

ISTANBUL TECHNICAL UNIVERSITY ★ INSTITUTE OF SOCIAL SCIENCES

**THE PREVALENCE OF MUSICAL PERFORMANCE ANXIETY AND
EFFECTIVE COPING METHODS: A STUDY OF TURKISH MUSICIANS**

**PhD THESIS by
H. Glden Teztel**

Department: Music

Program: Doctorate in Music

JUNE 2007

**THE PREVALENCE OF MUSICAL PERFORMANCE ANXIETY AND
EFFECTIVE COPING METHODS: A STUDY OF TURKISH MUSICIANS**

**Ph.D. Thesis by
H. Gülden TEZTEL
(409022003)**

Date of submission: 3 May 2007

Date of defence examination: 11 June 2007

Supervisor : Prof. Dr. Cihat AŞKIN

Members of the Examining Committee: Prof. Şehvar BEŞİROĞLU

Prof. Ova SÜNDER (İ.Ü.)

Prof. Meral YAPALI (İ.Ü.)

Asst. Prof. Hakan ŞENSOY

JUNE 2007

PREFACE

This doctorate thesis, titled “The Prevalence of Musical Performance Anxiety and Effective Coping Methods: A Study of Turkish Musicians,” was prepared at the I.T.U. Social Sciences Institute, Dr. Erol Uçer Center for Advanced Studies in Music (MIAM).

Musical performance anxiety is a prevalent issue that affects many performers worldwide. This study dealt with the issue of musical performance anxiety in relation to its prevalence among a sample of Turkish musicians and the discussion of the most efficient coping methods that could be employed by this sample at current time. A questionnaire was administered to 112 musicians to acquire data on incidence and the various aspects of musical performance anxiety. Interviews with acclaimed soloists and an extensive research on world literature on musical performance anxiety were conducted in order to discuss and present the most efficient coping approaches for the problem.

I would like to thank my advisor, Prof. Dr. Cihat Aşkın for the valuable time and support he invested in the preparation of this thesis; the members of the thesis committee, I.U. State Conservatory faculty Prof. Ova Sünder and I.T.U MIAM faculty Prof. Şehvar Beşiroğlu for their useful suggestions on the thesis; B.U. faculty Assoc. Prof. Ali Tekcan and former Oberlin College (USA) faculty Banu Casson for their assistance towards my access to resources; clinical psychologist, Deniz Yücelen M.A., who guided me on psychology-related issues and through the analysis of the data of this study. The help and support of my friend, Nil Çakarlar, my family and my dear husband, Aycan Teztel through every stage of this study are sincerely and gratefully acknowledged.

Lastly, my deepest gratitude goes to the artists; Çağatay Akyol, Cihat Aşkın, Tahir Aydoğdu, Erden Bilgen, Toros Can, Serkan Çağrı, Bülent Evcil, Peter Fisher, Rengim Gökmen, Alex Huelshoff, Ercan Irmak, Suna Kan, Ayşegül Kirmanoğlu, Bekir Küçükay, Mehmet Okonşar, Erol Parlak, Hakan Şensoy, Rüya Taner, Aycan Teztel, Şenova Ülker and İbrahim Yazıcı who gave their time to this thesis and shared their valuable opinions.

June 2007

H. Gülden Teztel

CONTENTS

ABBREVIATIONS	vii
LIST OF TABLES	viii
LIST OF FIGURES	ix
GLOSSARY	xvi
SUMMARY	xix
ÖZET	xxiii
1. INTRODUCTION	1
1.1. Introduction and Statement of the Problem	1
2. METHOD	6
2.1. Hypothesis	6
2.2. The Aim Of The Study	6
2.3. The Need For The Study	6
2.4. The Participants	7
2.4.1. The Questionnaire Participants	7
2.4.2. The Interview Participants	8
2.5. Apparatus	8
2.6. Assessment	8
2.6.1. Music Performance Anxiety Questionnaire (MPAQ)	9
2.6.2. The Personal Interviews	10
2.7. Limitations of the Data collection	10
2.8. Analysis of the Data	11
3. MUSICAL PERFORMANCE ANXIETY AND RELATED ISSUES	14
3.1. Anxiety-An Overview	14
3.2. Trait and State Anxiety	16
3.3. Performance Anxiety and Social Phobia	17
3.4. Musical Performance Anxiety	18
3.5. Symptoms of Musical Performance Anxiety	22
3.6. Perception of Arousal and Musical Performance Anxiety	25
3.7. Personality Traits and Musical Performance Anxiety	28

4. RESULTS AND DISCUSSIONS OF THE DATA	32
4.1. Results of the Questionnaire for All Participants	32
4.1.1. Results of the Questions on the Nature of Performance for All Participants	32
4.1.2. Results of the Questions on MPA Symptoms for All Participants	34
4.1.3. Results of the Questions on Self-confidence and Judgemental Attitudes for All Participants	37
4.1.4. Results of the Questions on the Nature of the Audience for All Participants	41
4.1.5. Results of the Question on the Enjoyment of Music for All Participants	42
4.1.6. Results of the Questions on MPA Coping Methods for All Participants	43
4.2. Results for Specific Areas	46
4.2.1. Results of the Questions on the Nature of Performance for Specific Areas	47
4.2.2. Results of the Questions on MPA Symptoms for Specific Areas	53
4.2.3. Results of the Questions on Self-confidence and Judgemental Attitudes for Specific Areas	67
4.2.4. Results of the Questions on the Nature of the Audience for Specific Areas	78
4.2.5. Results of the Question on the Enjoyment of Music for Specific Areas	83
4.2.6. Results of the Questions on MPA Coping Methods for Specific Areas	85
4.3. Discussion of the Questionnaire Results	97
4.3.1. The Nature of Performance	97
4.3.2. MPA Symptoms	98
4.3.3. Self-confidence and Judgemental Attitudes	101
4.3.4. The Nature of the Audience	101
4.3.5. The Enjoyment of Music	102
4.3.6. MPA Coping Methods	103
4.4. Results of the Interviews	104
4.4.1. Interview Results on the Nature of MPA as a Widely Prevalent Issue	104
4.4.2. Interview Results on the Nature of MPA as Experienced by Performers	106

4.4.3. Interview Results on the Nature of MPA as a Positive Stimulating Force	107
4.4.4. Interview Results on MPA Coping Methods	107
4.4.5. Interview Results on the Use of Beta Blockers and Other Drugs	111
4.4.6. Interview Results on the Incorporation of Information Sessions on MPA in Conservatory and Music School Curriculums	112
4.5. Discussion of the Interview Results	113
4.5.1. The Nature of MPA	113
4.5.2. MPA Coping Methods Used by the Artists	114
4.5.3. The Incorporation of Information Sessions on MPA in Conservatory and Music School Curriculums	115
5. COPING METHODS FOR MUSICAL PERFORMANCE ANXIETY	116
5.1. Cognitive Therapy	119
5.1.1. Cognitive Restructuring	120
5.1.2. Attention Training	121
5.1.3. Stress Inoculation Training	121
5.2. Behavioral Therapy	122
5.2.1. Behavioral Rehearsal	122
5.2.2. Progressive Muscle Relaxation	123
5.2.3. Cue-Controlled Relaxation	124
5.2.4. Systematic Desensitization Treatment	125
5.3. Cognitive-Behavioral Therapy	127
5.4. Alexander Technique	130
5.5. Medication: Beta Blockers	134
5.6. Biofeedback Training	137
5.7. Music Therapy	139
5.8. Hypnotherapy	141
5.9. Mental Practice	143
5.10. Mental Imagery	144
5.11. Deep Breathing	145
5.12. Feldenkreis Method	146
5.13. Insight from Gallwey and Ristad	146
5.14. Insight from the Author	151
6. CONCLUSION	153

REFERENCES	161
APPENDIX	167
BIOGRAPHY	204

ABBREVIATIONS

AT	: Alexander technique
BB	: Beta blockers
BR	: Behavioral rehearsal
BT	: Behavioral therapy
CBT	: Cognitive-behavioral therapy
CR	: Cognitive restructuring
CRR	: Cue-controlled relaxation
CT	: Cognitive therapy
EEG	: Electroencephalography device
EDR	: Electrodermal response device
EMG	: Electromyogram device
MP:	: Mental practice
MPA	: Musical performance anxiety
MPAQ	: Music performance anxiety questionnaire
MT	: Music therapy
NEO	: Neuroticism, Extraversion and Openness; title of a personality inventory
PMR	: Progressive muscle relaxation
SIT	: Stress inoculation training
SPSS 13.0	: Statistical package for social sciences computer program
STD	: Systematic desensitization training

LIST OF TABLES

	<u>Page Number</u>
Table 3.1 : Symptoms of Musical Performance Anxiety.....	23

LIST OF FIGURES

	<u>Page Number</u>
Figure 2.1 :	Frequency from each area group of participants.....7
Figure 3.1 :	Eysenck's Major Personality Dimensions.....28
Figure 4.1 :	Distribution of frequency for MPAQ1 among total participants.....32
Figure 4.2 :	Distribution of frequency for MPAQ2 among total participants.....33
Figure 4.3 :	Distribution of frequency for MPAQ3 among total participants.....33
Figure 4.4 :	Distribution of frequency for MPAQ4 among total participants.....33
Figure 4.5 :	Distribution of frequency for MPAQ5 among total participants.....34
Figure 4.6 :	Distribution of frequency for MPAQ6 among total participants.....35
Figure 4.7 :	Distribution of frequency for MPAQ7 among total participants.....35
Figure 4.8 :	Distribution of frequency for MPAQ8 among total participants.....35
Figure 4.9 :	Distribution of frequency for MPAQ9 among total participants.....36
Figure 4.10 :	Distribution of frequency for MPAQ10 among total participants.....36
Figure 4.11 :	Distribution of frequency for MPAQ11 among total participants.....37
Figure 4.12 :	Distribution of frequency for MPAQ12 among total participants.....37
Figure 4.13 :	Distribution of frequency for MPAQ13 among total participants.....38
Figure 4.14 :	Distribution of frequency for MPAQ14 among total participants.....38
Figure 4.15 :	Distribution of frequency for MPAQ15 among total participants.....39
Figure 4.16 :	Distribution of frequency for MPAQ16 among total participants.....39
Figure 4.17 :	Distribution of frequency for MPAQ17 among total participants.....40
Figure 4.18 :	Distribution of frequency for MPAQ18 among total participants.....40
Figure 4.19 :	Distribution of frequency for MPAQ19 among total participants.....41

Figure 4.20	:	Distribution of frequency for MPAQ20 among total participants.....	41
Figure 4.21	:	Distribution of frequency for MPAQ21 among total participants.....	42
Figure 4.22	:	Distribution of frequency for MPAQ22 among total participants.....	42
Figure 4.23	:	Distribution of frequency for MPAQ23 among total participants.....	43
Figure 4.24	:	Distribution of frequency for MPAQ24 among total participants.....	43
Figure 4.25	:	Distribution of frequency for MPAQ25 among total participants.....	44
Figure 4.26	:	Distribution of frequency for MPAQ26 among total participants.....	44
Figure 4.27	:	Distribution of frequency for MPAQ27 among total participants.....	45
Figure 4.28	:	Distribution of frequency for MPAQ28 among total participants.....	45
Figure 4.29	:	Distribution of frequency for MPAQ29 among total participants.....	46
Figure 4.30	:	Distribution of frequency for MPAQ30 among total participants.....	46
Figure 4.31	:	Distribution of frequency for MPAQ1 among classical student area.....	47
Figure 4.32	:	Distribution of frequency for MPAQ1 among classical professional area.....	47
Figure 4.33	:	Distribution of frequency for MPAQ1 among jazz area.....	48
Figure 4.34	:	Distribution of frequency for MPAQ 1 among traditional Turkish area.....	48
Figure 4.35	:	Distribution of frequency for MPAQ among classical student area.....	49
Figure 4.36	:	Distribution of frequency for MPAQ2 among classical professional area.....	49
Figure 4.37	:	Distribution of frequency for MPAQ2 among jazz area.....	49
Figure 4.38	:	Distribution of frequency for MPAQ2 among traditional Turkish area.....	50
Figure 4.39	:	Distribution of frequency for MPAQ3 among classical student area.....	50
Figure 4.40	:	Distribution of frequency for MPAQ3 among classical professional area.....	51
Figure 4.41	:	Distribution of frequency for MPAQ3 among jazz area.....	51
Figure 4.42	:	Distribution of frequency for MPAQ3 among traditional Turkish area.....	51
Figure 4.43	:	Distribution of frequency for MPAQ4 among classical student area.....	52
Figure 4.44	:	Distribution of frequency for MPAQ4 among classical professional area.....	52

Figure 4.45	:	Distribution of frequency for MPAQ4 among jazz area.....	53
Figure 4.46	:	Distribution of frequency for MPAQ4 among traditional Turkish area.....	53
Figure 4.47	:	Distribution of frequency for MPAQ5 among classical student area.....	54
Figure 4.48	:	Distribution of frequency for MPAQ5 among classical professional area.....	54
Figure 4.49	:	Distribution of frequency for MPAQ5 among jazz area.....	54
Figure 4.50	:	Distribution of frequency for MPAQ5 among traditional Turkish area.....	55
Figure 4.51	:	Distribution of frequency for MPAQ6 among classical student area.....	55
Figure 4.52	:	Distribution of frequency for MPAQ6 among classical professional area.....	56
Figure 4.53	:	Distribution of frequency for MPAQ6 among jazz area.....	56
Figure 4.54	:	Distribution of frequency for MPAQ6 among traditional Turkish area.....	57
Figure 4.55	:	Distribution of frequency for MPAQ7 among classical student area.....	57
Figure 4.56	:	Distribution of frequency for MPAQ7 among classical professional area.....	57
Figure 4.57	:	Distribution of frequency for MPAQ7 among jazz area.....	58
Figure 4.58	:	Distribution of frequency for MPAQ7 among traditional Turkish area.....	58
Figure 4.59	:	Distribution of frequency for MPAQ8 among classical student area.....	59
Figure 4.60	:	Distribution of frequency for MPAQ8 among classical professional area.....	59
Figure 4.61	:	Distribution of frequency for MPAQ8 among jazz area.....	59
Figure 4.62	:	Distribution of frequency for MPAQ8 among traditional Turkish area.....	60
Figure 4.63	:	Distribution of frequency for MPAQ9 among classical student area.....	60
Figure 4.64	:	Distribution of frequency for MPAQ9 among classical professional area.....	61
Figure 4.65	:	Distribution of frequency for MPAQ9 among jazz area.....	61
Figure 4.66	:	Distribution of frequency for MPAQ9 among traditional Turkish area.....	62
Figure 4.67	:	Distribution of frequency for MPAQ10 among classical student area.....	62
Figure 4.68	:	Distribution of frequency for MPAQ10 among classical professional area.....	62
Figure 4.69	:	Distribution of frequency for MPAQ10 among jazz area.....	63

Figure 4.70	:	Distribution of frequency for MPAQ10 among traditional Turkish area.....	63
Figure 4.71	:	Distribution of frequency for MPAQ11 among classical student area.....	64
Figure 4.72	:	Distribution of frequency for MPAQ11 among classical professional area.....	64
Figure 4.73	:	Distribution of frequency for MPAQ11 among jazz area.....	64
Figure 4.74	:	Distribution of frequency for MPAQ11 among traditional Turkish area.....	65
Figure 4.75	:	Distribution of frequency for MPAQ12 among classical student area.....	65
Figure 4.76	:	Distribution of frequency for MPAQ12 among classical professional area.....	66
Figure 4.77	:	Distribution of frequency for MPAQ12 among jazz area.....	66
Figure 4.78	:	Distribution of frequency for MPAQ12 among traditional Turkish area.....	66
Figure 4.79	:	Distribution of frequency for MPAQ13 among classical student area.....	67
Figure 4.80	:	Distribution of frequency for MPAQ13 among classical professional area.....	67
Figure 4.81	:	Distribution of frequency for MPAQ13 among jazz area.....	68
Figure 4.82	:	Distribution of frequency for MPAQ13 among traditional Turkish area.....	68
Figure 4.83	:	Distribution of frequency for MPAQ14 among classical student area.....	69
Figure 4.84	:	Distribution of frequency for MPAQ14 among classical professional area.....	69
Figure 4.85	:	Distribution of frequency for MPAQ14 among jazz area.....	69
Figure 4.86	:	Distribution of frequency for MPAQ14 among traditional Turkish area.....	70
Figure 4.87	:	Distribution of frequency for MPAQ15 among classical student area.....	70
Figure 4.88	:	Distribution of frequency for MPAQ15 among classical professional area.....	71
Figure 4.89	:	Distribution of frequency for MPAQ15 among jazz area.....	71
Figure 4.90	:	Distribution of frequency for MPAQ15 among traditional Turkish area.....	71
Figure 4.91	:	Distribution of frequency for MPAQ16 among classical student area.....	72
Figure 4.92	:	Distribution of frequency for MPAQ16 among classical professional area.....	72
Figure 4.93	:	Distribution of frequency for MPAQ16 among jazz area.....	73
Figure 4.94	:	Distribution of frequency for MPAQ16 among traditional Turkish area.....	73

Figure 4.95 :	Distribution of frequency for MPAQ17 among classical student area.....	74
Figure 4.96 :	Distribution of frequency for MPAQ17 among classical professional area.....	74
Figure 4.97 :	Distribution of frequency for MPAQ17 among jazz area.....	74
Figure 4.98 :	Distribution of frequency for MPAQ17 among traditional Turkish area.....	75
Figure 4.99 :	Distribution of frequency for MPAQ18 among classical student area.....	75
Figure 4.100 :	Distribution of frequency for MPAQ18 among classical professional area.....	76
Figure 4.101 :	Distribution of frequency for MPAQ18 among jazz area.....	76
Figure 4.102 :	Distribution of frequency for MPAQ18 among traditional Turkish area.....	76
Figure 4.103 :	Distribution of frequency for MPAQ19 among classical student area.....	77
Figure 4.104 :	Distribution of frequency for MPAQ19 among classical professional area.....	77
Figure 4.105 :	Distribution of frequency for MPAQ19 among jazz area.....	78
Figure 4.106 :	Distribution of frequency for MPAQ19 among traditional Turkish area.....	78
Figure 4.107 :	Distribution of frequency for MPAQ20 among classical student area.....	78
Figure 4.108 :	Distribution of frequency for MPAQ20 among classical professional area.....	79
Figure 4.109 :	Distribution of frequency for MPAQ20 among jazz area.....	79
Figure 4.110 :	Distribution of frequency for MPAQ20 among traditional Turkish area.....	80
Figure 4.111 :	Distribution of frequency for MPAQ21 among classical student area.....	80
Figure 4.112 :	Distribution of frequency for MPAQ21 among classical professional area.....	81
Figure 4.113 :	Distribution of frequency for MPAQ21 among jazz area.....	81
Figure 4.114 :	Distribution of frequency for MPAQ21 among traditional Turkish area.....	81
Figure 4.115 :	Distribution of frequency for MPAQ22 among classical student area.....	82
Figure 4.116 :	Distribution of frequency for MPAQ22 among classical professional area.....	82
Figure 4.117 :	Distribution of frequency for MPAQ22 among jazz area.....	83
Figure 4.118 :	Distribution of frequency for MPAQ22 among traditional Turkish area.....	83
Figure 4.119 :	Distribution of frequency for MPAQ23 among classical student area.....	84

Figure 4.120 :	Distribution of frequency for MPAQ23 among classical professional area.....	84
Figure 4.121 :	Distribution of frequency for MPAQ23 among jazz area.....	84
Figure 4.122 :	Distribution of frequency for MPAQ23 among traditional Turkish area.....	85
Figure 4.123 :	Distribution of frequency for MPAQ24 among classical student area.....	85
Figure 4.124 :	Distribution of frequency for MPAQ24 among classical professional area.....	86
Figure 4.125 :	Distribution of frequency for MPAQ24 among jazz area.....	86
Figure 4.126 :	Distribution of frequency for MPAQ24 among traditional Turkish area.....	87
Figure 4.127 :	Distribution of frequency for MPAQ25 among classical student area.....	87
Figure 4.128 :	Distribution of frequency for MPAQ25 among classical professional area.....	88
Figure 4.129 :	Distribution of frequency for MPAQ25 among jazz area.....	88
Figure 4.130 :	Distribution of frequency for MPAQ25 among traditional Turkish area.....	88
Figure 4.131 :	Distribution of frequency for MPAQ26 among classical student area.....	89
Figure 4.132 :	Distribution of frequency for MPAQ26 among classical professional area.....	89
Figure 4.133 :	Distribution of frequency for MPAQ26 among jazz area.....	90
Figure 4.134 :	Distribution of frequency for MPAQ26 among traditional Turkish area.....	90
Figure 4.135 :	Distribution of frequency for MPAQ27 among classical student area.....	90
Figure 4.136 :	Distribution of frequency for MPAQ27 among classical professional area.....	91
Figure 4.137 :	Distribution of frequency for MPAQ27 among jazz area.....	91
Figure 4.138 :	Distribution of frequency for MPAQ27 among traditional Turkish area.....	92
Figure 4.139 :	Distribution of frequency for MPAQ28 among classical student area.....	92
Figure 4.140 :	Distribution of frequency for MPAQ28 among classical professional area.....	92
Figure 4.141 :	Distribution of frequency for MPAQ28 among jazz area.....	93
Figure 4.142 :	Distribution of frequency for MPAQ28 among traditional Turkish area.....	93
Figure 4.143 :	Distribution of frequency for MPAQ29 among classical student area.....	94
Figure 4.144 :	Distribution of frequency for MPAQ29 among classical professional area.....	94

Figure 4.145 :	Distribution of frequency for MPAQ29 among jazz area.....	94
Figure 4.146 :	Distribution of frequency for MPAQ29 among traditional Turkish area.....	95
Figure 4.147 :	Distribution of frequency for MPAQ30 among classical student area.....	95
Figure 4.148 :	Distribution of frequency for MPAQ30 among classical professional area.....	96
Figure 4.149 :	Distribution of frequency for MPAQ30 among jazz area.....	96
Figure 4.150 :	Distribution of frequency for MPAQ30 among traditional Turkish area.....	97
Figure 5.1 :	Example of wrong use of posture (A) and improved posture by the whole structure being more at ease (B)...	132
Figure 5.2 :	Invertebral discs before(A) and after (B) the incorporation of right use of head-neck relationship.....	133

GLOSSARY

Alexander Technique: A re-educational technique aimed at the correct use of the muscles by recognising and preventing habitual limitations and incorporating correct use of posture.

Anxiety: Fear felt especially as caused by uncertainty about something or when faced with a danger.

Arousal: The waking up and activation of the body's systems.

Attention training: A type of procedure used to diminish the deteriorating and irrelevant thoughts in the mind and to channel the concentration to the task at hand.

Behavioral rehearsal: A therapeutic approach that deals with the frequent exposure of the person to the performance environment prior to the actual time of performance.

Behavioral therapy: Type of therapy aimed to target altering the maladaptive behaviors that result from various forms of anxiety.

Beta blockers: A group of drugs developed and mainly used for the treatment of various cardiovascular problems, but also used by performers to control excessive physiological arousal.

Biofeedback training: A process which involves measuring a person's bodily functions such as heart rate, skin temperature, muscle tension and galvanic skin response (perspiration) and immediately revealing this information to him or her in order to bring into the awareness, the changes in the related physiological activities.

Cognitive-Behavioral therapy: Type of therapy that includes and is a combination of various cognitive and behavioral therapies aimed at changing maladaptive thinking patterns and behaviors.

Cognitive restructuring: A therapeutic procedure for monitoring one's thoughts, exploring the harmful qualities of troublesome ideas, developing effective counter-responses, rehearsing new responses and incorporating them into task-relevant activities.

Cognitive therapy: The type of therapy that is mainly concerned with maladaptive thinking patterns that create problematic behavior, such as avoidance and/or impairment of performances, tension and excessive anxious behavior.

Cue-controlled relaxation: A relaxation technique designed to enable the patient achieve relaxation and reduced anxiety in response to a self-induced cue word.

Debilitating performance anxiety: The kind of performance anxiety that has negative consequences on performance and that is of interest for the majority of research on musical performance anxiety.

Deep breathing: The general name for the group of breathing exercises that involve the use of the diaphragm.

Discreet social phobia: Fear of situations where a performance before an audience is involved.

Facilitating performance anxiety: The type of performance anxiety where the optimal level of arousal is maintained and the anxiety works towards enhancing the quality of the performance.

Generalized social phobia: General phobia felt towards any social situation.

Hypnotherapy: The type of therapy that is conducted with a subject in hypnotized condition.

In vivo desensitization: Refers to the exposure to a real anxiety evoking situation, rather than imagining it as in a desensitization process.

Mental imagery: A mental process where an individual consciously imagines an experience in his or her mind, which “programs” the human mind to respond according to how it has been trained.

Mental practice (rehearsal): Mental practice is the involvement of an imagined, mental rehearsal of performing a task as opposed to actually performing the task.

Moral anxiety: The type of anxiety that stems from the conflicts between the ego and the superego, resulting in feelings of guilt and shame.

Musical performance anxiety: The experience of persisting, distressful apprehension about and/or actual impairment of performance skills in a public context, to a degree unwarranted given the individual’s musical aptitude, training and level of preparation.

Music therapy: The clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program.

Neurotic anxiety: The type of anxiety that results by the failure of ego’s defenses in suppressing primal impulses, possibly leading to phobias or generalized anxiety.

Performance anxiety: A state of anxiety prior to and/or during a public performance.

Personality trait: The continuous qualities of character that people possess in various amounts.

Prevalence: The common or wide existence of a certain phenomenon.

Progressive muscle relaxation: A relaxation technique, where groups of muscles are voluntarily contracted and released in a progressive manner, accompanied by deep breathing.

Psychodynamic approach: Freud's psychodynamic approach examines the relationship between psyche, personality and mind at the unconscious level, in connection to the way these act upon the person's emotional, mental and motivational processes. The relationship between the three states of id, ego and superego in light of childhood experiences is a crucial focus.

Reactive anxiety: A kind of realistic anxiety felt during performance as a result of inadequate preparation, lack of skill or lack of performing experience

Realistic anxiety: The type of anxiety that develops in response to a real external threat.

Reciprocal inhibition: Reciprocal inhibition is a method of behavior therapy based on the inhibition of one response by the occurrence of another response that is mutually incompatible with it; for example, a relaxation response might be conditioned to a stimulus that previously evoked anxiety.

Response desynchrony: The existence of a lack of a certain syndrome –in relation to musical performance anxiety- at the presence of another

Social phobia: Fear of performance in social situations.

Somatic activation: The activation of the body as opposed to the activation of the mind.

State anxiety: The anxiety that is experienced at a particular point in time, often in response to a specific situation. MPA is an example.

Stress inoculation training: A type of cognitive restructuring that deals with implementing positive self-statements and with promoting realistic expectations about what will be experienced during the feared event.

Systematic desensitization: A type of therapy where the patient is taught to face an object or a situation in a hierarchical manner, without experiencing negative or anxious feelings, previously felt when the object or the situation was encountered.

Trait anxiety: A generalized disposition to feel threatened by a wide range of non-harmful conditions.

THE PREVALENCE OF MUSICAL PERFORMANCE ANXIETY AND EFFECTIVE COPING METHODS: A STUDY OF TURKISH MUSICIANS

SUMMARY

This study aimed to give an detailed definition of musical performance anxiety, to test the prevalence of the problem among a group of Turkish musicians through a Musical Performance Anxiety Questionnaire, and to discuss coping methods in light of the interviews carried out with acclaimed soloists and extensive research on world literature to present the most suitable strategy for the musician sample of the study.

Musical performance anxiety refers to the experience of worrisome apprehensions about and the debility in the management of skills related to a public performance, independent of the performer's experience, ability and level of preparation.

Musical performance anxiety is a type of state anxiety, which refers to the stress experienced at a particular point in time, often in reaction to a specific situation. Closely linked to general performance anxiety, musical performance anxiety is a variant of discrete social phobia, involving performance before an audience and the evaluation of the performer by others.

Various studies in literature from around the world point to a high prevalence of musical performance anxiety that effects musicians, regardless of age, gender and nationality. Research has shown that a solo performance is the most threatening form of performance for musicians and the increase in the number of players involved on stage has a diminishing effect on anxiety felt by the performers.

Musical performance anxiety is composed of physiological, cognitive and behavioral variables. The assessment of and the symptomatic categorization of the problem is made within these three components. The cognitive symptoms of musical performance anxiety are, apprehensions, perfectionist and judgemental cognitions, memory lapses, loss of concentration and negative, catastrophic thoughts. The behavioral symptoms can be categorized as, avoidance, stiffness and loss of control over certain muscles, trembling, impairment of performance and tremolous appearance. The physiological symptoms are, dry mouth, rapid breathing, increased heart beat, muscle tension and digestive problems. Many of the physiological symptoms of musical performance anxiety are the results of the "fight or flight" syndrome, which refers to the body's activation of the autonomic nervous system, where adrenal hormones are set off to prepare the body for action at the presence of a perceived danger.

Some performers state that a certain amount of arousal is necessary for a good performance. The concept of optimal arousal is linked to the inverted "U" shape of the Yerkes-Dodson law, where both too little and too much arousal is considered to have detrimental effects on performance. The desired optimal level of arousal is related to how the performer perceives these symptoms; as necessary and normal or as panic-evoking.

Studies have shown that musicians possess similar personality traits of introversion, sensitivity, imagination and intelligence. Some personality traits, such as perfectionism and excessive personal control are found to be highly correlated with musical performance anxiety.

“The Musical Performance Anxiety Questionnaire,” prepared by the author, was administered to 112 musicians in order to acquire data on the prevalence and other related aspects of the problem. The questionnaire included questions on issues, such as the nature of performance, physiological, cognitive and behavioral symptoms of MPA, judgemental attitudes, self-confidence and MPA coping methods.

The questionnaire participants consisted of western classical music students, western classical professional performers, traditional Turkish music performers and jazz musicians.

As another part of this study, interviews were carried out with acclaimed soloists and conductors, in order to inquire about their ideas on and experiences with musical performance anxiety and various coping methods they might have used and suggested to students. The results were categorized and discussed under the headings of the nature of MPA as a prevalent issue, why performers experience MPA, the nature of MPA as a positive stimulating force, the coping methods, the use of beta blockers and the incorporation of informative sessions in conservatory and music school programs. The artists confirmed the view that MPA was a common issue that affected many performers. Cognitive and behavioral approaches, such as mental practice and breathing exercises were recommended by many artists and the use of beta blockers was not encouraged.

Consistent with findings from world literature, the results of the study pointed to a considerable prevalence of musical performance anxiety among the musician sample. As expected, the incidence of the phenomenon was higher for western classical music students and professionals than for traditional Turkish music and jazz performers. It was suggested that the improvisatory nature of jazz and traditional Turkish music, whose essence is based on creativity and self-expression, creating an environment that leaves less room for tension, was a factor in these findings. It was also found that a solo performance created more anxiety for the sample, than a performance where more than one performer was involved. Another finding was that auditions were the a more stressful performance type for the sample, than concerts. The sample of the study confirmed a necessity to be informed about the MPA coping methods.

Extensive research was carried out in world literature in order to present various coping methods and strategies that are used in relation to musical performance anxiety. The first group of methods are “cognitive” “behavioral” and “cognitive-behavioral” therapies, which basically aim at changing maladaptive thinking patterns and behaviors in people and replacing them with task-related and productive thoughts and behaviors. These involve, “cognitive restructuring,” which refers to the procedure for monitoring one’s thoughts, exploring the maladaptive qualities of troublesome ideas, developing effective counter-responses, rehearsing new responses and integrating them into task-relevant activities. “Stress inoculation training” deals with implementing positive self-statements and with promoting realistic expectations about what will be experienced during the anxiety-related event. “Behavioral rehearsal” is the frequent exposure of the person to the performance environment prior to the actual time of performance. Another behavioral method, “progressive

muscle relaxation,” is a relaxation technique, where groups of muscles are voluntarily contracted and released in a progressive manner, accompanied by deep breathing. “Cue-controlled relaxation” is another type of relaxation technique that is designed to enable the patient to achieve relaxation and reduced anxiety in response to a self-induced cue word. “Systematic desensitization” refers to a type of therapy where the patient is taught to face an object or a situation in a hierarchical manner, without experiencing negative or anxious feelings, previously felt when the object or the situation was encountered.

Other cognitive and behavioral techniques such as, “mental practice; the involvement of an imagined, mental rehearsal of performing a task as opposed to actually performing the task,” “mental imagery; a mental process where an individual consciously imagines an experience in his or her mind, in order to program the mind to respond according to how it has been trained,” and “deep breathing; the general name for breathing exercises which involve the use of the diaphragm” are efficient and are suggested by soloists for their benefits towards managing musical performance anxiety.

“Alexander Technique,” a reeducational technique that deals with the elimination of wrong habits and the incorporation of the correct use of posture has also been found to be effective in relation to musical performance anxiety. “Biofeedback training” includes measuring a person’s somatic functions such as, heart rate, temperature and muscular tension and revealing this information to him or her in real time in order to bring into the awareness, the changes in the physiological activities that might occur as a response to anxiety-related thoughts. “Music therapy” is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a specialized professional. “Hypnotherapy” refers to the type of therapy that is conducted by a therapist, with a subject in hypnotized condition, applied to change the patient’s certain behaviors and attitudes. “Beta blockers” are a group of drugs developed and mainly used for the treatment of various cardiovascular problems, but frequently used by performers in relation to musical performance anxiety. These drugs might have serious side effects and have potential for causing physical dependence.

Though some aspect of each method has been proven through scientific studies to be useful towards managing this sort of anxiety, it is of utmost importance for the performer to aim to find the solution to musical performance anxiety through his or her own inner resources, and not to rely on outside forces. It is also important for the method of choice to be easily accessible, and employable by performers. Therefore, cognitive and behavioral approaches and Alexander Technique are presented as the most efficient methods for use of the sample of this study. This conclusion is also confirmed by the statements of the artists in their interviews.

Besides the use of these various methods, having a positive attitude that embraces one’s entity as a complete human being, with its faults and strengths is important in dealing with anxiety. Similar constructive attitudes that accentuates performer’s creativity and the value of the communication between the performer and the audience are found to have benefits towards dealing with musical performance anxiety.

The considerable prevalence of musical performance anxiety and the concern that the sample showed for being informed on various coping methods, pointed to the necessity of incorporating lectures and workshops on musical performance anxiety in

conservatory and music school curriculums. It is crucial for performers to be exposed to the various coping methods at an early stage in their careers, so that they can choose a personally productive strategy and incorporate this into their performance routines.

SAHNE HEYECANININ YAYGINLIĞI VE ETKİLİ ÇÖZÜM YÖNTEMLERİ: TÜRK MÜZİSYENLER ÜZERİNE BİR ÇALIŞMA

ÖZET

Bu çalışmanın amacı, sahne heyecanını detaylı bir şekilde açıklamak, problemin bir grup Türk müzisyeni arasındaki yaygınlığını bir “Müzisyen sahne heyecanı anketi” kullanarak saptamak ve dünya literatürü üzerine yapılan geniş araştırma ve tecrübeli sanatçılar ile yapılan röportajlar yolu ile var olan başa çıkma yöntemlerini tartışarak, çalışmaya katılan örnek grup için en verimli stratejiyi belirlemektir.

Sahne heyecanı, seyirci önünde yapılan müzikal bir performans ile bağlantılı olarak yaşanan endişe ve korku hisleri ya da bu hislerle ilgili olarak performansı yapan kişinin becerilerinin olumsuz bir şekilde etkilenmesi şeklinde tanımlanabilir. Sahne heyecanı, icracının yetenek, yaş, tecrübe ve hazırlık seviyesinden bağımsız olarak görülebilir.

Sahne heyecanı, belirli bir zamanda ve belirli bir olaya tepki olarak hissedilen bir duruma bağlı bir anksiyete türüdür. Genel performans anksiyetesine yakından ilişkili olarak, sahne heyecanı da seyirci önünde yapılan bir performans ve sonucunda bir değerlendirme içermesi nedeniyle, bir sosyal fobi çeşidi olarak tanımlanmaktadır.

Dünya literatüründe yer alan bir çok çalışmada, sahne heyecanının çok sayıda müzisyeni yaş, cins ve nasyonaliteden bağımsız olarak etkilediğinden bahsedilmektedir. Ayrıca, solo icranın müzisyen için en fazla tehdit oluşturan performans türü olduğu ve birlikte icra yapılan kişinin sayısı arttıkça, hissedilen kaygıda azalma olduğu belirtilmiştir.

Sahne heyecanı fizyolojik, zihinsel ve davranışsal değişkenlerden oluşmaktadır. Bu olgunun değerlendirilmesi ve semptomlarının kategorizasyonu da, bu üç unsur bağlamında yapılmaktadır. Müzisyen sahne heyecanının zihinsel belirtileri, performans ile ilgili kaygılı olumsuz ve yıkıcı düşünceler, mükemmelliyetçi ve yargıya dayalı fikirler, ezber problemleri ve konsantrasyon bozuklukları olarak sıralanabilir. Davranışsal semptomlar arasında, sahneye çıkmamak, performans kalitesinde düşme, kişinin kas kontrolünde zayıflık ve kaslarda görülen sıkılık, titreme ve kaygılı dış görünüm yer alır. Fizyolojik semptomlar arasında da, ağız kuruluğu, hızlı nefes alıp verme, kalp atışında yükselme, kas gerginliği ve sindirim sistemi ile ilgili problemler yer alır. Sahne heyecanının birçok fizyolojik belirtisi, aslında “savaş veya kaç” sendromunun bir sonucudur. Bu durumda vücudun otonom sinir sistemi harekete geçer ve adrenalin salgılayarak, algılanan bir tehlike karşısında vücudu kaçma ya da savaşma tepkisine hazırlar.

Birçok sanatçı, belli bir seviyedeki bu tür bir aktivite yükselmesinin, iyi bir performans yapabilmek için gerekli olduğundan bahsetmektedir. Bu fikir, Yerkes-Dodson kuralının ters “U” şekliyle açıklanmaktadır; yani hem çok az, hem de çok fazla hareketlenme icra üzerinde olumsuz etki yaratmaktadır. İstenilen optimal seviyeye ulaşabilme, icracının bu fizyolojik olguları, zihninde nasıl algılayıp değerlendirdiği ile yakından ilişkilidir.

Yapılan alıřmalar mzisyenlerin ie dnklk, hassaslık, hayal dnyasına yatkınlık ve zeka baėlamında belli benzer karakter zelliklerine sahip olduėunu gstermiřtir. Ayrıca, mkemmelilik ve ařırı otokontrol gibi bazı karakter zelliklerinin, sahne heyecanına yatkınlık ile doėru orantılı olduėu belirtilmiřtir.

Konuyla ilgili olarak yazar tarafından hazırlanan bir “mzisyen sahne heyecanı anketi,” problemin yaygınlıėı ve diėer baėlantılı olguları zerine veri toplamak amacı ile 112 mzisyene daėıtılmıřtır. Bu ankette, icranın doėası, sahne heyecanının fizyolojik, biliřsel ve davranıřsal semptomları, kiřinin kendisine duyduėu gven, yargıcı yaklařımlar ve sahne heyecanı ile bařa ıkma yolları ile ilgili sorular bulunmaktadır.

Ankete katılan mzisyenler, klasik batı mziėi ėrencileri, klasik batı mziėi icracıları, caz mziėi icracılar ve geleneksel Trk mziėi icracıları arasından seilmiřtir.

alıřmanın bařka bir kısmı olarak, sahne heyecanı ile ilgili dřncelerini ve tecrbelerini irdelemek ve kullandıkları veya mzik ėrencilerine tavsiye edecekleri bařa ıkma yntemlerini belirlemek zere, nl solistler ve řefler ile rportajlar yapılmıřtır. Bu blmden ıkan sonular, sahne heyecanının yaygınlıėı, icracıların neden bu problemi yařadıkları, bu heyecanın olumlu ve motive edici bir g olabileceėi, sahne heyecanı ile ilgili bařa ıkma yntemleri, beta blokerleri ve mzik eėitimi veren kurumlarda bu konuyla ilgili eėitici oturumların yer alması bařlıkları altında organize edilmiř ve yorumlanmıřtır. Rportaja katılan sanatılar, sahne heyecanının birok icracıyı etkileyen yaygın bir problem olduėu fikrini desteklemiřlerdir. Zihinsel alıřma ve nefes egzersizleri, sanatıların en sıklıkla tavsiye ettikleri yntemler olmuřtur ve beta bloker kullanımı sanatılar tarafından desteklenmemektedir.

Dnya literatr ile tutarlı olarak, mzisyen sahne heyecanının, alıřmanın rneklemini iinde nemli lde bir yaygınlık gsterdiėi saptanmıřtır. Beklendiėi zere, bu kaygının klasik batı mziėi ėrencileri ve icracıları arasında, caz mziėi ve geleneksel Trk mziėi icracılarına gre daha sıklıkla ve yoėunlukta grldėi anlařılmıřtır. Bu bulgulara neden olarak, caz ve klasik Trk mziėinin doėalamaya dayalı olan doėalarının, znde yaratıcılık ve kendini ifade etme olgularına dayanması ve dolayısı ile icracı iin gerilimden ve kalıplardan uzak bir ortam oluřturması nerilmiřtir. Bunların yanında, bir solo performansın, birden fazla kiřinin aynı anda icra yaptıėı performans trlerine gre daha fazla heyecan yarattıėı ortaya ıkmıřtır. Ayrıca okul ve iř bařvuru sınavlarının, rnekleme iin konserlere gre daha fazla sahne heyecanı yaratan ortamlar olduėu belirlenmiřtir. Anketin katılımcıları, sahne heyecanı ile bařa ıkma yntemleri ile ilgili bilgilendirilme konusunda bir ihtiya ortaya koymuřtur.

Sahne heyecanı ile bařa ıkma yolunda kullanılan belli bařlı yntemlerin ortaya konması amacıyla, konuyla ilgili dnya literatr zerinde kapsamlı bir arařtırma yapılmıřtır. Bu arařtırma sonucunda ilk olarak, biliřsel, davranıřsal ve iki yntemin bir arada kullanıldıėı, biliřsel/davranıřsal yntemler belirlenmiřtir. Bu yntemlerin amacı genel olarak, kiřilerdeki olumsuz dřnce sistemlerini ve davranıřları deėiřtirerek, yerine yapılacak iře ynelik yapıcı fikir ve davranıřların konmasıdır. “Zihinsel yapılandırma yntemi,” kiřinin dřncelerini izleme, olumsuz dřnceleri belirleme, bu dřncelere zıt etkili fikirler retme, bu fikirler zerinde yoėunlařma ve bunları iř ile ilgili aktivitelere yneltme řeklinde uygulanır. “Stres ařılama eėitimi”, kaygı uyandıran aktivite sırasında ne hissedileceėi ile ilgili gereki beklentiler ortaya koyarak, bunları yapıcı ifadelerle baėdařtırma tekniėidir.

“Davranış provası,” ieracının sık sık farklı ortamlarda çalarak, sahne tecrübesini esas konser zamanından önce birçok kez yaşamasına yönelik yapılan çalışmadır. “İlerlemeli gevşeme,” belirli kas gruplarının sırayla kasılıp gevşetilerek yapıldığı bir rahatlama yöntemidir. “İşaret kontrolünde yapılan rahatlama,” kişinin rahatlık veya huzur ile bağdaştırdığı bir işaret kelimesini kullanarak, anksiyete seviyesini düşürme çalışmasıdır. “Sistematik duyarsızlaştırma” ise, kişiyi kaygı uyandıran olguya hiyerarşik bir şekilde yaklaştırarak, her aşamada daha önceden hissedilen endişelerin ve olumsuz düşüncelerin yok edilmesine yönelik bir stratejidir.

Bazı bilişsel ve davranışsal yaklaşımlar, roportaja katılan sanatçılar tarafından, sahne heyecanını azaltma yönünde özellikle tavsiye edilmiştir: “Zihinsel çalışma,” kişinin yapması gereken performansı zihninde detaylı bir şekilde prova etmesidir. “Zihinsel imgeleme,” kişinin belirli bir tecrübeyi bilinçli bir şekilde beyninde canlandırması, dolayısı ile zihnini istenilen performansa yönelik programlaması ile ilgilidir. “Nefes egzersizi,” diyafram kullanılarak, kontrollü bir şekilde derin nefes alma ve verme yöntemidir. “Alexander Tekniği,” kişide vücuduyla ilgili yanlış kullanım alışkanlıklarını yok ederek, bedeninin kaslara gereksiz bir şekilde yük bindirmeyen, doğru duruşu ve kullanımı üzerine bir farkındalık yaratmaya konsantre olur ve sahne heyecanı üzerindeki olumlu etkileri vardır.

Diğer sahne heyecanı ile başa çıkma yöntemleri arasında yer alan “bedensel geribildirim,” kalp atışı, kas gerginliği ve vücut ısısı gibi vücut fonksiyonlarındaki değişikliklerin anında kişiye iletilmesi ve anksiyete ile bağlantılı düşünceler yaşanması nedeniyle ortaya çıkan bulguların normalize edilmesi yöntemidir. “Müzik terapi,” klinik ortamda müziğin kullanılarak, bir terapistin yardımı ile, belli konularda kişisel gelişim sağlanması çalışmasıdır. “Hipnoterapi,” kişinin hipnoz durumuna getirilerek, belirli olumsuz davranış ve yaklaşımların bir terapist yardımı ile değiştirilmesi yöntemidir. “Beta blokerleri,” esas olarak kalp-damar problemlerine yönelik kullanılan, ancak birçok müzisyen tarafından sahne heyecanı semptomlarını aza indirmek için alınan bir grup ilaca verilen isimdir. Bu ilaçların birçok yan etkisi belirlenmiştir ve vücudun bu ilaca alışıarak normalde alınan dozun beklenen etkiyi yapmakta yetersiz kalması potansiyeli vardır.

Tüm bu bahsedilen yöntemlerin farklı bir şekilde sahne heyecanına yardımcı oldukları belirlenmiştir. Ancak, bir müzisyenin, bu kaygıyla başa çıkma yolunda, kendi iç kaynaklarını kullanması ve dış olgulara bağlanmaması çok önemli bir unsurdur. Ayrıca seçilecek yöntemin, kolayca ulaşılır ve uygulanabilir olması gerekmektedir. Bu bağlamda, bilişsel ve davranışsal yöntemler ile Alexander tekniği, çalışmanın örneklemini için en etkili yöntemler olarak sunulmuştur. Bu sonuç, roportaj yapılan sanatçılar tarafından da desteklenmektedir.

Bu yöntemlerin yanısıra, kişinin kendi özünü, hataları ve güçlü yönleri ile bir bütün olarak benimseyen olumlu bir yaklaşıma sahip olması, sahne heyecanı ile başa çıkmasında önemli bir etkidir. Ayrıca, kişinin yaratıcı potansiyelini ortaya çıkarmasına ve dinleyici ile arasında sıcak bir etkileşim kurmasına yönelik yaklaşımların da bu konuda etkili olduğu saptanmıştır.

Sahne heyecanının görülme sıklığı ve örneklemin başa çıkma yöntemleri ile ilgili bilgilendirilmesi konusundaki ihtiyacın belirlenmiş olması, konservatuvar ve müzik okul programlarında bu konu ile ilgili oturumların yer almasını gerektirmektedir. Müzisyenlerin sahne heyecanı ile başa çıkma yöntemleri konusunda, performans kariyerlerinin erken dönemlerinden itibaren eğitilmesi, kendilerine uygun olan yöntemin günlük rutinleri içinde yer alabilmesi açısından çok önemlidir.

1. INTRODUCTION

1.1. Introduction and Statement of the Problem

Performing is an indispensable part of our lives as musicians. Whether in the form of concerts, recitals, exams, auditions or competitions, every musician must perform in front of some form of an audience at one point or another in his life.

Performance is also inseparable from music: Both within the contexts of art form and entertainment; recorded or live, music must be performed by someone in order to be heard and communicated. All sound that we label “music” depends on human ideas and performance.

Throughout the years, both as a performer and a teacher with constant contact to many students, the author has come across a very rich variety of experiences concerning musical performance; both her own and others.’ Although music by definition is an enjoyable area of practice, it was observed that many musicians live through quite high levels of stress during their educations and professional lives. To the non-musician public, having the profession of a musician is generally observed as a very lucky and a favorable status, because it entails notions such as, “doing something one loves,” or being stress-free in that music is a common form of relaxation and entertainment for a great majority of people. Contrary to these notions and not denying that a lot of musicians do love what they do, being a musician is defined by many musicians as a stressful profession. The level of this stress is especially high around the concept of “performance.” Since performance is tightly connected to music, stress also becomes a natural component of being a musician.

What is this cloudy area that surrounds musical performance? Why do musicians feel anxious before they perform? Why is it that many musicians perform better under certain circumstances and not under others? What happens in our bodies during performances that our hands shake, mouth dries or our muscles get so tense? Why do many students play so well in the classroom, but lose good qualities of their playing during the concert?

The answers to the questions above and many others concerning the stressful and negative aspects of music performance are related to “musical performance anxiety” (MPA). Sometimes referred to as “stage fright,” MPA is a kind of anxiety where one experiences unwanted physiological, cognitive and behavioral symptoms that affect one’s performance in a negative way. These symptoms are generally categorised as autonomic arousal, negative cognitions about the self and the performance and interference with the body’s motor activity.

For many performers, these may create only a disturbing and unpleasant experience. For some musicians however, performance anxiety reactions seriously affect the quality of their performance. In more extreme cases, performance anxiety may cause the termination of a promising performing career.

MPA is a highly prevalent problem, independent of age, gender, experience or nationality. Various studies throughout the world are present to prove this statement: A survey carried out in Germany to explore the frequency and the expression of performance anxiety among adolescent music students, pointed out that a high frequency of performance anxiety was present; with one third of the participants being “distinctly handicapped by their anxiety.”(Fehm and Schmidt, 2006).

Another study was done in the United States within ICSOM; the International Conference of Symphony and Opera Musicians, an organization that has fifty-two member orchestras. In this study, which probably had the largest sample of participants among all studies on MPA, 2212 professional musicians were surveyed about their medical problems. Twenty-four percent of the participants reported that they had a problem with performance anxiety; sixteen percent considered performance anxiety as a “serious problem with effects on their performance.” Performance anxiety turned out to be the most frequently named psychological problem (Fehm and Schmidt, 2006). The study also pointed out that 25% of the participants reported using medicine, such as beta-blocking agents, and most admitted to using them with no doctor’s prescription (Currie, 2001).

A different study ran by Van Kemanade et al. surveyed all the members of professional orchestras in the Netherlands in 1995 and resulted that 59% of the participants (91 out of 155 participants) “had been affected professionally or

personally by stage fright” and “10% suffered anticipatory anxiety for weeks before significant performances” (Parncutt and McPherson, eds, 2002:48).

In other various studies, with smaller sample groups, even higher rates of performance anxiety levels were indicated, such as 32%, 58.7% and 47% (Fehm and Schmidt, 2006).

Musicians spend hours and days practicing in order to perfect their levels of performance. It is our main aim to play our best during any given performance. A good performing experience is probably the most satisfying and rewarding aspect of a musician’s career. In contrast, an unsatisfactory performance negatively affects the performer’s self-esteem and a person’s self-esteem is also one of the crucial elements affecting the outcome of any performance. Performance anxiety is a serious problem that, as a result of its effects on the performance experiences, might negatively interfere with the performer’s view of himself. As will be discussed in detail in the upcoming chapters, MPA is a problem that is in close relation with many personality traits.

The identification and the understanding of any problem is the first step in solving it. Once the nature of the problem is thoroughly grasped, suitable coping methods might successfully be applied. It is very common among music educators to blame the psychological problems associated with performance on lack of practice on the part of the performer, insufficient performance experience, inappropriate repertoire or faulty technique. In parallel, the best remedy for reducing anxiety symptoms within traditional music education approaches is “more and more practice.” However, it is well known that many prominent musicians, such as Artur Rubinstein, Pablo Casals and Luciano Pavarotti, have reported experiencing “extreme tension and psychological distress while performing before audiences” (Salmon, 1990). Musical performance anxiety is also much more of a detailed subject with implications that cannot be limited to one’s practice habits. In addition, uncontrolled and excessive practice can be very dangerous for the musician and may lead to many health problems, such as repetitive strain injuries. Therefore, the first step in controlling musical performance anxiety and coping with its symptoms is truly understanding the nature of it.

One important way on the path to understanding the nature of and finding a solution to a problem is education. Coping efficiently with MPA requires an in-depth knowledge of the various approaches and therapies used around the world. It takes time to choose the suitable method and incorporate its mechanisms into one's system. An important study has proven that instead of worrying about anxiety, planning to cope with MPA symptoms is least consistently related to measures of impairing performance anxiety (Lehrer, et al.,1990). Therefore, it would be extremely beneficial for musicians to be exposed to coping mechanisms at an early stage in their careers. This would give the musician time and opportunity to really grasp and experiment with these various methods. Having classes about MPA and its coping skills in the regular curriculums of conservatories and music schools would give many students a head start on dealing with the problem.

The aim of this thesis is to give an in-depth explanation of MPA, to test the incidence of the problem among a group of Turkish musicians and to discuss various coping mechanisms through extensive research on world literature and the interviews carried out with acclaimed artists in order to present the most efficient coping strategies for the musician sample.

As will be explained in detail in the method section, two assessment tools were used in this thesis for the acquisition of data: A questionnaire titled, "The Musical Performance Anxiety Questionnaire," based on the MPA Questionnaire used by Lehrer et al. (1990) and The Performance Anxiety Inventory of Nagel et al. (1989), was prepared and used as the primary assessment tool for the testing of the prevalence and the various manifestations of the problem. The 112 participants that responded to the questionnaire consisted of classical music students, professional classical musicians, jazz musicians and traditional Turkish musicians. The questions of the questionnaire addressed issues such as, MPA in relation to the nature of performance, the enjoyment of music and the nature of the audience; MPA symptoms; self-confidence and judgemental attitudes and MPA coping methods. Literature on MPA generally deals with the experiences of western classical musicians. However, testing the prevalence of this problem among other areas of music was within the aims of this thesis. Throughout the research for this thesis, no studies concerning performance anxiety that were carried out with jazz and traditional Turkish musicians were

encountered. The findings related to these areas of music might be useful towards initiating further research.

Interviews were carried out with highly experienced artists about MPA as a secondary assessment tool for the discussion of the problem. The related questions presented in these interviews basically deal with the soloists' own experiences with MPA, the reasons for experiencing the problem and MPA as a positive, stimulating force.

The coping methods of MPA were presented and discussed as the result of an extensive research on world literature and the personal experiences and opinions of the acclaimed artists, through the interviews. "PsychInfo" and "MedLine" databases were mainly used for the research on literature and the relevant articles from scientific journals, such as "The Psychology of Music," "Medical Problems of Performing Artists," "Journal of Anxiety Disorders," and "Journal of Counselling Psychology," were used as main references. The ideas form two influential books on performance and MPA -"A Soprano On Her Head" by E. Ristad (1982) and "The Inner Game of Tennis" by T. Gallwey (1974)- were presented as additional insight to coping methods. The interview section of this study also yielded information on the coping methods as used by the artists and suggestions that they might have for students, their opinions on the use of medication and beta blockers and the incorporation of informative sessions in the conservatory and music school programs.

The first two sections of this thesis present the introduction and the method of the study. The third section deals with the detailed definition of MPA, where related aspects of anxiety will be discussed and the various manifestations of MPA will be explained in detail. This section includes issues such as, various theories of anxiety, social phobia, trait and state anxiety, MPA symptoms, perception and personality traits in relation to MPA. The next section gives a detailed presentation and discussion of the results of the questionnaires and the interviews. The fifth section will include literature on the coping methods in relation to MPA, such as cognitive and behavioral therapies, Alexander's Technique, biofeedback training, hypnotherapy and music therapy- and practical ideas from various authors. The last section will provide a conclusion to the study.

2. METHOD

2.1. Hypothesis

Parallel to findings in world literature, MPA is a prevalent problem among Turkish musicians. The incidence of MPA among western classical musicians is higher than those practicing traditional Turkish music and jazz, due to the individual nature of each area of music. There are various methods that aim at the solution to the problem; however, some methods are more efficient and applicable than others for the use of the sample. A high level of prevalence and the presentation of efficient coping methods and strategies that would aim at the solution of the problem would make a case for the incorporation of sessions on MPA in the conservatory and music school curriculums.

2.2. The Aim of the Study

The aim of this thesis is to give an in-depth explanation of MPA, to test the incidence of the problem among Turkish musicians, to test if the results match those of international literature, and to discuss and present various coping mechanisms that are the most efficient for present use for the musician sample of this study.

2.3. The Need for the Study

Personal experience of the author has pointed out that many performers and music students suffer from various levels of MPA in Turkey and do not employ of the many possible coping strategies that exist in literature. Presently, no formal study has been conducted in Turkey to test the prevalence of the problem among musicians and research that presented them with various coping methods has been scarce.

The lack of such research creates a necessity for a comprehensive study on MPA in Turkey. The documentation of high prevalence of the problem will shed light one of the fundamental needs for musicians; solutions for the MPA.

2.4. The Participants

2.4.1. The Questionnaire Participants

Professional musicians and conservatory students were assigned to participate in this study. The professional musicians had careers in the areas of western classical, jazz and traditional Turkish music. The conservatory students are western classical music majors. The Musical Performance Anxiety Questionnaire was given out to 130 participants and a total of 112 questionnaires were returned. The results from all of the 112 questionnaires were used for the data collection of the study.

Of the 112 participants, 43 were conservatory students. The students made up 38.4% of the total number of participants. There were 32 western classical professionals (28.6% of the total number of participants), 20 jazz players (17.9%); and 17 traditional Turkish musicians (15.2%). The four participant groups in this study will be referred to as:

1. Western classical students: “classical student”
2. Western classical professionals: “classical professional”
3. Jazz musicians: “jazz”
4. Traditional Turkish music performers: “traditional Turkish”

The distribution of frequency of the area groups can be seen in Figure 2.1. Among the student subject group, 10 were in high-school level (23.3.% of all students); 18 in undergraduate level (41.9%); 10 in master’s level (23.3%); and finally, 5 were in doctorate level (11.6%).

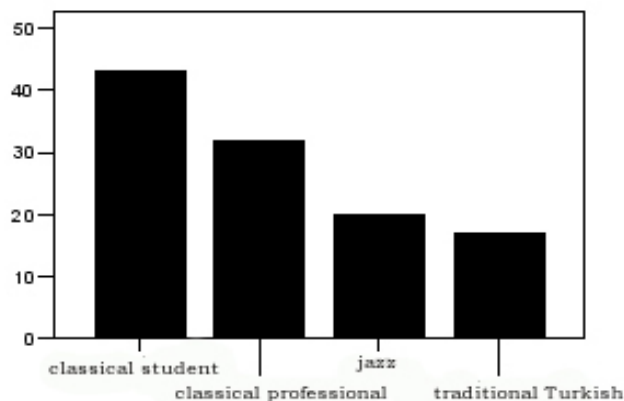


Figure 2.1: Frequency from each area group of participants

2.4.2. The Interview Participants

21 soloists and conductors were invited to participate in the interviews for this study. The main measures for the selection of the participants in this section have been their acclaimed status and their high frequency of public performances. The area of performance of the participants can be listed as, piano, violin, cello, guitar, harp, trombone, trumpet, clarinet, flute, ney, qanun, baglama, and conducting.

The soloists who participated in the interviews are; Çağatay Akyol (harp), Cihat Aşkın (violin), Tahir Aydoğdu (qanun), Erden Bilgen (trumpet), Toros Can (piano), Serkan Çağrı (clarinet), Bülent Evcil (flute), Peter Fisher (violin), Rengim Gökmen (conductor), Alex Huelshoff (cello), Ercan Irmak (ney), Suna Kan (violin), Ayşegül Kirmanoğlu (clarinet), Bekir Küçükay (guitar), Mehmet Okonşar (piano), Erol Parlak (baglama), Hakan Şensoy (violin), Rüya Taner (piano), Aycan Teztel (trombone), Şenova Ülker (trumpet) and İbrahim Yazıcı (conductor).

Although Huelshoff and Fisher are not Turkish, their collaboration with the Turkish musicians, their frequency of performing in Turkey and their vast performance experience made them valuable resources for this thesis.

2.5. Apparatus

An M-AUDIO micro track 24/96 recording device was used to conduct the interviews. The Winamp computer program was used for the hearing of the interviews.

2.6. Assessment

Two different tools were used for assessment in this study: A questionnaire titled, “Musical Performance Anxiety Questionnaire,” was created and used as the main tool of assessment for the presentation of the problem; such as testing the prevalence of MPA. An interview was conducted with experienced artists to shed light on different aspects of the problem and to explore various coping styles. The interviews were used as a secondary assessment tool for the presentation of the problem and a primary tool towards determining the suitable coping methods.

2.6.1. Musical Performance Anxiety Questionnaire (MPAQ)¹

A questionnaire titled, “Musical Performance Anxiety Questionnaire” was created to be used in this study for the testing of incidence among musicians and music students in Turkey. The Musical Performance Anxiety Questionnaire (Lehrer, et al., 1990) and Performance Anxiety Inventory (Nagel, et.al., 1989) were used as a model for this questionnaire. Some additions were made, which were believed to be reflective of the problems experienced by the targeted subject group.

The MPAQ consists of thirty questions that deal with various aspects of musical performance anxiety. The first four questions in MPAQ concentrate on the nature and the environment of the performance; such as if the performance is solo or chamber; a concert or an audition. Questions five to twelve deal with MPA symptoms. They aim to portray if the subject experiences cognitive-behavioral problems such as loss of concentration, getting stuck and dwelling on a mistake, and the existence of repetitive negative thoughts in his brain about the performance; and physiological problems such as tensing up of muscles, sweaty or shivering hands, or a disturbing increase in heart rate. The next seven questions deal with the self-esteem and confidence of the performer and his approach to judgements coming from himself and the audience. The next three questions concentrate on the relationship between the performer and the variables of the audience. Question twenty-three tests the correlation of general feelings of MPA and performance enjoyment. The last group of questions deal with the participants’ knowledge of and experience with MPA coping therapies and literature. The last and perhaps the most crucial question in the MPAQ refers to the participants’ tendency and wish to get educated about the MPA coping methods.

The frequency for each question is indicated on a 5-point Likert-type scale² and was based on response ratings of “never,” “rarely,” “sometimes,” “frequently,” and “always.” The scores are arranged so that “1” indicates low frequency and “5” indicates high frequency. Before they were distributed, the questionnaires were translated into Turkish, the native language of the participants.

¹ A complete version of the questionnaire can be found in the appendix section.

² Likert scale is a type of response scale, frequently used in questionnaires, and is the most widely used scale in survey research. In a questionnaire that includes a Likert scale, participants specify their level of agreement to a statement. The scale is developed by Rensis Likert (1903-1981), an American educator and psychologist.

2.6.2. The Personal Interviews

The first four interview questions were aimed to explore the problem of MPA from the soloist's point of view and to discuss the kind of coping styles and strategies that they themselves used or recommended. The last question dealt with the issue of the inclusion of classes on MPA in the conservatory curriculums. The five main questions are:

1. What are your thoughts and feelings on and experiences with MPA?
2. Do you have any methods or strategies you personally use before performances in relation to MPA ?
3. Do you have any recommendations to students in this context?
4. It is known that many performers use medication before performances to control anxiety. Do you support the use of beta blockers and other drugs in relation to MPA?
5. Do you support the incorporation of informative sessions on MPA in conservatory curriculums?

These questions were taken as the main skeleton and minor additional, but relevant questions were presented parallel to the path of the specific conversation.

The interviews were conducted in Turkish – the native language of the soloists' except for the interviews of Huelshoff and Fisher, which were administered in English. The interviews were taped on a digital recording device and were heard through the Winamp computer program. They were later broken down to text version and translated into English.

Except for the Huelshoff and Küçükay interviews that were conducted in 2006, all the interviews took place in 2007.

2.7. Limitations of the Data Collection

The main limitations of the data collection process dealt with the questionnaire. Questionnaires are a very common tool around the world that are used in studies on the various aspects of performance anxiety. They can be very helpful in acquiring a descriptive analysis or portraying various aspects of the problem. However, it should always be kept in mind that participants may not always be accurate in their self-evaluations. Personal experience with MPA is very subjective issue and individual to each person. It would not be surprising that a number of the participants understated their exposure to the problems; in this case, their level of anxiety. The under-

reporting of subjective distress is thought to be a part of the repressive style of coping with stress, and some people may not even acknowledge their fears privately to themselves (Step toe, 1989).

The vast majority participants in this study had no experiences with questionnaires on MPA and some unfortunately had no experience with questionnaires in any form. Although a clearly instructive section appeared at the beginning of the questionnaire, a number of questions were received as to how to answer the items or what the score values meant. The positioning of the “never” and “always” values horizontally next to the score values may have been the cause of the confusion for some of the participants. It might have been clearer to place these extreme values right above their relevant scores. In light of this information, some of the responses may have been faulty due to a lack of clear understanding of the score values or even the intent of the question.

The subject of “performing from memory” has important implications on MPA. Playing from memory before a large audience generally has the most debilitating effect o performance (Salmon, 1990). No items on memory were included in this questionnaire and it might be beneficial to incorporate it in similar studies that may be conducted in the future.

The incorporation of a relatively small sample of participants from the jazz and traditional Turkish music area into the questionnaire was due to a problem of returning questionnaires: 5 jazz players and 8 traditional Turkish music players did not return their questionnaires during the time that was allocated for the data collection process of this study.

2.8. Analysis of the Data

The aim of the analysis of the data received from the questionnaire was to acquire a descriptive result for the testing of incidence of MPA among the subject group. The Statistical Package for Social Sciences program for Windows (SPSS 13.0) was used for the analysis of the data collected. For the first results section (4.1), the response from each participant for each question was loaded into this program and the results of the total 112 participants was represented in graphic form. The inclusion of graphic form in the portrayal of results is crucial for the clear understanding of the

distribution of the sample's responses to the questions. These frequencies of MPAQ results for the total number of participants were calculated through the “descriptive statistics” process of the program.

In the second section (4.2), the individual responses from the 112 participants were analyzed through the Pearson Chi-Square Test of the SPSS 13.0, to portray the frequency of responses among specific areas of classical student, classical professional, jazz and traditional Turkish. For example, the responses of the classical students for the first question was analyzed specifically, and then the same method was applied by turn to each area group. It is believed that this section would be beneficial towards portraying the differences in the responses of the four areas of the sample: Even though some questions yielded dismissable results in section 4.1, this section will display the fact that responses within the areas still have important implications on the prevalence of MPA.

As this was a study carried out by a musician, not thoroughly trained and experienced in the field of statistics, the aim of the analysis was to portray the general frequency measurement in the results for purely descriptive purposes. Discussion and conclusions will be made according to the frequency of high-value and low-value results. The high percentage of “frequently” and “always” responses within the results of a question are to be used towards the suggestion of high prevalence.

The results of the questionnaire are grouped under these specific contexts of the questions:

1. Nature of performance
2. MPA symptoms
3. Self-confidence and judgemental attitudes
4. Nature of the audience
5. Enjoyment of music
6. MPA coping methods

The results of the questionnaire were discussed in section 4.3. The discussion was presented in a manner that is parallel to the context of the questions.

The results of the interviews were presented by the presentation of the participants' individual responses in section 4.4. Artists' main statements were portrayed in relation to the topic that the discussion belonged. This section presented additional information on the nature of the problem and on the world literature towards suggesting the effective coping methods for musical performance anxiety for the sample of the study. The complete version of each interview is available in the appendix section of the thesis.

The results of the interviews are presented under these topics:

1. Nature of MPA:

“MPA as a prevalent issue”

“MPA as experienced by performers”

“MPA as a positive stimulating force”

2. MPA coping methods

3. The use of beta blockers and other drugs

4. The incorporation of informative sessions on MPA in the conservatory curriculums

The results of the interviews are discussed in section 4.5 under the relevant topics.

3. MUSICAL PERFORMANCE ANXIETY AND RELATED ISSUES

MPA, generally referred to as “stage fright” is a complex issue and has a multi-faceted nature. Many of the characteristic symptoms and aspects of MPA are closely related to those of anxiety. As MPA is a specific type of anxiety, a discussion of issues such as general anxiety, state and trait anxiety, social phobia and performance anxiety would be fruitful for the clear understanding of MPA.

3.1. Anxiety- An Overview

Anxiety by simple dictionary definition is “fear, especially as caused by uncertainty about something.” Beck (1921-), the psychiatrist who developed cognitive therapy in the 1960’s, mainly for the treatment of depression, defined anxiety as “a human emotion that motivates one into reducing, responding to, or preventing a potential danger” (Sinden, 1999). Anxiety may be a single episode for some people; for others it may be a continuous experience.

Freud (1856-1939), through his psychodynamic approach, described anxiety as originating in the ego and separated it into three categories:³

1. “Realistic anxiety” develops in response to a real external threat and is not seen to be a cause of later psychological problems.
2. “Moral anxiety” stems from the conflicts between the ego and the superego and results in feelings of guilt and shame.
3. “Neurotic anxiety” is the cause of the failure of the ego’s defenses in suppressing primal impulses. Neurotic anxiety could lead to phobias, free-floating or generalized anxiety and panic attacks (Roland, 1993).

Another major discussion on anxiety was that of the behaviorist approaches of Pavlov (1849-1936), Skinner (1904-1990) and Thorndike (1874-1949). Behaviorist

³ Freud’s psychodynamic approach examines the relationship between psyche, personality and mind at the unconscious level, in connection to the way these act upon the person’s emotional, mental and motivational processes. The relationship between the three states of id, ego and superego in light of childhood experiences is a crucial focus.

notion of anxiety is that, just like any other behavior, anxious behavior is acquired and reinforced through learning processes called classical and operant conditioning. This approach has important implications on the coping mechanisms of musical performance anxiety: Based on the behaviorist model, the South African psychiatrist Wolpe (1915-1997) developed a principle of reciprocal inhibition and demonstrated how the reduction of anxiety could be achieved through progressive muscle relaxation.⁴ He developed a treatment of “systematic desensitization” which has proven to be an effective behavioral treatment for some forms of anxiety (Roland, 1993).⁵

A model of anxiety that has been influential is the three-factor-model of the American psychologist, Lang (1930-): He defines anxiety as, “comprising verbal reports of distress, fear-related behavioral acts and somatic activation” (Roland, 1993).⁶ This model states that anxiety is the result of interactions between overt behavioral responses to a perceived threat, a state of autonomic arousal, and distressing, fearful thoughts. Many cognitive behaviorists, such as Beck (1921-) and Ellis (1913-), assume that anxiety is initiated by a cognitive appraisal of danger, which in turn activates the other components; but there is also evidence that physiological arousal may initiate a chain reaction leading to anxious thoughts (Salmon, 1990). The general agreement is that under an anxiety provoking condition, all three systems become activated and synchronised. As a consequence of this process, a person experiencing anxiety has a unique set of cognitive, behavioral and physiological causes and symptoms which fully describes the experience of anxiety in a particular situation (Roland, 1993).

Beck’s cognitive-behavioral model of anxiety defines anxiety as a primitive response to danger, where anxiety might serve to alert a person to it, so that he or she can take action to deal with the danger. This model consists of the interplay of cognitive, behavioral, physiological and affective reactions. Emery and Beck presume that the

⁴ Reciprocal inhibition is a method of behavior therapy based on the inhibition of one response by the occurrence of another response that is mutually incompatible with it; for example, a relaxation response might be conditioned to a stimulus that previously evoked anxiety.

⁵ A detailed discussion of progressive muscle relaxation and systematic desensitization will be presented in the Coping Methods section.

⁶ “Somatic activation” refers to the activation of the body as opposed to the activation of the mind.

cognitive or the information processing system here “draws on peripheral and central sensory systems to construct meaningful patterns at the perceptual level. It integrates inputs, selects an appropriate plan, and thus activates the rest of the behavioral, affective and physiological systems” (Roland, 1993). The affective system joins in the process by creating a sense of urgency. This involves the subjective experience of anxiety. The behavioral system consists of a variety of motor patterns which are serviced by the autonomic components of the physiological system. According to the activation of these components, a person reacts to danger either by active or non-active strategies. This model of anxiety describes two strategies serving for self-protection; these strategies can be categorised as fight or flight, and the slower acting voluntary network using more complete information processing and strategy selection in determining the responses to threat (Roland, 1993)⁷. In this model, the anxiety caused by the realistic evaluation of an objective danger is viewed as appropriate. However, when the perception of danger is not realistic, then the anxiety becomes pathological.

Beck argues that the anxious person’s wrong perception of the threat is the trigger for the pathological anxiety response (Parncutt & McPherson, 2002:49). These responses are the result of:

1. Overestimating the probability of a feared event
2. Overestimating the severity of the feared event
3. Underestimating coping resources (what one can do about it)
4. Underestimating rescue factors (what other people can do to help you)

Anxiety is a very common problem and it is the most prevalent of all emotional disturbances in the general public. Anxiety in its varying manifestations may afflict between 10 and 30% of the general population (Salmon, 1990).

3.2. Trait and State Anxiety

Trait anxiety is a generalized disposition to feel threatened by a wide range of non-harmful conditions. People who are high in trait anxiety tend to be anxious in many situations (Currie, 2001). Trait anxiety creates a susceptibility to stress. It reflects the

⁷ The “fight or flight” syndrome is an example of an active strategy and will be thoroughly defined in the “MPA symptoms” section.

anxiety that a person tends to experience cross-situationally for prolonged periods of time. (Lehrer, et al., 1990).

Also referred to as “situational anxiety,” state anxiety is the anxiety that is experienced at a particular point in time, often in response to a specific situation. Public speaking, musical performance or job interviews are situational examples. State anxiety is generally the cause of environmental pressures.

MPA is generally a type of state anxiety. This type of anxiety can be managed by specific behavioral strategies that can be incorporated into a performer’s musical performance education. However, when the occurrence of performance anxiety is rooted in generalized anxiety, a more generalized psychotherapeutic approach might be necessary (Lehrer, et al., 1990).

3.3. Performance Anxiety and Social Phobia

Performance anxiety is a state of anxiety prior to and/or during a public performance. As performance situations are always social situations that include an evaluation of the performer by others, performance anxiety is classified as a variant of social phobia in the “Diagnostic and Statistical Manual of Mental Disorders,” presented by the American Psychiatric Association in 1994:

“The essential feature of social phobia is a marked and persistent fear of social or performance situations in which embarrassment may occur...The diagnosis is appropriate only if the avoidance, fear, or anxious anticipation of encountering the social or performance situation interferes significantly with the persons daily routine, occupational functioning, or social life, or if the person is markedly distressed about having the phobia... In feared social and performance situations, individuals with social phobia experience concerns about embarrassment and are afraid that others will judge them to be weak, anxious, crazy or stupid...The person with social phobia typically will avoid the feared situation.” (Currie, 2001).

There are two kinds of social phobia:

1. Discrete social phobia is present in situations where a performance before an audience is involved such as, musical performance, acting or speaking before a crowd. Although the phobia may impair the career quality, people suffering from discrete social phobia can still lead normal lives.

2. Generalized social phobia, like generalized social anxiety, can seriously affect both social and work life by causing the person to avoid a variety of activities, such as attending parties and conferences, meeting new people or confronting employers or colleagues. In extreme cases, the victim may fear contact with anyone outside their families. Depression and alcoholism are common consequences of generalized social phobia (Liebowitz as cited in Currie, 2001).

Results from various studies have pointed to a high association of social anxiety and performance anxiety (Fehm and Schmidt, 2006). It is estimated that 80% of all people experience anxiety whenever they are called upon to make any appearance where the attention of a group of people is focused on them (Plaut, 1990). Various studies have confirmed a positive correlation between performance anxiety and audience size, status and the number of performers (Fehm and Schmidt, 2006; Currie, 2001).

3.4. Musical Performance Anxiety

MPA is the “experience of persisting, distressful apprehension about and/or actual impairment of performance skills in a public context, to a degree unwarranted given the individual’s musical aptitude, training and level of preparation. MPA comprises a loosely correlated constellation of physiological, behavioral and cognitive variables” (Salmon, 1990). Various terms have been used in literature to accommodate the phenomenon of musical performance anxiety. “Performance anxiety” and “stage fright” are two of the most frequent terms; however, “musical performance anxiety” and “music performers’s stress syndrome” have also been used.

It is important to state that a great deal of MPA is rooted in ordinary performance anxiety. The two aspects of MPA that distinguish it from regular performance anxiety are artistic creativity and being a performer, and both aspects serve to heighten the anxiety. The underlying unconscious issues of anxiety are similar both on the part of the performer and the non-performer (Plaut, 1990).

MPA is a highly prevalent problem among musicians around the world. Various studies have shown incidence levels between 24 to 59% (Currie, 2001). However, a study conducted by Salmon and others in 1995, indicated that 70% of participants stated that MPA was the most common of five reported performance impairments. In

another study done with musicians from the Royal Philharmonic and London Philharmonic orchestras, it was found that 51% used alcohol, 32% used meditation and 21% used sedatives before performances- all measures taken to deal with MPA (Currie, 2001).

In the majority of research, females were found to report higher levels of musical performance anxiety than males. (Abel & Larkin, 1990; Craske & Craig, 1984 as cited in Fehm & Schmidt, 2006). This finding is consistent with the higher levels of anxiety and phobias found prevalent in females.⁸ MPA affects musicians regardless of age; both adolescent students and professional musicians suffer from the phenomenon in varying levels, despite years of performing in public.

As in general performance anxiety, MPA involves feelings of tension and apprehension because of the evaluative nature of any given performance. The musician suffering from performance anxiety perceives this evaluation as a threat to self (Sinden, 1999).

Any situation that increases the performer's sense of threat will increase his or her level of performance anxiety. Therefore, the nature of performance and the number of performers play an important role on the severity of anxiety symptoms: All the data from research encountered so far state that auditions are the most stressful performance situations. This may be because they combine a socially inferior position with scrutiny and evaluation (Parncutt and McPherson, 2002:49). Auditions are also very risky points during a musician's career progress. Therefore, auditions and juries are found to be much more stressful than concerts and recitals.

The number of players involved in performance directly affects the level of anxiety: Engaging in a solo performance is more threatening for the musician than a chamber recital. These conclusions are important in understanding this aspect of musical performance anxiety:

⁸ Besides actuality, the difference in musical performance anxiety levels between males and females may also have stemmed from males' general inhibition towards expressing anxious emotions. Males are generally more reluctant to express emotions that evoke a sense of weakness, such as being anxious. The under-reporting of subjective distress is thought to be a part of the repressive style of coping with stress, and some people may not even acknowledge their fears privately to themselves (Steptoe, 1989).

“Although the relationship between number of co-performers and musical performance anxiety is a steeply declining curve, there is no difference in anxiety levels beyond a certain number of performers. Public performance is more anxiety-evoking than private performance, though the degree of anxiety does not have such a simple relationship to the size of the audience as it does to the number of performers. While it might be supposed that performing on TV to an audience of ten million would be far more frightening than performing in a small auditorium, this is not necessarily the case. The actual proximity of the audience (e.g., being able to see the expressions on their faces) may be more significant than their numbers, and the status relationships between the performer and the audience are critical.” (Parncutt & McPherson, eds., 2002:49)

One characteristic of MPA is that it has a tendency to perpetuate itself. A single bad experience causes the performer to fear its repetition and soon there is a conditioned response, a pairing of MPA with any performance situation (Hingley, 1985).

Another important aspect of MPA is apprehension. Many musicians find themselves constantly worrying about upcoming events and contemplate on the possible, but not definite negative results. Anticipating stressful events can evoke as much, if not more, anxiety than the event itself (Salmon, 1990). For many, these kinds of negative expectations about future performances are not the result of past catastrophic events. Had this been the case, the anxiety would have been a realistic reaction, however, many performers still feel major apprehensions even in the presence of no such experiences. Many musicians, even when they have a long history of satisfactory performances, believe that the law of averages will catch up with them at some point and the catastrophic end is inevitable (Salmon, 1990).

The self-efficacy theory of Bandura (1925-), the Canadian psychologist, famous for his theories on social learning and self-efficacy, has important implications on anticipatory anxiety: An individual’s view on how capable he is in performing a task is directly related to how he approaches that task. If the person believes that he is capable of performing the task, then he is confident about the outcome. In the opposite case, feeling inadequately capable of performing a task results in anxiety.

For a majority of relatively experienced performers, anxiety is experienced most severely not during, but before the performances. The disappearance during performance of anxiety symptoms in this case suggest that experience may have a diminishing effect on MPA.

Many musicians engage in inner dialogue before performing. Studies give evidence that musicians' statements that neither minimize stresses nor reflect catastrophic thoughts about the risks of performance, were associated with lowest overall levels of anxiety (Salmon, 1990). This kind of inner dialogue has a realistic evaluation of the performance situation, accepts the inevitability of occasional mistakes, and generally has a tolerant attitude. These kinds of cognitions are also more prevalent among more experienced performers. Subjects prone to MPA are much more likely to make contrary statements such as, "I think I'm going to faint" or "I'm sure to make a dreadful mistake and ruin everything" (Salmon, 1990).

The assessment of MPA concentrates around the three components stated by Salmon (1990). For the physiological symptoms, such as blood pressure or cardiovascular responses, the assessment is done either by self-reports of performers or during performance with laboratory equipment. Cognitive assessment of MPA is usually carried through by the use of questionnaires and self-reports. This sort of assessment generally deals with the disturbing cognitions that distract the performer and increase his or her level of anxiety. Observer ratings of performance quality and apparent anxious behavior are the general focuses of the behavioral assessment of MPA. Questionnaires are also tools used for this kind of evaluation.⁹

The recognition of and the research on MPA has only a few decades of history. A milestone in the beginning of research on MPA was the "First International Conference on Tension in Performance," held in England at the Gipsy Hill Center of Kingston Polytechnic, in 1981. The conference was organised by Professor Carola Grindea, piano faculty at the Guildhall School of Music and Drama in London and founder of the European Piano Teachers Association. The topics of the conference included the Alexander Technique, breathing and relaxation exercises, the cognitive-behavioral approach and stagefright as a learned phenomenon. Soon after, the "International Society for the Study of Tension in Performance" was founded in response to "an overwhelming concern with the effects of excess anxiety and tension

⁹ The measuring of MPA's physiological symptoms with equipment, such as measuring heart rate by attaching a sensor to the performer's body, is risky in that it can interfere with the performance by making the performer more uncomfortable than he or she already is. The natural movements of the performer during performance may also interfere with the results of the measurement.

experienced by performers in many areas such as music or the sports field.” The list of patrons of this Society included prominent musicians such as Yehudi Menuhin and Alfred Brendel. The Second International Conference of the International Society for the Study of Tension in Performance was held in 1983 (Hingley, 1985).

Today, studies and research done on MPA are vast. Journals such as “The Psychology of Music” or “The Medical Problems of Performing Artists” frequently publish articles on the subject. Many influential books have also been written on subjects related to MPA such as “The Inner Game of Music” by Barry Green, “Audition Success” by Don Greene or “A Soprano on Her Head” by Eloise Ristad.

3.5. Symptoms of Musical Performance Anxiety

The symptoms of musical performance anxiety can be categorized under physiological, cognitive and behavioral symptoms (Table 3.1). This categorization is in parallel with Lang’s three-factor model of general anxiety. As seen earlier, this model stated that anxiety is the result of interactions between overt behavioral responses to a perceived threat (behavioral), a state of autonomic arousal (physical), and distressing, fearful thoughts (cognitive).

Some sources use Beck’s anxiety model to classify musical anxiety symptoms. In this approach, a psychological factor is included besides the three factors stated by Lang (Sinden, 1999). However, in the three-factor model, the psychological symptoms are categorized under cognitive symptoms.

The physiological symptoms of musical performance anxiety include, increased heart beat, nausea, dry mouth, sweating, excessive activity in the stomach and intestines, trembling, rapid breathing, shortness of breath, palpitations and muscle tension.

These physiological symptoms are the typical results of the activation of the body’s sympathetic branch of the autonomic nervous system and this process is called the “fight or flight” syndrome. The fight or flight syndrome, is set off by adrenal hormones that prepare the body for action in times of stress.

The autonomic nervous system is a part of the peripheral nervous system that carries information between the brain and all of the organs (with the exclusion of the arms and the legs). These organs have regular activity without the input of the autonomic nervous system; however, interference of this system changes the activity in the

organ by increasing or decreasing it. This function of the nervous system makes it possible for the body to prepare for changing conditions. For example, when a threatening stimulus is present, the brain gives a signal which makes a central nervous system cell to connect to an autonomic nervous system cell, which then acts on the targeted organ.¹⁰ This may result in changes, such as an increase in heart rate, a change in the secretion levels of saliva and an enlarging of the airways in the lungs due to an increased activity of the respiratory system.

Table 3.1: Symptoms of Musical Performance Anxiety

PHYSIOLOGICAL	COGNITIVE	BEHAVIORAL
Increased heart beat	Apprehensions, anxious feelings	Avoidance of performances
Dry mouth	Perfectionist cognitions	Facial expressions of fear and worry
Excessive perspiration	Catastrophic cognitions	Stiffness
Feeling of “butterflies in stomach”	Memory lapses	Loss of control of certain muscles
Dizziness	Loss of concentration	General impairment of performance
Rapid breathing, shortness of breath, palpitations	Worry	Unnecessary body movement, eg: lifting of shoulders
Muscle tension	Loss of confidence	Trembling hands
Upset stomach	Judgmental thinking	Tremolous appearance

¹⁰ The central nervous system includes the brain and the spinal cord.

The autonomic nervous system has two branches; the parasympathetic and sympathetic nervous system. The parasympathetic nervous system influences activities such as growth and nourishment. The extraction of nutrients during digestion is a function of this system. The sympathetic nervous system prepares the organs for heightened activity. During the fight or flight syndrome, the sympathetic branch is stimulated and the adrenal glands release adrenalin. The activation of the sympathetic nervous system results in increased heart rate, and blood pressure, dilated pupils, increased blood sugar, rapid breathing, perspiration, dry mouth and trembling. Through these symptoms, the body is prepared for athletic action: Either to fight or to run from a threatening situation.

In the context of musical performance anxiety, the performer perceives performance as a threat and the body gives similar physical reactions, as it would when faced with a real physical danger. However, the problematic implications of musical performance anxiety stem from the fact that the performer has no intentions on stage of athletic action, such as fighting or running from the audience. The otherwise adaptive functions of the fight or flight syndrome interfere with performance: The increased heart rate which intends to supply additional oxygen to the muscles is felt by the performer as disturbing palpitations. The widening of airways and increased activity of the respiratory system results in a feeling of breathlessness. The diversion of resources away from digestion produces butterflies in stomach and the reorganization of body fluids such as saliva ends up in a feeling of dry mouth (Parncutt and McPherson, eds, 2002:47).

The cognitive symptoms of musical performance anxiety can be listed as loss of concentration, memory lapses, loss of confidence and the presence of negative cognitions. Worry, in the context of mental activity involved in contemplating the unpleasantness of possible unfortunate events, is perhaps the quintessential cognitive characteristic of anxiety. Judgemental thinking about performance and absolutistic judgements of one's own behavior as "good/bad" or "acceptable/unacceptable" tend to increase anxiety (Lehrer, et al., 1990). Negative cognitions include irrational ones such as "I will faint on stage;" catastrophic cognitions are ones like, "I will definitely mess up in the upcoming hard passage;" and perfectionist cognitions include thoughts such as "I cannot make any mistakes." Apprehensions are fearful thoughts encountered during the contemplation of a future event. The cognitive symptoms

may also include a loss in self-confidence. It has been suggested that cognitive symptoms of musical performance anxiety are in part learned from the attitudes of teachers, parents, the reaction of others and from other experiences of childhood and youth (Hingley, 1985).

The behavioral symptoms of musical performance anxiety are those that can be monitored by outside viewers. The symptoms that can be seen during the performance such as trembling of the bow, shaking of hands, a frozen expression of worry on the face of the performer, the physical state of stiffness or the tense lifting of shoulders are examples. Excessively high levels of muscle tension in the left hand or thumb of string players, and in the face and throat region of woodwind players have been observed in relation to MPA (Steptoe, 1989). Some performers avoid performing altogether, which is another behavioral symptom of anxiety.

In high anxiety-evoking situations, the physiological, cognitive and behavioral mechanisms of MPA get activated and their symptoms become synchronised. However, the parallel nature of the activation of these three systems diminishes under low anxiety evoking situations. This is one of the reasons for the presence of a wide variety of symptoms of MPA. For example, one can feel physiologically aroused without experiencing stressful thoughts, or portray avoidance behavior triggered by anxious thoughts without the presence of physiological arousal. The existence of a lack of a certain syndrome at the presence of another is called, “response desynchrony.” Some performers who take beta blockers to diminish their physiological MPA symptoms continue to report anxious cognitions (Salmon, 1990). Other studies have shown that both anxious and non-anxious musicians show similar amounts of physiological activity during performance (Currie, 2001).

3.6. Perception of Arousal and Musical Performance Anxiety

Many experienced musicians do well under the highly stressful environment of a performance situation. Even though they may feel a certain amount of arousal, this does not interfere with the quality of their performance.

It is a generally accepted notion that some amount of anxiety gives life to a performance. In reality, however, it is a heightened sense of arousal -not anxiety-

that performers attempt to optimize, and which psychologists have conceived of as a biologically-based, motivating force (Salmon, 1990).

Both low and high levels of arousal have negative effects on performance. It is the intermediate, “optimal” level of arousal that is strived for, for the achievement of an enhanced quality in performance. For example, when one is extremely relaxed as in an almost asleep position, it is difficult to process information efficiently or to organize verbal or physical responses. Overexcitement can also interfere with attention of the smooth coordination of physical actions. The relationship between performance and arousal can be linked to the Yerkes-Dodson law, where this relationship is characterized as an inverted “U” shape (Bernstein, et al., 1991:438). Very low and very high arousal make up the two lower edges of the inverted “U” shape. The optimal moderate level of arousal is symbolised by the top of the inverted “U.”

An interesting analogy to optimal arousal was made by the actor Stanislavski in 1948. Stanislavski (1863-1938) was a Russian actor, director and theater administrator at the Moscow Art Theater, founded 1897. He developed the “Stanislavsky System”, also known as the “Method of Physical Actions.” According to his system, one’s acting was inseparable from one’s life and genuine emotions. Therefore, actors were taught to perform not with the traditional manner of stage conventions; but from their core, finding the true personal emotion that fit their role and acting through their own innate feelings. Stanislavski presented the idea of a “circle of attention,” representing one’s conscious attention during a performance: Under conditions of excessive arousal, the focus of this circle becomes too narrow, overly limiting the span of one’s apprehension. Conversely, if arousal is too low, the focus of attention becomes too broad and diffuses (Salmon, 1990). Stanislavski’s approach is also parallel with the Yerkes-Dodson law.

There is no exact measurement of what constitutes an optimal arousal level. Generally it is conceived as having enough anxiety to produce a good performance, without having so much anxiety to interfere with its quality. Other than being extremely hard to specify scientifically, this is also because the definition of arousal levels depend highly on the person’s perception. Therefore, “a specific level of arousal may or may not optimize performance, depending on how it is interpreted by the performer.” (Salmon, 1990). There are many differences between people’s

sensitivity to their internal cues of arousal. Some musicians are extremely sensitive to even minor alterations in the state of their bodies. The cognitive assessment of the arousal level therefore determines the nature of the consequent behavioral response.

The statements about optimal arousal also point to an important reality about MPA: Physiological arousal by itself is not a sufficient cause of MPA. Many artists state that they “need” to be aroused physiologically in order to perform well and that stress is an integral component of a good performance (Steptoe, 1989). It is how the performer interprets the arousal that results in either an optimal outcome or the disabling consequences of MPA. For example, two performers about to go in an audition may have exactly the same amount of physiological arousal: One may interpret the physiological symptoms as the first signs of catastrophe; the other might interpret the arousal as a natural ingredient of performance and consider it positive in relation to the performance.

The positive and negative effects of anxiety on performance bring forward the definition of different kinds of MPA: “Debilitating performance anxiety” is where the effects of MPA have a negative consequences on performance and it is the kind of performance anxiety that is of interest for the majority of research on MPA. One very important factor in relation to perception of anxiety is that worrying about anxiety and its effects on performance has the most consistent relationship with independent measures of debilitating performance anxiety (Lehrer, et al., 1990).

“Facilitating performance anxiety” refers to the type where the optimal level of arousal is maintained and the anxiety works towards enhancing the quality of the performance. The main aim of treatment methods of MPA is to help performers acquire a physical and mental state, where the effects of anxiety are channeled to performance in a facilitating manner.

“Reactive anxiety” is realistic anxiety felt during performance as a result of inadequate preparation, lack of skill or lack of performing experience. Reactive anxiety cannot be treated with therapy, but requires practice, musical skills development and performing experience. (Currie, 2001). This type of anxiety is naturally excluded from the discussions of MPA.¹¹

¹¹ These terms of anxiety were coined in 1960 by psychologists Alpert and Haber to refer to the positive and negative effects of arousal on test performance (Lehrer, et al., 1989).

3.7. Personality Traits and Musical Performance Anxiety

Personality traits are the continuous qualities that people possess in various amounts. Trait theories of personality assume that people vary simultaneously on a number of personality dimensions or scales.

Among different theories of personality traits, the factor analysis method has been prominent. Factor analysis is a statistical technique that examines the intercorrelations among a number of measures and by grouping those that are most highly correlated, reduces them to a smaller number of independent dimensions, called factors.

Hans Eysenck (1916-1997) is a major theorist who has used this approach and has developed the “Eysenck Personality Inventory.” He states that any personality can be described by the intersection of two axis, with introversion-extraversion on one side and emotionality-stability on the other. (Figure 3.1)

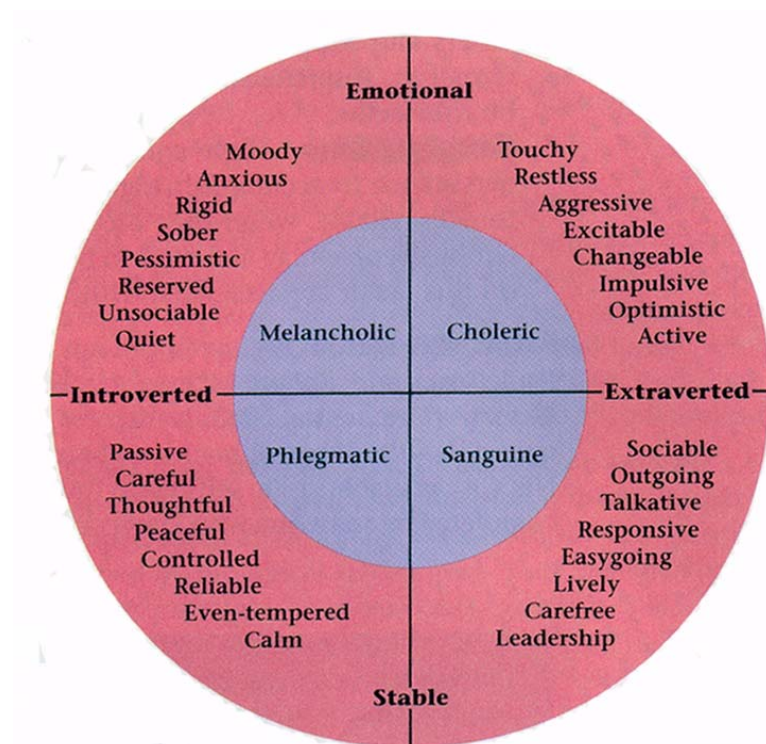


Figure 3.1: Eysenck's Major Personality Dimensions (Bernstein et al., 1991:555)

Eysenck claimed that if it is known how people score on these dimensions, a number of their other key traits can be predicted. According to Eysenck, introverts are generally quiet, thoughtful and enjoy solitary activities. They avoid excitement and

social involvement. In contrast, extraverts are sociable and outgoing, enjoy taking risks and social activities. Emotionality factor includes traits such as restlessness, worry, anxiety and moodiness, which Eysenck terms “neuroticism.” The other side of the axis, stability, involves calm, relaxed and emotionally stable traits.

Eysenck states that the combination of varying degrees of emotionality-stability and introversion-extraversion produces characteristic mixture of traits. For example, an introverted but stable person is likely to be controlled and reliable, whereas an introverted but emotional person is likely to be rigid and anxious (Bernstein et al., 1991:555).

Another model derived from Eysenck’s theories of personality traits is the “big five model” of personality. This model presents five factors of personality and works in a similar manner to Eysenck’s. These factors are neuroticism (prone to anxiety, anger and depression); extraversion (social, assertive and active); openness (have active imaginations, intellectually curious and sensitive); agreeableness (eager to help others) and conscientiousness (reliable, has determined persistence to accomplish highly valued tasks). The “NEO Personality Inventory” was developed by Costa and McCrae in 1989 and involves scores on each of these five factors (Bernstein et al., 1991:556).¹²

Both the Eysenck and the NEO Personality Inventories have been used to assess personality traits in studies on MPA.

One of the most comprehensive research on the personalities of musicians was done by Kemp in 1981. His vast sample consisted of high school and college music students, professional performers, composers and non-musician control groups. Kemp concluded that there was a common core of personality traits that all musicians possessed, which are intraversion, sensitivity, imagination and intelligence. His findings suggest that this central trait profile was stable throughout the course of the development of the musician from childhood to professional life and that it existed in all musicians (Gregory, 1999).

The above-average levels of neuroticism found in classical musicians by Kemp in 1981 are also confirmed for popular musicians. These findings suggest a similarity of

¹² The title, NEO is derived from neuroticism, extraversion and openness-the three domains measured in the first edition of the inventory.

character traits between various areas of musicians (Cooper & Wills, 1989). Different conclusions have been made for the above average findings of neuroticism in musicians; it may be that musicians are intrinsically more neurotic than average, or that the stresses of the musician's profession may produce high levels of anxiety and neuroticism.

Studies on the personalities of musicians, done with The Eysenck Personality Inventory have generally shown a polarization between brass and string players. Brass players generally possess the lowest mean neuroticism scores and the highest extraversion scores. On the other hand, string players have the highest neuroticism and anxiety scores (Gregory, 1999).

One important finding on MPA in relation to personality traits is that introverted individuals possess higher average levels of activation and are correspondingly more sensitive to stimulation and more prone to anxiety than extraverts. In another vein, the individual differences of traits such as anxiety and introversion have a major impact on what constitutes an optimal arousal level (Salmon, 1990).

All the research encountered so far confirm that people who score high on anxiety in personality inventories (such as scoring high on the NEO neuroticism factor) are more prone to suffering from debilitating MPA. In the context of gender and MPA, it has been previously stated that studies have found higher prevalence of MPA in females that are consistent with higher levels of general anxiety scores (Parncutt and McPherson, eds., 2002:49).

The close relationship of certain other personality traits and MPA has been confirmed in research: "Perfectionism" is highly correlated with MPA in that perfectionists usually suffer from low self-esteem and are extremely self-critical. They have unrealistically high expectations of themselves and others, they tend to be overconcerned with small mistakes and they generally focus on the wrongs and discount the rights. Another personality trait correlated with MPA is "excessive personal control". People with this trait generally feel unable to succeed in unpredictable circumstances (Parncutt and McPherson eds., 2002:48).

One study that concentrated on the interaction of personal control, perfectionism and MPA in professional musicians, actors and dancers differentiated between socially prescribed perfectionism (high standards imposed by others) and self-oriented

perfectionism (self-imposed high standards). The results showed that both kinds of perfectionism and low personal control were associated with greater debilitating performance anxiety. In addition, debilitating anxiety were closely correlated with high self-oriented perfectionism and low personal control (Mor et al., 1995).

4. RESULTS AND DISCUSSIONS OF THE DATA

4.1. Results of the Questionnaire for All Participants

4.1.1. Results of the Questions on the Nature of Performance for All Participants

The questions in this section deal with the nature of performance, inquiring about issues such as, performing in front of an audience, the number of players involved in performance, whether the performance is a concert or an audition and the involvement of improvisation. The cumulative responses of the entire participants for each question of the Musical Performance Anxiety Questionnaire are portrayed to present a descriptive result:

MPAQ 1: “I play better when I play alone, rather than in front of an audience.” Of the 112 participants who responded to MPAQ 1, 7 participants selected “never,” making up 6.3% of total answers; 21 selected “rarely,” making up 18.8% of total; 20 selected “sometimes,” making up 17.9% of total; 44 selected “frequently,” making up 39.3% of total and 20 selected “always,” making up 17.9% of total. (Figure 4.1)

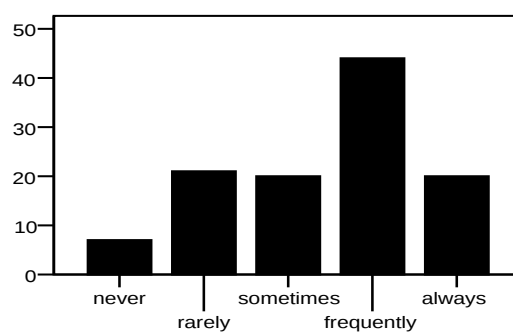


Figure 4.1 :Distribution of frequency for MPAQ 1 among total participants

MPAQ 2: “I feel better performing in an ensemble, rather than alone.”

Of the 112 participants who responded to MPAQ 2, 5 participants selected “never,” making up 4.5% of total answers; 2 selected “rarely,” making up 1.8% of total; 15 selected “sometimes,” making up 13.4% of total; 15 selected “frequently,” making up 13.4% of total and 75 selected “always,” making up 67.0% of total. (Figure 4.2)

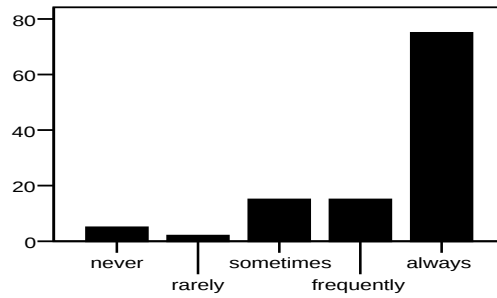


Figure 4. 2: Distribution of frequency for MPAQ2 among total participants

MPAQ 3: “I feel better playing in a concert rather than in an exam/audition.” Of the 112 participants who responded to MPAQ 3, 2 participants selected “never,” making up 1.8% of total answers; 1 selected “rarely,” making up 0.9% of total; 5 selected “sometimes,” making up 4.5% of total; 21 selected “frequently,” making up 18.8% of total and 83 selected “always,” making up 74.1% of total. (Figure 4.3)

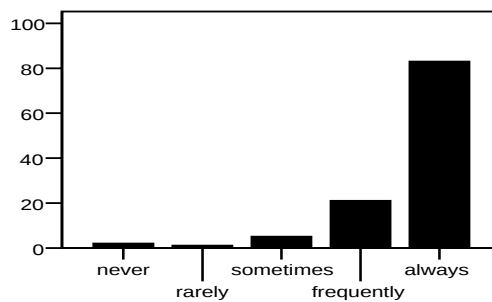


Figure 4. 3: Distribution of frequency for MPAQ3 among total participants

MPAQ 4: “I feel better performing with the group, rather than when I improvise.” Of the 71 participants who responded to MPAQ 4, 14 participants selected “never,” making up 19.7% of total answers; 12 selected “rarely,” making up 16.9% of total; 11 selected “sometimes,” making up 15.5% of total; 20 selected “frequently,” making up 28.2% of total and 14 selected “always,” making up 19.7% of total (Figure 4.4). 41 classical participants did not respond to the question.

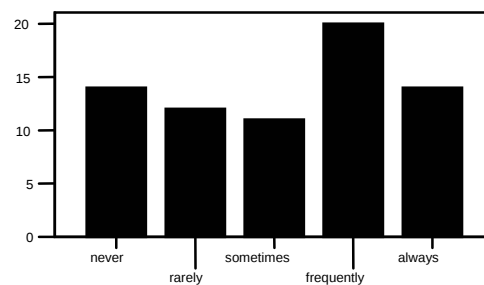


Figure 4. 4: Distribution of frequency for MPAQ4 among total participants

4.1.2. Results of the Questions on MPA Symptoms for all Participants

The questions in this section deal with the cognitive, such as interference with concentration and negative inner talk; physiological, such as increased heart beat; and behavioral symptoms of MPA, such as trembling hands:

MPAQ 5: “When I perform in front of an audience, I find it hard to concentrate.”

Of the 112 participants who responded to MPAQ 5, 33 participants selected “never,” making up 29.5% of total answers; 30 selected “rarely,” making up 26.8% of total; 33 selected “sometimes,” making up 29.5% of total; 15 selected “frequently,” making up 13.4% of total and 1 selected “always,” making up 0.9% of total. (Figure 4.5)

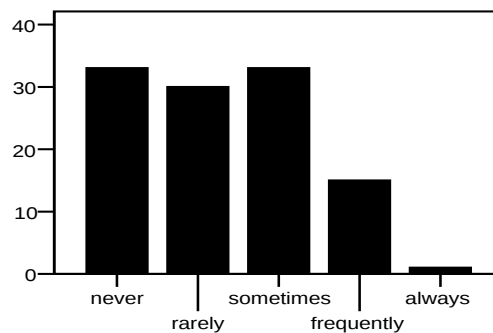


Figure 4. 5: Distribution of frequency for MPAQ5 among total participants

MPAQ 6: “When I perform in front of an audience, a voice in my mind constantly speaks about my performance; e.g.: “Now that hard section is approaching; I will definitely make a mistake.”

Of the 112 participants who responded to MPAQ 6, 21 participants selected “never,” making up 18.8% of total answers; 26 selected “rarely,” making up 23.2% of total; 16 selected “sometimes,” making up 14.3% of total; 26 selected “frequently,” making up 23.2% of total and 23 selected “always,” making up 20.5% of total. (Figure 4.6)

MPAQ 7: “Before I perform in front of an audience, I feel nervous.”

Of the 112 participants who responded to MPAQ 7, 9 participants selected “never,” making up 0.8% of total answers; 24 selected “rarely,” making up 21.4% of total; 29 selected “sometimes,” making up 25.9% of total; 23 selected “frequently,” making up 20.5% of total and 27 selected “always,” making up 24.1% of total. (Figure 4.7)

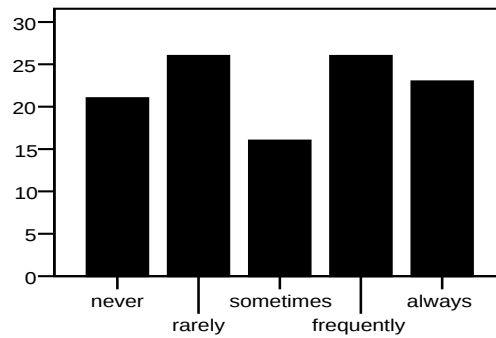


Figure 4. 6: Distribution of frequency for MPAQ6 among total participants

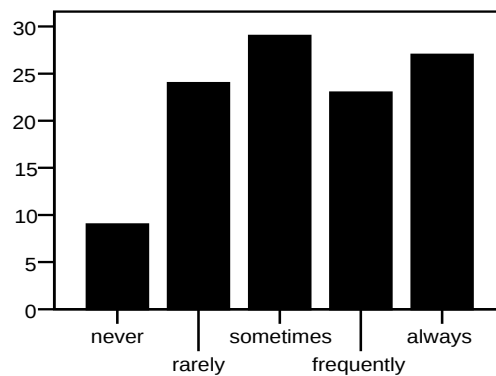


Figure 4. 7: Distribution of frequency for MPAQ7 among total participants

MPAQ 8: “When I perform in front of an audience, I get shaky hands.”

Of the 112 participants who responded to MPAQ 8, 48 participants selected “never,” making up 42.9% of total answers; 27 selected “rarely,” making up 24.1% of total; 21 selected “sometimes,” making up 18.8% of total; 12 selected “frequently,” making up 10.7% of total and 4 selected “always” making up 3.6% of total. (Figure 4.8)

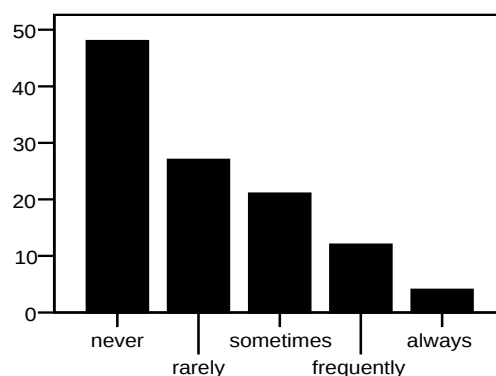


Figure 4. 8: Distribution of frequency for MPAQ8 among total participants

MPAQ 9: When I perform in front of an audience, I feel that my muscles get tense and that I will not be able to control them.

Of the 112 participants who responded to MPAQ 9, 59 participants selected “never,” making up 52.7% of total answers; 33 selected “rarely,” making up 29.5% of total; 12 selected “sometimes,” making up 10.7% of total; 5 selected “frequently,” making up 4.5% of total and 3 selected “always,” making up 2.7% of total. (Figure 4.9)

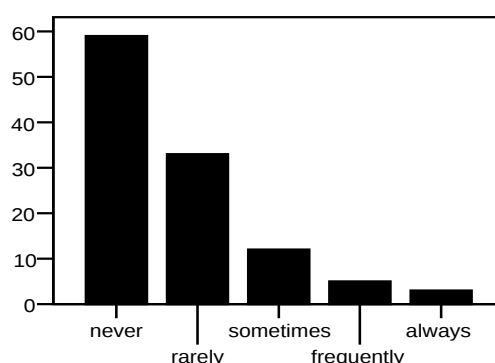


Figure 4. 9: Distribution of frequency for MPAQ9 among total participants

MPAQ 10: When I perform in front of an audience, my hands sweat.

Of the 112 participants who responded to MPAQ 10, 67 participants selected “never,” making up 59.8% of total answers; 28 selected “rarely,” making up 25.0% of total; 8 selected “sometimes,” making up 7.1% of total; 5 selected “frequently,” making up 4.5% of total and 4 selected “always,” making up 3.6% of total. (Figure 4.10)

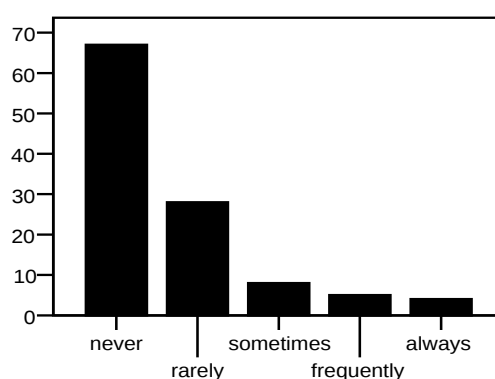


Figure 4. 10: Distribution of frequency for MPAQ10 among total participants

MPAQ 11: When I perform in front of an audience, my heart beats very fast.

Of the 112 participants who responded to MPAQ 11, 18 participants selected “never,” making up 16.1% of total answers; 28 selected “rarely,” making up 25.0% of total; 26 selected “sometimes,” making up 23.2% of total; 27 selected “frequently,” making up 24.1% of total and 13 selected “always,” making up 11.6% of total. (Figure 4.11)

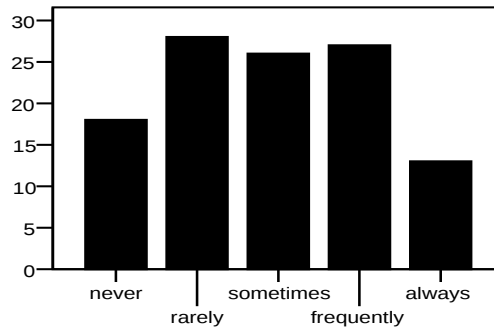


Figure 4. 11: Distribution of frequency for MPAQ11 among total participants

MPAQ 12: When I make a mistake during a performance, I get stuck dwelling on it, lose my concentration or make mistakes.

Of the 112 participants who responded to MPAQ 12, 40 participants selected “never,” making up 35.7% of total answers; 29 selected “rarely,” making up 25.9% of total; 25 selected “sometimes,” making up 22.3% of total; 16 selected “frequently,” making up 14.3% of total and 2 selected “always,” making up 1.8% of total. (Figure 4.12)

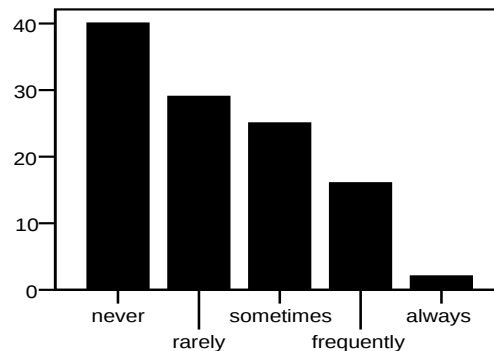


Figure 4. 12: Distribution of frequency for MPAQ12 among total participants

4.1.3. Results of the Questions on Self-confidence and Judgemental Attitudes for All Participants

A performer’s level of self-confidence and judgemental attitudes have a major role in the way he experiences MPA. The questions in this section are designed to inquire about the sample’s view on these issues:

MPAQ 13: I enjoy playing in front of an audience.

Of the 112 participants who responded to MPAQ 13, 1 subject selected “never,” making up 0.9% of total answers; 11 selected “rarely,” making up 9.8% of total; 27 selected “sometimes,” making up 24.1% of total; 23 selected “frequently,” making up 20.5% of total and 50 selected “always,” making up 44.6% of total. (Figure 4.13)

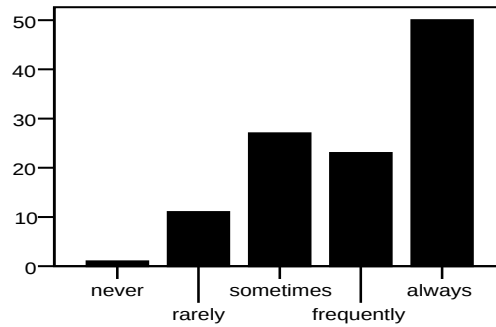


Figure 4. 13: Distribution of frequency for MPAQ13 among total participants

MPAQ 14: I am confident about my ability to perform.

Of the 112 participants who responded to MPAQ 14, no participants selected “never,” making up 0.0% of total answers; 7 selected “rarely,” making up 6.3% of total; 23 selected “sometimes,” making up 20.5% of total; 53 selected “frequently,” making up 47.3% of total and 29 selected “always,” making up 25.9% of total. (Figure 4.14)

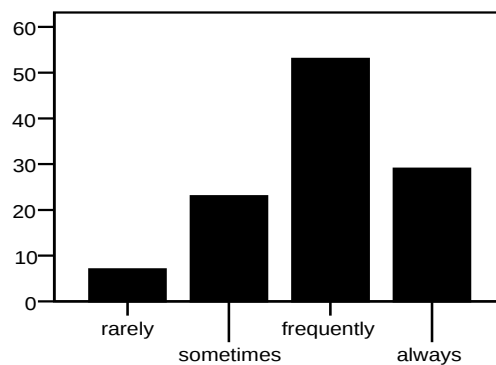


Figure 4. 14: Distribution of frequency for MPAQ14 among total participants

MPAQ 15: When I finish performing, I am usually happy with my performance.

Of the 112 participants who responded to MPAQ 15, 2 participants selected “never,” making up 1.8% of total answers; 17 selected “rarely,” making up 15.2% of total; 38 selected “sometimes,” making up 33.9% of total; 46 selected “frequently,” making up 41.1% of total and 9 selected “always,” making up 8.0% of total. (Figure 4.15)

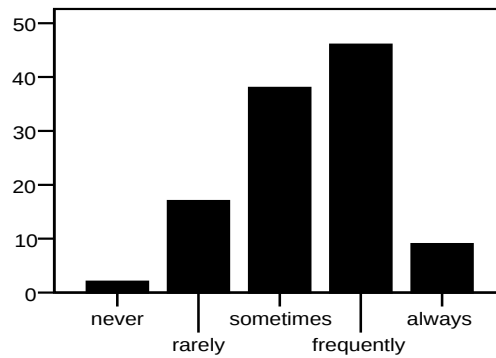


Figure 4. 15: Distribution of frequency for MPAQ15 among total participants

MPAQ 16: I am confident about the remarks that will be made by my teachers/audience about my performance.

Of the 112 participants who responded to MPAQ 16, 3 participants selected “never,” making up 2.7% of total answers; 17 selected “rarely,” making up 15.2% of total; 24 selected “sometimes,” making up 21.4% of total; 53 selected “frequently,” making up 47.3% of total and 15 selected “always,” making up 13.4% of total. (Figure 4.16)

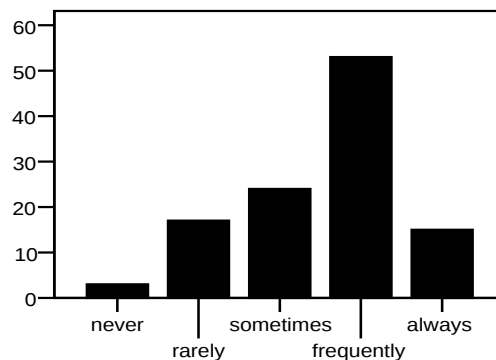


Figure 4. 16: Distribution of frequency for MPAQ16 among total participants

MPAQ 17: I believe that it is very embarrassing to make mistakes during a performance.

Of the 111 participants who responded to MPAQ 17, 44 participants selected “never,” making up 39.6% of total answers; 25 selected “rarely,” making up 22.5% of total; 21 selected “sometimes,” making up 18.9% of total; 17 selected “frequently,” making up 15.3% of total and 4 selected “always,” making up 3.6% of total. (Figure 4.17)

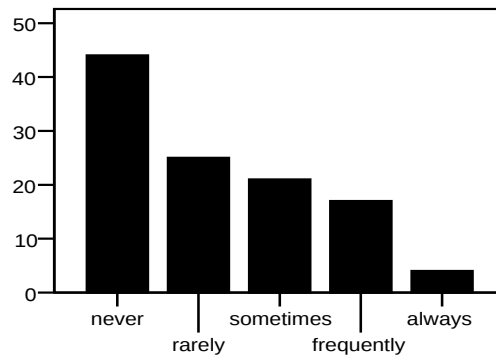


Figure 4.17: Distribution of frequency for MPAQ17 among total participants

MPAQ 18: If I had a chance, I would never play in front of an audience.

Of the 110 participants who responded to MPAQ 18, 75 participants selected “never” (68.2% of total answers); 9 selected “rarely” (8.2% of total); 9 selected “sometimes” (8.2% of total); 13 selected “frequently” (11.8% of total) and 4 selected “always” (3.6% of total). (Figure 4.18)

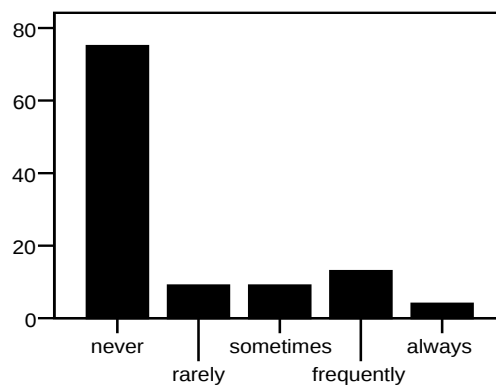


Figure 4.18: Distribution of frequency for MPAQ18 among total participants

MPAQ 19: I fear that I will be judged by everyone after my performance in a negative way.

Of the 112 participants who responded to MPAQ 19, 47 participants selected “never,” making up 42.0% of total answers; 21 selected “rarely,” making up 18.8% of total; 22 selected “sometimes,” making up 19.6% of total; 18 selected “frequently,” making up 16.1% of total and 4 selected “always,” making up 3.6% of total. (Figure 4.19)

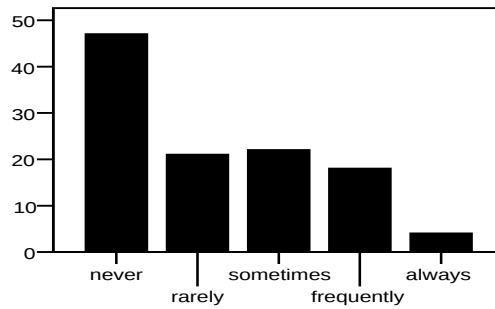


Figure 4. 19: Distribution of frequency for MPAQ19 among total participants

4.1.4. Results of the Questions on the Nature of the Audience for All Participants

These questions are prepared to inquire about the questionnaire sample's attitudes about performances, in relation to the nature of the audience. These questions are included with the assumption that familiarity of the audience would have an increasing role in the levels of MPA experienced by the performer. Having people with the potential for judgements towards the performer would especially have an increasing effect on the MPA experienced.

MPAQ 20: I get less anxious when there is no one familiar in the audience.

Of the 112 participants who responded to MPAQ 20, 24 participants selected "never," making up 21.4% of total answers; 18 selected "rarely," making up 16.1% of total; 24 selected "sometimes," making up 21.4% of total; 20 selected "frequently," making up 17.9% of total and 26 selected "always," making up 23.2% of total. (Figure 4.20)

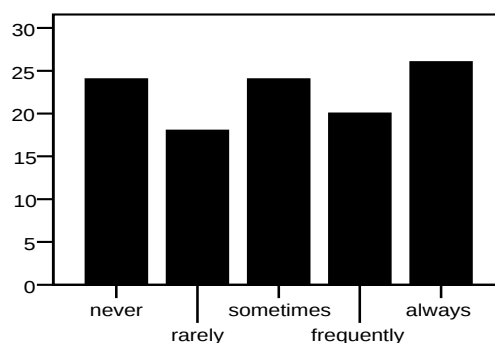


Figure 4. 20: Distribution of frequency for MPAQ20 among total participants

MPAQ 21: I get more anxious when I know that there are people in the audience who would judge me.

Of the 112 participants who responded to MPAQ 21, 11 participants selected "never," making up 9.8% of total answers; 10 selected "rarely," making up 8.9% of

total; 15 selected “sometimes,” making up 13.4% of total; 21 selected “frequently,” making up 18.8% of total and 55 selected “always,” making up 49.1% of total. (Figure 4.21)

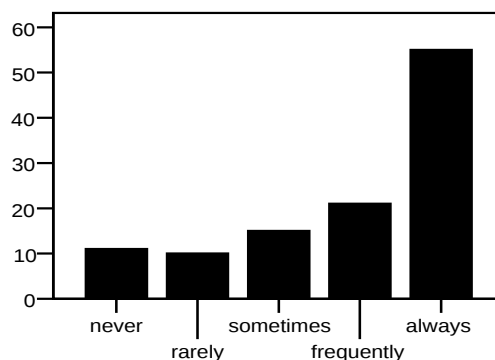


Figure 4. 21: Distribution of frequency for MPAQ21 among total participants

MPAQ 22: My anxiety lessens when I receive a warm approach from the audience. Of the 112 participants who responded to MPAQ 22, 7 participants selected “never” (6.3% of total answers); 5 selected “rarely” (4.5% of total); 17 selected “sometimes” (15.2% of total); 20 selected “frequently” (17.9% of total) and 63 selected “always” (56.3% of total). (Figure 4.22)

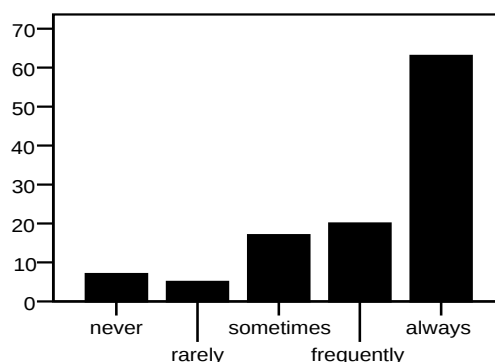


Figure 4. 22: Distribution of frequency for MPAQ22 among total participants

4.1.5. Results of the Question on the Enjoyment of Music for All Participants

This question is designed to see if MPA interfered with the sample’s enjoyment of music. Since the enjoyment of music is a very crucial part of the performance process, the responses to this question have important implications for this study:

MPAQ 23: I would enjoy music much more if I didn’t get as nervous.

Of the 111 participants who responded to MPAQ 23, 41 participants selected “never,” making up 36.9% of total answers; 17 selected “rarely,” making up 15.3%

of total; 10 selected “sometimes,” making up 9.0% of total; 17 selected “frequently,” making up 15.3% of total and 26 selected “always,” making up 23.4% of total. (Figure 4.23)

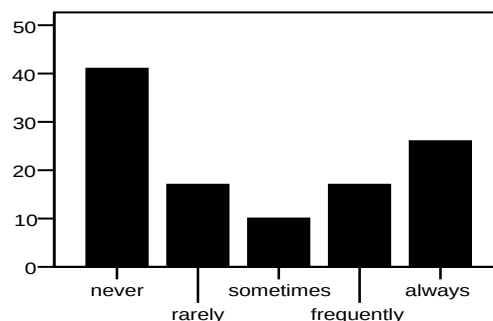


Figure 4. 23: Distribution of frequency for MPAQ23 among total participants

4.1.6. Results on the Questions on MPA Coping Methods for All Participants

These questions deal with the sample’s experiences with and knowledge on the coping methods of MPA. The responses in this section will be very important towards shaping the conclusions of this study. A necessity established towards being informed on MPA coping methods will prove one of the the hypotheses of this study.

MPAQ 24: I know about tools/exercises that would help reduce my performance anxiety symptoms.

Of the 112 participants who responded to MPAQ 24, 21 participants selected “never,” making up 18.8% of total answers; 31 selected “rarely,” making up 27.7% of total; 22 selected “sometimes,” making up 19.6% of total; 13 selected “frequently,” making up 11.6% of total and 25 selected “always,” making up 22.3% of total. (Figure 4.24)

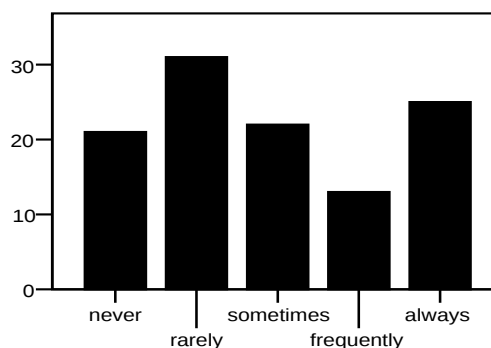


Figure 4. 24: Distribution of frequency for MPAQ24 among total participants

MPAQ 25: I use tools/exercises before performances -such as breathing or mental exercises- to help reduce my performance anxiety symptoms.

Of the 112 participants who responded to MPAQ 25, 55 participants selected “never,” making up 49.1% of total answers; 17 selected “rarely,” making up 15.2% of total; 13 selected “sometimes,” making up 11.6% of total; 8 selected “frequently,” making up 7.1% of total and 19 selected “always,” making up 17.0% of total. (Figure 4.25)

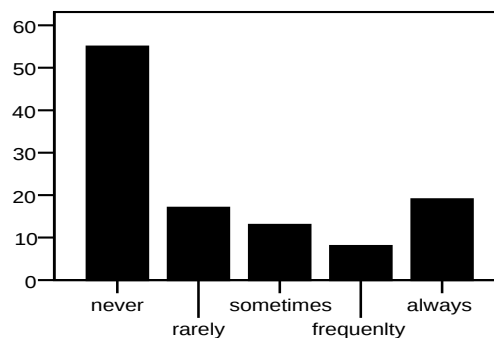


Figure 4. 25: Distribution of frequency for MPAQ25 among total participants

MPAQ 26: I read/know about literature on performance anxiety.

Of the 112 participants who responded to MPAQ 26, 78 participants selected “never,” making up 69.6% of total answers; 15 selected “rarely,” making up 13.4% of total; 12 selected “sometimes,” making up 10.7% of total; 6 selected “frequently,” making up 5.4% of total and 1 selected “always,” making up 0.9% of total. (Figure 4.26)

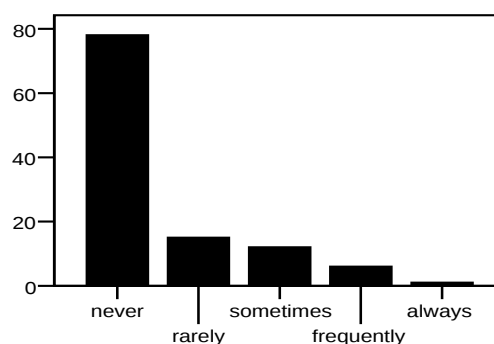


Figure 4. 26: Distribution of frequency for MPAQ26 among total participants

MPAQ 27: I take/have taken medicine before performances to help reduce my anxiety symptoms.

Of the 112 participants who responded to MPAQ 27, 92 participants selected “never,” making up 88.1% of total answers; 7 selected “rarely,” making up 6.3% of total; 8 selected “sometimes,” making up 7.1% of total; 4 selected “frequently,” making up 3.6% of total and 1 selected “always,” making up 0.9% of total. (Figure 4.27)

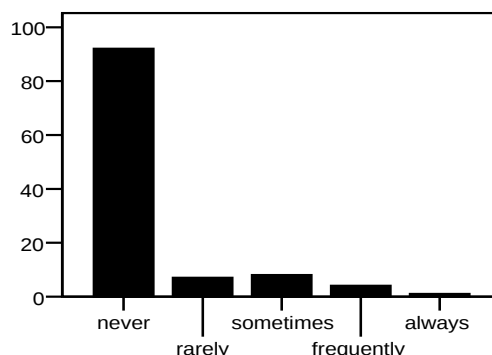


Figure 4. 27: Distribution of frequency for MPAQ27 among total participants

MPAQ 28: I do not think that it is possible to decrease or control performance anxiety symptoms.

Of the 112 participants who responded to MPAQ 28, 55 participants selected “never,” making up 49.1% of total answers; 14 selected “rarely,” making up 12.5% of total; 18 selected “sometimes,” making up 16.1% of total; 14 selected “frequently,” making up 12.5% of total and 11 selected “always,” making up 9.8% of total. (Figure 4.28)

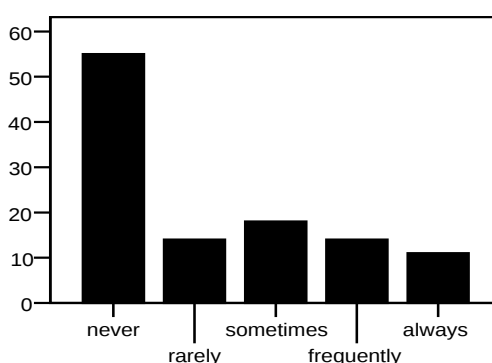


Figure 4. 28: Distribution of frequency for MPAQ28 among total participants

MPAQ 29: During my education, my instrument teacher has taught me ways to control performance anxiety symptoms.

Of the 112 participants who responded to MPAQ 29, 78 participants selected “never,” making up 69.9% of total answers; 11 selected “rarely,” making up 9.6% of

total; 10 selected “sometimes,” making up 8.9% of total; 4 selected “frequently,” making up 3.6% of total and 9 selected “always,” making up 8.0% of total. (Figure 4.29)

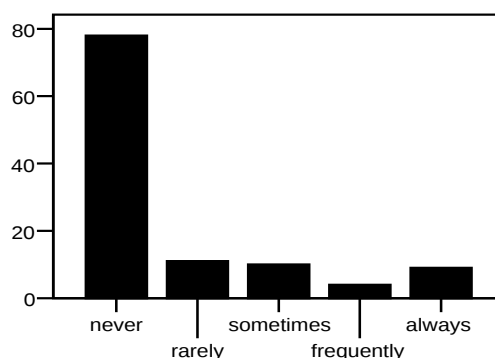


Figure 4. 29: Distribution of frequency for MPAQ29 among total participants

MPAQ 30: I would like to be educated about how I can get my performance anxiety symptoms under control for a more enjoyable and successful performance.

Of the 112 participants who responded to MPAQ 30, 8 participants selected “never,” making up 7.1% of total answers; 6 selected “rarely,” making up 5.4% of total; 4 selected “sometimes,” making up 3.6% of total; 11 selected “frequently,” making up 9.8% of total and 83 selected “always,” making up 74.1% of total. (Figure 4.30)

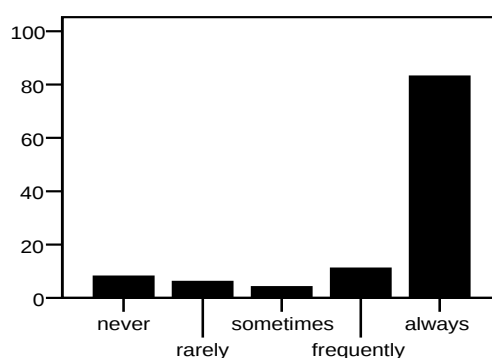


Figure 4. 30: Distribution of frequency for MPAQ30 among total participants

4.2. Results for Specific Areas

In this section, the results within the specific areas will be presented. This is important in acquiring detailed information on the prevalence of the various aspects of MPA for each area. An issue that might not show considerable prevalence among the total sample may yield a different character, when examined within the specific area.

4.2.1. Results of the Questions on the Nature of Performance for Specific Areas

MPAQ 1: I play better when I play alone, rather than in front of an audience.

Of the 43 participants from the classical student area who responded to MPAQ 1, no participants selected “never,” making up 0.0% of total answers; none selected “rarely,” making up 0.0% of total; 7 selected “sometimes,” making up 16.3% of total; 26 selected “frequently,” making up 60.5% of total and 10 selected “always,” making up 23.3% of total. (Figure 4.31)

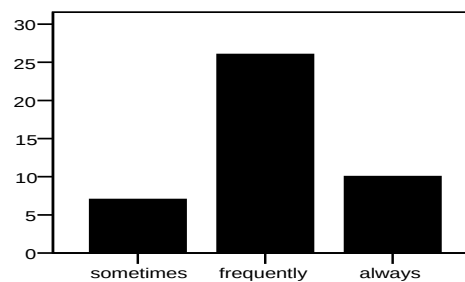


Figure 4. 31: Distribution of frequency for MPAQ 1 among the classical student area

Of the 32 participants from the classical professional area who responded to MPAQ 1, 1 subject selected “never,” making up 3.1% of total answers; 6 selected “rarely,” making up 18.8% of total; 6 selected “sometimes,” making up 18.8% of total; 12 selected “frequently,” making up 37.5% of total and 7 selected “always,” making up 21.9% of total. (Figure 4.32)

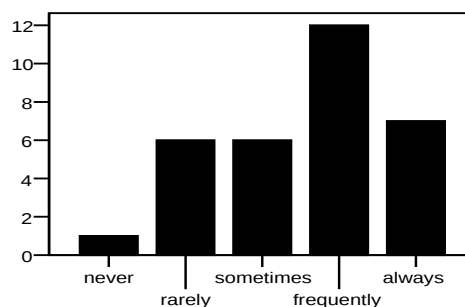


Figure 4. 32: Distribution of frequency for MPAQ 1 among the classical professional area

Of the 20 participants from the jazz area who responded to MPAQ 1, 1 subject selected “never,” making up 5.0% of total answers; 8 selected “rarely,” making up 40.0% of total; 5 selected “sometimes,” making up 25.0% of total; 5 selected “frequently,” making up 25.0% of total and 1 selected “always,” making up 5.0% of total. (Figure 4.33)

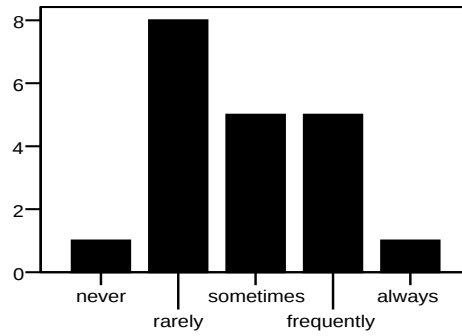


Figure 4. 33: Distribution of frequency for MPAQ 1 among the jazz area

Of the 17 participants from the traditional Turkish area who responded to MPAQ 1, 5 participants selected “never,” making up 29.4% of total answers; 7 selected “rarely,” making up 41.2% of total; 2 selected “sometimes,” making up 11.8% of total; 1 selected “frequently,” making up 5.9% of total and 2 selected “always,” making up 11.8% of total. (Figure 4.34)

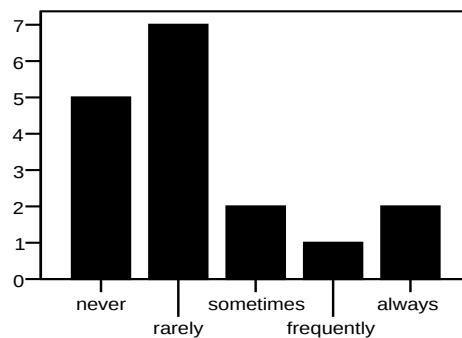


Figure 4. 34: Distribution of frequency for MPAQ 1 among the traditional Turkish area

MPAQ 2: I feel better performing in an ensemble, rather than alone.

Of the 43 participants from the classical student area who responded to MPAQ 2, 1 subject selected “never,” making up 2.3% of total answers; none selected “rarely,” making up 0.0% of total; 4 selected “sometimes,” making up 9.3% of total; 6 selected “frequently,” making up 14.0% of total and 32 selected “always,” making up 74.4% of total. (Figure 4.35)

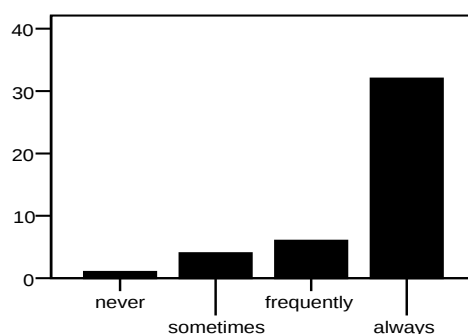


Figure 4. 35: Distribution of frequency for MPAQ 2 among the classical student area

Of the 32 participants from the classical professional area who responded to MPAQ 2, 2 subject selected “never,” making up 6.3% of total answers; 1 selected “rarely,” making up 3.1% of total; 6 selected “sometimes,” making up 18.8% of total; 4 selected “frequently,” making up 12.5% of total and 19 selected “always,” making up 59.4% of total. (Figure 4.36)

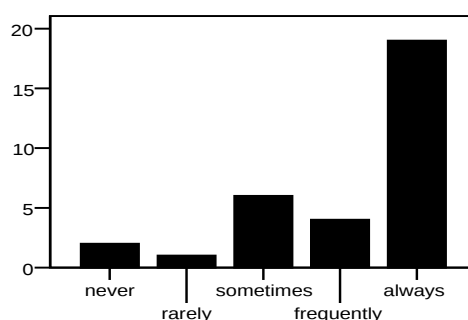


Figure 4. 36: Distribution of frequency for MPAQ 2 among the classical professional area

Of the 20 participants from the jazz area who responded to MPAQ 2, no participants selected “never,” making up 0.0% of total answers; none selected “rarely,” making up 0.0% of total; 2 selected “sometimes,” making up 10.0% of total; 2 selected “frequently,” making up 10.0% of total and 16 selected “always,” making up 80.0% of total. (Figure 4.37)

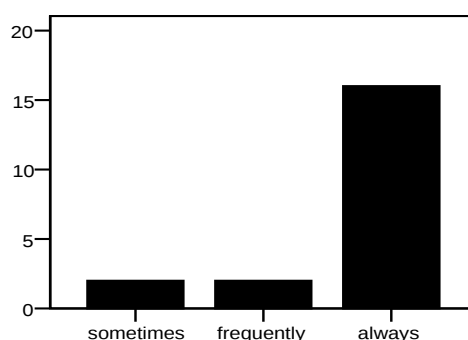


Figure 4. 37: Distribution of frequency for MPAQ 2 among the jazz area

Of the 17 participants from the traditional Turkish area who responded to MPAQ 2, 2 participants selected “never,” making up 11.8% of total answers; 1 selected “rarely,” making up 5.9% of total; 3 selected “sometimes,” making up 17.6% of total; 3 selected “frequently,” making up 17.6% of total and 8 selected “always,” making up 47.1% of total. (Figure 4.38)

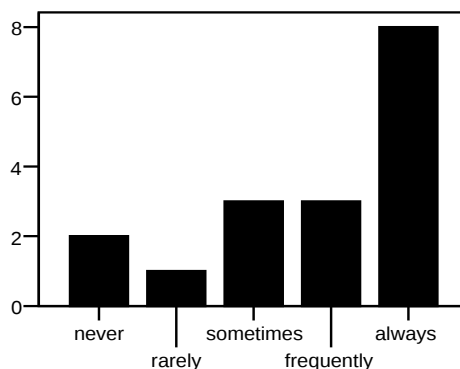


Figure 4. 38: Distribution of frequency for MPAQ 2 among the traditional Turkish area

MPAQ 3: I feel better playing in a concert rather than in an exam/audition.

Of the 43 participants from the classical student area who responded to MPAQ 3, 2 participants selected “never,” making up 4.7% of total answers; none selected “rarely,” (0.0% of total); 4 selected “sometimes,” making up 9.3 % of total; 7 selected “frequently,” making up 16.3% of total and 30 selected “always,” making up 69.8% of total. (Figure 4.39)

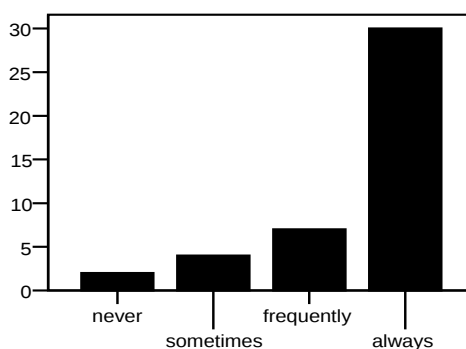


Figure 4. 39: Distribution of frequency for MPAQ 3 among the classical student area

Of the 32 participants from the classical professional area who responded to MPAQ 3, no participants selected “never,” (0.0% of total answers); none selected “rarely,” (0.0% of total); none selected “sometimes,” (0.0% of total); 11 selected “frequently,” making up 34.4% of total and 21 selected “always,” making up 65.6% of total. (Figure 4.40)

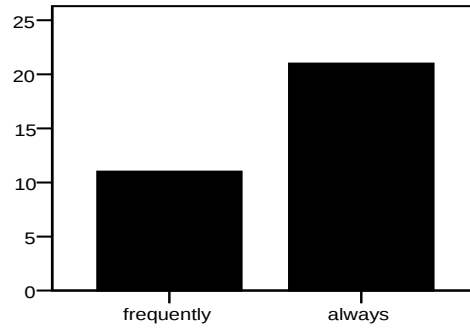


Figure 4. 40: Distribution of frequency for MPAQ 3 among the classical professional area

Of the 20 participants from the jazz area who responded to MPAQ 3, no participants selected “never” (0.0% of total answers); none selected “rarely” (0.0% of total); 1 selected “sometimes,” making up 5.0% of total; 1 selected “frequently,” making up 5.0% of total and 18 selected “always,” making up 90.0% of total. (Figure 4.41)

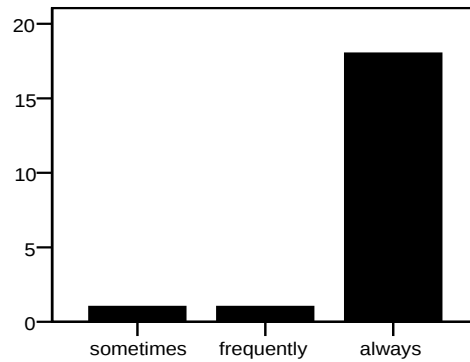


Figure 4. 41: Distribution of frequency for MPAQ 3 among the jazz area

Of the 17 participants from the traditional Turkish area who responded to MPAQ 3, no participants selected “never” (0.0% of total answers); 1 selected “rarely,” making up 5.9% of total; none selected “sometimes,” (0.0% of total); 2 selected “frequently,” making up 11.8% of total and 14 selected “always,” making up 82.4% of total. (Figure 4.42)

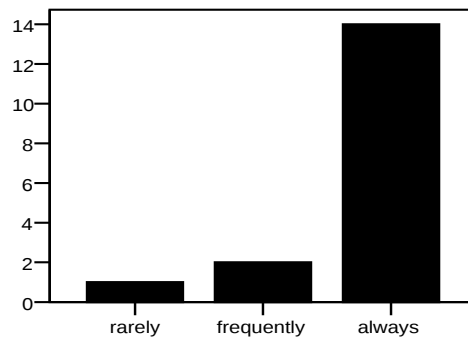


Figure 4. 42: Distribution of frequency for MPAQ 3 among the traditional Turkish area

MPAQ 4: I feel better performing with the group, rather than when I improvise.

Of the 16 participants from the classical student area who responded to MPAQ 4, 4 participants selected “never,” making up 25.0% of total answers; 3 selected “rarely,” making up 18.8% of total; 3 selected “sometimes,” making up 18.8 % of total; 2 selected “frequently,” making up 12.5 % of total and 4 selected “always,” making up 25.0% of total. (Figure 4.43)

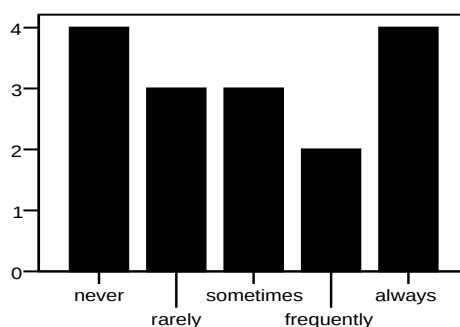


Figure 4. 43: Distribution of frequency for MPAQ 4 among the classical student area

Of the 18 participants from the classical professional area who responded to MPAQ 4, 5 participants selected “never,” making up 27.8% of total answers; 4 selected “rarely,” making up 22.2% of total; 2 selected “sometimes,” making up 11.1% of total; 2 selected “frequently,” making up 11.1% of total and 5 selected “always,” making up 27.8% of total. (Figure 4.44)

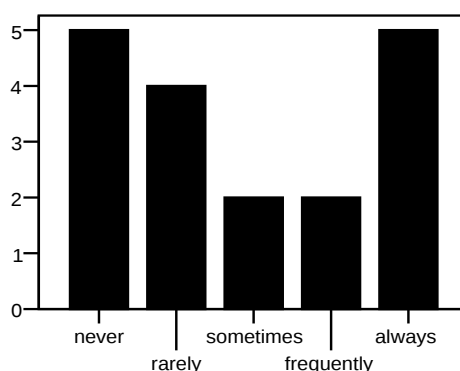


Figure 4. 44: Distribution of frequency for MPAQ 4 among the classical professional area

Of the 20 participants from the jazz area who responded to MPAQ 4, 1 subject selected “never,” making up 5.0% of total answers; 1 selected “rarely,” making up 5.0% of total; 3 selected “sometimes,” making up 15.0% of total; 11 selected “frequently,” making up 55.0% of total and 4 selected “always,” making up 20.0% of total. (Figure 4.45)

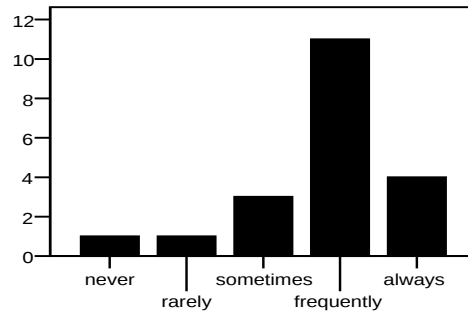


Figure 4. 45: Distribution of frequency for MPAQ 4 among the jazz area

Of the 17 participants from the traditional Turkish area who responded to MPAQ 4, 4 participants selected “never,” making up 23.5% of total answers; 4 selected “rarely,” making up 23.5% of total; 3 selected “sometimes,” making up 17.6% of total; 5 selected “frequently,” making up 29.4% of total and 1 selected “always,” making up 5.9% of total. (Figure 4.46)

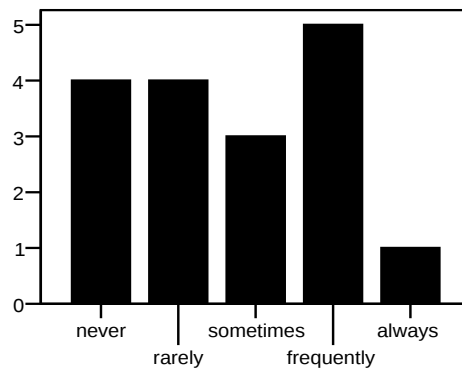


Figure 4. 46: Distribution of frequency for MPAQ 4 among the traditional Turkish area

4.2.2. Results of the Questions on MPA Symptoms for Specific Areas

This section will display the incidence of various physiological, cognitive and behavioral symptoms of MPA within western classical students, western classical professionals, jazz musicians and traditional Turkish musicians:

MPAQ 5: When I perform in front of an audience, I find it hard to concentrate.

Of the 43 participants from the classical student area who responded to MPAQ 5, 3 participants selected “never,” making up 7.0% of total answers; 8 selected “rarely,” making up 18.6% of total; 17 selected “sometimes,” making up 39.5% of total; 14 selected “frequently,” making up 32.6% of total and 1 selected “always,” making up 2.3% of total. (Figure 4.47)

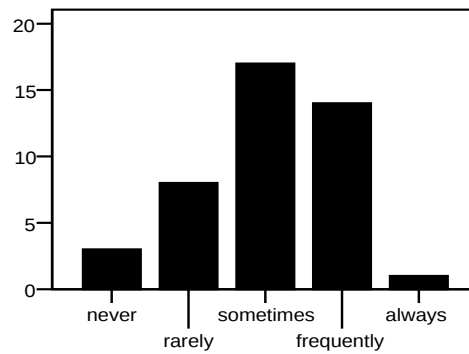


Figure 4. 47: Distribution of frequency for MPAQ 5 among the classical student area

Of the 32 participants from the classical professional area who responded to MPAQ 5, 9 participants selected “never,” making up 28.1% of total answers; 7 selected “rarely,” making up 21.9% of total; 15 selected “sometimes,” making p 46.9% of total; 1 selected “frequently,” making up 3.1% of total and none selected “always” (0.0% of total). (Figure 4.48)

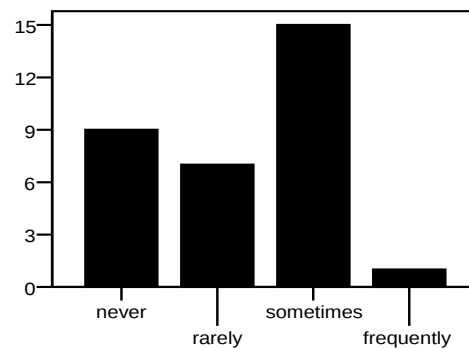


Figure 4. 48: Distribution of frequency for MPAQ 5 among the classical professional area

Of the 20 participants from the jazz area who responded to MPAQ 5, 10 participants selected “never” (50.0% of total answers); 10 selected “rarely” (50.0% of total). No participants selected the “sometimes,” “frequently” and “ always” values. (Figure 4.49)

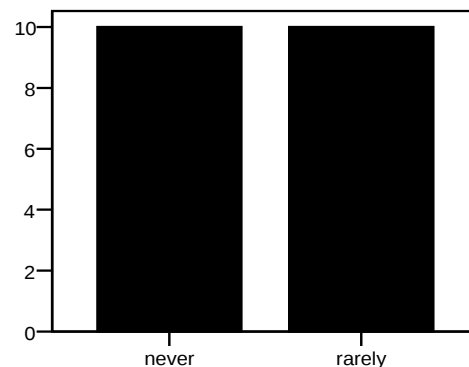


Figure 4. 49: Distribution of frequency for MPAQ 5 among the jazz area

Of the 17 participants from the traditional Turkish area who responded to MPAQ 5, 11 participants selected “never,” making up 64.7% of total answers; 5 selected “rarely,” making up 29.4% of total; 1 selected “sometimes,” making up 5.9% of total; none selected “frequently,” (0.0% of total) and none selected “always” (0.0% of total). (Figure 4.50)

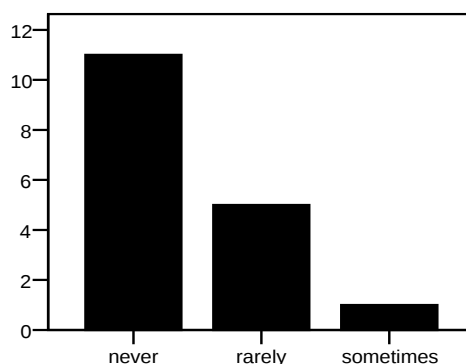


Figure 4. 50: Distribution of frequency for MPAQ 5 among the traditional Turkish area

MPAQ 6: When I perform in front of an audience, a voice in my mind constantly speaks about my performance; eg: “Now that hard section is approaching; I will definitely make a mistake.”

Of the 43 participants from the classical student area who responded to MPAQ 6, no participants selected “never” (0.0% of total answers); 6 selected “rarely,” making up 14.0% of total; 5 selected “sometimes,” making up 11.6% of total; 15 selected “frequently,” making up 34.9% of total and 17 selected “always,” making up 39.5% of total. (Figure 4.51)

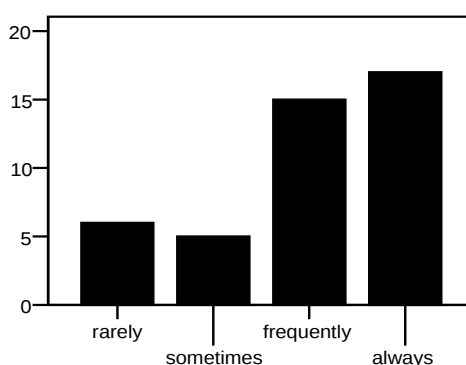


Figure 4. 51: Distribution of frequency for MPAQ 6 among the classical student area

Of the 32 participants from the classical professional area who responded to MPAQ 6, 4 participants selected “never,” making up 12.5% of total answers; 6 selected “rarely,” making up 18.8% of total; 7 selected “sometimes,” making up

21.9% of total; 9 selected “frequently,” making up 28.1% of total and 6 selected “always,” making up 18.8% of total. (Figure 4.52)

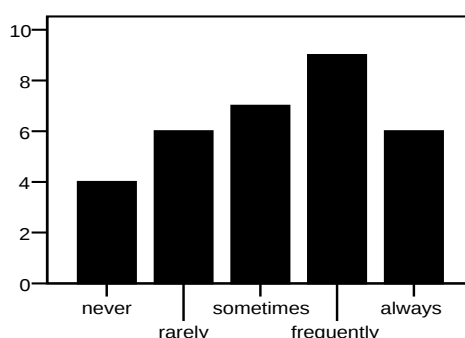


Figure 4. 52: Distribution of frequency for MPAQ 6 among the classical professional area

Of the 20 participants from the jazz area who responded to MPAQ 6, 9 participants selected “never,” making up 45.0% of total answers; 7 selected “rarely,” making up 35.0% of total; 3 selected “sometimes,” making up 15.0% of total; 1 selected “frequently,” making up 5.0% of total and none selected “always” (0.0% of total). (Figure 4.53)

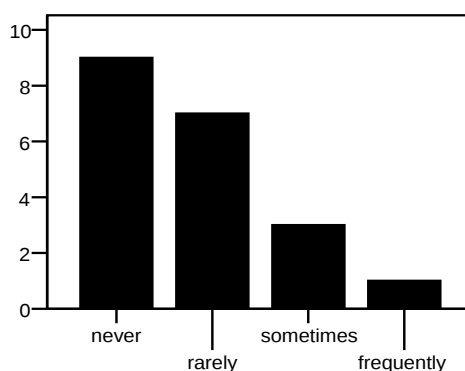


Figure 4. 53: Distribution of frequency for MPAQ 6 among the jazz area

Of the 17 participants from the traditional Turkish area who responded to MPAQ 6, 8 participants selected “never,” making up 47.1% of total answers; 7 selected “rarely,” making up 41.2% of total; 1 selected “sometimes,” making up 5.9% of total; 1 selected “frequently,” making up 5.9% of total and none selected “always” (0.0% of total). (Figure 4.54)

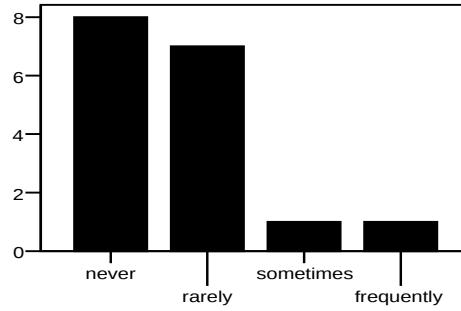


Figure 4. 54: Distribution of frequency for MPAQ 6 among the traditional Turkish area

MPAQ 7: Before I perform in front of an audience, I feel nervous.

Of the 43 participants from the classical student area who responded to MPAQ 7, no participants selected “never” (0.0% of total answers); 3 selected “rarely,” making up 7.0% of total; 7 selected “sometimes,” making up 16.3% of total; 12 selected “frequently,” making up 27.9% of total and 21 selected “always,” making up 48.8% of total. (Figure 4.55)

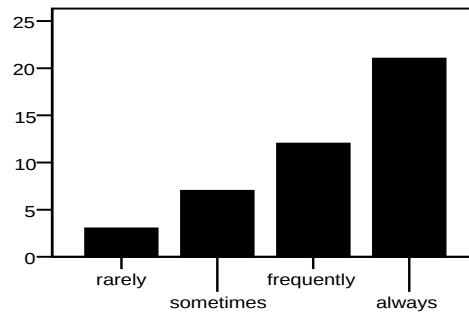


Figure 4. 55: Distribution of frequency for MPAQ 7 among the classical student area

Of the 32 participants from the classical professional area who responded to MPAQ 7, 3 participants selected “never,” making up 9.4% of total answers; 7 selected “rarely,” making up 21.9% of total; 7 selected “sometimes,” making up 21.9% of total; 9 selected “frequently,” making up 28.1% of total) and 6 selected “always,” making up 18.8% of total. (Figure 4.56)

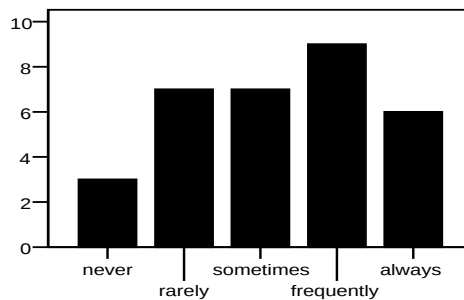


Figure 4. 56: Distribution of frequency for MPAQ 7 among the classical professional area

Of the 20 participants from the jazz area who responded to MPAQ 7, 4 participants selected “never,” making up 20.0% of total answers; 9 selected “rarely,” making up 45.0% of total; 6 selected “sometimes,” making up 30.0% of total; 1 selected “frequently,” making up 5.0% of total and none selected “always” (0.0% of total). (Figure 4.57)

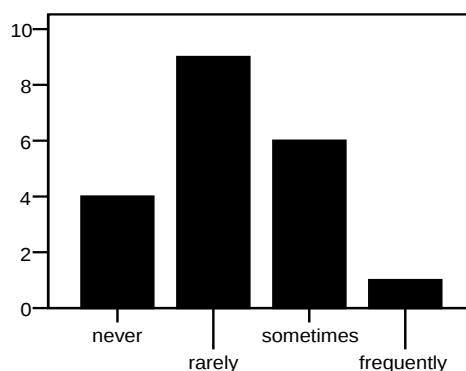


Figure 4. 57: Distribution of frequency for MPAQ 7 among the jazz area

Of the 17 participants from the traditional Turkish area who responded to MPAQ 7, 2 participants selected “never,” making up 11.8% of total answers; 5 selected “rarely,” making up 29.4% of total; 9 selected “sometimes,” making up 52.9% of total; 1 selected “frequently,” making up 5.9% of total and none selected “always” (0.0% of total). (Figure 4.58)

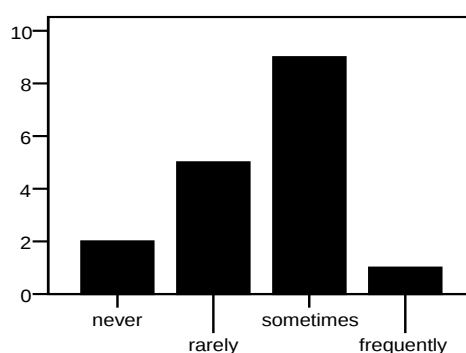


Figure 4. 58: Distribution of frequency for MPAQ 7 among the traditional Turkish area

MPAQ 8: When I perform in front of an audience, I get shaky hands.

Of the 43 participants from the classical student area who responded to MPAQ 8, 6 participants selected “never,” making up 14.0% of total answers; 11 selected “rarely,” making up 25.6% of total; 12 selected “sometimes,” making up 27.9% of total; 11 selected “frequently,” making up 25.6% of total and 3 selected “always,” making up 7.0% of total. (Figure 4.59)

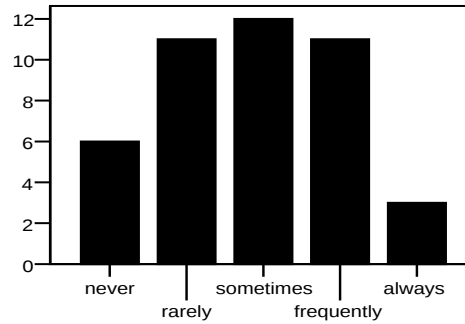


Figure 4. 59: Distribution of frequency for MPAQ 8 among the classical student area

Of the 32 participants from the classical professional area who responded to MPAQ 8, 10 participants selected “never,” making up 31.3% of total answers; 13 selected “rarely,” making up 40.6% of total; 8 selected “sometimes,” making up 25.0% of total; none selected “frequently” (0.0% of total) and 1 selected “always,” making up 3.1% of total. (Figure 4.60)

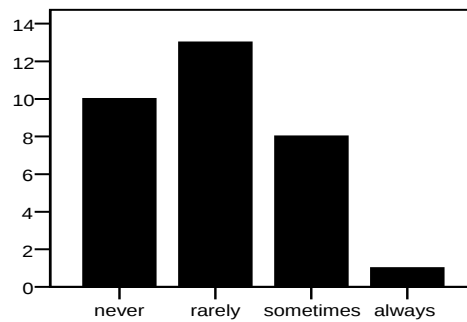


Figure 4. 60: Distribution of frequency for MPAQ 8 among the classical professional area

Of the 20 participants from the jazz area who responded to MPAQ 8, 18 participants selected “never,” making up 90.0% of total answers; 1 selected “rarely,” making up 5.0% of total; 1 selected “sometimes,” making up 5.0% of total; none selected “frequently” (0.0% of total) and none selected “always” (0.0% of total). (Figure 4.61)

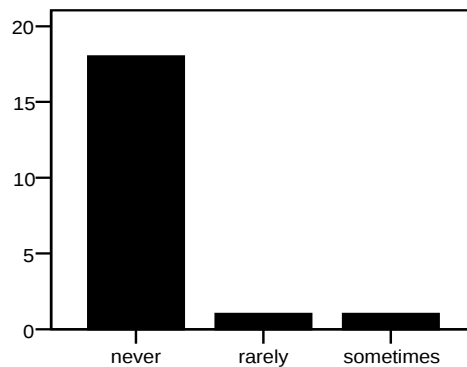


Figure 4. 61: Distribution of frequency for MPAQ 8 among the jazz area

Of the 17 participants from the traditional Turkish music area who responded to MPAQ 8, 14 participants selected “never,” making up 82.4% of total answers; 2 selected “rarely,” making up 11.8% of total; none selected “sometimes” (0.0% of total); 1 selected “frequently,” making up 5.9% of total and none selected “always”(0.0% of total). (Figure 4.62)

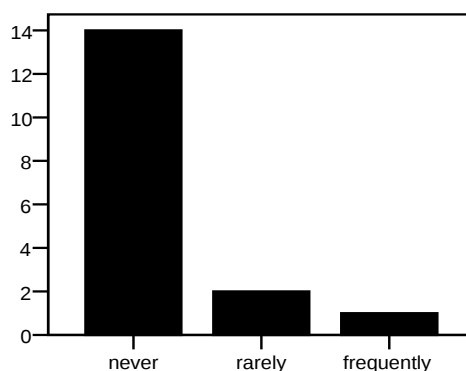


Figure 4. 62: Distribution of frequency for MPAQ 8 among the traditional Turkish area

MPAQ 9: When I perform in front of an audience, I feel that my muscles get tense and that I will not be able to control them.

Of the 43 participants from the classical student area who responded to MPAQ 9, 11 participants selected “never,” making up 25.6% of total answers; 17 selected “rarely,” making up 39.5% of total; 8 selected “sometimes,” making up 18.6% of total; 5 selected “frequently,” making up 11.6% of total and 2 selected “always,” making up 4.7% of total. (Figure 4.63)

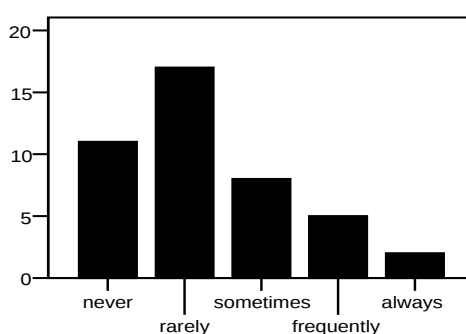


Figure 4. 63: Distribution of frequency for MPAQ 9 among the classical student area

Of the 32 participants from the classical professional area who responded to MPAQ 9, 14 participants selected “never,” making up 43.8% of total answers; 15 selected “rarely,” making up 46.9% of total; 2 selected “sometimes,” making up

6.3% of total; none selected “frequently” (0.0% of total) and 1 selected “always,” making up 3.1% of total. (Figure 4.64)

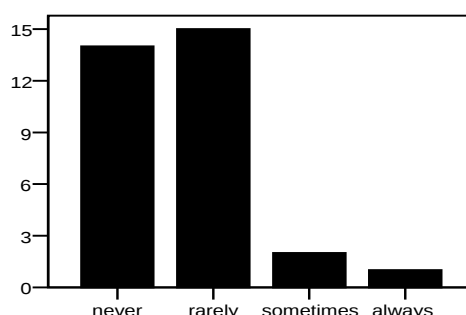


Figure 4. 64: Distribution of frequency for MPAQ 9 among the classical professional area

Of the 20 participants from the jazz area who responded to MPAQ 9, 18 participants selected “never,” making up 90.0% of total answers; 1 selected “rarely,” making up 5.0% of total; 1 selected “sometimes,” making up 5.0% of total; none selected “frequently” (0.0% of total) and none selected “always” (0.0% of total). (Figure 4.65)

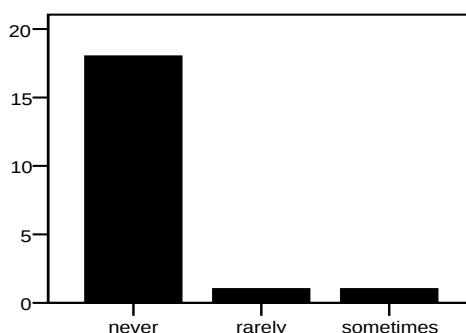


Figure 4. 65: Distribution of frequency for MPAQ 9 among the jazz area

Of the 17 participants from the traditional Turkish area who responded to MPAQ 9, 16 participants selected “never,” making up 94.1% of total answers; none selected “rarely,” making up 0.0% of total answers; 1 selected “sometimes,” making up 5.9% of total answers; none selected “frequently” (0.0% of total) and none selected “always”(0.0% of total). (Figure 4.66)

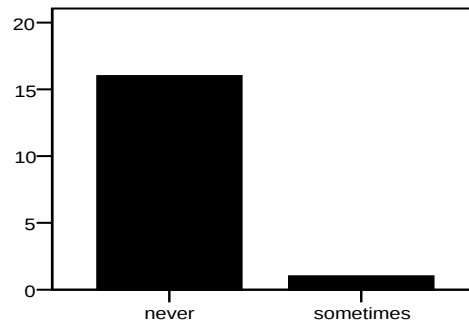


Figure 4. 66: Distribution of frequency for MPAQ 9 among the traditional Turkish area

MPAQ 10: When I perform in front of an audience, my hands sweat.

Of the 43 participants from the classical student area who responded to MPAQ 10, 11 participants selected “never,” making up 25.6% of total answers; 17 selected “rarely,” making up 39.5% of total; 8 selected “sometimes,” making up 18.6% of total; 5 selected “frequently,” making up 11.6% of total and 2 selected “always,” making up 4.7% of total. (Figure 4.67)

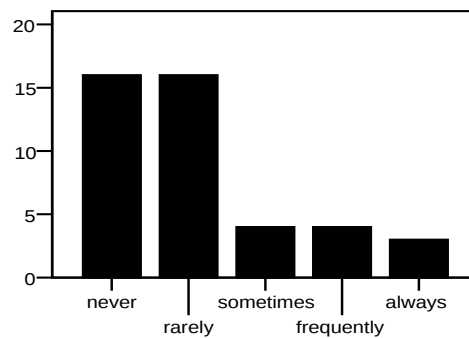


Figure 4. 67: Distribution of frequency for MPAQ 10 among the classical student area

Of the 32 participants from the classical professional area who responded to MPAQ 10, 20 participants selected “never” (62.5% of total answers); 7 selected “rarely” (21.9% of total); 3 selected “sometimes” (9.4% of total); 1 selected “frequently” (3.1% of total) and 1 selected “always” (3.1% of total). (Figure 4.68)

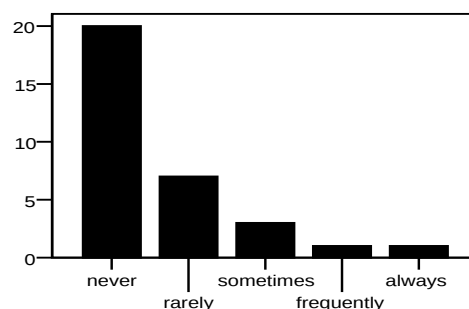


Figure 4. 68: Distribution of frequency for MPAQ 10 among the classical professional area

Of the 20 participants from the jazz area who responded to MPAQ 10, 16 participants selected “never,” making up 80.0% of total answers; 4 selected “rarely,” making up 20.0% of total; no participants selected the “sometimes,” “frequently” and “always” values. (Figure 4.69)

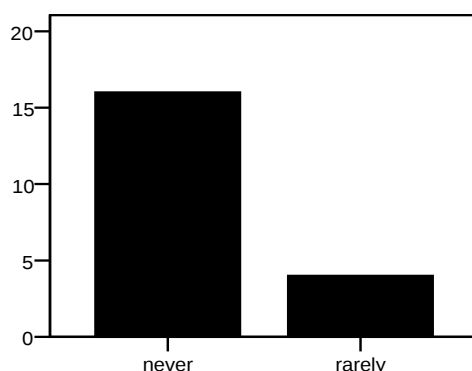


Figure 4. 69: Distribution of frequency for MPAQ 10 among the jazz area

Of the 17 participants from the traditional Turkish area who responded to MPAQ 10, 15 participants selected “never,” making up 88.2% of total answers; 1 selected “rarely,” making up 5.9% of total; 1 selected “sometimes,” making up 5.9% of total; none selected “frequently” (0.0% of total) and none selected “always”(0.0% of total). (Figure 4.70)

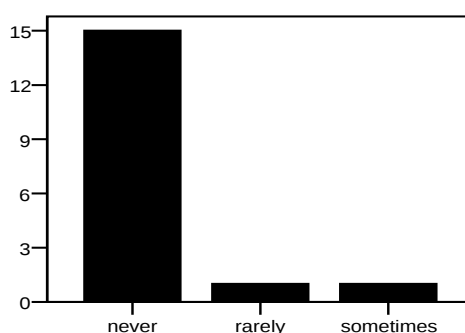


Figure 4. 70: Distribution of frequency for MPAQ 10 among the traditional Turkish area

MPAQ 11: When I perform in front of an audience, my heart beats very fast.

Of the 43 participants from the classical student area who responded to MPAQ 11, 3 participants selected “never,” making up 7.0% of total answers; 5 selected “rarely,” making up 11.6% of total; 9 selected “sometimes,” making up 20.9% of total; 16 selected “frequently,” making up 37.2% of total and 10 selected “always,” making up 23.3% of total. (Figure 4.71)

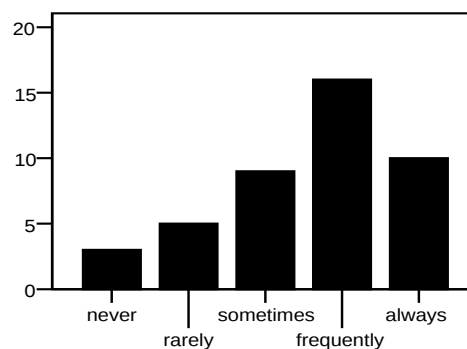


Figure 4. 71: Distribution of frequency for MPAQ 11 among the classical student area

Of the 32 participants from the classical professional area who responded to MPAQ 11, 5 participants selected “never,” making up 15.6% of total answers; 6 selected “rarely,” making up 18.8% of total; 9 selected “sometimes,” making up 28.1% of total; 9 selected “frequently,” making up 28.1% of total and 3 selected “always,” making up 9.4% of total. (Figure 4.72)

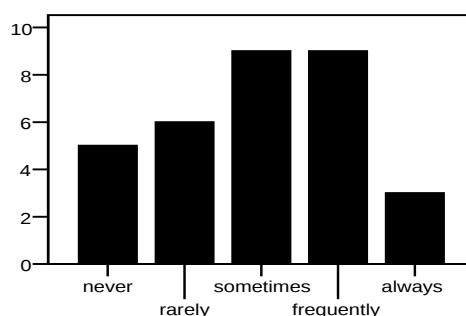


Figure 4. 72: Distribution of frequency for MPAQ 11 among the classical professional area

Of the 20 participants from the jazz area who responded to MPAQ 11, 6 participants selected “never,” making up 30.0% of total answers; 10 selected “rarely,” making up 50.0% of total; 3 selected “sometimes,” making up 15.0% of total; 1 selected “frequently,” making up 5.0% of total and none selected “always,” (0.0% of total). (Figure 4.73)

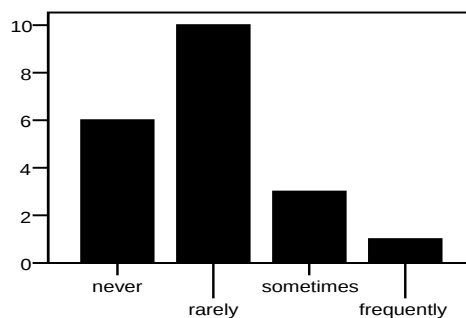


Figure 4. 73: Distribution of frequency for MPAQ 11 among the jazz area

Of the 17 participants from the Traditional Turkish area who responded to MPAQ 11, 4 participants selected “never,” making up 23.5% of total answers; 7 selected “rarely,” making up 41.2% of total; 5 selected “sometimes,” making up 29.4% of total; 1 selected “frequently,” making up 5.9% of total and none selected “always,” (0.0% of total). (Figure 4.74)

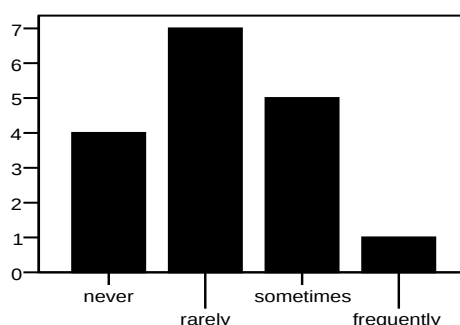


Figure 4. 74: Distribution of frequency for MPAQ 11 among the traditional Turkish area

MPAQ 12: When I make a mistake during a performance, I get stuck dwelling on it, lose my concentration or make mistakes.

Of the 43 participants from the classical student area who responded to MPAQ 12, 7 participants selected “never,” making up 16.3% of total answers; 7 selected “rarely,” making up 16.3% of total; 13 selected “sometimes,” making up 30.2% of total; 14 selected “frequently,” making up 32.6% of total and 2 selected “always,” making up 4.7% of total. (Figure 4.75)

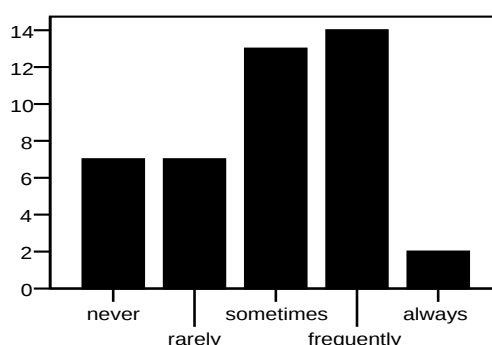


Figure 4. 75: Distribution of frequency for MPAQ 12 among the classical student area

Of the 32 participants from the classical professional area who responded to MPAQ 12, 12 participants selected “never,” making up 37.5% of total answers; 8 selected “rarely,” making up 25.0% of total; 10 selected “sometimes,” making up 31.3% of total; 2 selected “frequently,” making up 6.3% of total and none selected “always” (0.0% of total). (Figure 4.76)

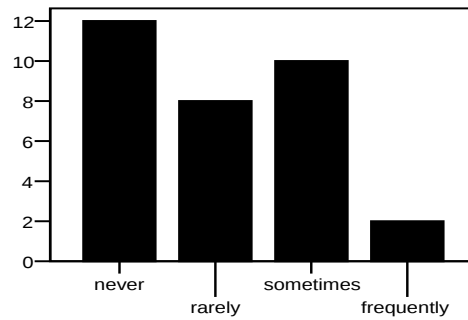


Figure 4. 76: Distribution of frequency for MPAQ 12 among the classical professional area

Of the 20 participants from the jazz area who responded to MPAQ 12, 10 participants selected “never,” making up 50.0% of total answers; 8 selected “rarely,” making up 40.0% of total; 2 selected “sometimes,” making up 10.0% of total; none selected “frequently” (0.0% of total) and none selected “always” (0.0% of total). (Figure 4.77)

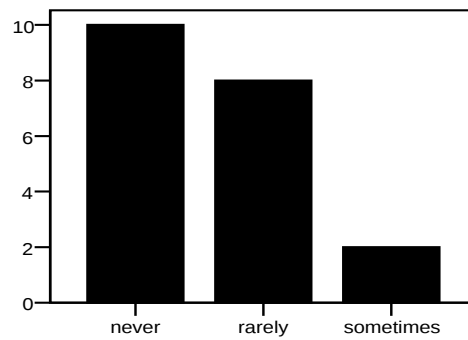


Figure 4. 77: Distribution of frequency for MPAQ 12 among the jazz area

Of the 17 participants from the Traditional Turkish area who responded to MPAQ 12, 11 participants selected “never,” making up 64.7% of total answers; 6 selected “rarely,” making up 35.3% of total; no participants selected “sometimes,” “frequently” and “always” values. (Figure 4.78)

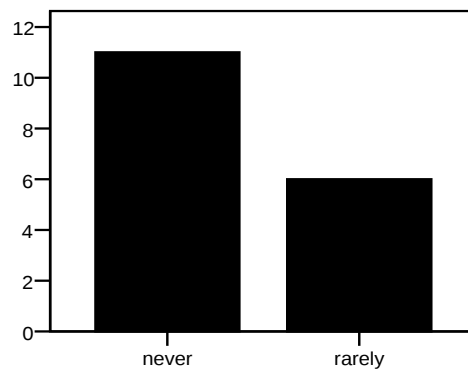


Figure 4. 78: Distribution of frequency for MPAQ 12 among the traditional Turkish area

4.2.3. Results of the Questions on Self-confidence and Judgemental Attitudes for Specific Areas

This section will provide the responses separately from each area of western classical students, western classical professionals, jazz musicians and traditional Turkish musicians on issues relating to judgements and their feeling of self-confidence.

MPAQ 13: I enjoy playing in front of an audience.

Of the 43 participants from the classical student area who responded to MPAQ 13, 1 participants selected “never,” making up 2.3% of total answers; 10 selected “rarely,” making up 23.3% of total; 18 selected “sometimes,” making up 44.9% of total; 5 selected “frequently,” making up 11.6% of total and 9 selected “always,” making up 20.9% of total. (Figure 4.79)

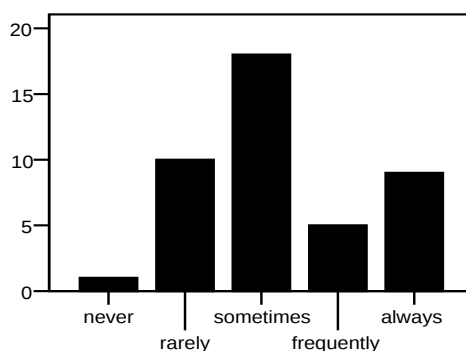


Figure 4. 79: Distribution of frequency for MPAQ 13 among the classical student area

Of the 32 participants from the classical professional area who responded to MPAQ 13, no participants selected “never,” making up 0.0% of total answers; 1 selected “rarely,” making up 3.1% of total; 8 selected “sometimes,” making up 25.0% of total; 8 selected “frequently,” making up 25.0% of total and 15 selected “always,” making up 46.9% of total. (Figure 4.80)

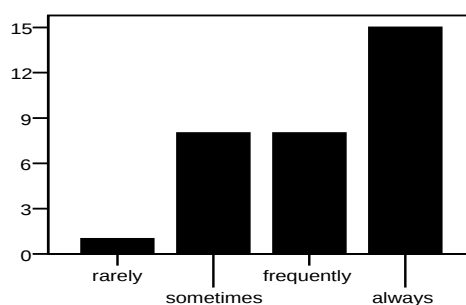


Figure 4. 80: Distribution of frequency for MPAQ 13 among the classical professional area

Of the 20 participants from the jazz area who responded to MPAQ 13, no participants selected “never” (0.0% of total answers); none selected “rarely” (0.0% of total); 1 selected “sometimes,” making up 5.0% of total; 6 selected “frequently,” making up 30.0% of total and 13 selected “always,” making up 65.0% of total. (Figure 4.81)

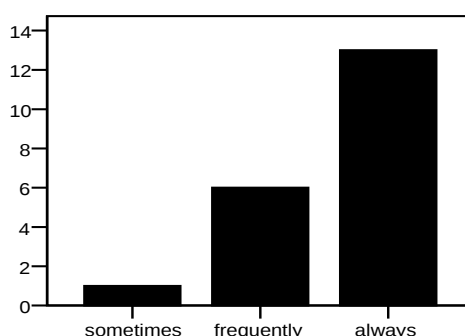


Figure 4. 81: Distribution of frequency for MPAQ 13 among the jazz area

Of the 17 participants from the Traditional Turkish area who responded to MPAQ 13, no participants selected “never,” “rarely” and “sometimes” values. 4 selected “frequently,” making up 23.5% of total and 13 selected “always,” making up 76.5% of the total answers. (Figure 4.82)

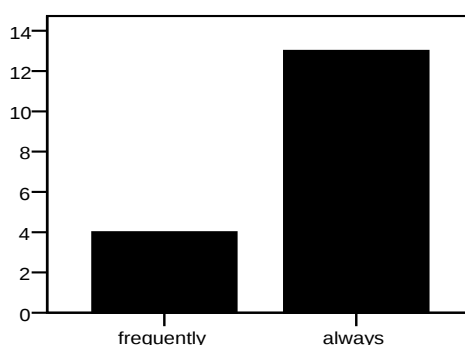


Figure 4. 82: Distribution of frequency for MPAQ 13 among the traditional Turkish area

MPAQ 14: I am confident about my ability to perform.

Of the 43 participants from the classical student area who responded to MPAQ 14, no participants selected “never” (0.0% of total answers); 7 selected “rarely,” making up 16.3% of total; 18 selected “sometimes,” making up 41.9% of total; 14 selected “frequently,” making up 32.6% of total and 4 selected “always,” making up 9.3% of the total answers. (Figure 4.83)

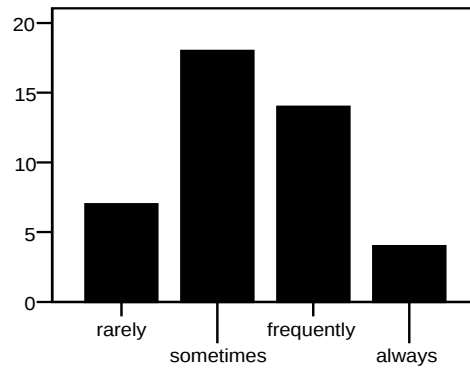


Figure 4. 83: Distribution of frequency for MPAQ 14 among the classical student area

Of the 32 participants from the classical professional area who responded to MPAQ 14, no participants selected “never” (0.0% of total answers); none selected “rarely” (0.0% of total); 4 selected “sometimes,” making up 12.5% of total; 19 selected “frequently,” making up 59.4% of total and 9 selected “always,” making up 28.1% of total. (Figure 4.84)

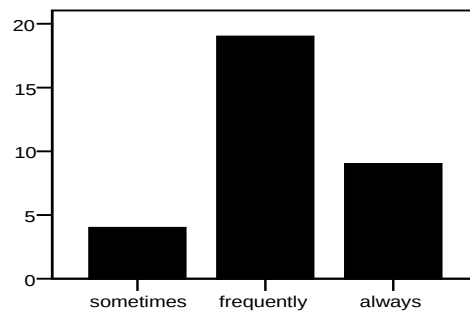


Figure 4. 84: Distribution of frequency for MPAQ 14 among the classical professional area

Of the 20 participants from the jazz area who responded to MPAQ 14, no participants selected the “never,” “rarely” and “sometimes” values; 11 selected “frequently,” making up 55.0% of total and 9 selected “always,” making up 45.0% of the total answers. (Figure 4.85)

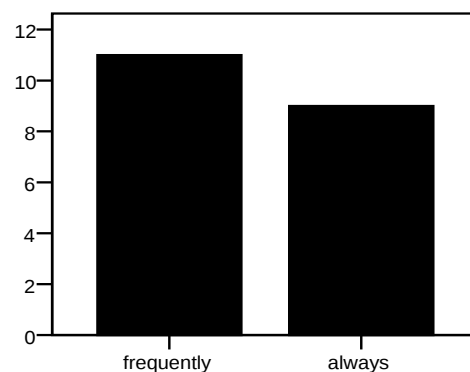


Figure 4. 85: Distribution of frequency for MPAQ 14 among the jazz area

Of the 17 participants from the Traditional Turkish area who responded to MPAQ 14, no participants selected “never” (0.0% of total answers); no participants selected “rarely” (0.0% of total); 1 subject selected “sometimes,” making up 5.9% of total; 9 selected “frequently,” making up 52.9% of total and 7 selected “always,” making up 41.2% of total. (Figure 4.86)

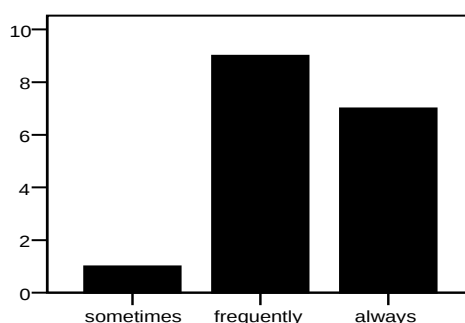


Figure 4. 86: Distribution of frequency for MPAQ 14 among the traditional Turkish area

MPAQ 15: When I finish performing, I am usually happy with my performance.

Of the 43 participants from the classical student area who responded to MPAQ 15, 2 participants selected “never,” making up 4.7% of total answers; 14 selected “rarely,” making up 32.6% of total; 16 selected “sometimes,” making up 37.2% of total; 10 selected “frequently,” making up 23.3% of total and 1 selected “always,” making up 2.3% of total. (Figure 4.87)

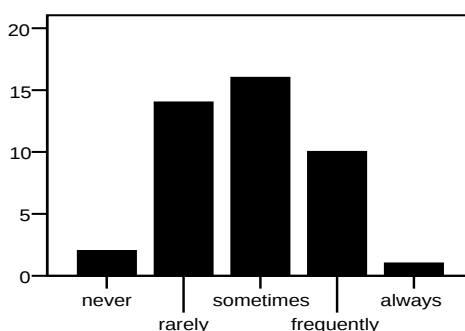


Figure 4. 87: Distribution of frequency for MPAQ 15 among the classical student area

Of the 32 participants from the classical professional area who responded to MPAQ 15, no participants selected “never” (0.0% of total answers); 2 selected “rarely,” making up 6.3% of total; 15 selected “sometimes,” making up 46.9% of total; 12 selected “frequently,” making up 37.5% of total and 3 selected “always,” making up 9.4% of the total answers. (Figure 4.88)

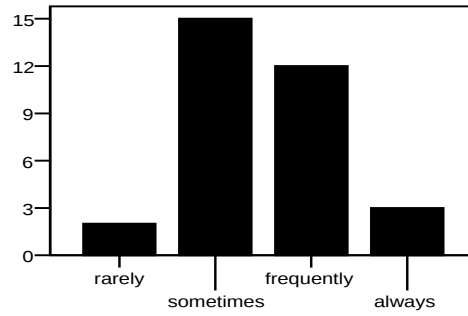


Figure 4. 88: Distribution of frequency for MPAQ 15 among the classical professional area

Of the 20 participants from the jazz area who responded to MPAQ 15, no participants selected “never” (0.0% of total answers); none selected “rarely” (0.0% of total); 5 selected “sometimes,” making up 25.0% of total; 13 selected “frequently,” making up 65.0% of total and 2 selected “always,” making up 10.0% of total. (Figure 4.89)

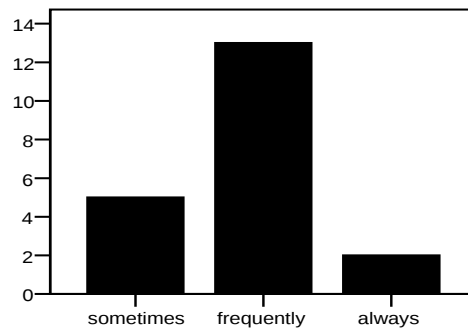


Figure 4. 89: Distribution of frequency for MPAQ 15 among the jazz area

Of the 17 participants from the Traditional Turkish area who responded to MPAQ 15, no participants selected “never” (0.0% of total answers); 1 selected “rarely,” making up 5.9% of total; 2 selected “sometimes,” making up 11.8% of total; 11 selected “frequently,” making up 64.7% of total and 3 selected “always,” making up 17.6% of total. (Figure 4.90)

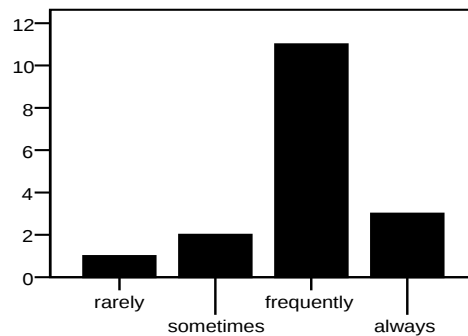


Figure 4. 90: Distribution of frequency for MPAQ 15 among the traditional Turkish area

MPAQ 16: I am confident about the remarks that will be made by my teachers/audience about my performance.

Of the 43 participants from the classical student area who responded to MPAQ 16, 2 participants selected “never,” making up 4.7% of total answers; 13 selected “rarely,” making up 30.2% of total; 13 selected “sometimes,” making up 30.2% of total; 14 selected “frequently,” making up 32.6% of total and 1 selected “always,” making up 2.3% of total. (Figure 4.91)

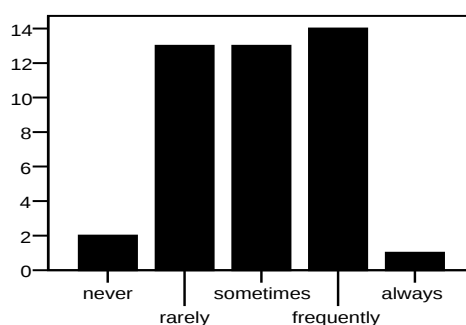


Figure 4. 91: Distribution of frequency for MPAQ 16 among the classical student area

Of the 32 participants from the classical professional area who responded to MPAQ 16, 1 subject selected “never,” making up 3.1% of total answers; 3 selected “rarely,” making up 9.4% of total; 7 selected “sometimes,” making up 21.9% of total; 15 selected “frequently,” making up 46.9% of total and 6 selected “always,” making up 18.8% of total. (Figure 4.92)

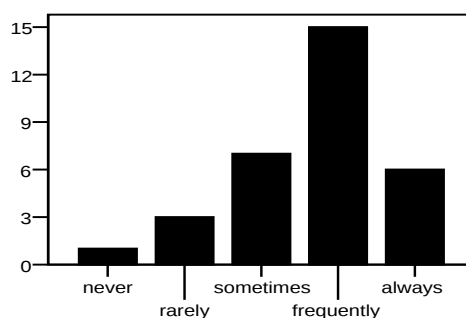


Figure 4. 92: Distribution of frequency for MPAQ 16 among the classical professional area

Of the 20 participants from the jazz area who responded to MPAQ 16, no participants selected “never” (0.0% of total answers); none selected “rarely” (0.0% of total); 2 selected “sometimes,” making up 10.0% of total; 14 selected “frequently,” making up 70.0% of total and 4 selected “always,” making up 20.0% of total. (Figure 4.93)

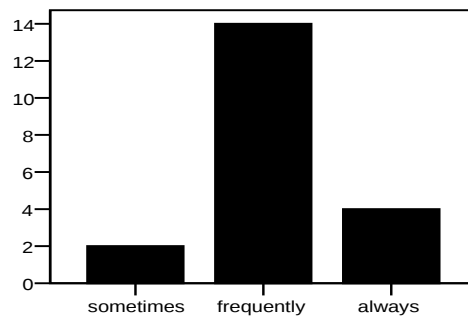


Figure 4. 93: Distribution of frequency for MPAQ 16 among the jazz area

Of the 17 participants from the Traditional Turkish area who responded to MPAQ 16, no participants selected “never” (0.0% of total answers); 1 selected “rarely,” making up 5.9% of total; 2 selected “sometimes,” making up 11.8% of total; 10 selected “frequently,” making up 58.8% of total and 4 selected “always,” making up 23.5% of total. (Figure 4.94)

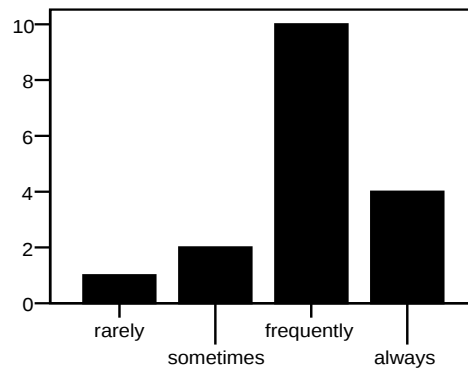


Figure 4. 94: Distribution of frequency for MPAQ 16 among the traditional Turkish area

MPAQ 17: I believe that it is very embarrassing to make mistakes during performance.

Of the 42 participants from the classical student area who responded to MPAQ 17, 10 participants selected “never,” making up 23.8% of total answers; 8 selected “rarely,” making up 19.0% of the total answers; 9 selected “sometimes,” making up 21.4% of the total answers; 12 selected “frequently,” making up 28.6% of the total answers and 3 selected “always,” making up 7.1% of the total answers. (Figure 4.95)

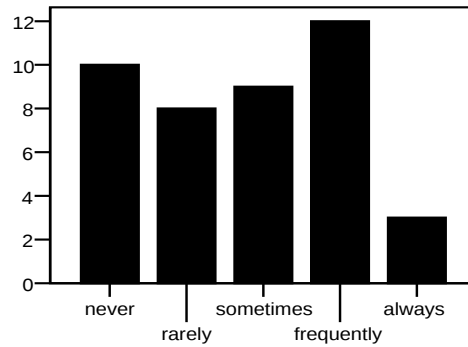


Figure 4. 95: Distribution of frequency for MPAQ 17 among the classical student area

Of the 32 participants from the classical professional area who responded to MPAQ 17, 13 subject selected “never,” making up 40.6% of total answers; 8 selected “rarely,” making up 25.0% of total; 6 selected “sometimes,” making up 18.8% of total; 4 selected “frequently,” making up 12.5% of total and 1 selected “always,” making up 3.1% of total. (Figure 4.96)

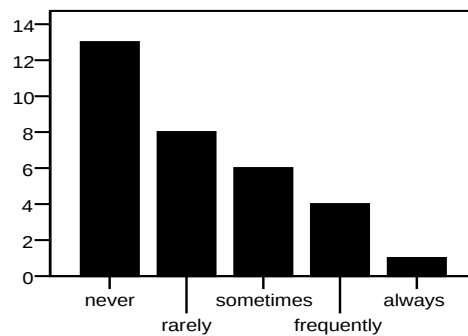


Figure 4. 96: Distribution of frequency for MPAQ 17 among the classical professional area

Of the 20 participants from the jazz area who responded to MPAQ 17, 9 participants selected “never,” making up 45.0% of total answers; 7 selected “rarely,” making up 35.0% of total; 3 selected “sometimes,” making up 15.0% of total; 1 selected “frequently,” making up 5.0% of total and none selected “always” (0.0% of total). (Figure 4.97)

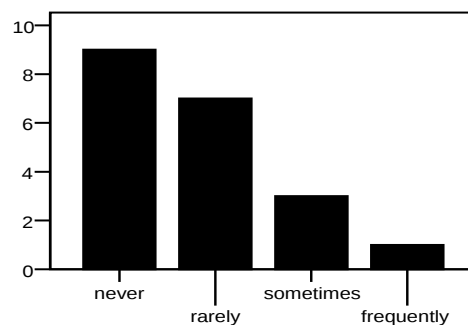


Figure 4. 97: Distribution of frequency for MPAQ 17 among the jazz area

Of the 17 participants from the Traditional Turkish area who responded to MPAQ 17, 12 participants selected “never,” making up 70.6% of total answers; 2 selected “rarely,” making up 11.8% of total; 3 selected “sometimes,” making up 17.6% of total; none selected “frequently” (0.0% of total) and none selected “always”(0.0% of total). (Figure 4.98)

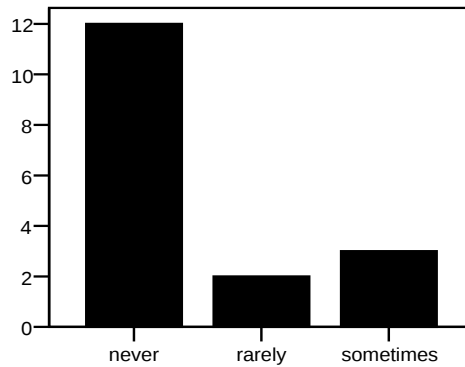


Figure 4. 98: Distribution of frequency for MPAQ 17 among the traditional Turkish area

MPAQ 18: If I had a chance, I would never play in front of an audience.

Of the 43 participants from the classical student area who responded to MPAQ 18, 20 participants selected “never,” making up 46.5% of total answers; 4 selected “rarely,” making up 9.3% of total; 6 selected “sometimes,” making up 14.0% of total; 9 selected “frequently,” making up 20.9% of total and 4 selected “always,” making up 9.3% of total. (Figure 4.99)

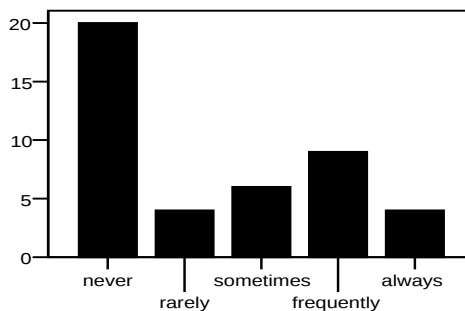


Figure 4. 99: Distribution of frequency for MPAQ 18 among the classical student area

Of the 31 participants from the classical professional area who responded to MPAQ 18, 21 subject selected “never,” making up 67.7% of total answers; 4 selected “rarely,” making up 12.9% of total; 3 selected “sometimes,” making up 9.7% of total; 3 selected “frequently,” making up 9.7% of total and none selected “always” (0.0% of total). (Figure 4.100)

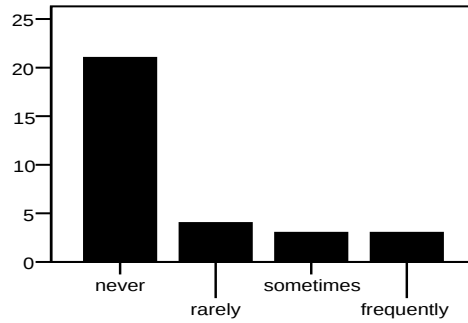


Figure 4. 100: Distribution of frequency for MPAQ 18 among the classical professional area

Of the 19 participants from the jazz area who responded to MPAQ 18, 18 participants selected “never” (94.7% of total answers); 1 selected “rarely” (5.3% of total); no participants selected the “sometimes,” “frequently” and “always” values. (Figure 4.101).

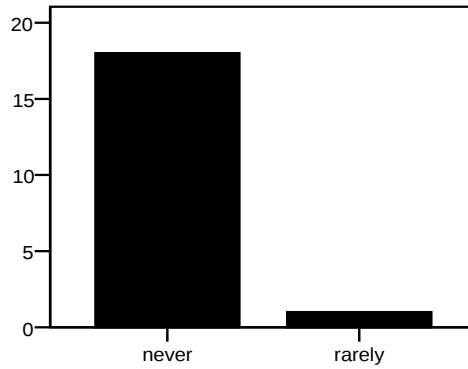


Figure 4. 101: Distribution of frequency for MPAQ 18 among the jazz area

Of the 17 participants from the Traditional Turkish area who responded to MPAQ 18, 16 participants selected “never,” making up 94.1% of total answers; none selected “rarely” (0.0% of total); none selected “sometimes” (0.0% of total); 1 selected “frequently,” making up 5.9% of total and none selected “always”(0.0% of total). (Figure 4.102)

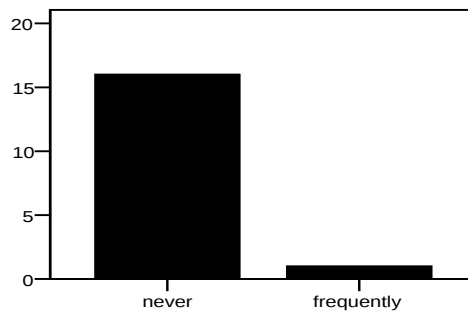


Figure 4. 102: Distribution of frequency for MPAQ 18 among the traditional Turkish area

MPAQ 19: I fear that I will be judged by everyone after my performance in a negative way.

Of the 43 participants from the classical student area who responded to MPAQ 19, 11 participants selected “never,” making up 25.6% of total answers; 6 selected “rarely,” making up 14.0% of total; 8 selected “sometimes,” making up 18.6% of total; 14 selected “frequently,” making up 32.6% of total and 4 selected “always,” making up 9.3% of total. (Figure 4.103)

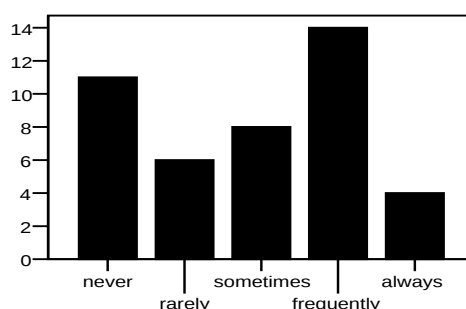


Figure 4. 103: Distribution of frequency for MPAQ 19 among the classical student area

Of the 32 participants from the classical professional area who responded to MPAQ 19, 12 participants selected “never,” making up 37.5% of total answers; 8 selected “rarely,” making up 25.0% of total; 9 selected “sometimes,” making up 28.1% of total; 3 selected “frequently,” making up 9.7% of total and none selected “always” (0.0% of total). (Figure 4.104)

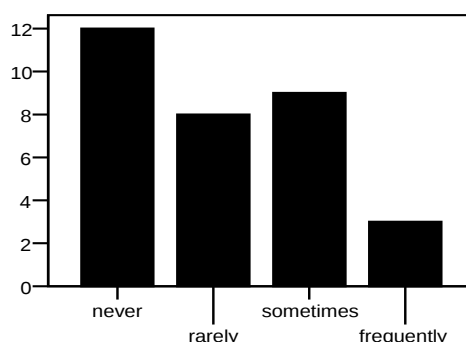


Figure 4. 104: Distribution of frequency for MPAQ 19 among the classical professional area

Of the 20 participants from the jazz area who responded to MPAQ 19, 12 participants selected “never” (60.0% of total answers); 4 selected “rarely” (20.0% of total); 4 selected “sometimes” (20.0% of total); none selected “frequently” (0.0% of total) and none selected “always” (0.0% of total). (Figure 4.105).

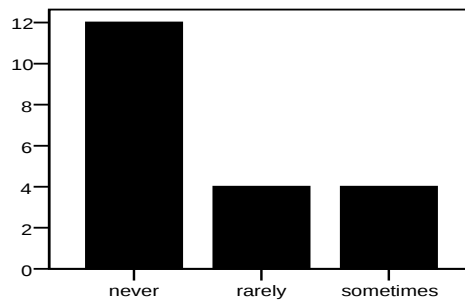


Figure 4. 105: Distribution of frequency for MPAQ 19 among the jazz area

Of the 17 participants from the Traditional Turkish area who responded to MPAQ 19, 12 participants selected “never,” making up 70.6% of total answers; 3 selected “rarely,” making up 17.6% of total; 1 selected “sometimes,” making up 5.9% of total; 1 selected “frequently,” making up 5.9% of total and none selected “always”(0.0% of total). (Figure 4.106)

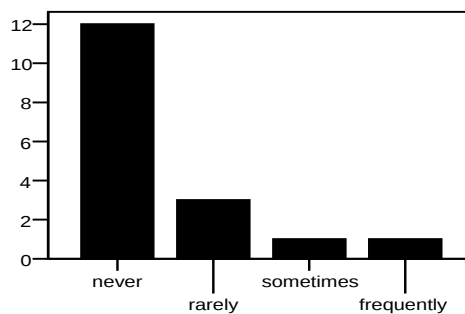


Figure 4. 106: Distribution of frequency for MPAQ 19 among the traditional Turkish area

4.2.4. Results of the Questions on the Nature of the Audience for Specific Areas

MPAQ 20: I get less anxious when there is no one familiar in the audience.

Of the 43 participants from the classical student area who responded to MPAQ 20, 6 participants selected “never” (14.0% of total answers); 3 selected “rarely” (7.0% of total); 7 selected “sometimes” (16.3% of total); 12 selected “frequently” (27.9% of total) and 15 selected “always” (34.9% of total). (Figure 4.107).

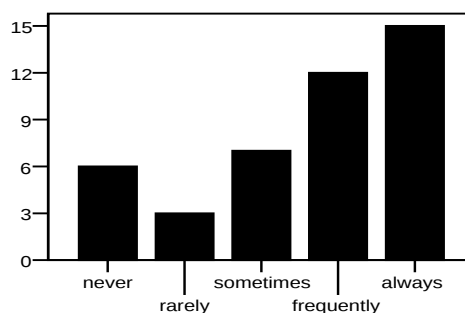


Figure 4. 107: Distribution of frequency for MPAQ 20 among the classical student area

Of the 32 participants from the classical professional area who responded to MPAQ 20, 7 participants selected “never,” making up 21.9% of total answers; 4 selected “rarely,” making up 12.5% of total; 10 selected “sometimes,” making up 31.3% of total; 5 selected “frequently,” making up 15.6% of total and 6 selected “always,” making up 18.8% of total. (Figure 4.108)

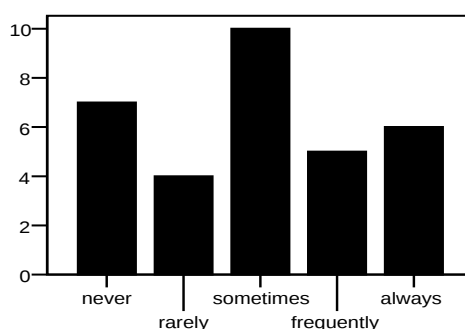


Figure 4. 108: Distribution of frequency for MPAQ 20 among the classical professional area

Of the 20 participants from the jazz area who responded to MPAQ 20, 5 participants selected “never,” making up 25.0% of total answers; 5 selected “rarely,” making up 25.0% of the total answers; 5 selected “sometimes,” making up 25.0% of total; 1 selected “frequently,” making up 5.0% of total and 4 selected “always,” making up 20.0% of the total answers. (Figure 4.109)

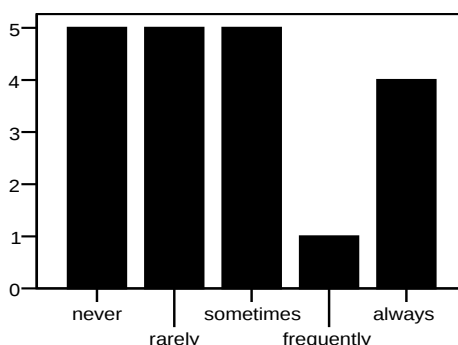


Figure 4. 109: Distribution of frequency for MPAQ 20 among the jazz area

Of the 17 participants from the Traditional Turkish area who responded to MPAQ 20, 6 participants selected “never,” making up 35.3% of total answers; 6 selected “rarely,” making up 35.3% of total; 2 selected “sometimes,” making up 11.8% of total; 2 selected “frequently,” making up 11.8% of total and 1 selected “always,” making up 5.9% of the total answers. (Figure 4.110)

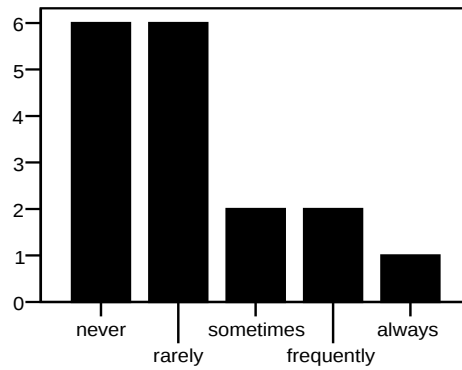


Figure 4. 110: Distribution of frequency for MPAQ 20 among the traditional Turkish area

MPAQ 21: I get more anxious when I know that there are people in the audience that would judge me.

Of the 43 participants from the classical student area who responded to MPAQ 21, 3 participants selected “never”, making up 7.0% of total answers; 1 selected “rarely,” making up 2.3% of total; 4 selected “sometimes,” making up 9.3% of total; 1 selected “frequently,” making up 2.3% of total and 34 selected “always,” making up 79.1% of total. (Figure 4.111)

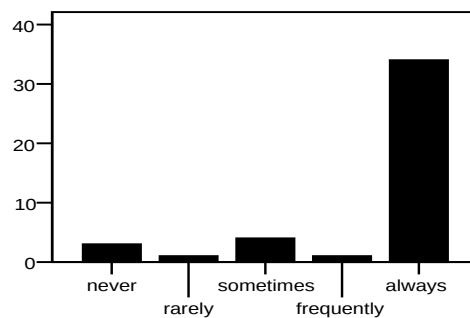


Figure 4. 111: Distribution of frequency for MPAQ 21 among the classical student area

Of the 32 participants from the classical professional area who responded to MPAQ 21, 5 participants selected “never,” making up 15.6% of total answers; 4 selected “rarely,” making up 12.5% of total; 3 selected “sometimes,” making up 9.4% of total; 5 selected “frequently,” making up 15.6% of total and 15 selected “always,” making up 46.9% of the total answers. (Figure 4.112)

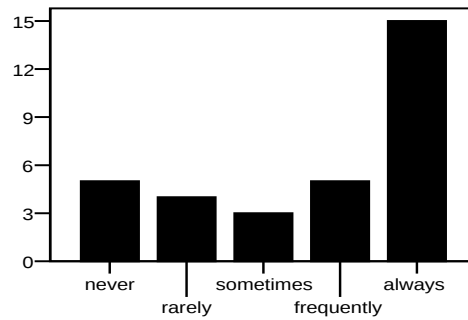


Figure 4. 112: Distribution of frequency for MPAQ 21 among the classical professional area

Of the 20 participants from the jazz area who responded to MPAQ 21, no participants selected “never” (0.0% of total answers); 2 selected “rarely,” making up 10.0% of total; 6 selected “sometimes,” making up 30.0% of total; 7 selected “frequently,” making up 35.0% of total and 5 selected “always,” making up 25.0% of total. (Figure 4.113)

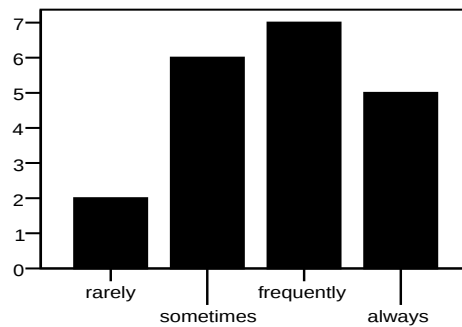


Figure 4. 113: Distribution of frequency for MPAQ 21 among the jazz area

Of the 17 participants from the Traditional Turkish area who responded to MPAQ 21, 3 participants selected “never,” making up 17.6% of total answers; 3 selected “rarely,” making up 17.6% of total; 2 selected “sometimes,” making up 11.8% of total; 8 selected “frequently,” making up 47.1% of total and 1 selected “always,” making up 5.9% of total. (Figure 4.114)

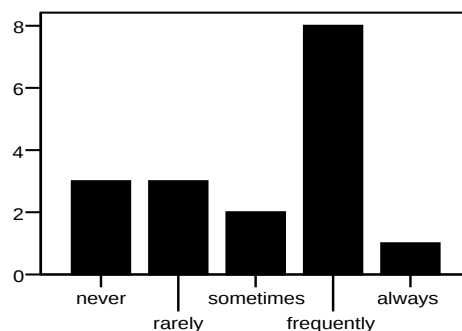


Figure 4. 114: Distribution of frequency for MPAQ 21 among the traditional Turkish area

MPAQ 22: My anxiety lessens when I receive a warm approach from the audience. Of the 43 participants from the classical student area who responded to MPAQ 22, 3 participants selected “never,” making up 7.0% of total answers; 5 selected “rarely,” making up 11.6% of total; 8 selected “sometimes,” making up 18.6% of total; 11 selected “frequently,” making up 25.6% of total and 16 selected “always,” making up 37.2% of total. (Figure 4.115)

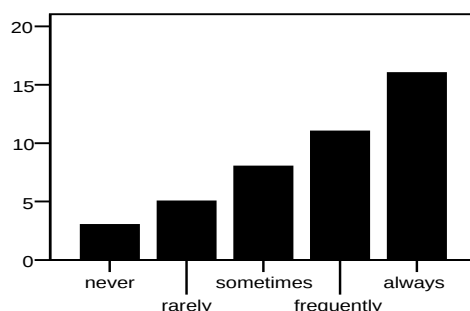


Figure 4. 115: Distribution of frequency for MPAQ 22 among the classical student area

Of the 32 participants from the classical professional area who responded to MPAQ 22, 2 participants selected “never,” making up 6.3% of total answers; none selected “rarely,” (0.0% of total); 4 selected “sometimes,” making up 12.5% of total; 7 selected “frequently,” making up 21.9% of total and 19 selected “always,” making up 59.4% of total. (Figure 4.116)

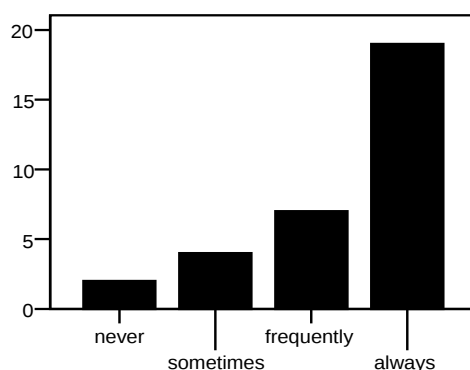


Figure 4. 116: Distribution of frequency for MPAQ 22 among the classical professional area

Of the 20 participants from the jazz area who responded to MPAQ 22, no participants selected “never” (0.0% of total answers); none selected “rarely” (0.0% of total); 3 selected “sometimes” (15.0% of total); 2 selected “frequently” (10.0% of total) and 15 selected “always” (75.0% of total). (Figure 4.117).

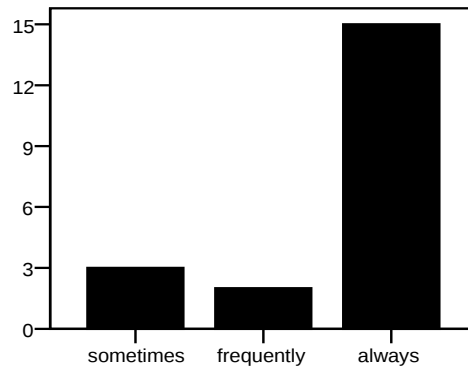


Figure 4. 117: Distribution of frequency for MPAQ 22 among the jazz area

Of the 17 participants from the Traditional Turkish area who responded to MPAQ 22, 2 participants selected “never,” making up 11.8% of total answers; none selected “rarely” (0.0% of total); 2 selected “sometimes,” making up 11.8% of total; none selected “frequently” (0.0% of total) and 13 selected “always,” making up 76.5% of total. (Figure 4.118)

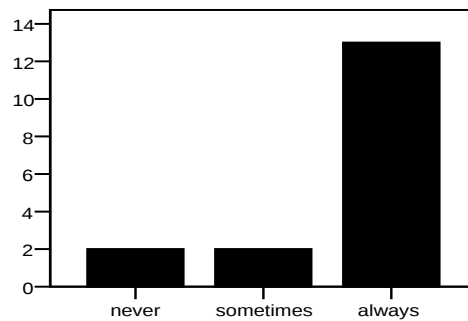


Figure 4. 118: Distribution of frequency for MPAQ 22 among the traditional Turkish area

4.2.5. Results of the Question on the Enjoyment of Music for Specific Areas

This section displays the responses of each area of the sample to the question dealing with the relationship of MPA to the performer’s enjoyment of music:

MPAQ 23: I would enjoy music much more if I didn’t get as nervous.

Of the 42 participants from the classical student area who responded to MPAQ 23, 5 participants selected “never,” making up 11.9% of total answers; 5 selected “rarely,” making up 11.9% of total; 4 selected “sometimes,” making up 9.5% of total; 10 selected “frequently,” making up 23.8% of total and 18 selected “always,” making up 42.9% of total. (Figure 4.119)

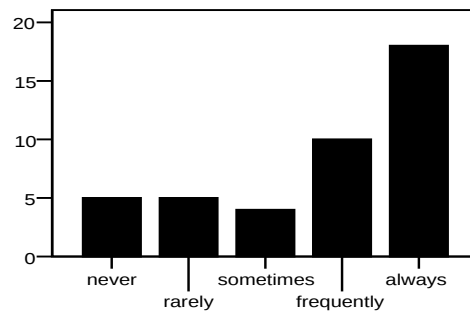


Figure 4. 119: Distribution of frequency for MPAQ 23 among the classical student area

Of the 32 participants from the classical professional area who responded to MPAQ 23, 12 participants selected “never,” making up 37.5% of total answers; 5 selected “rarely,” making up 15.6% of total; 3 selected “sometimes,” making up 9.4% of total; 4 selected “frequently,” making up 12.5% of total and 8 selected “always,” making up 25.0% of total. (Figure 4.120)

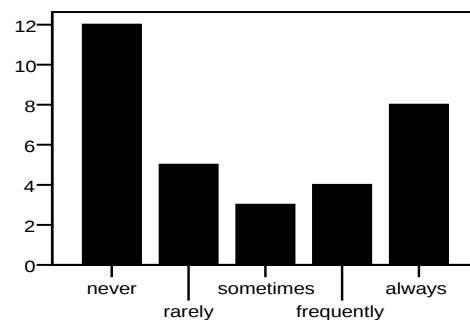


Figure 4. 120: Distribution of frequency for MPAQ 23 among the classical professional area

Of the 20 participants from the jazz area who responded to MPAQ 23, 11 participants selected “never,” making up 55.0% of total answers; 4 selected “rarely,” making up 20.0% of total; 3 selected “sometimes,” making up 15.0% of total; 2 selected “frequently,” making up 10.0% of total and none selected “always” (0.0% of total). (Figure 4.121)

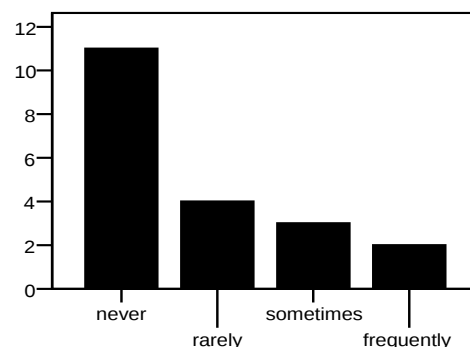


Figure 4. 121: Distribution of frequency for MPAQ 23 among the jazz area

Of the 17 participants from the Traditional Turkish area who responded to MPAQ 23, 13 participants selected “never,” making up 76.5% of total answers; 3 selected “rarely,” making up 17.6% of total; none selected “sometimes” (0.0% of total); 1 selected “frequently,” making up 5.9% of total and none selected “always” (0.0% of total). (Figure 4.122)

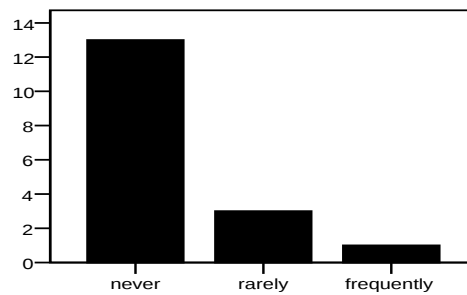


Figure 4. 122: Distribution of frequency for MPAQ 23 among the traditional Turkish area

4.2.6. Results of the Questions on MPA Coping Methods for Specific Areas

This section will portray the results for specific areas for the questions on the coping methods of MPA. The questions in this section deal with the sample’s knowledge of these methods and the necessity the sample establishes towards being informed on these coping strategies.

MPAQ 24: I know about tools/exercises that would help reduce my performance anxiety symptoms.

Of the 43 participants from the classical student area who responded to MPAQ 24, 6 participants selected “never,” making up 14.0% of total answers; 18 selected “rarely,” making up 41.9% of total; 10 selected “sometimes,” making up 23.3% of total; 5 selected “frequently,” making up 11.6% of total and 4 selected “always,” making up 9.3% of total. (Figure 4.123)

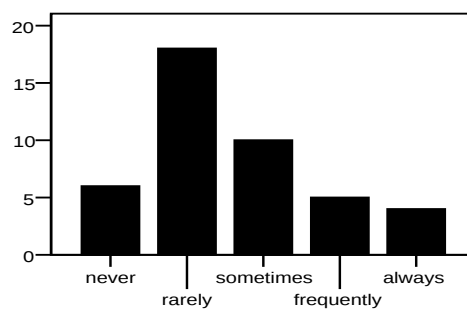


Figure 4.123 : Distribution of frequency for MPAQ 24 among the classical student area

Of the 32 participants from the classical professional area who responded to MPAQ 24, 5 participants selected “never,” making up 15.6% of total answers; 5 selected “rarely,” making up 15.6% of total; 5 selected “sometimes,” making up 15.6% of total; 2 selected “frequently,” making up 6.3% of total and 15 selected “always,” making up 46.9% of total. (Figure 4.124)

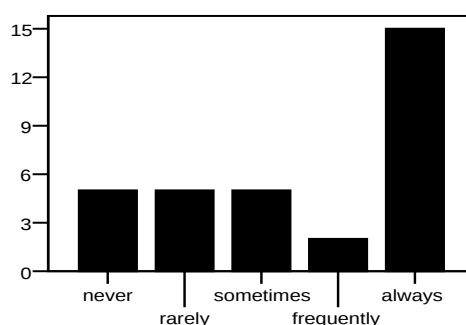


Figure 4. 124: Distribution of frequency for MPAQ 24 among the classical professional area

Of the 20 participants from the jazz area who responded to MPAQ 24, 5 participants selected “never,” making up 25.0% of total answers; 6 selected “rarely,” making up 30.0% of total; 3 selected “sometimes,” making up 15.0% of total; 3 selected “frequently,” making up 15.0% of total and 3 selected “always,” making up 15.0% of total. (Figure 4.125)

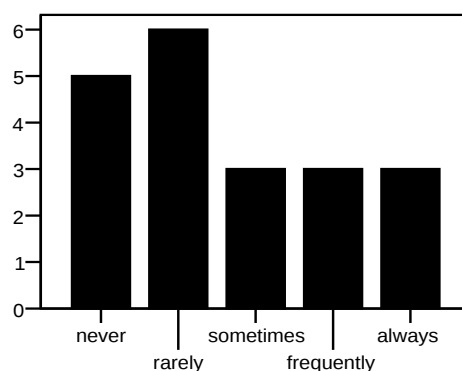


Figure 4. 125: Distribution of frequency for MPAQ 24 among the jazz area

Of the 17 participants from the Traditional Turkish area who responded to MPAQ 24, 5 participants selected “never,” making up 29.4% of total answers; 2 selected “rarely,” making up 11.8% of total; 4 selected “sometimes,” making up 23.5% of total; 3 selected “frequently,” making up 17.6% of total and 3 selected “always,” making up 17.6% of the total answers. (Figure 4.126)

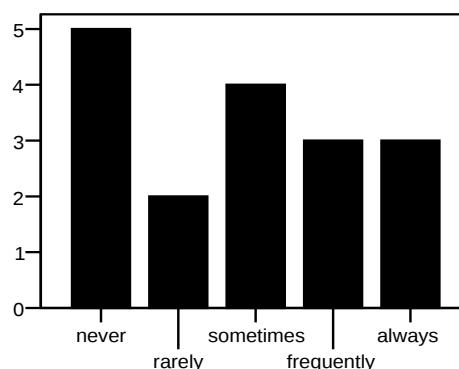


Figure 4. 126: Distribution of frequency for MPAQ 24 among the traditional Turkish area

MPAQ 25: I use tools/exercises before performances -such as breathing or mental exercises- to help reduce my performance anxiety symptoms.

Of the 43 participants from the classical student area who responded to MPAQ 25, 26 participants selected “never,” making up 60.5% of total answers; 7 selected “rarely,” making up 16.3% of total; 6 selected “sometimes,” making up 14.0% of total; 3 selected “frequently,” making up 7.0% of total and 1 selected “always,” making up 2.3% of total. (Figure 4.127)

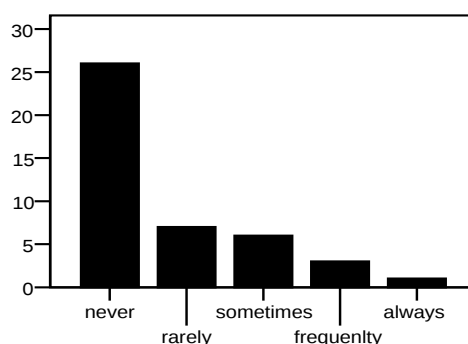


Figure 4. 127: Distribution of frequency for MPAQ 25 among the classical student area

Of the 32 participants from the classical professional area who responded to MPAQ 25, 9 participants selected “never,” making up 28.1% of total answers; 6 selected “rarely,” making up 18.8% of total; 4 selected “sometimes,” making up 12.5% of total; 3 selected “frequently,” making up 9.4% of total and 10 selected “always,” making up 31.3% of the total answers. (Figure 4.128)

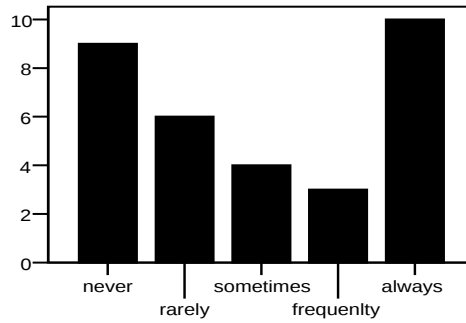


Figure 4. 128: Distribution of frequency for MPAQ 25 among the classical professional area

Of the 20 participants from the jazz area who responded to MPAQ 25, 11 participants selected “never,” making up 55.0% of total answers; 3 selected “rarely,” making up 15.0% of total; 1 selected “sometimes,” making up 5.0% of total; 2 selected “frequently,” making up 10.0% of total and 3 selected “always,” making up 15.0% of total. (Figure 4.129)

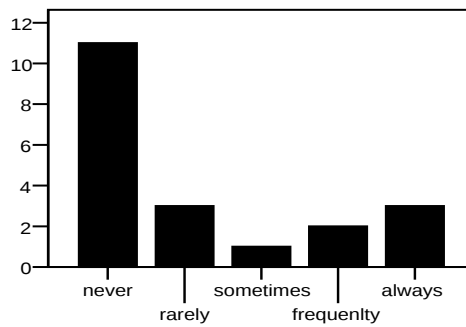


Figure 4. 129: Distribution of frequency for MPAQ 25 among the jazz area

Of the 17 participants from the Traditional Turkish area who responded to MPAQ 25, 9 participants selected “never,” making up 52.9% of total answers; 1 selected “rarely,” making up 5.9% of total; 2 selected “sometimes,” making up 11.8% of total; none selected “frequently” (0.0% of total) and 5 selected “always,” making up 29.4% of total. (Figure 4.130)

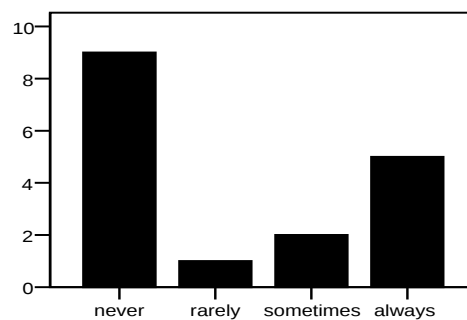


Figure 4. 130: Distribution of frequency for MPAQ 25 among the traditional Turkish area

MPAQ 26: I read/know about literature on performance anxiety.

Of the 43 participants from the classical student area who responded to MPAQ 26, 35 participants selected “never,” making up 81.4% of total answers; 5 selected “rarely,” making up 11.6% of total; 3 selected “sometimes,” making up 7.0% of total; none selected “frequently” (0.0% of total) and none selected “always” (0.0% of total). (Figure 4.131)

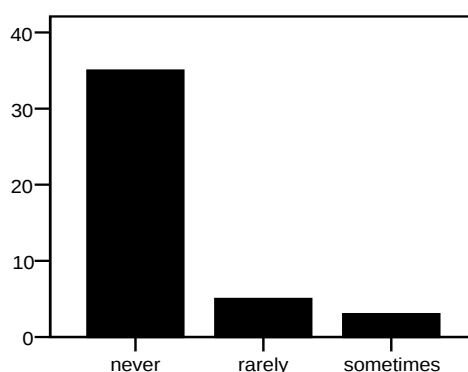


Figure 4. 131: Distribution of frequency for MPAQ 26 among the classical student area

Of the 32 participants from the classical professional area who responded to MPAQ 26, 14 participants selected “never,” making up 43.8% of total answers; 5 selected “rarely,” making up 15.6% of total; 6 selected “sometimes,” making up 18.8% of total; 6 selected “frequently,” making up 18.8% of total and 1 selected “always,” making up 3.1% of total. (Figure 4.132)

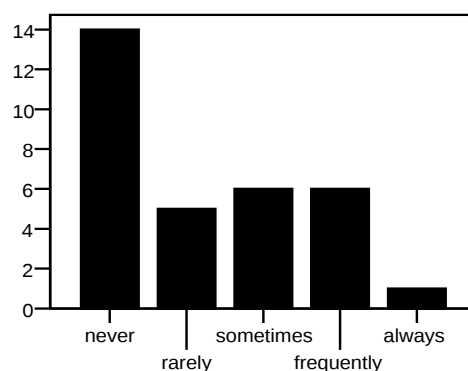


Figure 4. 132: Distribution of frequency for MPAQ 26 among the classical professional area

Of the 20 participants from the jazz area who responded to MPAQ 26, 17 participants selected “never,” making up 85.0% of total answers; 2 selected “rarely,” making up 10.0% of total; 1 selected “sometimes,” making up 5.0% of total; none selected “frequently” (0.0% of total) and none selected “always” (0.0% of total). (Figure 4.133)

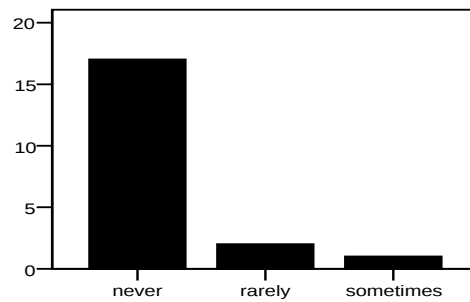


Figure 4. 133: Distribution of frequency for MPAQ 26 among the jazz area

Of the 17 participants from the Traditional Turkish area who responded to MPAQ 26, 12 participants selected “never,” making up 70.6% of total answers; 3 selected “rarely,” making up 17.6% of total; 2 selected “sometimes,” making up 11.8% of total; none selected “frequently” (0.0% of total) and none selected “always” (0.0% of total). (Figure 4.134)

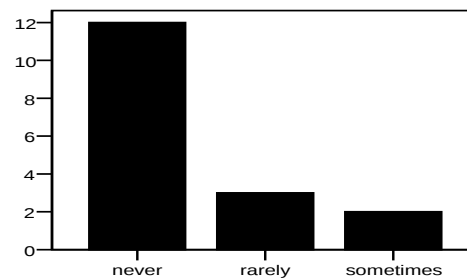


Figure 4. 134: Distribution of frequency for MPAQ 26 among the traditional Turkish area

MPAQ 27: I take/have taken medicine before performances to help reduce my anxiety symptoms.

Of the 43 participants from the classical student area who responded to MPAQ 27, 30 participants selected “never,” making up 69.8% of total answers; 5 selected “rarely,” making up 11.6% of total; 5 selected “sometimes,” making up 11.6% of total; 2 selected “frequently,” making up 4.7% of total and 1 selected “always,” making up 2.3% of total. (Figure 4.135)

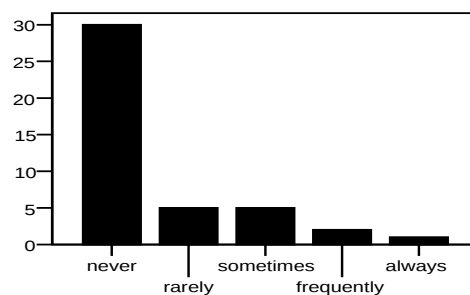


Figure 4. 135: Distribution of frequency for MPAQ 27 among the classical student area

Of the 32 participants from the classical professional area who responded to MPAQ 27, 26 participants selected “never,” making up 81.3% of total answers; 1 selected “rarely,” making up 3.1% of total; 3 selected “sometimes,” making up 9.4% of total; 2 selected “frequently,” making up 6.3% of total and none selected “always,” (0.0% of total). (Figure 4.136)

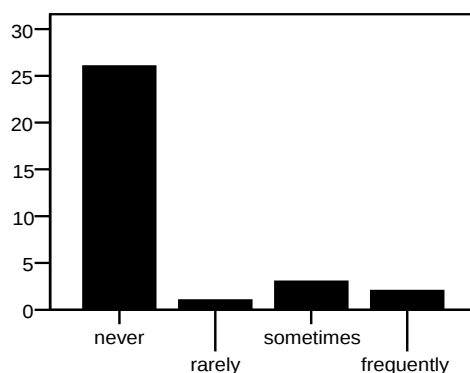


Figure 4. 136: Distribution of frequency for MPAQ 27 among the classical professional area

Of the 20 participants from the jazz area who responded to MPAQ 27, all of the 20 participants selected “never,” making up 100.0% of total answers. (Figure 4.137)

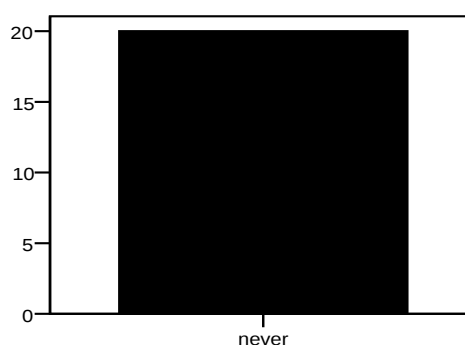


Figure 4. 137: Distribution of frequency for MPAQ 27 among the jazz area

Of the 17 participants from the Traditional Turkish area who responded to MPAQ 27, 16 participants selected “never,” making up 94.1% of total answers; 1 selected “rarely,” making up 5.9% of total; no participants selected “sometimes,” “frequently” or “always” values. (Figure 4.138)

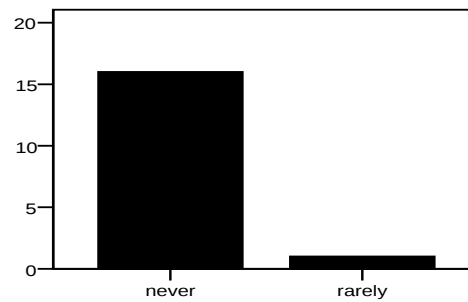


Figure 4. 138: Distribution of frequency for MPAQ 27 among the traditional Turkish area

MPAQ 28: I do not think that it is possible to decrease or control, performance anxiety symptoms.

Of the 43 participants from the classical student area who responded to MPAQ 28, 21 participants selected “never,” making up 48.8% of total answers; 5 selected “rarely,” making up 11.6% of total; 6 selected “sometimes,” making up 14.0% of total; 7 selected “frequently,” making up 16.3% of total and 4 selected “always,” making up 9.3% of total. (Figure 4.139)

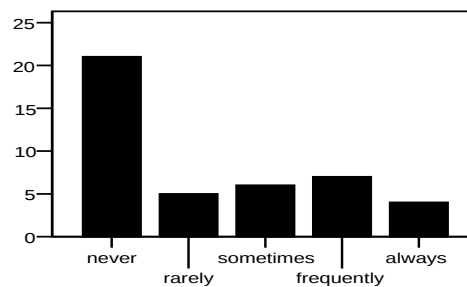


Figure 4. 139: Distribution of frequency for MPAQ 28 among the classical student area

Of the 32 participants from the classical professional area who responded to MPAQ 28, 14 participants selected “never,” making up 43.8% of total answers; 5 selected “rarely,” making up 15.6% of total; 5 selected “sometimes,” making up 15.6% of total; 4 selected “frequently,” making up 12.5% of total and 4 selected “always,” making up 12.5% of total. (Figure 4.140)

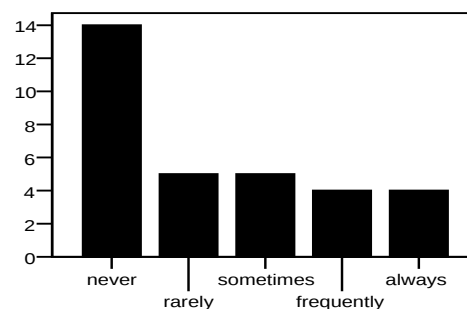


Figure 4. 140: Distribution of frequency for MPAQ 28 among the classical professional area

Of the 20 participants from the jazz area who responded to MPAQ 28, 11 participants selected “never,” making up 55.0% of total answers; 1 selected “rarely,” making up 5.0% of total; 4 selected “sometimes,” making up 20.0% of total; 3 selected “frequently,” making up 15.0% of total and 1 selected “always,” making up 5.0% of total. (Figure 4.141)

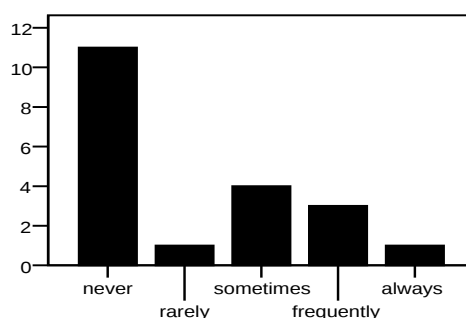


Figure 4. 111: Distribution of frequency for MPAQ 28 among the jazz area

Of the 17 participants from the Traditional Turkish area who responded to MPAQ 28, 9 participants selected “never,” making up 52.9% of total answers; 3 selected “rarely,” making up 17.6% of total; 3 selected “sometimes,” making up 17.6% of total; none selected “frequently” (0.0% of total) and 2 selected “always,” making up 11.8% of total. (Figure 4.142)

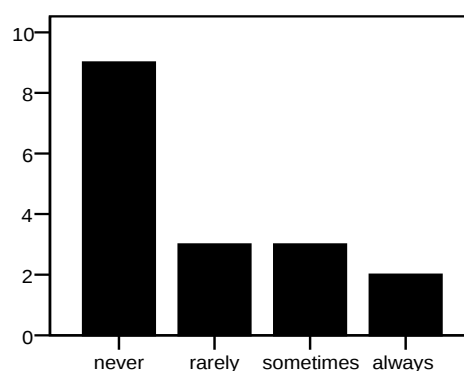


Figure 4. 142: Distribution of frequency for MPAQ 28 among the traditional Turkish area

MPAQ 29: During my education, my instrument teacher has taught me ways to help control performance anxiety symptoms.

Of the 43 participants from the classical student area who responded to MPAQ 29, 28 participants selected “never,” making up 65.1% of total answers; 4 selected “rarely,” making up 9.3% of total; 5 selected “sometimes,” making up 11.6% of total; 2 selected “frequently,” making up 4.7% of total and 4 selected “always,” making up 9.3% of total. (Figure 4.143)

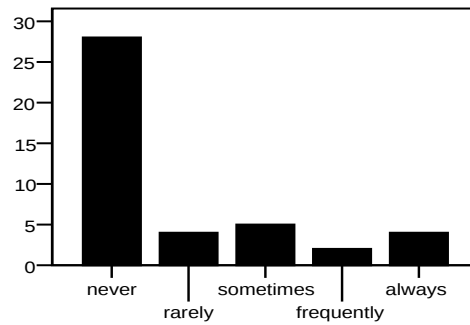


Figure 4. 143: Distribution of frequency for MPAQ 29 among the classical student area

Of the 32 participants from the classical professional area who responded to MPAQ 29, 21 participants selected “never,” making up 65.6% of total answers; 2 selected “rarely,” making up 6.3% of total; 4 selected “sometimes,” making up 12.5% of total; 1 selected “frequently,” making up 3.1% of total and 4 selected “always,” making up 12.5% of total. (Figure 4.144)

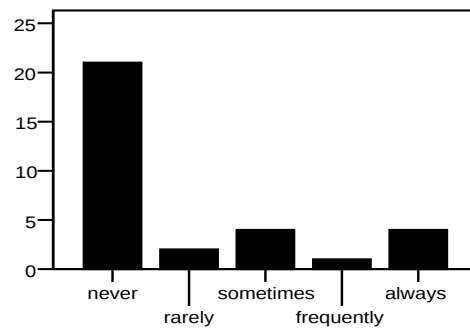


Figure 4. 144: Distribution of frequency for MPAQ 29 among the classical professional area

Of the 20 participants from the jazz area who responded to MPAQ 29, 16 participants selected “never,” making up 80.0% of total answers; 2 selected “rarely,” making up 10.0% of total; 1 selected “sometimes,” making up 5.0% of total; 1 selected “frequently,” making up 5.0% of total and none selected “always” (0.0% of total). (Figure 4.145)

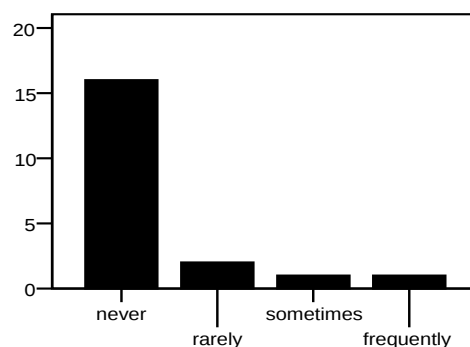


Figure 4. 145: Distribution of frequency for MPAQ 29 among the jazz area

Of the 17 participants from the traditional Turkish area who responded to MPAQ 29, 13 participants selected “never,” making up 76.5% of total answers; 3 selected “rarely,” making up 17.6% of total; none selected “sometimes” (0.0% of total); none selected “frequently” (0.0% of total) and 1 selected “always,” making up 5.9% of total. (Figure 4.146)

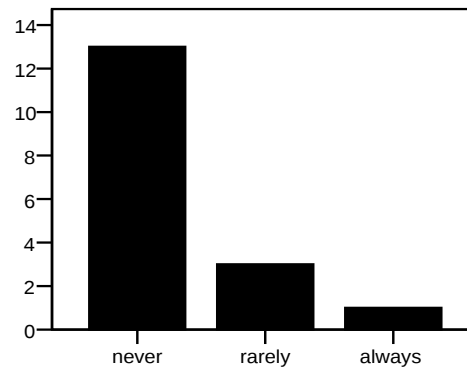


Figure 4. 146: Distribution of frequency for MPAQ 29 among the traditional Turkish area

MPAQ 30: I would like to be educated about how I can get my performance anxiety symptoms under control for a more enjoyable and successful performance.

Of the 43 participants from the classical student area who responded to MPAQ 30, no participants selected “never,” making up 0.0% of total answers; 1 selected “rarely,” making up 2.3% of total; none selected “sometimes” (0.0% of total); 3 selected “frequently,” making up 7.0% of total and 39 selected “always,” making up 90.7% of total. (Figure 4.147)

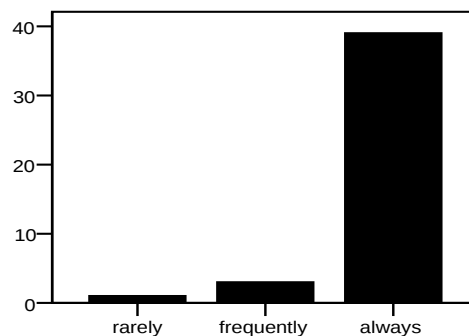


Figure 4. 147: Distribution of frequency for MPAQ 30 among the classical student area

Of the 32 participants from the classical professional area who responded to MPAQ 30, 2 participants selected “never,” making up 6.3% of total answers; none selected “rarely” (0.0% of total); 1 selected “sometimes,” making up 3.1% of total; 3

selected “frequently,” making up 9.4% of total and 26 selected “always,” making up 81.3% of total. (Figure 4.148)

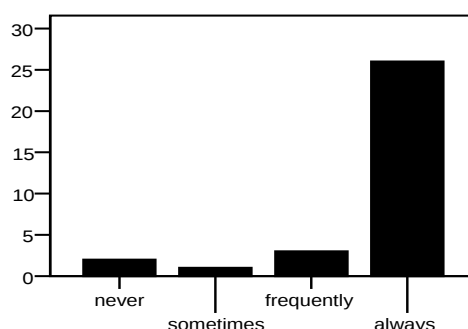


Figure 4. 148: Distribution of frequency for MPAQ 30 among the classical professional area

Of the 20 participants from the jazz area who responded to MPAQ 30, 4 participants selected “never,” making up 20.0% of total answers; 2 selected “rarely,” making up 10.0% of total; 2 selected “sometimes,” making up 10.0% of total; 2 selected “frequently,” making up 10.0% of total and 10 selected “always,” making up 50.0% of total. (Figure 4.149)

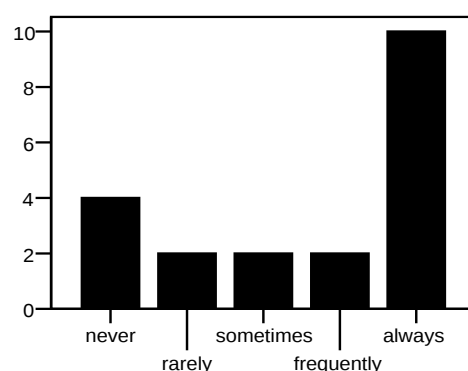


Figure 4. 149: Distribution of frequency for MPAQ 30 among the jazz area

Of the 17 participants from the Traditional Turkish area who responded to MPAQ 30, 2 participants selected “never,” making up 11.8% of total answers; 3 selected “rarely,” making up 17.6% of total; 1 selected “sometimes,” making up 5.9% of total; 3 selected “frequently,” making up 17.6% of total and 8 selected “always,” making up 47.1% of total. (Figure 4.150)

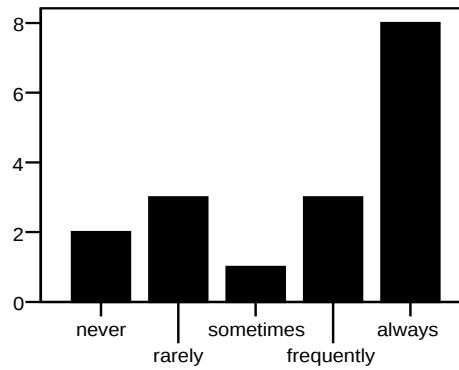


Figure 4. 150: Distribution of frequency for MPAQ 30 among the traditional Turkish area

4.3. Discussion of the Questionnaire Results

4.3.1. The Nature of Performance:

The first group of questions concerning the nature of performance and the number of performers pointed to results that are generally consistent with literature. More than half of the participants believed that they performed better in situations without the presence of an audience. However, the classical samples had higher rates of “frequently” and “always” values than the jazz and traditional Turkish samples. It may be argued that the classical sample is more prone to MPA, for reasons that will be discussed later.

Totally consistent with literature findings (Parncutt & McPherson, eds., 2002:49), solo performance showed higher relation to MPA than performing where a more number of performers is involved. 88% of all participants selected high frequency options and this finding is also consistent within specific areas. Another finding that was parallel with literature (Parncutt & McPherson, eds., 2002:49) is that auditions created more anxiety than concerts. 92% of all participants selected high frequency values and again, consistent within the areas.

The question about improvisation was generally responded bu jazz and traditional Turkish music players. Therefore the results of this question are more relevant to these two areas of performance. These results showed that 75% of jazz players felt more anxiety during improvisation, rather than playing with the group. Although jazz sample scored lower in the question on general MPA felt before an audience, this finding suggests that jazz players also get anxious when the attention of the audience is directed on them. This finding has crucial implications on the nature of MPA: It will be discussed many times throughout this thesis that performers of jazz are less

prone to MPA, mainly due to the improvisatory nature of this music that relies on the performer's self-expression. Still, when the attention of the listeners focus directly on the jazz performer, his level of MPA increases. This result suggests that MPA might directly be linked to common human nature. Different aspects of the music, the performer and performance environment may have an effect on the level of MPA, however, each and every person has a tendency to experience it, given the suitable circumstances.

Only 35.2% of traditional Turkish music performers chose high anxiety values for this question. This low frequency result is inconclusive, because the other various responses to MPA from this group portray higher frequency.

4.3.2. MPA Symptoms:

The low anxiety values were resulted for the total sample for the question on loss of concentration during performance. However, looking at specific areas gives valuable information: 74.4% of the classical student group and 50% of the classical professional group selected medium to high frequency values. The next question on another cognitive aspect of MPA about catastrophic thoughts during performance yielded similar results to the question above. 74.4% of classical students and 47.6% of classical professionals selected values that showed high frequency. The jazz and the traditional Turkish music sample showed low frequency for the incidence of these symptoms.

This major difference between the classical and jazz/traditional Turkish areas points to classical performers' being much more prone to anxiety, as loss of concentration and catastrophic thoughts are two of the main cognitive symptoms of MPA. Although there may be differences in opinion as to what constitutes a correct approach to its execution, western classical music presents stricter rules for performance that have restrictive effects for their performer. The other two areas of music rely more on personal creativity and expression. This nature of these musics creates less tension and makes their performers less prone to MPA.

The concept of improvisation in jazz and traditional Turkish music plays an important role in these findings. The main body of western Classical music is not based on improvisation and the performer has to express himself or herself through a strict list of directions; the score, the tempo markings, the dynamics markings and the

related idiom of specific musical eras. Any departure the western classical performer makes is generally frowned upon and many musicians view performing western classical music as the realization of the composer's intentions through the skills and abilities of the performer. However, there has been differences in the general opinions of musicians in this respect: Contrary to performers mentioned above, some performers place their own interpretations above the composer's intentions. This conflict has been prevailing since the Classical era and many composer-performers chose to interpret their own compositions during the Romantic times. In the twentieth century, the new classicism movement brought a purist attitude and strict rules to the performance of repertoire composed previously, which resulted in the virtual disappearance of improvisation from western classical music. Many concerto cadenzas were improvised by the performer in the previous eras, however, since neoclassicism, almost every performer plays cadenzas that are written-out.

It is not the intention of this thesis to argue these two opinions. However, regardless of the validity of each approach, it is true that western classical music presents a more restrictive environment than jazz and traditional musics, related to its distance to personal expressions and idioms.

Contrary to the western classical composer, the jazz composer only presents a melody and a chord progression and the actual performance is based on the performer's creativity: He has endless choices for the way he could interpret the composition. In improvisation, the jazz player has total freedom over this skeletal formula of chord progressions; the number of ways a jazz solo can go are infinite. Actually, even mistakes can turn into creative points of departure in the hands of a skilled jazz player.

This flexibility and freedom of expression makes jazz a much more "relaxed" area of performance in relation to MPA. Traditional Turkish music has a similar nature to jazz in this respect. A lot of improvisation is included in the form of taqsims, where the performer has similar freedom of idiom.

Another conclusion to be made from the questions on these two MPA symptoms is that students show a bigger tendency towards experiencing MPA; a finding consistent with literature that MPA might diminish with experience. Students have less chances of performing and are less equipped with the necessary tools to deal

efficiently with the problem of anxiety. Therefore, there is a necessity for educating students on coping methods in order to strengthen them towards performing with more manageable experiences of MPA.

All areas showed a considerable frequency on the item about general feelings of nervousness before performances. 76.6% of classical students and 46.9% of classical professionals declared high frequency. The 35% of the jazz group and 58.8% of the traditional Turkish music group showed medium to high frequency. These results are consistent with the view that classical performers are more affected by MPA and that classical students are more prone than professionals. However, the results of the jazz and traditional Turkish music area are considerable. This confirms MPA is a widely-prevalent issue that effects many performers.

The questions that dealt with the physiological symptoms of MPA proved inconclusive. Although the classical student group scored somewhat higher than the other groups, no considerable incidence could be detected. On the average of 15% of the classical students selected high frequency values for the symptoms of sweaty hands, shaky hands and tense muscles. The high frequency results for the classical professional group are dismissable and the jazz and traditional Turkish music groups showed low frequency in all three questions. The prevalence of these physiological symptoms in the classical students area, though considerably low, is in parallel with the idea that classical students are the most prone group of sample to MPA.

It might be suggested that many performers of the sample group are aware of their anxiety in a general sense, but cannot label specific symptoms and manifestations. Ristad (1982) discusses frequently in her book that many people confirm to feeling anxious before performances, but when confronted with the question as to how the anxiety presents itself in their bodies, they hardly give specific answers. This data also points towards an education on MPA, for understanding how MPA implements itself in the musician's body is a starting point towards managing the problem.

The question on increased heart beat is the main physiological symptom of MPA that showed considerable prevalence. 58.9% of all sample scored high frequency values; confirming that some symptoms of MPA affect a wide variety of performers. Consistent with the findings pointing to a higher presence of MPA for western

classical players, this sample group had higher incidence of this symptom than jazz and traditional Turkish music players.

4.3.3. Self-confidence and Judgmental Attitudes:

All sample showed generally high levels of self-confidence towards and enjoyment of performing on stage. Although the general tendency of jazz and traditional Turkish players to be more comfortable, compared to classical performers in performance situations was there, these results should be approached with caution. The under-reporting of subjective distress is thought to be a part of the repressive style of coping with stress, and some people may not even acknowledge their fears privately to themselves (Steptoe, 1989). This fact may be applied to issues of self-esteem and confidence; these variables are dependent on personal awareness and expression. Therefore, the data may not be a total representation of actuality.

In the questions on judgemental and perfectionist attitudes, the classical student group scored considerably higher scores than the other professional groups. There is also a major difference of total scores between classical and jazz/traditional Turkish music groups, where the classical players portray more perfectionist attitudes and sensitivity to judgements. It was discussed earlier that perfectionism was highly correlated to MPA and perfectionist people tended to have unrealistically high expectations of themselves and others, and were overconcerned with small mistakes and focused on the wrongs, discounting the rights. The results showing that western classical players are more prone to perfectionism may be a consequence of the general intention for these performers to have “perfect” performances; perfect in many cases being defined as the perfect execution of notes, the perfect suitability of the performance for the related musical era and musical idiom. This aspect of western classical music may also create more room for judgmental attitudes; there are more rules for execution this music that can be judged by others, such as, tempo, score, interpretation, relation to the specific era, than those of jazz and traditional musics.

4.3.4. The Nature of the Audience:

The correlation between having a familiar audience and anxiety proved very high for classical performers and lower for jazz and traditional Turkish music performers. 79.1% of classical students and 65.7% of classical professionals expressed medium

to high frequency of anxiety in the presence of familiar people in the audience. However, only 50% of jazz players and 29.5% of traditional Turkish music players expressed medium to high frequency. Classical performers' general tendency for judgemental attitudes lies in the core of this finding. Sensitivity to familiarity may also be a factor of the negative cognitions associated with MPA; the classical performer always evaluates the possibility of an unsatisfactory performance in his or her head and the consequences of an embarrassing experience would have more hurtful effects on the performer, when the performer is acquainted with the audience. Kan (2007) and Irmak (2007) have confirmed this view by their statements that performing abroad created less anxiety for them than performing in Turkey.

Although mere acquaintance was highly correlated with MPA for classical players, having people with judgemental attitudes in the audience proved to be highly correlated to MPA for all groups. 49.1% of all sample responded with high frequency to this question. 81% of all classical students, 62.5% of classical professionals, 60% of jazz players and 53% of traditional Turkish music players correlated judgmental attitudes of the audience with MPA on a high frequency. On the contrary, a warm approach from the audience always worked to diminish anxiety for the performer. Parlak (2007) has discussed the value of creating a warm communication with the audience during performances on the path to reaching a comfortable state on stage for the performer. The results for this section of questions portray that the status of the audience does play a role on the MPA levels of the performer.

4.3.5. The Enjoyment of Music:

In the item questioning the effects of MPA on the enjoyment of music on the part the performer, the majority (66.7%) of the classical student group expressed that MPA did interfere with their enjoyment of music. For the other areas, this percentage was considerably lower. This finding supports that students are less equipped to deal with MPA when compared to professionals, and they suffer more from its negative consequences. This is a crucial point for this thesis, in that the enjoyment of music is one of the most important things that should be embedded in a student's training. As confirmed by many soloists, such as Yazici (2007) and Kirmanoğlu (2007), the joy of performing is the main tool towards a quality performance. It is therefore a great necessity for students to learn to focus on the pleasure of performing, and not on

task-irrelevant destructive thoughts towards performance in order to manage MPA successfully.

4.3.6. MPA Coping Methods:

The entire sample expressed knowledge of tools to cope with MPA and there are no considerable differences between areas, except that the classical student group showed the least amount of knowledge. However, when it came to putting these tools to use, the frequency results dropped considerably. Although these findings may seem inconsistent, there is an inner logic: The students are more prone to MPA, however; they are not as equipped with coping mechanisms to deal with the problem as professionals. The result for the three professional areas might suggest that since they are able to continue with their performances, they might feel it unnecessary to put coping tools to use. It may also be interest of future research to analyze the kind of coping mechanisms that Turkish musicians are familiar with, because a very low section of the sample has familiarity with the current research and literature on MPA.

A great majority of western classical students and professionals revealed that they did not take any medication before performances. However, the small section of the sample that does is currently dealing with MPA in a manner that is risky for health. The many side effects of beta blockers, which are the most frequently used drugs as a cure for MPA, will be discussed in the coping methods section. As there are many methods that are not hazardous to health in any shape or form, these performers should be educated on these fruitful methods and encouraged to change their coping strategies to those that do not rely on outside forces.

100% of jazz players selected “never” value for this question on medication. However, it is known and also confirmed by Aydoğdu (2007) and Parlak (2007), that the intake of alcohol before performances was often used by some jazz and traditional music players. Though not a type of medication, alcohol is generally known to be used by many people in situations of anxiety. Since the general anxiety values are low for jazz and traditional music players, the relaxing effects of alcohol may not specifically be targeted at anxiety, but at achieving a relaxed mental mode that would give more room for the expression of creativity.

For the great majority of the sample, the principle instrument teacher did not include any information on the coping mechanisms of MPA during their education. The

principle teacher of a music student has a very important role in the training of the student. A typical music student spends considerable amount of time with his or her instrument teacher and many times, the teacher becomes a role model for the student. Because of these reasons, the teacher has a strong potential to implement his own fears on the student, frequently without his awareness. Therefore, it is important for teachers to have constructive attitudes towards MPA, educate themselves on coping methods and present these to the student during the student's education.

The sample showed a general attitude towards the belief that MPA could be manageable. This is a positive attitude that would have beneficial effects on the process of dealing with MPA, people who believe that a problem could be solved would automatically be more susceptible to inquiring ways to deal with it.

97.7% of classical students, 90.7% of classical professionals, 60% of jazz players and 64.7% of traditional Turkish music players expressed a wish to be educated on the coping methods of MPA.

These last findings are crucial for this thesis. The high prevalence of MPA among students and the great majority of them wanting to get familiar with the coping tools point to a need in the education programs for classes about MPA and coping methods.

4.4. Results of the Interviews

4.4.1. Interview Results on the Nature of MPA as a Widely Prevalent Issue:

Many soloists viewed MPA as a prevalent issue that effected performers in various ways: Kan, Aşkın, Okonşar, Fisher, Evcil, Taner, Teztel, Irmak, Huelshoff, Ülker, Yazıcı, Parlak, Kirmanoğlu, Bilgen, Çağrı, and Küçükay all confirmed this idea. Aşkın also believed that all performers experienced some sort of MPA at some points in their lives, even if they didn't label it with the term. Kirmanoğlu and Teztel stated that some level of MPA existed for everyone. Huelshoff pointed to the common incidence of MPA by his remark, "it can basically hit you any time. Sometimes I feel tension and feel nervous weeks before the concert and 5 minutes before the concert it goes away and I am clear. And sometimes it happens exactly the other way around."

Bilgen stated that systematic experiencing of MPA could be very detrimental for one's personality.

A considerable number of soloists claimed that they did have personal experiences with MPA, either in their younger ages or at present: Kan declared that MPA was and had always been a prevalent issue for her. Fisher, Şensoy, Huelshoff and Parlak mentioned having been more prone to MPA in their youth, but that its effects had diminished with experience, frequent appearances on stage and the stronger implementation of confidence into their performances. Fisher tied the decrease in his feelings of MPA to having more control over his instrument over time. Yazıcı mentioned his feelings of anxiety during his youth, but learned to control it with the attitude that a stage performance should be enjoyable and exciting. Similarly, Irmak had experienced MPA strongly at the beginning of his career, and learned to manage it through working hard and concentrating on the love he felt towards his instrument. MPA was also prevalent for Ülker, but its effects depended on his personal attitude towards his specific repertoire. Aydoğdu also discussed the personal incidence of MPA, though his experience varied with the type of performance he presented.

For Küçükay, the feelings of MPA had shown different faces at different periods of his performance career; he had started out with no anxiety whatsoever, but had learned and acquired it through his peers. He also mentioned that experience had helped with the problem. Similar to Küçükay, Aşkın also stated having no feelings of MPA in his youth and linked this to his being unaware at the time of the implications of the performance process. He declared that, he had never feared being on stage, but had had issues concerning the nature of his performances. For Teztel and Kirmanoğlu, performing in front of people had been very natural to them in their youth, but some level of MPA, which they had learned to control, had developed with the awareness of the importance of their professions as performers.

Bilgen mentioned a level of MPA that he felt in every performance, which he knew how to control and turned into a positive force. Çağrı stated that a small amount of anxiety would be prevalent in his performances, but disappeared after a couple of minutes. For Taner, similar issues related to anxiety always prevailed, but that some anxiety was necessary for the quality of the performance.

In contrast, Akyol and Can remarked that they had no experiences with general MPA; and Şensoy confirmed their statements that the only times they felt anxious in any way before performances were when they felt that they were inadequately prepared. Okonşar also mentioned personal incidence of MPA at times of inadequate preparation.

4.4.2. Interview Results on the Nature of MPA as Experienced by Performers:

The views of the participants in the context of the reasons for experiencing MPA were varied: Kan discussed that trying to keep the level of performance quality that she had acquired through the many years of her career and the related expectation from the audience was a factor for experiencing MPA. This expectation was caused by the familiarity of the audience created by the artists' frequent performances in the same cities for years.

Küçükay mentioned that he viewed MPA as a learned phenomenon. This fact also exists in literature such that the behaviorist approach tends to view that people acquire feelings of anxiety through learning from outside forces (Miller, 2002). He added that a performer never really felt satisfied with his performance and always searched "for the better" and a similar approach was also stated by Teztel. Parlak also linked his experiences with MPA to placing too big an importance on music and his audience. In a similar vein, Irmak made a connection between MPA and the love he felt for playing his instrument.

Aşkın, Can and Küçükay both pointed to the personal psychological conflicts that played a role in the incidence of this issue. Aşkın added that when he had experienced worries in other aspects of his life, this had added to the worrisome feelings he felt towards performing and his fears related to his stage life also had implications on the other aspects of his life. He commented that the experience of MPA was closely linked to the general issues about self-confidence and added that comparing oneself to others enhanced the feelings of anxiety. Kirmanoğlu tied MPA to a personality susceptibility to general performance anxiety. Fisher, taking the issue from another point of view, linked MPA to the "underlying friction between one's own approach and his teacher's leading to tension in performance." For Taner, anxiety was linked to the fear related to the approval of the audience towards the performance.

Parlak stated that performing the compositions of others had stronger correlation to MPA than traditional music with improvisatory character: “Composed pieces are generally known well by the audiences and the performer does not have much freedom to change any of its aspects. However, in traditional music, you do not perform something that you have performed before; you play a version of your current experience.”

Many participants, such as, Irmak, Okonşar, Çağrı, Parlak, viewed inadequate preparation as an important reason for experiencing MPA and Evcil related MPA to lack of experience with stage performances.

4.4.3. Interview Results on the Nature of MPA as a Positive Stimulating Force:

Many soloists viewed MPA as a natural entity that was an ordinary component of the performance process that could be turned into a positive force: Kan mentioned that some anxiety was always necessary for the deep experience of performance, where one succeeds to give character and to incorporate his own idiom into the music. Huelshoff stated that it was very natural to feel MPA and that it should not be viewed as a disease. Bilgen explained that he tried to use all of his mental and physical resources to channel the anxious energy into the positive and involve the audience in his joy of performance. Taner defined anxiety as a necessary component of a lively performance and Okonşar, Irmak and Teztel viewed it as a positive and stimulating force. Çağrı concentrated on the attitude that any anxiety he might feel in a performance was the result of his respect for his profession and his responsibility as a performer towards the audience and that it was normal. Parlak mentioned that the anxiety he experienced at the beginning of his career had changed into an excitement and happiness received from sharing the performance experience with the audience. Ülker frequently experienced MPA as giving him positive force and power for performance.

4.4.4. Interview Results on MPA Coping Methods:

There were soloists who never employed any specific coping methods, though their number was lower compared to the ones who do use certain methods:

Can, Akyol and Şensoy both stated that they did not employ any specific strategies before performances in relation to MPA. This approach is consistent with the fact

that they do not feel any symptoms of MPA in their regular performance activities. Fisher also admitted to not using any specific method known in literature, but he did mention a level of MPA that he had dealt with.

The soloists who employed a method or a strategy of some sort, used methods that were mainly cognitive and behavioral in nature and that depended on their own resources. Mental imagery, mental practice, deep breathing and Alexander Technique were the most frequently discussed methods:

Huelshoff mentioned using mental imagery and practice as the primary strategy. Taner also stated that she continuously employed the use of mental practice. Okonşar integrated visualization with a type of behavioral rehearsal, where he visualized himself on stage and frequently performed his concert repertoire prior to his performance. Evcil also employed this method, even during his warming-up exercises.

Aşkın recalled having used the cognitive method of using positive self-statements as a coping method in the past. Kirmanoğlu also stressed the value of positive verbalizations for a fulfilling performance experience.

Küçükay employed a disciplined life style and watched his diet close to his performances. Bilgen also stressed the importance of a healthy diet for performers.

Kan and Yazıcı discussed the use of breathing exercises to regulate their breathing when necessary. Çağrı explained the using a breathing technique, where he divided his breath to a certain number of counts. Aydoğdu used deep breathing before performances; Teztel, Küçükay and Kirmanoğlu also mentioned its use for gaining control, decreasing anxiety and increasing concentration. Aşkın stated that he presently used breathing exercises aimed to control his heart beat. He mentioned that a controlled heartbeat went adjacent to having instrumental control during one's performance.

Bilgen employed Alexander Technique, which he stated minimised the physical instrumental problems that might occur during performance. He discussed the benefits of the technique towards the correct use of the body, breathing and the exact positioning of one's instrument.

Both Yazıcı and Kirmanoğlu discussed the positive effects of reiki on their performances and general well-being.¹³

None of the soloists had a direct experience with MPA interventions.

Soloists' recommendations to students mainly dealt with cognitive and behavioral methods; approaches to improve self-worth, a sense of freedom and self-confidence and the correct use of one's physical resources:

Fisher brought attention to the freedom one achieved by discovering one's own technique and idiom. Aşkın, Kirmanoğlu, Ülker and Fisher endorsed confronting MPA directly in order to really solve the problem.

Aşkın added that the real path towards coping efficiently with the problem went through solving innate conflicts of personality; reaching an inner awareness that gave freedom for creativity on stage. He stated that reaching this awareness could be made possible by having total control over the piece technically and musically to the point where one can acquire an improvisatory flexibility necessary for a good performance. He also accented the relationship between self-confidence and personal improvement through having knowledge on other areas of art and literature, such as painting, poetry and theater, etc. He suggested that students should inquire about the stage techniques of actors, in the line that actors got training for confident stage appearance and self-expression. In a parallel vein, Küçükay and Akyol suggested investing in the improvement of self-confidence as a solution to anxiety felt towards performing.

Both Şensoy and Küçükay emphasized the importance of improving concentration: Küçükay suggested being less prone to outside influences when preparing for a concert; whereas Şensoy pointed to the importance of the constant awareness of one's own intelligence. They both accented strict concentration on one's instrument.

Huelshoff suggested inquiring and using various coping methods, but warned against not dimming down the creative musical ideas that one might have. He took the art of preparation, both instrumental and mental as one crucial point in dealing with MPA

¹³ Reiki is a Japanese technique for relaxation and stress reduction that also promotes personal healing. It is administered by "giving hands" and is based on the idea that an unseen "life force energy" flows through everyone and is what causes people to be alive. No empirical data dealing with the correlation of reiki to musical performance anxiety was encountered through the research for this study. Therefore, it will not be discussed as a coping method in this thesis.

and Aşkın, Taner, Yazıcı, Çağrı, Akyol and Küçükay also confirmed this point of view. Taner and Huelshoff recommended the use of mental rehearsal, a kind of mental imagery where one plays the music without the instrument, seeing it in his or her mind. He commented on the importance of being aware of such techniques that were generally used in sports psychology. Kirmanoğlu also suggested mental imagery and having positive attitude to students. The benefits of having a positive attitude were confirmed by Ülker.

Yazıcı, Çağrı, Aydoğdu, Ülker, Teztel, Küçükay, Aşkın and Kirmanoğlu strongly recommended breathing exercises.

Kirmanoğlu, Evcil, Okonşar, Teztel and Çağrı suggested the use of behavioral rehearsal and discussed the value of performing frequently in managing MPA. Okonşar also added that recording the rehearsals of the entire concert repertoire would also be beneficial.

Kirmanoğlu also stated that keeping away from a perfectionist attitude and allowing the right to mistakes was very crucial for obtaining self-worth. An attitude that allows for mistakes was also confirmed by Irmak and Akyol for a fulfilling stage experience.

Parlak mentioned having an attitude that views performance as a “communication with the audience” as a main tool to create a powerful stage performance. He discussed the importance of the respect that was felt by the performer towards the audience, and this respect helped the performer to capture the audience’s essence and freed the performer of anxious feelings.

Bilgen, Fisher and Küçükay suggested that students inquire about and incorporate Alexander Technique into their lives, as it had many beneficial uses for performers. Bilgen stressed the importance of Alexander Technique in dealing with MPA and of labeling the physical mistakes during performances. Research has confirmed that Alexander Technique has been found useful for musicians (Parncutt and McPherson, eds, 2002:54; Valentine, 1995).

Ülker discussed the positive role that his experiences with jazz playing had had on his performances as a western classical performer. He mentioned that the more flexible nature of jazz that relied on personal expression and improvisation had immensely helped him manage any feelings of anxiety. He encouraged every

performer to explore improvisation and the jazz environment. Teztel also stressed that the positive effects jazz in relation to creativity in his performances. He mentioned that he tried to recall the “flowing” feeling of jazz in his western classical performances.

4.4.5. Interview Results on the Use of Beta Blockers and Other Drugs:

Virtually all of the soloists stated negative views towards the use of beta blockers and other medication for dealing with MPA: Kan stated that she had never and would not use beta blockers during her performances. Fisher defined using medication as “missing out on the crucial life experience of being on stage and dealing with one’s anxiety.” Aşkın, Şensoy, Kirmanoğlu, Irmak and Can refused beta blockers for their synthetic quality and stated that the intake of such materials could be detrimental to one’s system. Küçükay pointed to the possible side-effects. Aydoğdu and Aşkın drew attention to a crucial fact about these drugs; they discussed the drug’s potential for causing dependence. Physical dependence refers to the body’s becoming accustomed to having a medication and requiring more dosage over time to acquire the same desired effect. These soloists defended the use of completely natural resources to deal with MPA. Akyol and Huelshoff had negative views against beta blockers, because they believed that the drugs diminished one’s musical creativity. Çağrı rejected drug use, as it kept the performer from the complete experience of the excitement and joy of music and of embracing the audience. Bilgen, on the other hand, refused beta blockers, for “through the use of these drugs, one becomes defeated by an issue that he could easily get out of his system and agrees to live with his problem.” Yazıcı and Taner stated that people felt such severe anxiety as to turn to drugs for treatment should perhaps not perform. Parlak mentioned that instead of using drugs, one should aim to find the comfort through freely creating in the tradition and gaining competence over the performance experience. Ülker mentioned the negative effects of using drugs and Evcil stated that he found their use risky in relation to the control of breath and movements. Teztel remarked that one’s feelings towards performance were not an illness that should be cured with drugs.

Okonşar mentioned some positive effects of beta blockers towards dealing with MPA, however, he stressed that their use should be guided by a physician.

The general attitude of the participants was that MPA should be confronted and solved through psychological means and one's own resources.

4.4.6. Interview Results on the Incorporation of Information Sessions on MPA in Conservatory and Music School Curriculums:

On the subject of incorporating classes on MPA into conservatory and music school curriculums, all the soloists had affirmative ideas, but with variations for its application: Şensoy made a generalization and stated that it would be beneficial to include an approach that would enhance students' self-esteem and confidence in the educational systems of all institutions, not just conservatories. This is an important point in that various soloists have presented self-confidence as a crucial ingredient in dealing efficiently with MPA.

Bilgen stressed the importance of a complete rhythmic and musical education as a crucial tool for dealing with MPA. He advocated the incorporation of Alexander Technique among such issues such as, correct breathing and stage behavior.

Çağrı's point in this issue was to start an education on MPA at a time when the students had matured to the point of being able to perform in an orchestra.

Can expressed that a learning process of a concept such as MPA should take place within a student-teacher relationship and not in the form of formal classes. Similarly, Teztel, Aşkın, Okonşar and Taner also mentioned that instead of formal classes, workshops would be more beneficial for an education on MPA. Teztel also added the importance of instrumental teachers' getting acquainted with MPA coping methods.

Okonşar, Yazıcı, Irmak, Küçükay and Kirmanoğlu both stressed that these classes should be conducted by trained specialists and/or by experienced performers who have successfully learned to manage musical performance anxiety. Similarly, Kan and Evcil discussed the necessity for prominent artists to share their experiences with younger generations.

Parlak thought that these classes should include "sharing and discussion of the experiences of performers." He stressed that classes on stage aesthetics, presentation and psychology should also be incorporated within the education on MPA. Aydoğdu stated that these classes should not only include experienced performers of western classical music, but also from jazz, flamenco, world music and traditional Turkish music.

4.5. Discussion of the Interview Results

4.5.1. The Nature of MPA:

The results of the interviews have confirmed that MPA is prevalent among professional musicians. A majority of the participants admit to experiencing various levels of MPA during certain periods of their performance careers. It is important for performers trying to deal with MPA to understand that everyone experiences MPA in some way, even when they are at very mature stages of their performance careers. The fact that some participants stated that they had no experiences with MPA does not change the nature of the generalization. In fact, it can be suggested that the differences in the personal expressions of MPA can be more linked to issues of defining the anxiety feelings in different ways, rather than the actual non-existence of the phenomenon.

It is also important to note that the artists viewed MPA as a natural ingredient of the performance process that could be turned into a positive force in performance. Accepting one's anxiety as a normal entity, which also might have positive effects on performance is a very helpful attitude towards dealing with it efficiently. This also implies accepting one's entity as a whole, complete with its weaknesses and strengths and helps with the formation of a solid sense of self-worth and confidence. These two entities play a crucial role within the strengths of a performer on stage.

In a similar vein, various participants have discussed the correlation between MPA and other personal psychological issues for the performer. It was stated that the experiences of MPA could hardly be separated from other various psychological conflicts within the performer. Therefore, it is of great importance for people aiming for a stage performance to be aware of their psychological make-up and try to solve any parts of it that may be harmful to their systems. All the tools necessary to create a healthy mental and emotional state should be explored. A positive attitude and motivation towards life in general, a strong sense of self-esteem and confidence and accepting one's entity as a human being, prone to make mistakes, are some of the concepts that performers should contemplate on and aim to achieve.

Western classical music performers are more prone to MPA than those of jazz and traditional music's. The most important reason for this is that jazz and other

traditional musics are based on improvisation, and base their core on the performer's self-expression and creativity. This concentration on personal idiom creates a musical environment that is more flexible. It also helps the performer not get stuck in established forms and norms and gives him the freedom to perform with better use of his potential; with minimal anxiety. This idea should be explored by western classical musicians on the path to a freer and more fulfilling stage experience. Strict forms are a natural entity of western classical music and the perfectionist attitudes towards performance create a tense environment for many performers. It is therefore beneficial for western classical performers to experiment with musics that are not based on score-compositions, but on improvisation.

4.5.2. MPA Coping Methods Used by the Artists:

The most important result of the interviews that has crucial implications on the case of this thesis is that, all of the soloists managed MPA through their own resources. Many confronted the issue head on and looked into themselves to find the most suitable solution for the problem. Each soloist had created a personal style of dealing and virtually none had gone through any structured MPA intervention. This is a crucial point which implies that while many other structured therapies of MPA, such as hypnotherapy, biofeedback training and music therapy can obviously be helpful, it is possible to deal with the problem efficiently without the participation in these interventions. The self-management aspect of cognitive and behavioral methods that do not include equipment and a therapist would also be very helpful and more practical to put into use. The positive effects of these psychological methods can lead to continuous improvement, because the performer can systematically employ these programs.

Through use of such easily applicable techniques, such as mental imaging, breathing exercises and cognitive restructuring, the soloists had been able to get to the root of the problem and continue to lead fulfilling performance lives. Obviously, the high frequency rate of performance does have a decreasing effect on MPA. However, even for those who do not perform as often as these acclaimed soloists, their dealing methods present an encouraging point of start for those who want to deal efficiently with MPA. It would be of great benefit and a wonderful source of motivation for students, that prominent performers shared their personal experiences on stage

performances and MPA and discussed their coping methods with the students. Music students should be given access to this kind of a communication through lectures, given by experienced performers, during their education.

The very high refusal rate among the soloists towards beta blockers also points to the fact that relying on unnatural outside forces for the treatment of MPA is not efficient.

4.5.3. The Incorporation of Information Sessions on MPA in Conservatory and Music School Curriculums:

The complete sample of soloists –with minor variations in form and application– encouraged the incorporation of informative lessons on MPA in the conservatory curriculums. This fact confirms that having knowledge on the various coping methods and understanding the nature of the problem would provide students with a strong tool in dealing with the anxiety associated with performance. As efficiently dealing with this problem is a time involving process, it is crucial to expose music students to issues related to MPA during their education, so that they could start performing professionally, aware of the resources that can be used in dealing with possible problems of anxiety related to performance.

5. COPING METHODS FOR MUSICAL PERFORMANCE ANXIETY

There are various coping methods present to help with the problem of musical performance anxiety in world literature.¹⁴ These methods can be categorised as “cognitive,” “behavioral” and “cognitive-behavioral therapies,” reeducational techniques such as “Alexander Technique” medication in the form of “beta blockers,” “biofeedback,” “hypnosis” and “music therapy.” “Mental practice,” “mental imagery” and “deep breathing” are methods that many professional performers use and have benefited from in dealing with performance-related anxieties. In the light of the results of this study, each method will be explained thoroughly and discussed in relation to its efficiency for use by the musician sample in the last section.

The validity of the treatment methods of MPA discussed here were mainly shaped by the various studies carried out in the past few decades. Many of these methods are proven through systematic studies to help reduce some aspect of MPA.

Cognitive, behavioral, cognitive-behavioral therapies, Alexander Technique, the use of beta blockers, biofeedback training, hypnosis and music therapy are discussed in this section as they are formally evaluated methods through frequently cited studies that appeared in scientific periodicals. This has been the main criteria in choosing these specific methods to appear in this thesis. Mental practice, mental imagery and deep breathing are not defined in MPA research as individual “coping methods;” however, their efficiency have been confirmed both research, by the interview part of this study and the personal experiences of the author. The “Feldenkreis Method” also appears in literature as an alternative tool for dealing with MPA (Çimen, 2001). The ideas from two writers will also be discussed in this section; Ristad (1982) and Gallwey (1974), whose popular books have been personally helpful to the author in dealing with MPA. Though these writers were rarely cited in scientific journals, it is believed that their books contain valuable information on the path to efficiently

¹⁴ The research on the world literature on MPA was conducted through PsychINFO and MedLine databases.

coping with MPA symptoms. Mainly concentrating on easily applicable approaches that individuals can use without the reliance on outside forces, the strategies offered by these authors are strongly recommended for the musician sample of this study.

One important issue is that requires caution towards approaching coping methods is that all the surveys and studies in literature encountered were conducted by and on individuals belonging to cultures of Europe, the United States and Australia. Before one can make universal generalizations about the validity of coping methods, other studies on the prevalence and treatment of MPA in cultures outside these three must be carried out. There might be different reactions to MPA, caused by the differences in cultural beliefs and approaches.

It is also suitable here to note that, though a very common problem, MPA has various origins, meanings and manifestations, which are as varied as the individuals in whom it occurs (Brandfonbrener, 1990). Therefore there should be an individualistic approach towards choosing the right treatment method and it should not be forgotten that no one method can alone be the remedy for the problem.

There are some methods that are used by some musicians and are believed to be useful in helping with MPA, but will not appear in this section: Meditation is defined as the self-regulatory practice designed to “train attention in order to bring mental processes under greater voluntary control” (Kenny, 2006). By definition, it would be expected for meditation to be a great method to diminish the mental symptoms of MPA. However, only one study in literature examined the effects of meditation and it was not found that it greatly affected MPA symptoms (Kenny, 2006). Moreover, there were no significant differences between the groups on measures of cognitive interference (mind wandering, intrusive thoughts) that the meditation intervention specifically addressed. As there is no current evidence that meditation specifically helps with MPA symptoms, it will not be discussed here as a treatment method.

“Yoga” is a technique that is known to help with the relaxation of muscles and with concentration. Although yoga is helpful to many people in many ways, there was not a single study throughout the research for this thesis that dealt with the relevance of yoga to the reduction of MPA symptoms. As the benefits of yoga in this context are not proven in a formal environment, it will not be mentioned.

Another technique –although it appears in literature- that will not be mentioned here is “music analysis.” Music analysis is mentioned in some literature as a treatment method, somewhat helpful in reducing MPA symptoms (Sweeney and Horan, 1982). The idea here is that as the piece is learned in great detail, the MPA symptoms would as a result be less severe. Although the positive effects of analysing a piece in detail cannot be argued, this approach is more relevant with reactive anxiety; anxiety stemming from lack of practice and adequate preparation, but not with the main concern of this thesis, the debilitating musical performance anxiety. Tested among other treatment methods, it was found that musical analysis training had no impact on maladaptive musical performance anxiety; but was found to be useful in cases of reactive anxiety (Sweeney and Horan, 1982). In light of these information, musical analysis will not be discussed as a treatment method in this thesis.

Prior to the discussion of specific methods, a brief overview of MPA treatment history would be illuminating:

Despite the widespread prevalence of MPA, published accounts of systematic intervention efforts were rare before the nineties. One of the first attempts of systematic intervention to coping with MPA was the foundation of a performance anxiety clinic in the forties, the “Society of Timid Souls,” in New York City by the pianist, Bernard Gabriel. The clinic had weekly meetings, where the participants engaged in discussions on how to cope with musical performance anxiety and tried to diminish the effects of MPA through performances before a friendly audience. The basics of this approach are similar to those of what we now call “behavioral rehearsal” and “stress inoculation.” (Sweeney and Horan, 1982).¹⁵

A Time magazine article, dated 6 August 1945, refers to the meetings of the “Society of Timid Souls;” however, this account is quite different from the version discussed by Sweeney and Horan:¹⁶ Here, the audience is not mentioned as being “friendly,” but just as the opposite. After performances, the audience is referred to as “staring glassily,” “ringing bells,” “booing,” and “criticising the performer as he bowed.” The citation of Bernard Gabriel is given as an explanation to this state of the audience:

¹⁵ “Stress inoculation” will be defined and discussed in the upcoming sections.

¹⁶ Reference information for the article is presented in the reference section.

"We get them used to what bothers them, or a worse dose [until] playing in public is really a relief."

Although discrepancies are present as a result of the lack of any formal evaluation of this study, it is an important attempt in that it presents the first example of an organised approach to coping with MPA.

After Gabriel's venture into the treatment of musical performance anxiety in the forties, any experimental attempts to cope with MPA did not appear in literature until the seventies. The first of these studies was carried out by Walsh in 1975 and was reported that "participants given either systematic desensitization or a combination insight-plus-relaxation treatment scored lower than those in a no-treatment control condition on behavioral and heart-rate measures of MPA."¹⁷ Here, the performing competence was not found to be affected (Sweeney and Horan, 1982).

The other study, created by Appel in 1976, has clearer results and is referred to in many literature as the pioneering study on the treatment methods of musical performance anxiety. Appel's study sought to reduce performance anxiety using either systematic desensitization through exposure and traditional music analysis. The result of the study was that the students receiving the systematic desensitization treatment reduced the self-reported anxiety levels, more than the other two groups of analysis and control. It was also concluded that less pianistic errors were made during performance by the group receiving this treatment (McGinnis and Milling, 2005).¹⁸

5.1. Cognitive Therapy (CT)

Cognitive therapy was developed by psychiatrist, Aaron Beck, mainly for the treatment of depression, in the sixties. This form of therapy was later applied to other problems, such as substance abuse, anxiety and anger management problems.

Cognitive therapy is mainly concerned with maladaptive thinking patterns that create problematic behavior, such as avoidance and/or impairment of performances, tension and excessive anxious behavior. It operates under the assumption that

¹⁷ "Systematic desensitization" will be defined and discussed in the upcoming sections.

¹⁸ The study will be explained in detail in cognitive, behavioral and cognitive-behavioral therapies section.

“thoughts, beliefs, attitudes and perceptual biases influence what emotions will be experienced and also the intensity of those emotions” (Westermeyer, 2006).

Cognitive therapy aims to label and replace negative, unproductive and catastrophic thinking patterns with more positive, realistic and useful thoughts that enable individuals to re-assess their stressful situation. This change in the thinking style results in dealing with anxiety-provoking situations with a much more manageable manner (Kenny, 2006). This process, titled “cognitive restructuring,” has been found to be useful for the treatment of debilitating musical performance anxiety. Cognitive therapy procedures that employ cognitive restructuring are, “stress-inoculation,” and “attention training.”

5.1.1. Cognitive Restructuring (CR)

It was stated earlier that “cognitive assessment of performance anxiety tends to focus on troublesome thoughts that serve both as distractions and as cues that further increase one’s anxiety” (Salmon, 1990). In other words, the way a person views a certain situation plays a very important role in the way he or she experiences anxiety. As negative thoughts and self-talk increase the level of MPA, a new arrangement of the individual’s habitual ways of thinking about performance from negative to more positive and realistic would be fruitful in dealing with the problem. Salmon (1990) describes CR as a procedure for “monitoring one’s thoughts;” “exploring the dysfunctional qualities of troublesome thoughts;” “developing effective counter-responses;” “rehearsing new responses” and “incorporating them into task-relevant activities.”

In relation to MPA, Aşkın (2007) has mentioned the benefits of positive self-verbalizations in his performance career. Kirmanoğlu (2007) also recommends positive self-verbalisations as a tool in dealing with MPA.

An example to a CR procedure can be described as follows: In a discussion about the performer’s feelings about an upcoming concert, his or her negative thoughts, such as “I feel that I will make a mess of myself,” can be labeled and the implications of similar catastrophic statements can be discussed. Effective task-related statements can be created such as, “I have learned the pieces well and I am well prepared,” or “I need to concentrate on keeping my shoulders relaxed.” These task-related statements that focus on the activity can be rehearsed frequently by the performer.

5.1.2. Attention Training

A very crucial target for cognitive restructuring methods is the person's focus of attention. The main concern of this sort of a cognitive procedure, titled "attention training," is to diminish the deteriorating and irrelevant thoughts in the performer's mind and to channel the performer's concentration to the task at hand. One example to an attention training program is the "open-focus attention-training exercises," developed by Lester Fehm, in 1982. These consist of six audio tapes and a study guide. This system basically deals with directing the client's attention to "all modalities of sensory experience;" to taste, smell, hearing and sight; to emotions, a sense of time, thoughts and also to the context in which these sensations occur. This sort of therapy makes the client attentive to his or her sensations through imagining these within various distances, spaces, various body areas or in areas outside one's body. Basically, the aim is to shift the attention from exclusive to inclusive (Valdes, 1985).

5.1.3. Stress Inoculation Training (SIT)

"Stress inoculation training" is another type of cognitive therapy and deals not only with implementing positive self-statements for the performer, but also with promoting realistic expectations about what will be experienced during the performance. Here, the performer becomes acquainted with the anxiety feelings that will be felt before or during the performance, prior to its actual time. As a result of this familiarity, the performer labels the anxious feelings as less threatening and even desirable reactions. As an example, "the adrenaline effects (e.g., pounding heart, faster breathing) are reappraised as normal emotional responses that are not conspicuous to an audience and can provide energy, thus contributing to a more lively, exciting musical performance" (Parncutt and McPherson, eds., 2002:53). Developed by the American psychotherapist, Meichenbaum (1939-) in the sixties, SIT is a multi-faceted and individually-tailored form of cognitive therapy. "In order to enhance individual's coping repertoires and to empower them to use the already existing coping skills, an overlapping three-phase intervention is employed" in SIT (Meichenbaum, 1996). In the first phase, titled "conceptualization", the clients are asked to label perceived stressors and problems and to review which of the clients' reactions or parts of their problem situations can be altered. The therapist and the

client decide on short, intermediate and long-term goals towards coping with these stressors.

The second phase, titled, “skills acquisition and rehearsal,” the coping methods that are learned in the training setting are practiced and applied to use by the client. The various coping skills include, “relaxation training,” “self-instructional training,” “interpersonal communication training,” and “self-soothing and acceptance.”

In the last phase of SIT, “application and follow through,” the client must use the learned coping skills in progressively increasing levels of problem situations. Techniques such as, behavior rehearsal, mental imagery and role playing may be included in the therapy for further confirmation of the skills.

The anxiety that the individual experiences is recognised as transitional, institutional and unavoidable in SIT. This type of therapy presents an individually-based and flexible coping skills palette for people with varying anxiety issues.

5.2. Behavioral Therapy (BT)

Behavioral therapies mainly target altering the maladaptive behaviors that result from various forms of anxiety. Some behavioral approaches used in the treatment of phobias were also found to be useful with MPA. These include “progressive muscle relaxation” and “systematic desensitization.” The idea behind SD is that, phobias are maintained by the comfort one feels by avoiding the phobic object; therefore, it is necessary to have a method where the person is persuaded to encounter that object (in the context of MPA, a performance situation) in gradual, stepwise stages (Parncutt and McPherson, eds., 2002:52).

“Cue-controlled relaxation” and “behavioral rehearsal” are two other types of BT that are being used in the world for the treatment of MPA.

5.2.1. Behavioral Rehearsal (BR)

One frequently used behavioral method is “behavioral rehearsal.” Although this is not a type of therapy, it is widely accepted that repeated employment of this strategy is helpful to the management of MPA. BR basically deals with being exposed to the performance environment prior to the actual time of performance. It generally involves performing repeatedly to supportive and friendly audiences, consisting of

the performer's close circle of friends and family. This is important in that the performer develops positive associations between the performance and the reactions of the audience, before the real performance. In cognitive-behavioral therapies, behavioral rehearsal technique is generally added in, in the form of a home-assignment, where the participant is required to perform for a small group of family and friends; record and rate his or her feelings of anxiety and/or the general quality of the performance (Salmon, 1990).

Yazıcı (2007), Evcil (2007) and Kirmanoğlu (2007) stressed the importance of behavioral rehearsal in their interviews. They urge students to perform in all possible occasions, as frequent exposure to stage presents a vital environment towards the management of MPA.

According to Kendrick et al. (1982), a typical behavioral rehearsal program should include, "a nonthreatening, friendly audience," "positive feedback and nonpunitive reactions following performances," "hierarchical presentation of anxiety-producing performance situations," and "assured success experiences during early behavior-rehearsal performances."

5.2.2. Progressive Muscle Relaxation (PMR)

"Progressive muscle relaxation" is a relaxation technique developed by the American physician Edmund Jacobson (1888-1983) in the twenties. This technique was created after the argument that since anxiety and muscular tension go hand in hand, one way to decrease anxiety can be achieved by decreasing muscular tension in the body. PMR works through a two-step process, where one must first deliberately apply tension to specific muscle groups and then to stop applying the tension to notice how the muscles relax as the tension disappears. After repetitive practice of this technique, one learns to recognise the feelings of a tense or a completely relaxed muscle. Through this knowledge, it becomes possible to voluntarily initiate muscular relaxation at the first signs of tension. (Richmond, 2007).

The procedure consists of tensing up certain muscle groups, holding this tension to a count of eight to ten seconds and then releasing the tension. It involves concentrating on the specific muscle group, really tensing up that group and suddenly letting the tension go while focusing on the relaxed state of the muscle group. An example of a possible muscle group sequence to work with during PMR is as follows:

1. Toes (one foot at a time)
2. Lower legs and feet (one foot at a time)
3. Thighs (one thigh at a time)
4. Hands (one hand at a time)
5. Biceps and triceps (one arm at a time)
6. Abdomen
7. Chest
8. Back
9. Shoulders
10. Neck
11. Mouth and tongue
12. Entire face

It would be most beneficial to practise PMR at a quiet place with loose clothing and bare feet, preferably before meals and never after taking intoxicants, for the sake of the digestive systems.

One crucial aspect is the incorporation of diaphragm breathing into PMR. Each step of the procedure should be accompanied by deep breaths.

The efficiency of PMR in reducing the physiological, cognitive and behavioral symptoms of MPA was tested over forty-one instrumentalists who were randomly assigned to a no-treatment control and PMR therapy groups. The outcome of the treatment program was measured in an in vivo performance situation.¹⁹ The results showed that PMR was strongly effective both for the cognitive aspect of anxiety and the physiological aspect, including heart rate (Salmon, 1990).

5.2.3. Cue-Controlled Relaxation (CRR)

Parallel to PMR, another behavioral technique that is used for the treatment of MPA is “cue-controlled relaxation.” This procedure is “designed to enable the client to achieve relaxation and reduced anxiety in response to a self-induced cue word. This is accomplished by training the client in relaxation, followed by a pairing of the relaxed state with a cue word” (Russell et al., 1976). These cue words could be chosen among words that evoke feelings of serenity and relaxation, such as “calm,” “control,” “loosen,” “relax,” or “quiet.” Treatment procedure in CRR starts with

¹⁹ “In vivo” refers to the exposure to a real anxiety evoking situation, rather than imagining it as in a desensitization process.

PMR, where specific muscle groups are tensed and relaxed. With each relaxation, the cue word is expected to be pronounced. Creating visual images of a relaxed state such as a vacation spot, sailing on a boat, sitting quietly in nature are encouraged.

One of the most crucial things towards the efficiency of CRR is that the procedure should be practised on a daily basis. After a period of four to five weeks, it is expected that the cue word induces a relaxed state for the client in situations evoking anxiety, such as a performance (Russell et al., 1976).

5.2.4. Systematic Desensitization Treatment (SDT)

One type of behavioral therapy, which is mainly used for the treatment of phobias, but is also applied as an MPA treatment, is “systematic desensitization.” This therapy was developed by the South African psychiatrist, Joseph Wolpe (1915-1997) in the late fifties. In SDT, the client is taught to face an object or a situation (stimuli) without experiencing negative or anxious feelings, previously felt when the object or the situation was encountered. This is accomplished by teaching the client relaxation techniques, exposing him or her to the phobic situation/object in progressive steps, and pairing each step with relaxation so that the specific stage does not produce any anxious feelings (Mc Ewan, 2006). The imagination on the part of the client of progressively anxiety-evoking scenes in SDT is called, progressive exposure to a “fear hierarchy.” For example, a student may imagine first playing alone, then playing for family and friends, then to faculty and then to public in a concert hall; learning to relax at the thought of each stage.

The SDT works by the theory that “phobias are maintained by the relief one obtains by avoiding the phobic object; hence what is necessary is a method for persuading the client to encounter that object in gradual stages.” (Parncutt and McPherson, 2002:52).

The Performance Hierarchy used by Nagel et al. (1989), gives a good example of a progressive fear hierarchy that can be used during the treatment of MPA:

1. Imagine you have just received the recital hall for your graduation program which will be held in six weeks.
2. Three weeks before your recital, imagine yourself trying out your program for several friends. They offer suggestions different than those upon which you and your professor have agreed.

3. It is one week before the recital; imagine that your programs are sent to the school for posting, and you see them up on the bulletin boards.
 4. It is three days before your recital; imagine some people telling you they are looking forward to hearing you.
 5. Imagine that you are working on some difficult technique two days before the recital and it does not go well.
 6. You are in bed the night before the concert, and your mind flashes to the performance. You wonder if you are properly prepared.
 7. Imagine that you are warming up in the recital hall before people begin to arrive.
 8. Imagine that you are waiting backstage-the five minute bell sounds.
 9. Imagine yourself walking on stage; you receive a warm ovation from the audience.
 10. Your arms feel weak and shaky and your hands wet.
 11. Imagine yourself half-way through your first piece; you mess up (technique fails) a passage you had worked hard on.
 12. Your mind flashes to a tricky spot coming up soon. You wonder if you'll get through it okay.
 13. Imagine yourself toward the end of your last piece; suddenly you have a memory slip.
- (Nagel, et al., 1989)

The study, created by Appel and referred to in many literature as the pioneering study on the treatment methods of musical performance anxiety, sought to reduce performance anxiety using either SDT through exposure and traditional music analysis. The participants were thirty graduate music students who had previously experienced MPA in solo piano performances. The SDT involved exposure to performance situations and incorporated such techniques as in vivo desensitization (the application of newly learned skills in an anxiety provoking situation) and progressive muscle relaxation.

The music analysis treatment mainly focused on the comprehension of the stylistic and structural aspects of the musical piece to be performed. The participants received eight hour-long treatment sessions and the results were compared to a no-treatment control group. The result of the study was that the students receiving the SDT reduced the self-reported anxiety levels, more than the other two groups of analysis and control. It was also concluded that less pianistic errors were made during performance by the group receiving this treatment (McGinnis and Milling, 2005).

One component that can be added to the standard procedures of SDT is, imagining coping effectively with the anxiety-provoking situations, rather than only visualising these fear-related situations in a relaxed state. SDT was employed in the Norton study of 1983, conducted with a female pianist who experienced chronic MPA, trembling and memory lapses. There was a drastic decline in her memory lapses, shaking and feelings of anxiety after treatment (Salmon, 1990).

Yazıcı (2007) suggests employing behavioral rehearsal in the manner of systematic desensitization in relation to musical performance anxiety, where students should start frequent performances with friends, then expand this to unfamiliar people and then to teachers that they are not familiar with.

5.3. Cognitive-Behavioral Therapy (CBT)

Cognitive-behavior therapy includes and is a combination of various cognitive and behavioral therapies aimed at changing maladaptive thinking patterns and behaviors. It is a form of psychotherapy which deals with the impact of people's thoughts on how they feel and behave. CBT uses an inductive method, which encourages the person to view his or her thoughts as hypotheses and question them; and not view them as absolute unchangeable entities (Pucci, 2007). This process also helps with identifying and changing maladaptive thinking patterns. The person seeking treatment has an active role in CBT and must "study and learn" the necessary thinking and behavioral patterns; mainly through homework assignments, such as keeping records of evaluation of his or her current status in therapy.

Research has shown that CBT is quite fruitful for the treatment of MPA. Targeting both cognitive, behavioral and emotional issues, CBT gives the most complete approach to dealing with the problem, when compared to other methods. The most important and beneficial aspect of CBT is that it relies on the person's own resources to deal with the symptoms of MPA and not on outside forces such as beta blockers.

In the study, considered by many as a milestone in the history of MPA treatment research, Kendrick et al. (1982), compared the efficiencies of BR technique, attention training and a control group. Fifty-three highly anxious pianists participated in this study and were randomly assigned to these three groups in three two-hour sessions in a period of three weeks. Subjects in the attention training group first assessed their

negative and task-irrelevant thoughts through videotapes of their own performances. After, they were presented with the rationale for cognitive restructuring, which related negative thinking to MPA and weak performance in the potential of vicious cycles. The subjects then learned techniques to challenge their negative cognitions to replace them with positive and only task-relevant ones. Four types of positively adaptive self-statements were presented for this replacement:

1. Comforting: "I've learned the music thoroughly and am well prepared."
2. Task-focusing: "I need to concentrate on maintaining a constant tempo."
3. Technique-oriented: "Keep my shoulders and arms relaxed so my fingers will move freely."
4. Self-rewarding: "There-the opening section went well." (Salmon, 1990).

The subjects were then shown a videotape of a coping model; a pianist who also shared symptoms of MPA but was able to efficiently overcome her fear. As a crucial ingredient of cognitive therapy, the participants were also given homework, where they were asked to perform to small groups of friends and family and also to record their thoughts, levels of anxiety and rate the general quality of their performance.

The following sessions included a review of the rationale, discussion of home assignments, videotapes of cognitive-modeling sequences for a pianist in performance, more homework assignments of performances, making lists of positive statements associated with performance and practicing alone while imagining performing in front of an audience.

The results of this study pointed out that a cognitively based treatment did prove effective in the treatment of MPA in contrast to a control group that did not receive any treatments. Attentional training was also helpful in reducing visual signs of anxiety and improving expectations of personal competence.

Interestingly, the positive effects of the cognitive treatment program on MPA were not apparent right at the termination of the study, but the subjects receiving this treatment showed significantly lower levels of MPA at the time of a five-week follow-up. In this context, it is stated that self-management procedures, such as cognitive restructuring methods, generally lead to continued improvement after the

treatment has ended because the persons continue exercising the newly acquired skills (Kendrick et al., 1982).

The study conducted by Clark and Agras (1991) concluded that cognitive-behavioral therapies result in a major decline on various measures of MPA. The cognitive-behavioral intervention program used by the authors presents a good example as to how the procedures work in this type of therapy:

SESSION 1

Introduction and rationale for cognitive-behavior therapy

Self-statement analysis presented

Homework: List positive and negative self-statements

SESSION 2

Techniques for modifying self-statements

Coping model 1 (slide and audiotape presentation)

Replay laboratory performance audiotapes and discuss negative and positive cognitions

Homework: Self-statement modification exercise

SESSION 3

Coping model 2 (slide and audiotape presentation)

Applied relaxation training- long version

Exposure performances

Homework: Applied relaxation practice-long version and self-statement exercise

SESSION 4

Applied relaxation training- short version

Exposure performances

Homework: Applied relaxation training- short version and self-statement exercise

SESSION 5

Exposure performance

Review and termination (Clark and Agras, 1991)

The study by Sweeney and Horan (1982) compared the effects of CRR, CR, a combination of the two, and of musical analysis on MPA. The CRR group received training in PMR with the cue word, "calm." In proceeding sessions, the subjects

learned to pair the cue word with the relaxed state, so that they could instruct themselves to relax while playing music. The CR group labeled maladaptive thoughts that occurred during performances and discussed their consequences, such as distractions from the task at hand and an increase in anxiety, creating a vicious circle. These thoughts were replaced with positive, task-related statements. The combination group received therapies of both kinds. The musical analysis group worked on a theoretical analysis of their recital pieces.

The results showed a reduction in the behavioral symptoms of MPA for the CR group and a major positive effect of CRR on measures of trait and state anxiety. The musical analysis proved not effective for the reduction of MPA. “These results point to the feasibility of using different procedures to treat different manifestations of MPA” (Salmon, 1990).

5.4. Alexander Technique (AT)

Alexander Technique was discovered by F. Matthias Alexander (1869-1955), an actor who was born in Tasmania, Australia. While working as a Shakespearean orator, he encountered serious vocal problems and started to lose his voice on stage. He had developed a habit of depressing his larynx when speaking and this resulted in the shortening and narrowing of his neck muscles. His determination to solve his problem and his careful self-observation led him to realize the excess tension and stiffness that had made place in his body as he performed. Through his committed approach to come up with a solution, he found and developed a technique which by 1900, completely helped solve his health problem. After putting his ideas to use on himself and received serious benefits, he taught others in London between 1931 until 1955, the year in which he was deceased.

AT is generally taught by a specialised teacher on a one-to-one basis. The teacher models and gives direction to the student towards a freer and more efficient movement. Specific inter-related governing techniques are taught by providing direct experience, the example of others and personal experimentation on the part of the student (Engel, 2006).

AT initiates a new awareness towards a person's body movements and muscular system. It teaches one the skills to release unwanted muscular tension in the body

which has developed over the years and later to use only the amount of tension necessary to perform the desired activity. Basically a reeducational method, this technique teaches to “unlearn” the wrong usage of the body -something that has become automatic over the years- and to learn the efficient movements that create no unnecessary tension.

A foundational concept in AT is, “inhibition,” which refers to recognising and preventing habitual limitations used for choosing, allowing and discovering a new way towards movement (Engel, 2006). In other words, it is important to be open to an unfamiliar style of thinking about and carrying one’s body towards abandoning years of wrong habitual experience.

The most important principle of AT is called, “Primary Control,” which states that the head-neck relationship is crucial to the muscular structure of the body and determines the quality of movement. The mechanism that determines the quality of all reflex actions lies in the reflexes governing the relation of the head to the neck. As the primary control works in its most natural way, it is sensed as an integrating force that preserves freedom of movement throughout the system, so that energy can be directed to the place where it is wanted without developing strain there or somewhere else (Jones, 2006). Starting with the head-neck relationship, this technique can help one become aware of coordination, balance and posture as he or she performs everyday actions. This knowledge “brings into consciousness tensions throughout our body which that have previously gone unnoticed, and it is these tensions which are very often the root cause of many common ailments” (Brennan, 2006).

Posture is one crucial aspect of the body that the AT examines. The philosophy behind Alexander’s Technique is that as humans adapt to the tough demands of the civilised society, they lose their natural poise and kinesthetic sensitivity; and this results in the tension throughout the body and in a deteriorated posture.²⁰ (Figure 5.1)

Children use their bodies instinctively and move with an erect posture; however, as they grow up, a great majority of people develop movement patterns that put strains on the body. Slouching is the simplest and most common of these harmful habits that has detrimental outcomes for the body. It is known that many indigenous races, such as Aborigines from Australia, tend to retain their natural posture throughout their

²⁰ Kinesthetic sensitivity is the awareness of the senses towards the efficiency of a particular movement.



Figure 5.1: Example of wrong use of posture (A) and improved posture by the whole structure being more at ease (B) (Brennan, 1991:54)

lives and an upright posture is viewed as a reflection of their integrity and dignity; a fact that points to these posture problems generally being a product of the Western civilizations (Brennan, 2006). Hunter (2006) explains that just as a predator or prey which is not in a healthy physical state, with fully functioning senses did not survive in nature, humans were in the same demand to use all physical, mental and sensory faculties in indigenous societies. With civilization, humans continued to develop mentally and emotionally, but the necessity to rely on the intuitive and sensory capabilities lessened. In the modern society, humans are not required to use sensory awareness beyond a minimal level. This results in the “separation” of the mind and body, where the very important notion that the two inseparably working together becomes nearly forgotten.

The ideas behind AT are especially important for music performers, as the very own ingredient of the profession is “movement.” The human body has a natural capacity to learn repeated movements and this is the main idea behind instrumental learning. One danger for musicians is that the body also easily learns and adapts wrong movements that put a strain on the muscles and continues to function normally until a muscular problem stems from this wrong usage. Commonly, these problems are the result of an unnecessary contraction of certain groups of muscles without the

performer's awareness and this problematic movement becomes automatic as the performer repeats the movements during hours of practice. For example, the way the head is carried on top of the spine has great influence on these unnecessary contractions: The average weight of the head is 4-5 kilograms and this weight applies a pressure on the cervical spine when the neck is held in a tensed and lowered position. This has a domino effect on the rest of the spinal bones and results in the general failure of the function of the entire spine. In order to compensate for this, various muscle groups in the lower back, chest, shoulders and arms become rigid to create the required support. On the other hand, if the head is kept up with the neck preserving its natural length, the head does not push on the spine and gives it its natural capacity to support the body. (Figure 5.2) The other muscle groups which have been substituting for the failure of the spine can now perform with a natural flow and freedom of movement (Hunter, 2006). This freedom of movement is a very crucial aspect for an efficient performer; not only for his or her muscular functions but also for the creation of the natural and beautiful sound in performance.

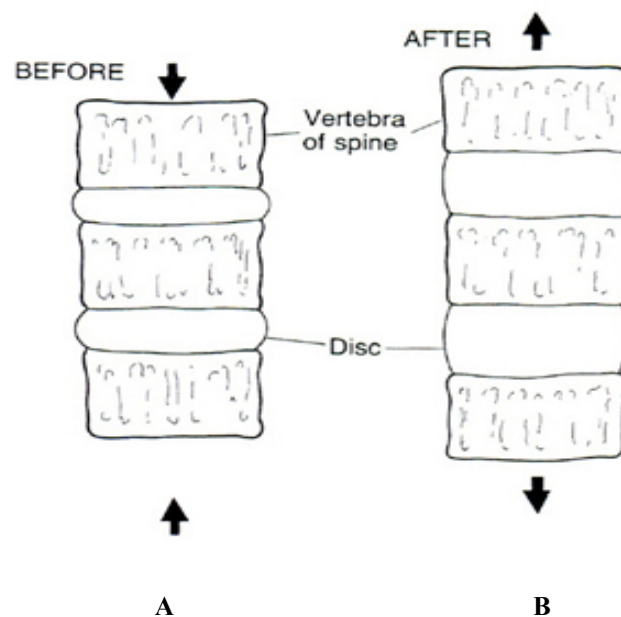


Figure 5.2: Intervertebral discs before (A) and after (B) the incorporation of right use of head-neck relationship (Brennan, 1991:78)

Although AT was not developed as a treatment method for MPA, many musicians use it for this purpose. Watson and Valentine found that this technique among others was the most commonly used for the reduction of anxiety among British orchestral musicians (Parncutt and McPherson, eds, 2002:54). As it was explained in

progressive muscle training, a relaxed muscular state directly has a diminishing effect on anxious behaviour. AT works with the same vein, adding the benefit of the efficient usage of the muscular system.

Valentine et al. (1995) tested the effect of this technique on MPA with twenty-five performers, assigning them either to fifteen sessions of AT or to a control group. The results showed that AT had beneficial effects on the quality of performance, the mental state of the performer and on anxiety symptoms, such as increased heart rate. All of the subjects stated that they experienced increased awareness and an ability to relax after the sessions.

This preliminary study suggests a positive effect of AT on MPA. More research is needed to conclude more factually about the relationship of MPA to AT; however, it can be used as a supportive method to help towards the reduction of MPA.

Fisher (2007), Küçükay (2006) and Bilgen (2007) have discussed the beneficial effects of AT on performance in general and on MPA. Bilgen (2007) gives lectures on AT and mentions its effects on minimising the physical and ergonomic mistakes that the performers might have during the execution of their repertoire.

The benefits of AT are acknowledged widely. Many institutions, such as the Royal College of Music (England), Guildhall School of Music (England), Manchester School of Music (England), Juilliard School of Music (USA) and the Universities of California, Maryland, Boston and Michigan (USA) include AT lessons for the training of their students. It is also noteworthy that several insurance companies, such as Switzerland Insurance and Australian Human Services Group, give provision for the payments of AT lessons for workers compensation and accident rehabilitation (Hunter, 2006).

5.5. Medication: Beta Blockers (BB)

Beta blockers are a group of drugs developed and mainly used for the treatment of various cardiovascular problems. Especially prescribed for the condition of hypertension, beta blockers are also commonly used by many musicians as an option for the treatment of MPA.

The human body produces various chemicals, such as norepinephrine, as a reaction to facing stressful situations. These chemicals attach at certain sites on cells, called

adrenergic receptors, which in turn produce a number of physiological responses, such as an increased heart beat, shortness of breath and a feeling of butterflies in stomach and hence the symptoms of fight or flight syndrome. There are two different attachment sites, called “alpha” and “beta-receptor” sites. Alpha-receptors deal with the control of smooth muscles, as in intestines and blood vessels. The beta-receptor sites affect skeletal muscles, heart rate and the widening of the bronchial tubes. There are also two types of beta-receptors; “beta1” receptors deal with the functions of the heart and “beta2” receptors has effects on peripheral circulation and bronchi. The beta blocker drugs act to attach on these sites before the chemicals produced by the body and “block” the effect of adrenalin, therefore preventing the symptoms produced by the secretion of the hormone (Brandfonbrener, 1990).

“Metoprolol” and “atenolol” are beta1 type blockers and they primarily target the functions of the heart. They can decrease blood pressure and heart rate. “Propranolol” is the most commonly used beta blocker and is a beta2 type drug. Branfonbrener (1990) states that, instead of the solely cardiac effects of beta1 blockers, the general adrenergic effects of beta2 blockers are more desirable for the treatment of performance anxiety. The the aim here is to moderate the autonomic nervous systems’s response to anxiety which manifest itself in symptoms such as skeletal muscle tremor, hyperventilation, dry mouth and an increased heart palpitations.

Although BB are frequently used by many musicians as a treatment method for MPA, it should be noted that they only help with decreasing the physiological symptoms of anxiety that can be detrimental to performance. These drugs do not interfere with the cognitive aspect of MPA, such as worry, judgemental attitude or negatively active inner voice. Some performers whose physiological responses are damped by beta blockers continue to report anxious cognitions (Salmon, 1990).

The use of BB for the treatment of MPA is a problematic issue: As for any drug, beta blockers may have serious side effects ranging from nausea, tirednes, loss of sexual potency, anaphylactic shock (allergic reactions of sudden unconsciousness and even death), dizziness, headaches, sleep disturbances, short term memory loss, urinary problems to joint pain and muscle cramps (Parncutt and McPherson eds, 2002:51; Harby et al., 2006).

Another problematic side of BB is the issue of addiction. Though they do not cause addiction in the sense of alcohol or other habit-forming drugs such as sedatives, they have a danger of causing physical dependence. This means that the body can become accustomed to having a medication and over time may require more dosage to acquire the same effect. Also, as the medication is suddenly stopped, there may be a rebound in the symptoms that the drug had first aimed to treat (Harby et al., 2006). It is also important to note that the BB can cause psychological dependence as performers feel the necessity to take the drugs in every single event of performance. “Anyone may become psychologically habituated to any type of ritualistic behavior. In this sense, beta-blocking drugs can become a habit” (Branfonbrener, 1990).

BB have been called the “the musicians’ underground drug” and many take this drug not with doctor’s perscription, but based on hearsay. The survey conducted with the 2122 members of the International Conference of Symphony and Opera Musicians pointed out that 27% of these musicians used BB for the treatment of MPA and 70% of this group reported occasional use without a doctors perscription. (Currie, 2001; Harby, 2006). This numbers portray that many musicians taking this drug are facing many serious physical problems.

Contrary to its wide application, BB are only helpful for a small portion of MPA symptoms. As noted earlier, they only help diminish the physical reactions of the fight or flight symptom, however, they do not directly improve the performer’s cognitive and emotional state. A low dosage of BB may lower arousal, which may in turn be helpful in controlling the technical aspects of performance. However, some amount of arousal is found to be necessary by many performers for the enhanced quality of performance. BB, when taken in a higher dose, may lower physiological arousal to the point where performance suffers (Mc Ginnis and Milling, 2005).

All this data point to the fact that it is of utmost importance for BB to be taken under a doctor’s supervision.

Kenny (2006) discusses various studies that have tested the efficiency of BB for the treatment of MPA: Studies conducted by Gates in 1985 and James and Savage in 1984 pointed that, BB tend to be most effective for performers with somatic complaints such as palpitations, tremor, trembling lips, sweating palms. Lehrer’s study from 1987 showed that the BB were less effective for performers experiencing

the cognitive and psychological symptoms of MPA, such as low self-esteem or generalised anxiety. Only one study of BB, conducted by Berens and Ostrosky in 1988 resulted that the drug improved performance quality as observed by others; the other studies by Brantigan and others from 1982; Gates and others from 1985 and James and others from 1983 found no such trait.

The ethical standards for performing experiments with medication are stricter today than they were at the time of these studies, therefore it is not likely that there will be many others to come, testing other aspects of BB. This is a pity, given the high percentage of musicians using this drug as a treatment for MPA (Kenny, 2006).

Some antianxiety agents are known to be used by musicians to deal with MPA; however, only one study in literature was encountered to deal with this kind of drug: Clark and Agras (1991) evaluated the effects of “buspirone” comparatively with cognitive-behavioral therapy on MPA. It was resulted that buspirone was not an effective treatment for MPA; subjects assigned to the cognitive-behavioral therapy group showed more improvement on anxiety felt during performance and on reports of outside viewers on the quality of performance.

Given the risk of dependency and side-effects, BB are not an efficient choice of treatment for MPA. Non-medical therapies, such as cognitive and behavioral therapies, offer physically safer alternatives. They are also more beneficial in that the performer relies on his or her own mental and physical resources, rather than depending on an outside source with questionable effects.

Confirming the data presented above, virtually all of the soloists that were interviewed discourage the use of beta blockers as a treatment method for MPA.

5.6. Biofeedback Training

Biofeedback is a process which involves measuring a person's bodily functions such as heart rate, skin temperature, muscle tension and galvanic skin response (perspiration) and immediately revealing this information to him or her in order to bring into the awareness, the changes in the related physiological activities. The increase in these changes are portrayed in the biofeedback device by a feedback sound, of which the pitch increases with the severity of the measurement. By

receiving this kind of information, biofeedback users can learn to acquire control over bodily processes that were previously gone undetected.

It was discussed earlier that various forms of anxiety produced physiological responses in the body. These responses change the levels of heart beat, perspiration or skin temperature and these changes can be monitored by biofeedback, to be conveyed to the person receiving the training. By visualising anxiety evoking images and thoughts, the person in training can become familiar with the body's consequent changes and learn to control these reactions to a certain level by inducing relaxation techniques. In this respect, biofeedback training can be viewed as a "psycho-physiological mirror" of the body (Peper et al., 2007). This training can also be viewed as a type of a relaxation technique, in that it helps individuals decrease the physical symptoms of anxiety.

There are various devices that are employed for biofeedback measurements: An "electromyogram" (EMG) is the most common of these and uses electrodes to measure muscle tension. Through being alerted by EMG, one can recognise the way the muscles feel early on and learn to control the tension.

"Electrodermal response device" (EDR) measures the changes due to arousal in the perspiration levels on the surface of the hand. This "Galvanic Skin Response" is highly associated with the fight or flight syndrome (Peper et al., 2007). The feedback received through the sensitive measurement of the galvanic skin response can be useful in learning the control of emotional arousal. This device is also used for lie-detecting processes in law enforcement.

"Electroencephalography" (EEG) detects the electrical activity of the brain in various mental states, such as anxious mode, sleep or relaxation. The most expensive device of all biofeedback devices, EEG can reveal anxiety states of the brain and by inducing a more relaxed state, can regulate the brain's activity to normal. The procedure for monitoring and normalising brain activity is also called, "neurofeedback."

"Skin temperature device" measures changes in body temperature through sensors attached to one's fingers. As the body temperature generally drops when faced with anxiety, the awareness of a drop the measurements can help one to employ relaxation techniques to diminish the anxiety response.

Studies by LeVine and Irvine from 1984 and Morasky and others from 1983 have portrayed that EMG biofeedback training can help with reducing the muscular tension in specific muscle groups involved in musical performance and therefore improve musical quality (McGinis and Milling, 2005). Although there is no definite evidence that biofeedback alone reduces the other symptoms of MPA, studies have shown that biofeedback can be helpful in reducing MPA when used next to another intervention. Niemann and others and Nagel and others evaluated the effects of a cognitive-behavioral therapy with emphasis on biofeedback on MPA: The results of both studies pointed that this kind of a multi-faceted treatment was more effective than a no-treatment condition on the subjects' self-reports of anxiety before stressful performances. Although it is not possible to separate the effects of the various therapies in these studies, they confirm the validity of biofeedback training in the treatment of MPA, at least when used as a side resort among other methods (McGinis and Milling, 2005).

5.7. Music Therapy (MT)

The American Music Therapy Association defines music therapy as, “the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program.” MT uses music to address social, cognitive, physical and especially the emotional needs of individuals and can help with improving communication, better expression of feelings, stress management, some common anxiety disorders and the promotion of wellness.

The British Society of Music Therapy defines the nature of MT as follows:

“The benefits gained from music therapy may be as varied as the needs of the clients using the service. For example, music can convey feeling without the use of words. For a person whose difficulties are mainly emotional, music therapy can provide a safe setting where 'difficult' or repressed feelings may be expressed and contained. By offering support and acceptance the therapist can help the client to work towards emotional release and self acceptance. Music is essentially a social activity involving communication, listening and sharing. These skills may be developed within the musical relationship with the therapist and, in group therapy, with other members. As a result clients may develop a greater awareness of themselves in relation to others. This can include developing greater confidence in their own ability to make relationships and to find positive ways of making their needs known. It can

greatly enhance their self-esteem. Fundamental to all approaches, however, is the development of a relationship between the client and the therapist. Music-making forms the basis for communication in this relationship.” (BSMT, 2007)

During MT sessions, both client and the therapist have active parts as they engage in activities of listening, playing and singing. The clients are encouraged to experiment with various instruments, such as percussion and their voices to create a musical expression of their inner world, but the therapist does not specifically teach the client to sing or play an instrument in detail. The therapist merely supports and encourages the client as he or she participates in the process musically. This therapy may also include the employment of recorded music, where the client listens to an appropriately chosen music with aims to bring relaxation from the problem targeted.

MT basis its therapeutic aspect on the nature of music that it is generally viewed as “wordless communication” and is believed to convey emotions without the dependence on verbalization. Music is also highly individualistic; both listeners and performers have personal responses to it. This makes music an non-threatening intimate entity, around which people can feel more at peace and comfort; both with themselves and with outside forces. It is also noteworthy that the performance of music can bring about a feeling of accomplishment and gratification (Gaston, 1968).

MT, employed as either individualistic or group therapy, can be helpful in treating persons with social phobias, including performance anxiety. As the main problem with performance anxiety is the person’s issues of self-efficacy in towards performances in public, MT can help with improving self-esteem. One simple example to this can be teaching the members of an MT group an easy song. During the sessions, they may be asked to sing the song together, and later as soloists in front of the entire group. The individuals’ feeling during the solo singing may be discussed and positive feedback may be given for encouragement. This procedure distances the clients from the feeling of “being alone in front of public” and makes them realize that their beliefs on their inadequacy in public performances are not well-grounded (Çoban, 2005:208-9).

Çoban (2005) also discusses the efficiency of a combined MT and neurobiofeedback intervention for the treatment of various anxiety disorders and states that this therapy, when used with appropriate music choices- can have regulatory effects on breathing

and acquiring relaxation. He also mentions MT as having positive effects on controlling heart beat, blood pressure and regulating skin temperature. His interesting recommendations for the complimentary treatment of anxiety disorders include music from traditional Turkish maqams, such as joy and peace evoking “rast,” courage evoking “saba,” insurance evoking “isfahan,” and Western Classical compositions such as, the Largo of “Spring” from Vivaldi’s “Four Seasons” and Largo from Dvorak’s 9th Symphony, which he states create a sense of calmness.

MT is also used for the treatment of MPA with the assumption that musicians may be more prone and receptive to a treatment that utilizes music as a therapeutic tool (McGinnis and Milling, 2005). Various studies have been conducted to test its reliability: One study incorporated MT with relaxation, breathing, improvisation and mental imagery and tested the intervention’s efficiency against a non-treatment control group. The primary goal of this study was to help anxiety-driven performers to concentrate on their actual process of music making; the interactions of emotions, the mind and the body during the preparation and performance of music (Montello et al., 1990). The results pointed that the participants in the therapy group showed considerable improvement on self-reported MPA.

Another study by Brodsky and Slodoba (1997) used recorded music for MT with a standard cognitive-behavioral treatment, which consisted of relaxation and cognitive restructuring. The results of this study were intriguing: At the end of the study, there were no differences on improvement on stress, anxiety and MPA between the MT therapy and CBT. Thus the hypothesis that adding MT to a CBT treatment would add to the improvement of these measures was not proved. However, at a two-month follow-up, the subjects showed major improvement on measures of MPA. This data suggests that benefits from MPA treatments may be acquired long after the treatment is given.

MT, as in other types of therapies can be helpful for MPA, but it should not be viewed as the sole cure and should be employed among various other treatments.

5.8. Hypnotherapy

Hypnotherapy is the type of therapy that is conducted by a therapist, with a subject in hypnotized condition. Hypnosis is derived from the Greek word, “hypnos,” meaning

“sleep.” Hypnosis is defined as, “the altered state of consciousness brought on by special techniques and characterized by responsiveness to suggestions for changes in experience and behavior” (Bernstein, et al., 1991:234). The main measure for the hypnotic condition is the susceptibility to suggestions of the therapist.

Hypnotherapy is generally applied to change a patient’s certain behaviors, emotional content, and attitudes, as well as various conditions including personal development, anxiety, stress-related illness and pain management. Research has shown that CBT used for various problems, including those related to anxiety, can be enhanced by providing them in a hypnotic context (McGinnis and Milling, 2005).

The changes that people go through as they are in hypnosis are discussed below:

“Hypnotised people experience “posthypnotic amnesia,” where they cannot remember what happened during hypnosis. They show reduced planfullness and do not initiate actions; they rather wait for the therapist’s instructions. People in hypnosis ignore everything except for the therapist’s voice and their ability to fantasize is enhanced. Their willingness to accept apparent distortions of reality increases. Thus, a hypnotized person may begin to shiver in a very warm room because the hypnotist says it just began to snow...” (Hilgard, as cited in Bernstein, et al., 1991:235)

Hypnotherapy can be conducted through various ways, such as:

1. Repetition: Repeating an idea until the patient accepts and acts on it.
2. Direct suggestion: Suggesting an idea directly, such as, “you feel calm and relaxed.”
3. Hypnoanalysis: The patient recalls moments from his past, confronting them and expressing related emotions.
4. Age regression: The patient returns to an earlier ego-state in order to regain qualities once present, but forgotten.
5. Guided imagery: The patient is expected to visualize a new and relaxing experience.
6. Parts therapy: The conflicting ideas are recognised and reconciled by the patient.

Hypnotherapy was successfully used for the treatment of various forms of performance anxiety; such as portrayed in the 1997 study of Schoenberger et al. (McGinnis and Milling, 2005). However, only one study encountered so far has dealt specifically with hypnotherapy in relation to MPA: Stanton (1993), by imposing positive statements as repeated and direct suggestions to hypnotised patients in two

50-minute sessions of hypnotherapy, resulted that hypnotherapy enhanced the cognitive-restructuring procedure and proved to be a valuable tool for the treatment of MPA (Stanton, 1993). An example of Stanton's suggestions used in this study are as follows:

“Day by day you will find it easier and easier to accept that you are a fallible human being and therefore likely to make mistakes. You will be able to learn from your mistakes and be increasingly successful as a result. Because you can accept that, as a human being, you are fallible, you will find it completely unnecessary to blame yourself for anything; for self-blame is completely unhelpful and destructive....” (Stanton, 1993).

5.9. Mental Practice (MP)

Mental practice is the involvement of an imagined, mental rehearsal of performing a task as opposed to actually performing the task. MP is most often used in sport psychology during the preparation of athletes for games and competitions. Any performance is made up of physical and mental ingredients and sport psychology aims to prepare athletes to perform at their fullest potentials through emphasizing on the most important mental side of performance, concentration.

Hueslhoff (2006) has mentioned the beneficial effects of this method for a complete preparation process for a concert and an anxiety-free performance experience. He explains how to use the procedure as follows: “You sit down and go through the piece without actually playing it, without your instrument, seeing it in your mind.” He accents the positive effects of this method towards performing from memory. Aşkın (2007) has also pointed to the importance of mental practice through MP before performances. Taner (2007) mentions continuous incorporation of mental practice in her daily routines. Williams (2006) presents an example of an application for an MP procedure:

1. Find a time and place where you won't be interrupted.
2. Recline or lie down, and close your eyes.
3. Relax, concentrate, and focus. Take deep breaths and exhale slowly. As you exhale, imagine that stress is leaving your body. Start at your feet ... feel all the stress leave your feet ... then your legs ... then your chest ... all the way to the top of your head ... feel all the stress leave your body. Free your mind of distractions and allow your mind to focus on the relaxation process.
4. Once relaxed, focus on the specific challenging task.

5. Mentally tell yourself that you are confident and that you have the ability to perform this task successfully. Repeatedly tell yourself, with confidence, that you will be successful.
6. Imagine what you will see just before you begin the task. Visualize yourself as an active participant, not as a passive observer. For example, to mentally rehearse putting a golf ball, imagine that you are standing on the green rather than watching yourself from the gallery.
7. Remaining relaxed and focused, mentally rehearse successful performance of this task. Imagine going through the process and seeing successful results.
8. Repeat step 7 several times.
9. Finally, open your eyes and smile. You have successfully performed in your mind, which is great preparation for actual performance. You should now be confident that you will perform successfully in the real situation. Remember to praise yourself for being successful. Self-reinforcement is another key to self-motivation.

The positive implications of MP make it a method that can be used not just in sports, but by anyone from any profession to reach a high performance quality.

Although empirical research supporting the benefits of MP in the field of music performance is not plenty, many performers do incorporate it in their regular routine (Sisterhen, 2005). Ristad (1982) discusses the benefits of a specific MP procedure called, the feeling sense, where she mentally imagines –and feels– the actual performance of a certain piece, in her mind.

MP can be inserted into a cognitive-behavioral therapy program, but many benefits can be gained from using this procedure alone by itself. The fact that it does not require any specific instruments and can be practiced anytime and anywhere make it a very practical method for performers.

5.10. Mental Imagery

Mental imagery is a mental process where an individual consciously imagines an experience in his or her mind. This procedure “programs” the human mind to respond according to how it has been trained (Sisterhen, 2005). Imagery is the formation of the mental picture of a certain event, object or situation.

Also primarily borrowed from sport psychology, mental imagery may include the MP procedure, but has broader applications. The important point in imagery is that the picture created in the individual’s mind should always be detailed, positive and

success-related. Mastering at using imagery effectively needs frequent repetition of its practice.

This procedure can both be used for detailed processes, such as the execution of a tricky passage on the piano or more general concepts, such as “a successful performance.” During imaging, a person may include how it feels to be “in the spotlight” in a performance or a similar competitive situation (Sisterhen, 2005). In any case, one should have a very clear image of how he or she wants the event to go.

Similar to other cognitive methods, imagery is also easy to use and can be applied anytime. It aids not only in improving focus and motivation, but its positive nature has a reducing effects on worry and anxiety.

Kirmanoglu (2007) discusses the beneficial effects of mental imagery on performance and strongly suggests this method to students as a coping method for anxiety. She stresses the issue by her remark, “thinking about and imagining something for me is doing half of the work.” Evcil (2007) and Okonşar (2007) mention the use of this method in terms of imagining being on stage during regular practices as an important tool for managing MPA.

5.11. Deep Breathing

Breathing exercises, generally known as “deep breathing,” are a simple, but effective tool to use as a relaxation technique. Though deep breathing by itself is not considered a “method” in MPA literature, it is frequently used in conjunction with progressive muscle relaxation, cue-controlled relaxation and mental practice procedures.

Breathing exercises are considered by many to be the highest of all drugless therapies and breathing efficiently aids in acquiring mental clarity (White, 2007). Deep breathing involves the use of the diaphragm and is directly linked to muscular relaxation. Focusing on breathing, for example by inhaling and exhaling to a certain number of counts, is also a simple and easy way to improve concentration.

Kan (2007), Aşkın (2007), Çağrı (2007), Yazıcı (2007) and Kirmanoğlu (2007) mention the importance of deep breathing on relaxation and/or concentration before performances. Küçükay (2006) also stresses the use of deep breathing towards an increased intake of oxygen and blood circulation.

5.12. Feldenkreis Method

The Feldenkreis Method was developed by Moshe Feldenkreis (1904-1984), a Russian physicist specialised in body movements. He developed two somatically based educational methods. The first method, “Awareness Through Movement,” is a verbally directed, body movement technique that can be used individually or in groups. The second method, “Functional Integration”, is a nonverbal contact technique designed for people desiring or requiring more individualized attention (Reese, M., 2001).

Through the system of “Awareness Through Movement,” Feldenkreis method concentrates on somatopsychic explorations which improve personal well-being by awaking previously unexpressed competencies, increasing self-awareness, breaking up habitual patterns, and facilitating new learning through systematic, exploratory functional variations. Initial movements are often very small with an emphasis on ease, comfort, and perception. Gradually students become aware of how their entire selves are involved as a whole in every action (Reese, M., 2001). Feldenkreis Method is frequently used for the training of theater actors for the improvement of self-expression and confidence.

This method has important implications for MPA, because it mainly improves awareness, which is a very crucial component of the performing process. It exists in literature as a coping method for MPA (Çimen, 2001). However, its implications on MPA are not apparent. The relationship between the Feldenkreis Method and its efficiency as a treatment method for MPA should be further investigated.

5.13. Insight from Gallwey and Ristad

All of the treatment methods listed above are useful in various ways to cope with the many dimensions of MPA. Their validity proven through scientific studies, these treatments have helped many musicians with different aspects of performance. Though not proven in scientific contexts, Gallwey (1974) in his “The Inner Game of Tennis,” (whose ideas were applied to music by Green (1986) in “The Inner Game of Music”) and Ristad (1982) in her “A Soprano on Her Head” have valuable and practical information on performing and MPA that have specifically been helpful to the author in the performance environment. It is the belief of the author that these

ideas would provide great support for those trying to deal with the debilitating effects of MPA.

Many performers experience destructive inner talk as one of the cognitive symptoms of MPA. For quite a number of performers, this voice is often in the form of worrisome, judgemental and reprimanding remarks towards one's own self.

Gallwey (1974:11) differentiates between two kinds of self, where "Self1" is the judgemental ego-mind who constantly interferes with the person's potential of natural talent and ability which is labeled, "Self2". "Self1" is mental and verbal and "Self2" communicates through the body's innate senses. "Self2" is similar to a child, who learns through visual images instead of letters and words and functions better with the support of an adult, rather than when being constantly being criticised.²¹

According to Gallwey (1974), the level of the quality of any given performance is determined by how much "Self1" inner talk interferes and reduces the natural potential of "Self2". This idea is expressed with the equation below (Green, 1986: 12):

$$\text{"Performance = potential – interference"}$$

The fundamental insight of Gallwey's (1974) approach deals with this kind of an inner game of a performer, where the aim of the game is to quiet "Self1" as much as possible to allow "Self2" to act with its full potential, creating a unity between the two selves. Many performers remember a past performance where it felt completely effortless, fun, flowing and magical, without the existence of an inner talk. In these instances, labeled by the humanistic psychologist Maslow (1908-) as "peak performances," the mind does not feel like a separate entity from the body, but rather a unity of the mind, body and senses are acquired (Gallwey, 1974:17).

It is discussed by Gallwey (1974) that the achievement of this ecstatic state can be made possible through awareness and letting go of self-judgements. Being aware is the key issue in getting closer to a peak performance. "When our perceptions are filtered through our ideas of right or wrong, good and bad, we seldom see as clearly as we are in the non-judgmental state of pure awareness.....When we are simply aware, a natural learning takes place" (Green, 1986: 28). It is also mentioned that

²¹ Mental imaging and visualization are very important tools for the body's sensory learning; the detailed visualization of a successful performance is used frequently in CBT.

instead of having a judgemental attitude that includes both positive and negative statements, it is much more productive to have a neutral and detached approach towards one's behavior. For example, when an observational remark such as, "I hit two wrong notes in this section, let's see how the next one will go," is employed instead of a judgmental remark such as, "that section went terribly; I will definitely make a disaster out of the next one, too," the anxiety level does not increase beyond a certain point as the simple mistake does not become a catastrophe. Therefore, "Self2" can continue its natural process of performing what it has learned without being restricted and reprimanded by "Self1."

It is discussed that, at moments of mental distraction, focusing on a specific sensory input helps to acquire concentrated awareness. Paying attention to sound, sight or feelings puts the person out of "Self1" and into "Self2." For example, a short moment of concentrating on how one's body feels situated on a piano stool may distract the mind from its constant inner talk about the performance at hand.

Another important concept that is helpful for the quality of performance is "letting oneself play" instead of "trying too hard to make it happen." Trying too hard involves instruction from "Self1" and generally results in tight muscles, rigid swings and awkward movements. Letting one's body play, on the other hand, gives one the permission to perform with the ease that "Self2" already holds within. Parallel to this, it is of crucial importance to trust the body's or "Self2"s capabilities to perform. Fisher (2007) has also discussed the destructive effects of trying too hard to achieve in the context that it adds an unnecessary tension to the act of performing.

Similar to Gallwey, Ristad (1982) also discusses the importance of visualization on the path for a successful performance. She states that the human body is very accurate in learning the information it receives through its senses and a precise imagining can be helpful in recalling this information. One tool she offers, called "the feeling sense," is very helpful both for the concentration during performance and acquiring a cleaner execution of the score. She explains "feeling sense" as follows:

"Whatever it is, this sense is different from just thinking about playing the passage. My hands lie quietly in my lap as I visualise, which is different from wiggling my fingers and playing the passage in the air. My internal rehearsal is different from playing a passage silently on the piano. It is not the same as just remembering what the notes are, because of that distinct

sensation in the muscles. When I experience this “feeling sense” for a passage in music, I sense in advance exactly how the keys feel under my hands on the keyboard, how the black keys and the white keys create a pattern under my fingers, how the stretches and contractions of my hands feel, and the sensation in my fingertips as they play. I do not think about any of this; I simply play the passage mentally, feeling all those tiny muscle impulses. The term “feeling sense” comes close, because I actually feel in my imagination.” (Ristad, 1982: 118)

Personal experience has proven that when this “feeling sense” is carried in the mind a tiny step ahead of the fingers during a performance, the performance does go easier, smoother and cleaner.

Also parallel to Gallwey, Ristad (1982: 143) mentions the value of giving one to permission to fail and the positive effects of non-judgemental thinking by her remark, “The permission to fail is the embodiment of our self worth.” Letting go of obsessions of concepts like success and failure and purely viewing each experience as a learning process and not an absolute end in itself gives a wonderful insight to work with before performances. Also important to note is that, each performance is a step up the ladder to a more fulfilling experience no matter what the outcome, for each performance is an adventure in itself with many valuable information to offer. Integrating this outlook into one’s system immediately lowers the levels of anxiety felt towards any given performance. Ristad views MPA as an entity to be confronted and experienced in order to be conquered (Ristad, 1982: 171). In a similar vein, Fisher (2007) mentions that he had also learned to cope with MPA by directly confronting it.

One extremely important point of Ristad’s (1982) on MPA is that it is not helpful to talk oneself into a calm state before performances. Remarks such as “there is nothing to be nervous about,” only enhance the anxiety, because these remarks create a non-accepting and therefore conflicting attitude towards one’s current anxious feelings and reality. Instead, it is important to view the anxiety symptoms with a detached curiosity and be aware of the body’s feedback. An attitude like “I feel nervous around the severity of 5 on a scale from 1 to 10” is more efficient than one such as, “I should not be anxious, I practised a lot.” It is surprising that when one accepts the anxiety as normal and lets the anxiety symptoms to occur freely, the effects of

adrenalin –and thus the symptoms- immediately start to decrease.²² Even more interesting is that once the individual confronts these symptoms head on and wants them to increase in severity, they decrease in considerable amounts again. This process is basically wearing out the adrenalin and taking it for granted instead of suppressing it to a level where it can come back in a detrimental manner (Ristad, 1982: 163). It is therefore very helpful to have an attitude such as, “my heart is beating fast and it may increase and I am OK with it.”

Viewing physiological arousal and other various symptoms of MPA as normal, while learning to efficiently deal with it in everyday life as a natural ingredient of the performing career is important. Embracing the MPA symptoms as a product of one's own entity is a very productive attitude and will on many occasions help towards a better emotional state before performances.

Another helpful concept from Ristad (1982) is trying to acquire an active “dare-devil attitude” towards performance instead of possessing a passive victim role. When one feels that he or she is in a strong and able position, many fears subside and the person feels more capable of handling the task at hand. Role playing is given as a valuable tool and the actual experience of her from one of her workshops -where she asks a student to pretend to conduct an orchestra with his violin playing- is explained as follows:

“The role of conductor encouraged him to take the initiative rather than worrying about following (the orchestra). When he played a more aggressive role, he began to look more confident. When he looked more confident, he began to sound more confident. When he sounded more confident, he gained more faith in himself.....He had started out with a little boy stance, with his feet too close together and locked into place, giving his body a narrow insecure base. With each experiment, his stance widened and gave him a more secure base with freer, more fluid movement in his body.” (Ristad, 1982: 167)

These brief summaries of the main points of the two authors may create some useful insight for dealing with MPA. However, it should be noted that these books must be read in detail in order one to really grasp the ideas discussed and receive real benefits.

²² Although this fact is not proven by Ristad on a scientific environment, personal experience of the author has shown over and over that this observation is accurate.

5.14. Insight From The Author

This section will summarize ideas that were found to be most beneficial by the author in dealing with MPA and towards a fulfilling performance experience:

It is crucial to view performing as a natural and probably the most exciting part of the musicians' profession and not as points of no return where one has to prove his or her existence. Once all the practicing and preparations are appropriately done, the aim towards performance should be self-enjoyment and self-satisfaction. Only when the performer enjoys what he or she performs does the music becomes flowing and more importantly, moving.

When the nervous feelings and anxiety hit, sometimes days before the concert and sometimes right at the backstage, it really is futile to fight them by trying to rationalize and avoid the feelings as "unnecessary" and "something that should not exist." After all, these feelings come from within one's being and it is not clever to try to avoid a part of one's own self. It is that self that performs and can only achieve a rewarding performance experience through unity within its various elements. Instead of having a conflicting attitude, it is always helpful to "love" one's anxiety. When one accepts any feeling as a natural entity, it becomes more manageable, starts to act on his side, rather than working against him in a hurtful manner. Performers should always remember this when the anxiety hits and try to embrace it as a part of themselves that is an inevitable ingredient of their professions.

Imagery and mental practice are important tools that help both with the preparation process and by changing one's mood from negative to positive. Imagining a great performance with its every detail immediately puts one into a more motivated mood. Incorporating them into our everyday routines does help with a stronger attitude, which is crucial in dealing with MPA.

One important point to always remind ourselves as musicians is that we can perform successfully even when we are anxious and nervous to a certain point. When we see anxiety as positive and natural, many times it transforms itself into excitement during the performance. What really matters is to learn to control the excess of these kinds of emotions. Extremities can be hurtful, but there are many ways to get them under control, as long as one is open to change.

For many performers, it is very hard to detach themselves from their environment of cut-throat competition and from the judgements of others. However, every performer is unique and has something valuable to share. Parallel to this, the act of performing is very intimate to the performer. So, specifying to oneself the personal reasons for performing can be a very practical tool to deal with any destructive feeling. When one decides that the reason for performing is love, passion about music, and personal enjoyment, the competition and the hurtful judgements of others can only have so much effect, because the aim in performance is not self-approval, but self-satisfaction.

It is very easy to forget that the performer, whether it is someone else or ourselves, is human. Humans are prone to making mistakes and it should always be clear that no performer is entirely perfect. Making some mistakes during the performance can be very detrimental for concentration on the part of the performer and many of us get stuck on these mistakes and make the rest of the performance a torture, because of these mistakes. It is like in soccer where our team gets one goal in the net and loses the game because it loses its faith. However, the game is 90 minutes long and our team still has a great chance at winning.

During a performance, having an open attitude towards small mistakes and again, accepting them as natural and sometimes even inevitable can help the performer immediately get over their negative cognitive effects and move on with the music. The notion that “when one gives herself permission to make mistakes, many times it happens that she doesn’t make them,” is quite accurate and has been very helpful to many during performances (Ristad, 1982:143). This is not about tricking oneself, but rather giving one the freedom of being who he or she is, therefore immediately decreasing any tension that might arise. When adequately prepared and left to its own devices, the body performs very well.

Every aspect of performance; whether musical, mental or physical, gives us performers an opportunity to grow. The way one views performing is very important in determining how much MPA can effect his or her performances. The most productive way –and this is true for all life- is always to surround the concept of performance with a constructive attitude. This way, all negatives can yield their innate positives and performance can be a fulfilling experience, both for the listener and the performer alike.

6. CONCLUSION

Every musician goes through an extensive training for years to master the skills required for gaining competence on his or her individual area of performance. The aim of all the efforts given in this path and the intention of every musician is to acquire a certain level of capability that makes it possible to perform to the best of one's potential at any given performance. However the quality of the performance experience is not always in proportion with the adequacy of preparation or the personal capabilities of the performer. The anxiety felt by the performer in relation to the performance has crucial consequences for the quality of performance. Musical performance anxiety is a common problem that effects many performers, regardless of age, experience and ability.

The current study has been initiative for research on musical performance anxiety in Turkey. There is considerable need for further empirical research on the subject, that should be conducted by professionals specialised in the field of psychology, so that more detailed statistical data could be presented.

The results of this study confirmed the hypothesis that, musical performance anxiety was a prevalent issue among the sample of Turkish musicians studied. Literature presents the incidence of musical performance anxiety to be at least over 50% among musicians around the world (Currie, 2001; Salmon, 1990). The high frequency responses of the musician sample of the questionnaire to anxiety-related questions is consistent with literature findings. Soloists' experiences with MPA also confirm this conclusion.

As hypothesized, this prevalence was also higher for western classical musicians than for jazz and traditional Turkish music performers. Western classical students and professionals responded with considerably higher levels of frequency to anxiety-related questions of the questionnaire than the traditional Turkish music and jazz musicians. It is also descriptive to note that, the high frequency responses of anxiety were in declining order for classical students, classical professionals, traditional

Turkish musicians and jazz players. The more competitive environment among western classical performers, the restrictive nature of the music by its dependence on very specific rules for execution and the general expectancy for perfection, both on behalf of the performer and audience, are some of the factors that enhance the anxiety felt by western classical musicians towards performing. The improvisational nature of jazz and traditional Turkish music, which is based on the performer's self-expression and creativity, and which therefore creates a more comfortable performance environment, is the main factor for lower levels anxiety felt by relevant performers. In this respect, it is crucial for performers and students of western classical music to adapt strategies which would help them concentrate on their creativity and create a freer environment for self-expression. A suggestion towards this is the integration of an old tradition, where soloists compose and perform their own cadenzas in concertos, instead of playing printed cadenzas written by other composers.

Another conclusion that can be derived from this study is that western classical performers are more prone to judgmental and perfectionist attitudes than the musicians of the other two areas. Many artists, especially of improvisatory musics, view performing as a ground for communicating with the audience. This attitude distances the performer from trying to be perfect and bases the main concentration of the performer on "sharing music." This approach should also be embedded in western classical performers, in order for them to view the audience not as a source of judgements, but as a sharing partner in a musical process.

The musician sample in this study presented a necessity for getting informed about musical performance anxiety and the coping methods through the high frequency responses to the relevant questions.

Various coping methods for musical performance anxiety are present in world literature. All of these methods are in either proven through studies or declared by experienced soloists to be useful in some way in dealing efficiently with the issue. The most important conclusion that can be drawn from the interview section of the study and the research is that musical performance anxiety can be dealt effectively with methods that concentrate on performers' own inner resources. It is of utmost importance to place the main concentration for treatment in improving these personal resources in performers, such as self-worth, self-confidence and self-esteem.

Performers should inquire all the means to enhance these kinds of individual qualities on the path to competence on stage and more fulfilling experiences of performance.

A performer's general attitude towards life and performing also plays a crucial role in how well he or she can deal with the negative effects of the problem. Viewing musical performance anxiety as a natural ingredient of the performance process; approaching it as an energy that can be turned into a positive force that can work in favor of the performer; accepting one's composure as a whole entity, made up of strengths and flaws and embracing one's essence as a human being who has a right to mistakes are some of the productive attitudes towards dealing with one's own anxiety.

The most efficient way to deal with musical performance anxiety is to confront it directly and to solve the problem within the performer through mental and somatic processes. In this vein, it is best for the performer to gain knowledge on various coping methods and to be able to apply them himself in various circumstances.

The main concerns for choosing the most useful coping method for the musician sample of this study has been the methods' simple application, their reliance on the performer's own inner resources and their ease of accessibility.

Coping methods, such as hypnotherapy and biofeedback training are costly and not easily accessible. These therapies and music therapy are not structured in Turkey so that they can be offered specifically for the treatment of musical performance anxiety. These methods are available for treatment towards various psychological problems and to be used in the context of personal well-being, however, they are not used in relation to the subject of this thesis. As was stated earlier, there is a need in Turkey for professionals from outside the area of music to be specialized in music-related problems. Hypnotherapy, biofeedback training and music therapy also require the presence of outside forces, such as a therapist or certain equipment. Due to limitations in their application and accessibility, these methods are currently not suggested as suitable coping methods.

Finding refuge in outside forces such as inorganic medication for managing musical performance anxiety can be seriously detrimental to health because of certain side-effects and the drugs' potential causing for physical dependence. Relying on

medication deprives a performer of the wonderful adventure of the complete stage experience; both with its positives and limitations. Only through directly experiencing these various components of the stage performance can a performer truly be competent in having control over his or her capabilities on stage. Taking medication is accepting anxiety as an unsolvable and harmful entity. In the light of this information, the use of medication in the form of beta blockers is strongly discouraged as a coping method for musical performance anxiety.

Various methods of cognitive therapy are efficient strategies for use by the musician sample of this study. Both cognitive restructuring (attention training), and stress inoculation training can be applied for use by individuals in a simple way. Although receiving the therapy from a specialized therapist would probably be more beneficial, performers can easily apply the principles behind these methods without the aid of a therapist and still receive considerable benefits.

Performers should aim at delineating destructive thoughts aimed at themselves and their performances. Being aware of negative thoughts is the first step to labeling them as harmful and replacing them with more positive and productive statements through cognitive restructuring. Positive statements produce a positive attitude, which in turn gives the performer a better tool to concentrate on his or her relevant task. A few simple examples can provide a starting point:

Negative statements:

“I have to perform perfectly at my recital or the audience will judge me in a negative way.”

“I will definitely mess up my recital no matter how hard I practice.”

Positive statements that can be applied to replace the above statement:

“I am getting adequately prepared for my recital and this will show on stage.”

“I am a good musician and I will share my music with the audience to the best of my ability.”

“Anyone can make a judgement and every judgement actually gives me a chance to improve myself.”

“Every concert helps me get better at some aspect of my performance and it is inevitable to make a few mistakes along the way to being a better performer.”

The simplicity of this procedure is not in proportion with its major benefits. Its ease in application, both in terms of time and place, make it a good choice for dealing with musical performance anxiety.

Behavioral therapy is also an effective approach, because of its similar benefits to cognitive therapy. Music students can practice behavioral rehearsal easily by forming supportive groups to perform for each other. The high frequency of performing in front of others is crucial for the decrease in encountering problems related to musical performance anxiety. Manuals for relaxation techniques, such as progressive muscle relaxation and cue-controlled relaxation are easily accessible through the internet and can be applied anytime the performer chooses. Systematic desensitization can also be applied by grasping its main principles; creating an individual performance hierarchy and working with it through mental imagery.

Any performer can create a cognitive-behavioral program for himself or herself by combining various methods from cognitive and behavioral therapies. Using a variety of approaches that were presented in this thesis, it is possible to target and decrease many of the cognitive and behavioral symptoms of musical performance anxiety.

Mental imagery and mental practice are two other methods that are efficient for application. It is a known fact, and also supported by many artists that adequate preparation is the key to a fulfilling performance experience that is free of anxiety. Mental practice is a very helpful tool to use in this vein in that it strengthens the preparation process by adding to the confidence felt by the performer. The importance of confidence in dealing with anxiety has been stated many times throughout this thesis. Imagery is also an important method that enhances the performer's motivation towards a successful performance.

Deep breathing is the simplest of all methods that this thesis discussed and can be used by any performer at any moment for a fast relaxation and concentration process.

Alexander Technique is also a very effective method, though there are problems with accessibility in some countries: Currently, there is no institution in Turkey that is licenced to give lessons on Alexander Technique; however, the information on this technique can be attained from many books that are available and this can still be quite beneficial. One other access to this method is provided by Erden Bilgen, the acclaimed trumpet soloist; he frequently gives lectures on Alexander Technique in

conservatories. Being aware of the relationships between posture, body-alignment and correct usage of the muscle would help towards the correct use of the instrument and releasing unnecessary tension from the body. Both concepts are fruitful in dealing with musical performance anxiety.

The Feldenkreis Method can be useful towards improving self-awareness and confidence. These sort of techniques that are effective for theater actors with stage appearance, self-awareness and self-confidence should be incorporated into the preparation of a performer for a fulfilling performance experience. However, further empirical research is necessary to determine the effects of the Feldenkreis method on musical performance anxiety.

This thesis presents cognitive, behavioral and reeducational therapeutic approaches as the most efficient for use by the musician sample studied. These methods and strategies are easy to grasp, their sources readily accessible and most important of all, practical to put into use by the performer. It is crucial for performers to aim to manage musical performance anxiety by methods and strategies that rely on the performer's own mental and somatic resources as the main tool of therapy. Any given performer has vast mental and bodily resources that he or she could employ towards managing anxiety. An effective coping method would be one that considers these resources as the main tool towards solution.

Unless a specific personal limitation is experienced, one's performing career can be a life-long process. The fact that various experienced artists continuously use certain strategies for relaxation and concentration before performances points to the fact that some symptoms of musical performance anxiety prevail throughout one's performance career. This fact was also confirmed by research signifying that many world prominent performers, such as Rubinstein, Casals and Pavarotti, also continued experiencing musical performance anxiety even after years of fruitful performance careers. Therapeutic approaches that are chosen to deal with musical performance anxiety should be suitable to be incorporated into the performer's everyday routines, so that they can be grasped and ready for use anytime they are called upon.

In the light of all this information, the following approaches are presented as the most suitable methods for dealing with musical performance anxiety for the musician sample of this thesis:

1. Cognitive approaches:

Cognitive restructuring: A therapeutic approach that targets troublesome thoughts which serve both as distractions and as cues that further increase one's anxiety, exploring the dysfunctional qualities of these thoughts, developing effective counter-responses, rehearsing new responses and incorporating them into task-relevant activities.

Stress-inoculation technique: A type of cognitive restructuring that deals with implementing positive self-statements and with promoting realistic expectations about what will be experienced during the feared event.

Mental practice: A mental technique that deals with the involvement of an imagined, mental rehearsal of performing a task as opposed to actually performing the task.

Mental imagery: A mental process where an individual consciously imagines an experience in his or her mind. This procedure "programs" the human mind to respond according to how it has been trained.

2. Behavioral approaches:

Progressive muscle relaxation: A relaxation technique, where groups of muscles are voluntarily contracted and released in a progressive manner, accompanied by deep breathing.

Cue-controlled relaxation: A relaxation technique designed to enable the patient achieve relaxation and reduced anxiety in response to a self-induced cue word.

Systematic desensitization: A type of therapy where the patient is taught to face an object or a situation in a hierarchical manner, without experiencing negative or anxious feelings, previously felt when the object or the situation was encountered.

3. Reeducational Techniques:

Alexander Technique: A re-educational technique aimed at the correct use of the muscles by recognising and preventing habitual limitations and incorporating correct use of posture.

Information gives one the freedom to choose and the ability to have control. Being informed of the various recommended coping methods would give performers the choice to act towards solving a problem which might play a crucial role in their professions. The feeling of being in control of any situation is the first step in dealing efficiently with its limitations and an education on musical performance anxiety would provide a strong tool for musicians in this respect.

Managing musical performance anxiety is a time-involving process. It is of utmost importance for musicians to be exposed to the various coping methods at an early stage in their careers, so that they can design a personally efficient strategy and integrate this into their performance routines. Since any given music student spends a considerable amount of time and receives the major musical education from his principle teacher, it is also of vital importance for teachers to be fully equipped with coping methods of musical performance anxiety. The structured presentation of information on the subject would also provide an access to the teaching staff of music schools. All this information points to the necessity for various classes and workshops on musical performance anxiety, presented by professionals specialised in the related areas, to be included in conservatory and music school curriculums.

REFERENCES

- Abel, Jennifer, L.; Larkin, Kevin T.**, 1990. Anticipation of Performance Among Musicians: Physiological Arousal, Confidence, and State-Anxiety, *Psychology of Music*, **18:2**, 171-182.
- Akyol, Ç.**, 2007. Personal Interview.
- American Music Therapy Association.**, 2004. *What is Music Therapy?* Accessed March 23, 2007 from <http://www.musictherapy.org>
- Aşkın, C.**, 2007. Personal interview.
- Atkinson., R. L., Atkinson, R.C., Smith, E.E., Bem, D.J. and Hilgard, E.R.**, 1990. Introduction to Psychology, Cosmopress, Geneva.
- Aydoğdu, T.**, 2007. Personal interview.
- Bellon, D.**, 2006. Application of Sport Psychology to Music: A Study based on a Review of Sport Psychology Literature and Selected Interviews with Professional Musicians, *DMA Thesis*, Arizona State University, Phoenix.
- Bernstein, D.A., Roy, E.J., Srull, T.K. and Wickens, C.D.**, 1991. Psychology, Houghton Mifflin, Boston.
- Bilgen, E.**, 2007. Personal interview
- Brandfonbrener, A.G.**, 1990. Beta Blockers in the Treatment of Performance Anxiety, *Medical Problems of Performing Artist*, **5:1**, 23-26.
- Brennan, R.**, 2006. *What is Alexander Technique?* Accessed February 12, 2007 from <http://www.alexandertechnique.com/articles/brennan>
- Brennan, R.** 1991. Alexander Technique: Natural Poise for Health, Element Books, Ltd, Rockport.
- British Society of Music Therapy.**, 2007. *What is Music Therapy?* Accessed March 23, 2007 from <http://www.bsmt.org>
- Can, T.**, 2007. Personal interview.
- Cooper, C.L. and Wills, G.I.D.**, 1989. Popular Musicians Under Pressure, *Psychology of Music*, **17:1**, 22-36.

- Currie, A.K.**, 2001. Performance Anxiety Coping Skills Seminar: Is it Effective in Reducing Musical Performance Anxiety and Enhancing Musical Performance Quality?, *PhD Dissertation*, VPI, Blacksburg.
- Çağrı, S.**, 2007. Personal interview
- Çimen, G.**, 2001. Sahne Kaygısı, *G.Ü. Gazi Eğitim Fakültesi Dergisi*, **21:2**, 125.133.
- Çoban, A.**, 2005. Müzikterapi, Timaş Yayınları, İstanbul.
- Engel**, 2006. *The Alexander Technique-What Is It?* Accessed April 1, 2007 from <http://www.alexandertechnique.com/articles/engel>
- Evcil, B.**, 2007. Personal interview.
- Fagley, W.H.**, 2002. *The Effects of Performance Anxiety on Perception of Tempo*. Accessed March 1, 2006 from <http://clearinghouse.missouriwestern.edu/manuscripts/350.asp>
- Fehm, L.; Schmidt, K.**, 2006. Performance Anxiety in Gifted Adolescent Musicians, *Journal of Anxiety Disorders*, **20:1**, 98-109.
- Fisher, P.**, 2007. Personal interview.
- Gallwey, T.**, 1974. *The Inner Game of Tennis*, Bantam Books, New York.
- Glise, A.** 1997. *Classical Guitar Pedagogy: A Handbook for Teachers*, Melbay Pub.
- Gökmen, R.**, 2007. Personal interview.
- Green, B.** 1986. *The Inner Game of Music*, Doubleday, New York.
- Gregory, A. H.**, 1999. *Stereotypes and Personalities of Musicians*. Accessed February 3, 2006 from http://findarticles.com/p/articles/mi_hb3514/is_199901/ai_n8307353
- Greene; D.** 2001. *Audition Success*, Routledge, New York.
- Hagglund, K. L.; Jacobs, K.**, 1996. Physical and Mental Practices of Music Students as They Relate to the Occurrence of Music-related Injuries, *Work*, **6:1**, 11-24.
- Hamann, Donald L.; Sobaje, Martha.**, 1983. Anxiety and the College Musician: A Study of Performance Conditions and Subject Variables, *Psychology of Music*, **11:1**, 37-50.
- Harby, K.**, 2006. *Beta Blockers and Performance Anxiety in Musicians*. Accessed February 5, 2006 from <http://www.ethanwiner.com/BetaBlox.html>

- Hingley, V. D.**, 1985. Performance Anxiety in Music: A Review of Literature, *DMA Thesis*, University of Washington, Washington.
- Huelshoff, A.**, 2006. Personal interview
- Hunter, J.**, 2006. *Musicians and the Alexander Technique*. Accessed March 23, 2007 from <http://www.alextech.demon.co.uk/wac202.htm>
- Irmak, E.**, 2007. Personal interview.
- Jones, F.P.**, 2006. *Alexander Technique for Musicians*. Accessed March 23, 2007 from <http://www.alexandercenter.com/pa/musicjonesii.html>
- Kan, S.**, 2007. Personal interview
- Kawamura, K.Y., Hunt, S.Y., Frost, R.O., DiBartolo, P.M.**, 2001. Perfectionism, Anxiety and Depression: Are the Relationships Independent?, *Cognitive Therapy and Research*, **25:3**, 291-301.
- Kendrick, M.J., Craig, K.D., Lawson, D.M. and Davidson, P.O.**, 1982. Cognitive and Behavioral Therapy for Musical Performance Anxiety, *Journal of Counselling Psychology*, **50:3**, 353-362.
- Kenny, D.T.; Davis, P.; Oates, J.**, 2004. Music Performance Anxiety and Occupational Stress Amongst Opera Chorus Artists and Their Relationships with State and Trait Anxiety and Perfectionism, *Journal of Anxiety Disorders*, **18:6**, 757-777.
- Kenny, D.T.**, 2006. Music Performance Anxiety: Origins, Phenomenology, Assessment and Treatment, *A Journal of Music*, Spec.Issue: Renegotiating Musicology, 2006
- Kirchner, J.**, 2004. Managing Musical Performance Anxiety. *American Music Teacher*, **54:3** 31-33.
- Kirmanoglu, A.**, 2007. Personal interview.
- Küçükay, B.**, 2006. Personal interview.
- Lee, S.**, 2002. Musician's Performance Anxiety and Coping Strategies, *American Music Teacher*, **52:1**, 36-39.
- Lehrer, M. P.; Goldman, N.S.; Strommen, E.F.** 1990. A Principal Components Assessment of Performance Anxiety Among Musicians, *Medical Problems of Performing Artists*, **5:1**, 12-18.
- Macdonald, R., Wilson, G.**, 2005. Musical Identities of Professional Jazz Musicians: A Focus Group Investigation, *Psychology of Music*, **33:4**, 395-417.

- Matthews, K.**, 2004. Accessed November 12, 2006 from <http://www.cs.mcgill.ca/~kmatth3/Papers.html>
- McCambridge, K. and Rae, G.**, 2004. Corrolates of Performance Anxiety in Practical Music Exams, *Psychology of Music*, **32:4**, 432-439.
- McEwan, T.**, 2006. *Hypnotherapy and Counselling*. Accessed October 2, 2006 from <http://www.mcewan101.freeseve.co.uk>
- McGinnis, A. M.; Milling, L.S.**, 2005. Psychological Treatment of Musical Performance Anxiety: Current Status and Future Directions, *Psychotherapy: Theory, Research, Practice, Training*, **42:3**, 357-373.
- Meichenbaum, D.**, 2006. Accessed February 10, 2007 from http://www.apa.org/divisions/div12/rev_est/sit_stress.html
- Miller, C.B.**, 2002. *A Discussion on Performance Anxiety*. Accessed September 19, 2006 from http://www.mostlywind.co.uk/performance_anxiety.html
- Montello, L.; Coons, E.E.; Kantor, J.**, 1990. The Use of Group Music Therapy as a Treatment for Musical Performance Stress, *Medical Problems of Performing Artists*, **5:1**, 49-57.
- Nagel, J J; Himle, D P.; Papsdorf, J D.**, 1989. Cognitive-Behavioral Treatment of Musical Performance Anxiety, *Psychology of Music*, **17:1**, 12-21.
- Nagel, J.J.**, 1990. Performance Anxiety and the Performing Musician: A Fear of Failure or a Fear of Success?, *Medical Problems of Performing Artists*, **5:1**, 37-40.
- Nies, A.S.**, 1990. Clinical Pharmacology of Beta-Adrenergic Blockers, *Medical Problems of Performing Artists*, **5:1**, 27-32.
- Okonşar, M.**, 2007. Personal interview.
- Osborne, M. S.; Kenny, D.T.; Holsomback, R.**, 2005. Assessment of Music Performance Anxiety in Late Childhood: A Validation Study of the Music Performance Anxiety Inventory for Adolescents (MPAI-A), *International Journal of Stress Management*, **12:4**, 312-330.
- Osborne, M.S., Kenny, D.T.**, 2005. Development and Validation of a Music Performance Anxiety Inventory for Gifted Adolescent Musicians, *Anxiety Disorders*, **19**, 725-751.
- Parlak, E.**, 2007. Personal interview
- Parncutt, R. and McPherson, G. eds.**, 2002. *Science and Psychology of Music Performance*, Oxford University Press, New York.

- Peper, E.**, 2006. *The Use of Electrodermal Biofeedback for Peak Performance Training*. Accessed February 5, 2007 from <http://www.bfe.org/protocol/pro12eng.htm>
- Plaut, E.A.**, 1990. Psychoherapy of Performance Anxiety, *Medical Problems of Performing Artists*, **5:1**, 58-63.
- Rae, G.; Mc Cambridge, K.**, 2004. Correlates of Performance Anxiety in Practical Music Exams, *Psychology of Music*, **32:4**, 432-439.
- Reese, M.**, 2001. *About Moshe Feldenkreis and The Feldenkreis Method*. Accessed April 2, 2007 from <http://www.feldenkraislearning.com/articles/aboutmoshe.htm>
- Richmond, R.L.**, 2006. *Progressive Muscle Relaxation*. Accessed February 6, 2007 from <http://www.guidetopsychology.com/pmr.htm>
- Ristad, E.** 1982. *A Soprano on Her Head*, Real People Press, Moab.
- Roland, D.J.**, 1993. The Development and Evaluation of a Modified Cognitive-Behavioral Treatment for Musical Performance Anxiety, *PhD Dissertation*, University of Wollongong, Wollongong, Australia, 1-25.
- Russell, R.K., Wise, F. and Stratoudakis, J.P.**, 1976. Treatment of Test Anxiety by Cue-Controlled Relaxation and Systematic Desensitization, *Journal of Counselling Psychology*, **23:6**, 563-566.
- Ryan, C.**, 2004. Gender Differences in Children's Experience of Musical Performance Anxiety, *Psychology of Music*, **32:1**, 89-103.
- Salmon, P. G.**, 1990. A Psychological Perspective on Musical Performance Anxiety: A Review of the Literature, *Medical Problems of Performing Artists*, **5:1**, 2-11.
- Sinden, L.M.**, 1999. Musical Performance Anxiety: Contributions of Perfectionism, Coping Style, Self-Efficacy and Self-Esteem, *PhD Dissertation*, Arizona State University, Phoenix.
- Sisterhen, L. A.**, 2005. The Use of Imagery, Mental Practice and Relaxation Techniques for , Musical Performance Enhancement, *DMA Thesis*, University of Oklahoma, Norman, 1-25.
- Stanton, H. E.**, 1993. Research Note: Alleviation of Performance Anxiety Through Hypnotherapy, *Psychology of Music*, **21**, 78-82.
- Step toe, A.**, 1989. Stress, Coping and Stage Fright in Professional Musicians, *Psychology of Music*, **17:1**, 2-11.
- Stober, J.**, 1997. Trait Anxiety and Pessimistic Appraisal of Risk and Chance, *Personality and Individual Differences*, **22:4**, 465-476.

- Sweeney, G.A. and Horan, J.J.**, 1982. Separate and Combined Effects of Cue-Controlled Relaxation and Cognitive Restructuring in the Treatment of Musical Performance Anxiety, *Journal of Counselling Psychology*, **29:5**, 486-497.
- Şensoy, H.**, 2007. Personal interview
- Taner, R.**, 2007. Personal interview.
- Teztel, A.**, 2007. Personal interview
- TimeMagazine**, 2006. *Mice Into Men*. Accessed December 3, 2007 from <http://www.time.com/time/magazine/article/0,9171,803685,00.html>
- Ülker, Ş.**, 2007. Personal interview.
- Valdes, M.R.**, 1985. Effects of Biofeedback-Assisted Attention Training in a College Population, *Biofeedback and Self-Regulation*, **10**, 2-5.
- Valentine, E R.; Fitzgerald, D F.P.; Gorton, T L.; Hudson, J A.; Symonds, E R.C.**, 1995. The Effect of Lessons in the Alexander Technique on Music Performance in High and Low Stress Situations, *Psychology of Music*, **23:2**, 129-141.
- Westermeyer, R.**, 2006. Accessed November 14, 2006 from <http://www.habitsmart.com/cogintro.htm>
- White, M.G.**, 2007. *About Breathing*. Accessed April 15, 2007 from <http://www.about-breathing.com>
- Williams, S.**, 2006. *The Use of Mental Rehearsal to Improve Performance*. Accessed January 18, 2007 from <http://www.wright.edu/~scott.williams/LeaderLetter/rehearsal.htm>
- Wilson, R.R.**, 2006. *Cue-Controlled Deep Muscle Relaxation*. Accessed October 19, 2006 from <http://www.anxieties.com/gad-step2a.php>
- Wolfe, M.L.**, 1990. Coping with Performance Anxiety: Problem-focused and Emotion-focused Strategies, *Medical Problems of Performing Artists*, **5:1**, 33-36.
- Yazıcı, İ.**, 2007. Personal interview

APPENDIX

Appendix A. Personal Interviews

- A.1 : Çağatay Akyol
- A.2 : Cihat Aşkın
- A.3 : Tahir Aydoğdu
- A.4 : Erden Bilgen
- A.5 : Toros Can
- A.6 : Serkan Çağrı
- A.7 : Bülent Evcil
- A.8 : Peter Fisher
- A.9 : Rengim Gökmen
- A.10 : Alex Huelshoff
- A.11 : Ercan Irmak
- A.12 : Suna Kan
- A.13 : Ayşegül Kirmanoğlu
- A.14 : Bekir Küçükay
- A.15 : Mehmet Okonşar
- A.16 : Erol Parlak
- A.17 : Hakan Şensoy
- A.18 : Rüya Taner
- A.19 : Aycan Teztel
- A.20 : Şenova Ülker
- A.21 : İbrahim Yazıcı

Appendix B. Musical Performance Anxiety Questionnaire

Appendix A. Personal Interviews

A.1. Çağatay AKYOL, harpist

(Interview: 5 April, 2007, Ankara)

G.T.: What are your thoughts and feelings on and experiences with MPA?

Ç.A.: I have never really experienced harmful anxiety related to stage performances. Therefore, I can't really label the problem. I feel excitement towards performing, but that is a different thing.

G.T.: Do you have any methods or strategies you personally use before performances in relation to MPA ?

Ç.A.: I always try to view performing with an attitude that involves communication with the audience, such as "I must give something to the audience" or "we will share something beautiful with the audience." I also put myself in the audience's shoes and try to identify with their expectations.

G.T.: Do you have any recommendations to students in this context?

Ç.A.: I encourage them to think that the audience is also made up of people just like them. That the people listening are not any different than the person in performance. This approach helps them with enhancing their self-confidence. Of course, it is crucial to be well-prepared for the performance. However, we are all human and we can make mistakes. One should not get on stage with the expectation to make mistakes, but should have an open attitude towards them.

G.T.: It is known that many performers use medication before performances to control anxiety. Do you support the use of beta blockers and other drugs in relation to MPA?

Ç.A.: It's not something that I would approve.

G.T.: Do you support the incorporation of information sessions on MPA in conservatory curriculums?

Ç.A.: Yes. In Turkey's educational systems, I have seen a general lack of child and learning pedagogy on behalf of instrumental teachers. I think having these classes would also be helpful in that respect.

GT.: What are your thoughts and feelings on MPA?

C.A.: I believe that every performer has experiences with MPA at some time or another in their lives. Every artist must have lived it during a certain period of his career, even if they don't label it specifically with the term.

Personally, I love being on stage. I believe that all performers do. As a kid, I never experienced MPA, because I wasn't aware of the implications of my profession. It was very easy, very beautiful to be on stage. However, as I grew older, I started feeling some anxiety in relation to how my performances would end up; and I think that this was mainly related to the conflicts that I experienced in the other areas of my life. The kind of inhibitions we feel towards certain situations; such as the fear of not being able to express oneself near someone, or feeling uneasy at places that that we are not familiar with, or developing certain phobias towards flying, some animals or some unknown sources, have effects on our personalities. I must confess with an open heart that I did experience similar fears and these reflected themselves on my stage life. My anxious feelings towards performing also had reflections on other parts of my life. However, when I conquered these personal fears, my feelings of MPA were basically gone. Basically, it is important to acquire a comfortable psychology as to "feel yourself at home."

In relation to performance, it is important to be extremely familiar with the foundation stones of preparation and have the flexible ability to improvise on stage according to the necessities of the moment. A virtuoso is not someone who just plays with ease, but someone who knows every single detail of what he is doing and has the ability to create at that specific moment. It is important to prepare well, be strong on the foundation stones and also to be able to feel great freedom. When we know very well, we can be free and this would help us conquer our fears.

It is also very important to confront MPA directly. I believe that the world has two poles and everything has a positive and a negative aspect. Only when we experience the real negative, can we capture the positive.

GT.: Would you explain these foundation stones?

C.A.: They are basically the technical aspects of violin playing.. How to use the bow, how you stand, how you play chords, what kind of technique is necessary to continue a vibrato and of course, physical strength.. The strength that gives one the power to stand for 40-45 minutes and perform a concerto. To be competent on all these details.

GT.: Do you have any methods or strategies you personally use before performances in relation to MPA ?

C.A.: I use positive verbalizations sometimes, in order to prepare mentally. I also use breathing exercises before I get on stage. I aim to feel towards performing on stage in the same way I do towards the other everyday activities in my life, such as eating, talking or walking. When it becomes this natural, it feels good. I know of performers who take alcohol or medication, but I am against the use of unnatural forces. What counts is to be able to conquer one's dark side with his inner power.

GT.: Do you have any recommendations to students in this context?

C.A.: It is important for students to understand that a complete preparation that involves both physical and abstract aspects is very important. The physical aspect involves technical preparation and acquiring a strong condition for performance. The other aspect includes mental preparation and the implementation of a solid sense of self-confidence.

It is also important to label feelings of anxiety personally in order to confront them. Once the problem is labeled, relevant methods can be used for a solution. Menuhin, the prominent violinist, who I admire, discusses various exercises and breathing techniques in his book, "Life Class." I also recommend breathing exercises. It is very useful towards keeping the heart beat at a normal level. When the heart beat is above its normal pace, one automatically feels things faster and even talks faster than usual. It is important not to go any faster in our playing, than what our brains can register.

G.T.: It is known that many performers use medication before performances to control anxiety. Do you support the use of beta blockers and other drugs in relation to MPA?

C.A.: No. Once one starts to use these drugs, they cause dependence and more is required to get the same desired effect. There is basically no end to it. I don't think that unnatural products should be used at all. One should try to get rid of his dark side through finding the inner light that he naturally has.

GT.: Do you support the incorporation of information sessions on MPA in conservatory curriculums?

C.A.: Yes, but more in the form of lectures and workshops. These sessions should deal with helping students with acquiring a confident self-expression on stage. Actors use many techniques related to acquiring strong personal stage expressions. It is also important for music students to be aware and knowledgeable on other arts, such as theater, literature, poetry, sculpture, painting and the aesthetics of eloquent speech. They should have education on subjects such as, math and history. Understanding the relationship between the philosophical, ethical and aesthetic aspects of various arts would be an important tool for students towards life in general, but also towards dealing with their anxieties. For example, once one knows how to speak well, he can better express himself on stage as a performer.

An education on MPA should be given by people who are specialised in their areas. When I lived in London, I had seen workshops on Alexander technique, which involved 4-5 sessions that explained the main aim of the method. Similar sessions could be incorporated in schools here.

A.3. Tahir AYDOĞDU, qanun player (Interview: 5 April 2007, Ankara)

G.T.: What are your thoughts and feelings on MPA?

T.A.: MPA is an interesting subject and I have experienced it during my performances in various areas of music. First of all, it is very important to be very well-prepared to the point of completely memorising the piece before performances, in order not to feel this kind of anxiety. I feel lucky, because I started playing the qanun in 1976 and I performed frequently in Turkish entertainment clubs, and this frequency helped me get over my feelings of MPA. The way I feel anxious varies with the nature of performance; if I am on a TV program, it feels different from performing in a concert with the orchestra and so on... Independent of the repertoire and place of performance, a good preparation is a must.

G.T.: Do you have any methods or strategies you personally use before performances in relation to MPA ?

T.A.: My first technique is to prepare extremely well for performances. A small dose of alcohol has been recommended to me in this respect; however, I don't think it is necessarily useful and effects the reflexes in a negative way. The main method that has worked for me over the last couple of years is relaxing through deep breathing before performances. I also concentrate on my repertoire while doing my breathing exercises and do not think about anything else before performing.

G.T.: Do you have any recommendations to students in this context?

T.A.: My first suggestion to students is for them to practice their pieces so well before performances so that they can completely memorise them and basically "live with them..." Listening to other performer's recordings also helps with a well preparation. I don't think that anything can really be a burden over the performance once the piece is learned this way. Concert attire is also important during performances as for the clothing to not get in the way of the performer's movements. As I said before, using breathing exercises and concentrating on the music for 10-15 minutes before the concert would be very beneficial. A good concentration also helps with not receiving the possible negative energy of some of the audience members. I have used this technique and once I am on stage, I only think about my piece, look, but not see!

G.T.: It is known that many performers use medication before performances to control anxiety. Do you support the use of beta blockers and other drugs in relation to MPA?

T.A.: I think using drugs before performances is wrong and may cause dependence. I also do not encourage the use of cigarettes and other tobacco before concerts, for they have negative effects on the performer's metabolism. Their relaxing effects are only temporary.

G.T.: Do you support the incorporation of information sessions on MPA in conservatory curriculums?

T.A.: I believe that it would be very beneficial for performers. This should include the experiences of prominent performers and their coping methods should be used with the students. These performers should not only be chosen from western classical music, but also performers of jazz, flamenco, world music and Turkish traditional music should be included.

GT.: What are your thoughts and feelings on and experiences with MPA?

EB.: MPA is a potential energy, which does not have a definitive character as to when or how it will appear in performances in front of an audience and that the performer cannot have a chance to measure. Through this energy, it is possible for performers to execute a wonderful interpretation of their repertoire in front of the audience. At the same time however, it is possible for MPA to create negative consequences as to harm all the efforts put into the preparation of the performance. Many performers who cannot perform their repertoire with comfort due to the MPA symptoms that suddenly appear in their bodies and which they cannot control, may live a long line of unsuccessful experiences in public performances. These failures may result in psychological conflicts and even personality disorders. The easiest way to deal with this problem is through delineating the physical mistakes by the help of a specialised person. More practice alone would never help one to control MPA and to get rid of these negative issues.

GT.: Do you have any methods or strategies you personally use before performances in relation to MPA ?

EB.: When I get on stage, I try to use all my mental and physical resources to transfer the anxious feelings –that appear in a different character every time- into a positive energy. The most important technique that I trained myself in through the years is Alexander Technique, a method which is being widely used throughout the world. Through Alexander Technique, one should aim at minimizing the mistakes that one could make on their instruments, such as, labeling the correct places for breath in music, having a perfect stature for holding the instrument, correct posture, arranging the volume of the instrumental sound according to acoustics. It is also important to have a healthy diet for performers.

I also try, as much as possible, to concentrate on involving the audience in my interpretation of the piece. No matter how hard the piece is, if I can feel a natural joy of making music, I try to interpret the piece by imagining that the audience also can feel this happy excitement with me.

GT.: Do you have any recommendations to students in this context?

EB.: My most important recommendation is for students to label the reasons and physical mistakes that lead to MPA in their bodies; either by the help of a specialised person or by working hard to delineating these problems themselves. Once these mistakes are labeled, their negative effects would start to diminish.

Also, it is very important for students to show meticulous care to the maintenance of their instruments before concerts or exams. Especially for brass and wind players, a minor physical problem in their instruments could lead to a panic-causing atmosphere.

G.T.: It is known that many performers use medication before performances to control anxiety. Do you support the use of beta blockers and other drugs in relation to MPA?

EB.: I absolutely don't. Through the use of these drugs, one becomes defeated by an issue that he could easily throw away from his system and agrees to live with his problem.

GT.: Do you support the incorporation of information sessions on MPA in conservatory curriculums?

EB.: This process should start immediately. One very strong approach towards teaching students to efficiently deal with MPA, would be through supplying them with a sophisticated level of solfege training. Without studies that include all kinds of rhythmic and melodic aspects, it would be hard to solve the students' problems with anxiety.

Actually, classes on MPA should also include all kinds of information on breathing correctly to bowing on stage. I have given seminars on Alexander Technique in many of our conservatories. Through these lectures, I have tried to bring the students' awareness towards labeling the physical mistakes that would harm them in concerts and exams in an increasing way. However, this concept is too wide to be solved in just one lecture. Studies on MPA should be stretched within a year and be started in conservatories very soon.

G.T.: What are your thoughts and feelings on MPA?

T.C.: I do not feel MPA in the sense that it is debilitating and negatively effects me or my performance. If I am not well prepared, I might be anxious. However, if I feel ready, than I feel excited, but not nervous. I have probably never felt throughout my life, the kind of MPA that effects you even when you are completely ready.

G.T.:Do you have any methods or strategies you personally use before performances in relation to MPA ?

TC: I do not suffer from this kind of anxiety, and no, I do not employ specific methods for this.

G.T.:Do you have any recommendations to students in this context?

TC: Since I personally am not familiar with MPA, I would link these kinds of issues in the student to his or her “not being ready” or to other personal things. This kind of anxiety does not exist for me and I do not relate to other’s. It’s like believing in God and not believing in him. If you don’t believe in God, he just doesn’t exist for you.

G.T.: It is known that many performers use medication before performances to control anxiety. Do you support the use of beta blockers and other drugs in relation to MPA?

T.C.: I know of students who take this kind of medication and I absolutely do not support them. Not because of how they physically effect the body- I am not familiar with that- but because, it is not a natural thing. Making music is natural. Taking medication is not. I think twice before taking anything other than vitamins.

G.T.: Do you support the incorporation of information sessions on MPA in conservatory curriculums?

T.C.: Not in the shape of formal classes, but maybe by someone that the student respects; like the master in the master-apprentice relationship. I think that it would better reach the student.

G.T.: What are your thoughts and feelings on and experiences with MPA?

S.Ç.: Everyone who appears on stage as a soloist experiences some sort of anxiety that stems from meeting an audience and from the intention to present something good to the audience, even when the performer is completely competent on the repertoire to be performed. However, this anxiety is different from what one feels when the performer doesn't really feel adequate about his performance. This is an anxiety related to being able to complete the performance successfully; it is a fear of making mistakes or a fear of possible ensemble problems at times of inadequate rehearsals.

The first kind of anxiety is more like an excitement and a performer must definitely feel it. Lack of it means a lot has ended in the performer towards a good performance.

I feel usually pretty comfortable on stage, since I do not try to present something to people that I am not experienced with. Even when I feel some level of MPA, it goes away a little after the performance has started. I usually speak to the audience after the first piece, and sometimes my voice shakes a little at this point. A couple of minutes is necessary for complete control of one's breath.

G.T.: Do you have any methods or strategies you personally use before performances in relation to MPA ?

S.Ç.: Backstage and on stage, I try to view the audience as comprising of my friends and people who know me well. I concentrate on positive energy. I also concentrate on the attitude that any anxiety I might feel in a performance is a result of my respect for my profession and my responsibility as a performer towards the audience. Therefore, it is normal.

One method I use is deep breathing; I divide my breath to certain numbers of counts and exercise this way. Breathing has also helped me at times when I experienced palpitations.

G.T.: Do you have any recommendations to students in this context?

S.Ç.: My main suggestion would be for them to perform a lot. The real experience is acquired on stage and that is where we are supposed to put the information we learn at schools to use. Even the negative experiences from stage can help one towards a better stage performance. Also, I advise them to use breathing exercises.

G.T.: It is known that many performers use medication before performances to control anxiety. Do you support the use of beta blockers and other drugs in relation to MPA?

S.Ç.: I find that unhealthy. I believe that any drug would keep the performer from the complete experience of the excitement and joy of music and of embracing the audience.

G.T.: Do you support the incorporation of information sessions on MPA in conservatory curriculums?

S.Ç.: Yes, I do. I think that these classes should take place during the “more mature” stage of the student’s development; for example at the time when the student is ready to perform in a student orchestra.

G.T.: What are your thoughts and feelings on and experiences with MPA?

B.E.: I believe that the way people experience MPA has a lot to do with how often they actually perform on stage. When you start performing frequently at an early age, the feelings of anxiety become minimal. It really is strongly related to experience. I have been lucky to find many chances to perform as a flutist. Therefore, I do not really experience MPA.

G.T.: Do you have any methods or strategies you personally use before performances in relation to MPA ?

B.E.: I always rest for an hour before my concerts. I try to “reset” myself, just like we do as we turn a computer on and off. I always visualise myself on stage when I practice, even when I’m warming up with long notes. This creates the concert atmosphere.

G.T.: Do you have any recommendations to students in this context?

B.E.: Unless they are extremely special talents and have people that help them, a majority of students do not get very many chances to perform frequently. I advise students to play to everyone, including their friends, parents and relatives. At every practice session-even during warm-ups- I encourage them to visualise being on stage as a prominent instrumentalist or as singing an important aria. I ask all my students to practice this way and actually confirm with their parents whether the student has played for them. I believe that this system would help manage MPA for sure.

G.T.: It is known that many performers use medication before performances to control anxiety. Do you support the use of beta blockers and other drugs in relation to MPA?

B.E.: I have heard of such medication that apparently regulates the heart beat. However, this might interfere with the breath and the performer’s movements. I think that they would be risky to use.

G.T.: Do you support the incorporation of information sessions on MPA in conservatory curriculums?

B.E.: I believe that it is very important for prominent performers to convey their experiences on this issue to younger generations. I used to ask James Gallway and he would say, “I understand getting anxious, but use it.” He never told me how he used it though... With time, I found out on my own and try to inform my students. I think it is a subject that should definitely be taught to students, because I have seen many people who can perform very well alone, but lose serious qualities of performance on stage due to MPA.

G.T.: What are your thoughts and feelings on MPA?

P.F.: I used to feel anxious before performances in the past, but the more I felt that I was in control of the instrument, it became less. It also has to do with my now being more distant from teachers. When I was younger, I conformed a lot to my teacher's wishes and did not do much experimenting. I believe that the underlying friction between your own approach and your teacher's leads to some tension in performance. When you discover your own technique and idiom, much of the tension dissolves. It balances itself.

G.T.: Do you have any methods or strategies you personally use before performances in relation to MPA ?

P.F.: No, I faced the fire. I may have trembled at times, but this requires a lot of courage and I believe it is the real way to go.

G.T.: Do you have any recommendations to students in this context?

P.F.: Trying too hard to do something well may actually get in the way of performing well. Again, it is important to find your own technique and let go. I know that breathing exercises and Alexander's Technique have been helpful to people. I think that the first 3 minutes of the performance is crucial. There, one can try to concentrate well by focusing on tone, instrumental color and on the beauty of sound. It is easier to relax after that period.

G.T.: It is known that many performers use medication before performances to control anxiety. Do you support the use of beta blockers and other drugs in relation to MPA?

P.F.: No. I believe that taking medication is basically escaping from the real issue. Being on stage and dealing with your anxiety are crucial life experiments and taking drugs would be missing out on them.

G.T.: Do you support the incorporation of information sessions on MPA in conservatory curriculums?

P.F.: Of course.

A.9. Rengim GÖKMEN, conductor (Interview: 11 April 2007, Istanbul)

G.T.: What are your thoughts and feelings on MPA?

R.G.: I don't have any significant experience with MPA in the mature period of my profession. I never really felt any disturbing anxiety through my conducting career. However, I have felt strong levels of MPA in the piano exams during my childhood, to the point that it interfered with my performance.

I believe that MPA has different implications for everyone, depending on their physiological and psychological states. Some level of it is necessary for performance; especially for motivating the orchestra, who has a special psychological build of its own.

G.T.: Do you have any methods or strategies you personally use before performances in relation to MPA ?

R.G.: I don't use anything specific.

G.T.: Do you have any recommendations to students in this context?

R.G.: My recommendation would be for students to love what they do.. This is especially important for stage arts. Therefore, stage performers need tools such as, wanting to be on stage and loving it. I can't think of artists who lack this. In other words, a professional brain and an amateur heart is necessary.

G.T.: It is known that many performers use medication before performances to control anxiety. Do you support the use of beta blockers and other drugs in relation to MPA?

R.G.: I never used them. I don't have any opinions on this subject.

G.T.: Do you support the incorporation of information sessions on MPA in conservatory curriculums?

R.G.: Yes, but not in the form of classes, but workshops and lectures. It is of utmost importance, especially for solo performers to examine this issue deeply.

G.T.: What are your thoughts and feelings on MPA?

A.H.: I would first of all say that experiencing MPA is OK; it's not a disease. It can basically hit you any time. My experience is that sometimes I have tension and feel nervous weeks before the concert and 5 minutes before the concert it goes away and I am very clear. And sometimes it happens exactly the other way around. So, it happens..

G.T.: Do you have any methods or strategies you personally use before performances in relation to MPA ?

A.H.: In the very personal way, yes. I always try to imagine the concert situation beforehand. When you are young, you don't perform as much as you do when you are a professional; you don't have the frequent experience of performing with big orchestras, in a big halls etc., and being more experienced has helped.

G.T.: Do you have any recommendations to students in this context?

A.H.: I would encourage everyone to learn about dealing methods, but never to the point where one gets distant from his or her musicianship. Whatever method you might choose to deal with MPA, it should just be based on your musical feelings. You should not try a technique of preparation where you just aim to "feel relaxed like sitting in my couch at home when I give a concert." You have to accept that doing music in a concert will always be life, it is wonderful and you will be very creative at that moment. So you cannot prepare so that your emotions are dimmed down. I would be afraid that wrong mental preparation can dim down the creative musical ideas that you have at that moment. Too much relaxation might be negative and the balance is important.

Strong MPA symptoms are of course is a serious thing. The reasons should not be examined only mentally, but also physically. This might be also linked to wrong use and excess tension of the muscles. So, it is a very complex thing. If there is serious shaking of the muscles, for example, it should be worked on not only with mental, but also with physical solutions for correct use of muscles.

Also, the art of preparation is a very important part of the process. I believe, from my experiences that it is very hard to prepare a student so well that nothing wrong can happen. Heifetz said, "I have to be a 150% prepared so that I can play a 100%." If you are not super prepared, than any aspect of the environment –different acoustics, the pressure of playing in front of so many people- can make you more prone to MPA. So, the question here is, "How can I prepare myself a 100%?"

G.T.: When we say, "preparing a 100%," do you think that also includes mental preparation alongside instrumental preparation?

A.H.: Absolutely, mental preparation in any way... One simple way is, of course, if you are to play from memory –Bach, for example is always a challenge to play from memory- that you are able to play the music, without the instrument, in your head. You sit down and go through the piece, without actually playing it and seeing it in your mind. That for me is very good mental preparation. Further on of course, mental preparation in the vein that we have in sports; the preparation of concentration where

one learns how to concentrate and find the right focus at the right time. Being able to forget everything around you and being able to just concentrate on the moment..

G.T.: It is known that many performers use medication before performances to control anxiety. Do you support the use of beta blockers and other drugs in relation to MPA?

A.H.: I don't have respect for them, for I think they dim the musical creativity. I know that they work at auditions, especially for brass players who play maybe a 100 notes in the audition and they should get all 100, but I would not suggest to use them.

G.T.: Do you support the incorporation of information sessions on MPA in conservatory curriculums?

A.H.: Absolutely..

G.T.: What are your thoughts and feelings on MPA?

E.I.: I believe that all of us feel some level of MPA in relation to performing. During the first three or four years of my performance career, I used to get so anxious that I had to think and examine the reasons behind this anxiety. I had come up with inadequate preparation as the reason and concentrated mainly on working very hard at my instrument. However, I realized that some form of the anxiety did not go away no matter how well-prepared I was. I realized with time that this feeling stemmed from the love I felt towards playing the ney and that it would always exist. I understood that this anxiety was an excitement, and it should not be lost. Without this excitement, there would be no point in making music.

So basically, we should differentiate between the fear that is a result of inadequate preparation and the anxious feelings related to the excitement felt towards making music.

It is also interesting to note that I feel more relaxed performing abroad, than in Turkey. I believe that the nature of the audience also plays a part in how we experience MPA.

G.T.: Do you have any methods or strategies you personally use before performances in relation to MPA ?

E.I.: I try to prepare very well for my performances. I memorise the piece, get rid of the score and play from memory. When you know a piece that well, it helps with anxiety to a certain respect. Once this is done, I concentrate on the love I feel towards performing.

G.T.: Do you have any recommendations to students in this context?

E.I.: I believe that success is very closely related to the respect and love that one feels towards his profession. Therefore, I suggest that student concentrate on these entities besides working very hard at their instruments, while remembering that we are all human and can make mistakes.

G.T.: It is known that many performers use medication before performances to control anxiety. Do you support the use of beta blockers and other drugs in relation to MPA?

E.I.: I would not encourage the use of any forces that are foreign to our bodies such as, alcohol or drugs. These forces interfere with the natural activities of our bodies and I do not think that it is useful to use these as ways to manage MPA.

G.T.: Do you support the incorporation of information sessions on MPA in conservatory curriculums?

E.I.: I do.. I think that this would have many benefits. It would be helpful for experienced and successful performers to share their experiences with the students through these sessions.

G.T.: What are your thoughts and feelings on MPA?

S.K.: I have always had experiences with MPA and I still do.. I have left behind more than 50 years of a professional concert career and I've been affected by it since I started performing seriously at my late teens. I never felt any anxiety when I was a child; probably between the ages of 9 to 16.. It didn't matter whether I was playing in a room, or to my friends, or to a hall with hundreds of people. This was because I was not aware of the responsibility of my profession. However, when the real concerts started, either my teacher was there, or my friends were there and I had to measure up to the level of performance that I had acquired. This is one of the reasons as to why we get anxious. Some tricky passages in the repertoire may also make one feel stress, you wonder how those passages will go during the performance. Basically, you get more and more anxious with time.

Speaking for myself, but I know that this is true for many of my friends, that I feel more anxiety performing in Turkey than when I do abroad. I think that this has to do with the familiarity of the audience. Soloists of my generation, such as İdil, Ayla or Ayşegül, have been performing in the same cities for over 45 years. And our audience, to whom we owe gratitude, has always been present at these concerts. You attain a certain career and you cannot go below the expectations of your audience. This creates anxiety.

G.T.: Do you have any methods or strategies you personally use before performances in relation to MPA ?

S.K.: I don't use any specific method. Sometimes I experience MPA symptoms starting at the morning of the concert and when I am backstage, I try to breath deeply and calm myself. When I experience strong anxiety a while before the concert, it dissapears once I go on stage. Sometimes I perform two concerts in consecutive days and I feel extremely relaxed for the second one. However, the second I set foot on stage, MPA hits. It is harder to control once you are on stage.

G.T.: I had read that you used to go to the movies on the day of your performances. Is this an accurate information?

S.K.: I used to, in the past.. Instead of waiting at home anxiously, I wanted to spend time at the movies.

G.T: Do you have any recommendations to students in this context?

S.K.: I tell my students not to be 100% prepared, but to be 500% or 1000% prepared for concerts. It is inevitable that one loses some aspects of his playing on stage, and it is important to be very sure. One of my very first teachers used to say that the way to understand if a piece was adequately prepared for a concert was to wake up from sleep at 3:00 am in the morning and to immadiately play the Mendelssohn concerto, for example... If that was a good performance, it meant that the piece was ready fot the real performance.

I believe that some level of MPA is a must. In order one to incorporate an identity into the music; to integrate his own palette in the performance, one has to deeply feel

and join the music and feel the tension. So, when you play Brahms, Schumann or Tschaikovsky and do not get out of breath, you are only playing to a certain extent.

G.T: It is known that many performers use medication before performances to control anxiety. Do you support the use of beta blockers and other drugs in relation to MPA?

S.K.: I never used them. I have friends who use them and apparently benefit from them. However, I fear that they might interfere with my performance.

G.T: Do you support the incorporation of information sessions on MPA in conservatory curriculums?

S.K.: This could be in the form of lectures where soloists could communicate and share their experiences with the students.

A.13. Ayşegül KİRMANOĞLU, clarinetist (Interview: 3 April 2007, Istanbul)

G.T.: What are your thoughts and feelings on and experiences with MPA?

A.K.: I think that there are two types of people: The first type has ease and ability towards performing in public by nature. The other is more prone to anxiety and has a personal structure that makes him more susceptible to stress on stage. If you belong to the second group, then it is necessary for you to learn to control this anxiety. However, some level of MPA always exists for everyone.

I personally liked and enjoyed performing in public even when I was a child. However, as I became more aware of the importance of what I did through the years, my anxiety increased a bit, but I knew that I had to control it. And I did.

G.T.: Do you have any methods or strategies you personally use before performances in relation to MPA ?

A.K.: I place great importance on breathing the right way. Deep breathing helps me with gaining control over my body, decreasing any anxiety I might feel and improving my concentration.

I regularly practice reiki and this has always helped me have a positive attitude to life and to performing.

I also use self-verbalisations, such as “this is the moment and I’ve been preparing all this time for this moment. I will live it to its fullest.” This helps me concentrate on my enjoyment of performing on stage. “Enjoyment” is a crucial part of performances for me. My first aim.. There is no room for worries once you are on stage..

G.T.: Do you have any recommendations to students in this context?

A.K.: As I mentioned earlier, learning to breath the proper way is crucial. Also, I encourage students to perform in public often, regardless of their instrumental level and ability. Music is self-expression and students should start to learn to express themselves at an early age.

One’s attitude towards performing has a major role in how he or she feels during the performance. So, during preparation, students should aim to get 200% ready, in every aspect of their repertoire. However, once on stage, the attitude should be, “I am human, I have a right to make mistakes and I am here as a whole entity, with my mistakes.” This kind of an attitude really enhances one’s self-worth and is encouraging...

I would also recommend the use of mental imagery. Thinking positively about and imagining something for me is doing 50% of the work. How you start the whole thing is also important.. I believe that nothing is unplayable nor impossible. Believing in your internal energy has been very helpful to me and I assume would be helpful to students.

G.T.: It is known that many performers use medication before performances to control anxiety. Do you support the use of beta blockers and other drugs in relation to MPA?

A.K.: No. MPA is something that people should be able to confront and deal with on their own. I think that this issue should be solved psychologically, not physiologically.. I would never suggest taking a synthetic drug for this issue.

G.T.: Do you support the incorporation of information sessions on MPA in conservatory curriculums?

A.K.: Of course, but I think it is important for the classes to be conducted by specialised and professional people. Psychologists specialised in MPA, for example.. People who have done serious research on the subject.

G.T.: What are your thoughts and feelings on MPA?

B.K.: I think that one of the most important reasons for the occurrence of MPA is that the performer is always in search “for the better.” Even a very good concert may not be personally satisfactory to him. Another aspect is that general performance anxiety is specific to individuals and many psychological reasons play a part in this syndrome. I also believe that feelings of MPA can majorly change during a performance career. A performer may start out by feeling completely relaxed, but may develop it as a result of certain criticisms. Anxiety may increase parallel to responsibility.

My own experiences with MPA showed various stages: In my first experience on stage, I was very much relaxed, for I did not know what MPA was. However, I learned from the conversations of my peers that such a thing existed and it was implemented in me for a while. Later it diminished for a period as an element of my confidence, but as I got better known in public, responsibility brought some of it back.

G.T.: Do you have any methods or strategies you personally use before performances in relation to MPA ?

B.K.: I do.. I prepare to my concerts with strict discipline. About a week before concerts, I watch how I live and what I eat and try to spend my days in a system. I eat a lot of carbohydrates –lots of spaghetti- which gives me energy and has a stress-reducing effect on me. An hour before concerts I eat a banana for the intake of potassium and also for a more direct supply of energy.

Breathing exercises and small body exercises that increase my blood circulations help before my concerts. When I can, I try to do these in front of an open window so that I can get more oxygen.

I also prefer to stay alone backstage to concentrate on my pre-performance routines, basically. I do not think about the music at that point; just warm up my fingers, tune my instrument and go on stage.

G.T.: Do you have any recommendations to students in this context?

B.K.: My first concern in this context is the implementation of confidence. This is a path that primarily goes through hard work and preparation. Concentration on the task at hand is also very important; I suggest them to be less prone to outside influences around concerts and focus more on the music and their instruments.

I also recommend my students to explore and use Alexander Technique, which has many benefits towards performance.

G.T.: It is known that many performers use medication before performances to control anxiety. Do you support the use of beta blockers and other drugs in relation to MPA?

B.K.: I know of soloists and students who use them. However, as you are trying to fix something by taking drugs, you are also interfering with your body’s normal

functions in a questionable way. These drugs have side effects and I think that it is wrong to incorporate an unnatural entity into one's system before concerts. Dealing with MPA should be done with the performer's own natural resources, coming from within and that should be the main path to search for..

G.T.: Do you support the incorporation of information sessions on MPA in conservatory curriculums?

B.K.: I absolutely do, because I believe that a big part MPA is a learned phenomenon. Being exposed to various dealing methods would definitely help performers diminish certain aspects of it and bring its effects to a minimum.

G.T.: What are your thoughts and feelings on and experiences with MPA?

M.O.: I believe that the anxiety felt towards performing is a positive entity: It only becomes negative as a result of inadequate preparation. MPA should be viewed as a positive, stimulating force. I have experienced MPA in the past when I felt I wasn't adequately prepared in relation to my performances being packed too closely to each other.

G.T.: Do you have any methods or strategies you personally use before performances in relation to MPA ?

M.O.: I incorporate a kind of behavioral rehearsal and imagery, where I visualise myself on stage and perform the entire concert repertoire. This is a very helpful method; both for feeling competent on stage and for grasping the wholeness of the program.

G.T.: Do you have any recommendations to students in this context?

M.O.: I would suggest the method I have mentioned above. It is very useful to perform the complete repertoire once or twice everyday, starting about 1-2 weeks before the concert. I have observed that this way of preparation has considerable effects on anxiety.

I also recommend that the students record themselves as they practice and rehearse complete performances. In a way, the feeling of being recorded simulates a concert environment and this could be a helpful preparation.

G.T.: It is known that many performers use medication before performances to control anxiety. Do you support the use of beta blockers and other drugs in relation to MPA?

M.O.: Beta blockers were recommended to me by a doctor friend and I know that he prescribed them to his daughter, whom I taught for a while. She suffered from MPA even during our piano lessons and received benefits from the drug. Beta blockers do not interfere with your physical actions, they only work towards regulating heart beat and blood pressure. These drugs may help with stage related anxieties, but it is very important to consult a doctor before using them. In general, I am against the use of any kind of other chemicals before concerts. Performing requires all of our capacities to work at full force, and I believe that chemicals interfere with our sensory processes.

G.T.: Do you support the incorporation of information sessions on MPA in conservatory curriculums?

M.O.: I do.. I know that such classes are present in music schools in Europe. My students who recently came back from Holland have mentioned this, and these classes apparently appear in the form of lectures and workshops. I believe that this form would be more beneficial rather than, the form of regular weekly classes. It is important to create an environment for this kind of an education where people can discuss their experiences and get informed from not only musicians, but also psychologists.

A.16. Erol PARLAK, baglama player (Interview: 8 April 2007, Istanbul)

G.T.: What are your thoughts and feelings on and experiences with MPA?

E.P.: I have experienced MPA at the beginning of my performance career. I believe that this is related to my placing too big an importance on music, my audience and my performances. I generally stress about issues that are very important to me. However, with time, this anxiety changed into an excitement and a happiness received from sharing the performance experience with the audience.

I think that there is an “electrical” balance between the performer and his audience. When the performer has complete competence over his instrument and his repertoire as a result of the accumulation of experience, he becomes self-confident. This results in the diminishing of MPA, especially when he is familiar with the character of the audience. When one of these aspects of balance is out of order, there may be more feelings of anxiety.

I also believe that performing composed pieces and performing today’s improvisatory traditional musics have very different implications on the subject. Composed pieces are generally known well by the audiences and the performer does not have much freedom to change any of its aspects. However, in traditional music, you do not perform something that you have performed before; you play a version of your current experience. This gives the performer great comfort. Even a mistake has a fresh taste in this context. Many Anatolian traditional music performers show an incredible skill in molding any stumbling parts of the performance into the piece as a natural and beautiful entity. For example, a wrong note may be incorporated in the piece by repeating it many times and using it as a new path towards a fresh new section of the piece.

G.T.: Do you have any methods or strategies you personally use before performances in relation to MPA ?

E.P.: Experience has shown that many people use alcohol for its relaxing effect and various other forces for their stimulating effects. I do not employ such things; I don’t even smoke.

My most important approach is be in constant communication with the audience. I have been taught to view the value of the audience as a bit above mine. Whether the audience is made up of one person or a thousand, it is important to perform with the same amount of respect. This attitude makes possible, a kind of wonderful communication with the audience that involves sharing something together. When a performer thinks and feels this way, he does not feel anxious, because the feeling of having to “perform perfectly” does not appear in him.

G.T.: Do you have any recommendations to students in this context?

E.P.: I suggest to students that their main aim should be towards acquiring the kind of complete competence that I mentioned above. If you are weak in any area of the

whole, the audience defeats you. However, if you have complete control over the performance as a whole, you can capture the audience and no anxiety will exist.

G.T.: It is known that many performers use medication before performances to control anxiety. Do you support the use of beta blockers and other drugs in relation to MPA?

E.P.: I link the use of drugs to a gap in the performer; may be a gap in his feelings of self-confidence, in his adequacy of experiences or social skills. Instead of using drugs, one should aim to find the comfort through freely creating in the tradition and gaining competence over the performance experience.

G.T.: Do you support the incorporation of information sessions on MPA in conservatory curriculums?

E.P.: Yes. There should also be classes on stage aesthetics, presentation and psychology. Performers of various areas could share their experiences and accumulate a valuable source of information. I see an urgent need on behalf of our students towards this kind of an education.

A.17. Hakan ŞENSOY, violinist and conductor (Interview: 30 March 2007, Istanbul)

G.T.: What are your thoughts and feelings on MPA? Do you have any methods or strategies you personally use before performances in relation to MPA ?

H.Ş.: I never really had a specific method that I used in relation to MPA. I started going on stage at a very early age and I used to get nervous then.. My violin teacher Ayhan Turan would say that I used to turn green from fear, but I was never taught to use any strategies then, either.. He had recommended for me to use some drug –I don't really remember what it was- and had sent me to the late Prof. Dr. Selahattin İçli for a prescription, but whatever it was, he didn't prescribe the drug. So, I didn't take it, no matter what the level of my MPA was..

Especially since 1989, the year that I started going on stage as a professional, I never suffered from MPA. Basically, there are two kinds of feelings before we get on stage: One is the feeling of being totally prepared and the other is not being adequately prepared. When I feel inadequately prepared –and thank God that it doesn't happen very often- I try to just do my best, for there is really nothing else to do. We are all human and there may be times that we are not musically or emotionally ready for a concert. Considering the environment that we work in, there are so many things that we end up dealing with.. At those times, I just try to do my best. When I am ready, however, I feel confident about myself and aim to give it my best. On both cases, MPA doesn't effect me, therefore, I do not practice things, such as meditation before concerts. My stage moment starts as I step on the stage, not before.. So, I don't demand to be alone and try to concentrate or anything.. I am on concert mode at the moment that I am on stage.

G.T.: Was there a specific process, transforming from feeling nervous at your youth to the confidence you feel now as a professional?

H.Ş.: I don't really know exactly how it happened, but a lot of it probably came with experience. I was on stage so many times that my system probably wouldn't have handled suffering from MPA.

G.T.: It seems like your body has automatically adapted itself... Do you have any suggestions to students in this vein?

H.Ş.: I always recommend students to be constantly aware of their minds. They start getting nervous when they lose this awareness and put their minds at the back of their heads. However, when they can feel their minds in front of them, at the tip of their fingers, they perform well even if they are anxious. As I don't have much experience with MPA, therefore my suggestions to students would not include many details. I would basically tell them to prepare well, to be always aware of their intelligence and to keep their instruments their main concern on stage. The same goes for us too, actually.. So many things can distract us on stage. As I said, we are all human and it is not always easy to control what goes on in your head without your will. Something happens and it costs you 15-20 seconds of your performance. These 15-20 seconds may not be important in a 40 minute piece, but it makes you suffer for 15-20 days..

G.T.: It is known that many performers use medication before performances to control anxiety. Do you support the use of beta blockers and other drugs in relation to MPA?

H.Ş.: Personally I reject taking medication even when I have the flu. We get too many unnatural and synthetic things in our bodies through the things we eat anyway.. When I was a child, there was a season for fruits and vegetables. Now, however, everything is unnaturally available at any time. This does not happen because nature or God have changes their views.. Therefore, I would not use these kinds of drugs.. If a student comes to me with excess physiological arousal that he cannot control, and suggest to take beta blockers, I would try my best against it, but accept only if this was the last resort.

G.T.: Do you support the incorporation of information sessions on MPA in conservatory curriculums?

H.Ş.: I always generalize on questions of this sort. Life is a cycle and we are actors on its art side. Every area of work has many actors with their own stages. When we limit it to conservatories, it becomes specific only to us. I believe that concepts such as, “What is self-esteem? What is self-worth? What does it mean to love and trust oneself? How do we believe in ourselves?” should be explored in all educational institutions. I think that one’s family also has a crucial role in this context.

I see that many young minds cannot express themselves well because of their problems of self-esteem.. An educational approach that enhances these concepts makes a lot of sense to me; it has many logical and emotional truths in it. When given in conservatories, I believe that it would bring many benefits..

G.T.: What are your thoughts and feelings on and experiences with MPA?

R.T.: This kind of anxiety always exists.. I think that it is a fear related to the approval coming from the other side of the stage towards what we perform. However, I believe that this anxiety is also necessary for a lively performance.

G.T.: Do you have any methods or strategies you personally use before performances in relation to MPA ?

R.T.: I practice piano until noon and after my practice, I prefer to rest, be by myself and think. I do mental practice, basically.. To confirm mentally, anything that might be slippery in my fingers because of stage anxiety.

G.T.: Do you have any recommendations to students in this context?

R.T.: I suggest that they should not just practice with fingers, but also mentally; concentrating on the musical themes, harmonic structures etc.

G.T.: It is known that many performers use medication before performances to control anxiety. Do you support the use of beta blockers and other drugs in relation to MPA?

R.T.: I don't encourage them. If the anxiety is so high that one feels the need to turn to drugs for performance anxiety, than maybe that person should not perform.

G.T.: Do you support the incorporation of information sessions on MPA in conservatory curriculums?

R.T.: Yes, because I have seen many young musicians feeling that they are out there in a jungle when they first start performing. The principle teacher cannot always be completely adequate in this respect. It would be better to have this in the form of lectures and workshops, and not as weekly classes.

G.T.: What are your thoughts and feelings on MPA?

A.T.: I believe that every performer experiences MPA. The shape and the level of anxiety may show differences between people, but I believe that it exists for everyone. MPA is closely related to one's aim "to always try to do better." Every person has an immense capacity and this search towards one's fullest potential can sometimes result in dissatisfaction. And this may lead to feelings of anxiety.

I think that MPA is also related to how often one performs. Starting performing at an early stage in one's career and the frequency would definitely help performers better deal with their anxious feelings.

I personally do have experiences with MPA, but I think that I have learned to deal with it through my life as a performer. When I was younger, I never knew what anxiety was; it was always so easy to get on stage and perform. However, with time I realized the seriousness of what I was doing and my feelings of MPA prevailed. Over the years, I have made my peace with the issue and now, it is basically a force that pushes me towards a richer performance.

I would also like to stress that playing jazz has been very helpful in my dealing with MPA. It gives you a totally different outlook on music, and concentrating on creating has released many tensions I used to have towards performing. I try to remember the flowing feeling of jazz, even when I perform western classical music.

G.T.: Do you have any methods or strategies you personally use before performances in relation to MPA ?

A.T.: It has been very helpful for me not to fight MPA, but to see it as normal entity that would even have positive motivating effects on me. Playing the trombone and teaching for me are like a daily prayers in religion. Therefore, performing becomes a fulfilling and exciting experience. I concentrate on these kinds of attitudes at every performance.

As to specific methods, I always use breathing exercises before performances; they help me stay cool and concentrate better. I try to surround my thoughts around the "positive;" use positive self-verbalizations and so on. I also place my main concentration on the rhythm of the music. This helps with my concentration on stage as I play.

G.T.: Do you have any recommendations to students in this context?

A.T.: Hard work is obviously needed for a good performance. However, it is important for students to present the results of their work, as frequently as possible, to audiences. In other words, they should perform at every chance, to friends or anyone they can play for. I always make my students play to each other in our lessons, and they share their ideas after.. This has been very helpful in two ways: For the performing student, it creates a performance environment and definitely helps with managing MPA. For the students who are listening, it teaches them to learn to criticise in a constructive manner.

I basically recommend the techniques that I myself use, such as breathing, positive thinking and using positive verbalizations. I haven't really experienced other methods. In my chamber music and trombone class, I discuss these methods with my students; I know that some of the students frequently use them and receive benefits.

G.T.: It is known that many performers use medication before performances to control anxiety. Do you support the use of beta blockers and other drugs in relation to MPA?

A.T.: No. I take drugs when I have physical pain; but is performing a pain? It is a real pity if it has become that for a performer and I believe he should explore the psychological reasons behind this attitude. Every performer can find a solution to MPA without the use of such unnatural things.

G.T.: Do you support the incorporation of information sessions on MPA in conservatory curriculums?

A.T.: Yes. Lectures and various workshops would be beneficial. Not just for students, but also for teachers, too. I think that instrumental teachers should also improve their knowledge on MPA issues, so that they can help their students.

G.T.: What are your thoughts and feelings on MPA?

Ş.Ü.: Before performances, the heart beat and the adrenalin level in our bodies increase. I have experiences with MPA, but the way I experience it differs according to the piece that I perform. If the repertoire consists of pieces that I enjoy, then MPA gives me a positive force and power. However, if I do not necessarily like the piece, then the MPA experience becomes more of a pain.

I perform in the areas of western classical music and jazz. Jazz gives one a crucial training towards a freedom of expression. Performing frequently is very important on the way to solving anxiety-related problems; however, playing jazz has twice the beneficial effects. I encourage every performer to have experiences with playing jazz; because it really widens one's horizons, gives a more objective attitude to music and teaches a flexibility and freedom of idiom.

G.T.: Do you have any methods or strategies you personally use before performances in relation to MPA ?

Ş.Ü.: I always try to have a positive attitude towards performing. I believe that this is important in relation MPA and how we experience it. Before performances, I focus on warming up and this basically helps with my concentration. I first of all exercise with my lips; then I include James Thompson's warming up exercises with the mouthpiece and then with my instrument.

G.T.: Do you have any recommendations to students in this context?

Ş.Ü.: My first suggestion would be for them to experience frequent stage performances. It is also important to confront MPA and related fears. Confronting it directly is important towards managing it.

I also introduce my students to a 20-25-week-program of breathing exercises. Being able to control the breath with the diaphragm is very important and also helps with regulating our heart beat. Incorporating breathing exercises into one's everyday routine is crucial for good performances.

G.T.: It is known that many performers use medication before performances to control anxiety. Do you support the use of beta blockers and other drugs in relation to MPA?

Ş.Ü.: No. In my opinion, the use drugs has negative effects on people.

G.T.: Do you support the incorporation of information sessions on MPA in conservatory curriculums?

Ş.Ü.: Definitely.

G.T.: What are your thoughts and feelings on and experiences with MPA?

İ.Y.: I have felt musical performance anxiety when I was young, but later I realized that if performing was to be a part of my life, I had to enjoy it. I thought to myself that no one had died from this kind of an anxiety, so I tried to conquer the issue with this attitude.

G.T.: Do you have any methods or strategies you personally use before performances in relation to MPA ?

İ.Y.: Yes, I do. I do lots of breathing exercises in order to regulate my breathing when necessary. Also, reiki has helped me in many ways, it keeps me in a general state of calmness. Also, when I practice, I try to visualize that I am on stage in front of the audience.

G.T.: Do you have any recommendations to students in this context?

İ.Y.: They should always be very well-prepared. However, they also should have frequent stage experiences, even when they don't feel completely ready. First, in front of friends, later in front of people or teachers that they are not familiar with... Also, it is important to be aware of how they experience or what they lose because of musical performance anxiety.

G.T.: It is known that many performers use medication before performances to control anxiety. Do you support the use of beta blockers and other drugs in relation to MPA?

İ.Y.: No. Performing should be something that we enjoy. If someone is so fearful towards stage that he cannot keep from taking any kind of medication, then they should not be on stage. The reasons to such strong anxiety should be personally investigated, of course.

G.T.: Do you support the incorporation of information sessions on MPA in conservatory curriculums?

İ.Y.: Absolutely. There should be classes where experienced performers who have managed this anxiety could share their experiences, or where psychologists could give accurate information to the students in this respect. It is important that the classes be given by people specialised in their areas of profession.

Appendix B. Musical Performance Anxiety Questionnaire

Please circle the number that best explains your feelings and thoughts. If the question is irrelevant to your field of performance, please leave blank. You do not need to write your name. Thank you for your contribution.

Gülden Teztel

Please mark your area of performance:

WESTERN CLASSICAL _____ JAZZ _____
TRADITIONAL TURKISH _____

Please mark relevant options:

I AM A STUDENT: HIGH SCHOOL _____ COLLEGE _____ MASTER'S _____
DOCTORATE _____

1) I play better when I play alone, rather than in front of an audience.

Never 1 2 3 4 5 Always

2) I feel better performing in an ensemble, rather than alone.

Never 1 2 3 4 5 Always

3) I feel better playing in a concert rather than in an exam/audition.

Never 1 2 3 4 5 Always

4) I feel better performing with the group, rather than when I improvise.

Never 1 2 3 4 5 Always

5) When I perform in front of an audience, I find it hard to concentrate.

Never 1 2 3 4 5 Always

6) When I perform in front of an audience, a voice in my mind constantly speaks about my performance; eg: "Now that hard section is approaching; I will definitely make a mistake."

Never 1 2 3 4 5 Always

7) Before I perform in front of an audience, I feel nervous.

Never 1 2 3 4 5 Always

8) When I perform in front of an audience, I get shaky hands.

Never 1 2 3 4 5 Always

9) When I perform in front of an audience, I feel like I cannot control my muscles.

Never 1 2 3 4 5 Always

10) When I perform in front of an audience, my hands sweat.

Never 1 2 3 4 5 Always

11) When I perform in front of an audience, my heart beats very fast.

Never 1 2 3 4 5 Always

12) When I make a mistake during a performance, I get stuck dwelling on it and lose my concentration.

Never 1 2 3 4 5 Always

13) I enjoy playing in front of an audience.

Never 1 2 3 4 5 Always

14) I am confident about my ability to perform.

Never 1 2 3 4 5 Always

15) When I finish performing, I am usually happy with my performance.

Never 1 2 3 4 5 Always

16) I am confident about the remarks that will be made by my teachers/audience about my performance.

Never 1 2 3 4 5 Always

17) I believe that it is very embarrassing to make mistakes during a performance.

Never 1 2 3 4 5 Always

18) If I had a chance, I would never play in front of an audience.

Never 1 2 3 4 5 Always

19) I fear that I will be judged by everyone after my performance in a negative way.

Never 1 2 3 4 5 Always

20) I get less anxious when there is no one familiar in the audience.

Never 1 2 3 4 5 Always

21) I get more anxious when I know that there are people in the audience who would judge me.

Never 1 2 3 4 5 Always

22) My anxiety lessens when I receive a warm approach from the audience.

Never 1 2 3 4 5 Always

23) I would enjoy music much more if I didn't get as nervous.

Never 1 2 3 4 5 Always

24) I know about tools/exercises that would help reduce my performance anxiety symptoms.

Never 1 2 3 4 5 Always

25) I use tools/exercises before performances -such as breathing or mental exercises- to help reduce my nervous symptoms.

Never 1 2 3 4 5 Always

26) I read/know about literature on performance anxiety.

Never 1 2 3 4 5 Always

27) I take/have taken medicine to help reduce my nervous symptoms.

Never 1 2 3 4 5 Always

28) I do not think that it is possible to decrease or control performance anxiety symptoms.

Never 1 2 3 4 5 Always

29) During my education, my instrument teacher has taught me ways to control performance anxiety symptoms.

Never 1 2 3 4 5 Always

30) I would like to learn about how I can get my nervous symptoms under control for a more enjoyable and successful performance.

Never 1 2 3 4 5 Always

BIOGRAPHY

Teztel was born in 1972 in Ankara. She entered Prof. Ova Sünder's class at the Istanbul Municipal Conservatory in 1978 and completed the conservatory's part-time program in 1990. The same year, Teztel graduated from Robert College in Istanbul. She was accepted with scholarship to the Oberlin College Conservatory in USA, where she worked with Prof. Lydia Frumkin for four years and earned her BM in Piano Performance. Here, she gave recitals, was chosen into the teaching-assistant program and graduated with the Oberlin Piano Jury Award.

Teztel received her Master's degree from Istanbul University State Conservatory in 1998. She is continuing her Doctorate studies at İTÜ Dr. Erol Uçer Center for Advanced Studies in Music, where she worked with with state artist, Ayşegül Sarıca.

Teztel has been working as artist faculty in the piano department at the Istanbul University State Conservatory since 1994. She continues to give concerts in Turkey and abroad.

