Chapter 5: Discussion

The coping skills seminar was not successful in significantly reducing performance anxiety and enhancing musical performance. Any number of factors may have contributed to its failure: *1) a relatively low anxiety sample, 2) the brevity of the treatment, and 3) inadequate treatment content.* My study by its very nature had a *relatively low anxiety sample.* In my study sample of 35 students, three said they felt nervous in their last private lesson, 19 said they were under a lot of pressure to do well on this performance, 10 felt very nervous and out of control minutes prior to the performance, and 12 did not feel confident and in control during the performance. It is possible that not enough of the students really needed help in overcoming a problem with maladaptive performance anxiety. If their level of confidence and control were adequate, no treatment would be significantly helpful in reducing performance anxiety or enhancing musical performance. Contrast my relatively low anxiety study sample of 35 music majors with the following relatively high anxiety study samples:

- Fremouw and Zitter (1978), where out of 2000 undergrad speech class students, the 57 most speech-anxious (according to the Personal Report of Apprehension) received either skills training or a combination of cognitive restructuring and relaxation training.

- Sweeney and Horan (1982), where 80 Penn State music majors volunteered for a performance anxiety treatment program. Only 49 received treatment after 12 dropped out, and 19 were screened out after an interview indicated that their anxiety was not interfering with their performances.

- Kendrick, Craig, Lawson, and Davidson, (1982) where 53 extremely anxious pianists were treated. To be selected for participation they had to be referred by their music teachers, report debilitating anxiety on at least 5 of the 15 items on the Report of Confidence as a Performer Scale (Appel, 1974) that indicated the occurrence of disruptive anxiety during musical performance.

- Nagel, Himle, and Papsdorf (1989), where 12 overanxious pianists received treatment who had complained of debilitating anxiety when performing in public.

- Montello, Coons, and Kantor (1990), where 12 overanxious freelance professional musicians received treatment.

- Clark and Agras (1991), where all 34 subjects met DSM-III-R the severity criteria for social phobia.

In my study sample it was questionable if any of the students would meet the severity criteria for social phobia; nevertheless, we were still interested to see if the coping skills seminar would benefit them.

Another possible factor contributing to the failure of both treatments in my study was the *brevity of our treatment sessions.* Note the following comparisons in length of treatment:

- My study — two 50 minute sessions
- Fremouw and Zitter (1978) — five 60 minute sessions
- Kendrick, Craig, Lawson, and Davidson, (1982) — three 90-120 minute sessions
- Sweeney and Horan (1982) — six 60 minute sessions
- Nagel, Himle, and Papsdorf (1989) — twelve 60 minute sessions
- Clark and Agras (1991) — five 60 minute sessions
- Montello, Coons, and Kantor (1990) — twelve 90 minute sessions

It is interesting that Clark and Agras (1991) commented, "Despite the relatively brief cognitive-behavior therapy intervention, subjects receiving this treatment showed statistically significant mean improvements on all major outcome variables" (p. 604). My treatments were purposefully brief, for I wanted to see if these minimal non-invasive treatments could be useful to college music majors. Neither treatment was effective.

The treatment content of the study by Montello, Coons, and Kantor (1990) that was effective in reducing performance anxiety and increasing musicality in seven overly anxious professional musicians included the following:

> The therapy consisted of 12 weekly 1 ½ hour sessions each of which was structured with four components: (1) a warm-up, including relaxation and breath exercises, followed by (2) an unstructured group musical improvisation; (3) verbal, free association of individuals to the group improvisation, leading to (4) individual and/or group music therapy interventions. These interventions included clinically guided music improvisation techniques – role playing, instrumental and vocal self-statements, "reality rehearsal" performances, and guided imagery exercises – to express, explore, and treat emotional problems. (p. 49)

The content of my seminar was largely cognitive and informational, with a few minutes of practice relaxation of muscle groups and deep breathing. It needed additional sessions of small group interaction and application of the principles taught in the seminar.

The Nagel, Himle, and Papsdorf (1989) treatment group met once a week during a six-week period for group sessions in systematic desensitization and cognitive therapy, and once a week for a six-week period for individual biofeedback training to assist in the development of relaxation techniques. This cognitive-behavioral treatment was successful in significantly lowering the performance anxiety of twelve competent undergraduate piano students who complained of debilitating performance-anxiety. Contrast the personal application, depth, and length of this treatment, which consisted of a total of twelve sessions over a period of six weeks, to my treatment of two 50-minute sessions. My seminar *treatment content* might have been strengthened with the addition

of systematic desensitization in small groups, to help students verbalize their anxieties, put them in hierarchal order, and practice progressive relaxation techniques. The small group interaction might also have helped them to identify negative self-talk and receive affirmation by their peers.

In summary, the failure of either treatment in my study to make a significant difference may have been due to the three factors discussed above: *1) a relatively low anxiety sample, 2) the brevity of the treatment, and 3) inadequate treatment content.* In conclusion, both treatments proved inadequate in reducing performance anxiety and enhancing musical performance. In particular, the coping skills seminar, comprised of two fifty-minute sessions for 35 music majors, failed to be effective in significantly reducing performance anxiety or improving musical performance.

Epilogue

I continue to believe that the problem musicians have with debilitating performance anxiety still needs to be addressed. As indicated in the review of the literature, most musicians do not seek professional help, and a high percentage of them use beta-blocking drugs without a physician's prescription. Since their careers are at stake and their enjoyment of performing is dependent on their ability to get performance anxiety under control, it seems that a readily accessible collection of coping skills needs to be taught at the college level. I also believe that Lehrer's (1985) four recommendations for training professional musicians need to be incorporated in college music departments: instruction in stress management, opportunities for practice performance, course work in recognizing problems of tension and anxiety, and instruction in progressive relaxation.