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Music Performance Anxiety in Student Orchestras: Do Music Students Suffer More than Non-Music Students?

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ABSTRACT

This report presents the findings of an online study assessing whether music degree students suffer more from music performance anxiety (MPA) than non-music students during orchestral concerts. The study involves 30 participants from UK universities and conservatoires, who have played as part of a student orchestral concert in the past 12 months. Participants answered the DASS-21 questionnaire, and questions about their experience of MPA during a recent concert. The results found that music students are more likely than non-music students to suffer from MPA and general anxiety. Although the data showed higher reported levels of stress in music students, and lower levels of depression than non-music students, this was not shown to be statistically significant. Less than a third of participants stated that their MPA was detrimental to performance quality, whilst solo playing was the most common reason for participants suffering from MPA. Increased practice was the most common coping method and music students were more likely to say they needed to develop better strategies. Overall, the study identifies that music students are more likely to suffer from MPA and general anxiety than non-music students, stimulating further research into the prevalence of MPA during performance in non-music students, and how this differs to the experiences of music students.

1. LITERATURE REVIEW

Music performance anxiety has proven to be a common problem in professional orchestral players (Kenny *et al.,* 2012; Brodsky, 2006; Cohen & Bodner, 2019; Kenny & Ackermann, 2015; Vaag *et al.,* 2016; Steptoe, 1989; Papageorgi *et al.,* 2011) and in undergraduate students (Robson & Kenny, 2017; Dews & Williams, 1989; Cox & Kenardy, 1993; Williamon & Thompson, 2006; Zakaria *et al.,* 2013, Spahn *et al.,* 2016; Thomas & Nettelbeck, 2014; Stern *et al.*, 2012), yet has only become a topic of comprehensive research over the last thirty years. MPA can be experienced in different ways, as a 'dimensional construct, as occupational stress, as a focal anxiety disorder, as a social anxiety or social anxiety disorder, and as a panic disorder' (Kenny, 2011, pp. 81-82). MPA can affect the performer in a multitude of ways which 'extends along a continuum of varying severity', potentially making a performance better, worse, or completely impossible (Spahn, 2015, p. 130).

Early research has been influential in showing the impact of social phobia and high trait-anxiety on levels of MPA in performance, alongside showing that increased performing experience does not necessarily constitute lower levels of MPA (Cox & Kenardy, 1993; Dews & Williams, 1989; Steptoe, 1989). Furthermore, MPA has proved to be a problem in many musicians, not only those suffering from anxiety and mental health issues. Steptoe (1987) discerned MPA and career stress may not be related but needed to be 'considered in tandem' (p. 10). Very little demographic background was collected on the participants (such as gender) in his study, therefore, more comprehensive research has been required to establish cohesive conclusions. Ultimately though, early research has shown psychological concerns are one of the most prevalent problems in musicians, with more recent research beginning to evaluate the impact of these psychological problems on musician's concert experiences (Kenny *et al.,* 2012; Williamon & Thompson, 2006; Zakaria *et al.,* 2013; Spahn *et al.,* 2016).

Health problems have been examined amongst conservatoire students over the last twenty years, showing most students have a good general knowledge about the demands of performance and its potential impacts on their health (Williamon & Thompson, 2006, p. 422). However, Williamon & Thompson were not able to show the severity of the MPA in their study of students, nor how far MPA was detrimental to performance quality. Evidently, studies must be able to differentiate between the debilitating and facilitating forms of MPA (Papageorgi *et al.,* 2011, p. 21). The study by Parageorgi *et al.* (2011) was influential, researching the impact and the perceived impact of MPA on performance quality, (p. 22). The results showed that whilst the largest percentage of respondents reported that their solo performance was impaired due to anxiety, most musicians felt that their group performance improved. Contrary to expectations, higher trait anxiety was a predictor of performance improvement, an unexpected finding. They suggest that when musicians play as part of a group, even if they are predisposed to being anxious as individuals, the quality of the overall performance is not affected to the same extent as solo performance, as the responsibility of the outcome is divided between co-performers (Papageorgi *et al.,* 2011, p. 35). It is concluded that the impact of anxiety on performance appears to relate to the perceived severity during performance, mediated by musicians' performance experience and their general susceptibility to anxiety (Papageorgi *et al.,* 2011, pp. 33-36). Therefore, bearing the results of this study in mind, the impact of MPA on performance quality in groups will be investigated in my study too, expecting MPA to lead to performance enhancement, as well as sometimes being detrimental to quality.

A key research paper which influenced this research topic is the study by Kenny *et al.* (2012), reporting on MPA in musicians of the eight major orchestras in Australia. The main

findings revealed that 33% of the musicians met a diagnosis for social phobia, 32% for a screening for depression, and 22% affirmed for a PTSD screening, confirming the need for researching depression and PTSD and prove its impact on MPA, which the study was not able to quantify (Kenny *et al.,* 2012, p. 20). Additionally, increased practice was the most common coping strategy, and young females tended to suffer the most from MPA. Worryingly, the musicians were shown to have social anxiety triple that of the national average percentage, therefore, the impact of orchestral playing on social anxiety needs to be researched more (Kenny *et al.,* 2012, p. 17).

To date, nearly all research has focused on music degree students and has not considered the experiences of non-music degree students who perform as part of an orchestra. One exception to this, and a key research paper relating to this study, is Robson & Kenny's (2017) study of MPA within music and non-music major undergraduate musicians in the US, assessing its impact in ensemble rehearsals and concerts. Importantly, they reveal depression to be the strongest contributor to the prediction of severity of MPA (Robson & Kenny, 2017, p. 878). In addition, although ensemble rehearsals were confirmed to be less anxiety provoking than performing solo, students reported considerable MPA during both ensemble rehearsals and performances (Robson & Kenny, 2017, p. 877). This contradicts the findings of Papageorgi *et al.* (2011), who found that some participants (even with higher trait anxiety) performed better in group performances. Evidently, more research is required to ascertain the effect of MPA on orchestral student players, and more specifically the affects that depression, stress, and anxiety has on MPA in group performance situations. Only one other study (Alderman *et al.*,, 1989) has specifically focused on MPA in non-music majors, however Robson and Kenny (2017) state there are 'serious methodological flaws' through lack of clarity over how the students played and were selected (p. 869). Therefore, this topic is under researched and needs further study across a broader range of students. The main aim of my study is to assess the levels of MPA within student orchestral players in the UK, to establish whether music students suffer more than non-music students during orchestral concerts.

The five main research questions include: 1) whether music students suffer more from MPA than non-music students, 2) whether music students report to suffer more from depression, (general) anxiety and stress than non-music students, 3) whether MPA impacts negatively on perceived individual performance quality, 4) to establish the most common reason for MPA within the student players, 5) to establish which coping strategies are used to reduce MPA symptoms.

Previous research has highlighted the prevalence of depression and anxiety within music performances; therefore, I hypothesise depression and anxiety will be higher in music students than non-music students. In addition, it is likely MPA will not be detrimental to performance quality for all participants in orchestral performances. Furthermore, it is likely that solo playing will be the most common cause of MPA within student orchestral players, and the most common coping strategy will be increased practice.

2. METHOD

Design. This study involved an online questionnaire incorporating quantitative and qualitative data. The dependent variables are the levels of music performance anxiety during the concert performances in both the music and non-music students. The independent variables are the general levels of depression, anxiety, and stress within the participants. Participants completed the survey online, without the researcher's presence, therefore the only difference between participants completing the survey was the time taken to finish it.

Participants. The participants recruited were all volunteers, aged between 18-25 and currently studying in higher education. Volunteers were required to have played in a student orchestra and performed in a concert with this ensemble over the past 12 months. In total, 30 responses were collected fitting the criteria, consisting of 18 females (60%) and 12 males (40%). Most participants (80%) were aged between 18-21, with 20% being aged 22-25. Volunteers could be a student at either a university or music college and did not have to be studying a music degree. Hence, the data collected represents a broad range of musical abilities and experience. 26 of the 30 participants were students at Durham University, whilst the other 4 participants were students at Leeds University, Oxford University, the Royal College of Music and the Royal Birmingham Conservatoire. 50% of participants were music students, and participants were also asked whether they had intentions on becoming a professional orchestral player, to gauge their general interest and dedication level to their orchestral playing. 7 participants confirmed they wanted to or were considering becoming a professional, and 23 had no intentions on becoming a professional. The participants represented a broad range of instrumentalists, formed of 66.6% strings, 10% woodwind, 20% brass, and 3.3% multi-instrumentalist (which included percussion). Participants were recruited through sharing the survey online on Facebook. The survey was shared with personal connections, and to Durham University's orchestral social media groups, to attract the attention of the university's large orchestral community.

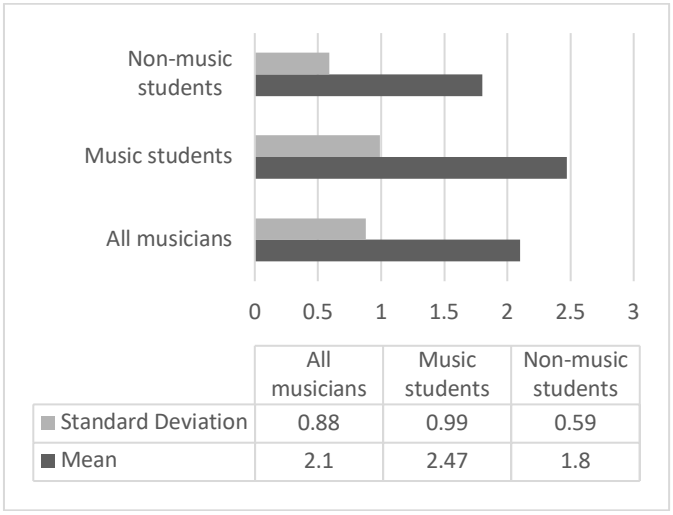
Materials/Stimuli. The software used to create the survey was Online Surveys (formerly Bristol Online Surveys). Participants did not require any specialist musical equipment to complete the questionnaire. The first questions were demographical, including the name of the participant's higher education institution, the instrument(s) played, age group, gender, whether they study a music degree, and whether they have intentions on becoming a professional orchestral player. Out of the three ways of measuring anxiety (psychophysiological measures, self-reporting, and behavioural observation) (Kenny, 2011, p. 94), self-reporting was the most appropriate method for use in an online survey. Therefore, the demographical questions were followed by the DASS-21; a set of three self-report scales designed to measure the emotional states of depression, anxiety, and stress (Lovibond, 2005). The DASS-21 was chosen as a suitable

measure of the number of participants with mental health issues, with the added benefit of being quick to complete (incorporating depression, anxiety and stress altogether), reducing the risk of decreased participation due to fatigue from undergoing multiple mental health surveys. Self-reporting is subjective; therefore, it should be noted that results indicating depression are not akin to a psychiatrist's examination (Kenny, 2011, p. 36). Nevertheless, the DASS-21 provides reliable indication of mental well-being amongst participants. The DASS-21 section followed with questions relating to a recent orchestral concert experience within the last 12 months, asking participants to choose the approximate audience size, to rate their levels of MPA, the difficulty of the part, how well they think they played, whether they were more nervous than usual, whether nerves impacted negatively, any particular reasons for MPA, the coping strategies used and their effectiveness, and whether they thought they need better coping strategies.

Procedure. Participants must first agree to take part in the survey, and then confirm they are a current student, name their institution, and confirm they play as part of a student orchestra that has performed in the last 12 months. This allows the surveyor to check the suitability of the participant for the survey. More demographic questions follow, before the series of DASS-21 questions. Participants are then asked to reflect on a concert experience with their student orchestra during the past 12 months, and answer questions on their experiences of music performance anxiety. This includes participants rating the severity of their MPA during the orchestral concert between a scale of 1-4; 1 meaning not anxious at all, 2 meaning a little anxious, 3 meaning quite anxious, and 4 meaning very anxious. Finally, participants are required to reflect on their MPA coping mechanisms, stating whether they think they require improvement. The combination of numerical rating systems for the DASS-21 and prevalence of MPA, and the opportunity to give a qualitative reflection on their experience of MPA provides varied data sets. Furthermore, participants rate their own performances, removing any subjective researcher bias.

3. RESULTS

The results of this study revealed that music students suffer more from MPA than non-music students. Figure 1 shows the mean and standard deviation scores of all the participants, differentiating between music and non-music students. The chart shows that music students reported higher levels of MPA; the mean rating for music students was $M = 2.47$: equating to 'a little anxious' on the rating scale, which was 0.67 higher than the non-music students. Furthermore, a Student's t-test was used to check for a significant difference between MPA in the music and non-music students, finding $p = .02$. Hence, there is 98% confidence that music students will suffer more from MPA than non-music students.



	All musicians	Music students	Non-music students
Standard Deviation	0.88	0.99	0.59
Mean	2.1	2.47	1.8

Figure 1. Mean and SD scores of MPA levels within participants

Another interesting finding was that music students seem more susceptible to suffering from general anxiety than non-music students, supporting the hypothesis. Figure 2 shows the overall breakdown of all participants in each of the DASS-21 anxiety categories, showing 47% were experiencing above normal levels. The DASS-21 results showed a significantly higher average anxiety score of 13.6 in music students, compared to 7.6 in non-music students, and a higher standard deviation of 11.98, compared to 7.67 in non-music students. This is a substantial difference, with 6/15 music students being in the severe or extremely severe anxiety DASS-21 category. A Student's T-test was used to see if there was a significant different between anxiety in music and non-music students, showing $p = .05$, providing 95% confidence that music students will suffer more.

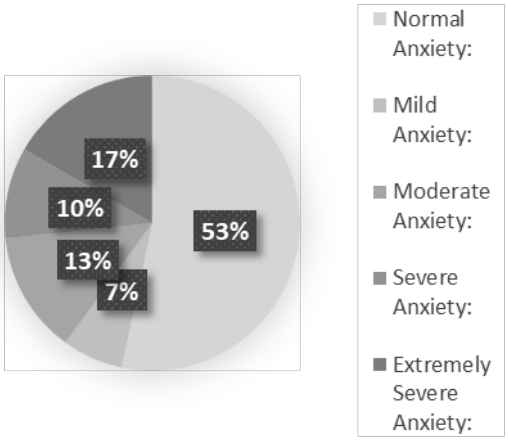


Figure 2. DASS-21 reported anxiety levels within all participants

Importantly, the DASS-21 scores were also used to compare depression and stress levels in music and non-music students. The results showed that music students had a lower mean score ($M = 7.07$) than non-music students ($M = 10.67$), and a slightly higher mean score for stress ($M = 14.8$) than non-music students ($M = 12.27$). However, the T-tests did not

reveal a confidence rating of above 95% for both depression and stress. Therefore, the results of this study clearly show that whilst music students are more likely to suffer from MPA and general anxiety, there is not enough scientific support to state they are more likely to suffer from depression and stress.

Interestingly, only 8 participants stated that their MPA negatively affected their performance quality, 5 of whom were non-music students. In addition, 8 participants stated they were more nervous than usual for the concert, 7 of whom were music students. This would suggest that MPA is not always detrimental to performance quality, supporting my hypothesis. Most of the audience sizes in the concerts were small, with 18 participants approximating 1-100 people in the audience of their concert, 10 approximating 101-300, and 2 approximating 301+ people. The participants generally rated the difficulty of their parts as 'average', where the *SD* = *.79*. As most audience sizes were small, and orchestral parts not overly difficult, it can be assumed these concerts were relatively low-pressure situations, which may contribute to why the negative impacts of MPA were low.

Unsurprisingly, the hypothesis that increased practice would be the most common MPA coping method was proved correct, with 17/30 participants using it (see Figure 3). The second highest methods were deep breathing and positive self-talk, which also follows Kenny *et al.*'s (2011) survey results, confirming the conclusions from previous research, (p. 13).

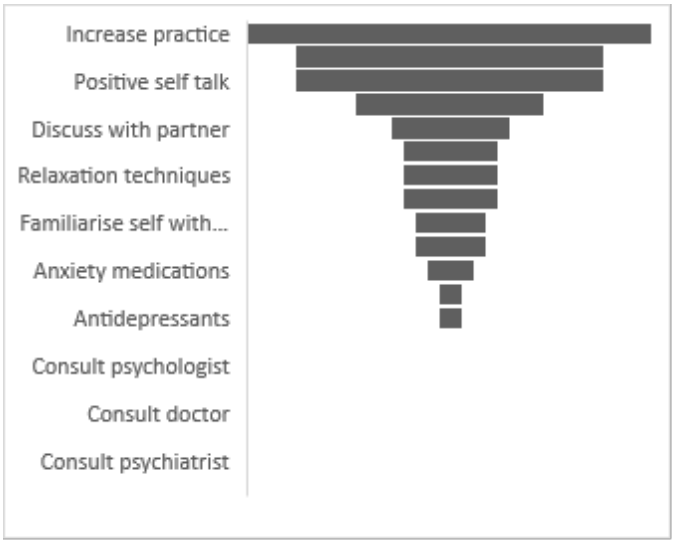


Figure 3. MPA coping strategies used by participants

In addition, the word cloud (see Figure 4) represents the prominent reasons for MPA, highlighting solo playing as the biggest problem. This was mentioned by 50% of the participants who were able to provide a specific reason for their anxiety. This confirms my hypothesis that solo playing will cause the most MPA within student orchestral players. Nevertheless, the other 50% responded with a large range of reasons for MPA, including a difficult part, playing a less familiar instrument, presence of previous orchestra members in the audience, leading the instrumental section, problems with seats and music stands, the desire to play well, and feeling they were not playing as well as other orchestra members. Evidently, whilst solo playing is a common reason for increased MPA, there are a multitude of reasons for musicians to feel anxious during concerts.

Figure 4. Prominent reasons for MPA within participants

Finally, the results uncovered that music students made up 78% of the participants who thought they needed to develop better strategies. In total, 9 participants stated they needed better MPA coping strategies, 7 of whom were music students. This is an interesting finding considering more non-music students found that nerves impacted negatively on their performances. One could postulate that music students are more self-critical musicians who are actively seeking to improve their performance skills, meaning they are more interested in developing their MPA coping strategies to aid this improvement. Ultimately though, more research is required to assess the attitudes of non-music students towards MPA across a broader scope of musicians.

4. DISCUSSION

The result of this study shows that music students are more likely to suffer from MPA and general anxiety than non-music students. The uniqueness of this study is in its direct comparison between music and non-music students during orchestral performances, concluding that music students tend to suffer more. The results conflict with Robson and Kenny (2017), who stated depression made the strongest contribution to prediction and severity of MPA, whereas my study suggests general anxiety may be an even stronger indicator of MPA than depression and stress. Other results confirmed the findings of previous research, including that increased practice is the most used MPA coping strategy, as found by Kenny *et al.* (2011), alongside finding solo playing to be the biggest reason for MPA. The results clearly show that not all student orchestral players view MPA to be detrimental to their individual performance quality during concerts, with only 8 participants stating MPA impacted negatively. However, more data would need to be collected on the symptoms experienced, and a more thorough assessment of performance conditions (which could include varying the audience size to see its effect on levels of MPA) in order to further research on how MPA can impact performance quality.

Generally, this study ran very smoothly with many responses, although there are several limitations that must be considered. Firstly, it must be acknowledged that the demographic of participants could be further controlled in the open survey, to ensure a balance of music and non-music student participants. Luckily, the 30 participants in this survey split equally into

music and non-music students, however this is not guaranteed to happen in future studies. Hence, to remove the possibility of unbalanced data, the surveyor could refine the recruitment strategy further to control the demographic. Furthermore, only two participants were students at music conservatoires, and a further two students at universities outside of Durham. Hence, it would not have been fair to compare the experiences of Durham students to non-Durham students, so it is worth considering limiting participants to one institution in future studies, meaning participants would be experiencing similar concert conditions. Additionally, another further study could compare MPA experiences between university music students and conservatoire students, investigating in detail the reasons for their MPA to discern whether there are prevalent differences.

The most important limitation of this study is the possibility of a discrepancy between the mental health of the participant during the concert (which could be up to 12 months before the survey was taken) and their mental health during the week the survey was completed. To counteract this, future studies could reduce the concert period to a few months prior to completing the study to help reduce the chance of any discrepancy. Although, this could result in a reduced number of eligible participants, as less students may have taken part in a concert only a few months prior to the study; hence the reason for not incorporating this into my own study.

The effects of MPA have already been widely discussed in music students, however more research must be done to assess the impact on non-music students, and how this may differ to the experiences of music students. More rigorous psychological testing, for instance by using the Kenny MPA Inventory (Kenny, 2011, p. 97) and the State-Trait Anxiety Inventory (Spielberger, 1983), can be used to further the results from this study. Although increased psychological testing may deter some students from taking part due to this requiring an increased time commitment (and hence was considered inappropriate for this research study), more detailed responses may lead to further conclusions.

To summarise, the results of this study show that music students are more likely to suffer from MPA and general anxiety than non-music students. This confirms part of my hypothesis, however depression and stress were not shown to be more likely in music students than non-music students. Moreover, two more hypotheses were confirmed, as increased practice was the most common MPA coping method and solo playing the most common reason for MPA. Lastly, music students were more likely than non-music students to say they thought they needed to develop better MPA coping strategies.

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APPENDIX

COMPLETE QUESTIONAIRE

1. Are you currently a student in higher education?
   Yes/No
2. Please name your institution
3. Do you play (or have done in the last 12 months) in a student orchestra? (the orchestra does not have to be officially affiliated to your institution, but must be an orchestra made up of higher education students)
   Yes/No
4. Have you played in a public concert as part of a student orchestra in the last 12 months?
   Yes/No
5. Please select your age group:
   18-21/22-25/25+
6. Please select your gender:
   Female/Male/Other
7. What instrument(s) do you play?
8. Are you studying a music degree?
   Yes/No/Yes, but with combined honours
9. Do you have intentions on becoming a professional orchestral musician?
   Yes/No/I don't know

The DASS-21 questionnaire

Please read each statement and choose a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 - Did not apply to me at all

1 - Applied to me to some degree, or some of the time

2 - Applied to me to a considerable degree or a good part of time

3 - Applied to me very much or most of the time

1. I found it hard to wind down
2. I was aware of dryness in my mouth
3. I couldn't seem to experience any positive feeling at all
4. I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)
5. I found it difficult to work up the initiative to do things
6. I tended to over-react to situations
7. I experienced trembling (e.g. in the hands)
8. I felt that I was using a lot of nervous energy
9. I was worried about situations in which I might panic and make a fool of myself
10. I felt that I had nothing to look forward to
11. I found myself getting agitated
12. I found it difficult to relax
13. I felt down-hearted and blue
14. I was intolerant of anything that kept me from getting on with what I was doing
15. I felt I was close to panic
16. I was unable to become enthusiastic about anything
17. I felt I wasn't worth much as a person
18. I felt that I was rather touchy
19. I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)
20. I felt scared without any good reason
21. I felt that life was meaningless

MPA during a recent concert

Please think about one concert you have performed in during the past 12 months as part of a student orchestra and answer the following questions.

1. Approximately, how many people were in the audience?
   1-100/101-300/301+
2. Rate your music performance anxiety (MPA) levels for this concert
   1- not anxious at all/2 – a little anxious/3 – quite anxious
3. How difficult did you find your orchestral part?
   1 – easy/2 – average/ 3 - difficult
4. How well do you think you played?
   I was pleased with my performance/ I played ok/ I played badly

5. Were you more nervous for this concert than you usually are for other orchestral performances?

   Yes/ No

6. Did nerves impact negatively on your performance in the concert?

   Yes/ No

7. Was there something in particular that caused you the most anxiety during this orchestral concert?

Coping mechanisms for MPA

1. What coping strategies did you use before, during, or after this concert? (select all that apply)

   (20 tick options)

2. If you selected Other, please specify:

3. How effective were these coping strategies effective for dealing with your MPA for this concert?

   Very helpful/ A little helpful/ Not helpful at all or they made my anxiety worse

4. Do you think you need better MPA coping strategies?

   Yes/ No