

An Investigation of Musical Performance Anxiety in the Marching Arts

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The purpose of this study was to investigate the prevalence of musical performance anxiety (MPA) in marching artists. The marching arts include high school and college marching bands, drum and bugle corps, and indoor color guard and percussion ensembles. Drawing on a sample of 780 world class drum and bugle corps performers, we examined the prevalence of somatic and cognitive symptoms of MPA. We also examined differences in endorsement of symptoms by performing section (i.e., brass players, percussionists, and dancers/color guard) and gender. Results revealed a relatively low prevalence of MPA symptoms as compared with prior studies of adolescent and young adult performers. In addition, color guard performers reported significantly greater magnitudes of somatic MPA symptoms than brass players, and female performers reported greater magnitudes of cognitive MPA symptoms than their male counterparts. Practical recommendations are discussed. *Med Probl Perform Art* 2011; 26(1):30–34.

Musical performance anxiety (MPA) is a distressing and disabling condition that affects performers of all ages.¹ Salmon² defined MPA as “the experience of persisting, distressful apprehension about and/or actual impairment of, performance skills in a public context, to a degree unwarranted given the individual’s aptitude, training, and level of preparation.”^{2(p3)} At least half of all musical performers, regardless of age, gender, and experience level, have been found to report problems associated with MPA^{3–5}; however, the manifestation of MPA symptoms has been found to vary depending on performance setting.⁶

The symptoms of MPA can be categorized in terms of somatic and cognitive reactions to a perceived or real threat. When a person feels threatened, the body reacts . . . automatically. This reaction is often referred to as the “fight or flight” response and refers to what happens when the sympathetic branch of a person’s autonomic nervous system is activated. Several somatic sensations result from this physiological activation, including rapid heart rate, excessive sweating, shortness of breath, reduction in saliva flow (i.e., dry mouth), nausea and vomiting, muscle tension and tremors, and fainting. In addition to somatic reactions, individuals who experi-

ence anxiety in social or performance settings (as in MPA) also experience cognitive symptoms related to unrealistic thinking about performing, such as excessive worry about not living up to performance expectations and fearing that they will make a mistake to ruin the performance.

The irony is that these MPA symptoms can indeed impact the quality of one’s performance, resulting in the very experiences one is attempting to avoid, which in turn creates greater anxiety about future performances. For example, “[h]igh arousal often influences the choice of tempo, which tends to be faster in performance than during practice, adding technical difficulties.”⁷ Also, worry about making an error divides one’s attention from the performance tasks at hand, e.g., the performer may stop listening to themselves or attending to other performance cues.⁷

Musical performances do not always occur in a concert hall. Each year, hundreds of thousands of teens and young adults take to football fields and gymnasium floors to participate in marching music activities, including high school and college marching bands, drum and bugle corps, and indoor color guard and percussion ensembles.^{8–10} Many of these units not only perform as entertainment for sporting events and parades, but also perform in state, regional, national, and international competitions. These young performers face the excitement and pressure of performing in front of large audiences, as well as having their performances judged and critiqued by various music educators and experts. It seems reasonable to assume that such performance stress may have some negative consequences for these performers, such as experiences of MPA.

Current Study

To date, no study has formally investigated MPA within the context of the marching arts. To help begin to fill this void in the literature, the current student focused on a population of world-class junior drum and bugle corps performers. The investigation was designed to answer the following research questions:

1. What is the prevalence of MPA symptoms among a sample of adolescent and young adult marching arts performers?
2. Are there section differences (brass, percussion, and color guard) and/or gender differences in the manifestation of reported MPA symptoms (i.e., cognitive and somatic symptoms)?

METHODS

Participants

Archival data from 780 junior drum and bugle corps performers, representing six Drum Corps International (DCI)

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