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Symptoms of Music Performance Anxiety in Front of the Jury

Jüri Önünde Müzik Performans Kaygısı Belirtileri

ABSTRACT

State anxiety refers to the emotions perceived in consciousness, tension, and the concept of worry that can change over time. In other words, it is temporary anxiety experienced in a particular situation. For example, the anxiety experienced during an important exam or while giving a solo recital is state anxiety. In this study, the state anxiety levels of music teacher candidates during their individual musical performances were examined. Observation and interview technique, one of the qualitative research designs, was used as a method in the research. The data used in the research were obtained from observations and interviews with a total of 108 students in the ^{1st}, 2nd, 3rd and 4th grades of undergraduate education in two music education departments. While the behaviours of the students during the midterm and final exams regarding individual instrument lessons were observed, semi-structured open-ended questions were asked simultaneously, just before and after the exams, and their views on their anxiety levels were obtained. The obtained data were statistically analyzed with qualitative data analysis and presented in the findings section. The results showed that the state anxiety experienced by the students mostly negatively affects their performance and academic achievement. In particular, physical negativities that could cause health problems were determined in students who showed high anxiety behaviour.

Keywords: Music education, music performance anxiety, music psychology, state anxiety

ÖΖ

Durumluk kaygı, bilinçte algılanan duygular, gerginlik ve zaman içinde değişebilen endişe kavramıdır. Başka bir deyişle, belirli bir durumda yaşanan geçici kaygıdır. Örneğin önemli bir sınavda ya da solo resital verirken yaşanan kaygı durumluk kaygıdır. Bu çalışmada, müzik öğretmeni adaylarının bireysel müzik performansları sırasındaki durumluk kaygı düzeyleri incelenmiştir. Araştırmada yöntem olarak nitel araştırma desenlerinden gözlem ve görüşme tekniği kullanılmıştır. Araştırmada kullanılan veriler, iki müzik eğitimi bölümünde lisans eğitimi gören 1., 2., 3. ve 4. sınıflarda toplam 108 öğrenci ile yapılan gözlem ve görüşmelerden elde edilmiştir. Öğrencilerin ara sınav ve final sınavlarında bireysel çalgı derslerine ilişkin davranışları gözlemlenirken, yarı yapılandırılmış açık uçlu sorular, sınavların hemen öncesinde ve sonrasında eş zamanlı olarak sorulmuş ve kaygı düzeylerine ilişkin görüşleri alınmıştır. Elde edilen veriler nitel veri analizi ile istatistiksel olarak analiz edilmiş ve bulgular bölümünde sunulmuştır. Sonuçlar, öğrencilerin yaşadıkları durumluk kaygının en çok performanslarını ve akademik başarılarını olumsuz etkilediğini göstermiştir. Özellikle kaygı davranışı yüksek olan öğrencilerde sağlık sorunlarına yol açabilecek fiziksel olumsuzluklar tespit edilmiştir.

Anahtar Kelimeler: Müzik eğitimi, müzik performans kaygısı, müzik psikolojisi, durumluk kaygı

Introduction

Music-related practices are an extremely complex activity encompassing a range of such cognitive, affective and behavioural abilities and functions as musical hearing, memory, attention, physical coordination and mathematical perception (Kenny et al., 2004, p. 756). Musical performance, individually or as a group, refers to musical performances that differ according to the environment in which they are performed. The performer can do it alone, in a studio, on stage, in front of an audience and in front of a jury where evaluations are made. In any case, the realization of a musical performance consists of multidimensional stages that start with the preparation process before the performance and end with the realization of the performance.

Within the multidimensional structure of musical performance, some problems arise from the personal characteristics of performers, chief among which is a prolonged, high-intensity state of apprehension about performing music in front of audience. Described in the literature as Music Performance Anxiety (MPA), this condition ranges from a condition commonly accepted among musicians to extreme levels that are considered pathological.

In order not to cause any confusion in this research, concepts such as apprehension, worry and fear were preferred instead of the word "anxiety" in English because the concept of apprehension is generally defined as the concern that individuals feel about the uncertain consequences of an event or situation whereas "anxiety", as a psychology term, is used to express specifically diagnosed diseases.

Anxiety as an emotional state is considered to consist of feelings of tension and worry and increased autonomic nervous system activity (Spielberger, 1966, p. 1-11).

The main feature of anxiety is described by Vasey et al., (1994, p. 530) as "a predictive cognitive process involving repetitive thoughts about possible threatening consequences and their potential consequences". While everyone gets worried from time to time, excessive and frequent worry can impair social, personal, and academic functioning. When people are very anxious, they tend to view a situation as potentially threatening, more than most of their peers. They have an irrational fear that a disaster will happen and that they feel they cannot control the consequences. Generally, anxiety has a logical basis, but it varies depending on the circumstances (Vasey et al., 1994).

Social anxiety is defined as the fear of social interaction that leads to a feeling of shame and a general fear of negative evaluation when being scrutinized by others (Stein & Stein, 2008, p. 1116; Levinson et al., 2014, p. 111). People with social anxiety experience a feeling of shame and humiliation when they are evaluated by others, which leads to consequences such as avoiding performance in their social lives, not being able to establish healthy relationships and giving up when they could achieve a task (APA, 1994, p. 416).

Spielberger (1973) examines anxiety in two dimensions as state and trait anxiety in order to understand its formation and continuity. As well as underlying a variety of anxiety disorders, including social phobia, trait anxiety refers to anxiety that is chronic and pervasive and is not triggered by specific events. State anxiety, on the other hand, refers to anxiety that occurs in certain situations and usually has a clear trigger. Not everyone with high state anxiety has trait anxiety, but those with high trait anxiety are more likely to experience state anxiety (Spielberger, 1973).

It is known that MPA, which is called a dimension of social anxiety, negatively affected great musicians such as Beethoven, Paganini and Robert Schumann. Many musicians even had to end their performance careers just because MPA had grown too far (Lockwood, 1989, p. 222; Pearson, 1990, p. 354).

MPA, also known as stage fright, is frequently seen especially in students performing in front of a jury. Ely (1991, p. 36) and Salmon (1991, p. 56) defined the effects of performance anxiety in four different dimensions:

1. Physiological changes in the body such as increased heart rate, sweating, shortness of breath, shivering, numbness, sweating of the hands, dry mouth, headache, dizziness and nausea.

2. Psychological and emotional states such as exaggerated feelings of anxiety, fear of failure, irritability and general panic.

3. Cognitive problems related to the disturbing mental processes that occur under stage fright, such as loss of self-confidence, lack of concentration due to thoughts and worries about performance status, memory loss, inability to add colour and liveliness to music.

4. Behavioural changes such as dry lips, shaking of the knees and hands, stiffness of the arms and neck, shoulder raising, and dull facial expression (Ely, 1991, p. 36; Salmon, 1991, p. 56).

Steptoe (2001, p. 292) classified the features of MPA as cognitive, affective, behavioural and physiological. While distraction, temporary memory problems and errors in reading notes are seen as cognitive symptoms, symptoms such as anxiety, stress and panic are handled in the affective dimension. Symptoms of behavioural and physical characteristics are expressed as shaking during performance, stopping playing, technical errors, inability to control breathing, dry mouth, sweating, and increased heart rate (cited by Aydın, 2017).

Miller (2021), on the other hand, explained performance anxiety with four different definitions as reactive, adaptive, maladaptive and pathological. According to Miller (2021), when enough practice and exercise are not done, reactive performance anxiety occurs. If the performer has the ideal level of anxiety, this situation is considered positive to a certain extent and is classified as adaptive performance anxiety. As the ideal anxiety level increases, performance will be affected negatively and the anxiety dimension will reach extreme levels. In some, this situation causes biological and psychological diseases and is defined as pathological performance anxiety (Miller, 2021).

Although MPA is quite common among musicians, psychological research on this subject was very rare until the 2000s. These studies were pioneers in the theoretical determination of the cognitive, physiological and behavioural dimensions of MPA (Clark & Agras, 1991; James, 1988; Lehrer, 1987; Steptoe & Fidler, 1987; Tobacyk & Downs, 1986). Van Kemenade et al. (1995, p. 556) revealed that 70% of orchestra musicians experience anxiety, which can greatly affect their performance (Van Kemenade et al., 1995, p. 556). Similarly, Steptoe (2001, p. 292) stated that MPA is common at a rate of 15-25% among professional musicians (Steptoe, 2001, p. 292). In the study conducted by Ryan and Andrews (2009), it was concluded that 15% of the choir singers are negatively affected by MPA and 7% of them experience MPA at a level that may hinder their performance (Ryan & Andrews, 2009, p. 109). Studer et al. (2011, p. 762) revealed that approximately 33% of university-level music students in French-speaking countries are affected by MPA (Studer et al., 2011). A recent literature review showed that more than 16% of musicians show signs of MPA, and female musicians experience more MPA than men (Burin & Osorio, 2017, p. 128).

In this study, it was aimed to determine the state anxiety levels of prospective music teachers while performing before a jury. Accordingly, answers to the following questions were sought:

1. What are the cognitive, behavioural and physical symptoms of state anxiety experienced by prospective music teachers in front of the examination jury?

2. What are the opinions of the prospective music teachers about the state anxiety they experience before an exam jury?

Methods

Research Model

Observation and interview technique, one of the qualitative research designs, was used in the research. Qualitative data collection methods based on observation, interview and document analysis used in qualitative research involve a process based on the realistic and holistic expression of perceptions and events in their natural environments (Cohen et al., 2007; Ritchie & Lewis, 2003; Yıldırım & Şimşek, 2013, p. 28); Yıldırım et al.).

Study Group

Purposive sampling technique was used as a sample in this study. In this type of sample selection, researchers use their own choices about who to include in the study. The important thing here is to stick to the purpose of the research while determining the sample group (Balci, 2009, p. 169). For the observation group consisted of total 108 students (62 female and 46 male); 20 in the 1st grade, 24 in the 2nd grade, 31 in the 3rd grade and 33 in the 4th grade, studying in two music education departments In the interview group, there were total 61 students, (27 female and 34 male); 8 in the 1st grade, 13 in the 2nd grade, 21 in the 3rd grade and 19 in the 4th grade. The consent of the participants was obtained before the observations and interviews. Ethical approval of the study was obtained from the Ethics Committee of the Educational Sciences Unit of the university where the responsible author works.

Data Collection Methods

The data used in the research were obtained from the observations on a total of 108 students in the 1st, 2nd, 3rd and 4th grades of undergraduate education in two music education departments during the 2019-2020 academic year, and from the interviews with a total of 61 students from the same sample. The data were collected over a period of three months within the scope of the midterm and final exams held in the spring semester.

The exams were held in music classes in the departments. In each examination session, there were juries consisting of five instructors, including researchers. The instructors were informed that observations would be made by the researchers. Students were taken to the exam individually and each student's exam took 3-5 minutes. While the state anxiety levels of the students at the time of the exam were recorded in the observation form, the dialogues of the lecturers with their students were also noted. Students were coded numerically from 1 to 108 according to the order of entry and letters were given according to their gender. For example, the code of the male student who took the exam in the seventh place is M7, and the code of the female student who took the exam in the twentieth place is F20.

While keeping the observation records, the open-ended "How do you feel?" question was asked to the students when they were available. The answers given by the students were recorded with a voice recorder. Drilling questions were asked after the exam so that students could convey their views on the anxiety levels they experienced and the variables that affected their performance in more detail. These interviews were conducted one-on-one in the researchers' individual rooms. In this way, students had the opportunity to express their concerns during the exam more easily.

Data Analysis

The data used in the research were recorded in the observation and interview forms. In addition, the data in the voice recordings of the students were transferred to relevant forms upon their consent. The data were decomposed in accordance with the conceptual framework with the descriptive analysis method. The observation records and the answers to the interview questions were expressed in the sub-dimensions within the conceptual framework without any interpretation or coding. For example, if a student was sweating during the exam, this symptom was stated in the observation form under the sweating-blushing subheading of the physical symptoms dimension. In the interview form, the effects of this symptom were included in the form conveyed by the student.

Validity and Reliability

Observation and interview techniques were used together to ensure the validity of the research. The application was made with the approval of the ethics committee. Besides, since a psychological situation was determined on the students, help was sought from a psychological counselling and guidance specialist who was a faculty member. Observations were made in front of jurors with peer confirmation. The data were expressed in an unbiased way as direct quotations. The conceptual criteria of the study are such that different researchers can practice on different sample groups.

Results

The findings obtained from the research were separated by descriptive analysis method and presented in two parts. The themes of the anxiety symptoms that the students showed and expressed during the exams were interpreted under the name of observation and interview step.

Observation Step

The creation of figure 1 was inspired by the works of Ely (1991), Salmon (1991) and Steptoe (2001).

In this section, state anxiety symptoms observed in students were included. In addition to the behaviours of the students, their dialogues with the jury members were also observed and recorded.



Figure 1. Dimensions of State Anxiety

Ideal Anxiety Level

No negative anxiety symptoms were found in 45 of the 108 students. It was observed that these generally had calm, careful and determined behaviours. Therefore, the minor mistakes they made during the performance were not considered in the anxiety symptom category and were ignored.

Cognitive Symptoms



Figure 2.

Cognitive Symptom Dimensions

The creation of figure 2 was inspired by the works of Ely (1991), Salmon (1991) and Steptoe (2001).

Poor concentration was observed in more than half of the 63 students (39) out of the 45 students who did not show any signs of anxiety. Symptoms of loss of concentration often emerged as rhythm errors, restarting, not noticing even though playing the wrong note, and wanting to stop and play again when one made a mistake. This situation was rarely observed in students (45) who did not show any signs of anxiety.

Observation Record Examples of Cognitive Symptoms

F8, F16, M30, M37, F38, M42, M51, F62, M66, F70, M74, M77, F78, F83, M84, F87, F90, M91, F96, M104, F106.

Students often made rhythm errors. The most obvious rhythm errors made during panic was to play the notes shorter than their duration and ignore the leading silences. It was observed that students made rhythm errors because they could not focus on the notes. Similarly, it was observed that the students especially who used fretless string instruments sang the notes as high or low, which shows that the students could not focus on hearing the sounds they were playing in the moment of panic. When the instructors in the jury told the students that they made a mistake in musical notation, the students stated that they were not aware of it. Finally, in the sub-dimension of restarting, it was observed that students generally wanted to play from the start. With the panic created by anxiety, students tended to restart from the first notes, which was often asked expressed with the question by students as "Master, can I play from the beginning?"

Behavioural Symptoms



Figure 3.

Behavioural Symptom Dimensions

The creation of figure 3 was inspired by the works of Ely (1991), Salmon (1991) and Steptoe (2001).

Observation Record Examples of Behavioural Symptoms

F11, F26, F31, M36, M41, F50, M53, F66, M73, M91, F96, M99, F103.

One of the most obvious indicators of MPA is shaking behaviour. During the observation recording, shaking in the hands and body were detected in thirteen students. For example, E41 stopped at the beginning of the performance, clenched his hand in a fist, and waited for the shaking of his hand to subside, but it was not possible to stop shaking due to overexcitement. Therefore, the student had to leave the performance. E91 and K96 showed signs of both cognitive and behavioural anxiety. The students first showed a tendency to play from the beginning by making rhythm and note errors, and then stopped the performance by starting to shake their hands. Although rare, two students (E36, E99) had shaking in the body.

Physical Symptoms



Figure 4.

Physical Symptom Dimensions

The creation of figure 4 was inspired by the works of Ely (1991), Salmon (1991) and Steptoe (2001).

Observation Record Examples of Physical Symptoms

M15, M28, F45, F56, M67, F81, M89, M105, F106.

The physical symptoms of MPA are actually a difficult and distressing situation for both students and educators. Sweating and blushing symptoms along with shaking behaviour in students show that MPA is a dimension that should be emphasized. It was observed that the hand movements of the students (E15, K45, K56, K81, E89, E105) who had sweaty hands were restricted while playing their instruments. Students tended to wipe their hands constantly. It was observed that students with signs of sweating and blushing on their face also made rhythm errors and tended to quit their performance (M15, M28, M67, F106).

Interview Step I



Figure 5.

State Anxiety Dimensions

The creation of figure 5 was inspired by the works of Ely (1991), Salmon (1991) and Steptoe (2001).

In this section, the findings obtained from the interviews with the students are given. At the same time, in this way, it was ensured that the findings obtained during the observation phase were supported and their reliability increased. At the beginning, at the end or at any part of the exam, the students were asked "How do you feel?" about the anxiety they experienced to classify affective, behavioural and physical dimensions.

Ideal Anxiety Level

In this section, students were asked about their excitement levels. Of the 61 students interviewed, 36 stated that they did not experience any symptoms of anxiety. These students were also included in the student group (45) who had ideal anxiety level in the observation step. While it was observed that the hands of F56 and M89 were sweaty in the first stage, these students stated that they did not experience anxiety during the exam and that the sweating of their hands was a hormonal disorder.

F19: I'm calm, I'm not excited.

M40: I'm little excited, I'm pretty relaxed.

F56: I don't know when my hands will sweat. As my hands sweat while playing the instrument, my movements on the keyboard become difficult. I notice that my hands sweat more in exams, but it's not because I'm excited.

M89: My hands sweat in unexpected places. Especially when holding a pen and playing an instrument... The doctor I went to said that there is a problem with my hormones. They treat the nerve endings in the hands by burning them with a laser. I am very comfortable in exams.

F102: I practise every day, I'm usually a calm person.

Affective Symptoms



Figure 6.

Affective Symptom Dimensions

The creation of figure 6 was inspired by the works of Ely (1991), Salmon (1991) and Steptoe (2001).

In this section, in order for the students to express their feelings such as anxiety, fear and panic, the students were asked "How do you feel yourself emotionally?" and generally stated that they were excited.

F8: I'm so excited, I can't speak from excitement.

F45: I must not fail in this exam. I am so afraid.

F66: I can't see the notes because of excitement, I can't concentrate.

M91: I can't perceive anything from excitement, I'm terribly panicked.

Behavioural and Physical Symptoms



Figure 7.

Behavioural and Physical Symptom Dimensions

The creation of figure 7 was inspired by the works of Ely (1991), Salmon (1991) and Steptoe (2001).

In this section, the students were asked "How do you feel physically?" in order for them to express their behavioural and physical symptoms such as palpitations, shaking and sweating. Students generally stated that their hearts were beating fast and their hands were shaking.

M14: My heart beats so fast.

M22, F29, F50: My hands are shaking.

F23: I feel dizzy.

M33: My hands feel cold.

F38, M51: My head is sweating.

M53: My hands are shaking and my heart is pounding.

M73: My heart beats so fast.

- F81: My hands are shaking and my heart is pounding.
- F96: I'm so excited. My hand is shaking and my heart is pounding.

Interview Step II

Data on Causes of Anxiety

This section included answers to the questions about the causes of anxiety ("Why are you excited during the exam? What are the things that make you excited?") asked in the interviews conducted with 22 students voluntarily after the exam. This interview took place in a room where the jury was not present. The students' statements showed that their performance anxiety usually stemmed from their past experiences, inadequate practising habits, and the negative behaviour of the jury.

It is seen that external effects affect performance negatively. The movements, speeches and behaviours of the jury members during the evaluation clearly demonstrated this effect. The students' statements "I get excited and distracted when the instructors look at their phones during the exam (F23)", "One of the instructors spoke to me as if he got angry when I made a mistake. All my attention was gone. My hands started to tremble (M33)", "When instructors talk among themselves, I panic because I think they are talking about me (M51)" are all indications of this situation.

The statements "I experienced negative behaviours from my family. That might be why I get excited (F38)", I've been excited since primary school, I don't know why (M53)", "My piano teacher at high school used to put a pin on the back of the chair to keep my back straight (F81)" show that past experiences are also a variable of MPA. In addition, traumas experienced especially in childhood and youth seem to trigger a lifelong state of anxiety.

The statements "I think I will get poor grades, my hands start to tremble, and the laughter of the teachers bothers me (F62)", "I can't tell my family if I get bad grades because of the instrument. Actually, it is not the end of the world, but I cannot understand why I panic (F66)" show that another dimension of MPA is worries about grades.

Discussion, Conclusion, and Recommendations

In this study, the negativities in music education that emerged when the performances of the students with their instruments were evaluated by the educators were revealed through observations and interviews. Evaluation and stage fright are the primary reasons for the negative experiences of the students, who receive music education, in the performance exams they take throughout their education life and in the recitals and concerts they attend individually or collectively in front of audience. Although this situation causes temporary anxiety and state anxiety in some students, it turns into anxiety disorders that are congenital, originating from family and social environment, with or without an obvious cause.

In the observation stage of the study, it was determined that the majority of the students (n=63) had MPA symptoms. These symptoms resulted in cognitive impairment, rhythm and note errors, restarting, and quitting performance (n=21). Although there are different opinions in the literature about the effects of negative cognitive factors on MPK (Papageorgi et al., 2007, p. 84; Yondem, 2007, p. 1417), results were in accordance with the theoretical model of this study.

While behavioural symptoms were detected as shaking in the hands and body, these students had to stop performing after a while (n=13). This situation can be detected by different researchers as visible negative behaviours. The results obtained are compatible and supportive with the literature in terms of the psychological dimensions of MPA (Kenny, 2011).

Physically, it was concluded that the students showed signs of sweating and blushing (n=9). Physical symptoms are classified in the literature as the body's responses to MPA. When a danger perception occurs in the performer, this situation manifests itself in the form of sweating and blushing in the body (Kenny et al., 2004, p. 759; Osborne & Kenny, 2008, p. 448).

In the interview stage of the research, it was concluded that the students experienced fear, panic and anxiety in the affective dimension. The students stated that they mixed up the notes because of excitement, they were distracted, and they were afraid that they would get poor grades. As a result, it was determined that the feeling of panic they experienced affected their performance negatively. In the second part of the interview step, the result regarding the causes of anxiety was that the students were mostly negatively affected by the jury members. The behaviours and conversations of the instructors who made evaluations during the exams were often cited by the students as a reason for anxiety and panic. In addition, it was clearly seen that past experiences created permanent anxiety in students, and this situation arose due to the negative effects of families and the environment.

It can be suggested to researchers who care about the psychological well-being of students and are interested in the psychological dimensions of music education that in addition to studies in which students' success levels are compared with different variables, studies should also be focused on revealing and discussing the negative aspects that lead to failure. Studies conducted together with researchers in the field of psychology, in which there are therapy studies aimed at reducing students' anxiety levels and experimental methods are used, will contribute to a healthier conduct of the music education process.

Ethics Committee Approval: Approval was obtained from the Atatürk University Social and Human Sciences Ethics Committee Educational Sciences Unit Ethics Committee. (Date: July 13, 2021, Decision No: 07/09).

Informed Consent: Written informed consent was obtained from volunteers who participated this study.

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