific questions address the “need for approval” factor to determine if that is indeed a contributor to MPA for Canadian adult choristers who perform in a community choir setting.

The presence of an audience, and who makes up the audience, may be a possible cause for the presence of MPA in musicians. In their review of research on MPA, LeBlanc et al. (1997) discovered that the existence of an audience appeared to have a consistent effect on the experience of MPA and that little research had been done with adolescent musicians. As a result, they designed a study with 27 high school students performing under three levels of escalating audience presence.
MUSIC PERFORMANCE ANXIETY IN CHORAL SINGERS

The sample consisted of 16 boys and 11 girls, where grades 9-12 were represented. The participants performed the first two minutes of a solo piece alone in a room, then before the four researchers, and then in front of an audience consisting of the researchers and a peer-group of nine to 16 fellow participants. The third performance was also tape recorded. Data were collected in a variety of ways. Firstly, anxiety levels were measured using a self-report scale of perceived anxiety that the researchers designed called the Personal Performance Anxiety Report. Students completed this report following each performance. Secondly, their heart rates were measured during each performance to provide physiological data. Thirdly, the students participated in an exit interview after their third performance, and finally, the recordings were rated by the researchers.

Results indicated that self-reported anxiety rose in each succeeding performance. Heart rates were similar in the first two conditions, but increased distinctly in the third. In the exit interview, the majority of the students said that playing for the researchers and their peers in the third condition was the most stressful. A significant difference in gender was observed in the performance rating on a scale from 1 to 10; females scored a mean of 8.2/10 while males scored 5.7/10; however, more females were proactive about seeking their own music (82%) rather than choosing from a small selection provided by the researchers, which 69% of the males did. Gender also played a role in the anxiety levels of the participants. Females’ heart rates were significantly higher than males’ in the first and third performance scenarios and their self-reported anxiety was significantly higher than males in the third condition.

This study’s strengths are that multiple types of data collection were used and its validity is strong in that its findings are congruous with the findings of other research. In the discussion, the researchers say they were surprised that the first condition was apparently stressful, but they
MUSIC PERFORMANCE ANXIETY IN CHORAL SINGERS

go on to describe that the it was the musicians’ first time playing their piece solo, their first time wearing the heart monitor equipment and that they weren’t really in as private a situation as the researchers had hoped, given the aspects of the physical location of the room. The purpose of the study was to look at the effect of audience on anxiety levels, but given the fact that one performance was recorded and evaluated, recording and evaluating the performances in the other two conditions would have provided possibly interesting data on the effect of audience/anxiety on the quality of the other performances.

Music educators can glean two important ideas from this study, despite the fact that its sample size was small. First, it is important for conductors to recognize that it is anxiety-inducing for students to perform before an audience, and perhaps even more so when the audience consists of peers. Making efforts to prepare students for the audience experience is recommended, as also shown in the results of the current research. Second, this study provides reason to believe that female music students may be more susceptible to MPA than males; as a result, music teachers could focus on structuring an environment where this sensitivity is acknowledged and strategies for coping are taught.

Negative cognitions are another possible cause of MPA. Up to a third of adolescent musicians report being negatively affected by MPA (Fehm & Schmidt, 2005; Osborne & Kenny, 2005). Three separate but interacting systems contribute to MPA. These include physiological arousal, behavioural responses, and fearful cognitions; however, according to research, negative cognitions appear to play a more significant role in disturbing the performance experience. As a result, Osborne and Kenny (2008) designed a study that collected quantitative and qualitative data to test their hypotheses that firstly, negative cognitions would be more predictive of adolescent MPA than the other aspects and secondly, that participants who report a negative past
performance experience will self-report higher levels of MPA than those who do not report such an experience.

The sample consisted of 298 adolescent music students, mean age 14.23 years, from three high schools in Australia. Demographical data such as age, gender, length of time studying their instrument, amount of time spent practicing each day, and performance frequency were collected. The measurement instruments were the Music Performance Anxiety Inventory for Adolescents, created by the researchers (2005), the State-Trait Anxiety Inventory, designed by Spielberger, Gorsuch, Lushene, Vagg, and Jacobs (1983), and a questionnaire involving open-ended, self-generated statements plus a description of the participants’ worst performance experience, if they had one. The questionnaire’s descriptive data were coded and scored in six domains including situational factors, behaviour, cognitions, somatic symptoms, and the outcome of the experience. Validity and reliability were addressed using standardized psychometric measures of similar constructs and inter-raters for the coding.

Results of the study supported both hypotheses in that participants who reported a negative performance experience scored significantly higher on MPA than those who did not. However, there was also a trend indicating that these students had higher trait anxiety, thereby indicating that there may have been a pre-disposed vulnerability. State trait anxiety, cognition, and gender were also predictors of MPA, whereby highly anxious individuals can tend have more negative cognitions and females reported higher anxiety levels, although the gender effect cannot be identified as an independent predictor of MPA in this study. Sixty percent of the total reported cognitions pertained to fear of being negatively judged by others and negative self-evaluation, which may be higher than in an adult sample due to the psychological and social development stages of adolescence.
Limitations of the study are that self-report inventories may not reflect true thoughts when individuals are prompted by a circumscribed response set and that descriptions of past experiences may be affected by memory bias or written expression skills of students. However, this study highlights the importance of teaching MPA minimizing techniques to students from the outset of their musical training. The authors recommend that educators offer frequent, low-stress performance opportunities to students, ensure that students are capable of playing the selected repertoire and that it’s mastered to the point of automaticity prior to performing. Educators are encouraged to implement psychological training skills such as self-reflection on performances, and identification, prevention, and modification of problematic conditions.

**Treatment of MPA for Instrumentalists**

Professional musicians can suffer from high stress levels, Music Performance Anxiety (MPA), and performance-related musculoskeletal disorders. Khalsa, Shorter, Cope, Wyshak and Sklar (2009) evaluated the benefits of yoga, a holistic mind-body practice, and meditation for musicians as a strategy for reducing the debilitating effects of MPA.

While a hypothesis is not clearly stated in this article, Khalsa and Cope (2006) had conducted a previous preliminary study in which a six-week yoga and meditation practice appeared to reduce MPA. They were keen to explore this finding with a more in-depth study.

Both quantitative and qualitative data were collected in this study. The quantitative data were collected via a longitudinal panel survey that included measuring tools such as The Performance Anxiety Questionnaire (Cox & Kenardy, 1993), the Profile of Mood States Questionnaire (McNair, Lorr & Droppleman, 1992), the Performance-Related Musculoskeletal Disorders Questionnaire (Ackermann, Adams & Marshall, 2002), and the Perceived Stress Scale (Cohen & Williamson, 1988). A one-year follow-up survey was also administered. The
MUSIC PERFORMANCE ANXIETY IN CHORAL SINGERS

Qualitative data consisted of observation records kept by the yoga instructors as well as the participants’ articulated descriptors.

The participants were 45 young adult professional musicians who had competitively applied and auditioned to be residential musical fellows in the eight-week summer training program at the Tanglewood Music Center in Massachusetts. The 150 fellows were invited by e-mail to participate in the study and 30 musicians volunteered to be part of either the Intervention Yoga or Yoga Lifestyle groups. Fifteen people were assigned to each of these groups. These groups differed in that the Intervention Yoga group attended three yoga and/or meditation classes per week whereas the Yoga Lifestyle group attended specifically tailored and instructed learning and practice opportunities that included a two-day intensive retreat with a focus on yoga practice and philosophy, meditation techniques, breath control, and conscious eating. The Yoga Lifestyle group also had a 60 minute session of private instruction and six group discussion sessions reinforcing the way a yogic behavioural approach to everyday life can cultivate a psychological state that can improve musical performance skills and enjoyment of playing music. Another 15 musicians volunteered to be part of the non-intervention control group.

The main results of the study showed that MPA decreased following the intervention for both of the yoga groups and stayed the same for the control group in the instances of individual music practice, group performance and solo performance. Females consistently reported higher levels of MPA. The conclusions of this study are valid because the three groups were of equal size, there was a wide variety of measurement instruments, and statistical tests confirmed the equivalence of the groups at baseline on all questionnaire scales. This study makes an important contribution to advancing knowledge because it provides support to the idea that specific coping skills can be applied to reduce the debilitating effects of MPA.
Two limitations in this study are that the sample size was low and it was not random in that volunteers had shown an interest in yoga intervention at the outset by volunteering. The volunteers may have been more highly motivated to practice the intervention because they expected it to result in improvement.

The current study seeks to determine what strategies conductors can teach their students to help reduce MPA. Khalsa et al.’s (2006) study has a significant relationship to the current research project in that it supports the effectiveness of two coping strategies: yoga and meditation, and indicates support for including these strategies on the current study’s survey.

**Effects, Causes, and Treatment of MPA for Choral Singers**

Ryan and Andrews (2009) conducted a survey-based study to investigate semi-professional choral singers’ experience of the effects, causes, and treatments of MPA. This inquiry focused on the experience of MPA for choral singers in the following ways: frequency and severity of MPA, singers’ solo and career choices, the role the conductor plays, and coping mechanisms. Choral singing tends to be one the most common ways that people of all ages participate in music performance. However, there has been a shortage of studies centering on choristers’ performance experiences, despite the fact that it is known that MPA’s physiological, behavioural, and psychological manifestations can negatively affect performance quality and cause musicians so much stress that they choose to stop performing.

Questionnaires with both closed and open-ended questions were issued to 201 singers, aged 17-70, from seven choral ensembles. Eighty-two percent of the participants were female and 25% were professional musicians. With regard to frequency and severity of MPA, 57% of the 201 choristers reported moderate levels of MPA during at least half of their choral performances. Results also indicated that solo performances were more anxiety-inducing than
group performances. Open-ended questions provided some qualitative data with respect to solo performances where quotes from the participants’ responses were shared. Significant comments indicated that MPA had caused singers to opt out of musical performance as a career, to refrain from auditioning for solos or musicals, and to find solo work traumatic. Participants identified factors that increase MPA and the top three that emerged were the difficulty of the music, performing from memory, and the importance of the performance. However, of special significance to music educators, the fourth factor was the conductor.

Eighty-four percent of the participants indicated that the conductor’s characteristics and behaviours influenced their levels of MPA. A conductor’s anxiety was indicated as being MPA-inducing by 75% of the participants. Other MPA-inducing conductor factors that could be addressed through a conductor’s awareness include negative mood, weak conducting/rehearsal skills, disrespectful, poor preparation, negative body language, lack of confidence, perfectionist tendencies, being rushed, making last minute changes and appearing unconfident or arrogant. It becomes clear through this study that a conductor can inadvertently increase their singers’ MPA. In order to help singers achieve a higher performance quality, conductors need to cope with their own MPA and assess whether or not they display some of the other anxiety-inducing characteristics and/or behaviours.

Coping strategies for dealing with MPA employed by the choristers were identified as meditation, exercise, prayer, deep breathing, yoga, self-help books, visualization, extra practicing, quiet time before performing, Alexander technique, and advice from teachers. One limitation of this study is that the findings indicated that those from larger choirs reported greater and more frequent anxiety. This finding runs counter to the results that indicated that solo work was more stressful than group work, as from this, it may be expected that smaller groups with
more individual exposure would be more anxiety-inducing. It’s possible that larger groups consist of a greater number of less experienced and/or less trained singers. It is also possible that due to the semi-professional nature and high level of repertoire performed by the choirs represented in the study, the conductors of the singers in the study were under more stress, possibly resulting in more anxiety-inducing behaviours.

This research is of significant relevance to the current research in that Ryan and Andrews (2009) have surveyed a similar sample of singers to the one this researcher surveyed and they have discovered that for their participants, a conductor’s behaviours and/or characteristics can increase MPA. Thus, the current study is going to examine the ways conductors can reduce MPA for choral singers.
Chapter Three: Procedures and Methods

Research Design

The purpose of the research was to discover how and why singers experience MPA and which strategies would be helpful in coping with the symptoms of MPA. With 14 years of experience in directing choirs and 30 years in performing, this researcher has had countless encounters with MPA personally and has observed MPA affecting choral singers under her leadership. This has led the researcher to desire a deeper understanding of the topic, with the goal of helping herself and other singers achieve more satisfying performances. A survey was therefore designed then distributed to 125 singers from community choirs and 42 of this researcher’s musical acquaintances to collect quantitative and qualitative data. Eighty-five surveys were returned.

The survey consisted of questions in five main areas: personal history, symptoms of MPA, causes of MPA, coping strategies, and how singers think conductors can help singers. The personal history questions collected demographic information including participants’ gender and age, and music-related information including years of performance experience, level of music education, and singing level. Quantitative data pertaining to MPA symptoms were collected by asking respondents to identify the severity of physical and psychological symptoms of MPA they experienced before and during performance. Participants were then asked to identify factors that contributed to their MPA, including conductor behaviours and characteristics that had an impact on their experience of MPA. Information pertaining to potential treatment of MPA involved asking singers which strategies they’d used and wanted to use to cope with it.

Qualitative data were collected on the survey via open-ended responses to questions about how conductors can help singers perform to the best of their abilities and help them reduce MPA. The goal of this research was to provide choral conductors with more information about the
MUSIC PERFORMANCE ANXIETY IN CHORAL SINGERS

symptoms, causes, and treatment of MPA in order to increase their understanding of the condition and help improve the vocal performance experience of singers under their leadership.

Sample

Eighty-five singers who were either at the amateur or semi-professional/professional levels, and who were solo performers and/or choir members, volunteered to participate in a survey about their experiences of MPA. This convenience sample was obtained through in-person invitations extended to members of three community choral groups in the A rural community in BC, and e-mail invitations to solo singers who were acquaintances of the researcher from all over BC.

Instrument

The Music Performance Anxiety Survey (Appendix B) is a researcher-developed questionnaire designed to explore how and why singers experience MPA and how conductors can help them cope. It is comprised of questions that included list selection items, Likert scale items, and open-ended items. The survey was designed to take approximately 10-15 minutes to complete. The questions were in five categories: performance history, symptoms of anxiety, causes of anxiety, coping strategies, and the conductor’s role in helping singers.

Firstly, performance history information was gathered using a select-from-a-list format, including age category, gender, years of performance experience, music education category and singing level (amateur or semi-professional/professional) of each participant. Secondly, data about physical and psychological anxiety symptoms before and during performance information were collected using Likert-scale questions. The symptoms listed on the survey were derived from the Beck Anxiety Inventory (Beck, Epstein, Brown, & Steer, 1988) and the researcher’s experience. Thirdly, participants were asked to identify factors that influence their level of
MUSIC PERFORMANCE ANXIETY IN CHORAL SINGERS

MPA, including specified conductor behaviours and characteristics. The content in these questions was based on the results of Ryan and Andrews’ study (2009) of MPA in choristers.

Fourthly, the singers identified the frequency of use and the effectiveness of coping strategies on a Likert scale. The creation of options on this topic was informed by Ryan and Andrews’ Choral Performance Experience Questionnaire (2009) and this researcher’s experience. And finally, participants were asked to describe, in an open-ended format, how conductors can help choral singers to the best of their abilities and reduce their MPA.

Procedures

The survey for this study was designed in the spring of 2011. The survey was pre-tested on three community choir members who were not members of the study’s sample and revisions were made based on their feedback. In October 2011, 125 singers from three A rural community in BC community choral groups were invited, in person by the researcher, to participate in the anonymous survey. Forty-two invitations to participate in the survey were extended via e-mail to singing acquaintances of the researcher.

With respect to choristers, in an effort to get a high participation rate in the study, the study was presented in person at a time when the singers were already assembled for a rehearsal. One of the three choral groups was led by the researcher. The researcher phoned the two conductors of the remaining choirs and read a script explaining the study and requesting their support of the research (Appendix D). Upon receiving permission to include their choirs in the sample, the researcher attended a rehearsal for each group at a time that was convenient for the director. At the rehearsal, choristers were given an envelope that included a cover letter and consent form (Appendix A), and a survey (Appendix B). A count was made of the singers in the room and a script (Appendix C) was read by the researcher to all of the choral members.
The script included an introduction to the purpose of the study, a brief definition of MPA, reference to the counselor who had volunteered to be available to help singers who experienced psychological disturbance as a result of completing the survey, and an assurance that participation in the study was purely voluntary and anonymous. Participants were informed that by returning a completed survey, they were providing their consent to the researcher to utilize the data. If a singer chose not to participate, they were instructed to either not return an envelope or to return an envelope with a blank survey. They were told that if they didn’t wish to respond to a particular question, they could leave it blank and carry on, and to please not use the choir or conductor’s name in any of their responses. The singers were also assured that there were no right or wrong answers, but rather that the study’s aim was to acquire data that was reflective of their experiences. The surveys were taken home by the singers and returned the following week at rehearsal, into a drop-box that was placed outside the door of the rehearsal room out of the conductors’ view. The researcher then collected the drop-box.

In the case of e-mailed surveys, potential participants were given the same instructions with regard to consent and response completion; however, they were asked to print out the attached survey, complete it, scan it, and finally, e-mail it to a neutral party, this researcher’s instructor at VIU. The instructor then sent the completed e-mailed surveys to the researcher to maintain anonymity.

Validity

One aim of the study was to have generalizability to the population of singers in British Columbia. Internal validity was increased by ensuring that participation was voluntary and anonymous. An attempt to avoid hierarchical influence was made by having the surveys returned to a drop-box outside of the rehearsal space and out of the conductors’ view.
MUSIC PERFORMANCE ANXIETY IN CHORAL SINGERS

To increase external validity, the survey questions were not only based on the researcher’s own field experience, but also on previous research (Ryan & Andrews, 2009), and the Beck Anxiety Inventory (BAI), which is a widely used measure of anxiety (Yondem, 2007). The BAI lists 21 physical and psychological symptoms of anxiety for self-evaluating on a scale of 0 (not experienced at all) to 3 (experienced severely) (Beck, Epstein, Brown, & Steer, 1988). The survey was pre-tested on three singers, who were not part of the sample, to receive feedback on the clarity of the directions and questions, and on the format of the survey. Revisions were made accordingly.

The validity of the data collected from the surveys was dependent on the honesty with which the participants responded to the questions. In presenting the study, the researcher emphasized that honest responses would be much appreciated to further conductors’ understanding of MPA and that the study could provide recommendations to conductors to assist singers in general in coping with MPA.

Data Analysis

Quantitative data were collected from the questions on the survey regarding age, gender, years of performance experience, singing level and level of music education. These individual question totals and the percentage of the total sample were displayed on a frequency distribution table (Table 1). With respect to age, the question was a choose-from-a-list item that had ages grouped into categories. With the years of experience question, participants responded with the exact number of years and the researcher then grouped responses into categories: 0-5 years, 6-10 years, 11-15 years, 16-20 years, and 21+ years.

On the survey, respondents were asked to check all that applied to them as a singer: amateur, semi-professional, professional, solo artist, and choral member. Singing level of the
participants was determined by separating the first three descriptors from the last two and analyzing them separately. Singing level was assigned by placing participants into either the amateur category or the semi-professional and professional categories, which were collapsed into one category.

The music education item was a choose-from-a-list question where participants could check all that applied. In this instance, the researcher grouped the responses into three categories: informal, formal, and post-secondary. These categories were mutually exclusive and responses were selected to the highest level. Firstly, the informal category was made by collapsing the informal/community choir and self-taught categories. Second, the formal category was made by collapsing the high school, high level performing group, and formal lesson categories, and finally, the post-secondary was made by collapsing the post-secondary and Bachelor of Music Education/Bachelor of Music categories. As stated, the responses were then selected to the highest level where for example, if a participant indicated that they had informal training by way of community choir participation, and they had also had formal lessons, they were placed in the formal category only.

On the survey, there were Likert scale questions about the participants’ anxiety symptoms, causes of MPA, and their experience of coping strategies. Responses to the questions about physical and psychological symptoms of anxiety before and during performance were used to collect data about how singers experience MPA. The Beck Anxiety Inventory (BAI) (Beck, Epstein, Brown, & Steer, 1988) provided a base for the questions. There were seven items in each of the four categories of physical symptoms and psychological symptoms before performing and during performance. As on the BAI, each symptom was rated on a score of 0-3, with 0 being not at all bothersome, 1 being mildly bothersome, 2 being moderately bothersome,
and 3 being severely bothersome. If there was no response to one of these questions, it was calculated as a zero (not at all). Averages were taken for each of these symptoms and displayed on a bar graph (Figures 4 and 5).

An anxiety level rating for each participant was calculated by adding the total scores of both physiological and psychological symptoms for each participant before performing. The possible raw score for these questions about anxiety symptoms before performing was 0-42. The scores were then grouped into four anxiety categories: no anxiety (score of 0), low anxiety (score of 1-10), moderate anxiety (score of 11-20), and high anxiety (score of over 21). The frequency of each anxiety level rating in the sample was calculated as a percentage and displayed on a table (Table 2).

Anxiety level ratings were used to determine if there were relationships between the demographic/musical information and the anxiety experienced by each participant. The anxiety level rating was related to gender, age, years of performance experience, music education level, and singing level. Firstly, to determine the relationship between gender and anxiety level rating, the number of females and males were each counted and a mean anxiety rating was determined. Secondly, the age and anxiety relationship was explored by plotting the age category and anxiety level rating of each participant on a scatter plot. These results were displayed on individual anxiety level rating scatter plots for which a trend line was observed using Excel (Figure 1).

To determine if there was a relationship between the years of performance experience and anxiety level rating, the same procedure described above for age was used and also displayed on a scatter plot with a trend line (Figure 2). With respect to the level of music education, as stated above, participants were grouped into three categories: informal, formal, and post-secondary. For each category, the mean of the anxiety level ratings was calculated. Finally, the singing level
of each participant was either in the amateur or semi-pro/professional category and then compared to anxiety level rating. A total \((n)\) was established for each of the two categories and the number of participants at each anxiety level within the categories was counted. A percentage of the presence of each anxiety level rating within each category was represented on a bar graph (Figure 3).

This researcher was curious about the causes of MPA. On the survey, there were choices of factors that could influence the singers’ anxiety response and which conductor behaviours and/or characteristics had an impact as well. The choices on these two questions were based on the survey created by Ryan and Andrews (2009). For each option, singers were asked to select how much influence they had on a scale to which a numerical value was later assigned: 0 = not at all, 1 = mildly, 2 = moderately, 3 = severely. The mean scores that were calculated for the factors that influence MPA were displayed on a bar graph (Figure 6).

Participants were asked to provide information about the frequency with which they had used coping strategies, how effective they had found them to be, and which coping strategies they’d like to learn more about. Ratings of frequency were given on a four-point scale of never (0), sometimes (1), often (2), and always (3). The effectiveness of each strategy was rated on a scale of 1-3 with 1 being not effective, 2 being somewhat effective, and 3 being very effective. The mean score for the frequency and effectiveness of each strategy listed was calculated and displayed on a bar graph (Figure 7).

The question of which coping strategies the singers would like to learn more about was a choose-from-a-list format where participants could select as many of the options as they wished. Each time a choice was selected, it was counted and the results were displayed on a frequency bar graph (Figure 8).
Qualitative data from the two paragraph-response questions were collected. Participants were asked: 1) *What do you think conductors can do to help singers sing the best of their abilities?* and 2) *What do you think conductors can do to help singers reduce MPA?*. These responses were analyzed by coding for emergent themes and each time a theme was expressed, it was counted. There were many themes that were collapsed into five main areas: relational qualities, technical skill, organizational qualities, coaching qualities, and provision of opportunities and/or resources.

The relational qualities category consisted of the following themes: being positive, encouraging, supportive, caring, confident, calm, consistent, engaging and engaged, having fun, creating a safe environment and giving feedback. Technical skill included having good conducting technique, leading breathing and relaxation exercises, giving theoretical and technical vocal instruction, and modeling skills and confidence. Organizational qualities included being knowledgeable, planning for the level of the group, being prepared and organized. Coaching qualities incorporated having high expectations, normalizing MPA and sharing personal experiences, giving pep talks, and reminding singers of the integrity, purpose and joy of music-making. Providing opportunities and resources included providing practice recordings, home practice strategies, and more practice in the form of creating solo opportunities, small group practices, and sectional rehearsals. The results from the questions were displayed on a frequency distribution table that compares the responses from the two questions (Figure 9).
Chapter Four: Results

The Participants

The summary of the quantitative data pertaining to the personal history of the participants is displayed on Table 1.

<table>
<thead>
<tr>
<th>Table 1 - SUMMARY OF PARTICIPANTS</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Male</td>
<td>20</td>
<td>24%</td>
</tr>
<tr>
<td>Female</td>
<td>65</td>
<td>76%</td>
</tr>
<tr>
<td>Age Category</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under 21</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>21-30</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>31-40</td>
<td>10</td>
<td>12%</td>
</tr>
<tr>
<td>41-50</td>
<td>13</td>
<td>15%</td>
</tr>
<tr>
<td>51-60</td>
<td>36</td>
<td>42%</td>
</tr>
<tr>
<td>61-70</td>
<td>19</td>
<td>22%</td>
</tr>
<tr>
<td>71+</td>
<td>4</td>
<td>5%</td>
</tr>
<tr>
<td>Years of Experience Category</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>0-5 years</td>
<td>27</td>
<td>32%</td>
</tr>
<tr>
<td>6-10 years</td>
<td>22</td>
<td>26%</td>
</tr>
<tr>
<td>11-15 years</td>
<td>9</td>
<td>11%</td>
</tr>
<tr>
<td>16-20 years</td>
<td>4</td>
<td>5%</td>
</tr>
<tr>
<td>21+ years</td>
<td>20</td>
<td>24%</td>
</tr>
<tr>
<td>No response</td>
<td>3</td>
<td>4%</td>
</tr>
<tr>
<td>Type of Singer</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Soloist</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>Choral</td>
<td>43</td>
<td>51%</td>
</tr>
<tr>
<td>Both</td>
<td>6</td>
<td>7%</td>
</tr>
<tr>
<td>no Response</td>
<td>34</td>
<td>40%</td>
</tr>
<tr>
<td>Singing Level</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Amateur</td>
<td>60</td>
<td>71%</td>
</tr>
<tr>
<td>Semi-Pro/Professional</td>
<td>10</td>
<td>12%</td>
</tr>
<tr>
<td>No Response</td>
<td>15</td>
<td>18%</td>
</tr>
<tr>
<td>Music Education</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Informal</td>
<td>19</td>
<td>22%</td>
</tr>
<tr>
<td>Formal</td>
<td>53</td>
<td>62%</td>
</tr>
<tr>
<td>Post-Secondary</td>
<td>13</td>
<td>15%</td>
</tr>
</tbody>
</table>
Anxiety Levels

Ninety-five percent of participants indicated some presence of anxiety-related symptoms prior to performing. Sixty-four percent (n=54) of participants expressed that MPA prevented them from singing more often as a soloist. Anxiety level ratings were based on physical and psychological symptoms before performing. Results are displayed on Table 2.

<table>
<thead>
<tr>
<th>Anxiety Level Rating Before Performing</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Anxiety (0)</td>
<td>4</td>
<td>5%</td>
</tr>
<tr>
<td>Low Anxiety (1)</td>
<td>57</td>
<td>67%</td>
</tr>
<tr>
<td>Moderate Anxiety (2)</td>
<td>18</td>
<td>21%</td>
</tr>
<tr>
<td>High Anxiety (3)</td>
<td>6</td>
<td>7%</td>
</tr>
</tbody>
</table>

There were differences in the genders’ anxiety levels as well as the levels before performance and during performance. Females comprised 76% (n=65) of the sample. Results show that females indicated a slightly higher level of anxiety before performing than males, with an average level of 1.58 on a scale of 0-3 (low-medium anxiety) and males indicating an average of 1.3. Anxiety levels for both genders decreased during performance with females coming down to a mean anxiety level rating of 1.38 and males reducing to a mean of 1.05.

Anxiety Level Rating Compared to Personal History Items

Personal history information (age, years of performance experience, music education and singing levels) was compared to anxiety level ratings before performing to discover if there was any relationship between them. An important finding with this particular sample is that age is not related to years of performance experience; 65% (n=55) of the singers were between the ages of 51-70 and a third of them had 0-5 years of performance experience. Anxiety levels, however, decreased with age (Figure 1) and with years of performance experience (Figure 2).
It was also found that amateurs experience higher anxiety levels than semi-professional/professionals (Figure 3).
However, music education level did not appear to have a significant impact on anxiety levels. Those participants in the Informal category (n=19) had a mean anxiety level of 1.58, those in the Formal category (n=53) had a mean of 1.56, and those in the Post-Secondary category (n=13) were at a mean of 1.5.

Symptoms of MPA

MPA can have physiological, psychological and behavioural symptoms associated with it, but due to the limited scope of this study, only seven symptoms from each of the physiological and psychological domains were explored. This researcher was interested in these areas because the voice as an instrument is directly connected to the physical body and can be a direct reflection of the emotional body as well. If the physical and emotional bodies are strongly affected by MPA symptoms, then the vocalist’s ability to perform to the best of their abilities can be impeded.

Physical symptoms listed included light-headedness, hot/cold sweats, hyperventilation, nausea/upset stomach/indigestion, shaking/trembling, dry mouth, and unable to relax. Being
MUSIC PERFORMANCE ANXIETY IN CHORAL SINGERS

unable to relax scored the highest with an average rating of 1.3/3 before performing, indicating a mildly-moderately bothersome level. A dry mouth was the symptom with the next highest rating (1/3) and the symptom with the lowest rating was light-headedness (0.3/3). Findings about how bothersome the participants’ physical symptoms of MPA were show that in general, the severity of physical symptoms decreased between the before and during performance situations. The two exceptions to this were hot/cold sweats and shaking/trembling, where the average ratings actually increased by 0.1/3 and 0.3/3 respectively during performance (Figure 3).

The psychological symptoms listed on the survey included lack of focus or concentration, feeling terrified, negative self-talk, fear of physical symptoms affecting performance, fear of social disapproval, fear of letting others down, and fear of forgetting notes, rhythms, or words. All of the psychological symptoms listed scored at least an average of 0.7/3 (Figure 4). Fear of forgetting notes, rhythms, or words ranked the highest at a mean of 1.6/3 (mildly to moderately bothersome) before performing and feeling terrified and having a lack of focus or concentration...
were rated the lowest at $0.7/3$. The severity of psychological symptoms decreased between the before and during performance states. Fear of letting others down decreased the most, from a mean rating of $1.2/3$ before performing to $0.8/3$ during performance.

Findings show that the psychological symptoms of MPA, with a range of $0.7-1.6$ are more bothersome than the physical symptoms with a range of $0.3-1.3$.

**Factors Influencing MPA**

Identifying the causes of MPA for singers can be very helpful when in a position of leading a choir so that steps can be taken to help reduce their influence. There were eight factors listed on the survey: conductor, use of sound gear, physical health of the singers, size of the audience, physical performance environment, the importance of the performance, difficulty of
notes and rhythms, and memorizing the music. All of the factors scored a mean of 0.7/3 or more, with the conductor having the least influence. In this study, participants indicated that memorizing the music and the difficulty of notes and rhythms had the biggest influence on MPA, each with an average rating of 1.3/3, indicating a mild-moderate effect (Figure 6).

Although the mean influence rating for the conductor was 0.7/3, 40% (n=34) of the participants indicated that the conductor has some influence on their experience of MPA. Conductor behaviours and characteristics were looked at in more detail; the list included a conductor’s confidence in herself and in the singers, their apparent anxiety level, attention to musical detail, conducting skills, rehearsal skills, body language, preparation/organization, and making last minute changes. Each of these factors scored an average rating of 1.4-1.7/3, indicating that the conductor’s behaviours and characteristics have a mild-moderate effect on influencing choristers’ levels of MPA. Making last minute changes was shown to be the biggest contributor to anxiety.
Coping Strategies

Participants were asked how often they used the listed coping strategies to cope with MPA on a scale of 0 (never) to 3 (always) and to indicate how effective the strategies were for them on a scale of 1-3, with 1 being not effective and 3 being very effective. A mean score for the frequency of use for each strategy was calculated is displayed on Figure 7. It is apparent that the participants found all of the strategies to be somewhat effective in helping with MPA.

![Figure 7 - Effectiveness of Coping Strategies](image-url)

Participants also had the opportunity to select as many of the coping strategies listed that they’d like to learn more about as they wished, including a “none” option and the results are displayed on Figure 8. Progressive muscle relaxation was selected the most, with a count of 24 and journal writing had the lowest count at 3.
How Conductors Can Help

On the survey, participants were asked to provide qualitative data by responding to two open-ended questions: What do you think conductors of choral ensembles can do to help singers perform to the best of their ability? and What do you think conductors can do to help singers cope with MPA? Six participants wrote the same response for both questions. The words participants used were coded according to themes, counted and then the themes were placed into categories: Relational Qualities, Technical Skill, Provide Opportunities/Resources, Coaching Qualities, and Organizational Skills. Results are displayed in Figure 9.
For the first question, the Relational Qualities category rated the highest with a count of 87 and consisted of three themes. The themes were: “Be positive and have fun,” (32), “Be encouraging, supportive, give feedback,” (27), and “Be confident, calm, consistent, engaged, engaging, inspiring,” (28).

Organizational Skills ranked a far second of the five categories, with a count of 27. These skills included: “Be prepared and organized,” (15) and “Be knowledgeable, plan for the level of the group,” (12). Closely behind, in third place, was Technical Skill (24), consisting of three themes: “Include technical and theoretical instruction,” (9), “Lead breathing and relaxation exercises,” (8), and “Have good conducting technique,” (7). The fourth category was entitled Provide Opportunities and Resources, with a count of 21. This category included, “Provide more practice opportunities in the form of solos, sectionals and small group rehearsals, and performance opportunities,” (15) and “Provide practice CD, home practice resources,” (6). The final category for the first question was Coaching Qualities, with a count of 16. This category
included two themes: “Have high expectations,” (10) and “Remind singers of the integrity, purpose, and joy of music-making,” (6).

The second question designed to garner qualitative data focused on how conductors can help singers cope with MPA. The themes in the responses were placed into the same categories as the first question. Relational Qualities was again deemed as the most important category by the respondents, with a count of 79. The themes in this category were, “Focus on enjoyment, be positive, and smile,” (26), “Being caring, supportive, and encouraging,” (22), “Normalize MPA and share personal experiences,” (13), “Give advice and feedback,” (13), “Create a safe environment,” (3), and “Be part of the choir, not separate,” (2). The second category was Technical Skill, with a much lower count of 29, and included one theme: “Lead vocal and physical warm-ups and breathing exercises.”

The category rated third was Coaching Qualities, with a count of 16, and included the two themes; “Give a pep talk,” (12) and “Demonstrate confidence in the singers,” (4). Providing Opportunities and Resources was the category rated fourth and encompassed one theme: “More practice and performance opportunities,” with 11 counts. The lowest category was Organizational Skills, counted eight times, and also consisted of one theme: “Be prepared, organized, consistent, and having manageable expectations.”

The results provided an overview of the causes, symptoms, and treatment of MPA as they pertain to the participants in this study. Personal history information was related to anxiety level ratings to look for trends. Physical and psychological symptoms before and during performance were identified and rated according to severity to give conductors a better understanding of how singers feel. Factors that influence levels of MPA, including specific conductor behaviours and characteristics were evaluated. And finally, treatment options were considered and articulated.
Chapter Five: Discussion

This study had two goals: to explore how singers experience MPA and to find out from singers how they thought conductors could help them reduce MPA. Firstly, the findings of this study support previous research in that the participants reported experiencing physical, behavioural, and psychological symptoms of MPA. Ninety-five percent of the singers in this study indicated some experience with anxiety symptoms before performing and 64% of the participants stated that MPA prevented them from singing more often as a soloist. These results suggest that there is a need for conductors to learn about and address the issue of MPA with the singers under their leadership, with the goal of improving the satisfaction level with performances. Secondly, the participants provided rich data concerning what conductors could do that would be helpful in reducing MPA. The learnings from the quantitative and qualitative data collected in this study indicate that there are four main areas of consideration for conductors in the treatment of MPA: know the singers, address physical symptoms with strategies, implement behavioural strategies to help singers prepare sufficiently for performance, and develop trusting relationships to help reduce the psychological effects of MPA.

Knowing the Singers

Conductors may find it helpful to know which conditions may pre-dispose singers to MPA. In this study, participants provided personal history information that was then related to their anxiety level rating. Gender, age, years of performance experience, and singing level were related to participants’ anxiety level ratings while level of music education was not related.

Females experienced higher levels of anxiety than their male counterparts, a result that is consistent with findings in other studies (Yondem, 2007). The cause of this is beyond the scope of this study, perhaps it is biologically based, but in this researcher’s experience, women can
MUSIC PERFORMANCE ANXIETY IN CHORAL SINGERS

tend to be more outwardly inclined toward negative emotion, self-criticism, and persistent
rumination. Yondem found that females can have a higher trait anxiety, have more perfectionist
tendencies, and be more concerned with social judgments (Yondem, 2007). This information is
useful for conductors because with this awareness, they can direct their energies towards helping
females in particular manage their MPA.

Results indicated that anxiety decreased slightly with age and with years of performance
experience. With regard to age and reduced anxiety, it is possible that as people get older, they
become less concerned with social judgment and as a result, they are less anxious about starting
something new, like joining a choir, and less anxious about performing. When performers have
had more years of performing experience, they have had more opportunities to desensitize to
MPA. This may explain the reduction in MPA for those with more performing experience.
Knowing that age and experience are related to MPA can be helpful for conductors because they
can focus their attention on supporting younger and less experienced singers.

Singing level, whether singers were amateurs or semi-professionals/professionals,
appeared to be related to anxiety as well in that amateurs indicated higher levels of anxiety than
semi-professional/professionals. This result could suggest that amateurs have chosen not to take
the leap into the professional realm because of their anxiety. It’s also possible that singers who
get paid for performing have less anxiety due to the fact that they have more experience and
thereby more opportunities to desensitize. However, those who choose to become professional
musicians may also be simply more prepared as they can tend to take their singing more
seriously and spend more time practicing, which results in technical mastery and automaticity.

The same may be said of those who have a more advanced music education level;
however, findings did not support this. Anxiety level rating means for the three levels of music
education were similar to each other. This possibly contradicts the findings about experience because it may be assumed that those with higher levels of musical training have more performance experience. It may be that the way in which the categories were collapsed did not accurately reflect the level of music education. The formal category grouped together all of the participants who had had any amount of formal lessons, including those with eight years of piano, or one year of guitar. This range could have been too large to accurately represent music education’s effect on MPA.

In becoming familiar with the age, gender, years of performing experience, singing level and music education of the singers in a choir, a conductor is better equipped to assess the learning needs of the singers with respect to MPA.

The Physical Aspects of MPA and Recommendations

The physical symptomatic experiences of singers have direct consequences on the quality of the vocal performance. A singer’s instrument is directly linked to her body. The singers in this study indicated that tension, dry mouth, and shaking/trembling were the most prevalent physical symptoms for them. When the throat is tight, the mouth is dry, and the body is shaking, the sound of the voice can be strongly affected tonally. There can be a throaty sound as the larynx rises, a breathy sound as the vocal cords are prevented from closing due to tension, a high frequency vibrato due to trembling, an inability to execute clear diction because the articulators’ movement (lips, teeth, and tongue) is restricted by lack of lubrication, or in severe cases, pain and permanent vocal damage. Conductors can teach singers how to release tension through deep breathing, progressive muscle relaxation, physical warm-ups and massage circles can be beneficial for vocalists.
Breathing is paramount in singing. The voice is powered by the breath and when singers rehearse musical phrases, they carefully plan where to breathe. When MPA results in hyperventilation, all of a sudden, a singer doesn’t have the same amount of breath available to them as they did when rehearsing to produce a lovely tone. They also have to instantly readjust to place more frequent breaths in their phrases, thereby making in-the-moment changes to the way they have rehearsed, causing more anxiety. Light-headedness due to hyperventilation can also cause singers to feel faint; this researcher has witnessed singers fainting on stage on several occasions. It is imperative that singers learn to control their breathing. Deep breathing was identified as the most effective physical strategy that participants had utilized. Conductors can learn deep breathing exercises to teach to singers to help cope with breathing-related symptoms of MPA.

Singers also reported that nausea, indigestion, and upset stomach, and frequent urination were symptoms that were experienced. These are very uncomfortable and sometimes painful conditions and when presenting oneself publicly, very undesirable. Experiencing these types of reactions can undermine a singer’s confidence in herself as she can enter into a positive feedback loop where the severity of the symptoms can then increase as a result of experiencing them.

Reducing these physical symptoms of MPA is obviously highly advantageous to a singer in terms of vocal production and physical presence on stage. Physical activities such as stretching, walking, napping, doing yoga or progressive muscle relaxation were shown to be effective. A conductor should lead physical warm-ups to loosen tension, particularly in the jaw, throat, and shoulders. Singers should be instructed to drink plenty of water prior to performing to help with dry mouth, and in extreme cases, singers should be permitted to bring water on stage. Cool clothing can help with hot sweats and flat shoes can help singers feel more grounded.
MUSIC PERFORMANCE ANXIETY IN CHORAL SINGERS

when shaking or trembling are issues. Simple routines like ensuring that singers go to the bathroom and eat a sufficient amount of food before performing are beneficial to coping with physical discomforts due to MPA.

Leading breathing exercises and instructing singers in how to deepen their breath can help with calming the mind, the heart rate, and hyperventilation. The strategy that participants wanted to learn about the most was progressive muscle relaxation, which corresponds with the fact that their most highly bothersome physical symptom was that they were unable to relax. Applying physical strategies can help reduce muscular tension, thereby improving the function of the vocal mechanism and the efficiency of the body in supporting vocal production.

The Behavioural Aspects of MPA and Recommendations

Sufficient musical preparation is necessary for singers to be able to feel confident. The fear of forgetting notes, rhythms, or words ranked the most severe of the four performance fears listed in this study. As a case in point, internationally renowned vocalist, Barbara Streisand, forgot song lyrics in a performance and didn’t perform live for 27 years because she was afraid she’d forget the words again. When she did her “comeback” performance she used a teleprompter (Kenny, 2011). The fears associated with letting others down and social disapproval were also ranked as bothersome by the participants in this study.

Fortunately, fear can be reduced by preparing appropriately for a performance. Allowing sufficient practice time for the performance material to become almost automatically ingrained, for vocal technique to develop, and for memorization of the material is important. Making last minute changes to the music was rated as anxiety inducing, so it should be avoided by conductors. Letting go of fear is imperative so that the mind is free to implement what has been well-rehearsed and the singer can enjoy the aesthetic benefits of performing music.
Mindfulness is another approach to stopping the negative thinking and fear surrounding performance that can maintain and amplify anxiety. Conductors can help singers by coaching them in this individual process. To raise awareness, singers can identify the habitual thinking, the stories that play in their minds, such as, “My grade three music teacher told me I’m not a good singer,” or, “I’m going to sound terrible and everyone will laugh at me.” Then they can allow themselves to sit and experience and focus on the emotional reactions to these stories rather than become consumed by the anxiety thinking. Once these emotions have been identified and acknowledged, they are less likely to plague a person. The thinking can then be replaced with positive affirmations such as, “My friends and family love me and are here to support me in my singing,” and “I enjoy singing because…”. Being as musically prepared as possible and interrupting negative self-talk are two important strategies for coping with the psychological symptoms of MPA.

The use of self-help coping strategies and belief in their effectiveness is prevalent amongst the participating group of singers. The behavioural approach of frequent practice by using practice recordings, practicing with small groups, and singing for friends and family were found to be helpful. Interrupting negative self-talk, meditation, visualization, and journal writing/reflection were also utilized. There are many behavioural strategies that conductors can learn about and implement into their rehearsal plans to help the singers under their leadership.

**The Psychological Aspects of MPA and Recommendations**

Psychologically, the symptoms of MPA have a definite impact on singers, and often manifest as fear. Fear is a distressing emotion that is aroused when a person perceives impending danger. Obviously, it is undesirable for a singer to perceive a performance as a dangerous or threatening situation because psychological MPA symptoms occupy valuable brain
space that could be better used by focusing on the music-making. Fear can best be alleviated when singers feel safe and trust in themselves, their fellow musicians, and their conductors.

The responses to the open-ended questions of how a conductor can help singers sing to the best of their abilities and reduce MPA revolved around the theme of trust. This is not surprising, as people can feel vulnerable when singing. Their voices are physically part of their bodies and the sound can convey emotions, whether the singers want those emotions conveyed or not. It can feel like you are exposing an innermost part of yourself when you are singing. As a result, singers may be entrusting their conductors with their sense of safety. Without that trust in their leader, singers may divert their energies away from singing in an effort to protect themselves from emotional harm. It is of utmost importance that conductors cultivate trusting relationships with the singers in their choirs.

Relational trust has four key components: respect, personal regard, personal integrity, and competence in core responsibilities (Bryk and Schneider, 2003). Respect is communicated when interactions convey good intentions and shared understanding (Reina and Reina, 1999). Good intentions are communicated when a leader’s approach is positive. Participants’ responses included many comments to support this, such as “be positive,” “smile,” “be upbeat,” “have fun,” and “make it fun.” Shared understanding is cultivated when a conductor, “communicates her joy of music,” “creates a safe environment where everyone can be themselves and take chances,” and remembers that “details are essential, but don’t sweat it in the moment if something goes wrong.” One participant suggested that to get everyone on the same page, a conductor could “discuss the meaning of art, and the nature of singing as a unique art form, and how each performance is similar and different.” Conductors must show respect for the singers
under their leadership in order to develop trusting relationships; “be part of the choir, not separate,” as one singer wrote.

Personal regard is demonstrated when conductors go the extra mile to show they care by being “encouraging,” “supportive,” and “communicat(ing) expectations clearly.” Recognizing the singers as individuals is essential, as expressed in these comments: “Listen to and interact with EACH choir member,” and, “Be available as needed to help individually or in small groups.” Participants want conductors to assess their needs, provide feedback, to be aware of what each singer’s comfort zone is and how far he can be pushed, while “making sure not to single out one person in front of the group.” Respondents suggested that conductors talk openly about MPA; “normalize their fears,” and “let people know that it’s normal and common.” Trust is a two-way street. Another aspect of demonstrating personal regard is for a leader to be honest and share her own personal stories, including her vulnerabilities. When a conductor opens up in this way, she shows the choir that she trusts them, and the mutual nature of trust is nurtured.

Being trustworthy involves having personal integrity, a commitment to “walk the talk.” The issue of confidence arose in the qualitative data a great deal. Choristers need their conductors to, “demonstrate, encourage, and instill confidence.” They’d like for conductors to “reflect the image they want to see in the choir,” “model calm and confident behavior,” and “appear in control.” They want conductors to “express confidence in their choir,” and to “look them in the eye and say, ‘I believe in you. Enjoy what you are singing and make it come alive.’” When singers feel that the conductor is confident in herself and the choir, they will trust that the situation is safe for them to express themselves vocally more readily.

The final component of trusting relationships is competence. Competence in leading choirs involves being knowledgeable, prepared and organized. Singers in choirs need for their
conductors to be knowledgeable in many realms: vocal technique, the language of music, the expression of music, conducting, rehearsal techniques and teaching strategies, to name a few. One participant said, “Teach, don’t just conduct.” Participants want to be taught physical and vocal warm-ups, theory, technique, memorization strategies, and coping strategies for dealing with MPA. They are keenly aware of the benefits of practice; they appreciate practice recordings, “nit picking for mistakes,” and, “working the choir diligently on technique and difficult parts of the repertoire.” They would like as many opportunities to perform, try solos informally, and practice in small groups, as possible. Making expectations clear, such as home study, attendance, and memorization requirements helps singers to know where they stand.

Conductors must plan the repertoire carefully by “tailoring the choice of the material to the ability of the majority of the group, but including some that challenge somewhat beyond expectations.” Knowing the music well as a conductor is imperative and participants implore conductors to not make any last minute changes. Conductors can reduce the experience of MPA for the singers under their leadership by planning with competence.

It is extremely beneficial for conductors to foster trusting relationships with the singers under their leadership in order to reduce the negative effects of MPA. They can do this by demonstrating respect for the singers, by showing personal regard for them as individuals, by maintaining personal integrity, and finally by demonstrating competence in their core responsibilities. Conductors are in a privileged position to create conditions where singers can thrive and feel confident about their vocal contributions to a choir.

**Limitations**

The current study aimed to have generalizability to singers of all ages, of all types, from both the ensemble and individual performance situations. It was limited in its success, however,
by the sample, the similarities between the three conductors that lead the three choirs, and by the scope of the survey. The sample was not well distributed across age levels as hoped. Only three participants were under the age of 30 and the bulk of the participants (55/85) were between 51 and 70 years old. Only two participants identified themselves as soloists, and ten of them as semi-professional/professional singers, therefore professional solo artists were under-represented. This sample may be a more accurate representation of amateur adult community choirs than the population of singers as a whole.

Eighty-one of the 85 surveys that were returned came from the members of three community choirs in the rural community in BC, B.C. The conductors of the three choirs are all female, of similar ages, and are known to be relationship-oriented conductors as opposed to perfection-oriented conductors. The members of these choirs choose to sing under these directors’ leadership, thereby possibly pre-disposing the sample to consist of people who may value a sense of community in the choir they sing with over the purpose of striving for perfection that can exist in other choral environments.

**Suggestions for Further Research**

In an effort to keep the survey relatively short to complete for potential participants, the scope of the survey was limited. Two additional areas that could have been explored are the experience of MPA after performing and the frequency of MPA. In informal conversation, some singers describe their experience of MPA as being at its worst after performing. They say they can lose sleep and ruminate over their mistakes endlessly and that the distress of post-performance anxiety causes them to avoid certain performance situations in the future. In her book, *The Psychology of Music Performance Anxiety*, Kenny (2011) describes the potentially harmful effect of negative past performance experiences on future levels of MPA. Singers have
MUSIC PERFORMANCE ANXIETY IN CHORAL SINGERS

also described that watching a video of a past performance has affected their future performance choices negatively. This post-performance anxiety and the effect of watching or listening to past performances could be potential areas of further research.

It would be of interest to explore the frequency of occurrence of MPA and to collect qualitative data that delves more deeply into what conditions singers believe influences the frequency. Giving singers more opportunities to share their personal stories is important. Countless people have told this researcher in casual conversation that they were told that they couldn’t sing by family, friends, or teachers, and/or they should only mouth the words in a school choir setting. At a young age, this kind of negative feedback can be devastating to an individual’s self-concept as a singer for the rest of his life. Fortunately, many people will reject their pre-conceived notions of self as they get older and try new things, as shown by the participants in this study where it’s clear that age and years of experience do not have to be related.

Conclusion

Singing can be a joyful experience and one of the purest forms of human expression. In freeing the body, mind and soul of the physical and psychological tensions associated with MPA, singers can achieve performances that are more satisfying for themselves and their audiences. Conductors have a responsibility to be aware of MPA and how they can help the singers under their leadership rise above it.

Conductors can develop this awareness by becoming informed about the personal histories of the singers in their choirs, avoiding possible causes of MPA, and educating themselves about how to teach their singers about coping strategies. The three most important findings from this study are that there are practical steps that can be taken to reduce physical symptoms, that the
behavioural approaches of musical preparation and mindfulness can alleviate fear (practice, practice, practice!), and that trusting relationships between conductors and singers foster confidence. Implementing acknowledgement and education around MPA into rehearsals will yield positive results for conductors and choral singers alike in striving for more satisfying performances.
References


I am a student at Vancouver Island University and as such, I am required to do a research study. I am a choral director of community choirs and a school music educator. The purpose of this research is to discover why and how singers experience Music Performance Anxiety (MPA) and what coping strategies are helpful in dealing with it. MPA is defined as a deviation from a normal state that is an exaggerated fear one experiences with regard to performing musically in front of others. The sample for this study is singers ages 14-70 who perform in front of an audience of at least 50 people at least twice per year. You are being contacted to participate in this study because as you meet the sample requirements and you may have experience with MPA.

You are being invited to complete a 10-15 minute long anonymous survey regarding your years of musical performance experience and your experience of MPA. The potential harm involved in completing the survey is that you may feel distraught as a result of recalling unpleasant or embarrassing performance experiences. A counselor will be available for you to contact to provide support free-of-charge for you should you feel stressed or distraught as a result of participating in the study. Her contact information is listed at the top of this form. The potential benefits of the research are that singers, and the conductors that lead some of them, will hopefully be more informed about the experience of MPA and strategies for coping with it.

You will fill out the survey anonymously. Names of participants, choirs and conductors will not be used. Paper and audio data will be stored in a locked file cabinet in the researcher's supervisor's locked office at Vancouver Island University and only the researcher and Rachel Moll, the supervisor, will have access to it. Electronic data will be stored on a password protected external hard drive. The names of your choirs will not be stored with audio or transcript data. Paper data will be destroyed one year following the completion of the study. After one year, hard copy data will be shredded, electronic data will be permanently deleted and electronic storage devices will be reformatted.

Participation in this study is voluntary and you have the right to refuse participation and/or withdraw at any point during the study for any reason with no negative consequences.
If you have any concerns about your treatment as a research participant in this study, please contact the VIU Research Ethics Officer, by telephone at 250-753-3245 (ext, 2665) or by email at reb@viu.ca.

The research results will be used in a written report that will form the thesis component of the Masters degree in Educational Leadership at VIU. The completed study will be made available electronically to participants by contacting me, using the contact information at the top of this form, or your conductor.

Should you choose to participate in this study, please return your completed survey in the drop box in the hallway outside this room at the next rehearsal. Doing so indicates your consent to take part in this research and for the information you provide to be included in the research results.

Thank you for your time.

Sincerely,

Wendy Nixon Stothert
Appendix B

Music Performance Anxiety (MPA) Survey

Thank you for agreeing to participate in this survey. Please remember to not reveal your identity or your choir’s name in your responses. You may choose not to answer any or all of the questions. In this survey, Music Performance Anxiety (MPA) is defined as a deviation from a normal state that is an exaggerated fear one experiences with regard to performing musically in front of others.

1. Age
   - Under 21
   - 12-30
   - 31-40
   - 41-50
   - 51-60
   - 61-70
   - 71+

2. Gender
   - Male
   - Female

3. Approximate number of years of performance experience in front of an audience of at least 50 people twice a year: ___________

4. How would you describe yourself as a singer? (check all that apply)
   - Amateur
   - Semi-professional
   - Professional
   - Solo artist
   - Choral member

5. What would best describe your music education?
   - Informal, community choir
   - Involvement in high school music performance group(s)
   - Involvement in high-level performance group(s)
   - Formal private lessons Years? _____ Instrument? _______
   - Self-taught playing/singing 15+ hours / week
   - Post-secondary music courses
   - Degree held in Music or Music Education
   - Other: ____________________________
6. Which physical symptoms of MPA do you experience **BEFORE** performance and how much?

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Not at all</th>
<th>Mildly - it didn’t bother me much</th>
<th>Moderately – not pleasant at times</th>
<th>Severely – it bothered me a lot</th>
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<tr>
<td>Hyperventilation (shallow breathing)</td>
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<tr>
<td>Unable to relax</td>
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<td>Dry mouth</td>
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<td>Hot/cold sweats</td>
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<tr>
<td>Shaking, trembling</td>
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<td>Nausea, upset stomach, indigestion</td>
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<tr>
<td>Light-headedness</td>
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<td>Other: ___________________________</td>
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6. Which physical symptoms of MPA do you experience **DURING** performance and how much?

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<tr>
<th>Symptom</th>
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<td>Other: ___________________________</td>
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7. Which psychological symptoms of MPA do you experience **BEFORE** performance and how often?

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<thead>
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<th>Symptom</th>
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<td>Negative self-talk e.g.: “I’m not good at this.”</td>
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<td>Fear of social disapproval e.g. “They think I’m terrible.”</td>
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<td>Fear of letting peers down</td>
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<td>Fear of forgetting notes, rhythms, or words</td>
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<td>Fear of physical symptoms affecting performance</td>
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<td>Lack of focus or concentration</td>
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<td>Feeling terrified</td>
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<td>Other: ___________________________</td>
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<th>Symptom</th>
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<td>Other: ______________________</td>
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</table>

9. Does MPA prevent you from singing more often (check all that apply)
   - as a soloist?
   - as a small group member?
   - as a choir member?

10. How do the following performance factors influence your anxiety response?

<table>
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<tr>
<th>Factor</th>
<th>Not at all</th>
<th>Mildly</th>
<th>Moderately</th>
<th>Severely</th>
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<tr>
<td>Difficulty of notes and rhythms of the music</td>
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<td>Memorizing the music</td>
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<td>Importance of the performance</td>
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<td>Conductor</td>
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<td>Your physical health</td>
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<td>Size of audience</td>
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<td>Physical performance environment</td>
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<td>Use of sound gear</td>
<td></td>
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<tr>
<td>Other: ______________________</td>
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</tbody>
</table>

11. Which conductor behaviours or characteristics influence your experience of MPA?

<table>
<thead>
<tr>
<th>Behaviour/Characteristic</th>
<th>Not at all</th>
<th>Mildly</th>
<th>Moderately</th>
<th>Severely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conductor’s confidence in themselves</td>
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<tr>
<td>Conductor’s confidence in the singers</td>
<td></td>
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<tr>
<td>Conductor’s conducting skills</td>
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<tr>
<td>Conductor’s rehearsal skills</td>
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<tr>
<td>Conductor’s preparation/organization</td>
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<tr>
<td>Conductor’s body language</td>
<td></td>
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<tr>
<td>Conductor making last minute changes</td>
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<tr>
<td>Conductor’s attention to musical detail</td>
<td></td>
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<tr>
<td>Conductor’s apparent anxiety level</td>
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<tr>
<td>Other: ______________________</td>
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</tbody>
</table>
12. How often have you used the strategies below to cope with MPA? Rate their effectiveness for you on a scale of 1-3 (1 – not effective, 2 – somewhat effective, 3 – very effective).

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Never</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
<th>Effectiveness Rating 1-3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yoga</td>
<td></td>
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<td></td>
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<tr>
<td>Meditation</td>
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<tr>
<td>Interrupting negative self-talk with positive affirmation</td>
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<tr>
<td>Visualization</td>
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<tr>
<td>Journal Writing / Reflection</td>
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<tr>
<td>Deep breathing</td>
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<tr>
<td>Progressive muscle relaxation</td>
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<tr>
<td>Relaxing activity prior to performing, such as:</td>
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<tr>
<td>Bath</td>
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<tr>
<td>Nap</td>
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<tr>
<td>Walk</td>
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<tr>
<td>Stretching</td>
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<tr>
<td>Extra practicing such as:</td>
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<tr>
<td>Writing out the lyrics</td>
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<tr>
<td>Using practice recordings</td>
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<tr>
<td>Practicing with small groups</td>
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<tr>
<td>Singing for friends and family</td>
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<tr>
<td>Other: _________________________</td>
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</table>

13. Which coping strategies would you like to learn more about?
   - None
   - Yoga
   - Meditation
   - Interrupting negative self-talk with positive affirmation
   - Visualization
   - Journal Writing
   - Deep breathing
   - Progressive muscle relaxation
   - Other: _______________________  

14. What do you think conductors of choral ensembles can do to help singers perform to the best of their ability?

15. What do you think conductors can do to help singers cope with MPA?

Thank you VERY much for your time and contribution to this study.
Appendix C

**Script read to potential participants at choral rehearsal**

I am a student at Vancouver Island University and as such, I am required to do a research study. I am a choral director of community choirs and a school music educator. The purpose of this research is to discover why and how singers experience Music Performance Anxiety (MPA) and what coping strategies are helpful in dealing with it. MPA is defined as a deviation from a normal state that is an exaggerated fear one experiences with regard to performing musically in front of others.

The study involves participants completing a 10-15 minute long anonymous survey regarding their years of musical performance experience and their experience of MPA. The potential harm involved in completing the survey is that you may feel distraught as a result of recalling unpleasant or embarrassing performance experiences. A volunteering counselor’s contact information is provided for you on the consent form should you require assistance in dealing with any negative repercussions from completing the survey. The potential benefits of the research are that you and your conductors will become more informed about the experience of MPA and strategies for coping with it, thereby resulting in more enjoyable and satisfying performances.

If you decide to participate, you will fill out the survey anonymously. In the writing of the study, the names of choirs and conductors will not be used and will not be identifiable in the study. Again, participation in this study is voluntary and you have the right to refuse participation and/or withdraw at any point during the study for any reason with no negative consequences. If you don’t wish to respond to a particular question, please leave it blank and carry on. There are no right or wrong answers; the study’s aim is to acquire data that was reflective of your experiences.

The completed study will be made available electronically to you by contacting the researcher or your conductor.

If you’d like to participate in the survey, please read “Free and Informed Consent” forms in your envelope. By returning your envelope to the drop-box outside the door next week at rehearsal, you are consenting to the use of the information you provided. If you choose to not participate, you could a) not return an envelope or b) return an envelope with a blank survey.

Thank you very much for your time and effort!
Music Performance Anxiety in Singers

Ethics Approval: June 28, 2011.

Researcher: Wendy Nixon Stothert, B.Ed.
Masters in Educational Leadership Student at Vancouver Island University
250-334-0244, stothert@stumail.viu.ca

Supervisor: Rachel Moll, Ph. D.,
250-753-3245, Rachel.Moll@viu.ca

Counselor: Heather Riedle, M.Ed.
250-334-3168, heather.riedle@sd71.bc.ca

I am a student at Vancouver Island University and I am required to do a research study. I am a choral director of community choirs and a school music educator. The purpose of this research is to discover why and how singers experience Music Performance Anxiety (MPA) and what coping strategies are helpful in dealing with it. MPA is defined as a deviation from a normal state that is an exaggerated fear one experiences with regard to performing musically in front of others. The sample for this study is singers ages 14-70 who perform in front of an audience of at least 50 people at least twice per year. As such, I am calling to request your support as you are a conductor of a choral group comprised of singers that meet the sample requirements and that may have experienced MPA.

I am wondering if you would be willing to give 10 minutes of one rehearsal, at a time that is convenient for you, for me to be able to introduce my study, invite your singers to participate in the research, and to distribute the survey package. I would ask your singers to complete the survey at home, if they wished to participate, and return it at the following rehearsal to a drop box located in the hall outside of the rehearsal room upon completion. I would come to the end of that second rehearsal and pick up the drop box.

The details of the survey are as follows. Participants will be asked to complete a 10-15 minute long anonymous survey regarding their years of musical performance experience and their experience of MPA. The potential harm involved in completing the survey is that participants may feel distraught as a result of recalling unpleasant or embarrassing performance experiences. A counselor’s contact information will be available for the participants to contact should they require support. The potential benefits of the research are that participating singers, and the conductors that lead some of them, will be informed about the experience of MPA and strategies for coping with it.

Survey participants will fill out the survey. In the writing of the study, the names of choirs and conductors will not be used. Paper and audio data will be stored in a locked file cabinet in the researcher's supervisor's locked office at Vancouver Island University and only the researcher and Rachel Moll, the supervisor, will have access to it. Electronic data will be stored on a
password protected external hard drive. The names of the choirs will not be stored with audio or transcript data. Paper data will be destroyed one year following the completion of the study. After one year, hard copy data will be shredded, electronic data will be permanently deleted and electronic storage devices will be reformatted.

Participation in this study is voluntary and the singers have the right to refuse participation and/or withdraw at any point during the study for any reason with no negative consequences. Participants, choirs and conductors will not be identifiable in the study. The research results will be used in a written report that will form the thesis component of my Master degree in Educational Leadership at VIU and the final document can be sent to you via e-mail if you so choose.

Thank you for your consideration.

Sincerely,

Wendy Nixon Stothert