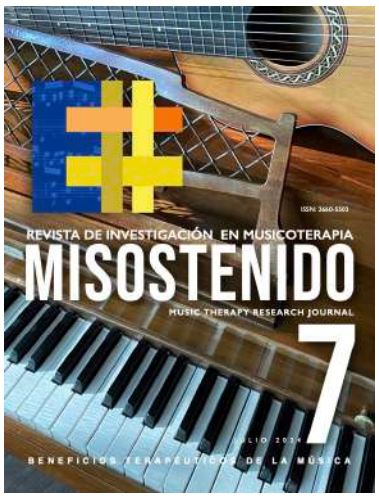
MISOSTENIDO
REVISTA DE MUSICOTERAPIA unir

#7,2

THE POTENTIAL BENEFITS OF MUSIC THERAPY IN ALLEVIATING STAGE ANXIETY IN TRAINEE MUSICIANS



Jenny Andrea Cantillo-Guzmán
Music therapist
Bachelor of Music. Universidad Pedagógica Nacional de Colombia
https://orcid.org/0009-0009-3956-7606

Abstract
Stage anxiety is a common problem in musicians in training, greatly affecting their professional performance and emotional well-being. In this sense, the use of music therapy has been proposed as an effective non-pharmacological alternative to address these episodes, taking as reference studies previously carried out on the effects of music on the brain and human behaviour. A music therapy intervention proposal was developed for a music student from a multimodal approach that favours the understanding of the patient as an integral being. To carry out this research, the analysis of music therapy recording sheets and participant observation as qualitative indicators was carried out, and the "Stage anxiety test associated with musical performance" was carried out based on the Beck Anxiety Inventory (BAI), which allowed a quantitative analysis of the student's anxiety level, before and after the therapeutic intervention. As a result of this analysis, it was concluded that the multimodal approach in music therapy is effective since it provides tools from musical improvisation, working with songs, and the use of edited music, which allow for managing episodes of performance anxiety.

Keywords: multimodal approach, music performance, music therapy, stage anxiety.

OPEN ACESS

Recommended Citation

Cantillo-Guzmán, J. A. (2024). The potential benefits of music therapy in alleviating stage anxiety in trainee musicians [La Influencia de la musicoterapia en la mejora de la ansiedad escénica en músicos en formación]. *Misostenido*, *4*(7), 15-21. https://doi.org/10.59028/misostenido.2024.12

Correspondence
andre_cantillo@outlook.com

Received: Jan 25, 2024
Accepted: Feb 15, 2024
Published: Jul 10, 2024

Financing
This proposal does not have any institutional funding.

Competing interest
The author of this proposal declares that they have no conflict of interest.

Author contribution
The author declare that he has developed this proposal and elaborated the academic article.

Ethics approval
Not applicable.

DOI:
https://doi.org/10.59028/misostenido.2024.12

Editorial design
PhD. David Gamella
International University of La Rioja.

BACKGROUND

Although numerous factors regarding musicians' well-being have been widely studied (Fernández-Company et al., 2022; Klickstein, 2009; Taylor, 2016), specifically in the field of stage anxiety (Kenny, 2005; Studer et al., 2011), single-case studies in which this problem is addressed through music therapy are not frequent.

To better understand how stage anxiety affects musicians, it is important to keep in mind that musical practice largely involves training on stage, which in many cases generates stress, anxiety and feelings of frustration. It is common for musicians to present pictures of stage anxiety at some point in their careers since this artistic practice implies discipline and commitment; behind a piece, there are hours of study. When facing the public, the artist must demonstrate skill and management of his skills as an instrumentalist or singer, which requires judicious, repetitive study and constant self-evaluation. In addition to this, facing the public entails scrutiny that increases the pressure to demonstrate the maximum of their acting abilities. Tamborrino (2001) reveals in his study that 97.1% of musicians in the formative stage have experienced anxiety before going on stage, and 86.5% have experienced it during the performance. This situation often affects their professional performance since these people avoid situations where they feel exposed or judged, which can lead some to drop out of school.

Anxiety can be understood as a primary reaction of the human being to a potentially dangerous situation. It has been documented that the most common responses or symptoms in an anxious person are somatic, such as palpitations in the chest, tachycardia, oppressive sensation in the chest, paresthesias in the hands or legs, generalized tremor, pallor, cyanosis, changes in blood pressure, stomach constipation, among others. These factors over time can cause cognitive limitations such as lack of concentration, distortion of what is perceived around us, disorganized thoughts and even influence the ability to evoke memories affecting memory, although favouring the state of alertness, similar to when life is at risk (Fierro, 2022).

In this context, it is necessary to highlight that music therapy as a discipline has been used in educational, social, and hospital settings, demonstrating its effectiveness in reducing stress, anxiety, and depression and increasing self-esteem (Packyanathan et al., 2019). Based on these findings, the present research takes as a model the multimodal approach in music therapy that allows the integration of various axes of action, such as musical improvisation, work with songs and the use of edited music, providing a wide selection of procedures and resources used in the sessions (Carrascosa, 2012), this process allows to be specific based on the personal and unique context of each person.

The multimodal approach employs various theories and practices, including receptive and active methods, which allows the adoption of useful and effective tools of various therapeutic techniques to achieve satisfactory results during music therapy intervention sessions (Carrascosa, 2012). This type of approach proposes four axes within the field of action:

- Axis of therapeutic musical improvisation: It is one of the resources most used by different models as the main Axis of their interventions. One of the most representative examples is the one described by Nordoff Robbins (1977, cited in Bruscia, 1999) in his creative therapeutic approach from improvisation. Others, such as Alvin (1975, cited in Bruscia, 1999), use this resource more freely, although also experimentally, as proposed by Riodon and Bruscia (1999), or by using specific bodily resources such as the voice morphologically according to Sokolov's (1987) improvisatory model of vocal therapy.

  To understand this type of intervention, it is necessary to clarify that at a musical level, improvisation is understood as creating music instinctively while interpreting an instrument or rhythm as a guide without following a score or piece already written.

  However, although improvisation in the music-therapeutic context brings together different elements to be able to contribute to therapy, it does not always mean that it is possible to obtain final results based on music; it is often described that the person can result in simplified sound forms without having mastery or understanding of a specific musical structure.

  Among the most significant characteristics of a music therapy session, using improvisation, the patient's reflection is observed through the use of the voice, instrumental execution or both, accompanied by the improvisation of a lyric that is elaborated without anticipation and that tries to show the listener the characterization of his internal perception or the situation that encompasses his memory. Their present, past, or even future illusions generate in an associative way the improvisation of emotions, images or memories, guiding the activity towards the interior of the patient and allowing the music therapist to clarify the context and direct the session as it is most convenient.

- Axis of the work with songs: Schapira et al. (2007) state that with the use of songs, various aspects of the patient can be covered, giving them the possibility of interpreting and expressing themselves through singing; this being one of the four axes of the multimodal approach and a resource that complements the others due to its diversity and the alternatives that make it possible to offer a specific and significant intervention to the patient. Knowing that songs work as a powerful tool since, in all cultures and generations, there have been connections through songs, which can transmit messages, create scenarios, evoke feelings, tell stories and become part of people's lives.

- Axis of the selective use of edited music: The choice of certain melodies that are already edited has a subjective function in the patients, so the exploration of the material, as well as the work with one's songs, must be developed in two stages. Schapira et al. (2007) clarify that these two sections will allow working on music under the guidance of the music therapist so that the user can provide the music that he or she likes. Likewise, by allowing the patient to sing with edited music, they can feel more confident in the interpretation; in addition, they can be accompanied by an instrument and rely on session partners if there are any.

- Axis of the EISS technique (Stimulation of images and sensations through sound): It consists of the therapist choosing the one that is useful for the session with the user through a musical stimulus by means of an auditory sequence designed with handmade material. The EISS

technique focuses on three stages within the activity: relaxation in a comfortable position, sound stimulation (so that the user has the possibility of emitting sensations, evoking memories through images but without dialogue between the patient and the therapist), and conclusion, where the patient has space to verbalize and integrate the images and sensations experienced (Schapira et al., 2007). In this way, they will make use of strategies for work, which are usually the most effective, such as joint singing, personal song and improvisation.

For the present proposal, 3 of these axes are taken. However, it focuses mainly on musical improvisation, exploring the innate creativity of the human being. Bruscia (2010) proposes improvisation as an effective technique that favours self-knowledge and helps to resolve personal conflicts. Theorists claim that this practice could allow musicians to learn to use their mistakes creatively, giving them the possibility to react to unforeseen events that may arise during the performance of a piece (Kenny & Gellrich, 2002), which contributes to developing positive links with the stage.

Intervention project

Next, a therapeutic intervention project based on the multimodal approach of music therapy is proposed, working on three of the lines of action proposed by this method: musical improvisation, working with songs and the use of edited music.

This intervention consists of three phases:

- Phase 1 Observation:

The therapist observes a singing exam open to the public with a jury and then gives the first stage anxiety test to evaluate the student's state of anxiety.

- Phase 2 Intervention:

The music therapy sessions begin, and what happens in each one is recorded.

- Phase 3 Analysis of the result:

The therapist observes the student again at the end of the seven sessions of music therapy. In addition, the registration sheets for each session are analyzed to establish weekly progress.

Participants

The proposal was designed for a 27-year-old musician in training who has his voice as his main instrument; during classes, he is comfortable and confident, but when he faces a performance in public, he experiences states of anxiety. This situation occurs to a greater extent when he is evaluated, which triggers a feeling of constant frustration, which leads him to judge himself harshly and not be satisfied with his performance.

It is important to note that these episodes are not limited to vocal performance but also affect students' development in other subjects, such as the study of the harmonic instrument or participation in instrumental ensembles.

Information collection instruments

The collection and analysis of data collection from 2 sources are described below. (see Table 1):

- <u>Stage anxiety test (own adaptation based on the Beck Anxiety Inventory (BAI):</u>

This instrument shows the patient's condition before starting the music therapy sessions and after the seven sessions. An independent variant (stage anxiety) and a dependent variant (musical performance in public) were taken into account for its elaboration. This test has 15 questions, accompanied by four classifications that receive a score according to their answer. This is interpreted as follows: Not at all (0), Slightly (1), Moderately (2), Strongly (3).

Table 1

Test of stage anxiety associated with music performance

	PREGUNTAS	0	1	2	3
1	Sudoración excesiva				
2	Temblor en la voz				
3	Fallos de memoria				
4	Mareo o ganas de vomitar				
5	Escalofríos				
6	Latidos acelerados del corazón				
7	Bloqueo mental				
8	Boca seca				
9	Presión en el pecho				
10	Temblor en manos y piernas				
11	Dificultad para respirar				
12	Sensación de angustia				
13	Inestabilidad				
14	Torpeza o rigidez				
15	Sensación de desvanecimiento				
	Conteo preliminar				
	Resultado				
	Nivel de ansiedad				

Source: Own elaboration.

The answers must be added to show the level of stage anxiety according to the range, which is as follows: Very low (0 – 10), Low (11 – 21), Medium (22 – 34), High (35 – 46) and Very high (47 – 60).

- Record sheet of each session: This is a tool that allows the patient's process to be monitored throughout the therapeutic intervention. They show the impact of music therapy on the symptoms of anxiety studied for this research, which are divided as follows:

- Physiological symptoms: breathing, sweating, dry mouth.

- Emotional symptoms: nervousness, anguish, fear of failure.

- Cognitive symptoms: concentration problems, memory blockage.

- Behavioral symptoms: rigidity and clumsiness, as well as involuntary movements.

Tabla 2

Music therapy registration form

Sesión:		Fecha:				
Datos del paciente	Nombre:		Edad:	Condición:		
Respuestas de la intervención						
Síntomas de ansiedad	Fisiológicos			Emocionales		
	Respiración	Sudoración	Boca seca	Temor al fracaso	Angustia	Nerviosismo
	Cognitivos			Conductuales		
	Problemas de concentración		Bloqueo de memoria	Rigidez y torpeza	Movimientos involuntarios	
Observaciones						

Source: Own elaboration.

Setting

A spacious and quiet place, with acoustic treatment, harmonic instruments: Piano, cuatro, guitar, percussion instruments: Tambora, Peruvian cajón, bongos, small percussion instruments: Triangle, claves, güiro, shaker, set of tuned bells, sound equipment, personal notebook of the patient, coloured handkerchiefs, blindfold.

Music therapy sessions

Therapeutic objectives:

- Achieve a state of greater well-being and relaxation in the scenario, reducing the patient's physiological and behavioural symptoms.

- Promote self-knowledge and increase self-confidence, carrying out an analysis of negative experiences in order to turn them into something positive.

- Decrease anxiety levels and increase concentration levels.

- Improve the reaction to frustration after an episode of stage anxiety, strengthening the patient's self-esteem.

- Promote self-confidence and self-confidence

The registration sheets of each session included an evaluation of the fulfilment of these objectives. At the end of the intervention, these data were analyzed, evidencing a decrease in anxiety symptoms.

The sessions were developed over eight weeks, with one meeting per week and an approximate duration of 40 minutes.

Below are some of the sessions developed in the Main Lines of Action described above, which are proposed from a plurimodal framework. The resources used in each session, the proposed activities and the specific objectives that were addressed are included.

Main line of action: Use of edited music.

Session 1: Expressing Music with the Body

- Therapeutic objectives:

1. Regularize pulse and breathing
2. Decrease muscle tension

- Observations: At the beginning of the session, the patient was nervous and self-conscious, did not feel confident and showed signs of discomfort; however, throughout the session, he was letting go.

Session 4: Soundscape and evocative music

- Therapeutic objectives:

1. Promote reflection regarding the relationship we have with the stage.
2. Promote mindful listening.
3. Promote the bond of trust between therapist and patient

- Observations: When listening to the song, the patient generated a feeling of empowerment by understanding that he can make mistakes and is not alone; his scene partners support him.

Main line of action: Musical improvisation

Session 2: Instrumental improvisation with rhythmic accompaniment.

- Therapeutic objectives:

1. Establish a positive link with the "error", evidencing it as an opportunity to create.
2. Change the altered image that the patient has of himself when being evaluated.

- Observations: At the beginning of the session, the patient is expectant, but in the question and answer part, he feels distressed; he is afraid of making mistakes and making mistakes because sometimes he forgets what he should do. During the development of the activity, he became more comfortable and achieved the objective of improvising a simple melody.

Session 3: Vocal Improvisation Using Scat Singing (Scat singing is a vocal technique used by jazz singers in their improvisations. It consists of placing syllables without linguistic sense on an improvised melody, trying to imitate with their voice the characteristics of the phrasing and timbre of another instrument (Binek, 2017).

- Therapeutic objectives:

1. Develop a bond of trust with the therapist in order to build a joint singing.
2. Promote self-confidence and self-confidence.
3. Associate the stage with a space in which we can express ourselves freely.

- Observations: At the beginning of the session, the patient comments that he loves Jazz, but as it is an activity that involves singing, it generates mixed feelings; on the one hand, he is doing something he likes, but on the other hand it brings back memories of exams where the anguish was such that he could not move. At the end of the session, he feels more confident, and his vocal emission improves significantly. He also expresses that he feels comfortable singing with the therapist.

Session 5: Creating a Musical Fragment Using the Piano

- Therapeutic objectives:

1. Remember the importance of relaxation when performing in public
2. Focus the mind on interpretation and highlight the positive aspects of it
3. Losing the fear of playing the piano

- Observations: At first, the patient feels nervous when approaching the piano since it generates feelings of frustration; however, during the proposed improvisation using only the black keys of the piano, the patient feels confident and manages to meet the objectives of the activity.

Session 6: Team Musical Improvisation

- Therapeutic objectives:

1. Promote attention and memory capacity.
2. Learn to lean on your stage partners.
3. Provoke pleasant sensations during the performance.

- Observations: During the session, the work done is evident; although he had some memory problems with the proposed harmonic sequence, he was able to overcome them and remain calm.

The main line of action: Working with songs

Session 7: Songwriting

- Therapeutic objectives:

1. Expose the feelings experienced during a public performance.
2. Reflect and analyze negative experiences in order to turn them into something positive.
3. Improve self-esteem and change self-concept .

- Observations: During the closing session, the thoughts recorded in the patient's diary were collected throughout the process, and a state of confidence and calm was evidenced.

Analysis and Results

Quantitative Analysis:

When observing the stage anxiety test carried out after a performance, it can be seen that the results are positive since noticeable changes are observed in the values recorded in both tests. The research is based on a High level of anxiety (30) – Test 1

(Performed before therapeutic intervention), which descends to a level of stage anxiety Low (11) – Test 2 (Performed at the

Tabla 3

Compilation of results obtained in each session

Síntomas de ansiedad	Sesión						
	1	2	3	4	5	6	7
Respiración	Alterada	Alterada	Levemente	Levemente	Levemente	No	No
Sudoración	No	No	Si	No	Si	No	No
Boca seca	No	No	Si	No	No	No	No
Nerviosismo	Si	Si	Un poco	Un poco	Un poco	No	No
Angustia	No	Si	No	No	No	No	No
Temor al fracaso	Si	Si	Si	No	No	No	No
Problemas de concentración	Si	Si	Si	No	No	No	No
Bloqueo de memoria	No	No	No	No	No	Si	No
Rigidez y torpeza	No	Si	No	No	Si	No	No
Movimientos involuntarios	No	No	No	No	Si	No	No

Source: Own elaboration.

end of the seven sessions of music therapy), which is at the lower limit of this category, very close to the level Very low.

Qualitative analysis:

The data collected in the record sheets of each session were analyzed, and the results were synthesized in Table 3:

Although the data presented are related to the activities carried out in each session, it is clear that:

Breathing, nervousness, concentration problems and fear of failure are symptoms that frequently occur in the first sessions. However, in the last sessions, they decreased to finally normal in sessions 6 and 7, which indicates a significant improvement.

- Dry mouth, anguish, memory blockage and involuntary movements were symptoms that occurred only once.
- Sweating, stiffness and clumsiness were symptoms that occurred in different sessions but with a low frequency, generally in 2 sessions.

To conclude, the decrease in symptoms in sessions 6 and 7 is evident.

Discussion and conclusions

The data analysis from this intervention demonstrates a significant decrease in stage anxiety levels, leading to a marked improvement in academic performance. This is evident in the results of the tests conducted (Test 1, performed before the intervention: High stage anxiety level and Test 2, performed after the music therapy sessions: Very low stage anxiety level). The use of musical improvisation as the primary tool to address interpretive issues during public performances was particularly effective, with the patient learning to view errors as opportunities for creativity.

Throughout the sessions, the patient embarked on a transformative journey, exploring different instruments and stepping out of their comfort zone. This led to a significant improvement in their motor, auditory, and vocal skills, fostering a sense of confidence and reducing the fear of making mistakes. The tools acquired during the sessions helped the patient concentrate and focus when performing, enhancing their interpretive quality. The patient also found writing and composing to be a liberating exercise, allowing them to engage in emotional work and reconcile with themselves.

In this sense, it is valuable to rescue the patient's experience. He pointed out that after the music therapy intervention, he felt calmer on stage, enjoyed the music and also found improvisation an effective way to overcome small bumps that may occur during a performance.

It is crucial to underscore the necessity of creating spaces where students can acquire tools to address stage anxiety through music therapy. It is our collective responsibility to continue promoting research in this field and enriching databases on artistic therapies. This not only supports research in other disciplines like neurology but also strengthens the field of study, underscoring the importance of our collective efforts.

REFERENCES

Binek, J. (2017). «The Evolution of Ella Fitzgerald's Syllabic Choices in Scat Singing: A Critical Analysis of her Decca Recordings, 1943-52». Doctoral Thesis, University of North Texas.

Bruscia, K. (1999). *Modelos de Improvisación en musicoterapia*. Editorial Agruparte.

Bruscia, K. (2010). *Modelos de improvisación en Musicoterapia.* AgrupArte.

Carrascosa, V. (2012). El abordaje plurimodal en musicoterapia, para el desarrollo de habilidades comunicativas desde el recurso de las canciones. Master´s Thesis, Valencia, España.

Fernández-Company, J.F., Ondé, D., & García-Rodríguez, M. (2022). Autoestima y satisfacción con la vida en músicos y población general. Revista Iberoamericana de

Diagnóstico y Evaluación. Avaliação *Psicológica. RIDEP, 63*(2), 73-89. https://doi.org/10.21865/RIDEP63.2.06

Fierro, M. (Ed.). (2022). *Semiología del Psiquismo*. Kimpres Ltda.

Kenny, B.J., & Gellrich, M.(Ed.) (2002). *The science and psychology of music performance*. R. Parncutt y G. McPherson.

Kenny, D.T. (2005). A systematic review of treatments for music performance anxiety. *Anxiety, stress, and coping, 18*(3), 183-208. https://doi.org/10.1080/10615800500167258

Klickstein, G. (2009). *The musician's way: a guide to practice, performance, and wellness*. Oxford University Press.

Packyanathan, J.S., Lakshmanan, R., & Jayashri, P. (2019). Effect of music therapy on anxiety levels on patient undergoing dental extractions. *Journal of family medicine and primary care*, 8(12), 3854-3860. https://doi.org/10.4103/jfmpc.jfmpc_789_19

Schapira, D., Ferrari, K., Sánchez, V., & Hugo, M. (Ed). (2007). *Musicoterapia. Abordaje plurimodal*. Editorial ADIM.

Sokolov, L. (1987). Improvisational vocal therapy. In K. E. Bruscia (ed) *Improvisational Methods of Music Therapy,* (pp 353-359). Charles Thomas Publisher

Studer, R., Danuser, B., Hildebrandt, H., Arial, M. & Gomez, P. (2011). Hyperventilation complaints in music performance anxiety among classical music students. *Journal of Psychosomatic Research, 70*(6), 557-564. https://doi.org/10.1016/j.jpsychores.2010.11.004

Tamborrino, R. A. (2001). *An examination of performance anxiety associated with solo performance of college-level music majors*. Indiana University.

Taylor, N. (2016). *Teaching healthy musicianship: The music educator's guide to injury prevention and wellness*. Oxford University Press.

Fotografía de Brongkie en Pexels con Licencia en Creative Commons