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Research report

## Performance anxiety in Brazilian musicians: Prevalence and association with psychopathology indicators



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### ABSTRACT

**Background:** Musical performance anxiety (MPA) refers to persistent and distressing apprehension associated with performing to an audience. Our objective was to assess the presence of MPA and other psychopathologies in musicians and find correlations between socio-demographic and clinical variables. **Methods:** We assessed 230 musicians using self-rated instruments whose results were statistically compared. The logistic regression was used to check for predictors of MPA.

**Results:** 24% of musicians had MPA indicators, 19% had indicators of social anxiety, and 20% of depression. These figures were even higher in the comparison between professional and amateur musicians, where the rates were doubled. In the logistic regression, gender and professional status did not predict MPA, but did predict social anxiety ( $OD=3.22$ ;  $p=0.006$ ) and depression ( $OD=3.87$ ;  $p=0.003$ ).

**Conclusions:** We conclude that there is a high rate of psychiatric indicators among musicians, who have been dealing not only with difficulties inherent to their occupation, but also with under-recognized comorbidities with the potential to affect their personal and professional life in specific, poorly investigated ways.

**Limitations:** It should be noted that our results must be interpreted with caution as we used screening and not diagnostic instruments, and because of the fact that our sample was restricted to the Brazilian context. Also, the role of temperamental features that could have a positive association with the condition of musician—and therefore minimize performance anxiety—could have been explored in order to provide a deeper understanding of the topic.

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### 1. Introduction

Performance anxieties are a group of disorders that affect individuals in a number of situations such as public speaking, sports activities, mathematic calculations or artistic activities like dancing, theater, and music. They are broadly defined as experiences of persistent and distressing apprehension related to performing to an audience (Lehrer et al., 1990; Mor et al., 1995; Kenny et al., 2004). Musical performance anxiety (MPA) is a part of this group and refers to anxiety experienced during musical performances, both solo and in groups, involving any instruments and including singing (Brodsky, 1996; Kenny et al., 2004; Papageorgi et al., 2007; Taborsky, 2007; Ryan and Andrews, 2009).

MPA is recognized as a subtype of social anxiety disorder, occurring along a continuous severity scale ranging from normal

stress and anxiety intrinsic to being a musician to severely disabling symptoms of terror close to panic (Brodsky, 1996; Cox and Kenardy, 1993; Powell, 2004; Osborne and Kenny, 2005, 2008). Social anxiety disorder (SAD) is defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR—American Psychiatric Association, 2002) as the strong and persistent fear of social or performance situations in which an individual is afraid of doing something or behaving in a humiliating or embarrassing way when faced with possible scrutiny by others. Such situations can trigger behavioral responses or to be tolerated with feelings of dread.

The prevalence of MPA in the population is still imprecise and varies across studies, possibly due to differences in definitions and measures used for its assessment, characteristics of samples enrolled, emphasis on different aspects of MPA or study response rates (Kenny, 2005; Papageorgi et al., 2007; Ryan and Andrews, 2009). A literature review by Burgués (2009) described prevalence rates between 16% and 70% in surveys with orchestra musicians in the USA and European countries during the 1980s and 1990s, a variation that may be attributable to the definition of MPA used in each survey. The study by Van Kemenade et al. (1995) reported

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that 70% of orchestra musicians experienced severe and disabling anxiety during performances, and Steptoe (2001), in a literature review, found a variation of 15–25% in the prevalence rates of MPA among professional musicians. The study by Ryan and Andrews (2009) with semi-professional North-American choir singers showed that 15% of them suffered from MPA, and that 7% complained of severely disabling symptoms. Studer et al. (2011) found MPA to affect around 33% of university students of music in French-speaking countries.

Despite the widely different prevalence rates, there is consensus in the literature regarding gender predisposition in MPA, with many authors describing a higher prevalence of the condition in women (Osborne and Kenny, 2005, 2008; Papageorgi et al., 2007; Yondem, 2007). Papageorgi et al. (2007) also mention increased susceptibility to higher severity of MPA in women.

Two other important MPA predicting factors seem to be the presence of negative cognitions (Mor et al., 1995; Papageorgi et al., 2007; Yondem, 2007) and previous negative experiences in life (Osborne and Kenny, 2008). There is also debate concerning the biological vulnerability to MPA, with some authors incorporating its existence in their theoretical models despite the fact that there is no consensus about it (Kenny et al., 2004).

In addition to the predicting factors mentioned above, others have been described that could be related to a minor extent with MPA. Adolescence appears to be an age range of high vulnerability associated with the severity of MPA (Fehm and Schmidt, 2006; Kenny and Osborne, 2006), and some personality features such as introversion, dependence, sensitivity to judgment, low self-esteem, and perfectionism are listed as facilitators to the onset of MPA, as well as trait anxiety and negative self-expectations (Abel and Larkin, 1990; Mor et al., 1995; Kenny et al., 2004; Langendörfer et al., 2006; Yondem, 2007).

MPA is also closely associated with other pathological conditions including general and social anxiety and depression (Kenny, 2011). This fact adds to the difficulties and distress experienced by musicians suffering from MPA. It is clear, therefore, that MPA can have a severe impact not only on isolated performance, but also on the musician's career and mental health (Wesner et al., 1990; Kirchner, 2003; Yondem, 2007; Kenny, 2011), and could thus be regarded as an "occupational health problem" associated with the possibility of total abandonment of the profession (Taborsky, 2007).

Nevertheless, MPA is often perceived by affected individuals and by community in general as a "natural" phenomenon, rather than as a treatable disorder. This is partly due to the lack of studies describing factors for the assessment and diagnosis of MPA, as well as to the lack of adequate psychometric instruments for clinical use that allows such assessment. Furthermore, the lack of recognition of the disorder as such by clinicians leads to difficulties in the referral and treatment of MPA in health systems, in addition to less help sought by affected individuals.

Considering this scenario, this article aims to provide a socio-demographic and clinical profile of a sample of Brazilian professional and amateur musicians based on the presence/absence of indicators of MPA and other psychiatric signs, given the fact that studies in this field are lacking in our context and that the understanding of these aspects will inform the design of specific, efficient interventions.

## 2. Methods

A convenience sample of 230 male and female adult musicians were assessed with the following self-rated instruments.

- *Kenny music performance anxiety inventory (K-MPAI)*: proposed by Kenny et al. (2004) and translated and adapted to Brazilian Portuguese by Osório et al. (2012a, 2012b), consists of 26 items

scored on a Likert scale ranging from  $-3$  to  $+3$  that assess the level of performance anxiety through symptoms of anxiety, distress, and physiological and memory alterations caused by the condition. Higher scores indicate higher levels of experienced MPA.

- *Social phobia inventory (SPIN)*: proposed by Connor et al. (2000) and translated and adapted to Portuguese by Osório et al. (2008, 2010), the SPIN is a self-rated instrument consisting of 17 items scored on a Likert scale from 0 ('not at all') to 4 ('extremely') used to quantify physiological, fear, and avoidance symptoms related to SAD and divided into three subscales: fear, avoidance, and physiological symptoms.
- *Beck anxiety inventory (BAI)*: proposed by Beck and Steer (1993) and translated, adapted, and tested in the Brazilian population by Cunha (2001), the BAI is a self-rated instrument with 21 items evaluating the severity of anxiety symptoms, which are scored on a Likert scale from 0 ('absolutely not') to 4 ('severe'). The instrument is divided into four subscales: neurophysiological, subjective, panic and autonomic.
- *Self statements during public performance (SSPS-D)*: adapted version of the *Self Statements During Public Speaking Scale* proposed by Hoffmann and DiBartolo (2000) and translated and adapted to Brazilian Portuguese by Osório et al. (2012a, 2012b). The instrument has 10 items divided into a positive and a negative subscale to assess subjective perceptions concerning public performance based on cognitive theories of anxiety. High scores in the positive subscale indicate better positive self-assessment, whereas high scores in the negative subscale indicate lower negative self-assessment, as scores in the latter are inverted.
- *Patient health questionnaire-9 (PHQ-9)*: proposed by Kroenke et al. (2001) and translated, adapted, and validated in Brazil by Osório et al. (2009), the PHQ-9 is a self-rated instrument consisting of nine items based on the DSM-IV criteria for major depression. It is scored on a four-point Likert scale from 0 ('not at all') to 3 ('nearly every day').
- *Identification questionnaire*: developed for the study, consists of 12 items for the socio-demographic and professional characterization of the sample.

Volunteers were randomly selected, according to their willingness to participate, from musical groups, schools, and choirs. The inclusion criteria were age above 18 and frequent participation as a musician in public performances. Volunteers who did not complete the instruments or did so incorrectly were excluded from the study.

After signing an informed consent form, musicians who agreed to participate were given a brochure with the assessment instruments and instructions for their completion. A member of the research team was available at all times to clear any doubts the participants might have.

The study was approved by the local research ethics committee under the process number HCRP 12206/2009.

The data collected were tested in respect to normality using Shapiro-Wilk's test, which showed a non-normal distribution ( $p < 0.0001$ ). Therefore, descriptive and non-parametric statistics were used in the remaining analyses, namely: (a) simple frequency and percentage for analysis of the sample's socio-demographic characteristics; and (b) Mann-Whitney's test to assess differences across groups using socio-demographic characteristics and clinical indicators as parameters. The level of statistical significance adopted was  $p \leq 0.05$ .

To investigate possible predictive variables of MPA (outcome variable), we made a logistic regression analysis including the variables general anxiety, social anxiety, depression, gender, and type of musician (amateur and professional) in the model.

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