

BMPF7010 Module 6
Work-Based Learning Project

Managing Music Performance Anxiety:

A mixed-methods investigation into the impact of
'MPA & Me' on music performance anxiety in
professional vocalists

Sarah Martin - 2244162

Word count: 15,804

Table of Contents

List of Figures.....	3
List of Tables.....	3
AI Use Declaration.....	4
Project Proposal.....	5
Context.....	5
Justification.....	6
Outlined Intentions.....	7
Ethics and Insider Research.....	7
Learning Outcomes.....	8
Project Timeline.....	9
Project Report.....	10
Introduction.....	10
Literature Review Methodology.....	11
Literature Review.....	12
Methodology.....	19
Research Paradigm.....	19
Justification of a Mixed Methods Design.....	19
Participant Recruitment.....	20
Questionnaire Design.....	20
Data Analysis.....	22
Ethical Considerations.....	24
Ethics of Insider Research.....	25
Results.....	27
Participant Characteristics.....	27
KMPA- I Scores (Pre-Intervention): Findings.....	27
KMPA- I Scores (Post-Intervention): Findings.....	28
Qualitative Results.....	32
Resource Engagement.....	38
Previous Treatment.....	39
Previous relationship with self-help.....	41
Discussion.....	42
Participant Characteristics: Discussion.....	43
KMPAI- Scores (Pre-Intervention): Discussion.....	43
Intervention Discussion.....	44
Individual Factor Results.....	48
Benefits and Limitations of MPA & Me.....	52
Previous Treatment: Discussion.....	55
Relationship with Self-Help Books: Discussion.....	56
Conclusion.....	58
Limitations.....	59
Recommendations for Future Research.....	59
Reference list.....	61

Appendices.....	72
Appendix 1: MPA & Me - Self-help Intervention.....	72
Appendix 2: Grey Literature Analysis Spreadsheet.....	148
Appendix 3 - Grey Literature Inclusion Criteria.....	151
Appendix 4: Ethics Form - UWTSD ethics committee approved.....	153
Appendix 5: Participant Consent Form (Distributed via Google Form).....	172
Appendix 6: Results of Thematic Analysis and evidence of coding.....	178

List of Figures

- Page 28 **Figure 1:** *Pre-intervention K-MPAI scores represented in a box-plot*
- Page 40 **Figure 2:** *Participants' prior experiences of previous treatment presented as a pie chart*

List of Tables

- Page 16 **Table 1:** *Condensed Grey Literature Analysis, indicating frequency of appearance of MPA support strategies/techniques*
- Page 23 **Table 2:** *Open-ended questions as part of qualitative data collection method*
- Page 26 **Table 3:** *Response Types for Open-Ended Questions*
- Page 27 **Table 4:** *Pre-intervention scores and post- intervention scores - t-test and descriptives*
- Page 28 **Table 5:** *Individual Scores Pre & post-intervention (Descriptives)*
- Page 29 **Table 6:** *K-MPAI Factor abbreviation codes*
- Page 30 **Table 7:** *Comparison of pre- and post-intervention scores, divided by individual K-MPAI factors*
- Page 31 **Table 8:** *Abbreviation codes for results that exclude parental empathy, trait anxiety and biological vulnerability scores*
- Page 32 **Table 9:** *Results excluding parental empathy, trait anxiety and biological vulnerability scores - t-test*
- Page 32 **Table 10:** *Thematic Analysis: Superordinate Themes*
- Page 33 **Table 11:** *Participant responses related to their experiences of MPA pre-intervention*
- Page 34 **Table 12:** *Participant pre-intervention scores converted into percentages*

Page 35	Table 13: <i>Frequency of recurring subthemes coded through thematic analysis within superordinate Theme 2: Contextualising Final KMPAI Scores</i>
Page 36	Table 14: <i>Comparison of qualitative results against pre- and post-intervention K-MPAI scores, with changes to score presented as percentages</i>
Page 37	Table 15: <i>Comparison of qualitative responses coded under subtheme “time-related issues” against pre- and post-intervention K-MPAI scores</i>
Page 37	Table 16: <i>Comparison of qualitative response from Participant 3, coded under subtheme “Barriers to Resource” against pre and post-intervention K-MPAI scores</i>
Page 38	Table 17: <i>Qualitative responses indicating resource usage time</i>
Page 39	Table 18: <i>Qualitative responses regarding previous treatment for MPA</i>
Page 41	Table 19: <i>Comparison of previous treatment outcomes against pre and post K-MPAI scores, with changes to scores presented as percentages</i>
Page 41	Table 20: <i>Qualitative Responses relating to previous engagement with self-help resources</i>
Page 46	Table 21: <i>Analysis of K-MPAI factor results - Worry focused on self/other scrutiny</i>
Page 49	Table 22: <i>Factor score comparisons for each participant (pre- and post-intervention)</i>

AI Use Declaration

I used generative AI tools only for permitted purposes such as clarifying concepts, improving grammar and supporting the organisation of my ideas, as permitted by the Voice Study Centre AI policy.

No AI-generated text has been included as original work within this submission. All arguments, analysis and written content are my own.

Project Proposal

Context

Research suggests that up to 25% of professional musicians and 35% of student musicians suffer from debilitating music performance anxiety (MPA) (Shaw, Juncos and Winter, 2020), with singers amongst the most vulnerable (Vaag, Bjørngaard and Bjerkeset, 2015). Severe experiences of MPA can negatively impact performance quality, affect mental well-being (Herman and Clark, 2023) and even end careers (Sandgren, 2009). There is evidence to suggest that psychotherapeutic interventions, such as cognitive behavioural therapy (CBT), can be effective in treating MPA and generalised social anxiety (Kenny, 2011); however, singers often struggle to access professional or medical help due to perceived stigma or time restraints (Shaw, Juncos and Winter, 2020). Whilst some singers may seek advice on coping strategies from a trusted vocal coach (Heasman-Cossins, Winter and Juncos, 2025), many singing teachers feel inadequately trained to support their students' mental health concerns (Gulliver *et al.*, 2018). This highlights the importance of developing resources that enable individuals to manage MPA independently when alternative treatments are inaccessible, as well as providing music teachers with effective strategies to help their students cope with MPA.

Within my role as a vocal coach at a contemporary music college, I have observed the impact of debilitating MPA on students within my practice. My perceived lack of training has made supporting students experiencing severe MPA feel overwhelming, an experience mirrored by music teachers in the literature (Gulliver *et al.*, 2018). This inspired me to create an accessible, affordable resource for singers to utilise in all stages of performance preparation, underpinned by evidence-based research in effective MPA interventions. As a result, I created *MPA & Me* (Appendix 1): a workbook, containing practical exercises based on self-help techniques rooted in CBT, Acceptance and Commitment Therapy (ACT) and Psychological Skills Training (PST). These three interventions, when prescribed by a psychology professional or worked through with a trained coach, have shown to have a positive impact on performance anxiety across the realms of music and sport (Craske *et al.*, 2014; Kenny, 2011; Weinberg and Gould, 2023). However, there is a lack of research examining how these interventions may be effective at improving the experience of MPA in a self-help context. The unique circumstances and experiences of singers - such as the perceived stigma surrounding MPA within the music industry, and time restraints associated with freelance creative work - often create barriers when pursuing medical or psychological

treatment (Shaw, Juncos and Winter, 2020), indicating that this is an important topic for further exploration.

The effectiveness of self-help as an approach to treatment for MPA is currently under-researched in singers. Self-help strategies as a treatment of generalised anxiety are less effective than in-person therapy (Cuijpers and Schuurmans, 2007); however, there is a lack of evidence as to how they may impact the experience of MPA for musicians. Wang (2024) tested the effectiveness of a self-help mobile app for reducing MPA in a group of Chinese singers, delivering promising results for improvements in psychological well-being relating to performance. However, limitations within the study regarding the accessibility of the app and a lack of transparency in participant engagement impact the reliability of these findings. The limited, methodologically constrained existing research in this field makes it difficult to determine the potential value of a resource such as *MPA & Me* and whether such a resource could serve as a valuable support mechanism for vocal students experiencing MPA in my own practice.

As a result, this study will be underpinned by the following research questions:

- 1) What changes, if any, occur in the severity of music performance anxiety among singers following engagement with the self-help resource *MPA & Me*?
- 2) How do singers perceive and experience the use of *MPA & Me* as a self-help approach to managing MPA symptoms?

Given the scope and size of this study, it will not be possible to produce generalisable results on the effectiveness of self-help as a treatment for MPA. However, the findings of this study may be used to identify valuable topics for future research that could contribute to this discussion.

Justification

To effectively explore the research questions, this study will incorporate a mixed-methods approach to quantify how the utilisation of *MPA & Me* impacts the experience of MPA, as well as provide qualitative insights into the individual's experience engaging with the resource. In my own personal practice, the outcome of this study will facilitate integral critical reflection that will determine how *MPA & Me* could be utilised or expanded upon in my work as a vocal coach. I intend to use the results of this study to inform further development of this resource,

with intentions of eventually expanding this into a wider curriculum to be implemented within my workplace. Additionally, I aim to expand this resource to create training materials that would benefit other voice teachers who may also feel underequipped to provide meaningful MPA support strategies. The results of this study will determine the potential benefits of the resource, enabling singing teachers to make informed recommendations to support negative experiences of MPA.

Outlined Intentions

Questionnaires will assess participants' MPA levels using The Kenny Music Performance Anxiety Inventory (K-MPAI) (Kenny, 2009; Kenny, 2016) before and after a 6-week intervention comprising the *MPA & Me* workbook. Participants will self-report engagement time, and the 6-week period reflects study time constraints, noted as a limitation compared to longer durations of 9 to 12 weeks in similar research (Furmark *et al.*, 2009; Ritzert *et al.*, 2016). The final questionnaire will also contain open-ended questions, producing qualitative data from which key themes will be identified using thematic analysis. A minimum of 5 participants will be recruited through purposive and snowball sampling. Eligible participants must be 18 or older, self-identify as experiencing MPA, and actively perform in contemporary genres, including musical theatre. A comprehensive literature review will contextualise the study, highlighting existing knowledge and identifying gaps. Peer-reviewed sources will be prioritised, while grey literature may be included if relevant and will be assessed for quality using the Kepes Framework (Kepes *et al.*, 2012).

Ethics and Insider Research

The nature of this topic may be distressing to participants. To minimise risk, consent will be required for participation. A consent form will outline the scope of the study with full transparency, and participants' right to withdraw at any time without explanation will be made explicit. Contact details for mental health services will also be provided for use at their discretion. Additionally, the consent form will outline data security measures. Personal information will be redacted and replaced with codes, ensuring participant anonymity. This study will be conducted remotely, mitigating the risks of physical harm. My own well-being will be safeguarded by seeking support if needed.

As a professional singer and vocal coach, my insider researcher status poses ethical challenges arising from potential pre-existing personal relationships with participants. Such relationships may create feelings of pressure, discomfort or a desire to please, potentially

influencing questionnaire responses. To minimise this risk, the consent form will outline strict confidentiality measures and participants' right to withdrawal. Additionally, such relationships will be acknowledged as a limitation. Finally, my potential insider researcher bias may affect data analysis. The following measures will be taken to mitigate this risk:

- Reflexivity: A reflexive journal will support transparency and self-reflection.
- Triangulation through mixed methods: Quantitative and qualitative data will be compared to enhance validity.
- Member checking: Participants will review findings to ensure accurate interpretation; however, the potential risk of my insider researcher status influencing participants requires caution.

Learning Outcomes

- To evaluate the potential impact of the resource *MPA & Me* on the experience of MPA in singers, enabling me to provide evidence-based recommendations to students within my practice.
- To develop the knowledge and practical skills necessary to design and implement a mixed-methods research study, ensuring the collection of robust, reliable, and meaningful data.
- To deepen my understanding of the specific ways in which MPA affects contemporary singers, and to build specialist expertise for supporting students who are vulnerable to performance anxiety.

Project Timeline

[illegible][illegible]

Project Report

Introduction

Music Performance Anxiety (MPA) is defined as persistent apprehension in the lead-up to musical performance (Kenny, 2011). It can cause physical, cognitive, emotional and behavioural symptoms, ranging on a spectrum from manageable to debilitating (Herman and Clark, 2023). In its most extreme form, MPA can significantly affect performance capability and psychological well-being (Heasman-Cossins, Winter and Juncos, 2025; Herman and Clark, 2023), and even end careers (Sandgren, 2009). Studies across the last four decades show that debilitating MPA is experienced by as many as one in three musicians (Fernholz *et al.*, 2019; Fishbein *et al.*, 1988; Shaw, Juncos and Winter, 2020). These high prevalence rates of severe MPA have spurred research into effective treatment options within the performance psychology domain (Yang *et al.*, 2025). However, many musicians report that psychological interventions, such as therapy, are accompanied by stigma and are often not easily accessible due to the time and financial commitments involved (Shaw, Juncos and Winter, 2020).

My professional experience as both a singer and a vocal coach at a specialist music college makes me well-placed to explore the gap in accessible, affordable treatments for singers struggling with debilitating MPA within my own research. The culmination of my previous research into existing MPA interventions and my insider experience as a working musician inspired me to create a resource rooted in psychological self-help techniques derived from Cognitive Behavioural Therapy (CBT), Acceptance and Commitment Therapy (ACT) and Psychological Skills Training (PST). The premise was to create a highly practical self-help tool in a journal-style exercise book, accessible to singers in their work environment. This resource, *MPA & Me*, was developed based on a rigorous analysis of both grey and white literature, and observations and experiences from my own practice. As a result, *MPA & Me* not only contains practical exercises derived from carefully selected psychotherapeutic treatment approaches, but also provides signposting to additional support for those who may require further assistance from a medical professional. This study aimed to examine the effectiveness of this resource in reducing the severity of MPA within a small sample of singers, to gain insights into the experience of utilising self-help as an approach for mitigating unwanted MPA symptoms. This study utilised the K-MPAI as an instrument to measure symptom severity, combined with open-ended questions to understand the

subjective experiences of MPA. It was hypothesised that utilising *MPA & Me* would have a positive impact on the experience of MPA within singers, as indicated by reductions in K-MPAI scores and interpretation of participant responses (H0: Utilising *MPA & Me* would have no significant impact on the experience of MPA).

The intended impact of this study is to inform the next steps in my professional practice, in pursuit of providing appropriate MPA support to the singers I encounter within my practice. The results of this investigation will inform the future development of *MPA & Me*, assessing its viability as a supportive mechanism in its current format. More broadly, the effectiveness of self-help techniques as an MPA intervention is currently underresearched in comparison to other treatment options. Whilst the scope of this study will not allow for generalisability of findings, it intends to serve as an exploratory pilot study from which further research into the feasibility of self-help as an MPA intervention could occur. The wider ramifications could have a profound impact on professional singers and musicians, enabling the development of additional resources that may help reduce MPA prevalence in the music industry.

Literature Review Methodology

The resource central to this study, *MPA & Me*, was created prior to the commencement of this research. Its creation followed the Practice as Research (PaR) methodology (Nelson, 2022), which positions creative practice as a key method of inquiry. Central to this approach is the concept of praxis - an ongoing interaction between theory and practice (Nelson, 2022). This connection is particularly significant to this study, as the theoretical foundations of *MPA & Me* remain relevant to this investigation, which seeks to understand its potential impact on MPA levels in a small sample of singers. To connect this previous research to theories relevant to the aims of this study, a narrative literature review was conducted. According to Doyle (2003), a narrative literature review is defined as a progressive linking of existing literature to develop a coherent chain of reasoning. Within the context of this narrative review, the inclusion of grey literature in the form of existing self-help resources was considered appropriate, given the practice-based nature of this study and the central role of a pedagogical workbook as the research artefact. Grey literature was a central part of the design of *MPA & Me*, used to gain insights as to how evidence-based psychological concepts could be translated into accessible self-help resources for performers. Referencing these grey texts in this narrative review was considered appropriate to provide context to the design and implementation of *MPA & Me* within this study. A narrative review was

considered an appropriate methodology because it is not constrained by strict inclusion or exclusion criteria (Winter, 2022).

Literature Review

There is a wide variety of clinical and non-clinical interventions available for the treatment of debilitating MPA. Over the past four decades, as the impact of MPA on musicians has become more widely understood, scholarship surrounding MPA interventions has grown rapidly in response (Herman and Clark, 2023). Some of the most researched treatments include Cognitive Behavioural Therapy (CBT), Acceptance and Commitment Therapy (ACT) (Henshaw and Collyer, 2022; Kenny, 2011; Gómez-López and Sánchez-Cabrero, 2023), Psychological Skills Training (PST), Biofeedback Training (Henshaw and Collyer, 2022; Kenny, 2011), Music Therapy (Kenny, 2011), Alexander Technique (Kenny, 2011; Klein, Bayard and Wolf, 2014) and pharmacological treatments, such as beta blockers (Spahn, 2015). However, despite significant development in the field, the prevalence of debilitating MPA in musicians is reported within the same range today as it was in the late 1980s, showing that around a quarter of musicians remain affected (Fernholz *et al.*, 2025; Fishbein *et al.*, 1988; Herman and Clark, 2023). The high prevalence of MPA among musicians is evident in my own practice within a contemporary music institution. This calls into question the effectiveness of these treatment options. Whilst there is evidence to suggest that many of these treatment options have the potential to improve symptoms MPA in musicians (Kinney *et al.*, 2025), several systematic reviews of the literature highlight that research in this field is often of low quality, with small samples sizes and methodological weaknesses, yielding inconsistent results (Burin and Osório, 2016; Kenny, 2011; Kinney *et al.*, 2025). For example, CBT is frequently acknowledged as the traditional 'gold standard' for the treatment of MPA (Burin and Osório, 2016; Clarke, Osborne and Baranoff, 2020; Juncos and de Paiva e Pona, 2018; Kenny, 2011), however, this characterisation is often accompanied by the observation that CBT is among the most frequently studied interventions (Burin and Osório, 2016; Clarke, Osborne and Baranoff, 2020; Juncos and de Paiva e Pona, 2018). This could suggest that its perceived preeminence reflects the volume of empirical evidence, rather than clear evidence of superiority over other approaches. Recent studies evaluating acceptance-based interventions, such as ACT, highlight potential limitations of CBT in the context of MPA treatment. For example, Clarke, Osborne and Baranoff (2020) note that attempting to control or suppress thoughts and feelings, as practised within CBT, may actually exacerbate performance anxiety, whilst Juncos and de Paiva e Pona (2018) suggest that attempting to eradicate subjective anxiety does not always translate to improved

performance outcomes. However, it must be acknowledged that studies evaluating ACT may be influenced by framing bias, which could affect the impartial assessment of CBT. A meta-analysis by Faur *et al.* (2022) found that several studies of ACT, including Clarke, Osborne and Baranoff (2020), did not include a control group, further highlighting methodological limitations in ACT research (Nicholl and Abbott, 2025). These observations of potential bias and imbalances of research across MPA interventions contribute to the discussion surrounding the overall low quality of research within the field. While the literature suggests the efficacy of MPA interventions, despite potential methodological weaknesses, my professional observations have led me to believe that several barriers may prevent a musician from engaging with these interventions, which could explain why many of these treatments do not have a meaningful impact in reality. This is supported by literature examining the musician's perspective. For example, therapeutic interventions such as CBT, which require ongoing therapeutic treatment with a psychologist, are often unattainable for freelance musicians, who are subject to erratic and unsociable work schedules (Pecen, Collins and MacNamara, 2018; Shaw, Juncos and Winter, 2020), as observed within my own practice. Additionally, the high cost of private therapy may pose challenges for musicians facing financial instability in a turbulent music industry (Kenny, 2011; Ritzert *et al.*, 2016). Many musicians avoid treatment altogether due to a perception of stigma within the music industry (Herman and Clark, 2023; Shaw, Juncos and Winter, 2020). Based on my professional observations, perceived stigma from peers similarly prevents some student musicians from engaging with support. The ongoing high prevalence rates of debilitating MPA indicate that musicians urgently require more accessible options for MPA support when these obstacles make accessing treatment unfeasible.

For some singers, there is an inclination to turn to a trusted vocal coach for support above seeking professional help (Mazzarolo, Burwell and Schubert, 2023; Williamon and Thompson, 2006). The close bond that often develops between a student and a vocal coach makes them well-placed to offer individualised support without the stigma that is sometimes associated with therapy (Mahony, Juncos and Winter, 2022). However, most voice teachers feel under-qualified to address mental health issues owing to insufficient training, which is typically dictated by institutional policies (Heasman-Cossins, Winter and Juncos, 2025; MacAfee and Comeau, 2022). Given that music students are among the most psychologically vulnerable students (Carroll, 2021; Vaag, Bjerkeset and Sivertsen, 2021; Koops and Kuebel, 2019), training singing teachers to support students with MPA could be advantageous (Mahony, Juncos and Winter, 2022; MacAfee and Comeau, 2022). Yet, Gulliver *et al.* (2018) found that up to 60% of higher education lecturers feel ill-equipped to tackle student mental health, highlighting that such training is not standard. Studies

examining the rollout of Acceptance and Commitment Coaching (ACC) for voice teachers indicated positive effects on MPA, both in group and individual settings (Mahony, Juncos and Winter, 2022; Paul, Juncos and Winter, 2024). ACC is a coaching model derived from the core principles of ACT (Hill and Oliver, 2018; Paul, Juncos and Winter, 2024). Nonetheless, these interventions were supplemented by specialist support from an experienced psychologist (Mahony, Juncos and Winter, 2022; Paul, Juncos and Winter, 2024), which is not easily scalable due to associated costs and time. Moreover, group-based support can cause discomfort for students worried about peer judgement (Mahony, Juncos and Winter, 2022), suggesting that despite the potential benefits of voice teacher training, there remains a need for accessible, stigma-free treatment options that are accessible to musicians when external support is not feasible.

A self-help approach to managing symptoms of MPA may be a solution for musicians who fear the stigma associated with other treatment options or struggle to access MPA interventions due to time constraints or financial barriers. In the context of anxiety treatment, the term “self-help” is defined as a psychological treatment protocol that an individual engages with independently, with little to no guidance from a therapist or medical professional (Cuijpers and Schuurmans, 2007). Treatments of this nature are also sometimes referred to as bibliotherapy or self-administered therapy (Furmark *et al.*, 2009; Wang, 2024). The term “bibliotherapy” is also used more broadly to encompass any form of reading as a method of healing, such as an adjunct to therapy (Sevinç, 2019). Self-help interventions are commonly presented in book form but are also available online or through other media, such as TV and video.

Reliable studies that explore the impact of self-help are currently limited (Bergsma, 2007). There is some evidence to suggest that bibliotherapy can be effective for the treatment of psychological disorders (Bergsma, 2007; Sevinç, 2019), however, self-help has also been criticised for instilling false hope (Polivy and Herman, 2002). Whilst the advantages of self-help include autonomy for patients, reduced waiting lists for treatment and improved accessibility, self-help approaches have shown to be more effective when accompanied by therapist guidance (Cuijpers and Schuurmans, 2007), which calls their validity into question. Despite this, the popularity of self-help books across a variety of personal development categories is notable (Bergsma, 2007). It is suggested that the attractiveness of self-help books is attributed to their affordability, accessibility and privacy (Bergsma, 2007). Research suggests that certain traits may influence someone’s decision to engage with self-help as an intervention. A study by Wilson and Cash (2000) found that individuals with more positive attitudes towards self-help also demonstrated more favourable attitudes to reading in

general, a stronger orientation towards self-control, greater psychological mindedness and higher reported life satisfaction. This may suggest that self-help interventions are more appealing to those who are generally happier and have a greater understanding of their own thoughts, feelings and motivations. However, in the context of MPA specifically, the lack of research into this field makes it unclear as to how the prevalence and severity of MPA may influence an individual to engage with self-help.

There is an extensive body of self-help resources available, designed to support singers and musicians in coping with MPA. Many of these resources are presented as self-help books, combining extensive reading material with practical exercises and tips for managing negative or unwanted symptoms of MPA. Throughout the creation of *MPA & Me*, an extensive analysis of the existing grey literature was conducted to identify best practices within the field (Appendix 2). Six titles were selected for analysis based on rigorous inclusion criteria to identify the most easily accessible, affordable and popular resources (Buswell, 2006; Cornett, 2019; Jones, 2000; Juncos and de Paiva e Pona, 2021; Klickstein, 2009; Nagel, 2017). The inclusion criteria (Appendix 3) determined that all books were designed for the primary use of musicians, had high product ratings or were regarded as “bestsellers” in the field, and were priced below fifteen pounds, or accessible for free through online libraries or databases.

Through this process of analysis, it was determined that each of the resources were written by authors with personal experience in music performance and MPA in some context. In most cases, this was explicitly stated or implied in the narrative of each resource. Each book contained recommended strategies and/or exercises to mitigate unwanted symptoms of MPA, with the most common approaches being breathing exercises, reflective practices, and performance preparation tips, followed by mindfulness techniques, progressive muscle relaxation, and practice journalling (Table 1).

Table 1: *Condensed Grey Literature Analysis, indicating frequency of appearance of MPA support strategies/techniques*

Strategies/Techniques	Frequency of appearance
Mindfulness	4
Breathwork	5
Planning & Preparation	4
Reflection (Achievements, values)	5
Goal Setting	2
Managing impact of thoughts	2
Identifying Triggers	3
Visualisation	3
Progressive Muscle Relaxation	4
Practise Journaling	4

Additionally, each resource either explicitly stated or implied that a variety of psychological interventions underpinned recommended approaches. The analysis uncovered influences ranging from CBT (Nagel, 2017) to Neuro-Linguistic Programming (Buswell, 2006), sports psychology (Cornett, 2019), and ACT (Juncos and de Paiva e Pona, 2021).

It seems noteworthy that authors who have experienced MPA themselves create literature that provides advice on how to cope with unwanted symptoms based upon a range of psychological interventions. The insider researcher status of each author could suggest that they see value in self-help methods for coping with MPA, based on their own experiences. However, the effectiveness of self-help tools for the self-management of MPA in singers remains under-researched within the white literature. This disparity highlights an epistemological tension between practitioner knowledge and empirical validation. This is reminiscent of the ongoing epistemological debate in voice pedagogy that positions positivism against constructivism, frequently articulated as a discourse between scientific and artistic orientations (Winter, 2020). Traditionally, the experience of anxiety and musical

performance has been explored through a positivist lens with a categorical approach (Senyshyn and O'Neill, 2001; Wiedemann *et al.*, 2021). Senyshyn and O'Neill (2001) question the validity of research that relies solely on empirical investigation without consideration of philosophical perspective, suggesting that traditional psychological investigation is inherently value-laden and unable to adequately capture the complexities of the lived experience (Senyshyn and O'Neill, 2001). From this perspective, approaches that consider subjective experience are essential for developing a more comprehensive understanding of MPA. This supports the validity of grey literature authored from an insider perspective, as authors' lived experiences offer valuable insights into the experience of MPA that may not be adequately captured by positivist approaches (Fleming, 2018). In this context, a theoretical framework that supports the validity of practice as a mode of inquiry is Nelson's PaR, in which the integration of practice, theory and reflection - a process known as "praxis" - is integral within the field of practice-based research (Nelson, 2022). As praxis was central within the creation of *MPA & Me*, the intervention was shaped by my own lived experiences, research, and reflective practice. Investigating its effectiveness addresses the need for research grounded in both practice and theory and explores this gap in the literature.

Only one study could be identified that directly examines the effectiveness of a self-help resource for the treatment of MPA in singers. Wang (2024) tested an AI-powered self-help app with undergraduate and postgraduate students in China, finding significant improvements in negative cognitions, psychological vulnerability and perceived anxiety after six weeks of use. However, limitations in this study highlight the requirement for further research in this field. For example, the study's requirement for up-to-date Android or iPad models poses potential accessibility barriers, particularly for those facing financial constraints. Furthermore, a lack of transparency regarding participants' engagement time leaves questions about the intervention's suitability for singers with limited time, a commonly reported barrier (Shaw, Juncos and Winter, 2020). It could be argued that the effectiveness of self-help tools can only be truly assessed if they address the main barriers to treatment faced by musicians. To explore the impact of engagement on effectiveness, *MPA & Me* included a "Log Book" section for participants to record their usage time.

Although, within the field of MPA, the effectiveness of self-help techniques is currently underresearched, the concept has been explored to a greater extent within the broader context of social anxiety - an umbrella term under which MPA is often categorised (Clarke, Osborne and Baranoff, 2020; Gómez-López and Sánchez-Cabrero, 2023; Guyon *et al.*, 2022; Osborne and Franklin, 2002). Within the domain of social anxiety, one particular study

investigated the effectiveness of CBT delivered in the format of pure bibliotherapy, i.e. the use of a self-help book, with no guidance or contact from a therapist (Furmark *et al.*, 2009). This study explored whether CBT, delivered in a bibliotherapy format, could be beneficial to social anxiety sufferers who faced barriers in accessing in-person therapy, due to finances, travel issues or erratic schedules - common issues faced by musicians, who are often subject to antisocial working hours, poor rates of pay and extensive touring commitments (Berg *et al.*, 2022). The findings indicated that whilst CBT in pure bibliotherapy form is less effective than CBT guided by a therapist, it yielded significant improvements in social anxiety level compared to receiving no treatment at all (Furmark *et al.*, 2009). These results emerging from social anxiety research suggest that a self-help approach to CBT may offer certain advantages for individuals experiencing MPA, especially in situations when access to a therapist is not feasible. However, whilst it has been shown that MPA often co-occurs with social phobia (Kenny, 2009; Osborne and Franklin, 2002), it must be considered that the unique and demanding nature of musical performance introduces separate challenges beyond those typically associated with social anxiety (Dobos, Piko and Kenny, 2018). For example, MPA sufferers tend to place a greater emphasis on self-criticism as a result of perfectionistic tendencies and high expectations of self, whilst those with social phobia are more concerned by the perceived judgement of others (Cina, 2021; Kenny, 2010). Social anxiety can cause such intense discomfort that even routine interactions, such as introducing oneself, may feel overwhelming, yet musicians are expected to maintain composure on stage while navigating significant physical and mental demands (Cina, 2021). This suggests that MPA is multi-factorial, and that musicians would benefit if mental health professionals, music educators, and caregivers better understood the complexities of the experience (Dobos, Piko and Kenny, 2018).

Another notable study examined ACT-based bibliotherapy for anxiety. Results showed that after 12 weeks of engaging with a self-help workbook rooted in ACT principles, participants saw a significant reduction in anxiety symptoms (Ritzert *et al.*, 2016). However, the study faced a high attrition rate, with over 76% not completing the programme and almost 38% dropping out within the first 12 weeks. Nearly one-third of participants cited a lack of time as a reason for not continuing (Ritzert *et al.*, 2016). For musicians, who often cite time constraints as a barrier, these findings suggest that self-help may not fully address this challenge. The self-help resource in question, *The Mindfulness and Acceptance Workbook for Anxiety* by Forsyth and Eifert (2016), consists of lengthy passages of reading material interspersed with practical exercises; a format observed within several MPA self-help books. Based on professional experience, I would posit that highly practical resources may be more suitable and engaging in high-pressure situations, such as immediately before an audition or

backstage, than resources that require a significant investment of time due to high volumes of reading content.

Methodology

Research Paradigm

My professional practice as a vocal coach has informed my understanding that MPA is a subjective, personal experience, in line with an interpretivist position. Contrastingly, the aims of this study required integrating systematic, evidence-based data collection to measure MPA symptoms over time, aligned with a post-positivist approach. The pragmatic paradigm recognises the value of both perspectives in addressing the research question (Creswell, 2009). As a result, a mixed-methods approach was considered most appropriate for gaining insights into how effective participants found the resource in helping them improve symptoms of MPA. This approach allowed for the objective measurement of symptoms pre- and post-intervention to occur simultaneously with the exploration of the subjective experience of MPA.

Justification of a Mixed Methods Design

Whilst it must be considered that mixed-method approaches require additional time, resources and expertise comparatively (McKim, 2017), a mixed-method design goes even beyond the use of triangulation to ensure validity (Dunning *et al.*, 2007) by combining quantitative and qualitative approaches to uncover a deeper level of understanding, in synergy with the aims and objectives of this project. In MPA literature, quantitative approaches are often used to determine the severity of symptoms, rates of occurrence and the effectiveness of MPA interventions (Papageorgi and Welch, 2020). Whilst quantitative methods can be used effectively to generate statistical data, the limitation of this approach is that they are not designed to capture the subjective emotional and psychological nuances of the human experience (Castro *et al.*, 2010; Langdrige, 2007; Papageorgi and Welch, 2020). Reflecting on my own epistemological position, it was important that this research design provided scope to capture the complexities of the subjective MPA experience, to contextualise any potential anomalies within the quantitative results. A mixed-methods study by James and Shipley (2022) investigating the prevalence of severe MPA symptoms among musical theatre performers illustrates why this consideration is justified. Within this study, one participant completed the quantitative instrument (K-MPAI) and produced a low score,

suggesting that the severity of their MPA symptoms was within an average range. However, in the qualitative instrument, the participant was able to reveal that they did experience severe, debilitating symptoms, but infrequently and circumstantially (James and Shipley, 2022). This suggests that the quantitative instrument alone could not capture all circumstances affecting the participant, highlighting potential limitations of relying solely on quantitative methods to investigate complex, subjective phenomena such as MPA.

In contrast, MPA research rooted in a qualitative methodology examines the subjective human experience, aligning with the idea that individuals actively interpret and assign meaning to their own experiences (Bresler and Stake, 2006; Langdridge, 2007). However, qualitative methodologies are generally regarded as less reliable for assessing how inductively generated concepts or themes relate to one another (Castro *et al.*, 2010). The use of a mixed-methods design is justified because it allows for the strengths of each modality to be seamlessly integrated, producing both comprehensive and confirmatory results (Castro *et al.*, 2010; Robinson *et al.*, 2011).

Participant Recruitment

Participants were recruited via a social media advertisement that summarised the study and stated that participation involved receiving a free workbooklet designed to help manage MPA symptoms. The advert outlined inclusion criteria: Participants must be singers aged 18 or over and have performance commitments throughout the study period (November-December 2025). The advert also assured anonymity throughout the study. It was placed on my personal social media accounts (Instagram and Facebook) to reach my existing network of singers. However, it was not sent directly to any individual, ensuring participants volunteered of their own accord. The advert also encouraged recipients to share it with others, facilitating snowball sampling. Ten participants initially volunteered (100% female, of whom seven (70%) returned consent forms. Two participants withdrew during the study due to illness, resulting in a final sample of five who completed all stages.

Questionnaire Design

Participants in this study completed an initial questionnaire to assess MPA severity, generating quantitative data. This questionnaire included a consent form in which participants declared their eligibility and consent to participate in the study. The questionnaire began by collecting personal details of each participant: age, gender,

professional status (professional singer or student) and their primary genre (contemporary, musical theatre, classical, or a combination). These factors were considered as potentially relevant to results, as previous studies have shown that females (Herman and Clark, 2023), students (Yang *et al.*, 2025) and classical musicians (Vaag, Bjørngaard and Bjerkeset, 2015) may be particularly vulnerable to MPA. The collection of personal details was followed by the Kenny Music Performance Anxiety Index (K-MPAI) (Kenny, 2009; Kenny, 2016). The K-MPAI is a 40-item inventory based upon Barlow's triple vulnerability model of anxiety (Barlow, 2000; Kenny, 2023). The K-MPAI uses a 7-point Likert scale, with higher scores indicating a more severe experience of MPA and higher levels of psychological distress.

The K-MPAI is one of many instruments used to measure the severity of MPA. Other instruments that were considered for use in this study include the Mazzarolo Music Performance Anxiety Scale (M-MPAS) (Mazzarolo and Schubert, 2022), the Performance Anxiety Index (PAI) (Nagel, Himle and Papsdorf, 1981), and the Music Performance Anxiety Questionnaire (MPAQ) (Lehrer, Goldman and Strommen, 1990). The K-MPAI was selected as the most appropriate instrument for this study for several reasons. Firstly, the K-MPAI is a robust instrument, with 40 items that can be categorised into eight factors. These factors include: somatic anxiety/worry about performance; worry focus on self/other scrutiny; depression/hopelessness (psychological vulnerability); parental empathy; memory; trait anxiety; anxious apprehension and biological vulnerability (Kenny, 2016). For this study, in which anxiety levels were measured pre- and post-intervention, these factors provide greater insight into the participants' experiences of MPA and potential causal factors, allowing more accurate data comparison pre- and post- intervention. Other shorter item instruments, such as M-MPAS, consisting of only five items, would not be able to provide such insights.

Following the initial questionnaire, participants received a copy of *MPA & Me* in their preferred format to maximise engagement. They were offered three options: a physical printed booklet, a PDF version for printing or digital annotation, and an interactive digital copy with embedded text boxes. Among the five participants who completed the study, two requested the physical format, two opted for the PDF, and one chose the interactive format. Providing format choice was essential to minimise participant burden and support sustained engagement. Participants used the booklet at their own discretion and logged their usage in a "Log Book" section. This feature enabled exploration of whether the intervention was effective for singers with limited time for regular engagement. Whilst it was hypothesised that higher engagement would yield greater improvements, the study examined whether low usage could still produce meaningful outcomes for singers facing schedule-related barriers.

A 6-week engagement period with the resource was selected based on a combination of factors. Firstly, studies of a similar nature generally provided resources for a period of 6-12 weeks (Furmark *et al.*, 2009; Ritzert *et al.*, 2016; Wang, 2024), highlighting that short-term engagement with self-help resources could still yield significant results. With this in mind, initial plans for this study sought to provide participants with at least 9 weeks to engage with the self-management resource; however, delays in ethical approval, combined with time limits imposed by submission deadlines, reduced the maximum period to 6 weeks. It was determined that the potential limitations of this would need to be considered as part of the data analysis procedure.

Participants were given full autonomy to engage with the booklet at their discretion, rather than a prescribed amount of time over the 6-week timeframe, to allow them to self-manage their engagement with MPA exercises. Whilst some of the exercises in the book were designed to encourage daily or weekly participation, this was neither enforced at the point of participation nor throughout the study. Based upon the design of a previously mentioned study exploring the effectiveness of pure bibliotherapy against internet-based CBT accompanied by therapist guidance (Furmark *et al.*, 2009), this was done purposefully to allow the results to reflect the true impact of a fully self-managed approach to treating MPA, and to minimise any potential pressure on participants that may have arisen as a result of my position as an insider researcher. My involvement in prompting participants to continually engage, given my position in this study and my profession, would have crossed over into the realm of guidance, in accordance with Furmark *et al.* (2009).

Following the 6-week engagement period with the self-help resource, participants were sent a second, final questionnaire using a mixed-methods design. This consisted of two parts: the first section was a repeat of the quantitative design of the initial questionnaire, comprising the K-MPAI. The second part of the questionnaire was qualitative, comprising open-ended questions that asked the participants to describe their subjective experience of using *MPA & Me*. These questions were included to provide deeper insight into how each participant utilised and engaged with the intervention, if at all, to further determine how it may have impacted their experience of MPA.

Data Analysis

Qualitative data was analysed and coded using thematic analysis (TA). TA is a systematic procedure for analysing and interpreting qualitative data, in which recurring themes can be

identified through coding (Braun and Clarke, 2006; Clarke and Braun, 2016). It is frequently used in psychology to assess the meaning of participant experiences (Clarke and Braun, 2016). The flexible nature of TA means it is an appropriate data analysis method irrespective of sample size, data collection method or research question (Clarke and Braun, 2016; Nowell *et al.*, 2013). This flexibility also requires caution to avoid inconsistencies when creating logistical and consistent themes from the data (Nowell *et al.*, 2013). Transparency and consistent application of an appropriate epistemological position are therefore advised. Throughout the data analysis process, a reflexive journal was a critical tool for upholding transparency and rigour (Dodgson, 2019).

The open-ended questionnaires comprised eight questions (Table 2):

Table 2: *Open-ended questions as part of qualitative data collection method*

Number	Question
1	Before taking part in this study, how would you describe your experience of performance anxiety?
2	After taking part in this study, how would you describe your experience of performance anxiety?
3	Have you ever sought help or treatment for your performance anxiety before taking part in this study? If so - please explain what treatment this was.
4	Have you ever tried a "self-help" book or resource in any context before?
5	Do you think using resources to manage your performance anxiety works for you? If not, why?
6	Was there anything in "MPA & Me" that you felt was helpful to you? If yes, please explain.
7	Was there anything that would have made your experience of using "MPA & Me" better, or more useful?
8	Are there any final thoughts you would like to add? No need to answer if not applicable!

Two of these questions were mandatory (Questions 3 and 4). Other questions, particularly those relating to experiences of MPA, were left optional on ethical grounds to minimise the risk of unnecessary anxiety among participants and reduce burden. Thematic analysis of participant responses was conducted via the following process, as recommended by Creswell (2014) and Winter (2022): all responses to the open-ended questions were collected and arranged sequentially by question in a word document. Responses were read until familiarised, and initial codes were noted in the left-hand margin. After several rounds of coding, emergent themes were highlighted and colour-coded. Themes were then organised by category and frequency, and grouped to create four superordinate themes. The superordinate themes were generated to summarise the most important insights related to the research question: Contextualising Initial K-MPAI Scores; Contextualising Final KMPAI Scores; Perceived Benefits of the Resource and Perceived Limitations of the Resource.

Ethical Considerations

Ethical approval for this study has been granted by the UWTSD ethics committee in compliance with ethics guidelines (Appendix 4). Before completing the questionnaire, all participants completed an electronic consent form (Appendix 5). The consent form opened with an outline of the study aims, followed by participant inclusion criteria and a breakdown of each phase of participation. Given the sensitive nature of the study, these steps were taken to ensure that participants fully understood the scope and implications of participation. Following this, the consent form outlined potential risks and explicitly stated the participants' right to withdraw at any time. Within this, participants were provided with contact details for three different mental health support services to use at their discretion. Finally, participants were informed of the steps taken to ensure anonymity and data security. Following completion of the consent form, participants were then provided with the initial K-MPAI.

There was a conscious effort within the consent form design to balance clarity and simplicity. As participants were required to complete the form, followed by the K-MPAI, there was a potential risk that they would feel stress, burden, or anxiety if overwhelmed by too much information or technical language about the study. To combat this, each section of the consent form was presented on a separate page, with unnecessary jargon removed and design choices, such as colour and imagery, included to promote a pleasant user experience. The secondary questionnaire, in which participants completed the second round of the K-MPAI followed by open-ended questions, was designed in a similar manner. This included a recap of the overall study aims, followed by a breakdown of the final stages of

participation. Once again, all stages of the questionnaire, excluding the K-MPAI, prioritised clarity over jargon and utilised similar presentation techniques.

Ethics of Insider Research

The implications of my position as an insider researcher within this study posed several ethical challenges that were prioritised, given the study's sensitive nature. Firstly, as the intervention at the core of this study, *MPA & Me*, was my own creation based on my professional observations and experiences, there was a risk of analysis bias favouring a more positive result. The use of a mixed-methods design not only provided a deeper context for the results but also incorporated multiple methods of data collection as part of a process of triangulation. This was crucial to ensure reliability, validity, and transparency within the results. In addition, reflexivity was a central priority throughout this project. A handwritten reflexive journal was kept to address potential underlying biases before data analysis began and to reflect on personal assumptions that arose throughout the research.

Another important consideration was the impact of my professional status as a vocalist and vocal coach on participants. Firstly, recruiting participants via social media increased the likelihood of pre-existing relationships. In the final sample, there were two participants with whom I had existing professional relationships. This posed the risk that questionnaire responses would be influenced by feelings of pressure or a desire to please. To minimise this risk, it was made explicit that participants maintained the right to withdraw at any time. Furthermore, to further reduce pressure and minimise the influence of my position, only two out of eight open-ended questions were set to require a participant response, with the rest remaining optional (Table 3).

Table 3: Response Types for Open-Ended Questions

Question	Response type
Before taking part in this study, how would you describe your experience of performance anxiety?	Optional
After taking part in this study, how would you describe your experience of performance anxiety?	Optional
Have you ever sought help or treatment for your performance anxiety before taking part in this study? If so - please explain what treatment this was.	Required
Have you ever tried a "self-help" book or resource in any context before?	Required
Do you think using resources to manage your performance anxiety works for you? If not, why?	Optional
Was there anything in "MPA & Me" that you felt was helpful to you? If yes, please explain.	Optional
Was there anything that would have made your experience of using "MPA & Me" better, or more useful?	Optional
Are there any final thoughts you would like to add? No need to answer if not applicable!	Optional

Whilst this created a risk to the data, it was considered more important, on ethical grounds, that participants did not feel forced to further discuss potentially triggering MPA experiences after completing the K-MPAI, or feel pressured to provide feedback for the resource. The two only questions marked as *Required* pertained to previous treatment, as this was deemed necessary to gain insights into the participant's relationship with MPA interventions, and how this may have potentially impacted results. In addition, participants were made aware within the consent form process that all responses would remain strictly confidential. This was achieved by using code names for participant anonymity. Finally, all participants were given the option to receive a copy of their questionnaire responses as a means of member checking, to ensure accurate interpretation and to allow participants to redact any sensitive information. However, no participants responded; this could suggest that participants either felt comfortable with the data or had disengaged with the study post-completion. This may have been due to time constraints, or it may have been that my insider positionality deterred participants from providing honest feedback. Therefore, this should be considered a potential limitation in relation to the aims of this study.

Results

Participant Characteristics

The participants who completed the study were all female, aged between 18 and 42 ($n = 5$, $M = 32.2$, $SD = 9.91$). The majority of participants (60%) described themselves as professional singers, with one participant identifying as a student and one as a professional singer who is also studying. 40% of participants ($n = 2$) reported working predominantly in contemporary music (including jazz), whilst 20% ($n = 1$) reported working predominantly in musical theatre. The remaining 40% ($n = 2$) stated that they perform equally across both genres.

KMPA- I Scores (Pre-Intervention): Findings

The K-MPAI classifies an individual as having “above average” MPA if the score is 120 or above (Kenny, 2016). Upon completion of the first questionnaire, the mean score was 120 ($M = 120$, $SD = 52$). (Table 4).

Table 4: *Pre-intervention scores and post- intervention scores - t-test and descriptives*

Paired Samples T-Test						
			statistic	df	p	Effect Size
Score_Pre	Score_Post	Student's t	0.350	4.00	0.744	Cohen's d 0.157

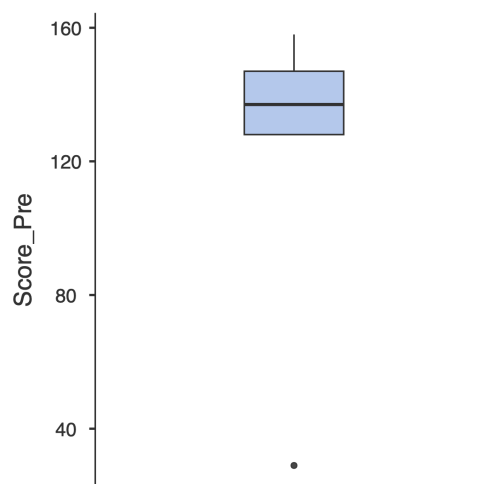
Note. $H_a: \mu_{\text{Measure 1}} - \mu_{\text{Measure 2}} \neq 0$

Descriptives					
	N	Mean	Median	SD	SE
Score_Pre	5	120	137	52.0	23.2
Score_Post	5	115	121	39.5	17.7

Eighty per cent of participants scored within a narrow range on the pre-intervention test ($n = 4$), indicating no discernible patterns in this small sample between age, professional status, primary genre, and K-MPAI scores. One participant produced an outlier result with a score of 29, which classifies this participant as being under the threshold for low performance anxiety in accordance with the K-MPAI scoring sheet (Kenny, 2016). The second-lowest score was

128, and the highest score was 158 (Figure 1). Whilst the outlier result impacted the mean, $M = 120$ is representative that overall, the majority of participants entered the study with levels of performance anxiety deemed above average ($Mdn = 137$). As volunteers for this study were all female, the findings do not permit any conclusions regarding gender differences in MPA.

Figure 1: Pre-intervention K-MPAI scores represented in a box plot



KMPA- I Scores (Post-Intervention): Findings

Following the completion of the intervention, there was no statistically significant reduction in MPA across the sample ($M = 115$, $p = 0.744$), confirming the null hypothesis (H_0). The average score on the K-MPAI decreased slightly post-intervention ($M = 115$, $Mdn = 121$), suggesting that at first glance, the intervention positively impacted the overall severity of MPA; however, these results are not generalisable. Whilst the average K-MPAI score decreased, two participants produced higher post-intervention scores than pre-intervention scores, impacting the overall mean (Table 5).

Table 5: Individual Scores Pre & post-intervention (Descriptives)

Descriptives			
	ID	Score_Pre	Score_Post
Sum	Participant 1	128	89
	Participant 2	29	65
	Participant 3	137	121
	Participant 4	158	166
	Participant 5	147	136

Whilst it was unexpected that scores would increase post-intervention, an analysis of scores for each K-MPAI factor provided important context behind these results. The questions of the K-MPAI are categorised into eight factors, representing eight separate psychological constructs that contribute to performance anxiety (Kenny 2009; Kenny, 2016): somatic anxiety/worry about performance; worry focus on self/other scrutiny; depression/hopelessness; parental empathy; memory; trait anxiety; anxious apprehension and biological vulnerability. For the purpose of analysis, each factor was assigned an abbreviation code (Table 6).

Table 6: *K-MPAI Factor abbreviation codes*

Factors of KMPAI	Code
Somatic anxiety/worry about performance	SAW
Worry focus on self/other scrutiny	WS
Depression/hopelessness	DH
Parental empathy	PE
Memory	Mem
Trait anxiety	TA
Anxious apprehension	AA
Biological vulnerability	BV

Table 7 shows that post-intervention scores within five factors decreased, but increased across three factors: parental empathy (pre-intervention, $M = 8.20$, post-intervention, $M = 8.60$), trait anxiety (pre-intervention, $M = 9.60$, post-intervention, $M = 11.20$) and biological vulnerability (pre-intervention, $M = 2.60$, post-intervention, $M = 3.20$).

Table 7: Comparison of pre- and post-intervention scores, divided by individual K-MPAI factors

Descriptives							
	N	Missing	Mean	Median	SD	Minimum	Maximum
SAW_Pre	5	0	35.40	42	13.99	12	46
SAW_Post	5	0	34.00	30	8.46	27	47
WS_Pre	5	0	29.40	35	14.33	4	38
WS_Post	5	0	26.40	31	12.40	5	36
DH_Pre	5	0	20.20	22	11.61	5	35
DH_Post	5	0	19.60	21	10.78	8	34
PE_Pre	5	0	8.20	2	9.34	2	23
PE_Post	5	0	8.60	6	8.08	1	21
Mem_Pre	5	0	5.20	6	5.02	0	10
Mem_Post	5	0	4.40	4	2.88	2	9
TA_Pre	5	0	9.60	9	5.73	2	17
TA_Post	5	0	11.20	13	3.96	6	15
AA_Pre	5	0	9.20	10	3.27	4	13
AA_Post	5	0	8.00	8	1.87	5	10
BV_Pre	5	0	2.60	1	2.70	0	6
BV_Post	5	0	3.20	4	2.17	1	6

Higher scores in each of these categories suggest an unexpected change in participants' perspectives on their experiences throughout the study. For example, a high score on the parental empathy factor indicates that the participant perceived a lack of parental empathy within their childhood (Kenny, 2011). Higher post-intervention PE scores indicate that participants' perceptions of parental empathy from childhood changed over the course of the study.

Similar to parental empathy, the results suggest that some participants' perception of their own anxious tendencies changed post-intervention. The score for trait anxiety is determined through three items in the K-MPAI:

Question 5: Excessive worrying is a characteristic of my family

Question 9: Sometimes I get anxious for no particular reason

Question 29: One or both of my parents were overly anxious

Higher trait anxiety scores post-intervention could explain higher-than-expected overall MPA scores in some participants, as several cross-cultural studies testing the validity of the K-MPAI found that higher levels of trait anxiety positively correlate with higher levels of MPA (Kenny, 2023).

Finally, Barlow's model of anxiety, from which the K-MPAI is based (Barlow, 2000; Kenny, 2023), conceptualises that some individuals may have a biological predisposition for anxiety, making them more susceptible. Vulnerability, when combined with early evaluative experiences, can trigger MPA characteristics (Kenny, Davis and Oates, 2004). Higher post-intervention scores on the biological vulnerability factor could suggest that participants' perceptions of their early evaluative experiences, and how these impacted them, also changed throughout the intervention.

It was unexpected that scores across these three factors would change throughout the intervention. Based on my insider perspective, it was not considered that *MPA & Me*, a practical intervention designed to be used as part of performance preparation, could impact participants' perspectives of parental empathy, trait anxiety or biological vulnerability. To assess potential systematic error, a t-test was conducted with scores from these three factors removed to examine the impact on statistical significance and effect size (Table 9). For analysis, this set of results was abbreviated as follows (Table 8).

Table 8: *Abbreviation codes for results that exclude parental empathy, trait anxiety and biological vulnerability scores*

Abbreviation Code	Translation
Pre_W/o_PE_TA_BV	Pre-intervention results, without parental empathy (PE), trait anxiety (TA) or biological vulnerability (BV) factors scores included
Post_W/o_PE_TA_BV	Post-intervention results, without parental empathy (PE), trait anxiety (TA) or biological vulnerability (BV) factors scores included

Table 9: Results excluding parental empathy, trait anxiety and biological vulnerability scores
- *t*-test

Paired Samples T-Test			statistic	df	p	Effect Size	
Pre_W/o_PE_TA_BV	Post_W/O_PE_TA_BV	Student's t	0.670	4.00	0.539	Cohen's d	0.300
Score_Pre	Score_Post	Student's t	0.350	4.00	0.744	Cohen's d	0.157

This test highlighted that removing these factor scores still did not produce statistically significant results ($t(4) = 0.670$, $p = 0.539$, Cohen's $d = 0.300$), however, as the effect size and p value did improve, this could suggest potential systematic error, as discussed in the next section (see "Discussion").

Qualitative Results

Qualitative data produced by open-ended questions was analysed using thematic analysis (Braun and Clarke, 2006). Questionnaire responses were grouped into four superordinate themes (Table 10):

Table 10: Thematic Analysis: Superordinate Themes

Thematic Analysis: Superordinate Themes	
Theme 1	Contextualising Initial K-MPAI Scores
Theme 2	Contextualising Final KMPAI Scores
Theme 3	Perceived Benefits of Resource
Theme 4	Perceived Limitations of Resource

These four themes were identified as significant because of their relationship to the study's aims. Qualitative, open-ended questions were used as part of a mixed-methods design to uncover subjective details of participants' experiences with MPA that could not be captured by the K-MPAI, thereby providing meaningful insights into how each participant responded to

the intervention. Therefore, themes 1 and 2 comprised subthemes that contextualised the questionnaire scores. Theme 1 particularly explored the participants' experience of MPA pre-intervention. Subthemes included: *Causes of MPA*; *Implications of MPA* and *Experiences of MPA*. The most frequently cited causes of MPA among participants were identified as *judgement from others*, *high-pressure performance situations* and a perceived *lack of confidence* (Appendix 6). Two of the five participants expressed concern about outsiders' perceptions of their vocal ability (Table 11) (Participant 1, Participant 4).

Table 11: Participant responses related to their experiences of MPA pre-intervention

Question	Participant ID	Response
Before taking part in this study, how would you describe your experience of performance anxiety?	Participant 1	My performance anxiety would often prevent me from being able to sing particularly when it came to assessed singing for exams. It was frustrating because I remember my teachers always saying 'Just sing out and it will sound great' but I could never seem to gather the confidence to do that. I was constantly worried about how people would think of me as a singer as well.
	Participant 2	Sporadic, and easily triggered by environmental factors (hormones, sleep, atmosphere of the performance)
	Participant 3	Fluctuating! It's definitely decreased as I have grown in confidence, but doing this study has made me realise it's still very much present.
	Participant 4	I would be excited to perform, I love performing - but before big/important performances I would experience a peak in nerves and anxiety. After performances could be even worse, when I would scrutinise every wobble, waiver or imperfect note. I have turned down a lot of gigs that would have been brilliant for my career, due to fear of not being good enough. My mind fills with thoughts that people feel bad for me, and want to boost my confidence, but really, they don't think I'm good either.
	Participant 5	It's something I have battled with my whole life and I have to navigate all the time.

Judgement from others as a primary concern for participants was reflected in the K-MPAI scores. When converting mean scores into percentages, the mean score for the factor *Worry focus on self/other scrutiny* was 61.25%, indicating that, in the pre-intervention test, this category produced the highest score on the K-MPAI compared to other factors (Table 12), showing convergence across the datasets:

Table 12: Participant pre-intervention scores converted into percentages

Category	Pre-Intervention Mean Scores	Highest possible score on K-MPAI	Score as percentages
Somatic anxiety/Worry about performance (SAW)	35.40	66	53.64%
Worry focused on self/other scrutiny (WS)	29.40	48	61.25%
Depression/hopelessness (DH)	20.20	48	42.08%
Parental empathy (PE)	8.20	24	34.1%
Memory (Mem)	5.20	12	43.33%
Trait anxiety (TA)	9.60	18	53.33%
Anxious apprehension (AA)	9.20	18	51.11%
Biological vulnerability BV)	2.60	6	43.33%

Theme 2 explored the participant experience of MPA post-intervention. Thematic analysis produced subthemes indicating perceived improvements in the experience of MPA across all participants, with the most frequent subtheme occurring as *MPA is more manageable, though still present* ($n = 3$), cited by Participant 1 (P1), Participant 2 (P2) and Participant 4 (P4). Other recurring subthemes included: *Improved self-efficacy* ($n = 2$); *improved positive outlook* ($n = 2$), and *management of post-event rumination* ($n = 2$) (Table 13).

Table 13: Frequency of recurring subthemes coded through thematic analysis within superordinate Theme 2: Contextualising Final KMPAI Scores

Contextualising Final KMPAI Scores		
Subtheme	Code	Frequency
Experience of MPA (Post)	MPA is more manageable, though still present	3 - P1, P2 (twice), P4
	Improved self-efficacy	2 - P1, P2
	An improved positive outlook	2 - P1, P2
	Improved self-worth	1 - P1
	Management of post-event rumination	2 - P1, P4
	Accepting compliments, shifting focus onto these rather than creating negatives	1 - P4
	Improved sense of control	1 - P3
	Boosted confidence	1 - P3
	Sense of achievement	1 - P3
	Self-worth attached to performances	1 - P3

The highest recurring theme *MPA is more manageable, though still present*, reflects the overall reduction of average post-intervention scores (Pre-intervention: $M = 120$; Post-Intervention: $M = 115$). However, when examining individual scores, there are anomalies present. Two of the participants who produced the code *more manageable, though still present* in their qualitative responses produced higher scores on the K-MPAI post-intervention (Participant 2, Participant 4). These results are contradictory. Potential implications of this are discussed below (see discussion) (Table 14).

Table 14: Comparison of qualitative results against pre- and post-intervention K-MPAI scores, with changes to score presented as percentages

Participant ID	MPA is more manageable, though still present	Pre-Intervention K-MPAI Score	Post-Intervention K-MPAI Score	Changes to score as a percentage
Participant 1	✓	128	89	↓ 30.46%
Participant 2	✓	29	65	↑ 124.14%
Participant 3		137	121	↓ 11.68%
Participant 4	✓	158	166	↑ 5.06 %
Participant 5		147	136	↓ 7.48 %

Superordinate themes 3 and 4 relate directly to the resource *MPA & Me*. Theme 3 - *Perceived Benefits of Resource* - produced several subthemes indicating that participants identified personal benefits of using the resource, including *identifying triggers*, *goal-setting* and *useful physical format*. Two recurring subthemes were *Reframing negative thoughts* and *Reminder of MPA strategies*. In these instances, it was interpreted that participants found the intervention helpful in reframing their thought processes to support intrinsic goals (Participant 3) and mindset (Participant 5). Theme 4 - *Perceived Limitations of the Resource* - indicated barriers for some participants in completing the intervention. 40% of participants generated the subtheme code of *time-related issues* within their responses (Table 15).

Table 15: Comparison of qualitative responses coded under subtheme “time-related issues” against pre- and post-intervention K-MPAI scores

Question	Participant ID	Subtheme Code: time-related issues	K-MPAI Score (Pre)	K-MPAI Score (Post)
Was there anything in "MPA & Me" that you felt was helpful to you? If yes, please explain.	Participant 4	“I liked the idea of the practice planner, but honestly, I didn't use this much as my physical health makes it very difficult to stick to set times and plans. When I'm in flare, I have to drop everything and rest, so I tend to practice when I can”.	158	166
After taking part in this study, how would you describe your experience of performance anxiety?	Participant 5	“I found the exercises really helpful and wish I had more opportunities to implement them”	147	136
Do you think using resources to manage your performance anxiety works for you? If not, why?	Participant 5	“I just didn't have many opportunities to test it out”.		

One participant indicated that participation in the study caused them to reflect upon their MPA, quoting that the study made them realise their MPA is still “very much present”. This potentially indicates that this participant found the study triggering (Table 16).

Table 16: Comparison of qualitative response from Participant 3, coded under subtheme “Barriers to Resource” against pre- and post-intervention K-MPAI scores

Question	Participant ID	Subtheme Code: Barriers to Resource	K-MPAI Score (Pre)	K-MPAI Score (Post)
Before taking part in this study, how would you describe your experience of performance anxiety?	Participant 3	“Fluctuating! It's definitely decreased as I have grown in confidence, but doing this study has made me realise it's still very much present”.	137	121

There was no discernible pattern between perceived limitations of the intervention and K-MPAI scores. Not all participants provided responses that could be coded under Theme 4 (*Perceived Limitations of Resource*), but among those who did, there was no significant change in MPA score from pre- to post-intervention.

Resource Engagement

Despite only two participants directly citing time-related barriers, participants appeared to have generally low engagement with *MPA & Me* throughout the six-week intervention. The post-intervention questionnaire asked participants to upload evidence of usage in the form of a personal log; however, only one participant completed this, evidencing 75 minutes of usage time. Other participants provided qualitative responses explaining how they utilised the book (Table 17). Interpretation of the results indicated that the general usage time for each participant was low; however, it is difficult to determine how much these results affected the overall K-MPAI score, as answers did not provide explicit details.

Table 17: *Qualitative responses indicating resource usage time*

Participant ID	Excerpt of Qualitative Responses
Participant 1	"I used the book mainly when I practiced to get in the habit of using the techniques described to remain calm when singing. I have performed 3/4 times since getting the book and each time I used the breathing exercises described to get myself in a calm headspace before I sang."
Participant 2	"I used the book the night before my gigs for about 30 minutes, and practised the breathing exercises the morning of my gig"
Participant 3	75 minutes (recorded within the personal log)
Participant 4	"I used the book at home twice and took it with me to a performance I was nervous for"
Participant 5	"I used the exercises in preparation for a workshop, the mind section was especially helpful for me."

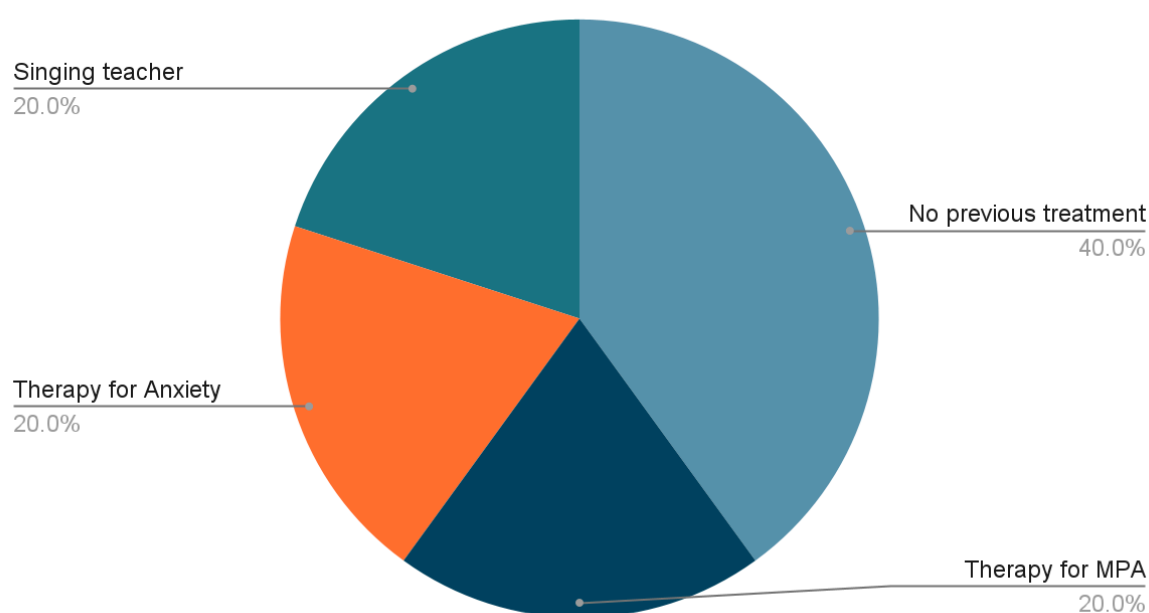
Previous Treatment

Participants were asked to disclose whether they'd received any prior treatment for MPA to determine whether this affected their response to the intervention *MPA & Me* (Table 18). 40% of participants ($n = 2$) stated that they'd received no previous treatment for MPA prior to participation. One participant (20%) disclosed that they had received therapy for anxiety, amongst other mental health conditions, but not specifically related to performance. 40% of participants ($n = 2$) had sought support specifically for MPA: one participant disclosed that they had received therapy, whilst the other explained that they'd received support from teachers (Figure 2). In their own words, Participant 1 described their teachers' support approach as "exposure".

Table 18: *Qualitative responses regarding previous treatment for MPA*

Question	Participant ID	Response
Have you ever sought help or treatment for your performance anxiety before taking part in this study?	Participant 1	"While it wasn't 'professional' psychiatric help, my previous singing teacher and music teacher did help me with my performance anxiety. It was mainly just exposure with them encouraging me to sing more but it sometimes just made my nerves worse"
	Participant 2	"No"
	Participant 3	"No, I don't think so. I just push on through and see it as a necessary evil"
	Participant 4	"I have had therapy for anxiety, among other mental health conditions, but I have never had performance-specific treatment"
	Participant 5:	Yes, therapy.

Figure 2: *Participants' prior experiences of previous treatment presented as a pie chart*



When comparing these qualitative results to the quantitative data, no discernible pattern was found between previous treatment and K-MPAI scores pre-or post-intervention (Table 19). The participant with the lowest overall score in both the pre- and post-intervention phase (Participant 2) had disclosed no previous treatment, whilst the participant with the highest overall score both pre and post-intervention (Participant 4) had received therapy for generalised anxiety. The participant with the most significant overall reduction in their score (Participant 1) had sought treatment from a music teacher. Whilst no generalisable conclusions can be drawn, analysis of participants' qualitative responses suggests that further study of how previous treatment affected receptiveness to the intervention would be valuable, as discussed below (see Discussion).

Table 19: Comparison of previous treatment outcomes against pre- and post- K-MPAI scores, with changes to scores presented as percentages

Participant ID	Previous Treatment	Pre-Intervention K-MPAI Score	Post-Intervention K-MPAI Score	Changes to score as a percentage
Participant 1	Support from teacher	128	89	↓ 30.46%
Participant 2	None	29	65	↑ 124.14%
Participant 3	None	137	121	↓ 11.68%
Participant 4	Therapy for generalised anxiety	158	166	↑ 5.06 %
Participant 5	Therapy - MPA specific	147	136	↓ 7.48 %

Previous relationship with self-help

Participants were asked to disclose any previous engagement with self-help resources to provide an insight into how a favourable attitude towards self-help may have impacted post-intervention K-MPAI scores (Table 20). 80% of participants reported having tried self-help books prior to participation in this study. Two participants stated that they had utilised self-help books for non-performance-related self-development, with Participant 2 quoting utilisation in a “spiritual context”.

Table 20: Qualitative Responses relating to previous engagement with self-help resources

Question	Participant ID	Response
Have you ever tried a "self-help" book or resource in any context before?	Participant 1	No
	Participant 2	In a spiritual context yes - but never in a way to improve my performance skills
	Participant 3	Yes, in other areas of my life!
	Participant 4	I have used a lot of books. Books on breath, mindfulness, journals with prompts, podcasts, audiobooks. I use the Finch app daily as well, which is great for me.
	Participant 5	Yes

Participants 4 and 5 disclosed that they had used self-help books before, but it could not be determined from their responses whether these were in the context of MPA support. There were no patterns observed between the prior use of self-help books and the impact on K-MPAI score; however, the relationship between participants' individual responses and K-MPAI scores is discussed below (see discussion).

Discussion

The results confirmed the null hypothesis, as there were no statistically significant findings indicating that the intervention was effective in reducing MPA. However, whilst there were no generalisable results given the small sample size, the interpretation of individual scores in relation to overall findings and themes highlights several areas that could form the basis for valuable further exploration both within my own practice and within the field of MPA support and performance pedagogy. The culmination and analysis of data from both quantitative and qualitative methods highlighted several areas for further study to advance the field. Additionally, the results provided valuable insight into the participant experience of utilising *MPA & Me*, which will serve as a foundation for further development of the resource within my own practice. To ensure rigorous analysis of all findings, subheadings from the section "Findings" have been replicated within the discussion section, however, given the mixed-methods design of this study, the findings from "K-MPAI Scores (Post-Intervention)" and "Qualitative Results" will be interwoven under the heading "Intervention Discussion", to show where results from both data sets converged and diverged following engagement with *MPA & Me*. Within this subsection, two qualitative themes generated through thematic analysis will be discussed: *Contextualising Initial K-MPAI Scores* and *Contextualising Final K-MPAI Scores*. The two themes will be discussed alongside K-MPAI scores to explore the first research question:

What changes, if any, occur in the severity of music performance anxiety among singers following engagement with the self-help resource MPA & Me?

The remaining two themes generated from thematic analysis - *Perceived Benefits of Resource* and *Perceived Limitations of Resource* - will be discussed separately under the heading "Benefits and Limitations of MPA & Me" in relation to the second research question:

How do singers perceive and experience the use of MPA & Me as a self-help approach to managing MPA symptoms?

Participant Characteristics: Discussion

As discussed, no clear patterns emerged between participant characteristics and K-MPAI scores, suggesting that age, professional status and musical genre did not influence outcomes. Although previous research identifies females (Herman and Clark, 2023), students (Papageorgi, Creech and Welch, 2011) and classical musicians (Vaag, Bjørngaard and Bjerkeset, 2015) as particularly vulnerable to MPA, the small sample size in the study precludes generalisable conclusions. Notably, all individuals who expressed interest in the study - including those who later withdrew ($n = 10$) - identified as female, indicating that the study may have been particularly appealing to women. This may reflect the higher prevalence and severity of MPA among female performers (Butković, Vukojević and Carević, 2021; Herman and Clark, 2023; González, Blanco-Piñeiro and Díaz-Pereira, 2017; James and Shipley, 2022) and the greater likelihood of women seeking support for mental health concerns more broadly (Harris *et al.*, 2015), as reported in the literature. As a female insider researcher, it is also possible that my social media network was disproportionately female, limiting gender diversity in recruitment. However, continued recruitment through snowball sampling suggests the topic itself may have resonated more strongly with women. This aligns with findings that self-help approaches in general are often favoured by females (Wilson and Cash, 2000; Zainal *et al.*, 2025) and that self-help interventions for anxiety, including MPA, often attract majority-female samples (Ritzert *et al.*, 2016; Wang, 2024). While the present study is too small to infer gendered treatment preferences, further research exploring gender and modality preferences would be valuable. In the context of my own practice, this would provide insight for the potential target audience for resources such as *MPA & Me*.

KMPAI- Scores (Pre-Intervention): Discussion

Pre-intervention scores from the K-MPAI suggested that 80% of participants entered the study with MPA levels deemed above average (Table 5), producing scores of 120 or higher (Kenny, 2016). Within the qualitative responses, the three most recurring themes - *judgement from others*, *high-pressure performance situations* and perceived *lack of confidence* - provide an insight into the severity of individual experiences. Participant 1 and Participant 4 both highlighted fears surrounding both scrutiny from others and scrutiny from self:

“It was frustrating... I remember my teachers saying 'Just sing out...' but I could never seem to gather the confidence... I was constantly worried about how people would think of me as a singer” (Participant 1)

“I would scrutinise every... imperfect note. I have turned down a lot of gigs... due to fear of not being good enough. My mind fills with thoughts that people feel bad for me... they don't think I'm good either” (Participant 4)

The ongoing battle between meeting one's own high standards of self and worrying about others' evaluations is a defining and complex feature of MPA, supporting the argument that it should be distinguished from social phobia for treatment purposes (Cina, 2021; Kenny, 2010). The responses of Participant 1 and Participant 4, when analysed against their pre-intervention MPA scores (Participant 1: 128; Participant 4: 158), indicate that this experience may be positively correlated with above-average levels of MPA. However, given the small sample size, further testing with a larger sample is required to produce generalisable conclusions. As participants volunteered of their own accord, it could be suggested that resources for managing performance anxiety, such as *MPA & Me*, appeal to individuals who perceive a more severe experience of MPA; a topic that would also serve as a basis for valuable further study.

Intervention Discussion

Results from the K-MPAI showed that the average score decreased post-intervention; however, these results were not statistically significant ($p = 0.744$). Of the five participants, three showed reductions in their overall K-MPAI score, suggesting that post-intervention, the perceived severity of their MPA improved. The remaining two participants had higher K-MPAI scores post-intervention, suggesting that their MPA experience became more severe. However, when integrating the qualitative results, there was divergence between the two datasets, with some participants reporting positive subjective experiences despite increases in K-MPAI scores. One participant whose K-MPAI score increased post-intervention described a shift in negative cognitions when asked to describe their experience of MPA upon completion of the study:

“Easier to manage through more positive means of self-control” (Participant 2)

The use of the term “self-control” in the context of managing MPA could imply that the participant previously struggled to stop themselves from thinking negatively about their performances, but has since found these cognitions easier to manage post-intervention. The remaining participant who generated a higher K-MPAI score post-intervention also described how the intervention helped them to reframe unwanted negative thoughts and focus on maintaining a positive outlook on performances:

“I do also still scrutinise after performances - but - I catch myself doing it and reframe to more positive thoughts. I also write down positive feedback from people, as historically, I tend to forget the positive things and spiral in my own thoughts. I would say that I have a better handle on the performance anxiety... I manage it better”
(Participant 4)

Several factors may have contributed to this discrepancy. Firstly, it could be suggested that the K-MPAI was unable to accurately capture improvements in cognitive processes relating to MPA post-intervention, which may have contributed to divergences between the quantitative and qualitative data. Of the eight factors outlined within the K-MPAI, *worry focus on self/other scrutiny*, was determined to be the factor that most closely represents the experience of negative cognitions. When focusing on individual scores for this factor alone, Participant 2 and Participant 4 were the only participants to show a slight increase post-intervention, despite qualitative responses suggesting their experience improved (Table 21):

Table 21: Analysis of K-MPAI factor results - Worry focused on self/other scrutiny

Factor: WORRY FOCUSED ON SELF/OTHER SCRUTINY					
Question Number from K-MPAI	Question Wording	Scores			
		Participant 2 (Pre-Intervention)	Participant 2 (Post-Intervention)	Participant 4 (Pre-Intervention)	Participant 4 (Post-Intervention)
7	Even if I work hard in preparation for a performance, I am likely to make mistakes	3	0	3	2
15	Thinking about the evaluation I may get interferes with my performance	0	2	4	5
18	I am often concerned about a negative reaction from the audience	1	0	3	4
21	I worry that one bad performance may ruin my career	0	0	2	2
25	After the performance, I worry that about whether I played well enough	0	0	6	6
32	After my performance, I replay it in my mind over and over	0	1	6	6
38	I am concerned about being scrutinised by others	0	1	5	5
39	I am concerned about my own judgement of how I will perform	0	1	6	6
Total:		4	5	35	36

As previously discussed, whilst the K-MPAI is generally regarded as the “gold standard” instrument for assessing performance anxiety (Burin and Osório, 2016; Kirsner, Wilson and Osborne, 2023), other mixed-method studies have shown that the instrument alone does not always capture subjective experiences adequately due to its questionnaire format (James and Shipley, 2022). The very nature of performance anxiety is subjective: it is the focus on and interpretation of pre-performance psychological arousal that shapes whether the performer feels enjoyment or fear during the performance (Hayes, 2009, cited in Mainwaring and Mor, 2019). This suggests potential limitations in the K-MPAI’s accuracy in capturing the subjective complexities of the MPA experience. It could be suggested that there is a need for additional mixed-methods studies to better understand these potential limitations.

Whilst these potential limitations are noteworthy, Participant 2 reported more positive self-directed cognitions, and Participant 4 reported a more positive outlook regarding others’ scrutiny. This could suggest that this factor within the K-MPAI (*Worry focus on self/other scrutiny*) was, in fact, relevant to their experiences. An alternative explanation for the divergence in data may be that my insider researcher positionality influenced participants’ responses. There was an existing professional relationship between me and Participant 2, as disclosed above (see “Ethics of Insider Research”), which may have affected their responses in the open-ended questions. There was no existing relationship between me and Participant 4 prior to the study; whilst this does not rule out that Participant 4 could also have been affected by my position as a professional within the music industry, it may highlight other potential limitations within the study. As the intervention only took place over a six-week period, it could also be suggested that participants genuinely felt some improvements at the time of answering the open-ended questions; however, these experiences weren’t fully embedded in the participants’ reality, resulting in discrepancies between datasets. A study by Clarke, Osborne and Baranoff (2020) evaluating the effectiveness of an ACT intervention with a similar design found no clinically significant improvements in K-MPAI scores within a six-week follow-up period; however, clinically meaningful change did occur during a second follow-up three months post-intervention. The six-week intervention period could therefore be considered a limitation of this study. Whilst none of these observations can be relied upon to determine the intervention’s effectiveness, the outcome suggests that the intervention warrants further study. Repeating the study with a larger sample size, over a longer period of time with additional follow-up measures, and comparing the K-MPAI results against a control group would be beneficial for ensuring the validity of the results.

Individual Factor Results

Examining the results further, it was determined that average scores increased post-intervention within three of the eight K-MPAI factors. The first factor where this occurred was *parental empathy*. 40% of participants ($n = 2$; Participant 1, Participant 2) scored higher on the parental empathy factor of the K-MPAI post-intervention. This suggests that, post-intervention, these two participants perceived lower levels of parental empathy in their childhood, indicating their interpretation of parental relationships became more negative across the course of the intervention. Studies show that musicians who perceive a lack of support or frequent criticism from their parents in their early childhood are more likely to experience higher levels of performance anxiety as adults (Kirsner, Wilson and Osborne, 2023; Osborne, Kenny and Cooksey, 2007). In the case of Participant 2, whose overall MPA scores increased by over 124%, this might have explained how a change in perception of parental empathy impacted their overall MPA score. However, as Participant 1's post-intervention K-MPAI score decreased by more than 30%, there is no evidence in this study to suggest a correlation. The remaining factors in which average K-MPAI scores increased were *trait anxiety* (TA) and *biological vulnerability* (BV). Trait anxiety is described by Kenny, Davis and Oates (2004) as "the expression of generalised biological vulnerability". It can be defined as a stable personality characteristic reflecting a general predisposition to experience anxiety, independent of immediate external triggers (Beenen, Vosters and Patel, 2025). Biological vulnerability, in this context, refers to the general, heritable tendency towards negative emotional states (Barlow, 2000; Kenny, 2023). TA and BV are both commonly identified as contributors to the development of performance anxiety. Studies have shown that higher levels of TA are often associated with more severe performance anxiety (Horikawa and Yagi, 2012; Kenny, Davis and Oates, 2004; Osborne, Kenny and Cooksey, 2007), and biological predispositions combined with early negative performance experiences are the basis for the development of MPA (Kenny, 2023). With this in mind, it could be suggested that increased mean scores for TA and BV post-intervention may explain why overall MPA scores did not decrease as much as expected, despite positive subjective experiences reported in open-ended questions. However, when examining individual scores more closely, there is no significant pattern in which participants with higher K-MPAI scores also have higher scores on individual factors (Table 22). For example, Participant 5's BV score increased post-intervention, but overall, their K-MPAI score improved by over 7%.

Table 22: Factor score comparisons for each participant (pre- and post-intervention)

Factor (Code)	Participant 1		Participant 2		Participant 3		Participant 4		Participant 5	
	Pre	Post	Pre	Post	Pre	Post	Pre	Post	Pre	Post
SAW	44	27	12	30	33	28	42	47	46	38
WS	37	27	4	5	38	33	35	36	33	31
DH	13	10	5	8	22	21	35	34	26	25
PE	2	3	2	6	2	1	23	21	12	12
Mem	10	4	0	2	10	9	0	2	6	5
TA	7	6	2	8	17	14	9	15	13	13
AA	10	8	4	5	9	9	13	10	10	8
BV	5	4	0	1	6	6	1	1	1	4
TOTAL	128	89	29	65	137	121	158	166	147	136

As these factors represent relatively stable traits, changes to scores within these factors may indicate systematic measurement error. As the K-MPAI relies on retrospective self-report, it is possible that participants may have overestimated the negative emotions associated with their lived experiences in the post-intervention K-MPAI. Completing the K-MPAI pre-intervention required participants to answer four questions relating to their childhood experiences:

1. *My parents were mostly responsive to my needs*
2. *My parents almost always listened to me*
3. *As a child, I often felt sad*
4. *My parents encouraged me to try new things*

Answering these questions pre-intervention may have prompted participants to reflect on these experiences across the study period, bringing to the forefront potential negative experiences that were then emphasised in the post-intervention questionnaire. Guidance

from the Institute for Child Success (n.d) on evaluation design suggests that retrospective self-report tools are prone to recall bias because participants may inaccurately reconstruct their pre-intervention state when responding after the fact. Additionally, research shows that individuals often overestimate negative emotional states when recalling them retrospectively, compared with real-time assessments, consequently causing recall bias (Sato & Kawahara, 2011). The potential unintentional exaggeration of trait-related anxiety, vulnerability and perception of parental empathy post-intervention may have caused inflation within the related subscale scores. Notably, as discussed, when these three factors were removed, both the p-value and effect size improved, further suggesting that these three items introduced potential bias, rather than reflecting meaningful intervention effects. Consequently, individual factor-level increases should be interpreted with caution. Repeating this study with a larger sample size would be beneficial to further explore the possibility of systematic error in the K-MPAI when used as part of a mixed-methods study pre- and post-intervention.

Whilst the possibility of systematic error may have contributed to the unexpected increases in individual factor scores, it is not an inevitable outcome of small-sample designs using self-report instruments. For example, a study by Clarke, Osborne and Baranoff (2020) evaluating the effectiveness of ACT therapy with a similar sample size ($n = 6$) used the K-MPAI pre- and post-intervention, without apparent measurement bias affecting the results, suggesting that other components may explain unexpected results. An alternative explanation for the unexpected changes in factor scores could be explained through the participants' qualitative responses. Participant 2, who reported higher post-intervention scores in every factor, described their experience of MPA pre-intervention as sporadic, explaining that external factors heavily impact their performance anxiety:

“Sporadic, and easily triggered by environmental factors (hormones, sleep, atmosphere of the performance)” (Participant 2)

This response suggests that Participant 2 feels more vulnerable to MPA when they experience changes in their physical well-being, such as a lack of sleep and hormonal imbalances. It could be interpreted from this response that Participant 2 experiences state anxiety when external factors are perceived to impact their performance mindset. State anxiety, unlike trait anxiety, is a transient emotional state, marked by subjective feelings of anxiety that can fluctuate in intensity (Horikawa and Yagi, 2012). Research suggests that state anxiety and trait anxiety are related, and both can contribute to performance anxiety, as well as impact performance quality (Kenny, Davis and Oates, 2004), with studies showing

that higher levels of trait anxiety often coincide with increased state anxiety in high-pressure performance environments (Horikawa and Yagi, 2012). As the inclusion criteria for this study required participants to be actively performing throughout the duration, it may be possible that Participant 2 had a recent experience of increased state anxiety before completing the open-ended questions, potentially exacerbating their perceived experience of MPA throughout the completion of the second questionnaire. However, as Participant 2 does not explicitly state this, this interpretation should be treated with caution. Further study into the effectiveness of the intervention may benefit from the inclusion of an additional instrument, such as the State-Trait Anxiety Inventory (STAI) (Spielberger, 1983, cited in Kenny, Davis and Oates, 2004), alongside the K-MPAI. The STAI consists of two 20-item questionnaires that assess state and trait anxiety by measuring apprehension, nervousness, worry and tension, as well as anxiety-proneness (Kenny, Davis and Oates, 2004). This would enable more concrete conclusions to be drawn about how state anxiety levels may impact overall MPA results. However, it must be considered that increasing the burden on participants by adding the STAI may pose ethical challenges.

It is also possible that the intervention itself caused participants to perceive their MPA experiences differently. *MPA & Me* contained exercises rooted in CBT, designed to help individuals restructure maladaptive thought patterns to change problematic behavioural outcomes (Kenny, 2004; Kenny, 2011; Spahn, 2015). Exercises of this nature encouraged participants to record potential MPA triggers and negative thoughts that contribute to feelings of anxiety. It is possible that this prompted participants to reflect on negative childhood or performance-related experiences, causing a change in perspective and ultimately affecting their K-MPAI scores. When asked to describe their experience of MPA before taking part in this study, Participant 3 explained that participation caused them to acknowledge the fact that MPA is still very much an ongoing experience, insinuating that before participation, they believed their MPA was less of an issue:

“Fluctuating! It's definitely decreased as I have grown in confidence, but doing this study has made me realise it's still very much present” (Participant 3)

This may suggest that working through the intervention caused some participants to reflect, process or relive MPA triggers that may have impacted the way in which they completed the K-MPAI. To explore this concept further, future studies could incorporate a more thorough examination of the thought processes and triggers that arise for participants during the intervention. This could be achieved through in-depth open-ended interviews with participants to better understand their subjective experiences, or through the analysis of

participants' completed interventions. However, once again, the ethical implications of both routes must be considered, as they cause additional stress for participants.

Benefits and Limitations of MPA & Me

In the qualitative responses, participants outlined the perceived benefits and limitations of the *MPA & Me* intervention. These responses, coded under *Theme 3: Perceived Benefits of Resource* and *Theme 4: Perceived Limitations of Resource*, provided crucial insight into the participant experience of using the resource itself, making these two themes particularly valuable and relevant to the aims of this project, which relate to the development of my own professional practice. The most commonly cited benefit of the intervention was reframing negative thoughts and creating more positive cognitions, which boosted confidence for Participant 3 and increased self-esteem for Participant 4. Participant 5 also expressed that the most useful section for them was the "Mind" section, which features CBT-based exercises designed to improve performance mindset.

"The reframing of my own value to intrinsic goals and using preparation to boost confidence" (Participant 3).

"I loved the self-statement prompts, as I struggle to think of positives, but from suggestions, I can find ones that fit me better" (Participant 4).

Another perceived benefit - cited twice by Participant 4 - was having the resource to remind them how and when to do breathing exercises for the reduction of anxiety:

"I loved the breathing exercises - although I already know a lot about breath and different exercises... remembering to do them is a different story" (Participant 4).

This suggests that Participant 4 had a prior understanding of the benefits of breathing exercises, but, amongst a busy schedule, finds it difficult to remember to utilise them, and having access to the resource reminded them that they can be useful as part of a performance preparation routine. Participant 3 also commented that the resource served as a valuable tool for performance preparation, helping them to feel a greater sense of control over their MPA.

"I genuinely found the "preparation" section really helpful. It gave me back a sense of control and took away a lot of the feeling of the unknown" (Participant 3).

When examining grey literature in the form of existing MPA self-help books as part of the creation of *MPA & Me*, exercises that supported performance preparation were referenced in over 65% of the examined titles. In some cases, grey literature emphasised practice as an essential part of performance preparation for reducing MPA (Buswell, 2006; Cornett, 2019; Klickstein, 2009). Consistent with this, several studies indicate that inadequate preparation is among the most commonly reported triggers of MPA in musicians (Kenny, 2011; Osborne, Greene and Immel, 2014). The response from Participant 3 highlights the value of exercises for performance preparation in a resource such as *MPA & Me*, providing a valuable insight for its future development. However, some researchers have highlighted the potential dangers of music educators pushing the rhetoric that increased practice will decrease performance anxiety, as in reality, the experience of MPA is far more complex (Nagel, 1990; Taborsky, 2007). *MPA & Me* contains a variety of performance preparation tools that were created based upon my own professional experiences and best practices identified within existing resources: two of these tools are designed to help musicians organise resources, materials and logistics ahead of a performance day, and one is presented as a practice diary (Appendix 1). A valuable consideration for the future development of *MPA & Me* could be to make the potential benefits and risks of relying on a practice diary to manage MPA explicit. Should *MPA & Me* ever be developed into a resource that music teachers can utilise to provide them with MPA support strategies, this disclaimer may help to prevent teachers from adopting inflexible "one size fits all" approaches.

Another valuable consideration for the future development of the resource was identified through analysis of participant feedback. Participant 3 suggested that scope for further personalisation and customisation of performance preparation exercises would give the resource additional flexibility:

"I really liked the idea of the Performance Day Planner and wanted to add a couple of my own sections to it. A couple of blank boxes for my own additions would be nice!"
(Participant 3)

Additionally, one suggestion for the addition of QR codes linking to video demonstrations highlighted that the resource may benefit from the addition of more practical exercises in additional formats:

“QR codes to little videos might be a nice addition for some of the exercises”
(Participant 3)

These responses support my initial observation that there is a market for highly practical self-help MPA support tools for singers, as discussed above (see Literature Review). As many of the existing MPA resources are presented in the form of self-help books, with exercises scattered amongst passages of lengthy reading material, it could be suggested that further development of *MPA & Me* to include additional customisable, interactive and practical elements would contribute to filling a gap in the market for resources of this nature.

Alongside these suggested benefits, analysis of participant responses against participant engagement with the resource indicated potential limitations of the intervention.

Interpretation of the results indicated that participants' usage time was generally low. Given the vagueness of the responses, it is difficult to determine the cause. There were no specified requirements for engagement outlined within the study information, which was made explicit to participants. This was done to ensure that participants engaged with the resource on their own terms, providing a true reflection of the reality of using a resource such as *MPA & Me* in a real-life setting, and to ensure that participants were not forced to utilise the resource should they have found it not beneficial or potentially triggering.

However, participants were asked to record their usage time within the resource under a section titled “Log book”, and were given the option to upload this page as part of the final questionnaire. This was completed by only one participant, suggesting that the remaining 80% of participants either did not log their usage time or did not want to share it. This may have been due to my insider researcher status, in which participants feared judgement if they disclosed their actual usage time. Alternatively, participants may have found this section unclear or difficult to engage with. Interpreting qualitative responses, it could be suggested that several participants faced time-related barriers that prevented them from engaging more fully with the resource. Participant 4 disclosed that health-related issues at the time of participation prevented them from engaging with the performance-preparation section of the resource regularly, which provides insight into mitigating circumstances that may have impacted results:

“I didn't use this much as my physical health makes it very difficult to stick to set times and plans” (Participant 4)

However, responses from Participant 5 suggested that they struggled to engage with the resource due to a lack of time:

“I found the exercises really helpful and wish I had more opportunities to implement them... just didn't have many opportunities to test it out” (Participant 5)

This could indicate that the utilisation of *MPA & Me* around Participant 5's busy schedule did not feel practical or feasible. As previously discussed, previous reports suggest that a lack of time is a barrier faced by many musicians that prevents them from accessing treatment for debilitating MPA (Shaw, Juncos and Winter, 2020) or prevents them from engaging fully with interventions (Ritzert *et al.*, 2016). This highlights a potential limitation that requires further research. As the design of *MPA & Me* was intended to be flexible for singers with busy schedules due to its practical and portable format, it could be suggested that further research into effective, flexible resources that support the realities of being a professional musician is essential for the resource to be further developed in line with its intended purpose. Additionally, it could be argued that music industry executives and government officials must do more to support musicians with unsociable hours and the time conflicts associated with creative freelance work. These steps may be a beneficial contribution to supporting the well-being of musicians.

Previous Treatment: Discussion

There was no discernible pattern between exposure to previous treatment and the outcome of the intervention *MPA & Me*, which may be attributed to the small sample size. However, it could be deemed noteworthy that the three participants who had received previous treatment all entered the study with above-average performance anxiety levels according to their pre-intervention K-MPAI scores. Hypothetically, if all participants had entered this study without receiving any previous treatment, it would have been plausible to suggest that resources such as *MPA & Me* appealed most to those who had either avoided other treatment options or were seeking MPA support for the first time. However, as more than 60% of the sample had prior treatment experience and above-average scores on the K-MPAI pre-intervention, this could suggest that participants did not feel their prior treatment was sufficient in reducing MPA, leading them to volunteer for this study. Qualitative responses from Participant 1 provided an interesting insight into their experience of working with a vocal coach and music teacher to manage MPA symptoms:

“...my previous singing teacher and music teacher did help me with my performance anxiety. It was mainly just exposure with them encouraging me to sing more but it sometimes just made my nerves worse” (Participant 1).

This account suggests that, although the teachers' intentions were supportive, their approach may not have adequately addressed the participant's individual experience of MPA. In particular, their reliance on exposure-based strategies may have exacerbated anxiety in some instances. Drawing on my experience as a singing teacher, it is understandable that, without adequate training, teachers may rely on their own experiences and previously successful strategies to support MPA without awareness of its complex and subjective nature. This is supported by the literature: studies have shown that over 22% of lecturers utilise teaching methods they were exposed to by faculty during their own education (Oleson and Hora, 2013). Additionally, there is evidence to suggest that 30% of musicians who leave the profession due to debilitating MPA become educators, potentially facilitating MPA by passing down controlling teaching strategies (Bonneville-Roussy, Hruska and Trower, 2020; Patston, 2014). As previously discussed, further study into how *MPA & Me* may be adapted as a resource for teachers could provide music educators with more flexible support strategies tailored to the students' individual needs. Additionally, these findings highlight that the sector would benefit from further research that supports educational institutions in providing MPA training for performance teachers.

Relationship with Self-Help Books: Discussion

Eighty per cent of participants reported using self-help tools previously, although none explicitly stated that this was in a performance-related capacity. This supports the notion indicated within previous research that a favourable attitude towards self-help increases the likelihood of engagement with self-help resources (Wilson and Cash, 2000). Whilst the small sample size prevents generalisable conclusions, the reduction in mean scores on the post-intervention K-MPAI and the positive outcomes cited within the qualitative results potentially indicate that musicians with prior experience of self-help may be more likely to engage with self-help MPA interventions and experience positive outcomes. However, as the individual K-MPAI scores were inconsistent with this pattern, no generalisable conclusions can be drawn regarding participants' relationships with self-help and intervention outcomes, indicating the need for further research to explore this concept. For example, Participant 1 was the only participant with no prior self-help exposure, but their post-intervention K-MPAI score decreased by over 30%, whilst Participant 4 produced a higher post-intervention

K-MPAI score, despite explicitly stating a high level of previous engagement with self-help books:

“I have used a lot of self-help books. Books on breath, mindfulness, self-help journals... which is great for me” (Participant 4).

The impact of favourable attitudes towards self-help and how this might affect the outcome of self-help interventions may be a worthwhile topic for further investigation. According to Ogles (1991, cited in Wilson and Cash, 2000), self-help readers with higher initial expectations of benefit are more likely to experience greater symptom improvement, suggesting that those who perceive self-help to be beneficial are more likely to genuinely experience benefits. To better understand how prior exposure and positive perceptions of self-help influence the effectiveness of self-help interventions, repeating this study with a larger sample size would be beneficial. Including a control group with negative preconceptions, or no prior exposure to self-help interventions, could clarify how musicians' characteristics and attitudes influence intervention outcomes.

Wilson and Cash (2000) observed that individuals who regularly engage with self-help tend to exhibit stronger self-regulation skills and report higher life satisfaction, suggesting that people with greater psychological mindedness may be more inclined to use self-help resources. Although this study did not directly assess psychological mindedness, self-regulation or life satisfaction, it is notable that 75% of the participants who had previously used self-help reported above-average MPA at baseline, with K-MPAI scores of 120 or higher. Previous research indicates that higher self-regulation is associated with lower MPA (Moral-Bofill *et al.*, 2022), and elevated MPA corresponds with reduced life satisfaction (Kinney *et al.*, 2025). Given that this study did not measure the relevant psychological constructs, firm conclusions cannot be drawn; however, the high proportion of participants with above-average MPA suggests a potential divergence between Wilson and Cash's (2000) profile of typical self-help users and the types of musicians drawn to self-help interventions for MPA. Further study with a larger sample size and the inclusion of measures of psychological mindedness, life satisfaction, and self-regulation may be beneficial for discerning how certain psychological characteristics affect outcomes of self-help interventions.

Conclusion

This study provided insight into the effectiveness of the self-help resource *MPA & Me* in reducing MPA. Whilst results were not statistically significant, an overall decrease in K-MPAI scores post-intervention suggests that this intervention may be of value to singers seeking support to reduce MPA and warrants further study. From the results, it was determined that, for certain individuals, *MPA & Me* has the potential to support the reframing of negative cognitions, facilitate a positive performance mindset, and assist with pre-performance preparation, helping participants feel a greater sense of control ahead of performances. Additionally, *MPA & Me* may serve as a useful reminder of strategies, such as breathing techniques, that can benefit singers pre-performance. The findings are valuable to the development of my personal practice, providing useful insights into the potential target market for such a resource and potential improvements to support its future development.

The divergence between individual K-MPAI scores from the quantitative method and subjective participant responses in the qualitative questionnaire highlights that measuring the severity of MPA pre- and post-intervention is complex and multi-factorial. For example, despite its extensive validation, findings from the K-MPAI should be interpreted with caution, as the instrument's quantitative format may not adequately capture an individual's unique experience of MPA - a limitation mirrored in other peer-reviewed studies (James and Shipley, 2022). Additionally, caution should be taken when interpreting qualitative datasets relating to subjective experiences, as factors such as researcher positionality and participant-researcher relationships have the potential to influence results. Finally, the findings highlight the importance of equipping performance teachers with appropriate tools, training, and resources that can be flexibly adapted to the subjective, individualised nature of MPA to ensure adequate support is provided within the voice studio or music classroom. Recommendations for future study are discussed below.

Reflecting on the aims and learning outcomes of this study relating to my personal and professional development, throughout this research, I have developed valuable insight into the complexities of both the experience of MPA and how a variety of subjective factors, including characteristics, time, experience of previous treatment, and preconceived attitudes, may affect the way an individual responds to or engages with MPA support. This will serve as a valuable foundation for the future development of *MPA & Me*. Based on the findings, I intend to explore ways to further adapt the resource to meet the needs of musicians facing time-related barriers. Participant 3's feedback on the inclusion of interactive video content to support the workbook itself will serve as a valuable first step for me to address. Additionally,

exploring best practices for sharing the knowledge gained from this process with other voice practitioners, perhaps by adapting *MPA & Me* into teacher training resources, is something I intend to address in my future research endeavours to help address the previously identified gap.

Limitations

This study has several limitations that should be considered when interpreting the results. Firstly, whilst reflexivity was a central focus throughout this study, my position as an insider researcher and the creator of the intervention makes it impossible to rule out potential bias in the interpretation of the results. Additionally, whilst existing participant-researcher relationships have been made explicit, with measures taken to reduce the risk of participant responses being influenced by my position, this possibility cannot be ruled out. Therefore, qualitative results must also be interpreted with caution. The size and scope of this study also created time constraints, which meant the intervention could only be carried out over a six-week period, potentially limiting participant engagement and the extent to which improvements in the experience of MPA were fully integrated. Finally, the small, all-female sample means that the results are not generalisable to a wider population and are therefore only applicable to the individual participants in this study. However, individual results highlight several valuable observations that warrant further study, as outlined below.

Recommendations for Future Research

The effectiveness of the intervention *MPA & Me* would benefit from further study with a larger sample size that encompasses a more diverse range of ages, musical genres and professional backgrounds, as well as a more even distribution of genders, to determine the impact of participant characteristics on results. A larger sample size would strengthen the reliability and generalisability of the findings. Extending the study with longer-term follow-up would also clarify whether sustained use of the resource affects the significance of the results and the long-term severity of MPA. Additionally, further research is required to determine whether potential systematic error, such as recall bias, arises when the K-MPAI is completed twice within the same study. Again, this would require a larger population size and potentially the implementation of a control group.

This study also highlights that further research into perceived barriers to MPA treatment, as reported by musicians, is essential to making progress towards reducing MPA prevalence.

The results of this study, despite poor generalisability, indicate that the realities of being a professional musician present challenges for some singers when engaging with support resources, such as time restraints. Further study into how interventions can be made more accessible, or how music industry executives can ensure that barriers to MPA support are improved, will be an essential step towards reducing the prevalence of severe MPA for professional singers.

Additionally, it could be suggested that further research is required to provide music educators and voice teachers with tools that can be flexibly adapted within their practice to support students with MPA. It is clear that voice teachers play a central role in supporting singers' performance-related anxieties, but with limited access to training, it could be argued that further study is essential to equip teachers with the resources they need to provide adequate MPA support to their students. Studies that explore cost-effective and accessible training programmes that can be rolled out within music institutions and voice studios may be beneficial. With this in mind, further study into how *MPA & Me* could be adapted to address this gap would be a valuable next step in my professional practice.

Reference list

Barlow, D.H. (2000) 'Unraveling the mysteries of anxiety and its disorders from the perspective of emotion theory', *American Psychologist*, 55(11), pp. 1247–1263. Available at: <https://doi.org/10.1037/0003-066x.55.11.1247>

Beenen, K.T., Vosters, J.A. and Patel, D.R. (2025) 'Sport-related Performance Anxiety in Young Athletes: A Clinical Practice Review', *Translational Pediatrics*, 14(1), pp. 127–138. Available at: <https://doi.org/10.21037/tp-24-258>

Berg, L., King, B., Koenig, J. and McRoberts, R.L. (2022) 'Musician Occupational and Financial Stress and Mental Health Burden', *Psychology of Music*, 50(6). Available at: <https://doi.org/10.1177/03057356211064642>

Bergsma, A. (2007) 'Do self-help Books help?', *Journal of Happiness Studies*, 9(3), pp. 341–360. Available at: <https://doi.org/10.1007/s10902-006-9041-2>

Bonneville-Roussy, A., Hruska, E. and Trower, H. (2020) 'Teaching Music to Support Students: How Autonomy-Supportive Music Teachers Increase Students' Well-Being', *Journal of Research in Music Education*, 68(1), pp. 97-119. Available at: <https://doi.org/10.1177/0022429419897611>

Braun, V. and Clarke, V. (2006) 'Using Thematic Analysis in Psychology', *Qualitative Research in Psychology*, 3(2), pp. 77–101. Available at: <https://doi.org/10.1191/1478088706qp063oa>

Bresler, L. and Stake, R. (2006) 'Qualitative Research Methodology in Music Education', in R. Colwell (ed.) *MENC Handbook of Research Methodologies*. Oxford University Press, pp. 270–311

Burin, A.B. and Osório, F.D.L. (2016) 'Interventions for Music Performance anxiety: Results from a Systematic Literature Review', *Archives of Clinical Psychiatry*, 43(5), pp. 116–131. Available at: <https://doi.org/10.1590/0101-608300000000097>

Buswell, D. (2006). *Performance Strategies For Musicians: How to overcome stage fright and performance anxiety and perform at your peak... using NLP and visualisation*. UK: MX Publishing.

Butković, A., Vukojević, N. and Carević, S. (2021) 'Music performance anxiety and perfectionism in Croatian musicians', *Psychology of Music*, 50(1), pp. 100-110. Available at: <https://doi.org/10.1177/0305735620978692>

Carroll, E. (2021). *Stress and Burnout Among Undergraduate Music Education Majors: An Examination of Trends, Influences, and Coping Mechanisms*. Honours Project. Bowling Green State University. Available at:
<https://scholarworks.bgsu.edu/cgi/viewcontent.cgi?article=1824&context=honorsprojects>
(Accessed 10 Dec. 2025)

Castro, F.G., Kellison, J.G., Boyd, S.J. and Kopak, A. (2010) 'A Methodology for Conducting Integrative Mixed Methods Research and Data Analyses', *Journal of Mixed Methods Research*, 4(4), pp. 342–360. Available at: <https://doi.org/10.1177/1558689810382916>

Cina, J.A. (2021) 'Music Performance Anxiety and Cognitive-Behavioral Therapy: Some Pedagogical Insights', *College Music Symposium*, 61(2). Available at:
<https://doi.org/10.18177/sym.2021.61.sr.11529>

Clarke, L.K., Osborne, M.S. and Baranoff, J.A. (2020) 'Examining a Group Acceptance and Commitment Therapy Intervention for Music Performance Anxiety in Student Vocalists', *Frontiers in Psychology*, 11. Available at: <https://doi.org/10.3389/fpsyg.2020.01127>

Clarke, V. and Braun, V. (2016) 'Thematic Analysis', *The Journal of Positive Psychology*, 12(3), pp. 297–298. Available at: <https://doi.org/10.1080/17439760.2016.1262613>

Cornett, V. (2019). *The Mindful Musician: Mental Skills for Peak performance*. Kettering: Oxford University Press.

Craske, M., Niles, A., Burklund, L., Wolitzky-Taylor, K., Plumb Vilardaga, J., Arch, J., Saxbe, D. and Lieberman, M. (2014) 'Randomized Controlled Trial of Cognitive Behavioural Therapy and Acceptance and Commitment Therapy for Social Phobia: Outcomes and Moderators', *Journal of Consulting and Clinical Psychology Association*, 82(6), pp. 1034–1048. Available at: <https://doi.org/10.1037/a0037212>

Creswell, J.W. (2009) *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. 3rd ed. Los Angeles: Sage Publications Ltd.

Creswell, J.W. (2014) *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. 4th ed. London: Sage Publications Ltd.

Cuijpers, P. and Schuurmans, J. (2007) 'Self-help interventions for anxiety disorders: An overview', *Current Psychiatry Reports*, 9(4), pp. 284–290. Available at:
<https://doi.org/10.1007/s11920-007-0034-6>

Dobos, B., Piko, B.F. and Kenny, D.T. (2018) 'Music performance anxiety and its relationship with social phobia and dimensions of perfectionism', *Research Studies in Music Education*, 41(3), pp. 310-326. Available at: <https://doi.org/10.1177/1321103x18804295>

Dodgson, J.E. (2019) 'Reflexivity in Qualitative Research', *Journal of Human Lactation*, 35(2), pp. 220-222. Available at: <https://doi.org/10.1177/0890334419830990>

Doyle, L.H. (2003) 'Synthesis through meta-ethnography: paradoxes, enhancements, and possibilities', *Qualitative Research*, 3(3), pp. 321-344. Available at: <https://doi.org/10.1177/1468794103033003>

Dunning, H., Williams, A., Abonyi, S. and Crooks, V. (2007) 'A Mixed Method Approach to Quality of Life Research: A Case Study Approach on JSTOR', *Social Indicators Research*, 85(1). Available at: <https://doi.org/10.2307/27734571>

Faur, A.L., Pintea, S., Vaida, S. and Opre, A.N. (2022) 'The efficacy of cognitive and behavioral interventions upon music performance anxiety: A meta-analysis', *Psychology of Music*, pp. 357-372. Available at: <https://doi.org/10.1177/03057356221115461>

Fernholz, I., Hering, C., Kunte, H., Mumm, J., Ströhle, A., Schmidt, A., Bendau, A. and Plag, J. (2025) 'Psychiatric diagnoses of professional musicians: Results of an outpatient service specializing in musicians' health', *Psychology of Music*. Available at: <https://doi.org/10.1177/03057356241307570>

Fishbein, M., Middlestadt, S.E., Ottati, V., Straus, S. and Ellis, A. (1988) 'Medical Problems Among ICSOM Musicians: Overview of a National Survey', *Medical Problems of Performing Artists*, 3(1), pp. 1-8. Available at: <https://doi.org/10.2307/45440642>

Fleming, J. (2018) 'Recognizing and Resolving the Challenges of Being an Insider Researcher in Work-Integrated Learning', *International Journal of Work-Integrated Learning, Special Issue*, 19(3), pp. 311-320. Available at: <https://files.eric.ed.gov/fulltext/EJ1196753.pdf> (Accessed 6 Jan. 2025).

Forsyth, J.P. and Eifert, G.H. (2016) *The Mindfulness & Acceptance Workbook for Anxiety: A Guide to Breaking Free from Anxiety, Phobias & Worry Using Acceptance & Commitment Therapy*. New Harbinger Publications Inc.

Furmark, T., Carlbring, P., Hedman, E., Sonnenstein, A., Clevberger, P., Bohman, B., Eriksson, A., Hållén, A., Frykman, M., Holmström, A., Sparthán, E., Tillfors, M., Ihrfelt, E.N., Spak, M., Eriksson, A., Ekselius, L. and Andersson, G. (2009) 'Guided and unguided

self-help for social anxiety disorder: randomised controlled trial', *British Journal of Psychiatry*, 195(5), pp. 440–447. Available at: <https://doi.org/10.1192/bjp.bp.108.060996>

Gómez-López, B. and Sánchez-Cabrero, R. (2023) 'Current Trends in Music Performance Anxiety Intervention', *Behavioral Sciences*, 13(9), pp. 720–720. Available at: <https://doi.org/10.3390/bs13090720>

González, A., Blanco-Piñero, P. and Díaz-Pereira, M.P. (2017) 'Music performance anxiety: Exploring structural relations with self-efficacy, boost, and self-rated performance', *Psychology of Music*, 46(6), pp. 831–847. Available at: <https://doi.org/10.1177/0305735617727822>

Gulliver, A., Farrer, L., Bennett, K., Ali, K., Hellsing, A., Katruss, N. and Griffiths, K.M. (2018) 'University Staff Experiences of Students with Mental Health Problems and Their Perceptions of Staff Training Needs', *Journal of Mental Health*, 27(3), pp. 247–256. Available at: <https://doi.org/10.1080/09638237.2018.1466042>

Guyon, A.J.A.A., Hildebrandt, H., Güsewell, A., Horsch, A., Nater, U.M. and Gomez, P. (2022) 'How Audience and General Music Performance Anxiety Affect Classical Music Students' Flow experience: A Close Look at Its Dimensions', *Frontiers in Psychology*, 13. Available at: <https://doi.org/10.3389/fpsyg.2022.959190>

Harris, M.G., Baxter, A.J., Reavley, N., Diminic, S., Pirkis, J. and Whiteford, H.A. (2015) 'Gender-related patterns and determinants of recent help-seeking for past-year affective, anxiety and substance use disorders: findings from a national epidemiological survey', *Epidemiology and Psychiatric Sciences*, 25(6), pp. 548–561. Available at: <https://doi.org/10.1017/s2045796015000876>

Heasman-Cossins, C., Winter, D. and Juncos, D. (2025) 'Using Vocal Improvisation Within the Vocal Coaching Studio to Mitigate Music Performance Anxiety: An Exploratory Study of Three Cases', *Music & Science*, 8. Available at: <https://doi.org/10.1177/20592043251327047>

Henshaw, A. and Collyer, S. (2022) 'Under Pressure: Reports of Performance Anxiety Across Multiple Singing Genres', *Journal of Singing*, 78(5), pp. 583–590. Available at: <https://doi.org/10.53830/jeta7812>

Herman, R. and Clark, T. (2023) 'It's Not a Virus! Reconceptualizing and de-pathologizing Music Performance Anxiety', *Frontiers in Psychology*, 14. Available at: <https://doi.org/10.3389/fpsyg.2023.1194873>

Hill, J. and Oliver, J. (2018). *Acceptance and Commitment Coaching*. Routledge.

Horikawa, M. and Yagi, A. (2012) 'The Relationships among Trait Anxiety, State Anxiety and the Goal Performance of Penalty Shoot-Out by University Soccer Players', *PLoS ONE*, 7(4). Available at: <https://doi.org/10.1371/journal.pone.0035727>

Institute for Child Success (n.d.) *Program Evaluation Designs: Traditional & Retrospective Pre-Post Evaluations*. Available at: <https://www.instituteforchildsuccess.org/resources/resource/pre-post-evaluation-design/> (Accessed 1 Mar. 2026).

James, A.S.M. and Shipley, M. (2022) 'Music Performance Anxiety in Musical Theater Performers: A Pilot Study', *Journal of Dance Medicine & Science*, 26(4). Available at: <https://doi.org/10.12678/1089-313x.121522c>

Jones, K. (2000) *Keeping Your Nerve*. Faber Music.

Juncos, D.G. and de Paiva e Pona, E. (2018) 'Acceptance and commitment therapy as a clinical anxiety treatment and performance enhancement program for musicians', *Music & Science*, 1. Available at: <https://doi.org/10.1177/2059204317748807>

Juncos, D.G. and Pona, E. de P. e (2021). *ACT for Musicians: A guide for using Acceptance and Commitment Training to enhance performance, overcome performance anxiety, and improve well-being*. Compton Publishing.

Kenny, D.T. (2010) 'Negative Emotions in Music Making: Performance Anxiety. in P. Juslin and J. Sloboda, (eds.) *Handbook of Music and Emotion: Theory, Research, Applications*. Oxford University Press, pp. 1–39. Available at: https://www.academia.edu/55338593/Negative_emotions_in_music_making_Performance_anxiety (Accessed 7 Dec. 2025).

Kenny, D.T. (2004). *Treatment Approaches for Music Performance Anxiety: What works?* Available at: https://www.researchgate.net/profile/Dianna-Kenny/publication/237413984_Treatment_Approaches_for_Music_Performance_Anxiety_What_works/links/0046351bfae7fc4c1b000000/Treatment-Approaches-for-Music-Performance-Anxiety-What-works.pdf (Accessed 30 Sep. 2025).

Kenny, D.T. (2009) 'The factor structure of the revised Kenny Music Performance Anxiety Inventory', *International Symposium on Performance Science*. pp. 37–41. Available at:

https://www.researchgate.net/publication/223995005_The_factor_structure_of_the_revised_Kenny_Music_Performance_Anxiety_Inventory (Accessed 17 Oct. 2025).

Kenny, D.T. (2011) *The Psychology of Music Performance Anxiety*. Oxford University Press, pp.167–231.

Kenny, D.T. (2016) *Kenny Music Performance Anxiety Inventory (K-MPAI) and scoring form*. ResearchGate. Available at:

https://www.researchgate.net/publication/299461895_Kenny_Music_Performance_Anxiety_Inventory_K-MPAI_and_scoring_form (Accessed: 3 Sep. 2025).

Kenny, D.T. (2023) 'The Kenny music performance anxiety inventory (K-MPAI): Scale construction, cross-cultural validation, theoretical underpinnings, and diagnostic and therapeutic utility', *Frontiers in Psychology*, 14. Available at:

<https://doi.org/10.3389/fpsyg.2023.1143359>

Kenny, D.T., Davis, P. and Oates, J. (2004) 'Music Performance Anxiety and Occupational Stress Amongst Opera Chorus Artists and Their Relationship with State and Trait Anxiety and Perfectionism', *Journal of Anxiety Disorders*, 18(6), pp. 757–777. Available at:

<https://doi.org/10.1016/j.janxdis.2003.09.004>

Kepes, S., Banks, G.C., McDaniel, M. and Whetzel, D.L. (2012) 'Publication Bias in the Organizational Sciences', *Organizational Research Methods*, 15(4), pp. 624–662. Available at: <https://doi.org/10.1177/1094428112452760>

Kinney, C., Saville, P., Heiderscheit, A. and Himmerich, H. (2025) 'Therapeutic Interventions for Music Performance Anxiety: A Systematic Review and Narrative Synthesis', *Behavioral Sciences*, 15(2). Available at: <https://doi.org/10.3390/bs15020138>

Kirsner, J., Wilson, S.J. and Osborne, M.S. (2023) 'Music Performance Anxiety: The Role of Early Parenting Experiences and Cognitive Schemas', *Frontiers in Psychology*, 14. Available at: <https://doi.org/10.3389/fpsyg.2023.1185296>

Klickstein, G. (2009). *The Musician's Way - A Guide to Practice, Performance, and Wellness*. Oxford University Press.

Koops, L.H. and Kuebel, C.R. (2019) 'Self-reported mental health and mental illness among university music students in the United States', *Research Studies in Music Education*, 43(2), pp. 129-143. Available at: <https://doi.org/10.1177/1321103x19863265>

Langdridge, D. (2007). *Phenomenological Psychology Theory, Research and Method*. Pearson Education, pp. 1–7.

Lehrer, P.M., Goldman, N.S. and Strommen, E.F. (1990) 'A Principal Components Assessment of Performance Anxiety Among Musicians', *Medical Problems of Performing Artists*, 5(1), pp. 12–18. Available at: <https://doi.org/10.2307/45440272>

MacAfee, E. and Comeau, G. (2022) 'Teacher perspective on music performance anxiety: an exploration of coping strategies used by music teachers', *British Journal of Music Education*, pp. 1–20. Available at: <https://doi.org/10.1017/s0265051722000146>

Mahony, S.E., Juncos, D.G. and Winter, D. (2022) 'Acceptance and Commitment Coaching for Music Performance Anxiety: Piloting a 6-Week Group Course with Undergraduate Dance and Musical Theatre Students', *Frontiers in Psychology*, 13. Available at: <https://doi.org/10.3389/fpsyg.2022.830230>

Mainwaring, L., Mor, S. (2019) 'Managing Psychological Disturbances in Performing Artists', in L. E. Elson (ed.) *Performing Arts Medicine*. Elsevier, pp. 151-162. Available at: <https://www.sciencedirect.com/science/article/pii/B978032358182000016X?via%3Dihub> (Accessed: 3 Jan 2026).

Mazzarolo, I. and Schubert, E. (2022) 'A Short Performance Anxiety Scale for Musicians', *Frontiers in Psychology*, 12. Available at: <https://doi.org/10.3389/fpsyg.2021.781262>

McKim, C.A. (2017) 'The Value of Mixed Methods Research', *Journal of Mixed Methods Research*, 11(2), pp. 202–222. Available at: <https://doi.org/10.1177/1558689815607096>

Moral-Bofill, L., López de la Llave, A., Pérez-Llantada, M.C. and Holgado-Tello, F.P. (2022) 'Development of Flow State Self-Regulation Skills and Coping with Musical Performance Anxiety: Design and Evaluation of an Electronically Implemented Psychological Program', *Frontiers in Psychology*, 13. Available at: <https://doi.org/10.3389/fpsyg.2022.899621>

Nagel, J.J. (2017). *Managing Stage Fright: A Guide for Musicians and Music Teachers*. New York: Oxford University Press.

Nagel, J.J. (1990) 'Performance Anxiety and the Performing Musician: a Fear of Failure or a Fear of Success?', *Medical Problems of Performing Artists*, [online] 5(1), pp. 37–40. Available at: <https://doi.org/10.2307/45440277>

Nagel, J.J., Himle, D.P. and Papsdorf, J.D. (1981) 'Coping with performance anxiety', *The NATS Bulletin*, 37, pp.26–33.

Nelson, R. (2022). *Practice as Research in the Arts (and beyond)*. Switzerland: Palgrave Macmillan.

Nicholl, T.J. and Abbott, M.J. (2025) 'Treatments for performance anxiety in musicians across the lifespan: A systematic review and meta-analysis', *Psychology of Music*. Available at: <https://doi.org/10.1177/03057356251322655>

Nowell, L.S., Norris, J.M., White, D.E. and Moules, N.J. (2013) 'Thematic Analysis: Striving to Meet the Trustworthiness Criteria', *International Journal of Qualitative Methods*, 16(1). Available at: <https://doi.org/10.1177/1609406917733847>

Oleson, A. and Hora, M.T. (2013) 'Teaching the way they were taught? Revisiting the sources of teaching knowledge and the role of prior experience in shaping faculty teaching practices', *Higher Education*, 68(1), pp. 29–45. Available at: <https://doi.org/10.1007/s10734-013-9678-9>

Osborne, M.S. and Franklin, J. (2002) 'Cognitive processes in music performance anxiety', *Australian Journal of Psychology*, 54(2), pp. 86–93. Available at: <https://doi.org/10.1080/00049530210001706543>

Osborne, M.S., Greene, D.J. and Immel, D.T. (2014) 'Managing Performance Anxiety and Improving Mental Skills in Conservatoire Students through Performance Psychology training: a Pilot Study', *Psychology of Well-Being*, 4(1). Available at: <https://doi.org/10.1186/s13612-014-0018-3>

Osborne, M.S., Kenny, D.T. and Cooksey, J. (2007) 'Impact of a Cognitive-Behavioural Treatment Program on Music Performance Anxiety in Secondary School Music Students: A Pilot Study. *Musicae Scientiae*, 11(2), pp. 53–84. Available at: <https://doi.org/10.1177/10298649070110s204>

Papageorgi, I., Creech, A. and Welch, G. (2011) 'Perceived Performance Anxiety in Advanced Musicians Specializing in Different Musical Genres', *Psychology of Music*, 41(1), pp. 18–41. Available at: <https://doi.org/10.1177/0305735611408995>

Patston, T. (2014) 'Teaching Stage fright? – Implications for Music Educators', *British Journal of Music Education*, 31(1), pp. 85–98. Available at: <https://doi.org/10.1017/s0265051713000144>

Paul, A.E., Juncos, D.G. and Winter, D. (2024) 'Acceptance and commitment coaching for music performance anxiety in adolescent singers', *Frontiers in Psychology*, 15. Available at: <https://doi.org/10.3389/fpsyg.2024.1386559>

Pecen, E., Collins, D. and MacNamara, Á. (2016) 'Music of the night: Performance practitioner considerations for enhancement work in music', *Sport, Exercise, and Performance Psychology*, 5(4), pp. 377–395. Available at: <https://doi.org/10.1037/spy0000067>

Polivy, J. and Herman, C.P. (2002) 'If at First You Don't succeed: False Hopes of Self-Change', *American Psychologist*, 57(9), pp.677–689. Available at: <https://doi.org/10.1037/0003-066x.57.9.677>

Ritzert, T.R., Forsyth, J.P., Sheppard, S.C., Boswell, J.F., Berghoff, C.R. and Eifert, G.H. (2016) 'Evaluating the Effectiveness of ACT for Anxiety Disorders in a Self-Help Context: Outcomes From a Randomized Wait-List Controlled Trial', *Behavior Therapy*, 47(4), pp. 444–459. Available at: <https://doi.org/10.1016/j.beth.2016.03.001>

Robinson, A.L., Emden, C.G., Croft, T.D., Vosper, G.C., Elder, J.A., Stirling, C. and Vickers, J.C. (2011) 'Mixed Methods Data Collection in Dementia Research', *Journal of Mixed Methods Research*, 5(4), pp. 330–344. Available at: <https://doi.org/10.1177/1558689811416940>

Sandgren, M. (2009) 'Health Anxiety Instead of Performance Anxiety Among Opera Singers', *Proceedings of the 7th Triennial Conference of European Society for the Cognitive Sciences of Music*, pp.468–474. Available at: https://jyx.jyu.fi/bitstream/handle/123456789/20915/urn_nbn_fi_jyu-2009411316.pdf?sequence=1 (Accessed 5 Nov 2025).

Sato, H. and Kawahara, J. (2011) 'Selective Bias in Retrospective Self-Reports of Negative Mood States', *Anxiety, Stress & Coping*, 24(4), pp.359–367. Available at: <https://doi.org/10.1080/10615806.2010.543132>

Senyshyn, Y. and O'Neill, S.A. (2001) 'Subjective Experience of Anxiety and Musical Performance: a Relational Perspective', *Philosophy of Music Education Review*, 9(1), pp. 42–53. Available at: <https://doi.org/10.2307/40495452>

Sevinç, G. (2019) 'Healing Mental Health through Reading: Bibliotherapy', *Psikiyatride Guncel Yaklasimlar - Current Approaches in Psychiatry*, 11(4), pp. 483–495. Available at: <https://doi.org/10.18863/pgy.474083>

Shaw, T.A., Juncos, D.G. and Winter, D. (2020) 'Piloting a New Model for Treating Music Performance Anxiety: Training a Singing Teacher to Use Acceptance and Commitment Coaching With a Student', *Frontiers in Psychology*, 11. Available at: <https://doi.org/10.3389/fpsyg.2020.00882>

Spahn, C. (2015) 'Treatment and Prevention of Music Performance Anxiety' in E. Altenmüller, S. Finger and F. Boller, (eds.) *Progress in Brain Research*. Oxford: Elsevier. Available at: doi:<https://doi.org/10.1016/bs.pbr.2014.11.024>, pp.129-140.

Taborsky, C. (2007) 'Musical Performance Anxiety: a Review of Literature', *Update: Applications of Research in Music Education*, 26(1), pp. 15–25. Available at: <https://doi.org/10.1177/87551233070260010103>

Vaag, J., Bjerkeset, O. and Sivertsen, B. (2021) 'Anxiety and Depression Symptom Level and Psychotherapy Use Among Music and Art Students Compared to the General Student Population', *Frontiers in Psychology*, 12. Available at: <https://doi.org/10.3389/fpsyg.2021.607927>

Vaag, J., Bjørngaard, J.H. and Bjerkeset, O. (2015) 'Symptoms of Anxiety and Depression among Norwegian Musicians Compared to the General Workforce', *Psychology of Music*, 44(2), pp. 234–248. Available at: <https://doi.org/10.1177/0305735614564910>

Wang, N. (2024) 'The role of psychotherapy apps during teaching solo vocals: The specifics of students' psychological preparation for performing in front of an audience', *Acta Psychologica*, 249. Available at: <https://doi.org/10.1016/j.actpsy.2024.104417>

Weinberg, R.S. and Gould, D. (2023) *Foundations of Sport and Exercise Psychology*. USA: Human Kinetics.

Wiedemann, A., Vogel, D., Voss, C. and Hoyer, J. (2021) 'How Does Music Performance Anxiety Relate to Other Anxiety Disorders?', *Psychology of Music*, 50(1), pp. 204-217. Available at: <https://doi.org/10.1177/0305735620988600>

Williamon, A. and Thompson, S. (2006) 'Awareness and incidence of health problems among conservatoire students', *Psychology of Music*, 34(4), pp. 411–430. Available at: <https://doi.org/10.1177/0305735606067150>

Wilson, D.M. and Cash, T.F. (2000) 'Who reads self-help books?', *Personality and Individual Differences*, 29(1), pp. 119–129. Available at: [https://doi.org/10.1016/s0191-8869\(99\)00182-8](https://doi.org/10.1016/s0191-8869(99)00182-8)

Winter, D. (2020) 'Understanding Research Methods: from Singing Teacher to Practitioner Researcher'. Available at: <https://doi.org/10.13140/RG.2.2.16046.13122>

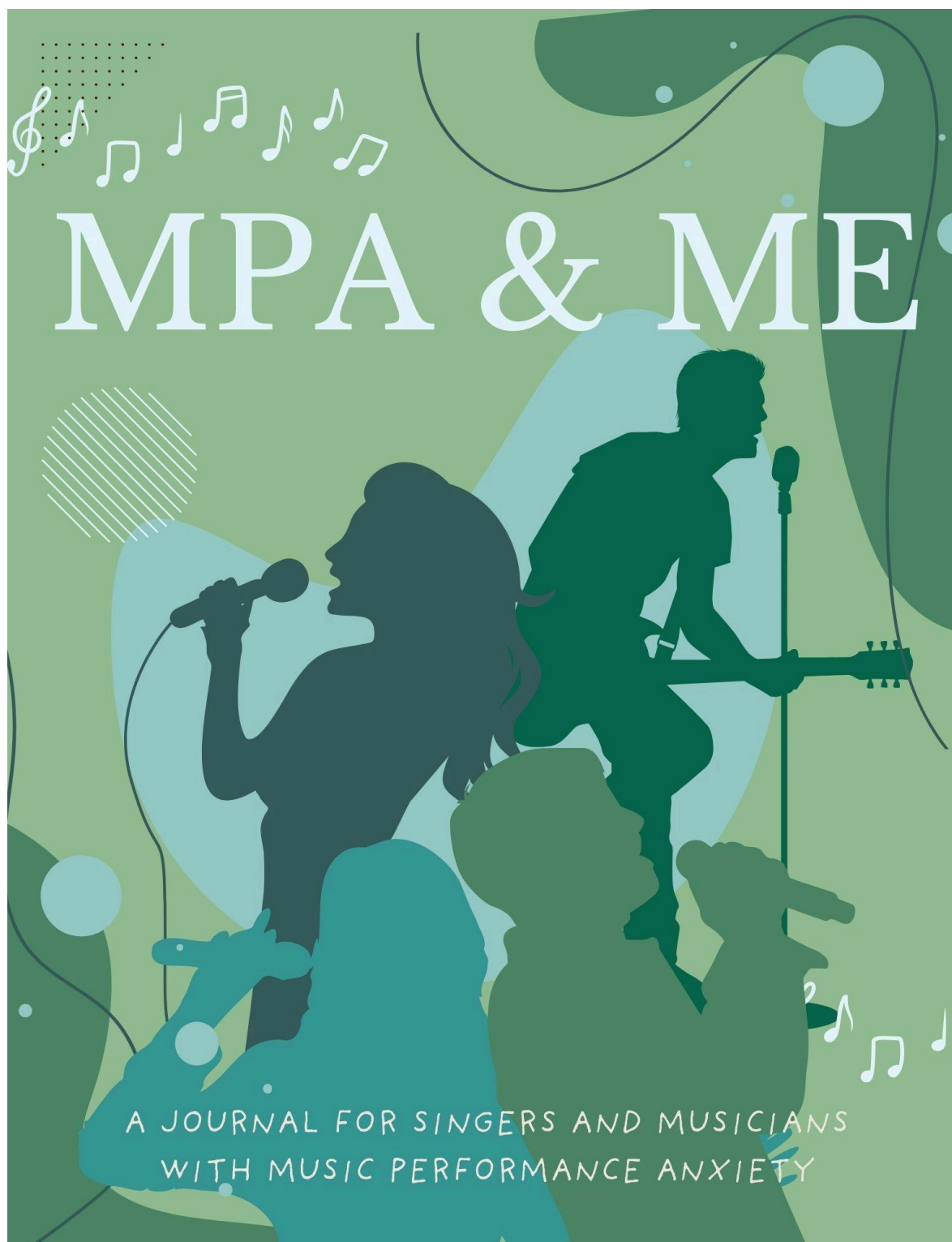
Winter, D. (2022) 'Exploring the Narrative: Voice Practitioner Research and the Literature Review Process', *Voice and Speech Review*, pp.1–20. Available at: <https://doi.org/10.1080/23268263.2022.2144971>

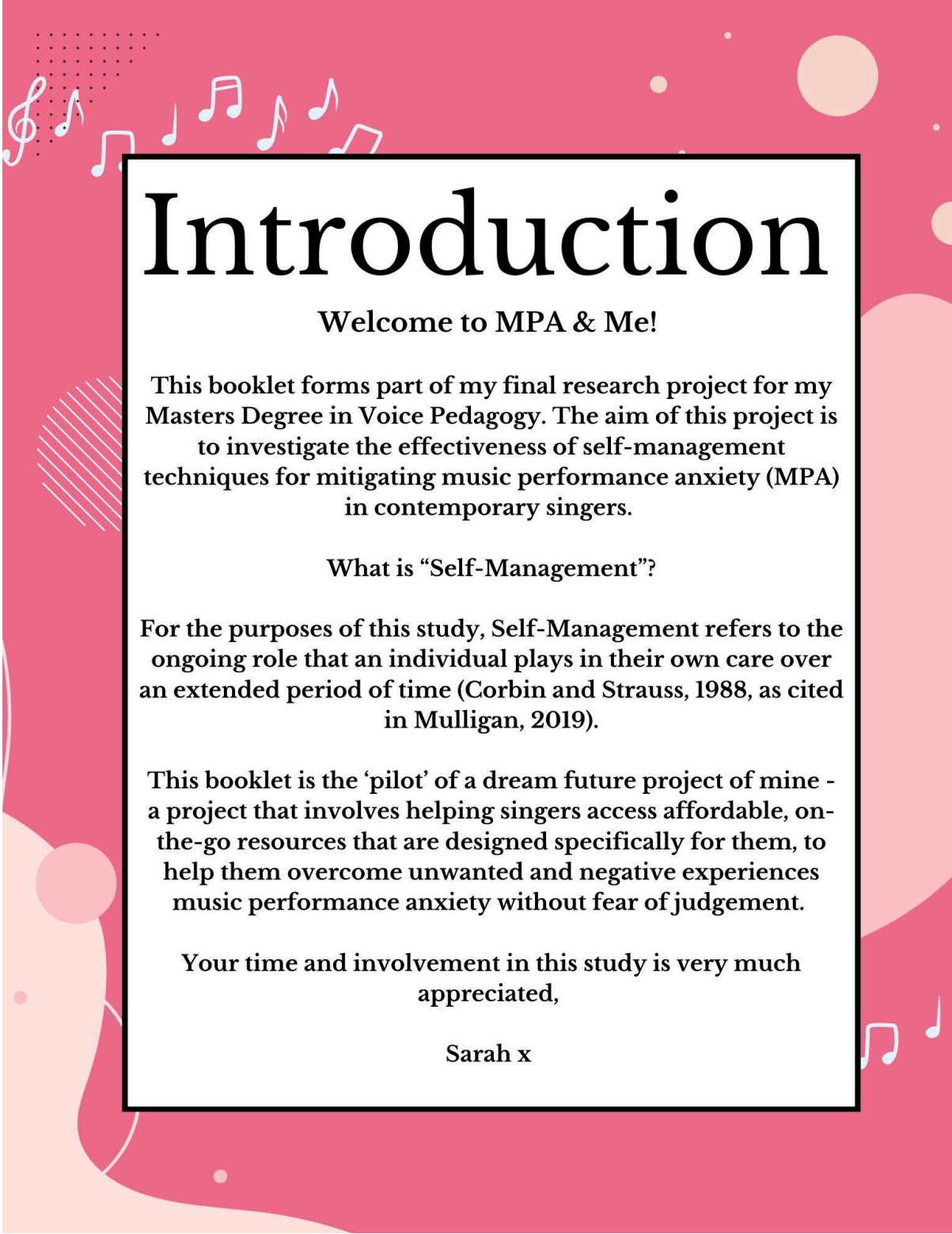
Yang, Y., Lei, P., Huang, Z., Yu, H. and Zhang, H. (2025) 'The Impact of Professional Music Performance Competence on Performance anxiety: the Mediating Role of Psychological Risk and Moderating Role of Psychological Resilience', *Frontiers in Psychology*, 16. Available at: <https://doi.org/10.3389/fpsyg.2025.1565215>

Zainal, N.H., Wang, V., Garthwaite, B. and Curtiss, J.E. (2025) 'What Factors Are Related to Engagement with Digital Mental Health Interventions (DMHIs)? A meta-analysis of 117 Trials', *Health Psychology Review*, pp.1–21. Available at: <https://doi.org/10.1080/17437199.2025.2547610>

Appendices

Appendix 1: MPA & Me - Self-help Intervention



The background is a vibrant pink color. In the top left corner, there is a cluster of white musical notes, including a treble clef and several eighth and sixteenth notes. Scattered throughout the background are various white and light pink geometric shapes, including circles of different sizes and a series of parallel diagonal lines. The central text is enclosed in a white rectangular box with a thin black border.

Introduction

Welcome to MPA & Me!

This booklet forms part of my final research project for my Masters Degree in Voice Pedagogy. The aim of this project is to investigate the effectiveness of self-management techniques for mitigating music performance anxiety (MPA) in contemporary singers.

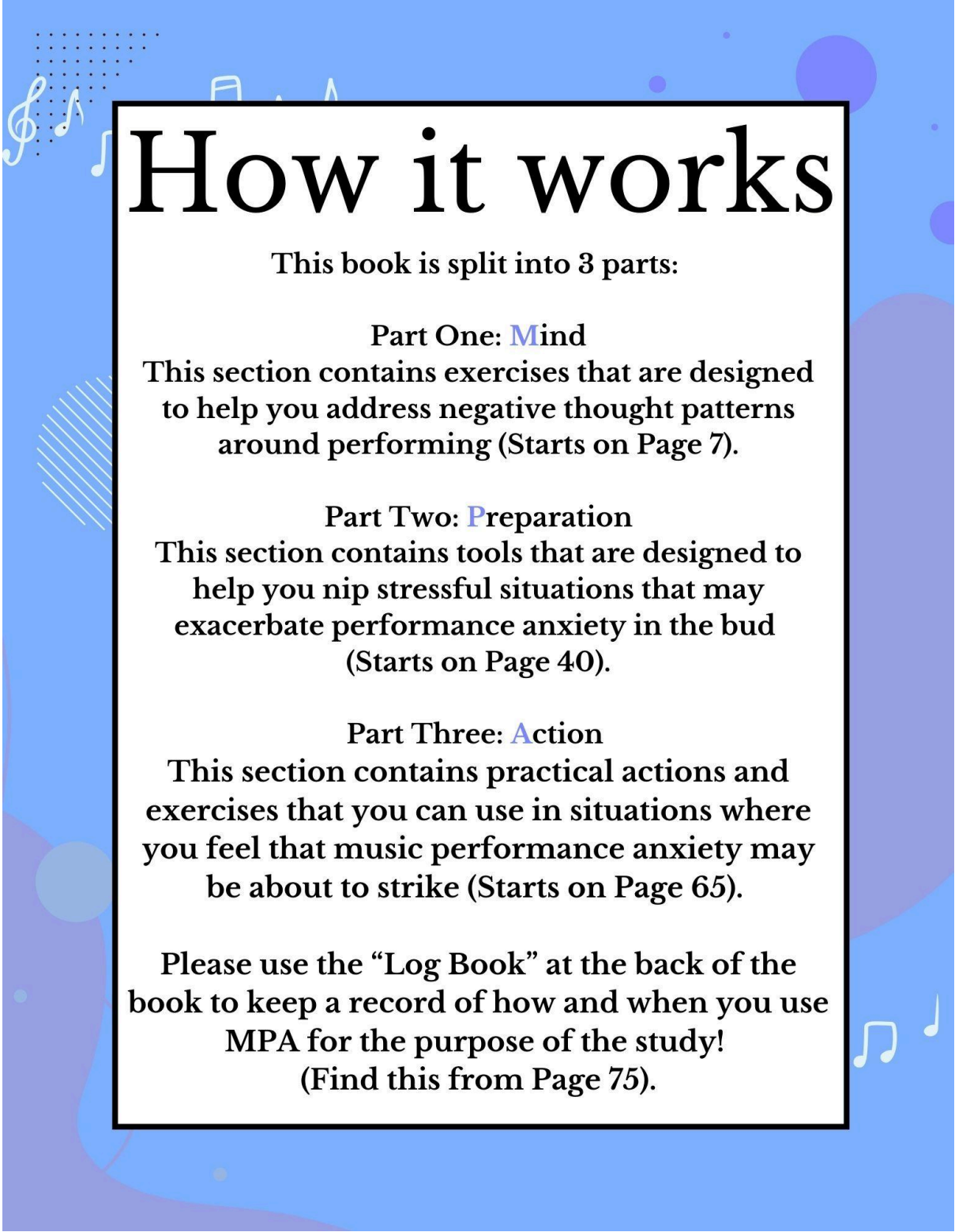
What is “Self-Management”?

For the purposes of this study, Self-Management refers to the ongoing role that an individual plays in their own care over an extended period of time (Corbin and Strauss, 1988, as cited in Mulligan, 2019).

This booklet is the ‘pilot’ of a dream future project of mine - a project that involves helping singers access affordable, on-the-go resources that are designed specifically for them, to help them overcome unwanted and negative experiences music performance anxiety without fear of judgement.

Your time and involvement in this study is very much appreciated,

Sarah x



How it works

This book is split into 3 parts:

Part One: **Mind**

This section contains exercises that are designed to help you address negative thought patterns around performing (Starts on Page 7).

Part Two: **Preparation**

This section contains tools that are designed to help you nip stressful situations that may exacerbate performance anxiety in the bud (Starts on Page 40).

Part Three: **Action**

This section contains practical actions and exercises that you can use in situations where you feel that music performance anxiety may be about to strike (Starts on Page 65).

Please use the “Log Book” at the back of the book to keep a record of how and when you use MPA for the purpose of the study!
(Find this from Page 75).

IMPORTANT!

This book references articles underpinned by Cognitive Behavioural Therapy, Acceptance and Commitment Therapy and Sports Psychology, however, this book should not be used to treat mental health issues in place of professional help.

If you are struggling with your mental health, please ensure that you speak to a medical professional, such as a GP, clinical psychologist or therapeutic practitioner.

If you are UK based, there are several organisations that can also provide support:

hubofhope.co.uk

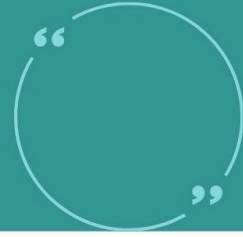
helpmusicians.org.uk/get-support/mental-health



PART ONE

Mind

QUOTE OF THE DAY



“Performing is not about having warm hands or hitting every note. It is about conveying the music. You can’t hope for miracles, you can only do your best. Listen to the music and try to convey that.”

Steven Isserlis (Cellist)

(Jones, 2000)

MPA & ME: TRIGGERS



What makes you feel anxious about performing music?

By identifying triggers, you can start to notice when anxious thoughts might start to creep in, and this can help you look out for anxiety in the future. Music Performance Anxiety is very normal - writing down your thoughts and feelings can help you accept that anxiety is a very normal part of anxiety.



Example:

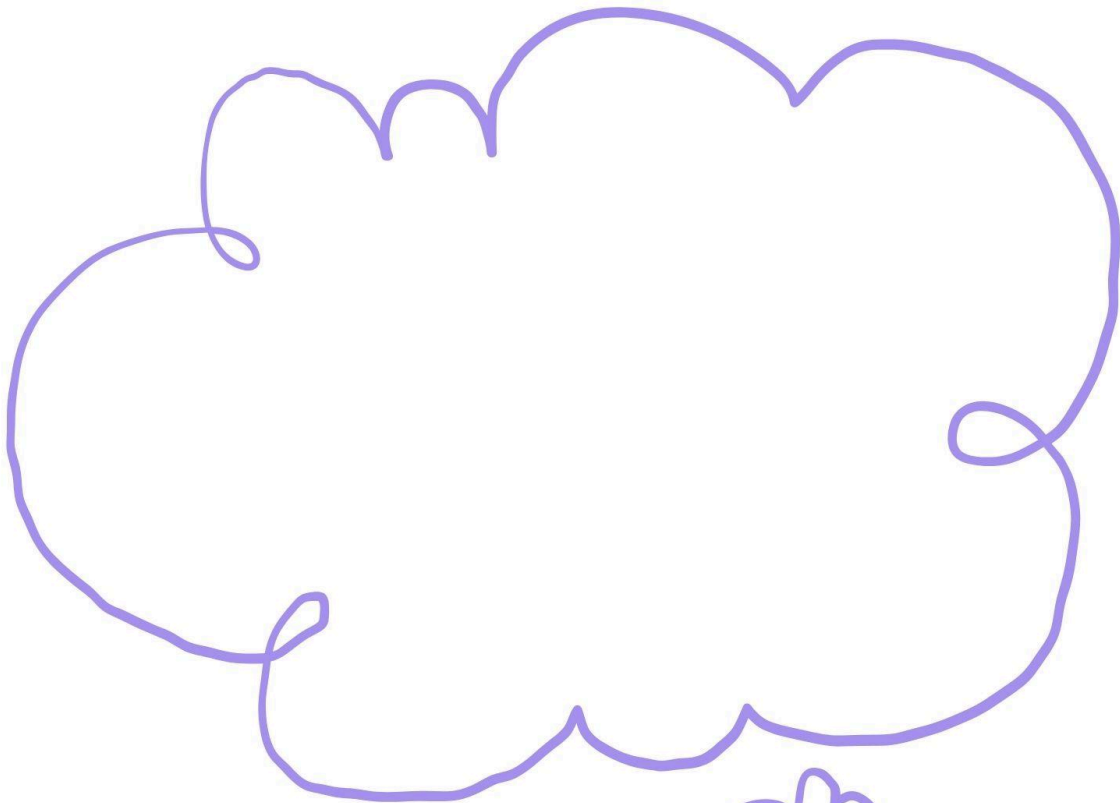
I feel anxiety that I will make a mistake during a tricky song. If I do, I worry people might think I am not a good enough performer.

MPA & ME: SYMPTOMS



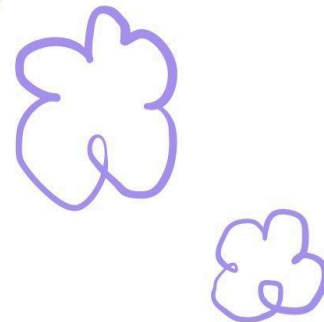
What are the main symptoms of your performance anxiety that bother you the most?

These may be physical symptoms, such as shaking or sweating, negative thought processes, such as feeling ashamed or feeling fear, or unhelpful behaviours, such as avoiding a performance.



Example:

Leading up to a performance, I feel scared that I will let my singing teacher down. This makes my throat close up and feel scratchy, and I tend to use that as an excuse to get out of performing.



MPA & ME: DESIRED OUTCOMES



What would your desired outcome be if anxiety was removed from your experiences of performing music?

Having a goal for overcoming music performance anxiety can help you to measure progress and see how far you have come in the future!



Example:

In the days leading up to a performance, I want to be able to feel excited and trust myself that I will perform to the best of my ability.

I AM PROUD OF

Fill this page with everything - big or small - that
you are proud to have achieved so far

I AM PROUD OF

Fill this page with everything - big or small - that
you are proud to have achieved so far

SUCCESS JOURNAL



Fill out this page whenever you need a dose of positivity, or to remind yourself that you have lots of things to celebrate and be proud of within your music. You can also set yourself some positive actions to take to help you feel positive about the future.

THREE THINGS I AM GOOD AT/ PROUD OF

- 1
- 2
- 3

THREE THINGS I AM GRATEFUL FOR

- 1
- 2
- 3

THREE THINGS I HOPE TO ACHIEVE

- 1
- 2
- 3

THREE STEPS I CAN TAKE TO GET THERE

- 1
- 2
- 3

SUCCESS JOURNAL



THREE THINGS I AM GOOD
AT/ PROUD OF

- 1
- 2
- 3

THREE THINGS I AM
GRATEFUL FOR

- 1
- 2
- 3

THREE THINGS I HOPE TO
ACHIEVE

- 1
- 2
- 3

THREE STEPS I CAN TAKE TO
GET THERE

- 1
- 2
- 3

SUCCESS JOURNAL



THREE THINGS I AM GOOD
AT/ PROUD OF

- 1
- 2
- 3

THREE THINGS I AM
GRATEFUL FOR

- 1
- 2
- 3

THREE THINGS I HOPE TO
ACHIEVE

- 1
- 2
- 3

THREE STEPS I CAN TAKE TO
GET THERE

- 1
- 2
- 3

SUCCESS JOURNAL



THREE THINGS I AM GOOD
AT/ PROUD OF

- 1
- 2
- 3

THREE THINGS I AM
GRATEFUL FOR

- 1
- 2
- 3

THREE THINGS I HOPE TO
ACHIEVE

- 1
- 2
- 3

THREE STEPS I CAN TAKE TO
GET THERE

- 1
- 2
- 3

SUCCESS JOURNAL



THREE THINGS I AM GOOD
AT/ PROUD OF

- 1
- 2
- 3

THREE THINGS I AM
GRATEFUL FOR

- 1
- 2
- 3

THREE THINGS I HOPE TO
ACHIEVE

- 1
- 2
- 3

THREE STEPS I CAN TAKE TO
GET THERE

- 1
- 2
- 3

SUCCESS JOURNAL



THREE THINGS I AM GOOD
AT/ PROUD OF

- 1
- 2
- 3

THREE THINGS I AM
GRATEFUL FOR

- 1
- 2
- 3

THREE THINGS I HOPE TO
ACHIEVE

- 1
- 2
- 3

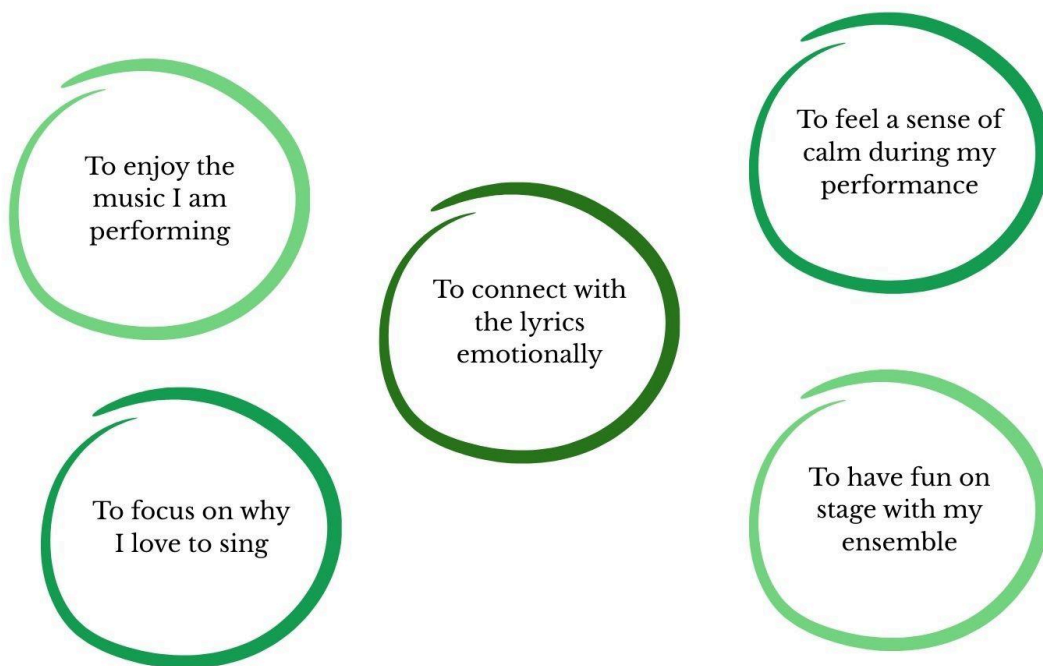
THREE STEPS I CAN TAKE TO
GET THERE

- 1
- 2
- 3

INTRINSIC GOALS



Intrinsic goals help us find personal satisfaction. They are there to help you find joy in your work, pursue personal growth, or contribute to something you are passionate about. Sometimes, achievement based goals, such as getting booked in an audition or achieving a flawless performance can add to our feelings performance anxiety, and they're not always attainable! Intrinsic goals can help us feel more positive, and remind us of why we make music in the first place. Here are a few examples of intrinsic goals:



What are some intrinsic goals that you would like to achieve in your performing?

1.
2.
3.

TRACKING INTRINSIC GOALS



Try setting some specific intrinsic goals for upcoming performances/events/auditions/recitals. After the event, reflect on what helped you achieve your goal, or what held you back.

Use the example below as a guide!

Date of event	Event details	Intrinsic goal for this event
1st of May	Audition for jazz band	During my performance, I want to connect emotionally with the lyrics and forget about everything else!
Reflection - did you achieve your intrinsic goal? If so, what worked? If not, what will help you achieve it next time?		
During the audition, I feel nervous during the first verse. However, in the chorus, I closed my eyes and imagined I was singing to a loved one. I pictured their face in my mind and sang from the heart. This helped me to find a connection and get lost in what I was singing, which felt great! Next time, I will start focusing on this before I go in for the audition to help me get in the zone.		

Date of event	Event details	Intrinsic goal for this event
Reflection - did you achieve your intrinsic goal? If so, what worked? If not, what will help you achieve it next time?		

TRACKING INTRINSIC GOALS



Date of event	Event details	Intrinsic goal for this event
Reflection - did you achieve your intrinsic goal? If so, what worked? If not, what will help you achieve it next time?		

Date of event	Event details	Intrinsic goal for this event
Reflection - did you achieve your intrinsic goal? If so, what worked? If not, what will help you achieve it next time?		

TRACKING INTRINSIC GOALS



Date of event	Event details	Intrinsic goal for this event
Reflection - did you achieve your intrinsic goal? If so, what worked? If not, what will help you achieve it next time?		

Date of event	Event details	Intrinsic goal for this event
Reflection - did you achieve your intrinsic goal? If so, what worked? If not, what will help you achieve it next time?		

TRACKING INTRINSIC GOALS



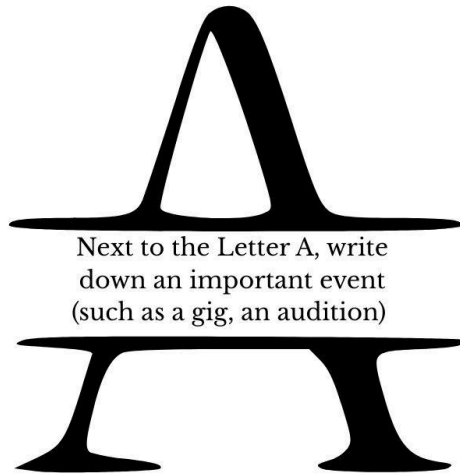
Date of event	Event details	Intrinsic goal for this event
Reflection - did you achieve your intrinsic goal? If so, what worked? If not, what will help you achieve it next time?		

Date of event	Event details	Intrinsic goal for this event
Reflection - did you achieve your intrinsic goal? If so, what worked? If not, what will help you achieve it next time?		

ANXIETY ABC'S



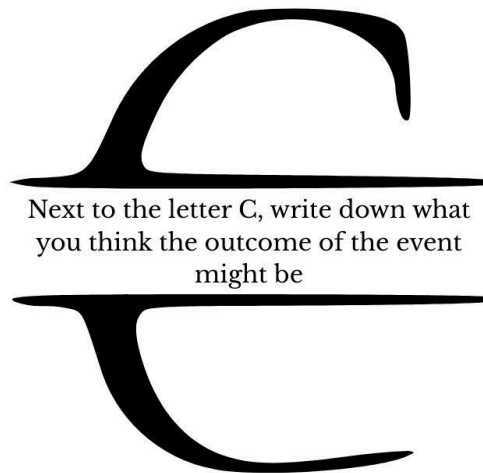
This exercise will help you to identify negative reactions to events that might trigger MPA, and help you to replace unhelpful thoughts and feelings with more positive ones.



Next to the Letter A, write
down an important event
(such as a gig, an audition)



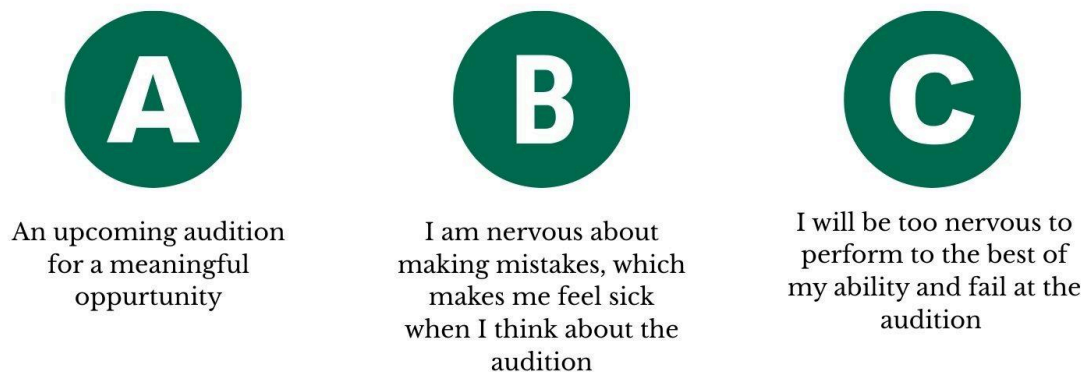
Next to the letter B, write down any
thoughts or feelings that you're
experiencing surrounding that event



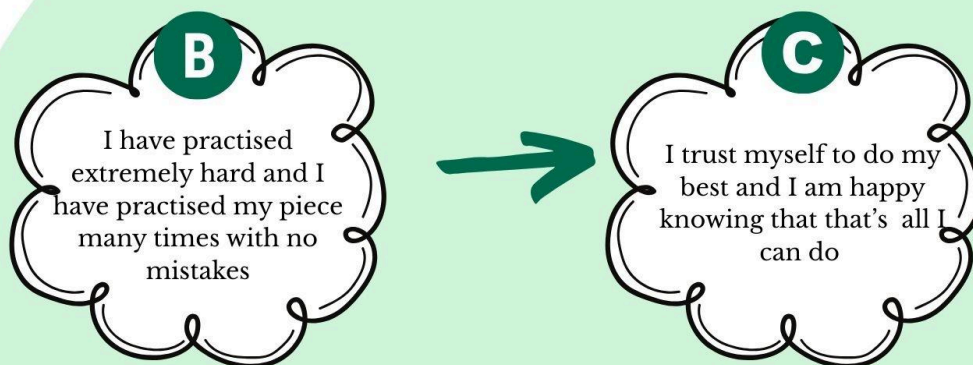
Next to the letter C, write down what
you think the outcome of the event
might be

EXAMPLE:

Here is an example of an event (A), followed by some unhelpful thoughts and feelings (B). These negative thoughts are likely to contribute towards a negative outcome (C):



If we can reframe our B (our thoughts and feelings) in a more positive light, it can help us to focus on a more positive outcome (C):



TRY IT YOURSELF:

A B C

A (event)

B (thoughts, feelings)

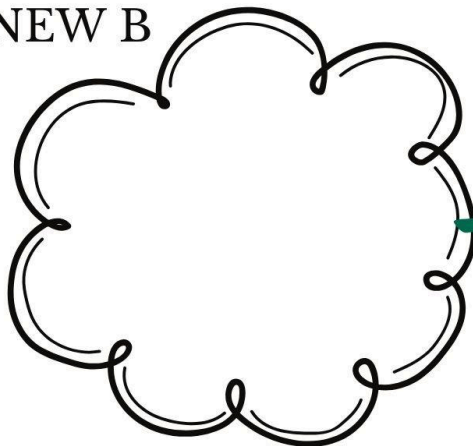
C (outcome)

Are your thoughts and feelings about **A** helpful or unhelpful? (B)

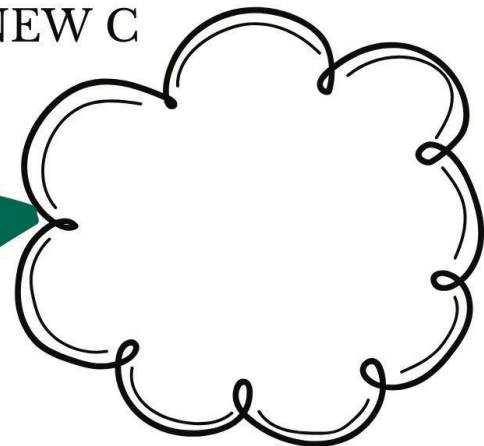
As a result, is your outcome positive or negative? (C)

Can you reframe your **B** to create a more positive **C**?

NEW B



NEW C



TRY IT YOURSELF:

A B C

A (event)

B (thoughts, feelings)

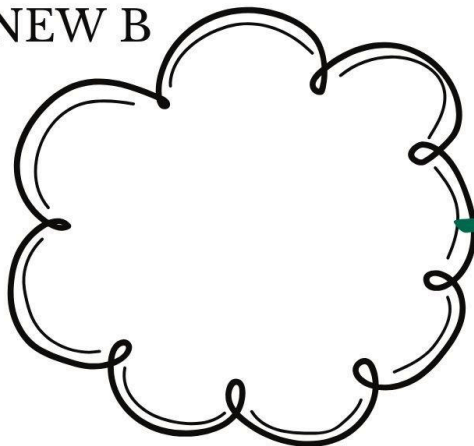
C (outcome)

Are your thoughts and feelings about **A** helpful or unhelpful? (B)

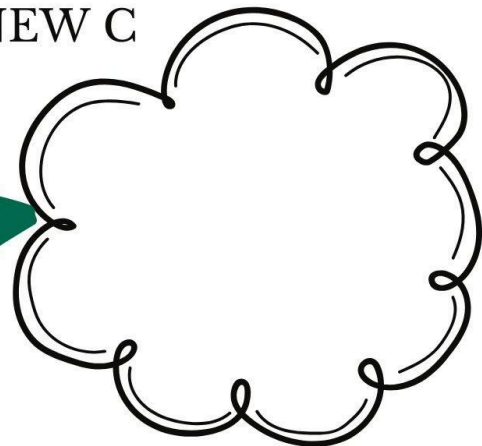
As a result, is your outcome positive or negative? (C)

Can you reframe your **B** to create a more positive **C**?

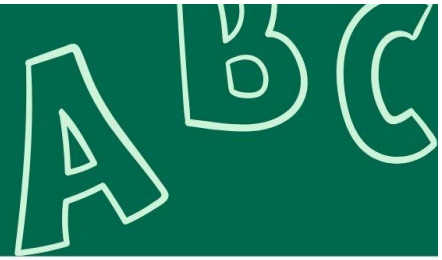
NEW B



NEW C



TRY IT YOURSELF:



A (event)

B (thoughts, feelings)

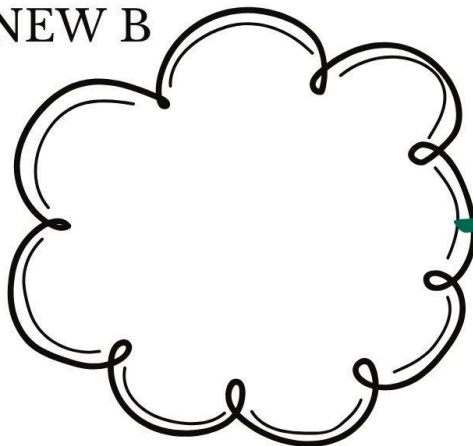
C (outcome)

Are your thoughts and feelings about **A** helpful or unhelpful? (B)

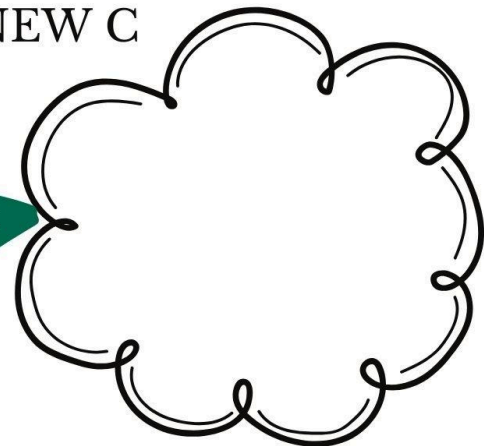
As a result, is your outcome positive or negative? (C)

Can you reframe your **B** to create a more positive **C**?

NEW B



NEW C



TRY IT YOURSELF:

A B C

A (event)

B (thoughts, feelings)

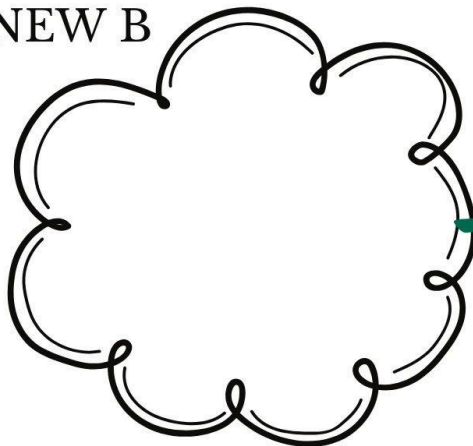
C (outcome)

Are your thoughts and feelings about **A** helpful or unhelpful? (B)

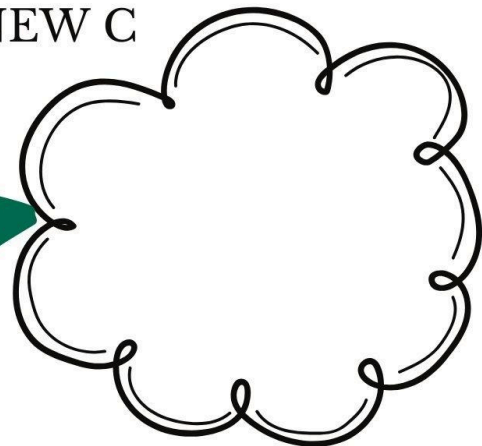
As a result, is your outcome positive or negative? (C)

Can you reframe your **B** to create a more positive **C**?

NEW B



NEW C



TRY IT YOURSELF:

A B C

A (event)

B (thoughts, feelings)

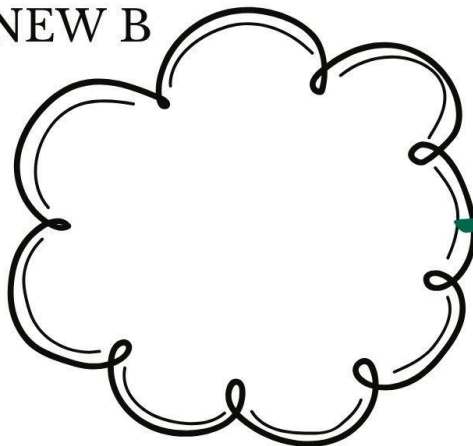
C (outcome)

Are your thoughts and feelings about **A** helpful or unhelpful? (B)

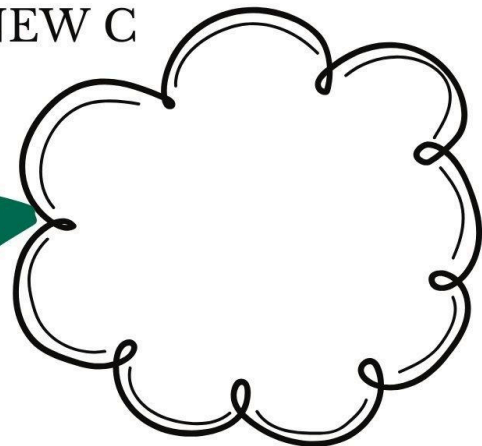
As a result, is your outcome positive or negative? (C)

Can you reframe your **B** to create a more positive **C**?

NEW B



NEW C



TRY IT YOURSELF:

A B C

A (event)

B (thoughts, feelings)

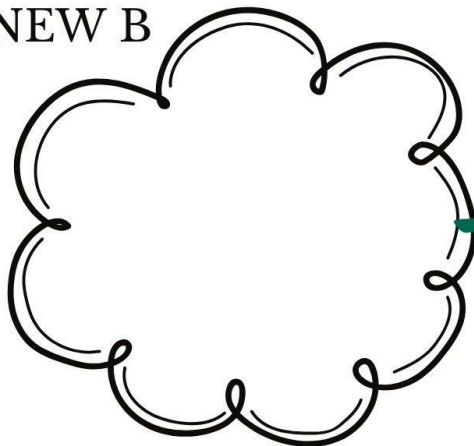
C (outcome)

Are your thoughts and feelings about **A** helpful or unhelpful? (B)

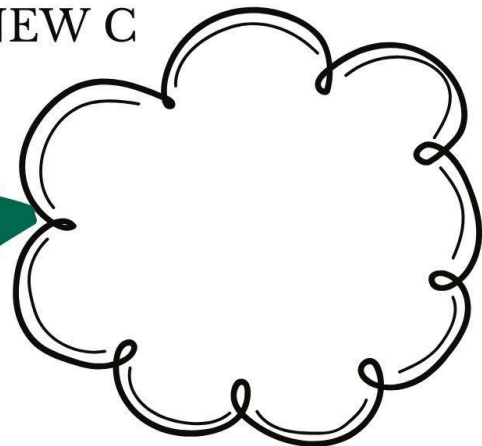
As a result, is your outcome positive or negative? (C)

Can you reframe your **B** to create a more positive **C**?

NEW B



NEW C



SUPPORTIVE SELF STATEMENTS



Are you struggling to frame your B in a more positive light? Or, do you just need some positive affirmations to remind you that you've got this?! Check out these supportive self statements that might be able to help you:

IF I MAKE A MISTAKE, I KNOW I
CAN CARRY ON AND RECOVER

I TRUST MYSELF
TO DO A GOOD JOB

MISTAKES ARE NOT FAILURES

I CAN PICTURE MY
PERFORMANCE GOING
SUCCESSFULLY

I KNOW I AM WELL
PREPARED TO DO MY BEST

I CAN USE MY
BREATHING
TO HELP ME
FEEL CALM
BEFORE MY
PERFORMANCE
BEGINS

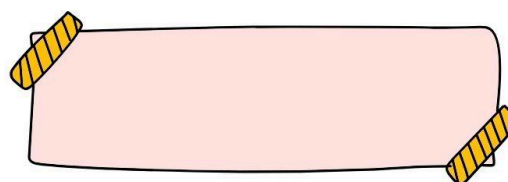
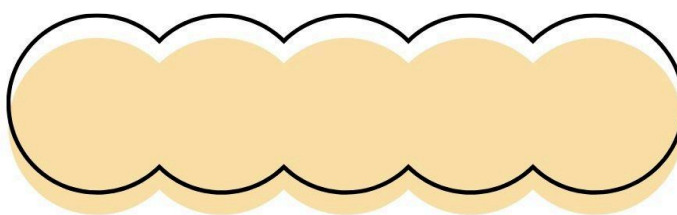
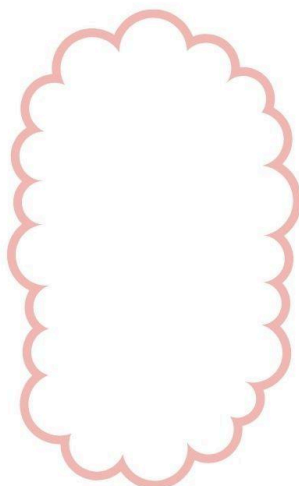
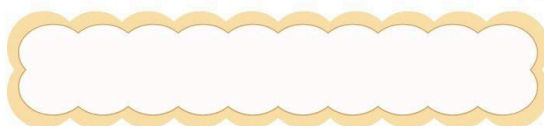
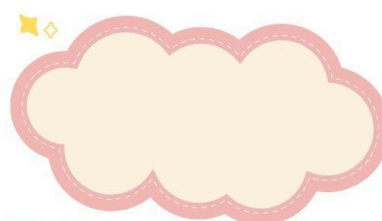
I JUST NEED TO FOCUS ON MY
PERFORMANCE IN THE MOMENT

I CAN IMAGINE ENJOYING MY
PERFORMANCE

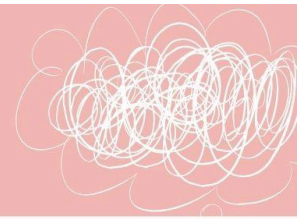
MY SUPPORTIVE SELF STATEMENTS



Think you've got the hang of it now?! Write some of your own supportive self statements below. You can come back and read these when you need to show yourself some kindness...



SING YOUR WORRIES AWAY



START HERE

What am I worried about?



Can I do anything about it?

NO

Let it go!
YOU'VE GOT THIS!

Focus on something else
e.g. enjoying the music!

If you find yourself worrying
before a performance, use this
flow chart to help you take back
control, or simply let it go!

YES



What/ How?
Can you act now?

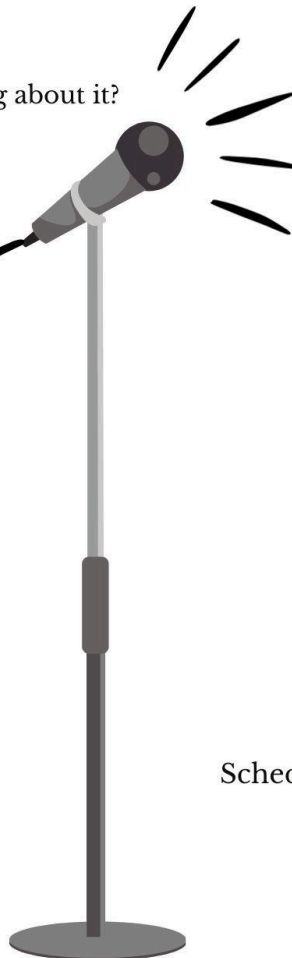
NO

Schedule it in!

YES

DO IT!

Now let it go!



THOUGHT LABELLING



When we write down our thoughts, or “label them”, we are less likely to let them consume us mindlessly for the rest of the day. You can label things you are feeling or thinking, things that you have an urge to do or not do, sensations you might be experiencing, memories, or mental evaluations that you may be having.

Once you get the hang of this, you will start to notice that these kind of thoughts becoming fleeting, and will pass you by no problem!

○ ○ ○ ○ ○

I notice I am feeling stressed about that high note

I notice I am thinking about the voice crack in my last gig

I notice the urge to call in sick for rehearsals

I notice...

I notice...

I notice...

THOUGHT LABELLING



Use these blank pages to practice this exercise regularly!

THOUGHT LABELLING



○ ○ ○ ○ ○

/ notice...

/ notice...

/ notice...

/ notice...

/ notice...

/ notice...

THOUGHT LABELLING



○ ○ ○ ○ ○

/ notice...

/ notice...

/ notice...

/ notice...

/ notice...

/ notice...



PART TWO

Preparation

QUOTE OF THE DAY



“The chances are that 90% of the audience don't know how to play the piece your playing. I've never been to a concert where people are impatient with the performer. You have the benefit of their goodwill.”

Elvis Costello (Singer)

(Jones, 2000)

PERFORMANCE PREP PLANNER



Anxiety often occurs when we feel overwhelmed, out of control or underprepared. In the lead up to a gig, an audition, a recital or an exam, use the template below to help you work out a to-do list (what you need to prepare), a resource list (stuff and equipment you need) and a list of important reminders (stuff you must not forget!). Fill this in ahead of time to ensure a successful performance.

TOP TIP: If you would prefer headings in the template, you could create your own in a blank notepad!

EVENT DATE		
TO-DO LIST	RESOURCES LIST	"DON'T FORGET!" LIST
<i>Example:</i> • Practice high harmony • Check the key of my backing track	<i>Example:</i> • Book the rehearsal room for 6th November • Pack spare aux cable	<i>Example:</i> • Print off the sheet music • Get my speaker PAT tested

PERFORMANCE PREP PLANNER



EVENT		
DATE		
TO-DO LIST	RESOURCES LIST	"DON'T FORGET!" LIST

PERFORMANCE PREP PLANNER



EVENT		
DATE		
TO-DO LIST	RESOURCES LIST	"DON'T FORGET!" LIST

PERFORMANCE PREP PLANNER



EVENT		
DATE		
TO-DO LIST	RESOURCES LIST	"DON'T FORGET!" LIST

PERFORMANCE PREP PLANNER



EVENT		
DATE		
TO-DO LIST	RESOURCES LIST	"DON'T FORGET!" LIST

PERFORMANCE PREP PLANNER



EVENT		
DATE		
TO-DO LIST	RESOURCES LIST	"DON'T FORGET!" LIST

PERFORMANCE PREP PLANNER



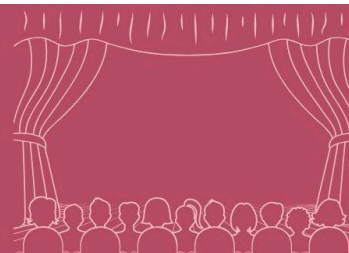
EVENT		
DATE		
TO-DO LIST	RESOURCES LIST	"DON'T FORGET!" LIST

PERFORMANCE PREP PLANNER



EVENT		
DATE		
TO-DO LIST	RESOURCES LIST	"DON'T FORGET!" LIST

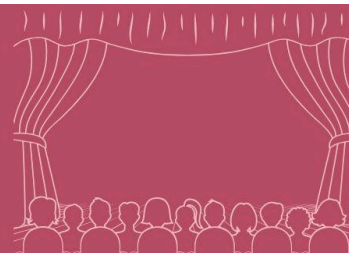
PERFORMANCE DAY PLANNER



Add notes and crucial details to this planner to ensure you are fully prepared on the day of an important performance. This will help to minimise stress!

EVENT			
.....			
DATE		TIME OF ARRIVAL	
ADDRESS			
Personal Preparation		Equipment, Logistics, Materials	
Warm up/ Practice plan:		Music / Lyrics to be downloaded/ printed:	
What I need to wear:		Instrument(s) / Microphone(s) to pack:	
Meals / Snacks to prepare:		Equipment to take:	
Water to bring:		Clothing to pack:	
Personal Grooming checklist:		Transport arrangements:	
Rest / Relaxation time:		Backstage essentials:	

PERFORMANCE DAY PLANNER



EVENT

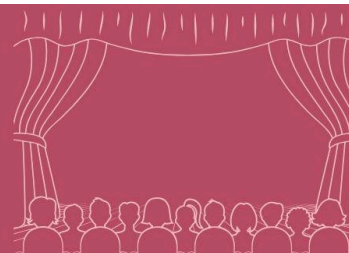
.....

DATE TIME OF ARRIVAL

ADDRESS

Personal Preparation		Equipment, Logistics, Materials	
Warm up/ Practice plan:		Music / Lyrics to be downloaded/ printed:	
What I need to wear:		Instrument(s) / Microphone(s) to pack:	
Meals / Snacks to prepare:		Equipment to take:	
Water to bring:		Clothing to pack:	
Personal Grooming checklist:		Transport arrangements:	
Rest / Relaxation time:		Backstage essentials:	

PERFORMANCE DAY PLANNER



EVENT

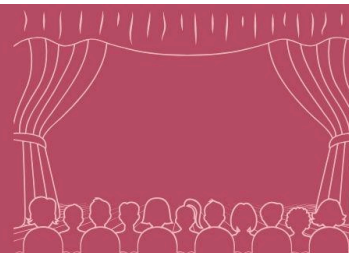
.....

DATE TIME OF ARRIVAL

ADDRESS

Personal Preparation		Equipment, Logistics, Materials	
Warm up/ Practice plan:		Music / Lyrics to be downloaded/ printed:	
What I need to wear:		Instrument(s) / Microphone(s) to pack:	
Meals / Snacks to prepare:		Equipment to take:	
Water to bring:		Clothing to pack:	
Personal Grooming checklist:		Transport arrangements:	
Rest / Relaxation time:		Backstage essentials:	

PERFORMANCE DAY PLANNER



EVENT

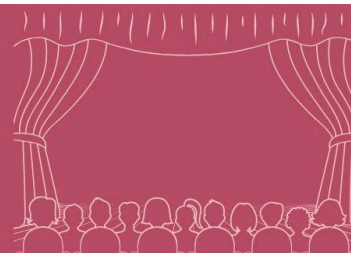
.....

DATE TIME OF ARRIVAL

ADDRESS

Personal Preparation		Equipment, Logistics, Materials	
Warm up/ Practice plan:		Music / Lyrics to be downloaded/ printed:	
What I need to wear:		Instrument(s) / Microphone(s) to pack:	
Meals / Snacks to prepare:		Equipment to take:	
Water to bring:		Clothing to pack:	
Personal Grooming checklist:		Transport arrangements:	
Rest / Relaxation time:		Backstage essentials:	

PERFORMANCE DAY PLANNER



EVENT

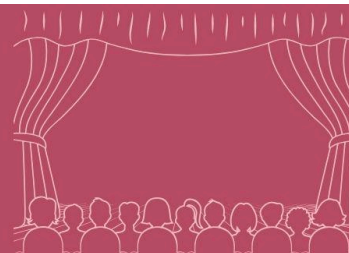
.....

DATE TIME OF ARRIVAL

ADDRESS

Personal Preparation		Equipment, Logistics, Materials	
Warm up/ Practice plan:		Music / Lyrics to be downloaded/ printed:	
What I need to wear:		Instrument(s) / Microphone(s) to pack:	
Meals / Snacks to prepare:		Equipment to take:	
Water to bring:		Clothing to pack:	
Personal Grooming checklist:		Transport arrangements:	
Rest / Relaxation time:		Backstage essentials:	

PERFORMANCE DAY PLANNER



EVENT

.....

DATE TIME OF ARRIVAL

ADDRESS

Personal Preparation		Equipment, Logistics, Materials	
Warm up/ Practice plan:		Music / Lyrics to be downloaded/ printed:	
What I need to wear:		Instrument(s) / Microphone(s) to pack:	
Meals / Snacks to prepare:		Equipment to take:	
Water to bring:		Clothing to pack:	
Personal Grooming checklist:		Transport arrangements:	
Rest / Relaxation time:		Backstage essentials:	

PRACTICE ROUTINE



Keeping track of your practice can help you ensure that all of your hard work preparing for a performance is actually productive, and can help boost your confidence! Start by setting 3 goals for your practice session, and then use the table to plan your time productively. Don't forget to reflect on your progress at the end - this will make your next session even better!

1.....

2.....

3.....

Time allocated	What I will practice	Resources needed

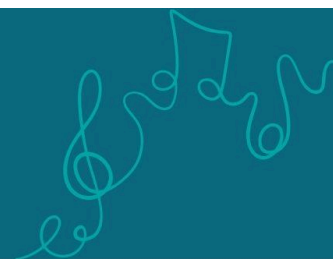
NOTES FOR NEXT SESSION

1.....

2.....

3.....

PRACTICE ROUTINE



PRACTICE SESSION GOALS

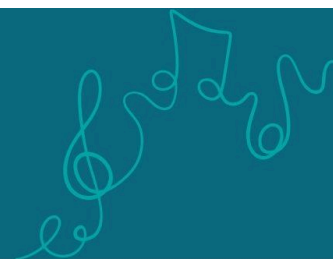
- 1.....
- 2.....
- 3.....

Time allocated	What I will practice	Resources needed

NOTES FOR NEXT SESSION

- 1.....
- 2.....
- 3.....

PRACTICE ROUTINE



PRACTICE SESSION GOALS

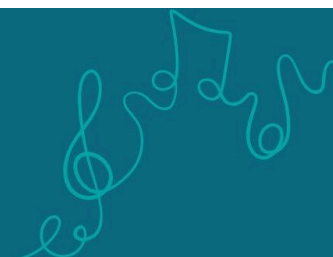
- 1.....
- 2.....
- 3.....

Time allocated	What I will practice	Resources needed

NOTES FOR NEXT SESSION

- 1.....
- 2.....
- 3.....

PRACTICE ROUTINE



PRACTICE SESSION GOALS

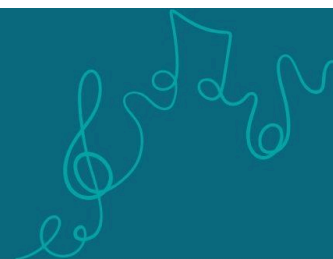
- 1.....
- 2.....
- 3.....

Time allocated	What I will practice	Resources needed

NOTES FOR NEXT SESSION

- 1.....
- 2.....
- 3.....

PRACTICE ROUTINE



PRACTICE SESSION GOALS

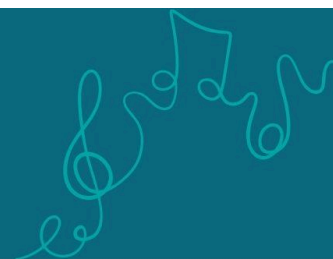
- 1.....
- 2.....
- 3.....

Time allocated	What I will practice	Resources needed

NOTES FOR NEXT SESSION

- 1.....
- 2.....
- 3.....

PRACTICE ROUTINE



PRACTICE SESSION GOALS

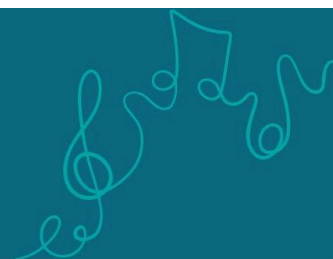
- 1.....
- 2.....
- 3.....

Time allocated	What I will practice	Resources needed

NOTES FOR NEXT SESSION

- 1.....
- 2.....
- 3.....

PRACTICE ROUTINE



PRACTICE SESSION GOALS

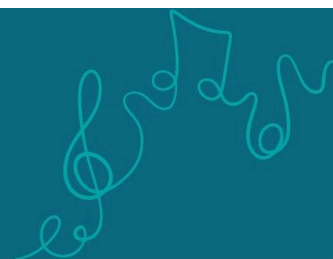
- 1.....
- 2.....
- 3.....

Time allocated	What I will practice	Resources needed

NOTES FOR NEXT SESSION

- 1.....
- 2.....
- 3.....

PRACTICE ROUTINE



PRACTICE SESSION GOALS

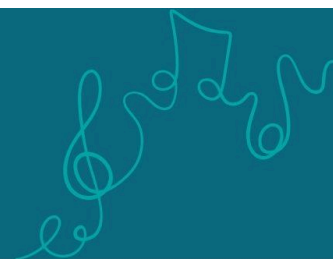
- 1.....
- 2.....
- 3.....

Time allocated	What I will practice	Resources needed

NOTES FOR NEXT SESSION

- 1.....
- 2.....
- 3.....

PRACTICE ROUTINE



PRACTICE SESSION GOALS

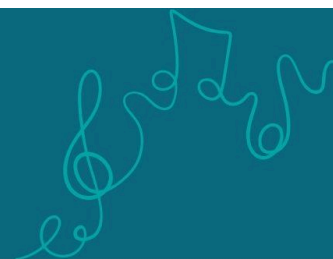
- 1.....
- 2.....
- 3.....

Time allocated	What I will practice	Resources needed

NOTES FOR NEXT SESSION

- 1.....
- 2.....
- 3.....

PRACTICE ROUTINE



PRACTICE SESSION GOALS

- 1.....
- 2.....
- 3.....

Time allocated	What I will practice	Resources needed

NOTES FOR NEXT SESSION

- 1.....
- 2.....
- 3.....



PART THREE

Action

QUOTE OF THE DAY



“Remember the audience are there because they want a pleasant evening with some marvellous music. You are their guide in this tour through the land of music. They are not there to find fault and criticize. If there are some critical people who, you imagine, want you to go wrong, then the odd note here or there will make them happy, so you will have pleased somebody even then!”

Dame Gillian Weir (Organist)

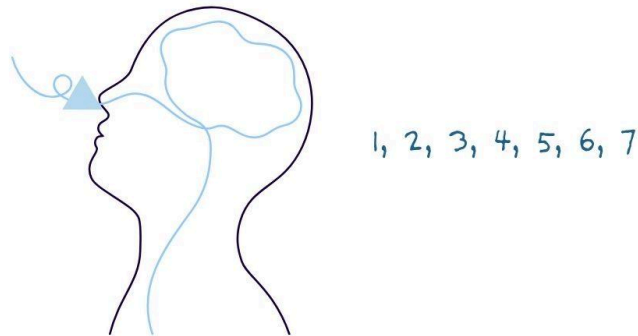
(Jones, 2000)

BREATHING EXERCISES ON-THE-GO

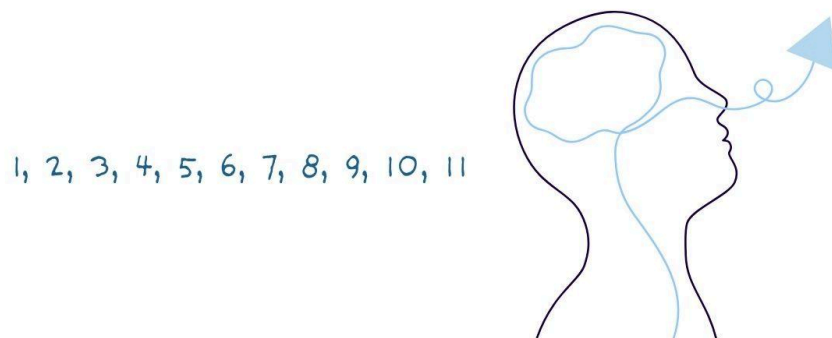


7/11 Breathing

Breathe in for 7 counts through your nose (at a speed that feels manageable for you)



Then, breathe out through the mouth for 11 counts and repeat this for at least 15 minutes



TOP TIP!

If you're struggling with these counts, it doesn't matter - as long as your breath in is shorter than your breath out!

BREATHING EXERCISES ON-THE-GO



Nostril Breathing



Use one finger to squash down one of your nostrils, and take a deep breath in through the other one,

Hold your breath and you swap your finger to the alternate nostril and breath out

Repeat this cycle, swapping nostrils each time

TOP TIP!

Keep your breath in and breath out the same length - use counts to help you!

BREATHING EXERCISES ON-THE-GO

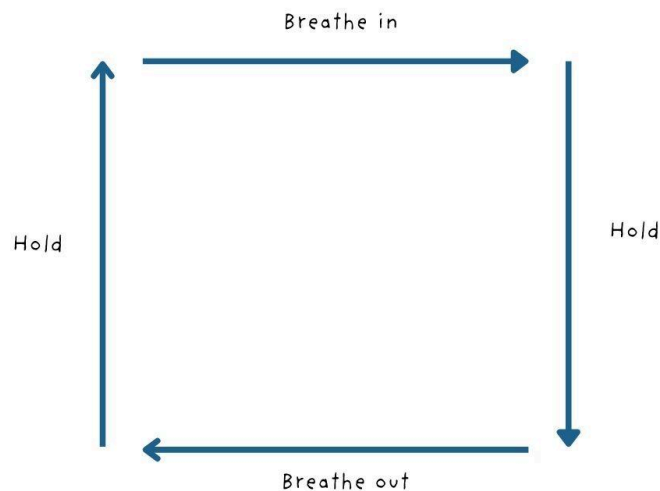


Box Breathing

Visual a box. Each side of the box is worth 4 counts.

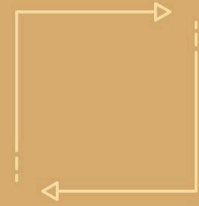
Breathe in for 4,
Hold it for 4,
Breathe out for 4,
Hold for 4

You can trace your fingers along this image of the box too,
if it helps!



TOP TIP: You can set the speed of your breath to whatever feels good - but aim for a slow tempo!

VISUAL SCANNING



Here is an ornate frame with lots of detail. When you're feeling anxious, trace your eyes slowly around each segment of the frame, noticing all of the details, patterns, shadows and edges. Really take your time and move your eyes slowly round each side of the frame, one at a time.

As you do this, breathe in the following sequence:

In: 1, 2, 3, 4 | Hold: 1, 2, 3, 4 | Out: 1, 2, 3, 4, 5, 6, 7



A PICTURE OF CALM

Cut and stick some images of things that relax you - a loved one, a scene from nature, your pet... You can then look at these as you complete the breathing exercises provided to help you return to a state of calm.

Breathe in and count to four

1, 2, 3, 4

Hold your breath and count to four

1, 2, 3, 4

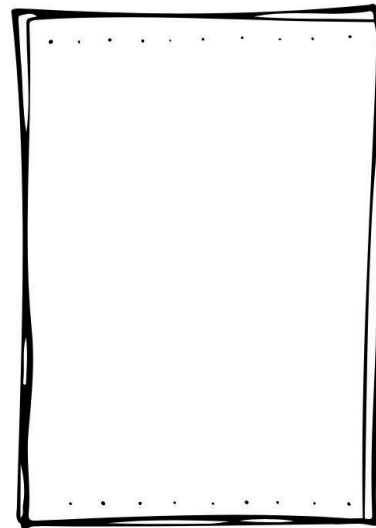
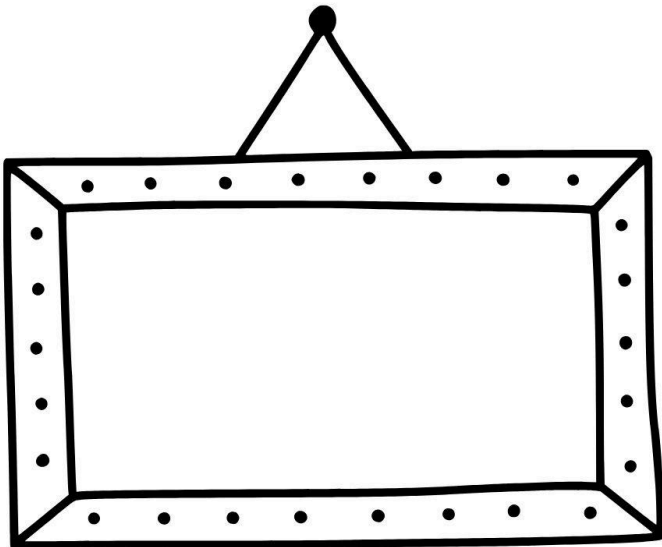
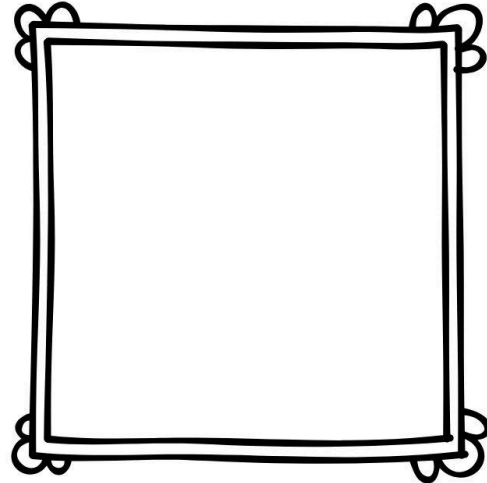
Exhale and make your breath last four counts

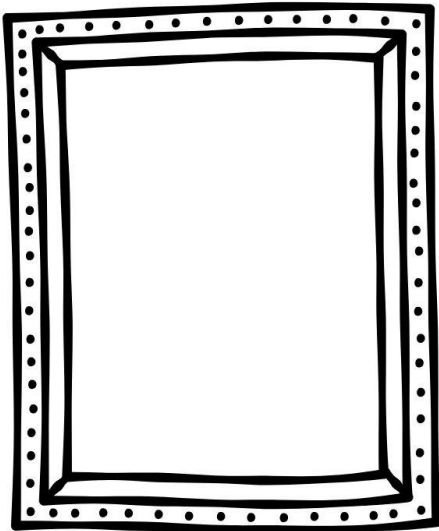
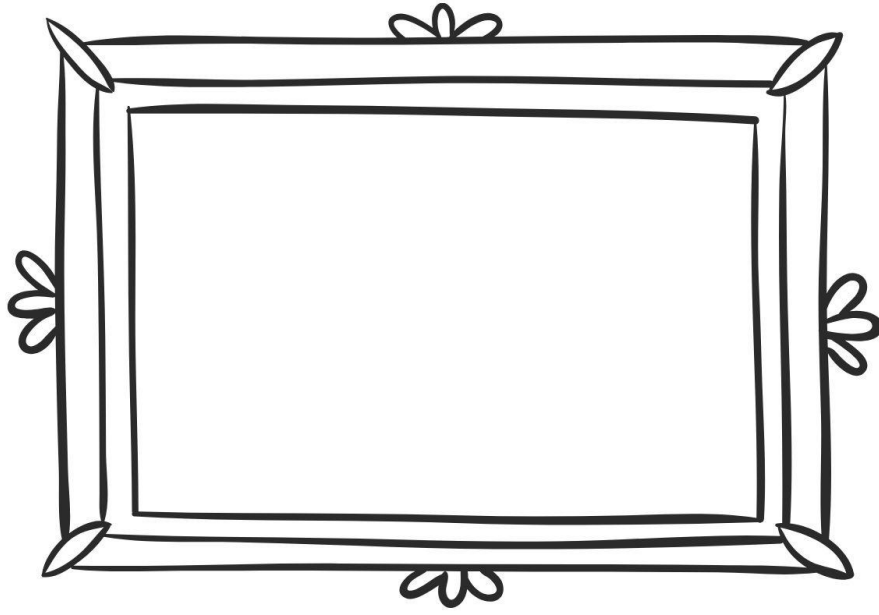
1, 2, 3, 4

Repeat

TOP TIP!

Dry Mouth? Imagine a coin placed under your tongue





Start by emptying your lungs

Then, take a deep breath in and as the air enters
your lungs, mentally say "IN"

As the air then leaves your body, mentally say
"OUT"

Repeat this as a cycle for several minutes



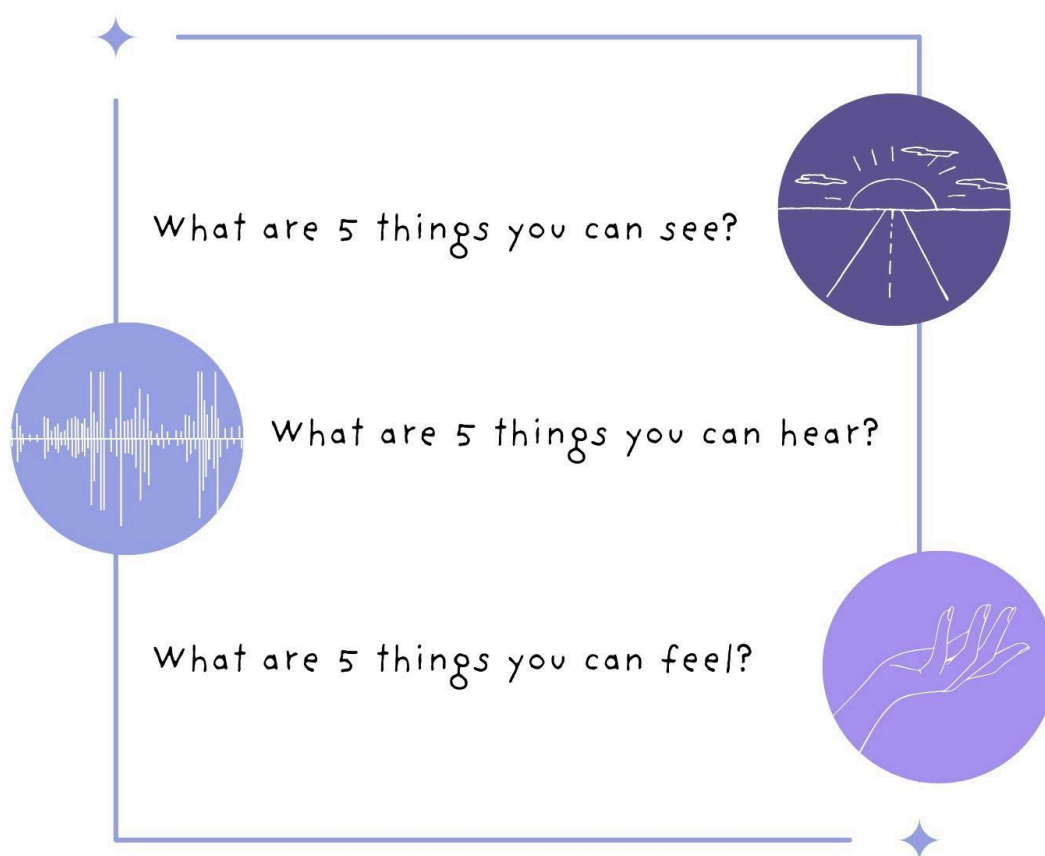
5-5-5 GROUNDING EXERCISE



If your MPA is making you spiral, use the



rule to help you feel grounded again!



DEFUSION EXERCISES



When we start to believe recurring negative thoughts about ourselves and our abilities as performers, we can say we're almost "fused" to them. Before a performance, try these helpful exercises to try and "de-fuse" yourself from your negative beliefs!

Sing it Out!

Sing your troublesome thoughts aloud as they are occurring.

Carry the Cards

Write down your troublesome thoughts onto 3" x 5" index cards, and then carry them with you in your pocket. This teaches you that you can bring troublesome thoughts along for the ride without responding to them.

Sound it Out!

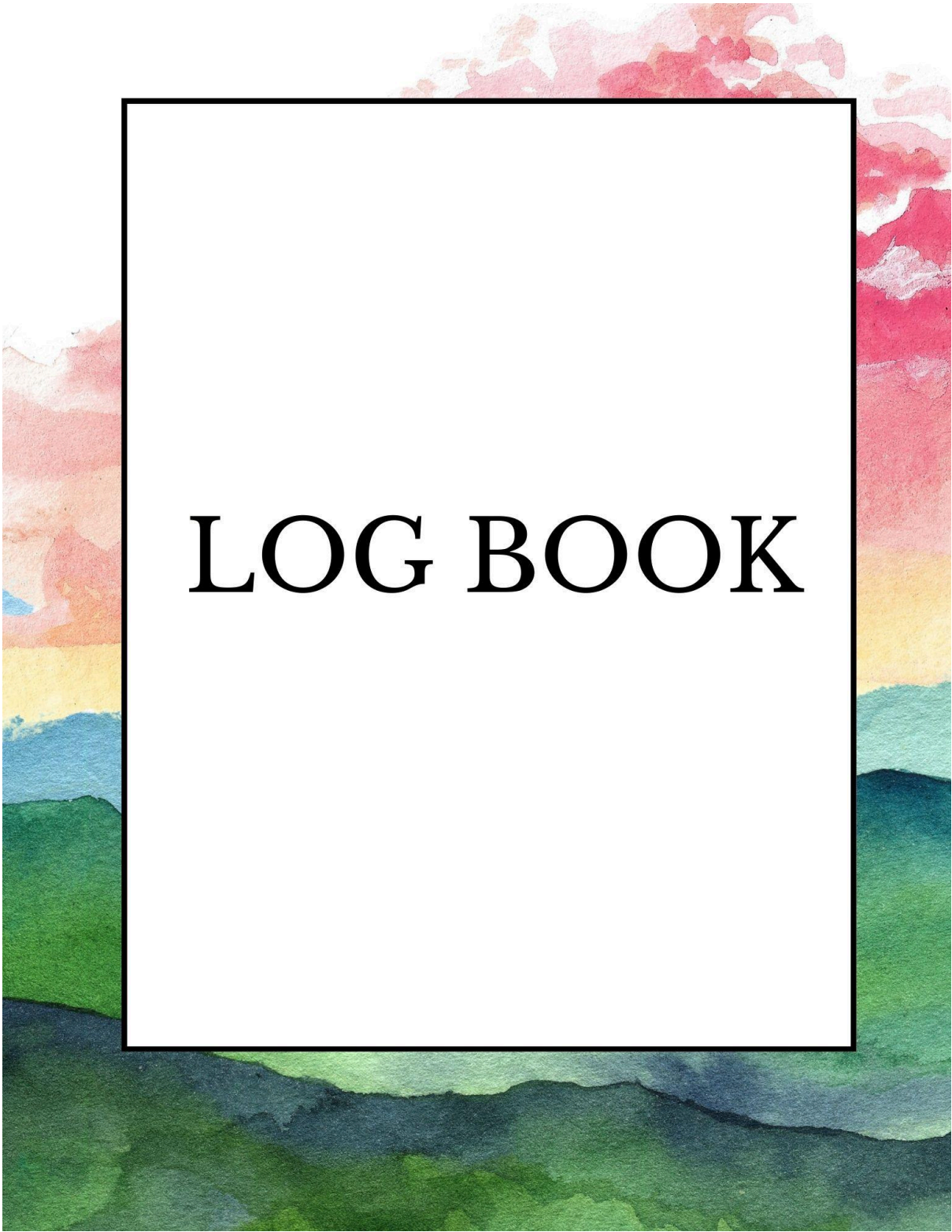
Say your most troublesome thoughts aloud, or to yourself, very slowly.

Silly Voices!

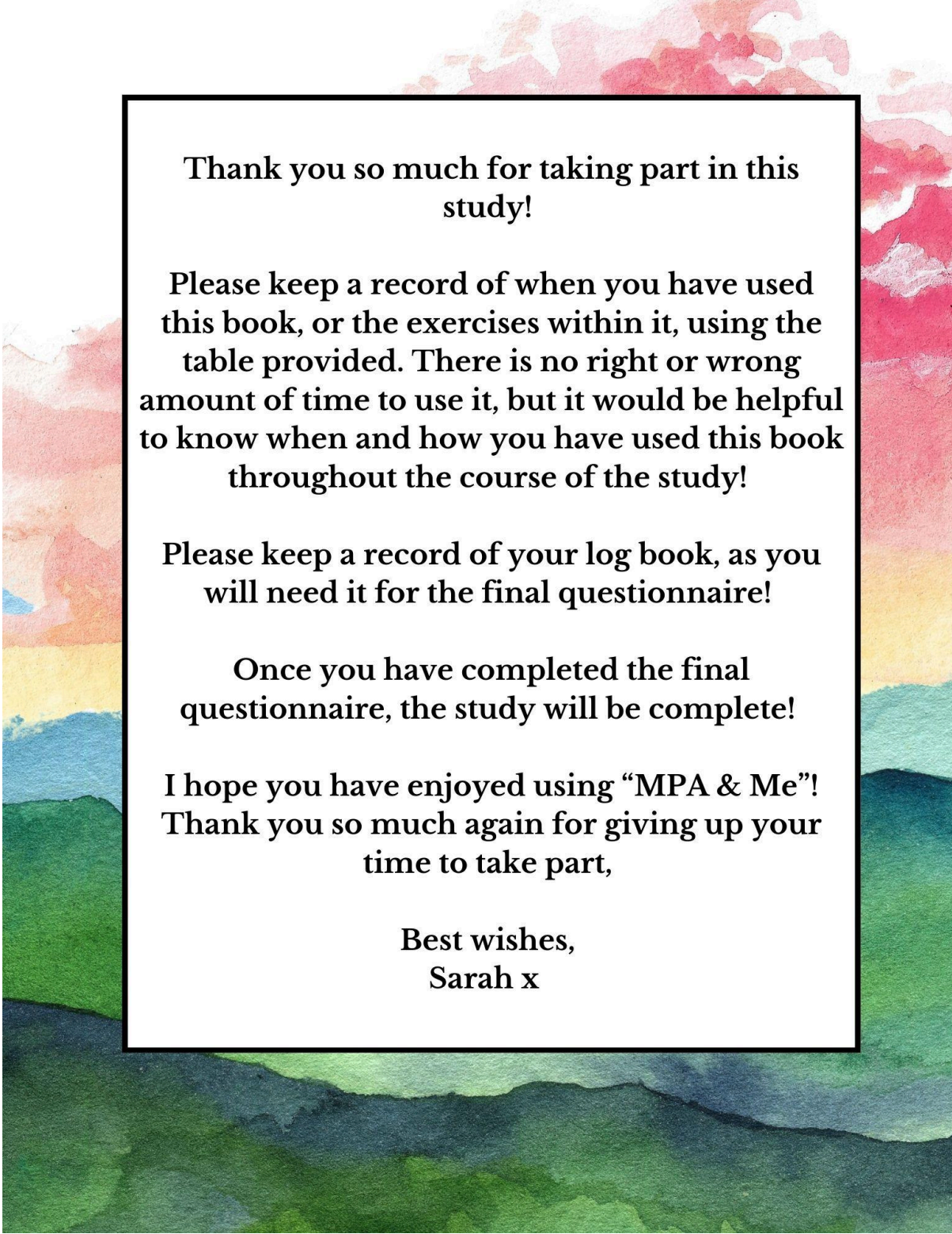
Say your troublesome thoughts aloud in silly voices, e.g., in a Donald Duck voice, or as SpongeBob SquarePants.

Reverse Order

Reverse the order of the words in your troublesome thoughts while they are occurring, e.g., "Strange is exercise this."

The background of the page is a watercolor illustration of a landscape. The top half features a sky with soft, blended washes of pink, red, and orange. The bottom half shows rolling hills in various shades of green and blue. A large, empty white rectangle with a thin black border is centered on the page, framing the title.

LOG BOOK



Thank you so much for taking part in this study!

Please keep a record of when you have used this book, or the exercises within it, using the table provided. There is no right or wrong amount of time to use it, but it would be helpful to know when and how you have used this book throughout the course of the study!

Please keep a record of your log book, as you will need it for the final questionnaire!

Once you have completed the final questionnaire, the study will be complete!

I hope you have enjoyed using “MPA & Me”!
Thank you so much again for giving up your time to take part,

Best wishes,
Sarah x



Date	Time spent using the book (if applicable)	Exercises completed



Date	Time spent using the book (if applicable)	Exercises completed

Appendix 2: Grey Literature Analysis Spreadsheet

Artefact	Practical Exercises							
	Mindfulness	Acceptance	Breathwork	Planning & Prep	CBT	Reflection on Achievements	Goal Setting	Exposure
The Mindful Musician (Book) Vanessa Cornett, 2019	Worksheet, audio guides			Creating a plan for a gig, create a performance kit, writing lists in advance of what you need to take to a performance (p. 208)			Use of SMART targets, worksheets, "Contract with myself" task. Partaking in affirmations. Create a musical bucket list.	
ACT for Musicians (Juncos and de Paiva e Pona, 2021)	Meditations with specific exercises - picture frame (ACT for musicians, page 52)	Tug of War with anxiety, learning to "drop the rope" (Juncos, 2015) , the Finger trap metaphor (ACT for musicians, p.70, resisting unwanted behaviours.					As part of a performance barriers, setting performance goals (p. 114)	FEEL exercises (Feeling Experiences Enriches Living; Eifert and Forsyth, 2005). Values-guided exposure exercises

Performance Strategies for Musicians, David Buswell (2006)	Categorised as "hypnosis" - mindfulness exercise - close your eyes, and find 3 things you can see, hear and feel, then repeat but find 2 things, then repeat but find one thing (p.66)		Breathing exercise "in 2 3 4, hold 2, out 2, 3, 4 ,5 ,6, hold 2" to promote relaxation	Discusses effective performance preparation, and includes information and exercises around practising and MST	Although they are not classified as CBT explicitly, there are exercises designed around changing negative thought processes in a chapter called "Changing limiting beliefs" (p.118)	Encourages healthy performance reflection to let go of feelings - contains a word bank to help musicians identify their emotions (p.214-215).		
Managing stage fright - A guide for musicians and music teachers by Julie Jaffee Nagel (2017)			Breathe in through the nose for four counts, out through the mouth for four counts, then repeat but with positive images in mind, then repeat whilst visualising a successful performance		Chapter 9 provides information about CBT, and provides some exercises based upon CBT that singers can use to reframe negative thought patterns			
Keeping your Nerve - Confidence Boosting Strategies for Musicians and Performers by Kate Jones (2000)	Mindfulness practise - lying down and focusing on different parts of the body and the breath (p. 15)					There are tips within this book that help musicians reflect on their performance in a positive light		

The Musician's Way - A Guide to Practice, Performance, and Wellness by Gerard Klickstein (2009)			2-1 breathing: empty the lungs first, and then inhale for a short amount of counts, and exhale for twice as long (similar to 7/11 breathing) p. 167	Includes a template and a model example of an effective practise schedule (p. 8-9). In chapter 8, this book offers lots of advice on preparation for mitigating MPA. On page 163, there is a template of a "pre-performance inventory" - a checklist to help musicians prepare on the day of a performance. On page 218, there is a pre performance timeline template		This book encourages musicians to reflect on performances and provides a template for post-performance reflection that asks musicians to state positive achievements, things they would like to improve upon, and active steps to take moving forward (P.203)		
---	--	--	--	--	--	--	--	--

Appendix 3 - Grey Literature Inclusion Criteria

Resource	Author	Meets Inclusion Criteria
Performance Strategies for Musicians	Buswell (2006)	Yes
The Mindful Musician	Cornett (2019)	Yes
Managing Stage Fright - A Guide for Musicians and Music Teachers	Nagel (2017)	Yes
Keeping your Nerve - Confidence Boosting Strategies for Musicians and Performers	Jones (2000)	Yes
ACT for Musicians	Juncos and de Paiva e Pona, (2021)	Yes
The Musician's Way - A Guide to Practice, Performance, and Wellness	Klickstein (2009)	Yes

Key: Inclusion Criteria
• Designed for the primary consumption of musicians seeking help with music performance anxiety. • Product reviews of 4 stars or above or in “bestseller” category • Affordable (£15 or under brand-new, OR, readily available second hand, OR, accessible via university library • Located using the following key search terms: ○ “music performance anxiety” ○ “performance anxiety” ○ “MPA” - AND ○ “book” ○ “Workbook” ○ “exercise book”

- “Journal”
- “workbook”
- “worksheets”
- “Resources
- “self-help tools”

Appendix 4: Ethics Form - UWTSD ethics committee approved



ETHICAL APPROVAL

PG2 / E1 FORM

RESEARCH STUDENTS This form is to be completed by the student within SIX months for full-time students and TWELVE months for part time students, after the commencement of the research degree or following progression to Part Two of your course. Once complete, submit this form via the <u>MyTSD Doctoral College Portal</u> at (https://mytsd.uwtsd.ac.uk). This document is also available in Welsh.	
RESEARCH STAFF ONLY All communications relating to this application during its processing must be in writing and emailed to pgresearch@uwtsd.ac.uk, with the title 'Ethical Approval' followed by your name.	
STUDENTS ON UNDERGRADUATE OR TAUGHT MASTERS PROGRAMMES should submit this form (and receive the outcome) via systems explained to you by the supervisor/module leader.	

In order for research to result in benefit and minimise risk of harm, it must be conducted ethically. A researcher may not be covered by the University's insurance if ethical approval has not been obtained prior to commencement.

The University follows the OECD Frascati manual definition of **research activity**: "creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications". As such this covers activities undertaken by members of staff, postgraduate research students, and both taught postgraduate and undergraduate students working on dissertations/projects.

The individual undertaking the research activity is known as the "principal researcher".

Ethical approval is not required for routine audits, performance reviews, quality assurance studies, testing within normal educational requirements, and literary or artistic criticism.

Please read the notes for guidance before completing ALL sections of the form.

This form must be completed and approved prior to undertaking any research activity. Please see Checklist for details of process for different categories of application.

SECTION A: About You (Principal Researcher)

1	Full Name:	Sarah Martin
---	------------	--------------

2	Tick all boxes that apply:	Member of staff:	☐	Honorary research fellow:	☐
	Undergraduate Student	☐	Taught Postgraduate Student	☒	Postgraduate Research Student

3	Institute/Academic Discipline/Centre:	WAPPAR
4	Campus:	Carmarthen
5	E-mail address:	sarahmartin269@gmail.com
6	Contact Telephone Number:	07950837542
	For students:	

April 2022' 1 PG2 Ethical Approval Form



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

PG2 / E1 FORM

7	Student Number:	2244162
8	Programme of Study:	MA Professional Practice (Voice Pedagogy)
9	Director of Studies/Supervisor:	Louise Emanuel/Julie Crossman/Debbie Winter

SECTION B: Approval for Research Activity

1	Has the research activity received approval in principle? (please check the Guidance Notes as to the appropriate approval process for different levels of research by different categories of individual)	YES	☒	NO	☐
					Date
2	If Yes, please indicate source of approval (and date where known): Approval in principle must be obtained from the relevant source prior to seeking ethical approval	Research Degrees Committee	☐		
Institute Research Committee		☐			
Other (write in) WAPPAR Ethics Board Representative		☒			

SECTION C: Internal and External Ethical Guidance Materials

	Please list the core ethical guidance documents that have been referred to during the completion of this form (including any discipline-specific codes of research ethics, location-specific codes of research ethics, and also any specific ethical guidance relating to the proposed methodology). Please tick to confirm that your research proposal adheres to these codes and guidelines. You may add rows to this table if needed.	
1	UWTSD Research Ethics & Integrity Code of Practice	☒
2	UWTSD Research Data Management Policy	☒
3	<i>[List any other relevant documents here]</i>	☐

SECTION D: External Collaborative Research Activity

1	Institution	N/A				
2	Contact person name					
3	Contact person e-mail address					
4	Is your research externally funded?	YES	☐	NO	☐	
5	Are you in receipt of a KESS scholarship?	YES	☐	NO	☐	
6	Are you specifically employed to undertake this research in either a paid or voluntary capacity?	Voluntary	YES	☐	NO	☐
7		Employed	YES	☐	NO	☐
8	Is the research being undertaken within an existing UWTSD Athrofa Professional Learning Partnership (APLP)?	If YES then the permission question below does not need to be answered.	YES	☐	NO	☐
9	Has permission to undertake the research has been provided by the partner organisation?	(If YES attach copy) If NO the application cannot continue	YES	☐	NO	☐

April 2022` 2 PG2 Ethical Approval Form



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

PG2 / E1 FORM Where research activity is carried out in collaboration with an external organisation

10	Does this organisation have its own ethics approval system?	YES	☐	NO	☐
----	---	-----	--------------------------	----	--------------------------

--	--

SECTION E: Details of Research Activity

1	Indicative title:	An investigation into the effectiveness of Music Performance Anxiety (MPA) Self-Management strategies for contemporary singers		
2	Proposed start date:	14/07/2025	Proposed end date:	06/03/2026
.	Introduction to the Research			
3	Purpose of Research Activity The purpose of this research is to gain an understanding into the effectiveness of self-management strategies for mitigating symptoms of MPA within contemporary singers. Self-management strategies for the purpose of this study are defined as exercises that support the mitigation MPA that are completed without the assistance of a therapist or music teacher and can also be defined as “self-help”. Participants will receive a workbook with exercises rooted in interventions such as cognitive behavioural therapy (CBT), acceptance and commitment therapy (ACT) and psychological skills training (PST), designed to be worked through independently. There is much empirical evidence to suggest that these three interventions can be effective when prescribed in a therapeutic context, however, many singers struggle to access professional/medical help due to perceived stigma or time restraints. Whilst some singers may prefer to seek advice for coping with MPA from a trusted vocal coach, many singing teachers feel inadequately trained to support the mental health concerns of their students. Self-help approaches for coping with MPA are currently under researched. Whilst there is evidence to show that self-help approaches are less effective than therapy in the treatment of generalised anxiety, the unique circumstances and experiences of singers means that this is an important topic for further exploration. As a result, this study will explore the effectiveness of a self-help approach to understand how this may be beneficial for singers who cannot access other types of interventions.			
4	Research Question How effective are self-management techniques in mitigating MPA for contemporary singers?			
5	Aims of Research Activity This study aims to test the effectiveness of an MPA self-management resource that is underpinned by a range of theoretical influences, such as CBT, ACT and PST. The resource has been designed to support singers when other MPA interventions, such as in-person therapy, are inaccessible or unsuitable. This study will measure the effectiveness of self-help resources to determine if they are a viable option for singers seeking support for mitigating MPA. Additionally, as an insider researcher, this study will also inform how this tool could be utilised or expanded upon within my own practice as a vocal coach and contemporary music lecturer.			

6	Objectives of Research Activity This research will incorporate a mixed methods approach: quantitative methods will be used to produce measurable empirical data relating to the effectiveness of the resource, and qualitative methods will provide a valuable insight into personal experiences of participants when using the
---	--

April 2022` 3 PG2 Ethical Approval Form



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

PG2 / E1 FORM

	resource. This will enable me to find out how whether self-management strategies are effective in mitigating negative experience of MPA in the lead up to performance commitment. For this study, a “performance commitment” will define any event that may induce feelings of MPA. This may include a gig, a recital, an audition, but also a single release, an online live-stream, or the filming of a music video. Participants will be aged 18 or over and recognise themselves to suffer from MPA. All participants will be actively performing singers that specialise in contemporary genres, including musical theatre.
	Proposed methods

7	This study will use a range of quantitative and qualitative methods to collect data. A ball-park figure of aims for participant numbers has been identified with the intention of collecting as broad of a sample as possible within the time restraints of this study. The intended methods are as follows: 1) Literature review – A review will identify existing knowledge, limitations, and gaps to inform the study's direction and help shape other methods. 2) Questionnaires (Mixed Methods) – Self designed questionnaires will be used at the start of the research process to determine levels of MPA in participants prior to the study. Another questionnaire will be administered at the end of the study and comparisons between results will be drawn. The final questionnaire will be a repeat of the first questionnaire to ensure results are measurable comparable, however, it will also include open-ended questions where participants can share their subjective experiences of using the resource. This will produce qualitative data from which key themes will be identified. All questionnaires will be designed based upon the Kenny Music Performance Anxiety Inventory (K MPAI), or similar inventories, to measure symptoms of music performance anxiety in participants with self-reported experiences of music performance anxiety. The questionnaire will be distributed to a minimum sample size of 5 participants, but this study will aim to recruit as many participants as possible using purposive sampling, followed by snowball sampling techniques. To ensure that qualitative data does not become overwhelming, open-ended questions will be formatted to allow responses up to 150 words. These will be distributed to participants online once informed consent has been received. All questionnaires will be strictly anonymous and all personal information will be redacted before data is included in the study or shared with my project supervisor. It will not be shared with anyone else. 3) Semi-structured Interviews (Qualitative) — Semi-structured interviews will be used to explore themes presented from the questionnaires in more detail and to encourage new themes to occur naturally in conversation that may not have been captured in the questionnaires. These interviews will be video/audio recorded for transcription purposes. Interviews will be recorded with the participants knowledge and consent. Participants will be asked via the consent form if they would like to take part in the interview phase. Participants will be able to opt out of this at any time. If more than 6 participants volunteer, 6 participants will be purposively sampled to be interviewed to include a variety of ages, genders and levels of experience. This is to ensure that qualitative data does not become overwhelming. The potential bias around purposively selecting participants will be addressed. The MPA workbook will be distributed to participants online via a learning management system (LMS), such as Google Classroom, Microsoft teams for Education, or Canvas. This will allow me to track how long participants have engaged with the resource. This will be made explicitly clear to participants on the consent form, to ensure participants understand their engagement will be monitored, however, the consent form will also stipulate that there is no requirement to engage with the resource for a set period. This will minimise the risk of participants feeling pressured to engage when they may not feel comfortable. If a participant is unable to access the workbook via the LMS, they will receive the workbook via email as a PDF and be asked to keep their own log on time spent
---	--

using the resource. Again, the consent form will stipulate that the participant to engage with the resource as much as they wish to, and there are no time requirements.

	Location of research activity
8	1) Questionnaires – These will take place online using survey software such as Google Forms or Survey Monkey. 2) Semi-structured interviews – Interviews with professional singers will take place online via a video call software, such as Zoom. This is to allow for anonymity, to ensure that participants do not feel pressured to discuss their experiences of MPA in a public setting in which they could be overheard. Additionally, online interviews minimise risk of injury. There are risks relating to how Zoom recordings may capture personal data – these risks are addressed below.
	Research activity outside of the UK
9	N/A

10	Use of documentation not in the public domain: Are any documents NOT publicly available?	NO	☒
		YES	☐
11			

	Does your research relate to one or more of the seven aims of the Well-being of Future Generations (Wales) Act 2015?	YES	NO
12	A prosperous Wales	☐	☒
13	A resilient Wales	☐	☒
14	A healthier Wales	☐	☒
15	A more equal Wales	☐	☒
16	A Wales of cohesive communities	☐	☒
17	A Wales of vibrant culture and thriving Welsh language	☐	☒
18	A globally responsible Wales	☐	☒

19	If YES to any of the above, please give details:

SECTION F: Scope of Research Activity

	Will the research activity include:	YES	NO
1	Use of a questionnaire or similar research instrument?	☒	☐
2	Use of interviews?	☒	☐
3	Use of focus groups?	☐	☒
4	Use of participant diaries?	☒	☐

April 2022` 5 PG2 Ethical Approval Form



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

PG2 / E1 FORM

5	Use of video or audio recording?	☒	☐
6	Use of computer-generated log files?	☒	☐
7	Participant observation with their knowledge?	☒	☐
8	Participant observation without their knowledge?	☐	☒
9	Access to personal or confidential information without the participants' specific consent?	☐	☒
10	Administration of any questions, test stimuli, presentation that may be experienced as physically, mentally or emotionally harmful / offensive?	☐	☒
11	Performance of any acts which may cause embarrassment or affect self-esteem?	☒	☐
12	Investigation of participants involved in illegal activities?	☐	☒
13	Use of procedures that involve deception?	☐	☒
14	Administration of any substance, agent or placebo?	☐	☒
15	Working with live vertebrate animals?	☐	☒

1 6	Procedures that may have a negative impact on the environment?	☐	☒
1 7	Other primary data collection methods. Please indicate the type of data collection method(s) below.	☐	☐
	Details of any other primary data collection method:		

If NO to every question, then the research activity is (ethically) low risk and **may** be exempt from **some** of the following sections (please refer to Guidance Notes).

If YES to any question, then no research activity should be undertaken until full ethical approval has been obtained.

SECTION G: Intended Participants

If there are no participants then do not complete this section, but go directly to section H.

	Who are the intended participants:	YES	NO
1	Students or staff at the University?	☐	☒
2	Adults (over the age of 18 and competent to give consent)?	☒	☐
3	Vulnerable adults?	☐	☒
4	Children and Young People under the age of 18? (Consent from Parent, Carer or Guardian will be required)	☐	☒
5	Prisoners?	☐	☒
6	Young offenders?	☐	☒
7	Those who could be considered to have a particularly dependent relationship with the investigator or a gatekeeper?	☐	☒
8	People engaged in illegal activities?	☐	☒
9	Others. Please indicate the participants below, and specifically any group who may be unable to give consent.	☐	☒
	Details of any other participant groups:		

April 2022` 6 PG2 Ethical Approval Form



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

PG2 / E1 FORM

	Participant numbers and source
--	---------------------------------------

10	How many participants are expected?	A minimum of 5 participants will take part in this study, with an expected maximum of 30. Participants will be identified primarily through social media; however, participants may also be contacted via text message, email or phone call where there are mutual contacts between myself and the participants. All participants will receive the online questionnaires. Between 3 and 6 participants will then be invited to partake in interviews. Participants will be offered the chance to volunteer to take part in interviews at their own discretion via the consent form. It will be made explicitly clear that participants are free to opt out of taking part in an interview at any time. <i>(this box should expand as you type)</i>
11	Who will the participants be?	All participants will be singers that are actively performing and have more than one performance commitment that is taking place throughout the duration of this study. For this study, a “performance commitment” will define any event that may induce feelings of MPA. This may include a gig, a recital, an audition, but also a single release, an online live-stream, or the filming of a music video. Participants will be over 18. There will be no stipulation that singers must be professional, student or amateur musicians, however, participants will be asked to disclose which category they classify themselves as within the questionnaire
12	How will you identify the participants?	Participants will be invited to participate through social media and online, or by my own familiarity of their professional work/training. Websites or social media channels for professional groups, such as choirs, may be used to identify larger samples. Please see BoxG13 for some additional information regarding contacting participants.

	Information for participants:	YES	NO	N/A
13	Will you describe the main research procedures to participants in advance, so that they are informed about what to expect?	☒	☐	☐
14	Will you tell participants that their participation is voluntary?	☒	☐	☐
15	Will you obtain written consent for participation?	☒	☐	☐
16	Will you explain to participants that refusal to participate in the research will not affect their treatment or education (if relevant)?	☒	☐	☐
17	If the research is observational, will you ask participants for	☒	☐	☐

	their consent to being observed?			
18	Will you tell participants that they may withdraw from the research at any time and for any reason?	☒	☐	☐
19	With questionnaires, will you give participants the option of omitting questions they do not want to answer?	☒	☐	☐
20	Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs?	☒	☐	☐

April 2022` 7 PG2 Ethical Approval Form



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

PG2 / E1 FORM

21	Will you debrief participants at the end of their participation, in a way appropriate to the type of research undertaken?	☒	☐	☐
22	If NO to any of above questions, please give an explanation			

	Information for participants:	YES	NO	N/A
24	Will participants be paid?	☐	☒	☐
25	Is specialist electrical or other equipment to be used with participants?	☒	☐	☐
26	Are there any financial or other interests to the investigator or University arising from this study?	☐	☒	☐
27	Will the research activity involve deliberately misleading participants in any way, or the partial or full concealment of the specific study aims?	☐	☒	☐
28	If YES to any question, please provide full details			
	Audio equipment will be used to record interviews.			

SECTION H: Anticipated Risks

	Outline any anticipated risks that may adversely affect any of the participants, the researchers and/or the University, and the steps that will be taken to address them.		
1	Full risk assessment completed and appended?	Yes	☐

		No	☐
2	Risks to participants		
	Risk to participants: Participants may feel pressured to participate due to my positionality as an insider researcher with potential personal links to participants that are recruited through my own social media platforms.	<i>How you will mitigate the risk to participants:</i> All participants will receive the online questionnaires, and access to the MPA self management resource, allowing them to assess whether they would like to participate remotely. All participants will be then invited to volunteer in the interview stage, and it will be stated within the consent form that participation in interviews is not mandatory. Up to 6 volunteers will be purposively selected. The participants that are selected will represent a diverse population of the participants. For example, an equal mix of genders, ages, and experience levels will be included. If no participants choose to volunteer, then the interviews will not take place. This is to ensure that participants do not feel pressured to discuss their experiences in further detail if they do not wish to. If interviews cannot take place, open ended questions from the questionnaire will be used as the primary source of qualitative data. The purpose of the interviews is to understand the experience of using the resource for the selected participants.	

April 2022' 8 PG2 Ethical Approval Form



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

PG2 / E1 FORM

	There is a risk, due to the nature of the topic, that participants may feel distressed. Participants risk confidentiality breaches, data leaks, and data misuse when joining such a study.	All participants will receive contact details for mental health services to use at their own discretion. Participants may withdraw from the study at any time without explanation. Participants can end an interview, or take a break, without explanation, at any time. This will be made clear within the consent form. All names or personal details will be replaced with anonymous code words, and all data will be stored on my own personal computer, that is password protected and only accessible to me.
--	--	--

3	If research activity may include sensitive, embarrassing or upsetting topics (e.g. sexual activity, drug use) or issues likely to disclose information requiring further action (e.g. criminal activity), give details of the procedures to deal with these issues, including any support/advice (e.g. helpline numbers) to be offered to participants. Note that where applicable, consent procedures should make it clear that if something potentially or actually illegal is discovered in the course of a project, it may need to be disclosed to the proper authorities	
	As this study involves collecting data surrounding anxiety and poor mental health, contact details for mental health support services will be provided.	
4	Risks to the investigator For example: personal health & safety, physical harm, emotional distress, risk of accusation of harm/impropriety, conflict of interest	
	Risk to the investigator: The investigator is at risk of mental distress due to the difficult nature of the topic. Meeting participants in public presents risks of physical harm.	<i>How you will mitigate the risk to the investigator:</i> I will seek the support of mental health services should this research topic begin to feel too heavy. I shall seek support from my research supervisor in the event the research causes me to feel stress or impacts my mental health. The risk of physical harm will be mitigated as all research activities will be conducted online.
5	University/institutional risks For example: adverse publicity, financial loss, data protection	
	Risk to the University: There is a risk of data protection to the university as personal data will be collected. There is the risk of data breach or reputational damage to the university throughout this study.	<i>How you will mitigate the risk to the University:</i> All personal details of participants will be replaced with anonymous code. Data will be stored securely on my own personal computer that is password protected and only accessible to me. All data will be destroyed once the research is complete. The UWTSD ethics procedure will be upheld meticulously throughout the entirety of this study, with support from my researcher supervisor. <i>(this box should expand as you type)</i>
6	Environmental risks For example: accidental spillage of pollutants, damage to local ecosystems	



Risk to the environment:	<i>How you will mitigate the risk to environment:</i>
N/A	N/A

Disclosure and Barring Service				
	If the research activity involves children or vulnerable adults, a Disclosure and Barring Service (DBS) certificate must be obtained before any contact with such participants.	YES	NO	N/A
7	Does your research require you to hold a current DBS Certificate?	☐	☒	☐
8	If YES, please give the certificate number. If the certificate number is not available please write "Pending"; in this case any ethical approval will be subject to providing the appropriate certificate number.			

SECTION I: Feedback, Consent and Confidentiality

1	Feedback What de-briefing and feedback will be provided to participants, how will this be done and when?
	An email address will be provided for participants to contact should they wish to receive the final person. This will be made explicit to them at the time of consent.
2	Informed consent Describe the arrangements to inform potential participants, before providing consent, of what is involved in participating. Describe the arrangements for participants to provide full consent before data collection begins. If gaining consent in this way is inappropriate, explain how consent will be obtained and recorded in accordance with prevailing data protection legislation.
	Formal consent will be sent electronically to all participants. Prior to the online questionnaire, there will be questions that act as a consent form, and by clicking "NEXT", participants will consent to their involvement in the study. For interviews, participants will also be sent an online consent form. Participants will only receive the online meeting link for interviews once consent has been received.
3	Confidentiality / Anonymity Set out how anonymity of participants and confidentiality will be ensured in any outputs. If anonymity is not being offered, explain why this is the case.

	In the consent form, participants will receive full disclosure of how their data is being stored and the measures that will be put in place to ensure they remain anonymous. Personal data will be replaced with anonymous code words that will not be traceable back to the participant by way of organisation or specific professional credits. The key to the code will be stored in a password protected folder within my personal computer that only I will have access to.
--	--

SECTION J: Data Protection and Storage

	Does the research activity involve personal data (as defined by the General Data Protection Regulation 2016 "GDPR" and the Data Protection Act 2018 "DPA")?	YES	NO
1		☒	☐
	If YES, provide a description of the data and explain why this data needs to be collected:		
2	Personal data will include the names and email addressed of participants collected via consent		

April 2022` 10 PG2 Ethical Approval Form



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

PG2 / E1 FORM

	forms. Interviews and focus groups will also be audio/video recorded and transcribed, and these may also include personal data.		
	Does it involve special category data (as defined by the GDPR)?	YES	NO
3		☐	☒
	If YES, provide a description of the special category data and explain why this data needs to be collected:		
4	N/A		

	Will data from the research activity (collected data, drafts of the thesis, or materials for publication) be stored in any of the following ways?	YES	NO
5	Manual files (i.e. in paper form)?	☐	☒
6	University computers?	☐	☒
7	Private company computers?	☐	☒
8	Home or other personal computers?	☒	☐

9	Laptop computers/ CDs/ Portable disk-drives/ memory sticks?	☒	☐
10	"Cloud" storage or websites?	☒	☐
11	Other – specify:	☐	☐
12	For all stored data, explain the measures in place to ensure the security of the data collected, data confidentiality, including details of backup procedures, password protection, encryption, anonymisation and pseudonymisation:		
	All data will be kept within my own personal laptop computer that is password protected. Audio/visual recordings and transcriptions will be kept on my own personal laptop, or if file sizes become too large to be stored directly within the laptop, they will be stored on my personal hard drive/USB, which will also be password protected. Any video or audio recording that has been captured on my own personal smart phone will also be stored in a password protected folder within the device and transferred over to my laptop/hard drive as soon as possible. Once recordings have been transferred, they will be immediately deleted from my smart phone. All participants will be given a unique identifier to ensure confidentiality and this list will be kept securely in the password protected folder. Participants will also be given the chance to view transcriptions of interviews and/or focus groups to ensure accuracy of reporting. As participants will be engaging with an online workbook on an LMS, participants will be made aware that the LMS may store their data. Participants will be advised that they must read the terms and conditions, and/or policies surrounding data collection before agreeing to participate in this study. These policies will be signposted within the consent form. The LMS that is selected for this study will comply with UK GDPR legislation (such as Google Classroom, Microsoft teams, or Canvas).		

	Data Protection		
	Will the research activity involve any of the following activities:	YES	NO
13	Electronic transfer of data in any form?	☒	☐
14	Sharing of data with others at the University outside of the immediate research team?	☐	☒
15	Sharing of data with other organisations?	☐	☒

April 2022' 11 PG2 Ethical Approval Form



Prifysgol Cymru
Y Drindod Dewi Sant
University of Wales
Trinity Saint David

PG2 / E1 FORM

16	Export of data outside the UK or importing of data from outside the UK?	☐	☒
17	Use of personal addresses, postcodes, faxes, emails or telephone numbers?	☒	☐

18	Publication of data that might allow identification of individuals?	☐	☒
19	Use of data management system?	☐	☒
20	Data archiving?	☐	☐
21	If YES to any question, please provide full details, explaining how this will be conducted in accordance with the GDPR and Data Protection Act (2018) (and any international equivalents, where appropriate):		
	All data will be encrypted and kept in password protected cloud storage on my own personal laptop which will not be shared. Any USB sticks used to store or transfer data will be password protected. All data transfers will be encrypted and password protected. All participants will be given a unique identifier to ensure confidentiality and this list will be kept securely in the password protected folder. The data will be stored until the completion of the project and then deleted. In accordance with the DPA2018, participants will have the right to ask to see what data is held relating to them, and this data will be deleted immediately if the participant requests this, in which case the data will not be used in the project.		
22	List all who will have access to the data generated by the research activity:		
	Myself, as the principal researcher and my tutor/supervisor for this project.		
23	List who will have control of, and act as custodian(s) for, data generated by the research activity:		
	Only myself as the principal researcher.		
24	Give details of data storage arrangements, including security measures in place to protect the data, where data will be stored, how long for, and in what form. Will data be archived – if so how and if not why not.		
	All data will be encrypted and kept in password protected cloud storage on my personal MAC Air laptop which will not be shared. Any USB sticks used to store or transfer data will be password Data will be secured and deleted at the project's conclusion. The data will be stored until the completion of the project and then deleted.		
25	Please indicate if your data will be stored in the UWTSD Research Data Repository (see https://researchdata.uwt.ac.uk/). If so please explain. (<i>Most relevant to academic staff</i>)		
	N/A		
26	Confirm that you have read the UWTSD guidance on data management (see https://www.uwt.ac.uk/library/research-data-management/)	YES	☒
27	Confirm that you are aware that you need to keep all data until after your research has completed or the end of your funding	YES	☒



	The information which I have provided is correct and complete to the best of my knowledge. I have attempted to identify any risks and issues related to the research activity and acknowledge my obligations and the rights of the participants. In submitting this application I hereby confirm that I undertake to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice which is published on the website: https://www.uwtsd.ac.uk/research/research-ethics/		
1	Signature of applicant:		Date: 03/07/25

For STUDENT Submissions:

2	Director of Studies/Supervisor:		Date:
3	Signature:		

For STAFF Submissions:

4	Academic Director/ Assistant Dean:		Date:
5	Signature:		

Checklist: Please complete the checklist below to ensure that you have completed the form according to the guidelines and attached any required documentation:

☒	I have read the guidance notes supplied before completing the form.
☒	I have completed ALL RELEVANT sections of the form in full.
☒	I confirm that the research activity has received approval in principle
☐	I have attached a copy of final/interim approval from external organisation (where appropriate)
☐	I have attached a full risk assessment (where appropriate) ONLY TICK IF YOU HAVE ATTACHED A FULL RISK ASSESSMENT
☒	I understand that it is my responsibility to ensure that the above named research activity will meet the University's Research Ethics and Integrity Code of Practice.

☒	I understand that before commencing data collection all documents aimed at respondents (including information sheets, consent forms, questionnaires, interview schedules etc.) must be confirmed by the DoS/Supervisor, module tutor or Academic Director.
---	--

RESEARCH STUDENTS ONLY Once complete, submit this form via the MyTSD Doctoral College Portal at https://mytsd.uwtsd.ac.uk .	
RESEARCH STAFF ONLY All communications relating to this application during its processing must be in writing and emailed to pgresearch@uwtsd.ac.uk , with the title 'Ethical Approval' followed by your name.	
STUDENTS ON UNDERGRADUATE OR TAUGHT MASTERS PROGRAMMES should submit this form (and receive the outcome) via systems explained to you by the supervisor/module leader.	

Study Overview

This study seeks to investigate the effectiveness of self-management techniques for mitigating music performance anxiety (MPA) in contemporary singers.

What is "Self-Management"?

For the purposes of this study, Self-Management refers to the ongoing role that an individual plays in their own care over an extended period of time (Corbin and Strauss, 1988, as cited in Mulligan, 2019).

Who can participate?

To take part in this study, you must meet the following criteria:

You must be 18 or over.

You must be based in the UK.

And then, you need to identify with one of the following statements:

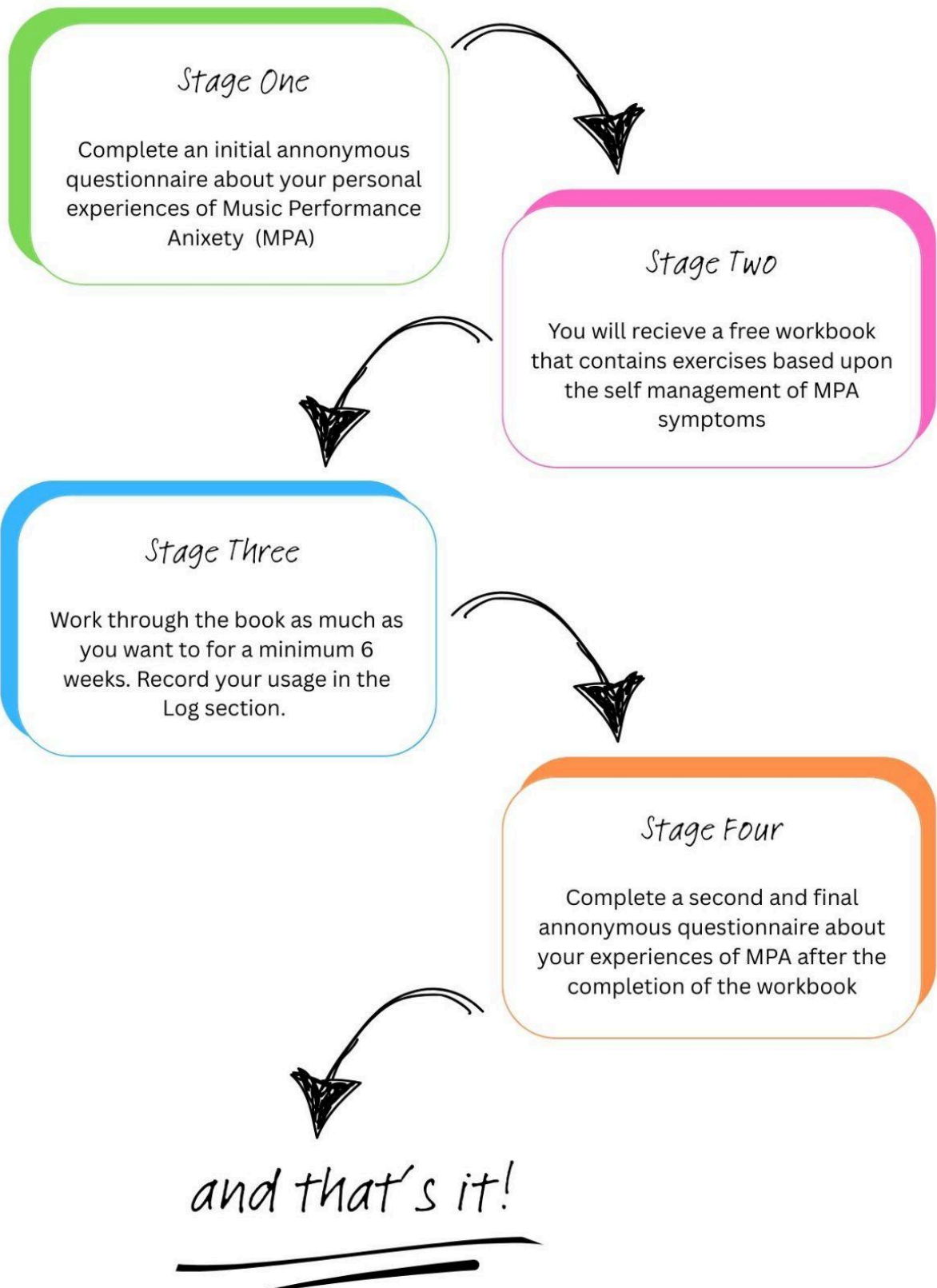
1) You are a professional singer that receives income for performing within the field of Contemporary Commercial Music (including musical theatre).

Or:

2_ You are a student, currently undertaking professional training in either Contemporary Commercial Music or Musical Theatre (at as part of an Undergraduate Degree, FE Level 3 Diploma or similar).

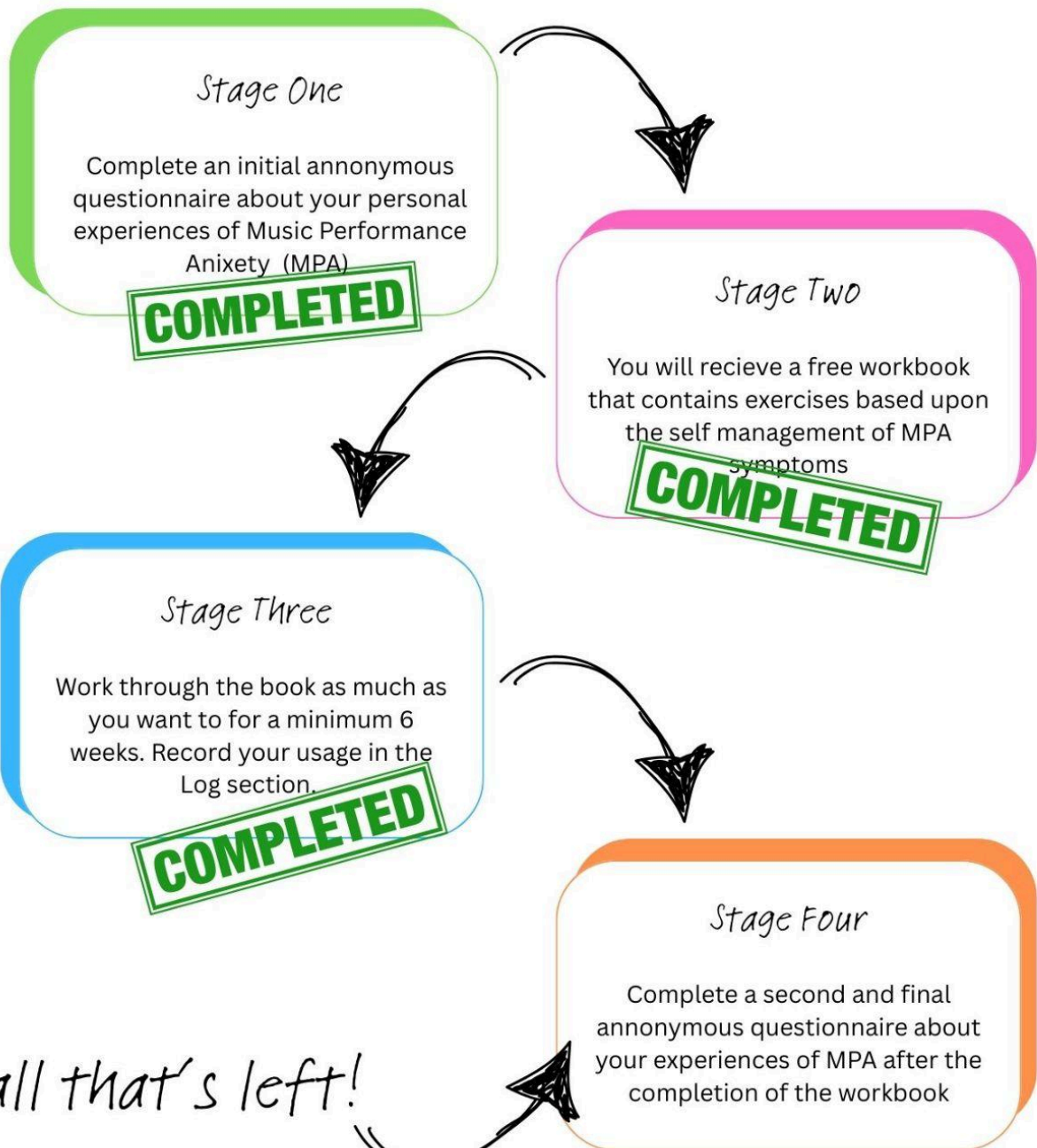
Study Information

This study is supervised by the Voice Study Centre Ltd and The University of Wales Trinity Saint David (UWTSD). This study has been granted ethical approval by UWTSD in line with the UWTSD Research Ethics & Integrity Code of Practice. Please review the following information carefully prior to signing this consent form:



Reminder of Study

This study is supervised by the Voice Study Centre Ltd and The University of Wales Trinity Saint David (UWTSD). This study has been granted ethical approval by UWTSD in line with the UWTSD Research Ethics & Integrity Code of Practice. Please review the following information carefully prior to signing this consent form:



all that's left!
then we are
DONE!

Risks of Participation

Due to the sensitive nature of the topic, participants reserve the right to withdraw from the study at any time. The following resources are provided to you for mental health support, should you wish to receive it following participation in this study:

Music Minds Matter

Telephone: 0808 802 8008

Website:

<https://explore.musicmindsmatter.org.uk/>

Mind

Telephone: 0208 215 2243

Website:

<https://www.mind.org.uk/about-us/contact-us/>

NHS Mental Health Services

In an emergency, dial 999

If you require urgent help that is not an emergency, call 111

Website: <https://www.nhs.uk/nhs-services/mental-health-services/>

Consent to take part in research

- I voluntarily agree to participate in this research study.
- I understand that even if I agree to participate now, I can withdraw at any time.
- I understand that I can refuse to answer any question involved during the research process without any consequences of any kind.
- I have had the purpose and nature of the study explained to me in writing and I have had the opportunity to ask questions about the study.
- I understand that participation involves the discussion and exploration of my experiences of Music Performance Anxiety via questionnaires.
- I understand that I will not benefit directly from participating in this research.
- I understand that all information I provide for this study will be treated confidentially.
- I understand that in any report on the results of this research my identity will remain anonymous. This will be done by changing my name and disguising any personal details which may reveal my identity or the identity of people I speak about.
- I understand that disguised extracts from my questionnaire answers may be quoted in the final research paper to be submitted to the Voice Study Centre.
- I understand that if I inform the researcher that myself or someone else is at risk of harm, they may have to report this to the relevant authorities - they will discuss this with me first but may be required to report with or without my permission.
- I understand that signed consent forms and questionnaire responses will be retained in a password-protected folder on the primary researcher's personal laptop until 6th of March 2026.
- I understand that under freedom of information legalisation, I am entitled to access the information I have provided at any time while it is in storage as specified above.
- I understand that I am free to contact any of the people involved in the research to seek further clarification and information.

Additional notice:

You will receive a copy of this consent form via email upon completion, for your records and for you to refer back to.

Please state your full name (you will remain anonymous within the final study) *

Short-answer text

By ticking this box: *

☐ I consent to participate in this study. I confirm that I meet participant criteria, and I have read and underst...

Record of Received Consent	
Participant 1	Yes
Participant 2	Yes
Participant 3	Yes
Participant 4	Yes
Participant 5	Yes

Appendix 6: Results of Thematic Analysis and evidence of coding

Contextualising Initial KMPAI Scores		
Subtheme	Code	Frequency
Causes of MPA	Lack of confidence causing MPA	2 - P1, P3
	Affected by external factors	1- P2
	High pressure situations	2 - P1, P4
	Judgement from others	2 - P1, P4
Implications of MPA	Post event rumination	1 - P4
	Self scrutiny	1 - P4
	Perfectionism	1 - P4
	Impacting career	1 - P4
	Low self esteem	1 - P4
Experience of MPA (Pre)	Underlying, not on the forefront of their mind	1 - P3
	Ongoing	1 - P5
	Draining	1 - P5
	Battled - suggests its a struggle	1 - P5
	Impacting singing	1 - P1
	Previous approach has just been to get on with it	1 - P3

Contextualising Final KMPAI Scores		
Subtheme	Code	Frequency
Experience of MPA (Post)	MPA is more manageable though still present	3 - P1, P2 (twice), P4
	Improved self efficacy	2 - P1, P2
	An improved positive outlook	2 - P1, P2
	Improved self worth	1 - P1
	Management of post event rumination	2 - P1, P4
	Accepting compliments, shifting focus onto these rather than creating negatives	1 - P4
	Improved sense of control	1 - P3
	Boosted confidence	1 - P3
	Sense of achievement	1 - P3
	Self worth attached to performances	1 - P3
Exposure to previous treatment	First time approach	2 - P2, P3
	Therapy specifically for MPA	1 - P5
	Exposure techniques	1- P1
	Therapy for general anxiety, not MPA	1 - P4
Previous Relationship to	fan	4 - P2, P3, P4, P5
	New to	1 - P1

Perceived Benefits of Resource		
Subtheme	Code	Frequency
Role of the voice teacher	Teacher not implementing useful tools	1 - P1
	Turning to help from a Music teacher	1 - P1
	Music teacher exacerbating MPA through pressure to perform	1 - P1
Biggest benefits of MPA & Me	Reframing negative thoughts	3 - P3, P4, P5
	Goal setting	1 - P1
	Identifying triggers	1 - P4
	Reminder of MPA strategies	2 - P4
	Suggested self-statement prompts made it easier than identifying their own	1 - P4
	Helpful all in one place	1 - P4
	Useful physical format	1 - P4
Positive Resource Feedback	Exercises are helpful	2 - P5 (twice)
	Reminder of tips and tricks	1 - P4
	Reduces the overwhelm	1 - P4
	Positive feedback	1 - P3

Perceived Limitations of Resource		
Subtheme	Code	Frequency
Barriers to resource	Study potentially triggering	1 - P3
	time-related issues	2 - P4, P5 (twice)
	Remembering to work through exercises - suggesting this is not always possible	1 - P4
Suggestions for improvement	Additional practical exercises	1 - P3
	More scope for personalisation to suit own needs	1 - P3
Complexities of MPA	Not a linear experience	2 - P2, P3
	A love for performance	1 - P4
	Doesn't see it as particularly problematic, but is still there	1 - P3
	Necessary evil - suggests acceptance, but also highlights the struggle	1 - P3
	MPA can feel monumental	1 - P2

Question 1	
Before taking part in this study, how would you describe your experience of performance anxiety?	
High pressure situations Lack of confidence causing MPA Impacting singing Teacher not implementing useful tools Judgement from others	Participant 1: IM My performance anxiety would often prevent me from being able to sing particularly when it came to assessed singing for exams. It was frustrating because I remember my teachers always saying 'Just sing out and it will sound great' but I could never seem to gather the confidence to do that. I was constantly worried about how people would think of me as a singer as well.
Not a linear experience Affected by external factors	Participant 2: Sporadic, and easily triggered by environmental factors (hormones, sleep, atmosphere of the performance)
Not a linear experience Lack of confidence causing MPA Underlying, not on the forefront of their mind Study potentially triggering	Participant 3: Fluctuating! It's definitely decreased as I have grown in confidence, but doing this study has made me realise it's still very much present.
A love for performance High pressure situations Post event rumination Self scrutiny Perfectionism Impacting career Low self esteem Judgement from others	Participant 4: I would be excited to perform, I love performing - but before big/important performances I would experience a peak in nerves and anxiety. After performances could be even worse, when I would scrutinise every wobble, waiver or imperfect note. I have turned down a lot of gigs that would have been brilliant for my career, due to fear of not being good enough. My mind fills with thoughts that people feel bad for me, and want to boost my confidence, but really, they don't think I'm good either.
Ongoing Draining Battled - suggests its a struggle	Participant 5: It's something I have battled with my whole life and I have to navigate all the time.

Question 2	
After taking part in this study, how would you describe your experience of performance anxiety?	
More manageable though still present Improved Self efficacy An improved positive outlook Improved self worth Management of post event rumination	Participant 1: Although I still feel nervous before performing, I feel I am better able to harness the nerves and just enjoy singing again! The book has helped me think about my accomplishments as well as getting comfortable with making a few mistakes here and there without obsessing over them.
More manageable though still present Improved Self efficacy An improved positive outlook	Participant 2: Easier to manage through more positive means of self control
Doesn't see it as particularly problematic, but is still there	Participant 3: Moderate.
More manageable though still present Remembering to work through exercises - suggesting this is not always possible Managing post event rumination Accepting compliments, shifting focus onto these rather than creating negatives	Participant 4: I do still feel performance anxiety, but it doesn't affect me quite as much in the moment. If I remember to do breathing and grounding exercises, I know I will feel better. I do also still scrutinise after performances - but - I catch myself doing it and reframe to more positive thoughts. I also write down positive feedback from people, as historically, I tend to forget the positive things and spiral in my own thoughts. I would say that I have a better handle on the performance anxiety. Even though it's still there, I manage it better.
Lack of time Exercises are helpful	Participant 5: I found the exercises really helpful and wish I had more opportunities to implement them.

Question 3	
Have you ever sought help or treatment for your performance anxiety before taking part in this study?	
Turning to help from a Music teacher Exposure techniques Music teacher exacerbating MPA through pressure to perform	Participant 1: While it wasn't 'professional' psychiatric help, my previous singing teacher and music teacher did help me with my performance anxiety. It was mainly just exposure with them encouraging me to sing more but it sometimes just made my nerves worse.
First time approach	Participant 2: No
Necessary evil - suggests acceptance, but also highlights the struggle Previous approach has just been to get on with it First time approach	Participant 3: No, I don't think so. I just push on through and see it as a necessary evil.
Therapy for general anxiety, not MPA	Participant 4: I have had therapy for anxiety, among other mental health conditions, but I have never had performance specific treatment
Therapy specifically for MPA	Participant 5: Yes, therapy.

Question 4	
Have you ever tried a "self-help" book or resource in any context before?	
New to	Participant 1: No
fan	Participant 2: In a spiritual context yes - but never in a way to improve my performance skills
fan	Participant 3: Yes, in other areas of my life!
fan	Participant 4: I have used a lot of books. Books on breath, mindfulness, journals with prompts, pod casts, audiobooks. I use Finch app daily as well, which is great for me.
fan	Participant 5: Yes

Question 5	
Do you think using resources to manage your performance anxiety works for you? If not, why?	
Useful	Participant 1: Yes
More manageable though still present MPA can feel monumental	Participant 2: I think it's beneficial, and a way to manage those types of anxieties step by step, rather than feeling like you have to overcome everything in one go
Improved sense of control	Participant 3: Yes. I genuinely found the "preparation" section really helpful. It gave me back a sense of control and took away a lot of the feeling of the unknown.
Reminder of MPA strategies Reduces the overwhelm	Participant 4: I definitely think it's helps, anything to help ground me is really beneficial. Often you forget the simple things like breathing exercises when you are nervous and not thinking clearly.
Useful, but needed more time	Participant 5: Yes, I just didn't have many opportunities to test it out.

Question 6	
Was there anything in "MPA & Me" that you felt was helpful to you? If yes, please explain.	
Goal setting Sense of achievement	Participant 1: The exercise where I had to create a goal for each performance really helped! I was able to focus on something unrelated to simply 'not making mistakes' and I genuinely felt I achieved something.
	Participant 2: N/A
Reframing negative thoughts Boosted confidence	Participant 3: The reframing of my own value to intrinsic goals and using preparation to boost confidence.
Identifying triggers Self worth attached to performances Reminder of MPA strategies The book serves as a reminder Reframing negatives into positives Suggested self-statement prompts made it easier than identifying their own Helpful all in one place Useful physical format	Participant 4: From the very start I found identifying my triggers to be very helpful. I realised how much of my self worth I determine by how I rate my performances. I loved the breathing exercises - although I already know a lot about breath and different exercises, actually remembering to do them is a different story. Same with the grounding exercises, it's really helpful to remember the basics, even if you feel a bit silly doing them at first. I loved the self statement prompts, as I struggle to think of positives, but from suggestions, I can find ones that fit me better. I really liked the success journal. Although I do find it difficult to praise myself, writing down things that I'm good and and planning the steps to improve was really beneficial for me. I liked the day planner. I use a lot of lists, for things I need to pack, what to rehearse, what to wear etc already, so having that available all in one place, in a physical format was really great to use and very helpful not not need to switch between notes and lists on my phone. I liked the idea of the practice planner, but honestly, I didn't use this much as my physical health makes it very difficult to stick to set times and plans. When I'm in flare, I have to drop everything and rest, so I tend to practice when I can.
Reframing negative thoughts	Participant 5: The mind section

Question 7	
Was there anything that would have made your experience of using "MPA & Me" better, or more useful?	
	Participant 1: N/A
	Participant 2: N/A
Time/usage Additional practical exercises More scope for personalisation to suit own needs	Participant 3: 1. Knowing if there was an expectation on how much you would like me to use it. (Sorry if you did mention this!) 2. QR codes to little videos might be a nice addition for some of the exercises? 3. I really liked the idea of the Performance Day Planner and wanted to add a couple of my own sections to it. A couple of blank boxes for my own additions would be nice!
Time management make it tricky	Participant 4: Just planning from myself. The tools in the booklet are great
	Participant 5: N/A

Question 8	
Are there any final thoughts you would like to add? No need to answer if not applicable!	
	Participant 1: N/A
	Participant 2: N/A
Positive feedback	Participant 3: Thank you for letting me take part and sharing your lovely, positive and useful resource with me.
	Participant 4: N/A
	Participant 5: N/A