

8-2016

# The Role of Performance Anxiety Within the Music Therapist

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### **Abstract**

The purpose of this study was to examine the manifestation of anxiety, the role it plays in the life and practice of the music therapist, as well as exploring the techniques and exercises utilized by the therapist for this or her own care. This explorative research study used a survey approach to gather qualitative data based on both practicing music therapists and music therapy students' perceptions and experiences related to performance anxiety within their training and clinical work. A total of 100 surveys were completed online by music therapy students, interns, novice clinicians, as well as seasoned music therapists and was then analyzed by the researcher to find what factors contribute to anxiety within the profession of music therapy. The factors explored were interpersonal skill, ability to transition through interventions, and musical ability, with the addition of the participant's ability to contribute their own opinion. In some cases, participants voiced potential issues of anxiety beyond the clinical setting. Performance anxiety can affect an individual in their ability to complete certain skills and tasks; it can manifest through combinations of affective, cognitive, somatic, and behavioral symptoms and it can have a direct impact on the therapeutic process and the client-therapist relationship (Kenny, 2011). After a review of literature, it became apparent that the research and material relating to the dynamic of stress and anxiety within the clinician and the clinical setting is scarce. In addition to the limitation of resources on the subject, a large number of the sample group found that anxiety does exist within the day-to-day clinical work and that it is a common issue within the developing practice of music therapy. The study found that performance anxiety might be more common in the field than it is accounted for especially within the student, intern, and novice clinician.

**MONTCLAIR STATE UNIVERSITY**

**The Role of Performance Anxiety within the Music Therapist**

**By**

**Emma Jane Walker**

**A Master's Thesis submitted to the Faculty of**

**Montclair State University**

**In Partial Fulfillment of the Requirements**

**For the Degree of**

**Masters of Arts**

**Fall 2016**

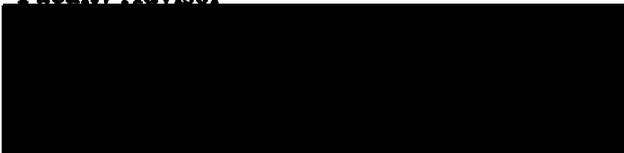
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**THE ROLE OF PERFORMANCE ANXIETY IN THE MUSIC THERAPIST  
A SURVEY**

**A THESIS**

**Submitted in partial fulfillment of the requirements**

**For the degree of Master of Arts**

**in Music Therapy**

**by**

**Emma Jane Walker**

**Montclair State University  
Montclair, NJ**

**2016**

### **Acknowledgements**

I would first and foremost like to give my sincerest gratitude to my parents for giving me all the love, courage, and support I needed to continue my journey into Music Therapy. Without them, I would not be the compassionate and persistent human I am today. They have showed me that every step we take in life is part of our journey and no matter what detours may be taken along the way, ultimately they will only make us stronger. They have showed me what it is to be empathetic towards others, to never give up on a vision and most importantly; they have always encouraged my love for the arts, especially for music.

I want to thank my future husband for putting up with me over the last year. I experienced many ups and downs along the way, but persevered with his undying love and support for my work, even when it seemed like there was no end in sight.

Thank you to Montclair State University for providing me with the knowledge I have today; for accepting me into the music therapy program and having me dive right into the clinical work through practicum placements at some of the finest facilities with the most knowledgeable supervisors.

Thank you to Professor Goodman for taking on the role of my thesis advisor. You have been a constant support throughout my coursework at Montclair and am grateful for the trust you have put in my work and my clinical skill.

Thank you to my thesis committee, Dr. DeLorenzo and Dr. Propper for your support on my research study and for taking the time to guide me to the finish!

Thank you Dr. Brian Abrams for being such a compassionate teacher and advisor during my studies at Montclair State. Without your guidance, I would not be where I am today.

Thank you to The Center for Discovery. I learned so much about who I am and how to flourish from my own performance anxiety within the clinical setting while completing my internship. Practicing through improvisation and allowing my mind to trust my hands and my words, has allowed me to grow and develop my clinical skill.

**Table of Contents**

Abstract.....i

Signature Page.....ii

Title Page.....iii

Acknowledgements.....iv

List of Tables and Charts.....vii

Introduction.....1

    Personal Experience.....1

    Need for Study.....3

    Literature Search.....4

Literature Review.....4

    Generalized Anxiety.....4

    Performance Anxiety.....5

    Music Performance Anxiety.....7

    Who Experiences Anxiety?.....7

    Fear, Anxiety, and the Music Therapist.....9

    Interpersonal Dynamics and Anxiety.....11

    Current Treatment of Performance Anxiety.....12

    Performance Wellness.....13

    Summary of Literature Review.....14

Statement of Purpose.....14

Method.....15

    Design.....15

    Participants.....15

    Measures.....16

    Procedures.....16

    Data Analysis.....17

Results.....18

    Recruitment.....18

    Background and Level of Experience.....18

Defining Performance Anxiety.....21

Results by Topic.....21

    Prevalence of anxiety with interpersonal skills.....22

    Prevalence of anxiety within transition and intervention shift.....23

    Prevalence of anxiety with musical performance.....24

    Prevalence of anxiety in the music therapist.....25

    Methods for treating the music therapist’s anxiety.....26

Summary of Results.....27

Discussion.....29

Conclusion.....39

    Summary.....39

    Limitations of the Study.....39

    Implications for Music Therapy.....41

    Future Research.....42

References.....44

APPENDIX A: IRB REVIEW.....48

APPENDIX B: INVITATIONAL EMAIL.....49

APPENDIX C: INFORMED LETTER OF CONSENT.....50

APPENDIX D: SURVEY QUESTIONNAIRE.....51



## **Introduction**

### **Personal Experience**

I grew up with strong feelings of anxiety whenever it was time to give a presentation in front of my class, get up on stage for a performance or talk to a professor or my parents about something that made me feel vulnerable. There was a time when I felt like I could do anything; sing and dance in front of a crowd or shout out an answer, but as I grew older, the fear grew too.

When I began my graduate studies in music therapy, I had already been down the road of performance and stage-work, as I received my bachelors in music in Vocal Performance. I was constantly up in front of an audience, whether I was singing at church, in a recital, a voice lesson, or in choir, singing in big venues like Carnegie Hall and Lincoln Center. I was no stranger to putting myself out there for everyone to see, however, the nervous, anxious feelings never seemed to go away.

In a profession like music therapy, you are constantly putting yourself out there for the client; you are just as vulnerable as them. Whether it is in the music you provide, the words you choose to speak, or the direction of intervention you take with the client, you are consistently the guide in their eyes, whether that be true or not. Where in all of our studies and our practice do we acknowledge any feelings of fear or anxiety? Is it supposed to go away at a certain point and does every student therapist and practicing therapist experience these feelings? Probably not, but to acknowledge its existence and to develop practices to alleviate some of these apprehensions has been an idea of mine since beginning my studies.

It has come to my attention that just like many professions, the more you practice, the easier it becomes. However, in a field where we provide care for those in need, and in a variety of ways, sometimes in extremely personal circumstances, shouldn't we acknowledge healthy practices and take care of our needs as well? As a practicum student and an intern, one may feel unsure of how they sound, wondering if they're saying the right thing, or if they're adequately prepared.

Within my studies I had to choose and present on a topic related to the field of the psychology of music. My immediate thoughts were to begin researching performance anxiety. It was at that point I found that there was minimal research published on the therapist anxieties within any practice of therapy. In later course work, I developed a course that would be beneficial to a music therapy program, to which I created a course titled "Music and Wellness." This course introduced fundamental concepts of the student's natural musicianship, the importance of breath, and the awareness of the voice and the body in communicating and maintaining a healthy report with one's self and with clients. It focused on personal development, outlets for creative self-reflection and growth, and provided tools for self-care, which could then be integrated into the session.

At this point it is an interest of mine to find out if these feelings of anxiety within the music therapy session are present with other music therapists in the field and if there is any need for future research or study. I also am interested in seeing how professionals within the field cope with any anxiety or pressures that are felt in their everyday work.

**Need for the Study**

Presently, literature regarding the music therapist and the anxiety experienced before, during, and after a session with a client is scarce. As a musician and clinician, the music therapist has the task of being present with the client physically, emotionally, verbally, and musically throughout the entirety of the session and their time together. If there is any doubt of musical skill, verbal skill, or the ability to accompany the client, anxiety and perhaps self-doubt may develop within the therapist.

There is ample research and literature regarding the anxiety of the performing musician, whether it is the gifted adolescent, the conservatory college student, or the working professional (Nagel, Himle & Papsdorf, 1981, 1989; Ely, 1991; Brotons, 1994; Kenny, Davis & Oates, 2004; Kenny & Osbourne, 2006; Kenny, 2011). It is equally important that we examine the internal process of the music therapist and the anxiety and fears that they may encounter, however so frequently overlooked within the practice. The level of musical and therapeutic skill may vary from clinician to clinician; therefore it will be beneficial to analyze the various clinicians' training and how they demonstrate as well as internalize their abilities and performance within the therapeutic setting. This study will identify the prominence of anxiety within the field and distinguish what areas of therapists' work commonly promote the most stress. The study will identify common ways of alleviating anxiety within the population. The review of literature will provide information regarding performance anxiety to include music performance anxiety, how it is perceived within the performance community, who it affects, how it relates to music therapy, and what research has been done to treat it.

### **Literature Search**

A search through a variety of databases including JSTOR, google scholar, and Proquest found minimal literature on the topic of anxiety in therapists. A variety of terms were searched including, “music therapist anxiety”, “performance anxiety”, “music performance anxiety”, “therapist anxiety & fear”, “music student anxiety”, “clinicians anxiety”, “performance nerves”, “clinicians stress”, “student therapist apprehension” and “music therapy wellness”. The researcher experimented with various words and combinations, including broadening the search to the general field of therapist and young students or professionals in any field in relation to anxiety or pressure. When expanding the terms, there were many results for the treatment of musical performance anxiety in musicians and performers. Dianna Kenny (2005) was a big contributing author and researcher within the topic. Her article, “A Systematic Review of Treatments for Music Performance Anxiety” (Kenny, 2005) provided various styles of treatment, coping techniques, and previously completed studies, which was beneficial to the researchers references for the review of literature. When the term “performance” was taken from the search, many of the results related to anxiety were within the client in music therapy session, which were not used within the study, as they were not relevant to the research.

### **Literature Review**

#### **Generalized Anxiety**

According to the Merriam-Webster dictionary, anxiety is defined as, “an abnormal and overwhelming sense of apprehension and fear often marked by physiological signs (such as sweating, tension, and increased pulse), by doubt concerning

the reality and nature of the threat, and by self-doubt about one's capacity to cope with it" (Merriam-Webster.com). The most common anxiety experienced may be that which is encountered within our everyday lives. We experience feelings of anticipation and worry, which then leads to avoidance of something we fear or have learned to be something painful. Sideman (1964) makes the comparison to that of a child who learns not to jump off the sidewalk into a busy street. He continues to develop the idea that anxiety is a personal experience that is felt by each of us individually and for different reasons. While some may identify anxiety as negative, others will argue that it is simply, "inevitable, and in view of the adaptive and often creative behavior that anxiety motivates, to argue that anxiety is also good" (Sideman, 1964, p. 481).

### **Performance Anxiety**

Performance anxiety (PA) can be defined as a group of disorders that affects the individual in an array of skills and settings, which include, public speaking, test-taking, athletics, dance performance, acting and music (Kenny, 2006). According to *The Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*; American Psychiatric Association, 2013), performance anxiety is acknowledged as a social anxiety disorder or social phobia because it is triggered by a specific situation or sequence of events. The diagnostic features within the *DSM-V* define social anxiety as intense fear or anxiety of a social situation in which others may scrutinize the individual (American Psychiatric Association, 2013). Children typically do not experience the anxiety that one with more experience and age may endure. The idea of that need for perfection or being judged by an audience is not necessarily born within the child, but is perhaps developed and/or learned. The transition into the experienced anxiety may be contributed by:

Our innate temperament, the increasing cognitive capacity and self-reflective function that develops through childhood and adolescence, the type of parenting and other interpersonal experiences that we have, our perception and interpretation of the world around us, our technical skill and mastery, and specific performance experiences that may have positive or negative outcomes (Kenny, 1996, p.52).

Barlow (2000) developed a model, which provides a better-defined understanding of the phenomenology and evolution of the anxiety experienced within the individual. The model suggests a set of three contributing factors that lead to this development. This includes:

- i. A generalized biological (heritable) vulnerability
- ii. A generalized psychological vulnerability based on early experiences in developing a sense of control over salient events, and
- iii. A more specific psychological vulnerability whereby anxiety comes to be associated with certain environmental stimuli through learning processes such as respondent or vicarious conditioning.

With these three factors in mind, we can then go on to observe the reoccurring components and conditions of the anxiety. Ely (1991) describes four major factors including: a *physiological* component (increased heart rate, sweating, shortness of breath and other physical changes within the body); a *cognitive* component (includes thoughts and uncertainties about a situation); a *behavioral* component (changing the way we act or think in order to avoid anxiety in a given situation); and a *psychological* component (how our awareness of a situation may affect our response to it). It is important to understand the various components of one's performance anxiety and the contributing factors in order to better the performance, the body, and strive for a healthier sense of self.

### **Music Performance Anxiety**

More specifically, music performance anxiety can be defined as, “the experience of marked and persistent anxious apprehension related to musical performance that has arisen through specific anxiety conditioning experiences, and which is manifested through combinations of affective, cognitive, somatic, and behavioral symptoms” (Kenny, 2011, p.433). Kenny and Osborne (2005) suggest that there are three contributing factors that encompass Music Performance Anxiety (MPA). These are: somatic and cognitive features, performance context, and performance evaluation. The somatic and cognitive features describe the physical symptoms of the performance anxiety that are experienced before and during the actual performance. The performance context refers to the performer’s preferences on the solo or group environment, as well as their concern with the consequences of experienced anxiety due to performance isolation and the nature of the audience. In turn, performance evaluation refers to the results and consequences of being able to maintain focus during the performance, as well as the evaluation that the performer and the audience generate of the performance. Here there is concern of anxiety generating from these evaluations (Sarbescu & Dorgo, 2013).

### **Who Experiences Performance Anxiety?**

There is large focus on the performing musician when it comes to the role of performance anxiety in our culture. However, the following statement can just as easily be interpreted for the practicing music therapist:

Music performance requires a high level of skill in a diverse range of skill areas including fine motor dexterity and co-ordination, attention and memory, aesthetic and interpretive skills. To achieve prominence requires the attainment of near perfection demanding years of training, solitary practice, and constant, intense self-evaluation (Kenny, 2006, p.55).

Of course, the performer makes a living of entertaining audiences, traveling on a consistent basis for work, awaiting their next gig, and wondering if they got the part or not. However, there are many parallels to be analyzed here. The life of a music therapist can just like a performer leave one questioning their future, as the field of music therapy remains a developing stage and is generally not understood by the majority of people outside the field. The music therapist is expected to be proficient at the guitar, piano, and the voice, and in turn incorporate improvisation, recreation, and song writing, among an array of other musical skills to guide the client's therapeutic process. Within the realms of music therapy, one may not acknowledge their musicianship skills as a performance. However, the term "performance" may be defined a few different ways. The Merriam-Webster Dictionary defines performance as, "the execution of an action; the fulfillment of a claim, promise, or request; a public presentation or exhibition; the ability to perform; the manner of reacting to stimuli; and the linguistic behavior of an individual" (Merriam-Webster.com). With this large array of definitions, it becomes apparent that performance can mean more than standing under the spotlight.

There is considerable research on performance anxiety within the child musician (Osborne, Kenny & Holsomback, 2005), and the college student musician (Sarbescu & Dorgo, 2013). However most interesting is the compiled work of Kenny, Davis & Oates (2004) who found it essential to observe occupational stress, state and trait anxiety, and perfectionism and aspiration as contributing factors to MPA. A study was completed using professional opera chorus members in Australia. After using multiple scales, which included the Spielberger State-Trait Anxiety Inventory (STAI-S; STAI-T), Frost Perfectionism Scale (FROST-PE), Cox and Kennedy MPA Scale (CK-MPA), the Kenny

MPA Inventory (K-MPAI), and the Occupational Stress Inventory—Revised (OSI-R), the researchers found a significant and intricate relationship between trait anxiety and music performance anxiety. Though occupational stress did demonstrate high levels, there was minimal correlation to the previously mentioned stressors; however, there were levels of high personal strain within the work environment observed during the study. Using these results for future studies in the music therapist may perhaps support parallels especially in that of occupational stress, trait anxiety, and MPA as mentioned previously.

### **Fear, Anxiety & the Music Therapist**

Research expressing the concerns of the music therapists exists, but appears limited. Barbara Wheeler (2002) interviewed a number of students during their practicum experiences in order to better understand the concerns and challenges that arise during this imperative time in development as a clinician and musician. It was revealed that students that feared new experiences, showed concern about session planning, felt a lack of experience with particular needs of clients, did not have the level of musical skill needed, and had a high level of concern about grades. A particular response from a student about the lack of musical training outside of their primary instrument (the voice) reads;

I think that when we come into this field we are not as prepared as we should be—not everyone, but myself. Musically, I don't have the background that some of the other students have and I think that's the hardest part in the practicum, getting the music to sound the way I want it to so that I can work with the children and have the music sound the way that I want it to sound (p.286-7).

It appears that the music therapist, especially the student and the beginning clinician, will experience doubt in their ability of helping clients. Another study completed by Madsen and Kaiser (1999) examined the pre-internship fears of music therapy majors by creating

a comparison survey with music therapy students and music education majors. They examined what the top three fears of students going into internship and student teaching. Results demonstrated that the two top fears by students were the general preparation and not being adequately prepared, followed by the idea of failing and not being fit for the role of therapist. Madsen and Kaiser found through this survey approach that therapy students also focused fears of placement location, which included income, moving, and the environment. Transitioning from student to intern to practicing clinician exemplify three very distinctive points of development, growth and maturity within the practice.

The process and journey of supervision is one that can reveal to both student and supervisor unconscious thoughts and fears. Much of the work in the field can seem at times hopeless and uncertain especially during clinical training. Richards (2009) depicts supervision with students working with adults diagnosed with learning disabilities for the first time. It is established that working in many populations for the first time may challenge the musical talent, theoretical studies, and textbook techniques studied prior. Students reflected on their incoming thoughts of not being able to help the client; feeling stupid; feeling completely out of their element; getting stuck; and that their work with the client would be long and disappointing. Other students expressed feelings of optimism, hopefulness, excitement, and promise. Whatever the feelings are brought to training and supervision, the journey of supervision provides a container for the trainee to open and reflect. Richard's states that:

Our need to experience containment by another continues throughout our lives, especially at times of anxiety and distress. That containment is part of the function of supervision; without it, the supervisee might continue to feel unable to encounter new and sometimes difficult feelings, or to make those emotional connections that can allow her clinical work to be alive" (Richards 2009, p.34).

Scheiby (2001), reminds us that nobody is perfect, not even the experienced music therapist. Because music is the medium within this particular context, the therapist from a musician's perspective has, "learned to avoid making mistakes in the music in order for the product to sound good" (p. 304). In training and supervision, Scheiby stresses the importance of not covering up the wrong notes and the musical errors; everything in the music has a purpose. Therefore, the idea that the music therapist making a mistake should be embraced within the session as it can possibly create opportunity for development of a therapeutic relationship as well as create a sense of relief within the client who is full of self-doubt. As therapists, we all establish our musical self. Our musical history and development is each unique and reflected by our history of relationships with people. Acknowledging and identifying our relationship with music, especially feelings connected to failure, shame, happiness, and pleasure will only allow for a much more present and emotionally available relationship with the client (Richards, 2009).

### **Interpersonal Dynamics and Anxiety**

The relationship established between the client and the therapist is vital to the client's growth and the therapeutic process. Depending on how experienced or comfortable one is as a clinician, the relationship and dynamic between client and clinician will vary. Bandura (1956) makes the point that we as people acknowledge anxiety to be an important motivational factor in developing maladaptive behavior and that the effectiveness of psychotherapy is determined by reducing any underlying anxiety's of the client. If the client feels threatened, neglected, or misunderstood by the therapist, progress may be minimal and in fact may have a negative affect on the client's overall progress. Some responses evoked by the therapist within a threatening

environment described by Bandura include, “therapist-initiated interruptions in the form of questions that serve to divert discussion, premature interpretations that block the patient’s expressions, paraphrasing the patient’s statements without essential clarification, unnecessary reassurance, [and] unwitting disapproval” (p.333). Bandura’s study of 42 psychotherapists, observed and rated within the clinical setting in regards to dependency, hostility, and sexuality, found that the anxious therapists were measured to be seen as less competent psychotherapists than those who were low in anxiety.

Furthermore, Henry, Schacht & Strupp (1990) tested the hypothesis that a therapist’s negative introject would have a direct effect on the client and lead to negative process and found that, “therapists whose pre-therapy self-ratings indicated relatively greater hostility toward themselves were also more likely to be coded as treating their patients in a disaffiliative manner” (p.772). It is extremely vital for the therapist to feel confident and connected to the client. Any sense of doubt in ability can be detrimental and should be acknowledged and treated.

### **Current Treatment of Performance Anxiety**

Treating performance anxiety has been approached in a number of ways including beta-blockers, anti-depressants, anxiolytics, biofeedback methods, The Alexander Technique, Cognitive Behavioral Therapy (CBT), Ericksonian Resource Retrieval, hypnotherapy, meditation, yoga, and music therapy. Of greatest interest in Kenny’s (2005) review of tested treatments was that of combined cognitive-behavioral intervention and placebo medication, as it resulted in much greater performance quality and higher self-report than that of the CBT with an active drug. Nagel, Himel & Papsdorf (1989) completed a study on Cognitive-Behavioral Treatment predicting that a group of

performance-anxious musicians receiving CBT would demonstrate a decrease in anxiety as compared to a wait-list control group. After using a series of tests and inventories including The Performance Anxiety Inventory (PAI) (Nagel, Himel & Papsdorf, 1981) along with self-report data which was collected after a six week period of group sessions, it was determined that results reflected the hypothesis in a positive manner. The results also demonstrated that musical performance anxiety may in fact be associated with other types of anxiety, especially that of perpetual and long-lasting anxiety.

### **Performance Wellness**

It is vital to our mental and physical health to be aware of our needs and emotions. Music therapists, on a daily basis, are listening to the issues and struggles of the client. They are making music with and for the client, but what happens when the session is over for the day? Do they leave the events, which have unfolded, the musical mistakes that were made, at the door or do they have an impact on the next session? Do they carry over into the process of another client? If the therapist has self-doubt or personal issues, do they bring them into the session? Is it possible that the client will feed off of this unwanted, negative energy from the therapist? Louise Montello (2002) writes about the Essential Music Intelligence (EMI), “your natural ability to use music and sound as self-reflecting, transformational tools to facilitate total health and well being” (p.5). Montello emphasizes the importance of self-healing and maintaining a healthy mind, by detailing six steps to healing through EMI. These steps include, Identifying the problem, remembering your true worth, becoming proactive, connecting with your throat chakra, expressing yourself, and giving thanks. Through this series of exercises, which include meditation, breathing, improvisation, songwriting, and poetry, the person is given

the opportunity to understand who they are as well as discover outlets to come to in times of anxiety and stress. With a better understanding of where the anxieties manifest, the clinician can, in turn, perform/practice at a higher level.

### **Summary of Literature Review**

Performance anxiety is classified as a social disorder, which in the context of music therapy and the clinician can be demonstrated through musical performance, interpersonal skills, and apprehensions of competency. This in turn can have a great impact on the client-therapist relationship. It is important as therapists, musicians, and people to understand and take care of ourselves as necessary, but first we must recognize from where the anxiety emanates.

### **Statement of Purpose**

The purpose of this study is to identify the prospective and currently practicing music therapist's perception and experience with anxiety within the clinical setting. In doing so, the study aims to provide methods and strategies to approach any feelings of tension and anxiety within the clinical setting. Several studies have explored the student's pre-internship fears of failure, environment, and level of preparation (Wheeler, 2002; Madsen & Kaiser, 1999; Richards, 2009) as demonstrated within the review of literature. However, there has been minimal work done on the practicing therapist's interpersonal relationship to the clients, their anxiety in ability, and their own expectations of the music itself. With this study, the researcher hopes to trace various levels of practicing clinician's thoughts and experiences with fear, stress and anxiety within their work.

Finally, the prospect is to further understand who we are as music therapists and what we can do to better ourselves physically and emotionally in and out of the music.

## **Methodology**

### **Design**

The present study used a survey design that was conducted using SurveyMonkey to collect data. SurveyMonkey is a public online survey development tool that allows the researcher to design surveys as well as complete data collection, analysis, and sampling.

### **Participants**

Recruitment requirements were limited only to those currently active in music therapy, whether as a student, intern, professional, or educator. Participants were recruited from The Certification Board of Music Therapists (CBMT) mailing list, which was provided with permission by the Certification Board of Music Therapists. Approximately 3000 email addresses were provided by CBMT with eligible participants for the survey. This study was reviewed and approved by the Montclair State University Institutional Review Board (See Appendix A for IRB approval).

Participants were recruited through an email invitation (See Appendix B and Appendix C for the invitation and letter of consent) that was sent out on four separate dates beginning on February 11<sup>th</sup>, 2016 and ending on February 22<sup>nd</sup>, 2016. Of the 3000 email addresses provided by the Certification Board of Music Therapists, a total of 802 were selected at random to participate in the study. The total number of invitations sent out was not predetermined, but sent out in increments of 100-200, for a total of 802. The researcher found that there was about a 10% response rate for each group of invitations

sent out. Therefore, invitations were continuously delivered until the desired number of 100 responses was met. The sample size remained at 100 due to limitations of the free survey tool used. When the email was received and the participant agreed to the informed consent provided, they were directed to complete the Survey via the SurveyMonkey website. Approximately 200 invitations were sent out at a time, to ensure completion of 100 total surveys.

### **Measures & Instruments**

The instrument used for this research included a survey created using a free web based research tool called Survey Monkey (See Appendix D for the complete survey). The survey included ten multiple-choice questions for the participants to answer, with the opportunity for multiple responses per question as well as the option to provide any additional comments and written answers as desired. The researchers use of ten questions for the survey, again, was in accordance to the confines of the free survey tool utilized for data collection. The first three questions were demographics, including questions about level of professional practice, educational background and experience with music performance. The remaining seven questions pertained to personal abilities, encounters, and opinions in relation to anxiety within music therapy, as well as defining terms and providing an opinion of the overall prevalence of anxiety within the field of music therapy.

### **Procedures**

The researcher contacted the Certification Board of Music Therapists (CBMT) in order to acquire e-mail addresses of prospective candidates for recruitment of this study. The first 204 invitations were sent out on February 11<sup>th</sup>, 2016. With the researchers

decision to create a larger pool for recruitment, the second group of 200 invitations was sent out the following day, February 12<sup>th</sup>, 2016. After a number of responses, the researcher sent out another 200 on February 16<sup>th</sup>, 2016, and then completed the recruitment with the final 200 invitations on February 22<sup>nd</sup>, 2016. After receiving the desired 100 responses for data, the Survey was closed on February 29<sup>th</sup>, 2016. When participants received the email via the researcher, they were provided with informed consent, which after agreement, led to the survey link. Approximately ten minutes was required for completion of the survey. The time frame for the study was two weeks and three days with the survey collection remained open from February 12<sup>th</sup>, 2016 to February 29<sup>th</sup>, 2016. This was the amount of time it took for the desired number of responses needed by the researcher.

Using the manual email invitation collector from the Survey Monkey web program, data did allow the ability to analyze individual survey responses. The researcher, however, refrained from individualized data collection and instead gathered the data as an anonymous compilation. All information that was collected was stored on a locked account through Survey Monkey on a computer in possession of the researcher.

### **Data Analysis**

An online survey tool was used to analyze data provided by participants. The multiple-choice answers from each question were calculated into percentages based on the total number of responses. Though the replies to each question were anonymous, the researcher sought to find what was ultimately “most common” through out each category within the sample group. With the introduction questions based on demographics and level of performance experience, the results provided a greater understanding of who was

taking part in the research. To extend the qualitative analysis, the information volunteered from participants within the *other* section of each question was used to trace any developing themes or patterns displayed between therapists and their practice. To do so, the therapist took note of similarities in responses as well as repetition of responses. The written responses facilitated an in-depth interpretation and provided a variety of answers to the posed question; is anxiety within the clinical setting common within the profession of music therapy for further research.

## **Results**

### **Recruitment**

The researcher was provided a list of approximately 3,000 CBMT members in the United States. Of the 3,00 potential participants, 802 members received a recruitment invitation at random. Of the 802 invitations, the researcher received 105 responses before closing the survey. However, due to restrictions of free use on SurveyMonkey, only 100 responses are permitted, until an upgrade is made with the account. The researcher chose to use only the first 100 responses received and was never given opportunity to review the five unused responses. Therefore, of the 802 invited at random to participate, 105 invitees responded, with only 100 surveys being used, for a total of 12.4% responses from the total pool for documentation of results.

### **Background and Level of Experience**

Table 1 presents the level of training, credentials, and experience of the music therapists who responded to the survey, while Table 2 demonstrates the undergraduate educational background of the participants, and Table 3 illustrates the level of exposure to public music performance. All 100 participants responded at least one time to these

first three questions, with some participants giving multiple answers, providing for a broader response rate and possible skewed percentages.

Within the question regarding the level of training and credentials sections, the 10% who answered with “other”, responded with the following: “currently pursuing a Master’s degree”, “Masters in MT”, “Master’s Degree”, “currently completing a masters in Music Therapy”, “Master’s Candidate with 1-2 years of practice”, “LCPC & FAMI”, “All requirements for MA fulfilled but thesis”, “Ed.D. In Counseling Psychology”, “MMT”, and “CCLS, NMT”.

**Table 1.** *Level of Training, Credentials, and Years of Experience in the Field*

Response Options	Total Response Percentages	Total Response Count
<b>Undergraduate level (currently completing a bachelor’s in Music Therapy)</b>	7%	10
<b>Graduate Level/Currently in internship</b>	3.9%	5
<b>MT-BC certified and practicing for 1-5 years</b>	33.5%	43
<b>MT-BC certified and practicing for 5-10 years</b>	16.4%	21
<b>RMT/CMT/MT-BC and practicing for 10+ years</b>	25%	32
<b>Currently teaching at an AMTA accredited university/college</b>	2%	3
<b>Currently pursuing or already hold a Ph.D. related to the field of Music Therapy</b>	3%	4
<b>Other (please specify)</b>	7.8%	10
Number participants answered question		<b>100</b>
Total Number of Responses		<b>128</b>

Within the question regarding undergraduate education, the 12.8% that answered with “other”, responded with the following: three participants with “Music Education”, three participants with “Music”, “Philosophy”, “Sociology”, “Spanish”, “Theater and Communication”, “BFA Musical Theater” “Dual degree of MT and Music ED”, “Psych

and Pre-Med”, “Music composition and theory”, and “Liberal Arts/Music non-performance”.

**Table 2.** *What is your Undergraduate Educational Background?*

Response Options	Total Response Percentages	Total Response Count
<b>Music Therapy</b>	54%	68
<b>Music Performance</b>	14%	18
<b>Education</b>	9.6%	12
<b>Psychology</b>	7%	9
<b>Science</b>	1.6%	2
<b>Other (Please Specify)</b>	12.8%	16
Number participants answered question		<b>100</b>
Total Number of Responses		<b>125</b>

Within the question regarding exposure to public music performance, 6% that replied with “other”, provided the following responses: “Moderate history of performance”, “I still perform occasionally”, “recently performing more often”, “I play periodically for church services, funerals, and weddings- but this I consider different from traditional “performance””, “limited history of individual professional music performance-currently sing with a chorus that receives payment”, and “I play and sang in our church choirs in elementary, junior high, high school & college. I have sung in symphony choruses & small a cappella ensembles. I play piano, guitar & sing daily in my work, which occasionally includes performing for others”.

**Table 3.** *Musical Training Background and History of Music Performance.*

Response Options	Total Response Percentages	Total Response Count
<b>I used to perform regularly</b>	35%	48
<b>Extensive history of music performance</b>	26%	36
<b>I still perform regularly</b>	17.5%	24
<b>Limited history of music performance</b>	16%	22
<b>Other (Please Specify)</b>	4%	6

<b>No Past history of musical performance</b>	.7%	1
Number participants answered question		<b>100</b>
Total Number of Responses		<b>137</b>

**Defining Performance Anxiety**

Interestingly, the responses to the definition of performance anxiety were very relative to one another, with responses all between 20% and 30%. Out of the 100 respondents, no one skipped the question, and in fact, there were a total of 150 responses, indicating that some participants responded multiple times. This may appear to skew data, however, it demonstrates to the researcher that performance anxiety can be defined and interpreted in a variety of ways, even by one person. Of the three who responded with “other”, they unanimously wrote “All of the above” with one participant who added, “it’s different for each individual”.

**Table 4.** *How Would You Define Performance Anxiety?*

Response Options	Total Response Percentages	Total Response Count
<b>Performance anxiety is the anxiety, fear, or persistent phobia, which may be aroused in an individual by the requirement to perform in front of an audience, whether actually or potentially</b>	27%	41
<b>Performance anxiety is the feeling of self-doubt and insecurity of competency when put in a public context</b>	26%	39
<b>Performance anxiety is the experience of marked and persistent anxious apprehension related to performance that has arisen through specific anxiety conditioning experiences, and which is manifested through combinations of affective, cognitive, somatic, and behavioral symptoms.</b>	23%	35
<b>Performance anxiety is the adrenaline and physical feelings such as sweating, nausea, and shaking that one experiences before and/or during a public performance or social setting.</b>	21%	32
<b>Other (please specify)</b>	2%	3
Number participants answered question		<b>100</b>
Number of responses		<b>150</b>
Number participants skipped question		<b>0</b>

**Results by Topic**

Participants’ responses for the following four questions were answered based on their personal relationship and identification with the subject. The areas covered were various facets of what performance anxiety could mean and are experienced by the individual music therapist. Table 5 presents the three areas of anxiety recognized by the researcher, followed by the option of experiencing no anxiety. Of the 73 participants that responded with identification to one or more of the provided responses, there was an additional 42 responses for multiple areas of anxiety experienced by these participants, resulting in total of 115 responses between the three areas of anxiety provided. The most apparent response identified was in the Music Therapist’s Musical ability to accomplish interventions with clients with a 32.8% occurrence.

**Table 5.** *Which of the Following Anxiety Factors do you Experience Within a Session?*

Response Options	Total Response Percentages	Total Response Count
<b>Musical ability to accomplish interventions with clients</b>	32.8%	45
<b>Shifting between interventions and knowing what to do next</b>	30.6%	42
<b>Interpersonal skills</b>	20.4%	28
<b>I do not experience any anxiety</b>	16%	22
Number participants answered question		<b>95</b>
Number of responses		<b>137</b>
Number participants skipped question		<b>5</b>

**Prevalence of Anxiety within Interpersonal Skills**

Table 6 refers to the participants who identified with interpersonal anxiety within their music therapy sessions. Even though only 28 participants responded to identification with Interpersonal Skills in the previous question, displayed in Table 5, 51 participants

replied to and identified with Interpersonal anxiety displayed in Table 6. Again, there were a total of 87 responses within the 51% who responded to the area in question, with the majority identifying with Anxiety with assertiveness (29.8%) and Anxiety with verbal communication (22.9%).

**Table 6.** *If you identify with Interpersonal Anxiety, Which of the Following is Problematic?*

Response Options	Total Response Percentage	Total Response Count
<b>Assertiveness</b>	29.8	26
<b>Verbal communication</b>	22.9	20
<b>Ability to make decisions</b>	16	14
<b>Ability to problem solve</b>	12.6	11
<b>Non-verbal communication</b>	6.8	6
<b>Other (please specify)</b>	6.8	6
<b>Social awareness and listening skills</b>	4.5	4
Number participants answered question		<b>51</b>
Number of responses		<b>87</b>
Number participants skipped question		<b>49</b>

Of those who responded with “other”, answers consisted of; “These are specific to the population with whom I’m working. Ironically, I experience more anxiety related to the above interpersonal communications with children than with adults”; “ Because I only experience this now in certain situations that I attribute to the transference aspects of the relationship, any of the above could be part of the equation, although usually just in a flash before I notice and start considering it as part of the transference”, and four responses of “None and N/A”.

**Prevalence of Anxiety within Transition and Intervention Shift**

Similar to the previous question, there were a higher number of participants who responded to the topic displayed in Table 7 (53 participants) than there were who identified with the same area of anxiety when given various areas to relate to shown in Table 5 (42 participants). There was a higher response rate within the topic of Anxiety

within Transition and Intervention Shift with 53% then the previously discussed topic in Table 6. The most prevalent factor toward Anxiety with transition and intervention shift was, “Feeling hesitant to trying new things” (29.3%) and “knowing when and/or how to finish an experience” (22.8%).

**Table 7.** *If you identify with transition and intervention shift in anxiety, what is problematic?*

Response Options	Total Response Percentage	Total Response Count
<b>Feeling hesitant to trying new things</b>	29.3%	27
<b>Knowing when and/or how to finish an experience</b>	22.8%	21
<b>The ability to create effective musical transitions</b>	21.7%	20
<b>The ability to create effective verbal transitions</b>	16.3%	15
<b>Other (please specify)</b>	5.4%	5
<b>Relying too heavily on session plans</b>	4%	4
Number participants answered question		<b>53</b>
Number of responses		<b>92</b>
Number participants skipped question		<b>47</b>

Of the 5.4% who responded with “other”, responses consisted of, “I experience the above with children, specifically”, “concerns that what interventions I decide to use will meet the Medicaid goals and objectives”, and “Feeling as if the experience isn’t cutting it’, an anxiety in the back of my head that I don’t actually know what I’m doing. Even when I do, I’m just doubting my own abilities/knowledge” along with two responses of “N/A” and “None”.

**Prevalence of Anxiety with Musical Performance**

As stated previously, the identification of musical performance anxiety within the therapist posed most prevalent through the number of responses shown in both Table 5 and Table 8. With 73% of all participants responding to this particular area, there was a total 128 overall responses, with the concern of forgetting or not knowing particular

lyrics/chords/melodies (30.4%) being the highest response, followed by the therapist feeling afraid of the reaction or judgment made from the client group (27.3%). Though only 45 participants responded to this area of anxiety originally (Table 5), the response number increased immensely when the options were broken down and displayed in specific instances of occurrence.

**Table 8.** *If you identify with Musical Performance Anxiety, What is Problematic?*

Response Options	Total Response Percentage	Total Response Count
<b>Concern of forgetting or not knowing particular lyrics/chords/melodies</b>	30.4%	39
<b>Afraid of reaction/judgment from the client group</b>	27.3%	35
<b>Not feeling competent on a particular instrument</b>	23.4%	30
<b>Other (please specify)</b>	10.1%	13
<b>Physical symptoms occur (i.e. sweating, trembling, freezing)</b>	8.5%	11
Number of participants answered question		<b>73</b>
Number of responses		<b>128</b>
Number participants skipped question		<b>27</b>

The rate of “other” responses also appeared to be higher than the previous topics as well, with various replies including, “minimal time for practice”, “fear of judgment from other staff present”, “Anxiety in group improvisation”, “fear of blanking on lyrics or mixing up chords progressions”, “concerned about not producing a good-enough music quality, including phrasing and feeling”, “This is occasional, but if I become aware that a client is a musician of some expertise, I have anxiety surrounding my guitar playing”, and “criticism from music school that never leaves you”, as well as two responses alluding to performance anxiety in the non-therapeutic environment.

**Prevalence of Anxiety in the Music Therapist**

The survey posed the question to the contributors if they felt that anxiety within the therapist appears to be a common issue in the field of music therapy. Table 9 displays the results, with 58.33% of participants responding affirmatively, 22.92% opposed to the idea, and 18.75% with the response of “other”. Those that responded with the latter response, wrote in, “more so in students, interns and new professionals”, “definitely with interns” “yes, but each person manifests differently and for different reasons”, “it could be, but there isn’t enough research about it”, “I certainly expect it is common, but I’m not sure to what degree”, along with a number of respondents who wrote, “not sure”.

**Table 9.** *Is Anxiety in the Therapist a Common Issue Within the Field of Music Therapy?*

Response Option	Total Response Percentage	Total Response Count
<b>Yes</b>	58.33%	56
<b>No</b>	22.92%	22
<b>Other (please specify)</b>	18.75%	18
Number of participants answered question		<b>96</b>
Number of participants skipped question		<b>4</b>

**Methods for Treating the Music Therapist’s Anxiety**

The final question in the survey posed the topic of self-management and asked what personal methods of self-regulation and continued mindfulness were used in ones daily practice. Seven different options were provided along with the ability to add in anything else that pertained to the topic. There were 93 participants, which responded to the question, with a response total of almost double the amount of participants (180). The most common response was “practice and reflect with other creative arts medium (i.e. writing, art, composition, movement/dance)” with 22.7%, followed by “yoga/meditation” with 19.4% of total responses. The 12.2% that responded with “other” provided responses such as, “go salsa dancing”, “journaling”, “power through it”, “prepare”, “Lead

more music therapy sessions”, “increase practice on instruments to proactively prevent anxiety”, “practice making music; particularly from memory or improvisational”, “deep breathing; practicing”, “make sure I’m totally organized with written music so I can support my clients well”, “to address any general anxiety I may have regarding life in general, I exercise”, “talk about it and ask for advice from peers, positive affirmation”, “discuss personal feelings with individuals close to me, while maintain confidentiality of clients”, “informal peer supervision”, “Nothing as of right now, but I am looking into profession supervision”, and “extensive preparation, even for improvisatory approaches. My perspective is that performance anxiety is, at its core, a recognition that one is not adequately prepared in some way”.

**Table 10.** *What do you do to Treat Anxiety Experienced Pertaining to your Music Therapy Practice?*

Response Option	Response Percentage	Response Count
<b>Practice and reflect with other creative arts medium (i.e. writing, art, composition, movement/dance)</b>	22.7%	41
<b>Yoga/Meditation</b>	19.4%	35
<b>One on one supervision and/or peer supervision</b>	17.2%	31
<b>Personal Therapy</b>	15.5%	28
<b>Other (please specify)</b>	12.2%	22
<b>Perform music in public venues</b>	7.2%	13
<b>Prescription medicine</b>	4.4%	8
<b>Group Therapy</b>	1.1%	2
Number of participant answered question		<b>93</b>
Number of responses		<b>180</b>
Number of participants skipped question		<b>7</b>

**Summary of Results**

The demographics of recruited participants of this survey appeared to be fairly distributed between younger professionals and more experienced professionals within the

field, with 44.4% of responses coming from those still at the student level to those practicing only one to five years and 41.4% of responses coming from music therapists practicing five plus years, providing for a more balanced response pool. Overall, the responses given by the participants lent results to demonstrate that the therapists' musical ability to accomplish interventions with the client was the most common experience of anxiety with 32.8% of the total responses, followed by shifting between interventions and knowing what to do with 30.6% of the total responses. When the topics were broken down within the survey, there seemed to be a higher volume of responses than in the original posed question of "what anxiety is experienced during a music therapy session?" This could potentially mean that the participants did not associate the more generalized themes to the more specific topics or perhaps that the anxiety experienced was not identified or acknowledged as such by the participants. If that may be the case, further research may be beneficial to understand how music therapists relate to doubts and anxious emotions within their work. Overall, when asked if Anxiety was seen as a common issue within the Music Therapist, 58.33% of participants responded yes, with an additional number of written explanations of "yes" within the "Other" section of the response area.

### **Discussion**

The participant size of this study was substantial enough to produce valid and meaningful results. Each participant within the study is currently registered with the Certification Board of Music Therapists, implying that they are either currently practicing music therapy (educators/clinicians) or are students/interns of music therapy. AMTA's 2013 Member Survey and Workforce Analysis demonstrated a correlation in response to those of the current study. AMTA found that 53% (317) of all survey respondents (593) in a particular category had been practicing for 10 years or less (AMTA, 2013). Similarly, the current study shows 66% of respondents having practiced for 10 years or less as well. These numbers possibly demonstrate that the music therapy profession is a constantly growing field with more than half of the active work force being represented by a younger generation. This may provide reason and motivation for further discussion of anxiety in the field for students/interns and new clinicians.

The purpose of asking the participants about their experience with public performance and musical training was to get a better understanding of how many practicing therapists use their musicianship skills outside of the clinical setting. It could be said that the more you practice outside the session, the more comfortable you may become within the session, just as it goes for any sport, instruments, study etc. However, even with practice and proficiency, the human body still may experience anxiety, just as

Barlow (2000) demonstrates with his model of anxiety. This is the theory that there will always be three possible vulnerabilities that influence the development and trigger of performance anxiety and possibly generalized anxiety disorders. With the results of this particular question, the professional population appears to have an all around extensive amount of exposure to performance with only 17% responding with limited to no experience.

What interested the researcher the most was the progression of response rates from questions 5 through 8. Question number 5 provided the general overview, asking for a consensus of what was really the leading impression of “Anxiety” for the practicing therapist. When asked which of the anxiety factors do you experience within a session, out of the 95 participants that responded, only 28 (20.4%) responded with interpersonal skills, 42 (30.6%) responded with shifting between interventions and knowing what to do next, 45 (32.8%) responded with musical ability to accomplish interventions with the client and 22 (16%) responded that they do not experience anxiety. After each category was broken down into specific implications of anxiety in the following three questions, the response rate increased from the original responses given in question 5. While only 28 participants originally responded to having experienced anxiety relating to interpersonal skills, in question 6 there was a total of 51 respondents, which may indicate 23 other participants discovered an underlying factor of interpersonal skills relating to anxiety that they possibly were not aware of previous to the broken down question. The pattern of increased responses continued similarly with question 7 as well. However, it was the response increase to question 8 that perhaps demonstrated the key trigger of anxiety in skill in terms of the practicing music therapist. With only 45 participants

responding to experiencing anxiety with musical ability to accomplish intervention with client, there was an increase of 28 responses in question 8, for a total of 73 respondents.

Perhaps when you are provided with a general suggestion of a feeling you might experience such as anxiety, it seems impossible and unlikely. That is, until it is broken down, put into detail, worded differently or termed more person specific and relatable. Suddenly it becomes meaningful, possibly part of reality and something that one would identify with within your daily routine. From these particular response increases, it becomes apparent that we as individuals and therapists do not always recognize these seemingly minor feelings of apprehension or concern with our anxieties.

However, it is also likely that the wording of the question influences how one will respond. A response is based on the understanding and phrasing of the question. The original question may be posed a certain way that is not relatable or not comprehended by the individual. But when the question is restructured there is possibility of a connection.

With the number of multiple responses on the question based on the participant's outlook on the definition of performance anxiety, it could be said that the idea of PA is to be left to interpretation or that it can be defined in a variety of ways. Perhaps a feeling or practice that one person sees as anxiety, another person perceives as adrenaline, positive energy or just a lack of knowledge or preparation. This indication of interpretation on anxiety was demonstrated through individualized responses relating to what factors of anxiety are experienced within a session.

Three clinicians all responded with experiencing minimal to no anxiety during sessions, however, each provided an example of when they believe anxiety can occur. The first response was the idea of high public performance anxiety, with no reference to

the therapeutic session. Though the participant did not relate this to clinical work, they demonstrate the potential of environment specific performance anxiety, varying from person to person, which can ultimately impact other work. Second, was the thought of building up anxiety before the session, with the expectation of encountering a situation of one of the listed areas of anxiety that could cause the anxiety. This in turn could ultimately create an unwanted stressful cycle of session preparation. The final participant's response, was the idea of potentially bringing in outside anxieties (personal and unrelated to work) into a session, with the chance of influencing the therapeutic work with the client and the professional relationship. Though this last topic was not a subject listed within the survey itself, it was brought to the attention of the researcher that it is possible for the therapist to unconsciously allow their outside anxieties into the session, which could possibly impact the interventions used, music implemented, the body language displayed, and words shared with the client.

Therapists are taught to acknowledge both transferences and counter-transferences within the professional client relationships. As humans, they have the potential to influence and be influenced by those around themselves. In the therapeutic practice, clinicians experience both happiness and hardship on a daily basis, both in and out of work. If they do not secure a safe outlet to vent and find relief in, it can and most certainly will be transferred into the workplace, professional interactions and within personal relationships. At what point in educational and professional development does one learn to address their individual "anxiety", whatever that may be?

In terms of interpersonal anxieties with a client, the most prominent responses were in one's ability to be assertive (29.8%) and verbally communicate (22.9%). As it

was mentioned in the beginning of the discussion, over half of the survey demographic represented is professionals who have been practicing for fewer than 10 years. Perhaps new professionals may be predisposed to showing higher levels of apprehension as they develop a rapport with new clients, which may contribute to the anxieties demonstrated within the question. Feiner (2001) discusses the challenge of the intern's unexpected confrontation of clients' fears, worries, and life's challenges. Therapists are bound to experience discussions for which they're unprepared to have, but in time will reflect and respond. However, as an intern or new professional one may feel inadequate, unprepared, and vulnerable and quite possibly experience a whirlwind of countertransference with clients during such time as demonstrated through survey responses and the literature review (Wheeler, 2002). Within the music therapy education program, you are typically not taught how to be assertive and verbal communication skills are something that can be "practiced" only so many times. These skills are to be developed with time, repetition and experience.

This leads into the topic of skill development through practice. The therapist, or really a professional in any field may find themselves falling into a routine once a level of comfort and personal development is reached. From this point it may pose a challenge to pull away and try something different. The idea of trying something new for the first time would promote a feeling of self-doubt or concern for success in even the most confident persons mind. When asked what areas were problematic if the participant identified with transition and intervention shift in anxiety, the highest response was "feeling hesitant to trying new things (29.3%) followed by knowing when and/or how to finish an experience

(22.8%). Langdon (2001) discusses the key issues within the early stages of the professional music therapist as being:

(1) The need for creativity in dealing with the challenges of a new career; 2) support for the emerging identity as a music therapist; 3) the need for continuing development of the ability to move between the musical and verbal modes as verbal challenge grows with professional reporting and documentation; 4) a place to share music freely with a community of understanding peers (p. 214).

These challenges can reflect on the work done within the sessions, which can lead to stagnant progression or perhaps fear of doing something wrong. Within the realm of session work, it is left to the discretion of the therapist to lead or help guide the client through the use of interventions and transitions. At what point does the therapist move on to something else? When do you know if it is appropriate to continue developing an intervention? As the therapist you don't want to cut the client off, but you do need to find the balance in what is vital to their goals and objectives, and most importantly their needs in the moment. A particular response within this realm reads, "Feelings as if the experience I've created isn't cutting it, an anxiety in the back of my head that I don't actually know what I'm doing. Even when I do, I'm just doubting my own abilities/knowledge". It is okay to have feelings of doubt, after all we are only human, but how can we supplement these feelings and use them in and out of the session work?

As a music therapist, you are to be present in many ways. The music plays a vital role within the session work and if there is a level of discomfort or apprehension felt from the therapist, the work may reflect just so. Of course, most of us (especially in the beginning) are not perfect at every song thrown at us, instrument request, or improvisation developed during session work. But how do we recognize and incorporate the fear and anxiety felt within these key moments. The majority of participants felt that

music performance was the largest component of contributing anxiety for the therapist. With a total of 73% of the study responding, three factors were ranked extremely close. They found that forgetting or not knowing particular lyrics/chords/melodies (30.4%), being afraid of reaction/judgment from the client group (27.3%), and feeling competent on a particular instrument (23.4%) were common challenges experienced. Scheiby (2001) reflects on the process of musical self-acceptance within the always-growing clinician. As new clinicians and students, performance anxiety or a “level of discomfort with his or her own musical expressive language” (p.318) may be externalized. Therefore, it is important to reflect on the discomfort of the therapists own music as the client will detect these feelings, whether it be conscious or unconsciously. Feeling unsatisfied or doubtful of musical ability on particular instruments or songs, may possibly lead to disconnect in the therapeutic relationship. Therefore, it is most important to truly cultivate and be comfortable with ones own musical self.

How we interpret anxiety has an impact on those who experience it, how they experience it, and why. Posing the seemingly simple question of “do you see anxiety in the therapist as a common issue within the field of music therapy?” provided for a large majority of participants to respond with “yes”, while a considerable number responded with their own reasoning for yes, no, and maybe so. As the researcher has referenced the majority of the exploration to new professionals and interns, many responses viewed anxiety as a commonality within this particular grouping as well. Those who felt unsure made note of observing anxiety when working with undergraduates, interns, and new professionals. A particular response captured the eye of the researcher, stating, “As human beings, [I believe] performance anxiety is a normal and natural experience. Some

amount of anxiety/stress is actually necessary to create the impetus for trying new things/change/moving forward”. As humans we experience physiological and psychological sensations on a moment-to-moment basis. How we experience these feelings, and cope with them is based on the individual, the experience, the education, the skill, and the emotional association, to name a few. Another participant observed the significance of this subject, however they believed that there isn’t enough research on it. This supports the need and desire for further development of education on anxiety within the student and young professional. Lastly, there was the observation that no matter what the answer is, no one seems to want to talk about it. This was followed by possible reasons of “not wanting to be seen as incompetent or perhaps [is] more confident in one’s ability to overcome”. With the variety of input, it seems like the sensation of anxiety is overlooked and left for question in the music therapy community.

It is important to always have the support of an outlet to reflect and expand upon the knowledge and perhaps worry of work. Getting up day in and day out, holding on to the depths of stress and insecurity will only create conflict within client relationships and attitude in and out of work. Even the clinician, who works with the utmost confidence and professional experience, may carry their caseload with them wherever they go, creating extra weight within their personal life. Whatever the scenario may be, it appears vital to develop ways to cope with these individual mindsets. 93% of research participants provided an outlet for treating their occupation related anxiety. The large majority of responses pertained to the idea of practicing their instruments as well as working with other creative arts mediums. To expand upon the musical perspective, participants found that practicing music, from memory or improvisational, allowed for

better preparation and was a way to proactively prevent any anxiety within a session. One respondent's opinion stated that, "performance anxiety is at its core, a recognition that one is not adequately prepared in some way". This statement further explains the idea that anxiety may be perceived differently by all and is perhaps influenced by varying life factors. And still, no perception is wrong.

Second to preparation, yoga/meditation as well as deep breathing, exercise, and guided imagery on one's self were demonstrated by participants as another beneficial coping mechanism for anxiety within their profession. Montello (2002) supports these particular methods of self-help exercises, deep breathing being one of the most favorable. She states that, "it works directly with your life-force energy and its distribution through the masculine and feminine arms of consciousness. When these two forces are in balance, life becomes incredibly rhythmic, ordered, and balanced" (p.71). To recognize one's tension and allow the breath to release into the body, we provide a deeper understanding of our physical and emotional self. Musicians and performers are taught stretching techniques and warm-ups routines to better the mind, body, and spirit, so this transfers cohesively into the practicing music therapist.

The third highest response to ways of treating anxiety was the practice of supervision, with 17.2% of participants responding. Those contributors who wrote in other, explained that they seek guidance from fellow clinicians informally as well as with friends while maintaining confidentiality of clients. Another respondent wrote that they are doing nothing as of now, but do seek professional supervision. Throughout college and clinical training, the student goes through a certain level of supervision within the practicum level, but once graduated from school, there is no requirement for continued

supervision or personal therapy in the United States. Students of music therapy come in with a broad spectrum of experience and expectations. Richards (2009) emphasizes that on one side there is a deep understanding of communication, and non-verbal expression, while on the other side there is the connection of performance and technique. But through practice, students will find that musical ability is not the purpose, but it is the music that provides the service. For the student, this may create self-uncertainty and new challenges, which is where practice and supervision comes into place. For the practicing clinician, John (2009) believes that the development of the therapist identity is a personal matter and it is the supervised placement that aids the student in their experience, growth and development of clinical personality. John (2009) continues to describe the possible anxiety of the practicing clinician. This anxiety is not sensed consciously. He states that the, “anxiety is inside the therapist and might be simulated by the patients projections or by the therapist’s projections into the patient” (p.94). The practice of supervision appears to be vital in the continuous growth and development of the therapist no matter what level of training or work they are in. To have a colleague or mentor to seek support and guidance from on a consistent basis does appear to assist in levels of anxiety as stated by research participants. However, because supervision is not required by the American Music Therapy Association or by the Certification Board of Music Therapists in the United States, clinicians may not necessarily seek to receive this seemingly necessary support.

## **Conclusion**

### **Summary**

The purpose of this study was to examine the role anxiety plays in the life and practice of the music therapist and to get a better understanding of techniques and exercises for treating anxiety and opinions related to its manifestation. The research study used an exploratory survey approach to gather qualitative data based on both practicing music therapists and music therapy students' perceptions and experiences related to performance anxiety. Performance anxiety can affect an individual in their ability to complete certain skills and tasks; it can manifest through combinations of affective, cognitive, somatic, and behavioral symptoms (Kenny, 2011); and it can have a direct affect on the therapeutic process and the client-therapist relationship. After reviewing the literature, it is apparent that the research and material relating to the dynamic of stress and anxiety within the clinician and the clinical setting is scarce. In addition to the limitation of resources on the subject, a decent number of respondents found that anxiety in some capacity exists within their day-to-day clinical work. Research participants overall found that performance anxiety may be more common in the field than it is accounted for especially within the student, intern, and novice clinician.

### **Limitations of the study**

The primary limitation of the study was the size of the research group. The survey was answered by a total of one hundred clinicians and students, which ultimately provided only a small sample. A large majority of respondents were Board Certified and practicing music therapy for one to five years, however, a decent number of professors, students, and veteran clinicians responded as well. With such a vast demographic, it would be beneficial in future studies to approach specific groups based on experience and practice. This would provide a better understanding of anxiety and its relation to developed skill, comfort, and age.

In addition, the survey was limited to ten multiple-choice questions, with the ability to write in opinions and personal statements. Having such a broad and brief questionnaire, provided a better understanding of the concern and acknowledgement of anxiety, but also did not allow for much detail and discussion. Though participants were able to write in their personal statements, responses varied from one word answers to the very detailed and perhaps subjective opinions. Allowing the option to provide feedback and individual responses further demonstrated that no answer or opinion is wrong and that everyone may experience anxiety or stress differently. The written responses did provide the researcher with a much better understanding of these outlooks, therefore, it would be interesting in future research, to interview participants in person, to provide for a more intense and detailed depiction of anxiety and stress demonstrated in the field.

The phrasing of the questions posed within the survey potentially may have misled some responses. Throughout the questionnaire, it is consistently asked, “which is problematic?” Using the terminology “problematic” may carry a negative connotation, resulting in fewer participants eager to respond. Had the questions been posed with a

different connotation, such as, “which is anxiety provoking?” responses may have perhaps taken an alternative route. The awareness of phrasing and word choice provided the researcher with input and knowledge for future studies on the subject.

With limited research on the subject of anxiety within the practice of music therapy, the researcher’s ultimate reason for such a general survey was to build a foundation of knowledge and to find out whether anxiety really is something to further explore in the future. The study did not investigate the possibly of actions already being taken within certain educational and professional curriculums within the country and was also only limited to clinicians within the United States of America. By classifying this research in the seemingly specific realm of “performance anxiety”, it appeared to dictate some participant’s responses to go a certain direction, whether it was the intention of the researcher or not. It would be beneficial in future research to create a better understanding of what is meant by the term performance anxiety and to actively correspond with research participants.

### **Implication for Music Therapy**

It is apparent that there is limited research on the subject of anxiety within the student therapist, and the practicing clinician. Anxiety appears to be a word that is not discussed within the realm of the therapist, therefore it would be beneficial to further explore its meaning and its occurrence within the field. Of the ninety-six participants that responded to the question of anxiety being common within the field, 58% believed that it was, while 18% of participants wrote in that they were either unsure; found it common only in new therapists and interns; or felt that it may be common, but that there is not nearly enough research out there about it to really support such outlooks.

Performance anxiety could be best recognized through the practice of self-awareness and treated with self-care techniques and coping mechanisms. Even if it remains more common in the student and novice clinician, providing skills at the core curriculum within the educational setting would improve the wellbeing, development and success of one's practice. We're all different in how we manage our emotions and skills, but to provide an array of channels and techniques, such as supervision, personal therapy, meditation, deep breathing, musical practices, and performance methods, would create a universal toolbox for coping with stresses relating to, but not limited to, one's music therapy practice.

### **Future Research**

It would be constructive to expand this research study and to explore the three factors of anxiety defined within the survey in greater detail; these factors being, interpersonal skills, knowing when to shift between interventions, and the musical ability to accomplish interventions with the client. It is apparent from this current study that the anxiety experienced quite possibly goes beyond the factors named, and can stem from lack of experience in the field, lack of practice and skill on certain instruments, and personal stress influencing clinical practice.

To separate further research into study groups based on experience and age, would provide for a much more detailed analysis and concise idea of where anxiety is most prevalent within the clinical community. To expand the study even farther, it would be interesting to explore a one to one interview with participants in various stages of their career or perhaps creating a discussion board on the matter, to create dynamic conversation on the subject.

It would be most beneficial to further explore the anxieties of students within the educational setting, practicum training, and internship levels. Through this study, these points of development have appeared to show the greatest concern for anxiety, and therefore would allow for further understanding of the emotions experienced during this critical time of development. With greater knowledge on the subject of anxiety, this perhaps could demonstrate the need for future expansion of the educational curriculum in supporting students with coping techniques and practices.

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## APPENDIX A: IRB REVIEW



**Institutional Review Board**  
**College Hall, Room 248**  
 Office: 973-655-3021  
 Fax: 973-655-3022  
[www.montclair.edu/irb](http://www.montclair.edu/irb)  
[reviewboard@mail.montclair.edu](mailto:reviewboard@mail.montclair.edu)

November 16, 2015

Ms. Emma Walker  
 139 South Finley Avenue  
 Basking Ridge, NJ 07920

Re: IRB Number: 001736  
 Project Title: **The Role of Anxiety within the Music Therapy**

Dear Ms. Walker

After an expedited 7 review, Montclair State University's Institutional Review Board (IRB) approved this protocol on **November 2, 2015**. The study is valid for one year and will expire on **November 1, 2016**.

Before requesting amendments, extensions, or project closure, please reference MSU's IRB website and download the current forms.

Should you wish to make changes to the IRB-approved procedures, prior to the expiration of your approval, submit your requests using the Amendment form.

For Continuing Review, it is advised that you submit your form 60 days before the month of the expiration date above. If you have not received MSU's IRB approval by your study's expiration date, ALL research activities must STOP, including data analysis. If your research continues without MSU's IRB approval, you will be in violation of Federal and other regulations.

**Please note, as the principal investigator, you are required to maintain a file of approved human subject's research documents, for each IRB application, to comply with federal and institutional policies on record retention.**

After your study is completed, submit your Project Completion form.

If you have any questions regarding the IRB requirements, please contact me at 973-655-5189, [reviewboard@mail.montclair.edu](mailto:reviewboard@mail.montclair.edu), or the Institutional Review Board.

Sincerely yours,

Dr. Katrina Bulkley  
 IRB Chair

cc: Dr. Karen Goodman, Faculty Sponsor  
 Ms. Amy Aiello, Graduate School

**APPENDIX B: INVITATIONAL EMAIL**

Dear Survey Participant,

I would first like to thank you for taking the time to fill out the following survey. I am currently in the process of writing my thesis in partial fulfillment of my Masters in Music Therapy at Montclair State University in Montclair, New Jersey. This ten-question survey is multiple choice, however, the option to fill in any written explanations and detail would be greatly appreciated for further qualitative analysis. **This survey should not take more than 10 minutes to complete.**

The working title of this thesis is *The Role of Performance Anxiety in the Music Therapist*. Research is extremely limited in regards to the anxiety experienced within the clinician, therefore I am interested to find out how the music therapist perceives, experiences, and treats anxiety within their own self.

The survey will remain anonymous through survey monkey, however, if you wish to receive the results after data is analyzed and finalized, you are more than welcome to send me an email at [Walkere@montclair.edu](mailto:Walkere@montclair.edu) .

Thank you again. I truly appreciate you taking the time to help me further my research, education, and development as a clinician in the field of Music Therapy.

Best Regards,

Emma J. Walker

**APPENDIX C: INFORMED LETTER OF CONSENT**

Dear Fellow Music Therapist,

You are invited to participate in a study on Anxiety within the Music Therapist. Research seems to be extremely limited in regards to the anxiety experienced within the clinician, therefore I am interested to find out how the music therapist perceives, experiences, and treats anxiety within their own self. The final prospect will be to further understand who we are as music therapist and what we can do to better ourselves physically and emotionally in and out of the music.

If you decide to participate, please complete the following set of multiple-choice questions. It will take about 10 to 15 minutes. You will be asked to answer questions about your education and performance background, as well as your personal experience with performance anxiety, providing you the opportunity to write in your opinions and ideas on the subject. You may not directly benefit from this research. However, we hope this research will result in a better understanding of where practicing clinicians stand within the realm of anxiety, where it comes from, its effect on the practice, and how it can be managed.

Data will be collected using the Internet. There are no guarantees on the security of data sent on the Internet. Confidentiality will be kept to the degree permitted by the technology used.

Your decision whether or not to participate will not affect your relationships with the Certification Board for Music Therapists or Montclair State University.

There is a potential risk that you may feel discomfort when answering questions pertaining to your anxiety. To mitigate this risk, you can stop participation at any time or choose not to answer any questions you are not comfortable answering.

Please feel free to ask questions regarding this study. You may contact me or my faculty sponsor if you have additional questions at (908) 625-2953 and [walkere8@mail.montclair.edu](mailto:walkere8@mail.montclair.edu) or Karen Goodman at [Goodmank@mail.montclair.edu](mailto:Goodmank@mail.montclair.edu).

Any questions about your rights may be directed to Dr. Katrina Bulkley, Chair of the Institutional Review Board at Montclair State University at [reviewboard@mail.montclair.edu](mailto:reviewboard@mail.montclair.edu) or 973-655-5189.

Thank you for your time.  
Sincerely,

Emma Jane Walker  
Graduate Student  
Music Therapy Department  
Montclair State University

By clicking the link below, I confirm that I have read this form and will participate in the project described. Its general purposes, the particulars of involvement, and possible risks and inconveniences have been explained to my satisfaction. I understand that I can discontinue participation at any time. My consent also indicates that I am 18 years of age.

[Please feel free to print a copy of this consent.]

I agree to participate (link to survey)

I decline (link to close webpage)

The study has been approved by the Montclair State University Institutional Review Board as study #001736 on November 2, 2015.

**APPENDIX D: SURVEY QUESTIONNAIRE**  
*Performance Anxiety and the Music Therapist*

***SURVEY***

1. Please identify your level of training, credentials, and years of experience in the field:
  - a) Undergraduate level (currently completing a bachelor's in Music Therapy)
  - b) Graduate Level/Currently in internship
  - c) MT-BC certified and practicing for 1-5 years
  - d) MT-BC certified and practicing 5-10 years
  - e) RMT/CMT/MT-BC certified and practicing for 10+ years
  - f) Currently teaching at an AMTA accredited university/college
  - g) Currently pursuing or already hold a Ph.D. related to the field of Music Therapy
  - h) Other (please specify)
2. What is your undergraduate education background?
  - a) Music therapy
  - b) Music performance
  - c) Education
  - d) Psychology
  - e) Science
  - f) Other:
3. Please describe your musical training background and history of musical performance.
  - a) No past history of music performance
  - b) Limited history of music performance
  - c) Extensive history of music performance
  - d) I *used* to perform regularly
  - e) I *still* perform regularly
  - f) Other:

4. How would you define performance anxiety?
  - a) Performance anxiety is the **anxiety**, fear, or persistent phobia, which may be aroused in an individual by the requirement to perform in front of an audience, whether actually or potentially.
  - b) Performance anxiety is the experience of marked and persistent anxious apprehension related to musical performance that has arisen through specific anxiety conditioning experiences, and which is manifested through combinations of affective, cognitive, somatic, and behavioral symptoms
  - c) Performance anxiety is the feeling of self-doubt and insecurity of competency when put in a public context
  - d) Performance anxiety is the adrenaline and physical feelings such as sweating, nausea, and shaking that one experiences before and/or during a public performance or social setting.
  - e) Other:
5. Which of the following performance anxiety factors do you experience within a session?
  - a) Interpersonal skills
  - b) Shifting between interventions and knowing what to do next
  - c) Musical ability to accomplish interventions with client
  - d) I do not experience any anxiety
6. If you identify with interpersonal performance anxiety, which of the following is problematic?
  - a) Verbal communication
  - b) Non-verbal communication
  - c) Assertiveness
  - d) Social awareness and listening skills
  - e) Ability to problem solve
  - f) Ability to make decisions
  - g) Other:

7. If you identify with transition and intervention shift in performance anxiety, which of the following is problematic?
  - a) Relying too heavily on session plans
  - b) The ability to create effective musical transitions
  - c) The ability to create effective verbal transitions
  - d) Knowing when and/or how to finish an experience
  - e) Feeling hesitant to trying new things
  - f) Other:
8. If you identify with music performance anxiety, which of the following is problematic?
  - a) Not feeling competent on a particular instrument
  - b) Concern of forgetting or not knowing particular lyrics/chords/melodies
  - c) Physical symptoms occur (i.e. sweating, trembling, freezing)
  - d) Afraid of reaction/judgment from the client group
  - e) Other:
9. Do you see performance anxiety in the therapist as a common issue with the field of music therapy?
  - a) Yes
  - b) No
  - c) Other:
10. What do you do to treat anxiety experienced pertaining to your music therapy practice?
  - a) Personal therapy
  - b) Group therapy
  - c) Yoga/meditation
  - d) One on one supervision and/or peer supervision
  - e) Perform music in public venues
  - f) Practice and reflect with other creative arts mediums (i.e. writing, art, composition, movement/dance)
  - g) Prescription medicine
  - h) Other