

When it comes to exams, public speaking, and completing tasks in general, performance anxiety appears to be a common experience. However, it can cause significant distress and impairment, even to the point that some consider it to be a subtype of social anxiety disorder. The difference is that social anxiety is broadly concerned with embarrassment and humiliation in social situations while individuals with performance anxiety specifically fear the consequences of performing poorly. Though they aren't the same, applying cognitive behavioral therapy (CBT) shows promising results for both of them. In particular, people with musical performance anxiety (MPA) can benefit from adapted forms of CBT during private lessons.

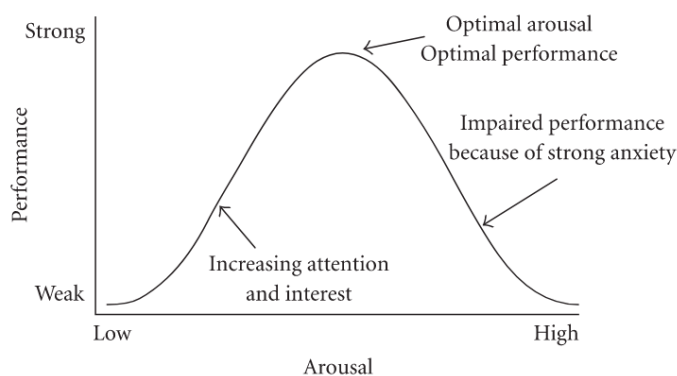


Figure 1. A moderate amount of physiological arousal is optimal for strong performance, but excessive amounts deteriorate performance quality (Wikimedia Commons, 2020).

Performance anxiety has somatic, behavioral, emotional, and cognitive aspects. Some psychologists view somatic symptoms—such as rapid heartbeat, sweaty hands, and muscle tension—as the most important ones. In fact, a study conducted by Zinn et al. (2000) found that these physical symptoms create a chain reaction that leads to anxious thoughts. Once an individual becomes aware that their heart is beating fast and their hands are shaking, it leads to more apprehension about their performance, which only heightens physiological arousal. In contrast, cognitive behaviorists argue that performance anxiety arises because of cognitive assessments of the perceived threatening situation (Bruce & Barlow, 1990). Compared to individuals who don't experience MPA, these judgments are largely negative and disproportional to the actual threat posed. Many studies following Bruce and Barlow's have reinforced that the cognitive and emotional symptoms of MPA are more significant than originally believed. These include a loss of concentration, anxious apprehension, and feelings of helplessness. This is where methods of CBT become helpful: in treating the thought processes associated with MPA.

In *Evidence-Based Practice of Cognitive-Behavioral Therapy*, Dobson and Dobson (2017) discuss how therapists can help their patients work through their negative thoughts by simply educating them about the different types of cognitive distortions and negative thinking patterns. One of the most common distortions is overgeneralization, which involves making a broad judgment based on one bad experience. In the context of MPA, a musician may feel that their performances are never good because they performed poorly one time. A similar distortion is magnification, which is giving one factor more significance than it realistically has. For example, a musician may feel that an entire performance went badly because they messed up on one section. Once these thought patterns are explained to patients, they are asked to record instances when they think these things along with the emotions and behaviors that follow them.

These are thought patterns that can be addressed not only in a clinical setting but in private lessons as well. When teachers are able to pinpoint these cognitive distortions, they can help their students replace negative thoughts with positive ones. This is the goal of CBT, and an alternative thought is meant to be recorded next to each automatic negative thought for future application. An example of a negative thought would be that a student's nerves will always take over and they will be unable to perform well no matter what. The associated emotions and behaviors are feelings of hopelessness and a lack of preparation for the next performance. This could be restructured into a positive thought if the student tries thinking that they're in control of their own thoughts and that they'll become less nervous as they gain more experience. So, the resulting situation is an increase in confidence and motivation to practice and take lessons. This is effective for less remarkably negative thoughts as well. Even replacing the thought of "don't rush this section" with "play slowly and calmly" creates more potential for a good experience.

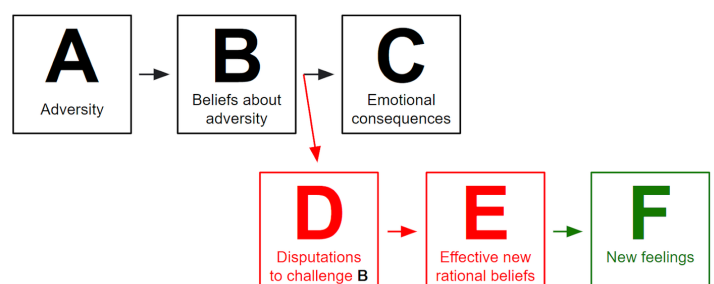


Figure 2. An example of cognitive behavioral therapy working to restructure negative thought patterns and lead to new outcomes (Wikimedia Commons, 2022).



However, it's important to note that this approach won't work for everyone and that CBT has its criticisms. Opposers argue that the methods are too mechanistic and that they fail to consider the whole perspective. Regarding MPA, cognitive appraisals are just one aspect, and addressing them won't guarantee a reduction in anxiety and the physiological and behavioral symptoms associated with it. In a related study conducted by Burns and Spangler (2001), CBT didn't show any significant treatment outcomes for 521 patients with dysfunctional attitudes. Still, many studies show that efforts to reduce negative cognitive assessments may be effective in reducing MPA—one experiment even saw greater improvements in confidence using CBT alone compared to using a combination of CBT and buspirone, an anxiety medication (Clark & Agras, 1991).

Although this adapted form of therapy is a promising approach to treating MPA, further research needs to be done to conclude whether there are more effective treatment methods. Based on current knowledge, it is effective in replacing negative thought processes to reduce the cognitive and emotional symptoms associated with MPA (Cina, 2021). If applied during private music lessons, it could show favorable results that compare to clinical treatment.

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