Feeling Better, Performing Better?
Holistically-Oriented Top Performance and Well-Being (HOPE): Performance Enhancement and Its Perceived Impacts on Musicians

Helsinki 2008
Eija Mäkirintala

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Abstract

Most musicians choose a career in music based on their love of the art and a desire to share it with others. However, being a performing musician is highly demanding. Despite considerable evidence of the great frequency of performance-related problems (e.g. debilitating performance anxiety) among professional musicians or aspiring musicians in the current Western classical music tradition these problems are seldom discussed openly. The existing system offers musicians very little help in learning how to build sustainable performance success into their musical career. This study is first of its kind in Finland which addresses the issue on larger scale in a systematic way.

I devised the HOPE intervention (Holistically-Oriented Top Performance and Well-Being Enhancement), in order to learn how to integrate professional peak performance and a sense of personal well-being into the lives and careers of musicians. Unlike most interventions in previous research, the HOPE intervention is explicitly holistic and aims at enhancing the whole musician, not just alleviating performance anxiety. Earlier research has not in principle focused on musicians’ psychological well-being or on their subjective perceptions.

The main purpose of the study is to understand the perceived impacts of the specially devised HOPE intervention on the participants and particularly in four key areas: performing, playing or singing well-being, and overall (performing, playing or singing and well-being combined). Furthermore, it is hoped that a deeper understanding of performers’ development will be gained.

The research method is interdisciplinary and mainly qualitative. The primary data consist of a series of linked questionnaires (before and after the intervention) and semi-structured follow-up interviews collected during action research-oriented HOPE intervention courses for music majors in the Sibelius Academy. With the longitudinal group called Hope 1, the core data were collected during a nine month HOPE intervention course and from follow-up interviews conducted six months later in 2003–2004. The core data of Hope 1 (nine participants) are compared with the perceived impacts on fifty-three other participants in the HOPE courses during the period since their inception, 2001–2006. The focus is particularly on participants’ subjective perceptions.

Results of the study suggest that the HOPE intervention is beneficial in enhancing overall performance capacity, including music performance, and a personal sense of well-being in a music university setting. The findings indicate that within all key areas significant positive changes take place between the beginning and the end of a HOPE intervention course. The longitudinal data imply that the perceived positive changes are still ongoing six months after the HOPE intervention course is finished. The biggest change takes place within the area of performing and the smallest, in participants’ perception of their playing or singing. The main impacts include reduced feelings of stress and anxiety (an enhanced sense of well-being) as well as increased sense of direction and control in one’s life.

Since the results of the present research gave no other reason to believe otherwise, it is to be expected that the HOPE intervention and the results of the study can be exploited in other areas of
human activity as well, especially where continuous professional top performance is a prerequisite such as in business or sports.

*Keywords:* performance enhancement, professional top performance, subjective well-being, subjective perceptions, holism, coaching, music performance anxiety, studying music, music
Paremmin voiden parempaan suoritukseen?

Kokonaisvaltaisesti orientoitunut huippusuoritus ja hyvinvointi (HOPE): Esiintymisvalmennus ja sen havaittavat vaikutukset – kohderyhmänä muusikot

Eija Mäkirintala

Tiivistelmä


Olen tutkija-valmentajanominaisuudessa kehittänyt HOPE-valmennuksen (kokonaisvaltaisesti orientoitunut esiintymisvalmennus) tavoitteenani oppia, miten ammatillisen huippusuoron esittämisen ja henkilökohtaisen hyvinvoinnin tunteen voi yhdistää osana omaa uraa ja elämää. HOPE-valmennus eroaa muista musiikin opintosuunnitelmista tässä puolesta, että se on selkeästi kokonaisvaltainen ja tähtää musiikon valmentamiseen kokonaisuutena, eikä ainostaan kiinnitä huomiota suoritusta haittaavan esiintymisjännityksen helpottamiseen. Edellämainitunlaista huomion kohteena eivät myöskään pääsääntöisesti ole olleet muusikojen hyvinvointi ja heidän henkilökohtaiset havaintonsa tai kokemukseensa. Tässä laajuudessa ei Suomessa ole aiemmin tehty vastaavasta aiheesta tutkimusta.

Tutkimuksen päättökohtaisena tavoitteena on ymmärtää HOPE-valmennuksen havaittuja vaikutuksia osallistujien, erityisesti seuraavien neljän avainteeman alueella: 1. esiintyminen, 2. soittaminen tai laulaminen, 3. hyvinvointi, 4. esiintyminen, soittaminen tai laulaminen sekä hyvinvointi yhden tai kahden yhtenäisellä avainteemalla. Tavoitteena on myös ymmärtää paremmin, miten esiintyjät yleisemmin kehittyvät annetussa kontekstissa.


Tutkimuksen tulokset viittaavat siihen, että HOPE-valmennus on hyödyllinen vahvistamaan yleistä suorituskykyä – mukaan lukien muusikoiksen esiintyminen – sekä henkilökohtaista hyvinvoinnin tunteet musiikkiyliopistooppiympäristössä. Tutkimustulokset osoittavat, että kaikilla avainteemaluueilla oli tapahtunut merkittävää positiivista muutosta HOPE-valmennuksen aikana. Seuranta-aineisto viittaa siihen, että havaitut positiiviset muutokset jatkuvat vielä kauammaksi HOPE-valmennuksen loputtua. Suurimmat muutokset olivat havaittavissa liittymen esiintymiseen ja pienimmät muutokset liittyneen omaan soittamiseen tai laulamiseen. Muita merkittäviä vaikutuksia...
olivat vähentyneet stressin ja ahdistuksen kokemukset sekä lisääntyneet havainnot elämän hallinnasta ja hyvinvoinnista.

Mahdollisesti HOPE-valmennusta sekä tämän tutkimuksen tuloksia voidaan hyödyntää myös muilla ihimillisen toiminnan alueilla – erityisesti niillä alueilla, missä jatkuva huippuosaaminen ja suorittaminen ovat tuloksellisen toiminnan edellytys. Esimerkkeinä tällaisista alueista voidaan mainita liike-elämä ja urheilu.

Avainsanat: esiintymisvalmennus, ammatillinen huippusuoritus, huippuosaaminen, henkilökohtainen hyvinvointi, henkilökohtaiset havainnot, kokonaisvaltaisuus (holismi), valmentaminen (coaching), esiintymisjännitys, musiikin opiskelu, musiikki.
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Appendix 2. A short overview of the contents of the HOPE intervention course of Hope 1
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The principle of the Holistically-Oriented Top Performance and Well-Being Enhancement (HOPE) was described by one of the coaching groups (Hope 1, 2003, after the HOPE course):

*It is like a multiple-edged jack-knife. It is packed in such a way that you'll keep it with you at all times. It is comprised of various skills and possibilities without which you would not know how to solve the problem at hand. Whereas earlier you might have tried just to push your way through, now you can take out the appropriate blade and use the right technique to make things work. You are not necessarily able to do everything with it right away, but with time you'll learn how to use it properly and apply it in different contexts.*

The principle of the Solution-Focused Therapy was described by one of its distinguished pioneers, Steve de Shazer (1995, 19) as follows:

*The therapist does not need to know much about the nature of the problems in order them to be solved. It is much more essential to understand the nature of the solutions. Most important is the key, with which you can open the lock, not the type of the lock. It is not necessary to analyse and understand details of the lock if you have a master key with which you can open many different locks.*
THEORETICAL BACKGROUND

1 Introduction

Most musicians choose a career in music based on their love of the art and a desire to share it with others. However, being a performing musician in the Western classical music tradition today is highly demanding; to achieve the highest levels of performance, a musician needs to be physically, emotionally and mentally fit. Everything a musician is or does (or has done and experienced) seems to culminate in those unique and intense, sometimes painfully, irreversible moments of performing. Performing (and similar situations) is like the tip of an iceberg in the vast ecosystem of a musician’s life and career. In a sense it may be the only moment in the career that matters—the only time a musician’s work and professional skills are seen and heard by others.

Recent research suggests that as an occupation, a career in music has many characteristics associated with high stress employment. It is also argued that performance anxiety and career stress are closely related. Music performance anxiety (MPA) is a common problem in the music profession. It can handicap performers to the point that musicians who suffer from it severely withdraw entirely from the profession. Despite the frequency of performance-related problems, these problems are seldom discussed openly: Musicians have historically attempted to disguise their pains, injuries and illnesses.

The strains of pursuing a professional career in music are often experienced whilst studying for it. Yet there seems to be a significant gap between what is offered to a student-musician in traditional education and training compared to what would be needed to pursue a successful career in music. Too often the training lacks a dimension that would enable the students to make the most of their education and professional opportunities.

As a professional musician myself, I became aware that most professional musicians (and most student musicians) are either personally or indirectly affected by high levels of continuous stress, debilitating performance anxiety and paucity of personal well-being. The price for being able to pursue a career in music often seemed high—perhaps even too high.

I began to wonder how musicians could achieve the highest levels of performance whilst having an experience of personal well-being or, in other words, how they could build sustainable performance success. The existing solutions were mainly problem-oriented and focused on treating MPA as a se-
rious—sometimes even as pathological—difficulty. As such they did not seem to produce satisfactory solutions or results. To find adequate solutions to my question, I went through an extended professional development in order to become a coach. I started testing and developing a systems thinking-based approach for performance enhancement, which I named the HOPE intervention (Holistically-Oriented Top Performance and Well-Being Enhancement).

The HOPE intervention is built on a presupposition that MPA is a complex, multifaceted phenomenon, and therefore a holistic approach is beneficial in understanding and treating it. Unlike interventions in earlier research, the HOPE intervention is explicitly based on systems thinking; the world is understood as a set of relations. The goal is to integrate professional top performance with a sense of well-being in order to build sustainable performance success. When dealing with MPA, the HOPE intervention focuses on confidence-building in musical communication rather than just on alleviating anxiety.

In the previous research literature the interventions have not been explicitly holistic in approach and their scope has been narrower: they have concentrated mainly on alleviating MPA, not enhancing the whole musician. Unlike the angle emphasised in this study, the focus in earlier interventions as reflected in research reports has in principle not been on musicians’ psychological well-being or on their subjective perceptions and perspectives.

The main purpose of this study is to understand the perceived impacts of the HOPE intervention on the participants, particularly in relation to four key areas presented below. I formulated the following research question to help direct the investigation process: “What are the perceived impacts of the HOPE intervention on participants, particularly in relation to the four key areas?”

In addition, the study endeavours to shed light on the optimal performer development; what are the interferences and what are the enhancers in the developmental process?

The key areas are:

1. Performing
2. Playing or singing
3. Well-being
4. Overall (performing, playing or singing and well-being combined)

It is often crucial to positive development to differentiate playing or singing skills from performing skills. It is possible that a musician (or student-musician) has all the necessary playing or singing skills (and know-how), yet does not succeed in performing. In such cases, it can make all the difference that this participant perceives him- or herself a good player or singer who just needs to learn to “control her nerves on stage”—instead of feeling like a com-
plete failure. Hence, in the HOPE intervention and the related questionnaires, “performing” and “playing or singing” are separated into different categories. (More about the categorisation see Chapter 5.1.2).

In the spirit of systems thinking, the first three key areas can be understood as central issues or loops in the life of a musician. These loops are like different places from which one can look at the rest of the system (e.g. one’s life and musical career). The assumption is that these three loops are in continuous interaction and thus affect one another. The fourth key area “Overall”, explores the interplay among performing, playing or singing and well-being.

The research method is interdisciplinary and mainly qualitative. The primary data consist of a series of linked questionnaires (before and after the intervention) and semi-structured follow-up interviews collected within the seven action research-oriented HOPE intervention courses for music majors in the Sibelius Academy, in the years 2001 to 2006 (n=62).

In sum, the present study offers some new theoretical concepts and their practical application: the HOPE intervention. The theoretical concepts are as follows: holism as systems thinking and the “body-mind” (Chapter 3), well-being and professional top performance—as independent concepts and in combination (Chapter 5.1.3). It follows that because of the unique setup of the present study, some new methodological tools for investigating the perceived impacts of the HOPE intervention were also developed and tested in the research process (Chapter 5.3).

In addition to the new point of view it represents, this study is the first of its kind in Finland also in regard to its scope. The overall aim is to bring a novel voice and a fresh view to the dialogue. For the wider audience, the new understanding gained from the present study can be taken into consideration, in such fields as education, coaching, consultation, supervision, health care and therapy, particularly in interactions with musicians or performers (or student musicians or student performers).

This study concentrates on understanding what happens to the participants in the HOPE-course context. In addition to internalising the object of inquiry, a good investigation clearly defines its limits. There are a great number of factors which, in the systemic universe, are in continuous interplay within the investigated phenomenon that are not explored in this study. For example, the very essence of (making) music and its impact on the individual musician are not examined as such. Also beyond the scope of this study is the particular cultural context to which musicians are often exposed from an early age and the contribution of this context to various performance-related problems such as a handicapping performance anxiety. Because of the solution- and resource-oriented nature of the theoretical framework, the reasons for handicapping performance anxiety are not dealt with in depth. All these viewpoints are valuable and warrant studies of their own.
In writing this research report systematic clarity has been central. It has served as the primary principle for guiding the writing process. Hence, brief synopses and summaries can be found throughout the text as points of orientation.
2 From wide-angle to close-up: A selective view of the ecosystem of a performance-based career and psychological make-up

When professional musicians or aspiring musicians are studied a larger view is beneficial; this idea is the starting point for the present study. In this context the wide-angle and close-up views are interrelated. For instance, separating a performance-based career from performance-related behaviour is not recommended. The research literature confirms that, whatever the particular role (or multiple roles) played by a professional musician, occupational stress and performance-related (psychological) problems are common and widely experienced.

A career in music often culminates in the irreversible and unique moments of performing. In the present study performing can be described as the tip of an iceberg in a wider context: the ecosystem of a professional musician’s life and career. In the Western classical music tradition today there is a great deal of pressure on maintaining performance success. There is also great potential for exacerbating music performance anxiety. Music performance anxiety (MPA) is a serious and detrimental problem for many musicians, both professional and student. In this study MPA is understood as a multidimensional phenomenon and therefore warrants a multilevel approach, namely exploration of these issues in a larger framework such as a career or a general stress context.

In this chapter the findings of applied research on music performance-related (psychological) problems, particularly music performance anxiety (MPA), and its treatments, are presented. Three interrelated aspects of music as an occupation are considered: professional roles, occupational stress and music performance-related (psychological) problems (Chapter 2.1). Thereafter, the scope is narrowed to the central phenomenon of music performance anxiety (MPA) (Chapter 2.2). This discussion is followed by the introduction of some additional concepts—motivation, self-efficacy and attributions—which in this study are understood as being central to performance enhancement (Chapter 2.3). The chapter ends with a summary of the main points and a short conclusion (Chapter 2.4).

2.1 Performance-based career in music

Even though today in the Western classical music tradition, excellence is a prerequisite for all performing musicians, the demands vary according to the professional role: orchestral musician, ensemble musician, soloist or conductor. It
is also fairly common that musicians have multiple roles within the wider field of music, possibly going through various phases in their professional careers. In any case, being a professional musician is often highly stressful. Performance-related occupations may also have negative effects on health. Several studies have even listed music as among the “top five” professions threatening to physical and mental (Brodsky, 1996, 89). Yet despite such threats, most musicians stay in their profession and would choose to pursue it again.

**Professional roles**

For a performing musician, the competition for job opportunities is often very stiff, even if the work is mostly not very well paid. In many music settings permanent or paid monthly positions are scarce even non-existent. In order to make a living, especially early in a musician’s career, he or she may end up in different lines of work within the music profession or even sometimes outside music. Although a musician may be able to work exclusively as a performer, still extra-musical skills (e.g. being their own agents, publicising and promoting their music and handling legal issues of copyright law, licensing and contract negotiations) are often involved in having a successful career. For many musicians, it seems that life never arrives at any real place of stability. (Lehmann et al., 2007, 180.) For instance, it is fairly common that, after making a living for decades exclusively as a performer, a classical musician will turn to full-time teaching in later life (Lehmann et al., 2007, 180), even when he or she has little training for teaching (Persson, 1996).

Characteristically an orchestral musician’s work is comprised mainly of individual practise and rehearsals that lead to concerts or other types of public performance. It also often includes assisting in other ensembles, doing recordings and shootings for television or film, and playing for shows and musicals. A musician has to practise daily in order to keep up the acquired skill and to learn new repertoire. This private, mostly non-paid, daily practise also goes on during holidays throughout a professional career. The paid work itself is mostly done on irregular schedules and includes a great deal of travelling that often interferes with family and other social life.

The life of a soloist or a conductor is somewhat different. First of all, as a rule these roles are much better paid than that of an orchestral musician. However, their lives too are often ones of constant travel. In addition, soloists need to maintain their musical excellence, technical skill and physical and mental stamina (Fetter, 1993), to an even greater degree than the average orchestral musician. Besides conducting an ensemble or an orchestra, a conductor must also attend to diverse responsibilities (selecting music, hiring soloists, and so forth) and play with other orchestras as a guest conductor. Orchestral musicians, assuming they are not freelancing, have more stable lives than soloists or
conductors. (Tubiana and Amadio, 2000, 152–153). However, orchestral musicians experience competition with their colleagues as being stressful (Steptoe and Fidler, 1987). They also report a lack of control, since the music directors or conductors select the music they will play and also determine how it will be played (Steptoe, 1989; Fetter, 1993).

**Occupational stress**

Although the general public may view music as an intrinsically rewarding profession, research has shown that musicians experience high levels of occupational stress. Many musicians are regularly confronted with financial strain and struggle to balance the demands of work and other personal commitments. While doing the job itself, musicians can experience interpersonal conflicts with their colleagues or suffer from handicapping music performance anxiety. Stress is also a significant contributor to various physical injuries that musicians encounter. (Lehmann et al., 2007, 183.)

Generally speaking, stress can facilitate progress towards goals; conversely, it can impede the ability to function optimally. Work-related stress can affect individuals when they feel unable to cope or to control the many demands placed on them in their work environment; stress can eventually contribute to the development of health conditions such as depression, anxiety, nervousness, fatigue and heart disorder (European Agency for Safety and Health at Work, 2002).

The occupational stress experienced by musicians often causes uncertainty and disquiet. These occupation-related stressors include job insecurity (Steptoe and Fidler, 1987; Dews and Williams, 1989; Hagglund, 1996; Brandfonbrener, 1997) and financial insecurity (Steptoe and Fidler, 1987; Steptoe, 1987; Hagglund, 1996). Many musicians report conflicts between their musical and personal lives (Dews and Williams, 1989) because of their irregular working schedules (Hamilton et al., 1995) and constant travel (Steptoe and Fidler, 1987; Wills and Cooper, 1988; Fetter, 1993). In a study by Hagglund (1996), almost half the musicians interviewed claimed that being separated from their families resulted in impaired relationships. A sense of isolation may be one result (Hamilton et al., 1995; Brandfonbrener, 1997). Furthermore, lack of artistic integrity and social tension, specifically within a symphony or band setting, has been reported to increase distress for some musicians (Panasuraman and Purohit, 2000). New technology has also had a major impact on the performing arts, particularly on musicians, and may generate new forms of stress (Giga, Wills, and Cooper, 2003). In a study of classical orchestral musicians from the United Kingdom and Germany Harper (2002) found that musicians identified noise as the most worrying aspect of their working conditions. Furthermore,
approximately 40 percent of the musicians studied from both countries reported to be suffering from hearing difficulties in at least one ear.

In order to reach the highest levels of performance—as often expected by the musicians themselves, audiences and colleagues—concentration during concerts must be very intense. This can create such problems as difficulties in sleeping. Of 1,800 German orchestral musicians, 28% reported sleep disturbances. In addition, 52% reported troubles due to weather changes and 58% had various other difficulties due to their occupation. For an orchestral musician, further stress factors may include fear of making mistakes, fear of decrease in one’s potential as a musician (especially as one ages), being an anonymous member of a collective, tension among orchestra members, incompetent conductors and limited or no influence on the choice of programme or conductor (Gabrielsson, 1999; Panasuraman and Purohit, 2000; Steptoe, 1989).

Performance anxiety and problems with a stand partner are the best predictors of ill health. Musicians’ self-esteem is highly dependent on their perceived performance skill, which in turn raises demands for technical perfection. Psychiatric problems among performers are mainly depression and anxiety, various personality disorders and substance abuse disorders. A special case is post performance depression. (Gabrielsson, 1999, 557.)

Similar problems were also frequently mentioned in recent studies in relation to such different categories as popular musicians and opera singers. In a study of opera singers, Sandgren (2002) found positive correlations between the worry about others’ opinions and the variables related to somatic problems, depression and performance anxiety. In comparing dancers and musicians, occupational stress was most severe for the dancers.

In a Finnish study by Jokimäki and Kivinen (1994), musicians were compared to other occupational groups. It was found that the musicians not only reported the highest levels of job satisfaction (90%), but also demonstrated the highest levels of exhaustion, stomachaches, headaches and sleep disturbances. These findings are in line with the results of a Swedish study (in Gabrielsson, 1999, 600) that also compared symphony musicians with other occupational groups. The results of this investigation showed, that of all six occupations compared, musicians and freight handlers had the highest blood pressure and the lowest score vis-a-vis authority over decisions at work. The findings support the hypothesis that a combination of high demands and low decision latitude may have negative effects on health (Gabrielsson, 1999, 657; Steptoe, 1989). The powerlessness of musicians related to managers, conductors, impresarios and others who might have a strong influence on musicians’ working conditions can be a source of severe occupational dissatisfaction and stress. Popular and rock musicians also have generally perceived themselves to be highly stressed. However, unlike the classical musicians, popular musicians
were not a high-risk group compared with general population norms (Gabrielsson, 1999, 556–558).

The strains and stresses inherent in a career in music are often experienced during the years of study and preparation (Dews and Williams, 1989; Chesky and Hipple, 1997; Valtonen 1999). For example, in his study Butler (1995) observed the effect of major life stress in a conservatory environment. Failing students reported more health problems and experienced more life stress than successful students. Valtonen (1999) found that the majority of undergraduates at the Sibelius Academy who were majoring in performance experienced their study in the as being stressful. One third of all students wanted to have services connected to psychological well-being at their disposal. (Valtonen, 1999.)

Making music has many positive aspects. Steptoe (1989) identified positive factors as the sheer joy of playing in an orchestra, the excitement of performing to an audience, the variety in the job and the social life in the musical world. Intrinsic motivation plays a large part both in getting and in keeping musicians in their careers (Gabrielsson, 2002, 268). Persson et al. (1996) list several components in motivating musical performance: hedonistic motives (the search for positive emotional experience in playing and listening to music), social motives (acquiring the identity of being a musician and meeting other musicians), and various achievement motives.

**Music performance-related (psychological) problems**

The belief that “you [a musician] are as good as your next performance” often rules a performing musician’s life and work. A professional performer is in the position in which recognition has to be re-gained in every single performance. Recognition can never be taken for granted. This situation places a musician in a vulnerable position, especially from the standpoint of emotional stability; a failure to achieve predetermined music goals can be detrimental. (Tubiana and Amadio, 2000, 135–136.)

Already in childhood, aspiring musicians may focus their time, intellect and emotional energy solely on music in order to be successful—often at the expense of social and athletic experiences. Given this one-dimensional focus, it is important to understand the impact of an extreme commitment to music on mental and physical health and performance. (Tubiana and Amadio, 2000, 135–136.) Lehmann et al. (2007, 180) state that throughout their lives, musicians deal with expectations and psychological demands quite different from those in the rest of the population. Research suggests that, compared with the rest of the population, musicians more closely identify with their chosen profession and find it more difficult to detach themselves from their work (Spahn et al., 2004).
Publications about the prevalence of music performance-related problems are a fairly recent phenomenon. Brodsky (1996, 92) suggests that this is perhaps because musicians have historically attempted to disguise their pains, injuries and illnesses. It follows that the figures currently available may not describe the prevailing situation accurately, but rather indicate how the musicians who disclose this information believe they should present these issues relating to their music performance.

The majority of studies about performance-related problems suggest that at least half of all orchestra players experience one problem that may threaten or actually end their career as musicians (Clark, 1989). The largest study of professional orchestral musicians was the International Conference of Symphony and Opera Musicians (ICSOM) survey conducted by Fishbein et al. (1988). A questionnaire answered by 2,212 musicians in 47 orchestras in the United States indicated that 82% of musicians have medical problems; 76% of the musicians stated that at least one medical condition was severe enough to affect and interfere with their performance, and 36% reported suffering up to four independent problems. The most common problem reported was lower back pain (16%–22%). Stage fright was the most frequently (24%) mentioned non-musculoskeletal problem. Other issues relating to mental health were depression (17%), sleep disturbances (14%), acute anxiety (13%) and severe headaches (10%).

Many researchers explain the prevalence of performance-related problems by personality deficiencies or vulnerabilities. However, more might be gained by exploring these issues within career contexts and general stress research. In his study Sternbach (1995, 283) views the factors present in professional musicians’ lives as generating a “total stress quotient” that contributes to a lifestyle of “overwhelming stress unique to the music profession”.

Within the field of psychosomatic medicine, research studies have conclusively linked stress and illness. Psychosocial factors have been seen to influence the initiation of a disease or affect the way an illness manifests itself. (Brodsky, 1996, 89.) In the field of psychoneuroimmunology, it has been suggested that certain personality factors and/or coping skills may help determine whether an individual’s immune system will be strengthened or weakened by a challenge/stress situation. In general, a good sense of control is correlated with higher immunity and the reverse, with lower immunity. Coons et al. (1995) found a connection between performing and immune response: confidence and denial factors affect musicians’ post-performance immune response. Musicians with high confidence and low denial showed significantly elevated IgA (Immunoglobulin-A) compared to the baseline, which is a positive, good health prognosticator. (Coons et al., 1995.)
2.2 Music performance anxiety (MPA): The tip of an iceberg

The most relevant research to this study has focused attention on music performance anxiety (MPA) and how to treat it. Given the theoretical framework of this study the phenomenon of MPA will be investigated from multiple angles, including methodological and theoretical considerations.

Research on music performance anxiety (MPA) has escalated dramatically in the last twenty years. Numerous researchers, journals, clinics and symposia have focused on various aspects of the phenomenon (Valentine, 2002). However, the field is far from exhausted or complete. For example, there are only a few researchers who have gone beyond describing the phenomenon to disentangle the elements of MPA in order to understand how it develops and is maintained (Brodsky, 1996; Steptoe, 2001). Nor is there a clear general understanding of what the crucial elements in alleviating detrimental MPA are and what is needed to enhance musical performance.

In many cases the existing research has been criticised as being poorly designed and poorly implemented; it is fragmented, inconsistent and methodologically weak. (Brodsky, 1996; Kenny, 2005, 206.) In order to understand these serious arguments, one overriding characteristic specific to the research literature on MPA should be emphasised: it is interdisciplinary. Therefore, a reader of these reports is confronted with various fields of scientific research, including music education, psychology and arts medicine, whose prevailing concepts, theories and even paradigms differ from each other.

Assessing the impact of an MPA/ performance enhancement intervention offers a good example of this fragmentation and inconsistency. In the literature a multitude of ways to measure alleviating MPA/ to enhance music performance can be found. It is possible to use physical, behavioural and psychological assessments or a combination of all three. There are numerous scientifically recognised tools and scales from which to choose. In addition, some researchers have developed measurements of their own, designed to suit their specific research purposes best. As Williamon (2004, Epilogue) states, the great challenge is to understand to what extent these methods are comparable and how they interrelate.

The journal literature on music performance anxiety (MPA) includes academic commentaries that highlight broad psychological perspectives (e.g., Grindea, 1982, 1987; Leher, 1982; Wolfe, 1989) as well as more specific studies that concentrate on one particular area. The latter include investigating the relationship between individual differences or personality characteristics and MPA (e.g. Brodsky et al., 1994) or exploring particular cognitive aspects of MPA (e.g. Salmon, 1991). Some authors have attempted to evolve a more formal theory of MPA (e.g. LeBlanc, 1994). Some clinicians have suggested
general therapeutic strategies, while others describe specific training or treatment procedures (e.g. Nagel, 1990). There are also a number of questionnaire-survey studies (e.g. Wolfe, 1989, 1990a, 1990b; Brodsky et al., 1994; Steptoe, 1989; Steptoe and Fidler, 1987) and in-vivo jury-based laboratory performance studies. Finally, there have been a handful of empirical treatment intervention studies (e.g. Clark et al., 1991; Craske et al., 1984; Kendrick et al., 1982; Montello et al., 1990; Sweeney et al., 1982).

The following literature review, particularly of treatments for MPA, reflects the differing theoretical arguments regarding the aetiology of MPA. While some viewpoints aim at eliciting behavioural or cognitive changes, others focus on the reduction of physical symptoms through the use of pharmacotherapy. There are also studies that use a combination of different approaches to alleviate MPA. (Kenny, 2005.) The assessment procedures follow the particular theoretical assumptions logically and thus often vary from one study to another. The challenge is to try to understand how these different viewpoints inform us about the phenomenon of MPA.

### 2.2.1 Overview of the research literature on music performance anxiety (MPA)

The goal of this section is to present the different—and sometimes contradictory—understandings of MPA and the implications that follow from them. This section consists of definitions, occurrences, symptoms and factors contributing to MPA. In addition, coping methods and methodological considerations will be discussed.

**Definitions**

Different authors define the phenomenon of MPA in slightly different ways. “Stage fright is severe anxiety about performance in public” (Steptoe, 1989, 3). “Performance anxiety is the exaggerated and sometimes incapacitating fear of performing in public” (Wilson, 1997, 17). “Music performance anxiety is the experience of persisting, distressful apprehension about and/or actual impairment of performance skills in a public context to a degree unwarranted given the individual’s musical aptitude, training and level of preparation” (Salmon, 1990, 4). Although the conceptualisation of the phenomenon differs somewhat, all the authors seem to be relating to the same symptomatology, regardless of semantic differences between these labels. The phenomenon has been referred to mostly as “stage fright”, “performance anxiety” or “music(al) performance anxiety” (MPA).

Some authors, such as Salmon (1990), believe that an exclusive focus on symptomatic anxiety in a performance context is not beneficial. He argues that this exclusivity presents the risk of overlooking the potential impact of the
many factors that heighten vulnerability, including cognitive, pedagogical, psychodynamic, skills-based, genetic, and biological components. The first researcher to adopt the concept whereby musicians are studied beyond the context of the stage was Steptoe.

Steptoe (2001) showed that the domains of career stress and stage fright are not independent, and hence, he recommended using the term “music performance anxiety”. He argues that “stage fright” is a phenomenon that occurs in non-musical performers such as actors and public speakers as well as among musicians. Steptoe suggests the phrase “music performance anxiety” because it refers specifically to the feelings experienced by musicians and occurs, not just on stage, but also in many other settings. Stage fright has many connotations of distress before large audiences, but MPA may also be elicited in quite intimate surroundings, such as in a lesson or an audition. Steptoe justifies his recommendation by drawing even further attention to the differences between the terms in question. For him, “fright” implies sudden fear or alarm, while “MPA” may be quite predictable and develop gradually over days prior to an important occasion. In addition, the term has implications for the way music is played, and not just the fear that the performer experiences. In this light stage fright is bad enough if it were only a feeling of intense fear. A major concern for many musicians is that their fear will have an impact on the quality of their performance and on their ability to carry out the task of playing or singing accurately and effectively. Steptoe concludes that it is this feature that distinguishes MPA from many other types of situational fears. (Steptoe 2001, 292.) Referring to the broad time dimension involved by musicians with the phenomenon, Salmon (1990) too is in favour of using the term music performance anxiety as well.

The present study has adopted the terminology for **music performance anxiety (MPA)** from Steptoe because it best fits the general theoretical understanding and the holistic approach.

**Occurrence of Music Performance Anxiety (MPA)**

Varying estimates of the occurrence of MPA have emerged from different surveys. This may be due to genuine variations or to differences in posing the research questions (Steptoe, 2001, 293).

Several international studies of MPA among orchestral musicians indicate that the phenomenon is widespread and problematic (Steptoe and Fidler, 1987). In the largest survey ever made of orchestral musicians (ICSOM) (Fishbein and Middlestadt, 1988), musicians complained mostly about stage fright: 24% considered it a health problem and 16%, a serious health problem. Many other studies support equally high incidences of performance anxiety. In the study by Van Kemanade, Van Son and Van Heesch (1995) of professional orchestral
musicians in the Netherlands, 59% had been affected professionally or personally by performance anxiety severe enough to impair their professional/personal functioning; 10% suffered anticipatory anxiety for weeks before significant performances. James (1998), in a survey of 56 British orchestras, found that 70% of musicians reported that they experienced anxiety severe enough to interfere with their performance; 16% of these musicians experienced this level of anxiety more than once a week. Marchant-Haycox and Wilson (1992) found that 47% of British professional musicians suffered from the same problem.

The frequency of performance anxiety varies according to sex, age, instrument and size of the musical group. The problem occurs more often among women (19%) than among men (14%), and more frequently between the ages of 35 and 45 (19%) than after 45. It is more common among wind players (22%) than among other instrumentalists; among string players 14% are affected; among others 17%. Members of a small group are more often affected (17%) than those belonging to a larger group (17%). (Gabrielsson, 2002, 223.)

Opera chorus members are also known to suffer from performance anxiety. Kenny et al. (2004) found that scores indicating high trait anxiety (STAI) were more than three times (50%) more higher among opera chorus members than in the normative sample (15%). However, in a comparative study of different types of performers, instrumental musicians were found to be the most affected by performance anxiety (47%). They were followed by singers (38%), dancers (35%) and actors (33%). (Marchant-Haycox and Wilson, 1992, in Wilson 2002.)

After a review of research studies Steptoe (2001) also concluded that MPA is a serious problem, but only for 15 to 25% of musicians! Steptoe cautions about the surveys purporting to show the occurrence of MPA. He claims that these surveys typically rely on somewhat arbitrary classifications. For Steptoe, MPA is not an all or nothing experience, but rather a graduated phenomenon. Different musicians encounter it in different degrees, and the same individual may experience varying degrees of MPA on different occasions. Therefore, the best evidence for the occurrence of MPA comes from surveys of musicians who are not specially selected on the basis of problems in this area. Steptoe suggests that bringing MPA into the mainstream of stress research would be beneficial (e.g. Harra, 2004). It would have major advantages for understanding such issues as the role of cognitive processes or the relationship between physiological arousal and performance quality, further highlighting the ways in which MPA could effectively be managed. (Steptoe, 2001.)
**Symptoms of MPA**

Symptoms of MPA can be physiological, behavioural and cognitive (mental). Physiological symptoms may be an increase in heart rate and respiration; dry mouth; sweaty palms; excessive tension in the hands, fingers, face and throat; “butterflies in the stomach”; tremors; cold hands; urinary urgency; and others. All are result of overarousal of the autonomic nervous system. This “flight or fight” response, which mobilises the body for attacking or sensing enemies, is highly detrimental to musicians requiring dexterity and fine muscular control. It generally leads to a narrowing focus of attention, which can have a devastating effect on performance. In addition, this autonomic arousal may become associated with fear as a result of past experience and serve as a springboard for a vicious circle of experienced failure. (Gabrielsson 1999; Lehrer, 1987; Valentine, 2002; Wilson, 1986, 2002.)

With the activation of the sympathetic branch of the nervous system, physiological measurements show elevated concentrations of adrenaline and non-adrenaline in the urine. Differences in symptoms can be related to the demands of different instruments, for example, higher frequency of dry mouth and shortness of breath in wind players, and cold sweaty hands and lack of finger control in string players (Kivimäki and Jokinen, 1994; Wolfe, 1989.)

The behavioural symptoms include trembling bow hands, quivering voices, tensed, lifted shoulders, weak and shaky arms and moistening lips. In addition, it leads to errors in performance, and in extreme cases, a total breakdown of the performance. Automatic behaviour is activated when the player begins thinking about his or her performance (Fogle, 1982; Green and Galloway, 1986; Valentine, 2002). This means that the above-described behavioural symptoms can also arise while playing alone in a regular practise room where no danger factor such as performing is actually imminent. Therefore, severe MPA can be detrimental not only to the performing itself but also to the vast amount of practise that is a prerequisite for a professional career in music.

Gabrielsson (1999) lists the cognitive (cognitive-emotional) symptoms of MPA as the following: fear of making mistakes; feeling inadequate; worries about one’s performance, such as losing physical and expressive control, feeling muscles tightening up, or blacking out; worries about the consequences of failure; anticipation of loss of status; negative cognitions about “catastrophizing” (Steptoe and Fidler, 1987), “fear of fear”; loss of concentration; feeling detached from the performance; splitting into an observing self and a functioning self (de-personalisation); and perceived somatic and autonomous arousal. All may distract the performer from his task and increase the risk of errors.

A characteristic feature of MPA is disruption of task-oriented cognitions. One common problem is catastrophizing—the irrational exaggeration of the likelihood and effects of disaster. Wolfe (1989) observed that anxious musi-
cians were convinced that a small mistake at the beginning of a performance would upset them so much that they then tended to make even more, simple mistakes later on. Catastrophizing also takes the form of fear of collapse and the concern that the performer will be sick or faint on stage (Steptoe, 2001, 299). A positive association has been found between catastrophizing and performance anxiety (Steptoe and Fidler, 1987; Steptoe et al., 1995). Thoughts about failure during performance have been shown to predict playing below the standards of which the individual is capable in other situations (Kivimäki, 1995).

The relationships of the three symptomatic categories of MPA introduced above—physiological, behavioural, and cognitive—have been much discussed. The main question is “Do symptoms of anxiety appear in all three systems, or may the systems function independently of each other?” (Gabrielsson, 2002). Valentine (2002) argues that these three systems may not be correlated; it is common to have physiological symptoms without either of the other two. Correlation is more likely to occur in states of high anxiety.

According to Steptoe (1989, 5), it is well established that perceived somatic activity and actual responses are poorly correlated. He argues that musicians with MPA may not differ from non-anxious people in regard to their objective physiological state (Steptoe, 1989, 5). Craske and Craig (1984) found that in relatively anxious pianists performing in a stressful situation before an audience showed anxiety in all three systems, whereas relatively non-anxious pianists exhibited only physiological symptoms.

It has been argued, that while physiological arousal may be a necessary condition for MPA, it is not a sufficient explanation. Other factors are also involved relating to the cognitive responses to performing and to perceptions of physiological arousal. (Steptoe, 2001.) However, the exact correlation between the aforementioned three categories remains unclear.

**Contributing factors**

A number of factors that contribute to MPA have been identified in the research literature. In the following section some of the most relevant viewpoints of these contributing factors will be described. They include sensitivity to evaluation by others, perfectionism, personality (state- and trait anxiety and auditory style), age and experience, and overuse syndrome.

**Sensitivity to evaluation by others**

A common form of distraction comes from sensitivity to evaluation by others—parents, teachers, colleagues, critics and the public. Self-imposed demands and expectations are also a frequent cause of tension and feelings of inadequacy. In a study by Montello et al. (1990) the “inner critic”
fed by harsh judgements of parents, teachers and peers, was the most frequently mentioned component of MPA. In the study by Lehrer et al. (1990) of thoughts and worries related to musical performance, concern about the reactions of other people was positively correlated to MPA. Wolverton and Salmon (1991) found that high-anxiety performers were more self-focused than low-anxiety performers. Their study also demonstrated that performers motivated by a desire to become involved in the music showed lower anxiety levels than performers who were primarily motivated by a desire for audience approval. Montello et al. (1990, 294) found that participants in their music therapy groups for alleviating MPA were more focused on themselves (“their own inner needs and projections”) than on communicating the music to the audience.

Music education inherently relies on a process of providing and receiving critical feedback. In their study, Gordon, Taggart and Goodwell (2004) investigated the ways in which sensitivity to criticism affects the educational experience of music students. They found that highly sensitive students were more hurt by their instructors’ criticisms, felt they improved less in response to criticism, and found it more difficult to communicate with the instructor after being criticised than were less sensitive students. These results suggest that being sensitive to criticism can have an impact on music students’ motivation and performance and instructors should be particularly careful in considering the effects that critical feedback may have on highly sensitive students.

Lehrer and Fidler (1987) found that more realistic attitudes, such as the belief that the audience wants the performer to play well and will make allowance for slips, are associated with adaptive levels of moderate arousal, and not with severe levels of performance anxiety.

**Perfectionism**

High internal standards and a perfectionist attitude have been also been associated with MPA (Mor et al., 1995; Nagel, 1998). Mor et al. studied the interaction of perfectionism, personal control and performance anxiety in professional musicians, actors and dancers. They distinguished between self-oriented perfectionism (self-imposed high standards), and socially prescribed perfectionism (high standards imposed by others). The perfectionism scale included such items as “One of my goals is to be perfect in everything I do”, and “The people around me expect me to succeed in everything I do”. The findings suggest that high personal and social standards together with low personal control were most strongly associated with debilitating performance anxiety. Socially prescribed perfectionism was more strongly associated with debilitating performance anxiety than self-oriented perfec-
tionism. Those performers who exhibited higher levels of perfectionism overall and lower personal control also experienced less satisfaction with their performance. Mor et al. conclude that cognitive-behavioural interventions designed to reduce perfectionist attitudes and to improve the sense of personal control may be effective in reducing severe performance anxiety.

Kenny et al. (2004) studied MPA and occupational stress amongst opera and choral musicians and their relationship to state and trait anxiety and perfectionism. State anxiety relates to certain contexts and situations, while trait anxiety arises from individual personality traits. The chorus members reported higher trait anxiety, higher occupational role concerns and higher occupational personal strain than the normative group. The results suggest that perfectionism was associated with MPA and with a higher use of personal resources. Occupational stress was found to make a separate contribution to the quality of working life experienced by elite choral members.

**Personality—state- and trait anxiety and auditory style**

The idea that personality is made up of stable and unchangeable traits has been frequently debated (Kemp, 1996, 14–15). Some maintain that personality should instead be viewed as a disposition to think or act in a certain way in certain situations. There is also ample evidence that musicians’ personalities evolve throughout their life spans in response to their experiences. The challenge is to know to what extent personality traits are inherited dispositions as opposed to consequences of life’s experiences. (Lehmann et al., 2007, 181–182). There has been little research on what if any, relationships there are between personality type and MPA (Gabrielsson (2002), and the few that exist seem to offer contradictory results (Lehmann et al., 2007, 181).

Gibbons (1991, in Gabrielsson 2002) found no significant relationship between performance anxiety and personality types. However, Steptoe and Fidler (1987) found a relationship between performance anxiety and neuroticism and between performance anxiety and everyday fears (fear of crowds and social situations). Positive correlations between performance anxiety and trait anxiety and both state and trait anxiety were found by Brodsky et al. (1994) and Lehrer et al. (1990). Both groups of researchers found that musicians with the highest total scores in auditory style (“auditives”) showed higher levels of state anxiety. Although these musicians practised more, they avoided public performances because of their performance anxiety. They also had a higher incidence of tendonitis and received physical and occupational therapy more than musicians with mid or low scores in auditory style.
Age and experience

The information available on the influence of age and increased performance experience is somewhat inconclusive. Data in Steptoe and Fidler (1987) suggest that MPA may decline with experience. However, more recently, Steptoe (2001, 293) re-assessed the results of his earlier study (Steptoe and Fidler, 1987), pointing out that instead of performance anxiety declining with experience, it might also be that more anxious individuals hoping to become professional orchestral musicians drop out at an early stage. There are other studies indicating that MPA remains or even increases with experience and age (Wesner et al., 1990) or peaks between the ages of 35 and 45 years (Fishbein et al., 1988). This might be that as the performer’s reputation grows so do expectations of his or her performance thus generating constant pressure to maintain or improve standards. (Steptoe, 2001, 293; Gabrielsson, 1999, 572.)

Overuse syndrome

Fry (1985, 1986, 1987, 1988 and 1991) presented extensive data on the overuse syndrome in symphony orchestra players and in music schools. The incidence of painful overuse syndrome (persistent pain and tenderness in muscles and joint ligaments due to excessive use) in orchestral players was more than 50% of those studied and 10 to 20% in the sample of music school students. Overuse may be caused by genetic factors, musical technique, and the intensity of and time spent in practise (Gabrielsson, 2002, 247). “The accompanying physical problems may make one worry about performance as well as fear of illness, not least in singers, who are completely dependent on the condition of their vocal apparatus” (Ibid., 247). Salmon and Mayer (1992, 200) claim that excessive practise may also result from pre-performance anxiety due to lack of self-confidence.

Coping with MPA

Musicians themselves report a large variety of coping strategies in their attempts to manage MPA. Lehmann et al. (2007, 183) argue that coping with stress is something that successful musicians develop. Common methods of coping immediately prior to a performance include deep breathing and muscle relaxation, meditation, immersion in the music, reading and distraction (Steptoe, 1989, 2001; Wolfe, 1989). Other coping strategies include self-hypnosis, positive self-talk, being well-rested, imagining the performance situation beforehand and thinking of the performance as communicating with the audience as well as careful preparation and practise. Relatively small numbers of per-
formers report using alcohol or beta-blockers. (Gabrielsson, 1999, 573; Steptoe, 2001, 301.)

Wolfe (1989) reports 478 common methods of coping, of which 63% were emotion-focused (having one’s emotions under control) and 37% were problem-focused (having the pragmatic details under control). Musicians whose style was pre-dominantly emotion-focused generally reported more confidence and competence while performing and less self-consciousness, distractibility and disruptive cognitive activity than those with problem-focused orientations. Although women were more likely to use emotion-focused orientations, there were no significant relationships between coping styles, major instrument, performing mode, professional status or years of study or age. Wolfe concludes that learning to keep one’s emotions under control during a music performance is possible and makes a crucial difference.

“Although thorough preparation and practise and attention to the pragmatic details of performance are surely important, it is possible that learning to keep one’s emotions under control before and during a musical performance makes the crucial difference between success and failure.” (Wolfe, 1989, 87).

Wolfe suggests that musicians and teachers should add basic stress-reduction techniques to their daily practising and teaching routines along with long playing tones, scales and etudes (Wolfe, 1989, 87).

An apparently paradoxical finding in the literature is that coping has been positively correlated with MPA. Lehrer et al. (1990) showed that more anxious musicians engaged in more coping efforts, and Steptoe and Fidler (1987) found that anxious musicians were likely to meditate. The use of distraction technique has been positively correlated with MPA in student actors (Steptoe et al., 1995). However, Wolfe’s (1989) observations were quite the opposite (musicians who used emotion-focused techniques felt greater confidence and competence). The explanation for this paradoxical finding is not clear. It is possible that anxious musicians are more likely to engage in deliberate coping actions for their MPA than their less anxious colleagues. Or perhaps the methods they use are not actually helpful. As an example, if pre-performance routines are very inflexible, problems may arise when they are disrupted—as may often happen in real life. (Steptoe, 2001.)

Some researchers discuss how musicians enhance their performing—not just how they cope with the negative effects of MPA. Persson (2001) discusses how performers appear to develop strategies to arrive at a particular emotional frame of mind, an “altered state of consciousness in mind”, for the sake of learning and/or performing. The goal is to form a basis for their particular understanding of the music at hand or/and to immerse oneself completely into the music. The pivotal significance of the altered state of mind for creativity is fairly well documented in the literature through reports of peak experiences
and being cognition (Maslow, 1968) and flow (Csikszentmihalyi, 1991). Persson claims that a similar type of “inspiration-seeking behaviour” is also found in contemporary musicians. Both classical and popular musicians describe how they “transcend into a different dimension where boundaries between consciousness and intuition are vague and evanescent”. (Persson, 2001.) By concentrating intensively on the music, musicians are able to open up to a peak experience where everything becomes easy and there is a sense of merging with the universe.

Researchers have concluded that any situation that increases the performer’s sense of threat will increase his or her level of MPA (Wilson, 2002; Roland, 1994; Hamann, 1982; Abel and Larkin, 1990; Cox and Kenardy, 1993). “Nearby all performers report that auditions are the most stressful performance situations because they combine scrutiny and evaluation on the other hand with a socially inferior situation on the other”, as Wilson states (2002, 49).

**Methodological considerations**

As stated earlier, the existing research literature on MPA is very heterogeneous. The views of the aetiology differ, and this naturally is reflected in the research methodology. A brief introduction to the various tools of assessment, sampling and design formats used will be described in the paragraphs below.

**Assessment**

In principle, two types of instruments have been consistently used for assessment. First, there are those which specifically assess MPA or some aspects of it. Secondly, instruments that assess the more general psychological aspects of anxiety, personality or mental health have been used. Brodsky (1996) presents a new generation of measurements that does not focus on particular anxieties of stage performance, but rather assesses the musician within the context of a performance-based career and environment that are particularly stressful.

On the basis of its generality, Brodsky emphasises that MPA is not “pathological” in the sense of mental health disorders that require psychiatric intervention. Brodsky states, “as performance anxiety of some degree is nearly a universal experience for performers, it is sometimes difficult to determine if it is of sufficient of magnitude to warrant treatment” (Brodsky, 1996, 30). Therefore, a conceptual framework should be established in order to differentiate the musicians who experience normal, everyday “healthy” aspects of stress and anxiety intrinsic to the profession from those musicians who are severely debilitated (Brodsky, 1996).
Sampling

Regarding sampling criteria, Brodsky (1996) raises the question of whether our general understanding of MPA has been distorted and has further biased more recent research because of the sampling methods used. For example, as discussed earlier a large number of studies of MPA have involved music students who are treated as if they were professional musicians. Steptoe and Fidler (1987) found significant differences among professional, amateur and student musician groups. Moreover, in a later study, Steptoe (1989) demonstrated that professional orchestral musicians report significantly different sources of stress than do even the most advanced music students. While the top four stressors for professional orchestral musicians were separation from the family (43%), irregular hours (45%) monotony of rehearsals (43%) and travelling (42%) the students reported uncertainty about future employment (80%), professional competition with colleagues (51%), back-stabbing by colleagues and irregular hours (20%). However, as the number of freelance musicians at least in Western world continues to grow on all fronts, it is to be expected these professional musicians would report sources of stress closer to the ones experienced by the college music students in Steptoe’s later study (1989).

Design formats

In general, the research studies of MPA have taken one of the following design formats. There are questionnaire surveys, in-vivo laboratory and adjudicated performance studies, and intervention trials. (Brodsky, 1996.)

Questionnaire surveys

The first category, the questionnaire surveys, has attempted to provide information about MPA by highlighting the effects, process, prognosis and treatment interventions. Some investigations have attempted to assess the prevalence of MPA or to develop assessment measures. Other studies have focused on probable correlations between MPA and specific personality factors, while still others examined the principle components of MPA or the particular cognitive processes involved with such stressors. (Brodsky, 1996, 93.)

In-vivo laboratory and adjudicated performance studies

The second set of studies, in-vivo laboratory and adjudicated performance studies, requires musicians to perform in laboratory conditions or in front of a jury-based audience in a performance hall. The leading principle in this type of a research design appears to be that the use of performance circum-
stances enables testing of theories directly in vivo, in which the researchers can witness the “actual” performance-related behaviours themselves. (Brodsky, 1996.) However, there are many unanswered questions relating to expert jury-based performance assessment that need to be answered before it can be ensured that fair, unbiased and reliable assessment regimes are provided (McPherson and Schubert, 2004).

The in-vivo and adjudicated performance studies have tested individual aspects of MPA such as anticipatory perceived tension, level of threat, exaggerated irrational beliefs and the facilitating/debilitating components of anxiety. Some investigations have explored the extent to which levels of tension and/or arousal affect the quality of the musical performances. There are also studies that have attempted to evaluate differences between performance situations (e.g. comparison of levels of anxiety during rehearsal sessions vs. ensemble performances vs. solo recitals; playing alone vs. performing in front of an audience; and performing under conditions of open-field-of-vision vs. double-blind conditions). A few studies have used the format to test and/or correlate MPA self-reported measures with psychophysiological indicators of anxiety. (Brodsky, 1996, 93.)

**Intervention trials**

A third set of studies is used in the in-vivo paradigm to evaluate the effects of exposure to training techniques or coping methods. These studies have also been referred to as intervention trials or intervention studies. The relevant literature pertaining to treatments for ameliorating MPA reflects the differing theoretical arguments for the aetiology of MPA. The range of treatment methods and philosophies is broad. While some treatments endeavour to effect behavioural or cognitive changes, others focus on reduction of physical symptoms through the use of pharmacotherapy. There are also a number of studies that use a combination of different approaches to alleviate MPA. (Kenny, 2005.)

The assessment procedures will follow the particular theoretical assumptions logically, and thus they often vary from one study to another. The challenge is to try to understand how these different viewpoints inform us about the phenomenon of MPA and how it should be treated. Because of the nature of the study, the focus will be on cognitive-behavioural interventions and in particular, on the most relevant research reports in the field.

In regard to design, intervention studies have mostly involved more than 20 subjects assigned to different treatment conditions or comparative control groups, albeit with a few exceptions. In most studies subjects are required to perform in public at least twice—once before and once after the prescribed course. However, some intervention studies do not involve
in-vivo performance at all. Measures may involve behavioural variables (evaluations of performance or visual signs of anxiety), physiological variables (such as heart rate, blood pressure, respiration and finger temperature), and experiential-cognitive variables (such as measurements of trait anxiety and state anxiety or confidence as a performer together with self-reports). (Brodsky, 1996; Steptoe. 2001; and Wilson, 2002.)

Interventions can be divided into two categories according to their therapeutic approach: psychologically-based or pharmacologically-based interventions (Kenny, 2005). There are also some interventions that combine these two treatment modalities (e.g. Clark and Agras, 1991). Psychological interventions include behavioural, cognitive, cognitive-behavioural, combined and other interventions (Kenny, 2005). The majority of intervention trials have used strategies and techniques of cognitive-behavioural therapy, either separately or combined or in comparison with other therapies (Brodsky, 1996). Because pharmacological interventions are beyond the scope of this study, the term “interventions” refers to the first category, the psychologically-based interventions. (For comprehensive reviews of pharmacological treatments, see Lehrer, 1987; Nube, 1991, or Sataloff, Rosen, and Levy, 2000, in Kenny, 2005).

In spite of the fact that the measurements and procedural details differ among intervention studies, their general findings can be summarised as follows: The one consistent finding seems to point to the overall effectiveness of a therapeutic approach based on cognitive-behavioural therapy to ameliorate MPA. The demonstrated approach uses the combined components of cue-controlled progressive muscle relaxation, breathing awareness, cognitive restructuring, behavioural rehearsal and imagery. (Brodsky, 1996, 94; Gabrielsson, 1999, 574.) All these cognitive-behavioural features can be found in the Holistically-Oriented Top Performance and Well-Being Enhancement (HOPE) (Chapter 4.6) used in the present study.

2.2.2 Theories of music performance anxiety (MPA)

To understand fully the holistic approach of this study, it is essential to be familiar with the central concept of music performance anxiety from a theoretical viewpoint. Therefore, this sector will briefly present the four most recognised theories of MPA: the Yerkes-Dodson Law, the Catastrophe Theory, the Three Dimensional Model, and the Four-Component Model. First, however, a distinction of paramount importance between beneficial and detrimental kinds of anxiety will be made.

In 1982 Sweeney and Horan made a distinction between reactive, adaptive and maladaptive anxiety. Reactive anxiety refers to anxiety resulting from inadequate preparation for performance. Maladaptive anxiety is anxiety that is
detrimental to performance, which may lead to minor slips to even catastrophic results in otherwise well-prepared performance. Adaptive anxiety (optimal arousal) means that a certain amount of stress may in fact improve performance, because the relationship between anxiety and performance is curvilinear, as stated in the classic Yerkes-Dodson Law.

The level of arousal that is optimal for performance may vary depending on personality traits such as introversion and trait anxiety. The level also depends on the individual’s cognitive interpretation of, for example, if physiological arousal is interpreted as a sign of collapse or as an inevitable and even a necessary precursor to a good performance. (Salmon, 1990, 1991.)

Various theories have been devised to explain MPA. The Yerkes-Dodson Law claims that quality of performance is related to arousal with a converted-U curve. The Catastrophe Theory fine-tunes the Yerkes-Dodson Law by making a distinction between the physiological and cognitive components of anxiety. The Three-Dimensional Model evolves from the Catastrophe Theory; it argues that the peak of the curve will be reached earlier for difficult tasks than for easy ones. The last model, the Four-Component Model, elaborates theoretical conceptualisation by expanding the three-component model of cognitive, physiological and behaviour symptomatology to a fourth component: affect or feeling as the primary element of MPA.

**Yerkes-Dodson Law (1908)**

It is widely accepted that the quality of performance is related to arousal in a relationship described with a converted-U curve. In other words, very low levels of arousal are insufficient in motivating and result in dull and lifeless performances, while excessive arousal interferes with performance because concentration is disrupted and the quality of the performance gradually deteriorates. This law is called the Yerkes-Dodson Law (1908). Although this effect was first observed in laboratory rats, there is ample evidence that it applies to human subjects and within the context of musical performance. (Wilson, 2002, 49.)

Steptoe (1983) obtained evidence for the inverted U pattern relating emotional tension to performance from an interview study of young professional singers. The results show that the best singing was produced at an intermediate level of tension (in public performances), while situations associated with greater tension (dress rehearsals and auditions) were those in which performance was impaired.
Some researchers view the relationship between arousal and performance quality as being less straightforward than that described in the Yerkes-Dodson Law. Fazey and Hardy (1988) made a distinction between the physiological and cognitive components of anxiety. They argued that when cognitive anxiety is low, the relationship between arousal and performance follows the Yerkes-Dodson function. However, when cognitive anxiety is high, it follows the catastrophe model: as arousal increases, performance is prone to catastrophic decline, from which it is difficult to recover. The reason is that excessive apprehension and rumination can lead to a vicious spiral of negative thoughts and cause a performance collapse. This is the basic idea of the Catastrophic Theory, which is based on research data from performance in sports. Wilson (2001) has suggested that it may apply equally well to musical performance. (Valentine, 2002, 170–171; Williamon, 2004, 12; Wilson, 2001, 50–51.)
The catastrophe model showing the interaction among arousal, cognitive anxiety and performance quality

**The Three Dimensional Model**

Wilson (1973, 1997 and 2002) has elaborated and extended the Yerkes-Dodson Model. He argues that the peak of the curve will be reached earlier for difficult than for easy tasks. Accordingly, more complex tasks deteriorate more easily under stress than simple ones. The contributing factors are the person, the task and the situation.

Wilson has identified three underlying causes for the physiological, behavioural and cognitive symptoms of performance anxiety. He groups the sources of stress as follows: 1) Trait anxiety—any personality characteristics, constitutional or learned, that mediate susceptibility to stress. 2) Task mastery—from performances of simple, well-rehearsed works to complex, unprepared material, the degree of difficulty can have a great impact on subjective feelings of stress. 3) Situational stress—environmental pressures such as public performance, auditions, or competition can be a pervasive determinant of performance anxiety (Leglar, 1978; Abel and Larkin, 1990; Brotons, 1994; LeBlanc et al., 1997); factors such as the size and make-up of the audience and whether a performance is from memory are classic examples of situational stress. (Valentine, 2002, 172–173; Wilson, 2002, 50–51.)
Wilson concludes that since the three sources of stress vary independent of each other, their interplay determines whether anxiety is beneficial to performance. A high level of one source can be compensated for by a lower level of another. For example, highly anxious individuals would perform best when a composition has been mastered and the situation is relaxed, whereas low-anxiety individuals rise to the challenge and perform better with a more demanding audience. (Wilson, 2002, 50.)

**The Four-Component Model**

By analogy with other research on stress and emotion (Steptoe, 1988), Steptoe introduces the Four Component Model of MPA (1997, 2001). The primary component is affect or feeling, which forms the central experience of MPA for many musicians. The component of affect or feeling represents the main difference from the other models of MPA, which do not separate affect or feeling from the other three elements, namely physiology, behaviour and cognition. Steptoe states that, in this context it should be recognised that the moods evoked by music are not confined to the audience, but may also affect the performer. In addition to the affect or feeling component, the model includes cognitive responses or disturbances in information processing, changes in behaviour and physiological responses.

The components of the Four Component Model are:

- **Affect:** Feelings of anxiety, tension, apprehension, dread or panic
- **Cognition:** Loss of concentration, heightened distractibility, memory failure, maladaptive cognitions, misreading of the musical score, etc.
- **Behaviour:** Tremor, difficulty in maintaining posture and moving naturally, failures in technique
- **Physiology:** Disturbances in breathing patterns, perspiration, inhibition of salivation (dry mouth), elevated heart rate, the release of hormones such as adrenaline (epinephrine) and cortisol, gastrointestinal disturbances. (Steptoe, 2001, 295.)

These four component categories are found in Steptoe’s study of orchestral musicians and MPA (Steptoe, 1997).

My understanding of the four theories described above is that they can be integrated. The basic idea of the dynamics of the quality of a performance is related to arousal with a converted U-curve (Yerkes-Dodson, 1908): low levels of anxiety tend to produce dull performances while excessive, anxiety can be detrimental to the performance quality. In addition, when anxiety is excessive performance is prone to a catastrophic decline from which it is difficult to recover (Fazey and Hardy, 1988). The three underlying causes of the symptoms
(physiological, behavioural and cognitive) of MPA are comprised of personality characteristics (either constitutional or learned, which mediate susceptibility to stress), task and situation (Wilson, 2001). However, the overarching crucial factor of the individual performer is interpretation—whether the situation (including the given task and the possible individual symptoms) is perceived as one that enhances or diminishes the quality of the given performance. As the researcher-coach of this study, I tend to agree with Steptoe (2001) that feelings-emotions (“affect or feeling”, Steptoe, 2001) form the central experience of MPA for many musicians and therefore should be carefully considered as an essential aspect in devising interventions aiming at alleviating MPA or enhancing music performance.

There are also researchers who have elaborated other theoretical models for music performance anxiety (e.g. Le Blanc, 1994 and Hallam 1998a, 2003).

2.2.3 Cognitive, behavioural and cognitive-behavioural interventions for ameliorating music performance anxiety (MPA)

Three groups of therapies—cognitive, behavioural and cognitive-behavioural—are all based on the same principle of understanding human behaviour. In these approaches behaviour in any situation is understood to be determined by a combination of thoughts, emotions-feelings, and past and present behaviours. However, their focus and use of the available therapeutic techniques vary somewhat. Behavioural therapies focus primarily on changing the dysfunctional behaviours that arise when people feel anxious. Cognitive approaches are more concerned with changing a particular type of inadequate thinking that gives rise to maladaptive behaviours (e.g. excessive muscle tension, avoidance of a feared situation or impaired performance). Cognitive-behavioural therapy (CBT) is a combination of behavioural and cognitive interventions aimed at changing both inadequate negative thinking and behaviours.

Behavioural and cognitive therapy are the most researched of all interventions and to date, are considered the most effective treatment for a range of psychological disorders, especially depression and anxiety (Kenny, 2005). As Tubiana and Amadio (2000, 517) point out, cognitive-behavioural-based strategies and techniques also have the advantage of being readily applied outside the therapeutic field. They can be integrated into instrumental teaching, if teachers first learn these techniques.

On the whole, cognitive and behavioural interventions are the most relevant to this study. Next a brief overview of the relevant research literature on cognitive-behavioural, behavioural and cognitive interventions intended to alleviate MPA will be undertaken. Attention will be given to those particular intervention trials that are believed to form the best reflection point of the study.
The order of presentation is as follows: behavioural, cognitive and cognitive-behavioural interventions.

**Behavioural interventions**

Behavioural interventions rely on theories of learning and conditioning. They focus on dysfunctional behaviour. The most widespread therapeutic technique, which has also been applied to MPA, is systematic desensitisation. It involves training of muscular relaxation followed by having the client imagine increasingly sensitive scenes that relate to conditions typically evoking anxiety. In a typical behavioural treatment process a musician-client relaxes (the Jacobson technique, self-produced training, sophrology) in each meeting (e.g. 15 times) and moves mentally from the least anxious situation to the most anxiety-provoking one, while remaining relaxed. Once the fear hierarchy has been mastered in the therapist’s office (imaginal desensitisation), clients are encouraged to apply the new skills in their actual, anxiety-provoking situation (‘in vivo’ desensitisation). Some studies suggest that behavioural treatments do help with MPA, at least to the point of being minimally effective (Kenny, 2005; Wilson and Roland, 2002; Tubiana and Amadio, 2000; Valentine, 2002, Gabrielsson, 2002). However, exposure itself does not necessarily extinguish negative aspects of MPA. Many musicians perform for years without ever conquering their fears on their own (Wilson and Roland, 2002; Steptoe and Fidler, 1987; Wesner et al., 1990).

In addition, behavioural strategies include relaxation, adopting a pre-performance routine and adopting supportive lifestyle habits (Wilson and Roland, 2002). Relaxation has become a standard approach in anxiety management, and its various beneficial effects have been well documented in the research literature. The regular practise of relaxation helps to reduce the physiological response to stress, prevent the cumulative effects of stress, improve memory and concentration, increase energy and productivity levels and reduce muscle tension (Bourne, 1995, in Wilson and Roland, 2002, 57).

Relaxation training has also become increasingly common in the treatment for MPA (Nagel et al. 1989). Professional musicians are known to use some form of breathing/relaxation exercise prior to performing. Roland (1994) found that 71% of the professional performers he interviewed used some type of relaxation activity before going on stage. Relaxation strategies may be practised on a regular basis or as a part of a pre-performance routine. They can include progressive muscle relaxation, mental suggestions and imagery, meditation, breathing awareness, yoga, tai chi, stretching and Alexander technique (Wilson and Roland, 2002, 57).

A pre-performance routine has an important part in achieving performance success (Roland, 1994). It is often highly individual, and therefore every per-
former must find through experimentation an appropriate routine suited to his or her needs. Wilson and Roland (2002, 57) present the following list of issues that might be included in a pre-performance routine: a warm-up of the instrument, the use of positive self-talk, a focus on performance goals, the use of relaxation strategy, controlling the type and amount of interaction with others, a nap earlier in the day and monitoring food and fluid intake.

There are also standard lifestyle habits that are valuable to general stress management: regular physical exercise, adequate sleep and a healthy diet. For example, regular exercise is likely to help prevent the build-up of stress-related chemicals in the body; eating the right kinds of foods (easily digestible complex carbohydrates) will enhance concentration. (Taylor and Wasley, 2004; Wilson and Roland, 2002.)

**Cognitive interventions**

Cognitive approaches are concerned with changing the particular type of inadequate thinking that gives rise to maladaptive behaviours. This particular type of inadequate thinking is often mediated by negative self-talk. In cognitive therapy clients learn a skill called cognitive restructuring. It is a process whereby people replace negative, unproductive, catastrophic thinking with more rational and useful ways of understanding their situations. Based on changed thinking patterns, people are often able to reassess their situations in ways that make dealing with those situations more manageable. (Kenny, 2005; Wilson and Roland, 2002.)

There are a few studies that assess the therapeutic effect of cognitive techniques alone (Kenny, 2005). For example, Sweeney and Horan (1982) found that cognitive restructuring techniques may be helpful in treating music students suffering from MPA. In their study the treatment group showed significantly greater pre- to post-treatment improvement in MPA, anxiety, performance quality and heart rate than did the controls.

Cognitive strategies include normalising the experience of pre-performance anxiety, increasing positive self-talk, mental rehearsal of the performance and goal setting (Wilson and Roland, 2002).

The first step for performers is to view the experience of some performance anxiety (extra activation of the body and the mind) as a normal and even helpful part of performing. However, this view is not the one at which performers automatically or easily arrive. (Wilson and Roland, 2002). Roland (1994) showed that performers usually go through some unpleasant performance experiences before arriving at a more positive view of performance anxiety.

Roland (1994) also found that 69% of the successful performers that he interviewed used positive self-talk prior to performing. Typically, overanxious performers do catastrophise their chances of failure. This process is often me-
Mental rehearsal and imagery is a central strategy for musicians to learn and to prepare for performance. It involves cognitive rehearsal without physical activity. Although research on the topic is complex, mental practise does seem to work (Driskell et al., 1994), especially when the cognitive aspects of the movement task prevail. Mental practise is probably most beneficial for someone who is fresh, who has the technical proficiency and who possesses a vivid image of the piece. In addition, mental practise of 20 minutes with some degree of physical activity is best, probably because it reinforces the mental image and some motor programmes. (Lehmann et al. 2007, 78–79). For a student whose technical skills are not sufficient to master the piece, mental rehearsal is less likely to be as beneficial (Williamon, 2004).

Regarding performance success, the effect of mental rehearsal is that it provides a form of neuromuscular programming so that the individual is more likely to behave automatically in the rehearsed way during the actual performance of the chosen activity. For example, if a performer wants to enhance his or her performing, he or she needs to imagine as vividly as possible the performance going in an ideal way. In imagining this he or she can draw on all senses—sound, sight, touch, smell, taste, and kinaesthetic. He or she can imagine experiencing this image from outside (external focus) as an audience member and/or from inside (internal focus) as if he or she were actually performing. The process of mental rehearsal is very close to self-hypnosis (Wilson and Roland, 2002).

Positive self-talk (inner dialogue) can and should be included in mental rehearsal, especially because it appears to be related to the concept of self-efficacy. A study by Steptoe and Fidler (1987) provided some evidence for a relationship between musicians’ self-talk and self-reported measures of MPA. Self-talk that emphasised realistic appraisals of performance situations (e.g. the inevitability of occasional mistakes, the generally tolerant nature of audiences, and the need to concentrate on technical and interpretative aspects of music) was associated with the lowest levels of anxiety. By contrast, musicians who were prone to intense MPA were much more likely to report catastrophic cognitions (“I am going to faint”; “I am almost sure to make a dreadful mistake, and that will ruin everything”) or to adopt a seemingly nonchalant attitude (“It’s just another concert…”). (Steptoe and Fidler, 1987.)

Esplen and Hodnett (1999) investigated the effects of guided imagery in reducing MPA among student musicians. The study involved 21 volunteer students who were given an intervention in guided imagery and 45 volunteer students who declined the intervention but provided information about their
experiences of performance anxiety. The subjects completed a STAI (State-Trait Anxiety Inventory) before and after the intervention. After doing a standardised guided imagery once through together, the group of 21 subjects was asked to utilise the tape of the same standardised guided imagery once a day over a seven-day period prior to the evaluated performance. Twenty students (95%) reported the guided imagery tape as “making a difference in my performance”. The results of the study suggest that guided imagery has potential in managing MPA. In the stress-inoculation method for treatment of MPA visualisation forms a central element. The individual imagines the stressful situation in detail, which is followed by either adequate preparatory activity for the situation or visualisation of effective coping behaviour. The coping responses are implemented whilst progressively increasing the psychological pressure. (Salmon, 1990, 1991.)

Goal setting has become a standard cognitive strategy in sports and the work environment. Research in these settings indicates that establishing short-term and long-term goals improves the quality of performance of the goal setter. However, in musical settings the goal-oriented approach has been rather seldom applied. (Wilson and Roland, 2002). Goals can be divided into process goals and outcome goals. Process or learning-oriented goals are more likely to encourage the goal setter to enjoy the process of achieving the goal (e.g. performing). These goals may include such aspects as a desire to accomplish or learn in order to achieve a good performance (e.g. relating to technique or interpretation, or enjoyment of playing). Outcome goals relate to more observable achievements such as securing a position in an orchestra or learning a certain repertoire. They are more likely to encourage perfectionist tendencies, thus encouraging MPA. This suggests that it is healthier to place emphasis on process-oriented goals most of the time. (Ibid., 2002.)

**Cognitive-behavioural interventions (CBT)**

Cognitive-behavioural therapy combines the behavioural and cognitive approaches; it aims at changing both negative thinking and behaviours. It is not solely “talking therapy”. It relies on the client’s record-keeping, active participation, application and evaluation. (Kenny, 2005). Research has shown that, currently at least, it is the most effective treatment for MPA (Gabrielsson, 1999, 2002; Kenny, 2005; Steptoe, 2001; Tubiana and Amadio, 2000; Valentine, 2002; Wilson and Roland, 2002). There is a substantial body of research to support this assertion. However, Kenny (2005) has observed that, although the evidence for improvement is quite consistent, further studies with larger samples and less reliance on self-reporting measures would be useful.

One of the research reports most relevant to the present study has been frequently cited up to the present time, although it dates back to 1982. Kendrick,
Craig, Lawson and Davidson were among the first researchers to compare the efficiency of cognitive-behavioural therapy with behavioural rehearsal (with a waiting-list control) within the context of MPA. The cognitive-behavioural therapy involved self-instruction: attention focusing and replacing negative task-irrelevant thoughts with positive task-oriented self-talk. The behavioural rehearsal consisted of practising in front of a friendly and supportive audience. There were 53 pianists (48 females and 5 males) who participated, ranging in age from 12 to 53. To be selected, the participants had to be identified by their teachers as having extreme MPA. In addition, the pianists had to pass the Report of Confidence as a Performer Scale test by Appel (1974), which indicates the occurrence of disruptive anxiety during music performance. Three applicants were rejected as they did not pass the test.

Therapy sessions were conducted over a three-week period in small groups for 1½ to 2 hours followed by homework assignments. The sessions included cognitive modelling from slide-tapes and watching themselves on videotaped performances. The measurements included self-reporting, behavioural and physiological indices of anxiety collected at baseline, treatment termination and follow-up intervals. Multivariate analyses indicated that both cognitive-behavioural therapy and behavioural rehearsal were effective in reducing MPA in comparison to the control group at the follow-up assessment five weeks later. However, there were no differences among cognitive-behavioural therapy and behavioural rehearsal groups immediately following the treatment. Cognitive-behavioural therapy was superior to behavioural rehearsal in reducing visible signs of MPA and increasing self-efficacy. Interestingly, measures of positive thinking and self-efficacy at the end of the treatment predicted improved visible signs of MPA and/or the quality of performance at the follow-up. However, neither of the treatments reduced feelings of MPA.

Another much cited study relevant to my research also comes from the year 1982 and confirms the positive effects of cognitive-behavioural treatment. In their study Sweeney and Horan exclusively used pianists who were suffering from maladaptive (detrimental) MPA. They examined cue-controlled relaxation (behavioural) and cognitive restructuring (cognitive-behavioural), both separately and in combination with a standard treatment control condition (group of musical analysis training). The latter was also compared with a waiting-list control group. Cue-controlled relaxation consisted of muscle relaxation triggered by a cue word such as “calm”. Cognitive restructuring involved self-statements designed to facilitate task attention and diminish MPA. Only those 49 applicants (25 male and 24 female) who showed anxiety (ATTS, Anxiety Test Scale) at a level that interfered with their performance were allowed to take part in the investigation. Measurements also included evaluated (behavioural, physical and self-reports) public performances. Sweeney and Horan found that behavioural, cognitive and cognitive-behavioural interven-
tions were all effective in comparison to a control group. However, there were slight differences between the types of interventions. Behavioural treatment also reduced self-reported trait-anxiety and improved musical performing competence. Cognitive intervention was uniquely effective on the behavioural anxiety index (e.g. trembling). A comparison group that received training in analysis did no better than a waiting-list group (pianists waiting to undergo treatment).

In a more recent study Roland (1994) aimed at improving the standard cognitive-behavioural treatment for musicians. He compared two cognitive-behavioural treatment groups with a waiting-list control group. The first cognitive-behavioural group followed a standard procedure comprised of behavioural components (relaxation techniques, breathing awareness, progressive muscle relaxation, mental suggestions and suggestions to produce a relaxed state) and cognitive components (normalising the experience of MPA, and developing positive self-talk). The modified cognitive-behavioural group incorporated the same relaxation techniques and normalising the experience of MPA, excluding positive self-talk. It also included other cognitive elements (task-oriented thinking, setting performance goals, mental rehearsal) and behavioural elements (pre-performance routines). The training sessions were conducted over four two-hour weekly sessions. Both of the treatments were effective compared to the controls. Interestingly, the modified intervention showed no superiority over the standard procedure.

The goal of the only Finnish study (Arjas, 2002) of the MPA phenomenon was to deepen the knowledge about music performance anxiety and its nature. This was done by looking for definitions of anxiety profiles of ten participant-musicians. The participants were also given a training course (cognitive-behavioural), which was intended to alleviate MPA. When asked about the utility of course, all found it beneficial to some extent (subjective assessment, inquiry form). However, no control groups were used.

As a conclusion, the core elements of an effective cognitive-behavioural intervention by Steptoe (2001) were introduced here. They emphasise the paramount importance of self-knowledge, self-awareness and self-assessment skills.

_The first element is to acquire self-assessment skills; to become aware of the sensations, thoughts, and reactions to audience that they are experiencing when they perform to the public. Without this self-awareness, developing further coping skills is likely to be limited. Secondly, the intervention includes some method, such as relaxation or biofeedback training that helps musicians to reduce or control physiological arousal. Thirdly, negative thoughts are challenged by cognitive methods. The fourth ingredient is practise at using these skills in the performance setting. Controlled exposure to threatening stimuli is one of the key elements of anxiety management, and the same applies for musical settings._ (Steptoe, 2001, 303)
It can be concluded that in spite of the many differences among intervention studies, they all point to the overall effectiveness of a therapeutic approach based on cognitive-behavioural therapy to ameliorate MPA.

Other interventions for ameliorating music performance anxiety (MPA)

In order to paint a more comprehensive picture of the broad and heterogeneous field of interventions aimed at ameliorating MPA, a brief list of other therapeutic approaches found in research reports is presented next. These approaches include combined interventions, the Alexander technique, biofeedback, hypnotherapy, meditation, music therapy and psychoanalysis.

A number of studies has examined the effect of combined intervention approaches (e.g. Brodsky and Sloboda, 1997; Kenny, 2005; Kim, 2005; Clark and Agras, 1991; Nagel; Himle and Papsdorf, 1989). However, Kelly (2005) claims that there is little evidence to suggest that combined intervention approaches enhance improvements in MPA over and above those offered by single interventions. Only one study has assessed the therapeutic effect of the Alexander technique. Valentine et al. (1995) suggested that the Alexander technique has some beneﬁcial effects. Yet it remains unclear to what extent the perceived beneﬁts are helpful in stressful situations.

There is growing evidence that biofeedback (learned physiological self-regulation), in particular neurofeedback, could be used to enhance musical performance (Gruzelier and Egner, 2004; Valentine, 2002). Stanton (1993, 1994) is the only researcher who has assessed the therapeutic effects of hypnotherapy as a treatment for MPA. Stanton’s ﬁndings suggest that hypnotherapy may be useful in the treatment of MPA. Only one study examines the effects of meditation on MPA (Kenny, 2005). In this study (Chang et al., 2001), pre- and post-measures indicate very modest support for the role of meditation in reducing MPA.

There are only a handful of research reports that assess the therapeutic effects of music therapy as a treatment for MPA (e.g. Montello et al., 1990) or which have included elements of music therapy (Brodsky and Sloboda, 1997; Kim, 2005) in their study for treating MPA. Montello’s study suggests that music therapy may be beneﬁcial in treating MPA. There are also some studies in music therapy that investigate the meaning of music (e.g. Erkkilä, 1996; Lehtonen, 2007) or the relationship between music and emotions (Erkkilä, 1997). There is some evidence to support the argument that psychodynamic approaches may be helpful in treating MPA (e.g. Nagel, 2004; Plaut, 1990).
2.3 Motivation, self-efficacy and attributions: Additional concepts for performance enhancement

In this section three additional concepts—motivation, self-efficacy and attributions—central for performance enhancement will be introduced. At a metaphorical level these concepts can be described as threads that run all through the story and penetrate both the tip of the iceberg (moments of performing) and the iceberg itself (the life and career of a musician, including practising and preparation for performance). All these elements are interrelated and in continuous interaction, thus affecting one another.

In music the research on motivation seeks to understand the complex range of thoughts, feeling-emotions and actions that either enhance or hinder musicians from developing required musical skills. It includes investigating how children develop the desire to pursue the study of a musical instrument, how they come to value the study of music, and why children vary in their persistence and their intensity in achieving their musical goals. In addition, researchers try to understand how musicians explain their success and failure in different contexts. (O’Neill and McPherson, 2002, 31.)

Most current learning theories assume that the perceptions individuals have of their ability to achieve desired goals form one of the central motivational factors of human beings. In the majority of these theories, motivation is viewed as an integral part of learning. Motivation assists individuals in acquiring the behaviours necessary to achieve their own personal goals and reach their full potential (O’Neill and McPherson, 2002, 31).

To understand better the complex nature of motivation as it applies to success in musical performance, the attribution theory of orientation is used in this study as a tool for analysing the data collected. Also a concept of self-efficacy and its connection to attribution in achieving musical excellence and performance success will be briefly discussed.

Motivation determines what people like and what they do. Motivation can come from within (intrinsic motivation) or without, from someone or something else (extrinsic motivation) or some combination of the two (Deci and Ryan, 1985; Hallam, 1997a; Ryan and Deci, 2000). In the previous case the question is “Am I doing this because I want to?” and in the latter, “Am I doing this because someone else wants me to?” (Chaffin and Lemieux, 2004, 30). Motivation is seen as an integral part of self-regulation and learning. Intrinsic motivation appears to be essential for the development of effective, goal-directed and self-regulated practise (e.g. Maijala, 2003; McPherson and Renwick, 2002; Sloboda, 1996). Hallam (2006, 149) states that intrinsic motivation is a crucial aspect of developing self-identity as a musician. In her study of five student-pianists Hirvonen (2003) found that intrinsic motivation—“I play
because I like playing and music”—was a primary source prompting practising and playing.

Hallam (2002) suggests that musical motivation is determined by complex interactions between individuals and their environments. Some environmental effects—relating to early musical experiences, learning outcomes and self-efficacy—are internalised in such a way that they have an impact on the motivation to be involved in music. Motivation is inextricably linked to the self-perception of being musically efficacious. (Hallam, 2002.)

In the studies by Persson et al. (1996), fifteen pianists were interviewed about their performance motivation. In the data analyses qualitative open-ended responses and factor-analytical procedures were combined. As a result, four categories of motives were identified for the pursuit of musical performance:

1. Hedonistic motives (the search for positive emotional experience)
2. Social motives (the importance of group identity and belonging)
3. Achievement motives
   - Exhibitionism (a desire to show the results of effort)
   - Independent (the means to achievement are secondary to success itself)
   - Dependent (the means to achievement are important but do not constitute the ultimate goal)
   - Aesthetic (the means also provide the goal)
   - Supportive (motives are extrinsically provided, mainly by teachers and parents; loses its impact when one grows older)

While motives differed considerably amongst the musicians, what they all had in common was what their musical pursuits offered, albeit for different reasons, namely satisfaction. Most participants were therefore motivated by hedonistic motive treasuring music as a means to generate positive emotional experiences, mostly for their own satisfaction. Maijala (2003) found in her study of fifteen top young Finnish instrumentalists that all stated playing for an audience was their primary source of motivation. However, social motives were also significant: it is important to belong to a group that has certain desirable attributes with which one identifies (Persson et al., 1996.) Some researchers have shown that social belonging can even form a key factor in optimising musical and artistic development (Manturzewska, 1990; Ruud, 1997). Although significant in career building and goal setting, the third category—achievement motives—appeared to be less central than the other motives in the group studied by Persson et al. (1996). The researchers concluded that the importance of being able to induce and control pleasant emotional experiences through playing appeared to be the most fundamental consideration amongst the musician participants in the study. In her study of young pianists Kosonen
(2001) found that motives (which she defined as that which incites to action; anything prompting or exciting a choice or moving the will; cause; reason; inducement) are connected to the current life situation.

When people perform a task, they form expectations about how well they think they will be able to carry out their task. Such expectations will be based on previous experience. (Hallam, 2002). This phenomenon is called self-efficacy, for which Bandura (1977, 3) offers a formal theoretical definition:

*Perceived self-efficacy refers to beliefs in one’s capabilities to organize and execute the courses of action required to produce given attainments...Such beliefs influence the course of action people choose to pursue, how much effort they put forth in given endeavours, how long they will persevere in the face of obstacles and failures, their resilience to adversity, whether their thought patterns are self-hindering or self-aiding, how much stress and depression they experience in coping with taxing environmental demands, and the level of accomplishments they realize.*

Academic self-efficacy refers to individuals’ convictions that they can successfully perform given academic tasks at designated levels. Academic self-efficacy beliefs have been found to relate strongly to choice of task, career selection, persistence and performance, grade goals and academic aspirations, cognitive strategy use and self-regulation, perceived value, mastery goal orientation, and intrinsic interest and self-satisfaction. By far the most commonly used method of measuring self-efficacy is self-reporting. (Bong and Skaalvik, 2003.)

In the present study the concept of self-efficacy is associated with the degree to which a musician believes in his or her ability or/and capacity to achieve certain goals; self-efficacy is associated with what you think you can do. The concept allows us to understand how confident learners feel about their ability to perform on an instrument, especially when faced with a stressful situation such as a public performance (O’Neill and McPherson, 2002). Self-efficacy is related to our beliefs in what we think we can do and why we can do it and our values. Belief in one’s competence can affect future decisions about musical activities by creating self-fulfilling prophecies (Lehmann et al, 2007, 54). For example, successfully achieving upon agreed goals motivates many to set new, even more challenging, targets. However, human action is an interplay of various factors; such things as expectations, values and performance anxiety can influence the types of goals musicians set for themselves and how challenging they perceive those goals to be (Pintrich, 2000, 67; Anttila 2000, 37).

Lehmann et al. (2007, 54) stress that self-efficacy is inextricably linked to a musician’s competence. It is not a matter of persuading students to believe that they are good performers when in fact they are not. Strong self-efficacy entails not only recognising oneself as a good musician but also judging oneself as knowledgeable about the necessary skills yet to be learned for sustainable
performance success and feeling equipped to handle the challenges one may face.

McPherson and McGormick (1999) studied 190 pianists between the ages of 9 and 18 who completed a questionnaire immediately before taking an externally graded piano examination. The results indicated that the level of the pianists’ self-efficacy before the examination helped to predict their subsequent result. In their follow-up study of 332 instrumentalists in a graded music examination context, McGormick and McPherson (2003) again found that self-efficacy was the best predictor of actual performance. These findings are consistent with educational research that suggests that students who display higher self-efficacy will tend to perform at a more advanced level on examinations than their peers who display the same level of skill but have lower personal expectations (Pintrich and Schunk in O’Neill and McPherson, 2002, 34). This is because high levels of self-efficacy strengthen confidence and ensure persistence, often in spite of difficulties. Heightened self-efficacy is associated with higher goal-setting, more efficient effort and persistence, more effective strategy use and better performance in those tasks (Bong and Skaalvik, 2003, 33–34).

Self-efficacy becomes increasingly important as one makes more internal attributions for his or her successes and failures. For example, it is possible that one makes internal attributions and feels a sense of personal responsibility for his or her successes and failures, yet does not have a sense of self-efficacy. This combination can lead to a situation in which a person becomes discouraged to such a degree that he or she will ultimately stop performing the activity in question. However, if there is the sense that self-efficacy and internal attributions are connected, one feels not only responsible for personal progress, but also confident in having the skills and ability necessary for further improvement. (Chaffin and Lemieux, 2004.)

In relation to performance success, we might conclude that whilst practise plays a vital part in the development of a musician’s ability to perform well, practise should not be considered in isolation from motivational and related variables (McGormick and McPherson, 2003).

In this study “attributions” refer to the perceptions and explanations with which people justify their behaviours. In attribution theory causal attributions describe the subjective explanations we give for our perceived success and failure. In this study the emphasis is placed on the different reasons musicians give to explain good or poor performance—“Why did I succeed or fail?”

According to the attribution theory, the explanations we give ourselves about our behaviour have great motivational consequences on our future behaviour. Weiner (1986, 1992, 2000) believes that is not success or failure as such but the causal attributions made for these outcomes that influence our expectations, including whether we think we will continue doing well or poorly.
He argues that it is possible for an individual to control some aspects of behaviour voluntarily, but not all. Weiner identifies three dimensions of causal attributions: 1) whether the cause is internal or external (locus of causation); 2) the extent to which the cause remains the same (stability); and 3) the extent to which the individual can control the cause (controllability). He points out that the locus of causation is always related to self-esteem (Weiner, 1986, 128–134), and stability, with future expectations: feelings of hope, fear and hopelessness (Weiner, 1986, 153–154). Controllability is connected to self-respect and feelings of guilt and shame (Weiner, 1986, 135–153). Weiner (1986) argues that causal attributions are crucial in self-evaluation. For example, if an individual attributes his or her success to internal causes (ability or effort), then he or she feels more content than if the success is attributed to external factors (the ease of task or good luck).

Rotter (1966, 1–28) claims that individuals base their expectations for future behaviour on their earlier experiences. These expectations are then generalised to all situations and are eventually expanded to universal validity. An individual will internalise these behaviours as part of the personality. These in turn have an impact on future expectations and thus act as predictors of future behaviour. Also the way an individual perceives controllability and the temporal dimension is central. When a person attributes failure to internal and permanent reasons that are beyond individual control, there is a severe consequence on the person’s future behaviour. Such attribution styles are known to have a connection with clinical depression (Helander, 2000).

In his study Stipek (1998) found that the most common attributions are ability (“I did well because I am a good musician”) and effort (“I did well because I practised hard”). Less common attributions include luck (“I had a lucky day”), task difficulty (“The examiner asked me the easiest scales”) and strategy (“I practised the hard part in small sections”). Students who perceive their success as being due to internal reasons such as effort are more likely to have a higher sense of self-worth than students who believe their success was due to external reasons, such as luck (O’Neill and McPherson, in Parncutt and McPherson, 2002, 37). Vispoel and Austin (1993) found that junior high school students who attributed the failure of a fictitious music student to insufficient effort were more likely to anticipate improved future performance than students who attributed the failure to lack of ability (O’Neill and McPherson, in Parncutt and McPherson, 2002, 37). The study by McPherson and McGormick (2000) suggests that when an examination result is seen as a consequence of effort made in preparation and on the examination it is likely the examination success will be attributed to having prepared thoroughly, and vice versa. A poor result could be blamed on not having done enough preparation or not trying hard enough on the examination. (O’Neill and McPherson, in Parncutt and McPherson, 2002, 37). Other research suggests that low achievers often
make maladaptive or unhelpful attributions in comparison with high achievers (Arnold, 1997; Pintrich and Schunk, 1996). Low achievers are more likely to attribute success to luck and attribute failure to their inability; they are therefore less likely to feel that an increased effort on their part will have any positive benefits in achieving their desired goals.

2.4 Summary

This summary will provide a list of the key points in Chapter 2. Beginning with a performance-based career (Chapter 2.4.1), it continues with the additional concepts of motivation, self-efficacy and attribution (Chapter 2.4.2) and ends with a conclusion (Chapter 2.4.3).

2.4.1 Key points for a performance-based career in music

- Being a performing musician today in the Western classical tradition is highly demanding. To achieve the highest levels of performance a musician needs to be physically, emotionally and mentally fit.
- Being a professional musician today in the Western classical tradition is also highly stressful. Recent research suggests that as an occupation, a career in music has many characteristics associated with high stress employment.
- In the field of psychoneuroimmunology it has been suggested that certain personality factors and/or coping skills may help determine whether an individual’s immune system will be strengthened or weakened by a challenge/stress situation. In general, a good sense of control is correlated with higher immunity and the reverse, with lower immunity.
- Studies confirm the negative effects on health of music performance-related occupations. Research suggests that at least half of all orchestral players experience at least one problem that may threaten or actually end their career.

2.4.2 Key points for music performance anxiety (MPA)

- Musicians’ self-esteem is highly dependent on their perceived performance skills, which in turn lead to demands for (technical) perfection in playing or singing.
- One of musicians’ most common problems is performance anxiety, which can seriously interfere with a musician’s career, and at its worst, bring it to a complete stop.
• Studies show that any situation that increases the performer’s sense of threat will increase the level of MPA and further that nearly all performers report that auditions are the most stressful of all performance situations.
• Musicians report a large number of strategies for coping with MPA. However, these strategies do not always help. A great number of performers appear to have developed strategies to arrive at a particular state of mind in which they immerse themselves completely in the music.
• The research literature on music performance anxiety (MPA) is heterogeneous and methodologically inconsistent.
• The symptoms of MPA can be physiological, behavioural or cognitive. The correlation among the three categories remains unclear.
• There are a number of factors that have been identified as contributing to MPA: sensitivity to evaluation by others, perfectionism, personality (state- and trait anxiety and auditory style), age and experience, and overuse syndrome.
• The widely used theories about MPA are the Yerkes-Dodson Law, the Catastrophe Theory, the Three Dimensional Model, and the Four Component Model.
• In spite of many differences among the intervention studies, these studies tend to support the overall effectiveness of a therapeutic approach based on cognitive-behavioural therapy to alleviate MPA.

2.4.3 Key points for motivation, self-efficacy and attribution

• Motivation is understood as an integral part of self-regulation and learning. Intrinsic motivation appears to be essential for the development of effective, goal-directed and self-regulated practice. Musical motivation is determined by complex interactions between the individual and his or her environment. The most important source of motivation for musicians appears to be the ability to induce and control pleasant emotional experiences through making music.
• Self-efficacy is related to our beliefs in what we think we can do and why we can do it and to our values. Belief in one’s musical competence can affect future decisions about musical activities by creating self-fulfilling prophecies. For example, students who display higher self-efficacy will tend to perform at a more advanced level on examinations than their peers who display the same level of skill, but have lower personal expectations.
• According to the attribution theory, the explanations we give ourselves about our behaviours have great motivational consequences on our future behaviours. As an example, students who perceive their success
as being due to internal reasons such as effort are more likely to have a higher sense of self-worth than students who believe their success is due to external reasons, such as luck.

- If a sense of self-efficacy and internal attributions are connected, then the individual (performer) not only feels responsible for his or her progress, but also is confident in having the skills and ability necessary for further improvement.

2.5 Conclusions

It is not illogical to conclude that the problems, including music performance anxiety, from which professional musicians suffer are various and multifaceted. The strains of pursuing a professional career in music are often experienced already during the study years. However, career preparation often lacks a dimension that would enable musicians to make the most of their education and professional opportunities. On the whole, the existing system appears to offer musicians very little help in building sustainable performance success into their careers. The question is how musicians could more often achieve the highest levels of performance whilst having an experience of personal well-being or how to build sustainable performance success into their lives and careers.
3 Holism: Systems thinking and its applications for human change and development

In addition to the stresses outlined in the previous chapter, there are other aspects of musicians’ lives that affect their well-being. It is important to understand the impact of an extreme commitment to music on mental and physical health and performance. It cannot be excluded, that at least partly because of this extreme commitment, the problems (including MPA) from which musicians suffer are often multifaceted and complex. These and other factors seem to derive from different sources and directions, and yet they all appear inherent in a career in music. It is as if they were all interconnected in some complicated way and at the same time part of a bigger whole. Trying to understand what this is all about by breaking the phenomenon into parts does not seem to help much. It soon becomes evident that no straightforward linear cause-and-effect chain can give a sufficient explanation of what really is going on in performing musicians’ lives and careers. In order to gain deeper understanding, a more holistic view is needed.

In this study the greater picture is called holism, and it is understood as a systems thinking-based orientation that serves as a background philosophy. In systems thinking meaningful understanding comes from building up a whole picture of a phenomenon. As presented in this study, an explicitly holistic and systems thinking-based approach is very rare, indeed virtually non-existent, in the field of alleviating music performance anxiety or enhancing music performance.

In this context, the human being is understood as a systemic whole. Body and mind are interconnected; the human organism responds to a stimulus as a whole, the functioning of one influencing the functioning of the other. This study is about change and development. Since no learning, development or change takes place without the human body and mind, the relevance of the “body-mind” orientation is well-grounded. In our “body-minds”, pleasant experiences involve activation of excitatory neurochemical processes, which increase the probability that the experiences will be voluntarily engaged in again, and visa versa. When our experiences are interpreted as threatening to our safety and well-being, unpleasant internal feeling states that are enacted during the experience reduce the probability that the experience will be voluntarily undertaken another time. These unpleasant experiences also diminish the chance actually to learn in the given situation. Such reactions are called music performance anxiety or fear. (Chapter 3.1.2).

The systems thinking-based therapeutically-oriented interventions called Solution-Focused Thinking (SFT), Solution-Oriented Approaches (SOA)
and Neuro Linguistic Programming (NLP), are all designed to enhance a sense of dealing with the world by enacting pleasant “body-mind” experiences (Chapter 3.2). These approaches have the potential of being helpful in alleviating MPA. Therefore, they have all been exploited in developing the HOPE (Holistically-Oriented Top Performance and Well-Being Enhancement) intervention used in this study. HOPE is an intervention for performers, a psycho-educative application for enhancing performance, which is suitable for a music university setting (Chapter 4.6).

In this chapter a theoretical framework for the systems thinking-based holistic approach will be presented, first, by describing holism within a larger framework of systems thinking (Chapter 3.3.1), then by narrowing the scope to one of the subsystems, the human “body-mind” and learning (Chapter 3.3.2.). In this section those systems-based theories that are suitable for educational purposes (the Bioecological Theory of Human Development, the Self-Determination Theory and the Proster Theory) will be briefly introduced. Last, the therapeutically-oriented derivatives of systems thinking, Solution-Focused Thinking (SFT), Solution-Oriented Approaches (SOA) (Chapter 3.2.1.) and Neuro Linguistic Programming (NLP) (Chapter 3.2.2.) and their relevance to this study will be briefly discussed.

### 3.1 Holism as systems thinking, and human “body-mind” and learning

In this chapter two intertwined aspects to holistic approach, systems thinking at a general level (Chapter 3.1.1) and as the human “body-mind” and its learning (Chapter 3.1.2), will be discussed.

#### 3.1.1 Holism as systems thinking

Systems thinking emerged in the twentieth century through a critique of reductionism. Reductionism generates knowledge and understanding of phenomena by breaking them down into constituent parts and then studying these parts in terms of cause and effect. With systems thinking it is argued that valid knowledge and meaningful understanding comes from building up a whole picture of a phenomenon. It looks beyond isolated linear cause-and-effect chains for interconnections and interrelations. An emergent property of the whole is said to arise when a phenomenon can not be fully comprehended only in terms of properties of constituent parts—“the whole is greater than the sum of its parts” as the phrase explains emergence. Emergence and interrelatedness are the fundamental ideas, and the belief is that phenomena are understood to be an emergent property of an interrelated whole. (Flood, 2001, 133.) The broadest
possible definition of a system is that it is “anything that is not chaos”, or put another way, as any structure that exhibits order and pattern (Boulding, 1985, 9).

In our contemporary western culture the human conceptual system emphasises linear and isolated thinking, in which separate units are seen rather than wholes. For example, human beings perceive themselves as independent individuals, although they are encompassed in systems. In most systems, an individual frequently reacts without seeing the cumulative, overall effect of their behaviours on others. In this way a system can cause people to act in some undesirable way to themselves and to others; people get caught in systems that serve no one’s interest. When people act in such ways, they maintain the system and its influence upon others, partly causing the undesirable behaviours to regenerate. It is likely that much of the time people would change their behaviours if they only knew how. (Saarinen et al., 2004.)

However, people first need to be aware of their own behaviour and understand its cumulative effects. It is not rare that an individual perceives the world only from his or her particular viewpoint and draws simple, isolated linear cause-and-effect conclusions, about behaviours, their own as well as other people’s. In systems thinking the change starts taking place when people see the bigger picture of the setting they are in: they begin to perceive the world through the eyes of another person (or other systems). By adapting a new viewpoint, people and their behaviours can change rapidly. It is also possible to facilitate a large change in the whole system by a small intervention in just one of its part. (Boulding, 1985; Flood, 2001; Saarinen et al., 2004.)

Seeing the world as a social system draws attention to the interdependence of all systems. An individual is part of the system and continuously interacting with it. The person influences the system and vice versa. The only reality we know arises from the interaction between the subject which perceives and the object which is perceived. There are only interpretations that can be made about reality and different phenomena (for example, problems) in it. The perceiver is always part of what is perceived, and therefore, objective description of the system is not possible. ‘Part’ and ‘Whole’ are relative abstractions that are always subject to potential redefinition by changing the perspective. (Saarinen et al., 2004.)

Systems thinking originates from systems theory in the natural sciences where it was formulated in the 1940s by Bertalanffy. Bateson was among the first ones to apply systems theory to social sciences. He showed that influencing in groups is a reciprocal, two-way phenomenon: interaction within the group is often like an image reflected in a mirror or a complementary pattern (Bateson, 1972). One of the most distinguished pioneers of Solution-Focused Therapy (SFT), Steve de Shazer (1995) elaborated on the principle further. He argues that because the group is comprised not only of individuals but also
of their interrelations, when a change takes place in one individual it leads to change in other members of the group, thereby eventually changing the whole system. Hence, the human system is more than the sum of its parts.

Within the same therapeutic framework of SFT (Solution-Focused Therapy) Sullivan and Lipchik (2002) explain ‘problems’ in the spirit of systems thinking as follows

*When understanding the social phenomena as interrelations and emergence, can problems be defined as ‘anxiety’ in the general sense, e.g. discomfort with self and others. Accordingly, state of well-being (solutions) are comprehended as ‘security’, or comfort with self and relation to others.* (Harry Stack Sullivan in Lipchik 2002, 10).

I interpret this passage as follows: Problems and anxiety are often perceived as belonging together, inducing feelings of inconvenience and even fear. Hence, solutions are connected to feelings of security and well-being. When both problems and solutions are understood as social phenomena, they are about how we relate to ourselves and to other people. This perspective is also central to music performance and the anxiety it may elicit.

Systems thinking is actually an inter- or multidisciplinary approach. Systems ideas provide a way of thinking about any kind of problem and thinking is not itself a discipline (Checkland, 1981, 2006). In his book *Systems Thinking, Systems Practise* Checkland (1981) states that complexity is a problem for science and social science is a problem for science. He predicts that systems and analytic thinking will eventually come to be thought of as the twin components of scientific thinking; however, “this stage of our intellectual history has not yet been reached” (Ibid., 41–75). Checkland argues that in the case of “soft” systems methodology, precisely repeatable results are not to be expected. Hence, the idea of making progress by refutation is equally inapplicable. The best thing in “testing” methodology is to ask the difficult question, especially when applied to social systems; “Was the problem solved—were things improved as measured by some agreed criteria or did people concerned feel that insight has been gained or useful changes made?” (Ibid., 192).

The significant question of how to go about building up whole pictures of social phenomena has led to much controversy in social systems thinking. Building up whole pictures of social phenomena can be, rather crudely categorised into two schools. The first is called systems thinking, which advocates thinking about real social systems as if they exist in the world. The second category, “systemic thinking,” assumes only that the social construction of the world is systemic—no claim is made the world comprises real social systems. In the present study the category of “systemic thinking” is meant when discussing “systems thinking” or “systems approach”. In other words, it is believed that we as human beings construct our social world as systemic, but most likely
we have no way of knowing what the real social world is like. After all, any understanding we have of social phenomena is by way of interpretation made through cognitive processes of the human brain, mediated by the organism of the human “body-mind”. (Flood, 2001, 133.)

3.1.2 Holism as human “body-mind” and learning

In addition to the abundance of systems around them, human beings can be understood to form a subsystem within themselves. Our bodies and minds are interconnected; the human organism responds to a stimulus as a whole, the functioning of one influencing the functioning of the other. All aspects of the physical body (including the neural, immune and endocrine systems) are affected by individuals’ mental state, which in turn is influenced by our physical state.

In this section the principles of the most relevant theories and approaches that connect the human “body-mind” and learning are discussed. They are all suitable for the psycho-educational purpose here and hence, serve as an appropriate framework to support the theoretical background of the present study.

Of various possibilities, the aforementioned human subsystem will be called the “body-mind” in this study. It refers to “all of the human being’s neuropsychobiological processing” in which a human brain and the rest of the physiochemical body are intricately interwoven (Thurman and Welch, 2001). The use of the term is grounded in the neuropsychobiology of perception, memory, learning, behaviour and health. The use of the concept of “neuropsychobiology” is justified as follows: “neuro-” because the human nervous system is crucially and powerfully involved; “psycho” because all our physiochemical processes produce our perceived psychological phenomena; and “biology” because human “body-mind”s and their processes that make us “body-mind”s are biological in their essential nature (Ibid., 2001, xiv–xv, 135).

The relevance of “body-mind”-orientation and a notion of a holistic approach to teaching and learning—and performance enhancement—are well-grounded. When we have learning experiences, the anatomy, biochemistry and physiology of our brains are changed. For example, when a person becomes frightened at the prospect of playing or singing, past experiences related to playing or singing “taught” that individual a well-documented physiochemical reaction. Such reactions may be called threat, fear, stage fright or performance anxiety. On the other hand, pleasant internal states enacted during learning experiences involve activation of excitatory neurochemical processes that increase the probability that the experiences will be voluntarily engaged in again. We are also more likely to avoid being sick if the functions of our immune systems have been enhanced by interesting, self-fulfilling experiences in emotional settings. (Pert, 1997; Rossi, 1993; Thurman and Welch, 2001, xiii.)
The neurobiopsychology of playing and singing is well documented. This study refers to a large number of such research reports, the majority of which can be found in Chapter 2 (Dews and Williams, 1989; Esplen and Hodnett, 1999; Clark and Agras, 1991; Craske and Craig, 1984; Dews and Williams, 1989; Kendrick, Craig, and Lawson, et al., 1982; LeBlanc, Jin, Obert and Siivola, 1997; Miller and Chesky, 2004; Montello, Coons and Kantor, 1990; Mor, Day, Flett and Hewitt, 1995; Nagel, 2004; Salmon, 1990; Steptoe, 1989; Steptoe and Fidler, 1987; Sweeney and Horan, 1982; and Thurman and Welch, 2001).

It is challenging and perhaps therefore not very usual to approach human learning from a holistic angle and to understand it from a systems point of view or to comprehend the interconnections and interrelations involved. For example, concerning the long-standing debate over genetics versus environment (the nature-nurture controversy), instead of focusing on the two polarised influences, the debate could attempt to understand how they interrelate (Thurman and Welch, 2001, 136). Greenspan (1997, 133–137) states that the reason so few have attempted this understanding might be that many researchers are in fact unaware how nature and nurture actually work.

Bronfenbrenner and Ceci (2005, 174–183) offer a new conceptual framework for re-conceptualising the nature-nurture controversy. In their Biocological model there are genetic potentials for development in a human being. These potentials are not passive possibilities but active dispositions expressed in selective patterns of attention, action and response. The realisation of these human genetic potentials and predispositions requires intervening mechanisms that connect the inner with the outer in a two-way process. The entire development process occurs over time.

In addition to Thurman and Welch, there are several other researchers in the field of education/psychology who have promoted theories of holistic nature based on systems thinking and the principle of human neurobiopsychological needs. In order to familiarise the reader with the three theories most relevant to this study, the Bioecological Theory of Human Development by Bronfenbrenner, the Self-Determination Theory (SDT) by Deci and Ryan and the Proster Theory (PT) by Hart will be introduced here. The first embraces a wider systemic context in which an individual is included in one of the nested systems, while the other two focus on the individual and his or her neurobiopsychological needs. Thereafter, the salient features of the three theories are integrated in order to sketch the outlines for the principles of a holistic “body-mind” learning model. On the whole, the principles of these three theories (also the views of Thurman and Welch) serve as an appropriate framework for supporting the theoretical background philosophy of the present study.
The Bioecological Theory of Human Development

Urie Bronfenbrenner is generally regarded as one of the world’s leading scholars in the field of developmental psychology. As a result of his groundbreaking systems-based approach to human development, which culminated in the Bioecological Theory, barriers have been broken down among the social sciences and bridges built between disciplines (Hamilton and Ceci, 2005, 280). Bronfenbrenner’s work has had widespread influence on the way psychologists and other social scientists approach the study of human beings and their environments. Hence, Hamilton and Ceci (2005, 283) argue that the growing use of the term developmental science implies that human development is no longer only in the interest of developmental psychology only, but also serves several other disciplines.

Bronfenbrenner’s primary contribution was his Ecological Systems Theory (Bronfenbrenner, 1979). He specified four types of nested environmental systems with two-way interactions within and between the systems. The four systems are called the microsystem (such as the family or classroom); the mesosystem (two microsystems in interaction); the exosystem (external environments which indirectly influence development, such as the parental workplace); and the macrosystem (the larger socio-cultural context). He later added a fifth system, called the chronosystem (the evolution of the external systems over time). Each system contains roles, norms and rules that can powerfully shape development. However, because of the lack of research paradigms that could be used to analyse the synergistic interaction between heredity and environment, Bronfenbrenner replaced the environmental systems with more general terms, such as interconnected systems, in his later writings (Bronfenbrenner, 2005, 1).

In the Bioecological model the person’s own biology may be considered part of the microsystem, the centre of gravity. The Bioecological model evolved from the Ecological Systems Theory and recognises the centrality of the person (biology, psychology and behaviour) in the process of developing within a variety of interacting contexts over time (Hamilton and Ceci, 2005, 284).

In the Bioecological Theory, human development is defined as the “phenomenon of continuity and change in the biopsychological characteristics of human beings, both as individuals and as groups” (Bronfenbrenner, 2005, 3). Within the bioecological system the individual is in dynamic relation to his or her temporally embedded multilevel ecology and an active agent of his or her own development (Lerner in Bronfenbrenner, 2005, xviii)
**The Self-Determination Theory**

Deci and Ryan (1997, 34) argue that human beings have three life-long neuropsychobiological needs. They describe these needs as relatedness, competence and autonomy in their Self-Determination Theory. The first need, relatedness, is a prerequisite to the second need, competence. Together relatedness and competence are prerequisites for the third need, autonomy.

Relatedness refers to the need for supportive, emotionally engaging, human-to-human interaction. It is the foundation upon which all constructive internal processing and external behaviour are built. The need for relatedness emerges in the womb and exists throughout life. The most profound danger for our neuropsychobiological well-being is unrelatedness and abandonment, which can be accompanied by relative helplessness. Unrelatedness can undermine self-determination and its effects are usually outside conscious awareness. A well-known example of insufficient relatedness comes from the time period of the Second World War when Spitz (1945, 1946; Spitz and Wolf, 1946 in Thurman and Welch, 2001, 148) observed hospitalised infants. Although the infants’ immediate needs were adequately met (air, water, food, shelter), they became depressed due to lack of relatedness. The infants were not held, talked to or played with owing to lack of personnel.

Competence is the conversion of capabilities into abilities to fulfil needs and accomplish desired goals. Core competences are developed when human beings categorise more and more details of their perceived world by focusing their attention, making and updating their “sense” of those details and refining purposeful behaviours. (Deci and Ryan, 1985; Deci et al., 1994; and Thurman and Welch, 2001, 148.)

Autonomy refers to the perception by individuals that their actions have been freely chosen from within. By their actions humans have established a strong self identity with boundaries that they prevent others from violating. They perceive that they “have a voice” in actions and groups of which they are members, including having an option to disagree respectfully. Therefore, their actions are not induced by an external control source. When purposeful, goal-directed behaviour is perceived to have an internal locus of causality, overt behaviour is expressed that enhances goal achievement (Damasio, 1994, 102–105, 136–138; Deci et al., 1994; Deci and Ryan, 1985; Thurman and Welch, 2001, 149). This behaviour can also be called internally motivated as opposed to externally motivated.

**The Proster Theory**

Leslie A. Hart may be the first to have applied neuroscientific research to educational processes. In his theory (1997) “bodybrain compatible learning”
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(first described in 1983 as the “Programme-Structure Theory”, abbreviated as “Proster Theory”), Hart presented some principles of “brain compatible learning”. He focused on the brain’s learning capacities and based his theory on a wide assimilation of research and theory in such fields as the cognitive neurosciences, psychology, sociology, anthropology, computer science and educational experience. Hart calls his approach holistic, practical and useful. It looks at a brain (bodybrain) as a system by considering its interrelations rather than trying to isolate and focus on one tiny area or function at a time (Hart, 1983, 1997).

Hart argues that human beings share three genetically-prescribed drives that make learning inevitable throughout our lives as a function of the survival of the species. First, human beings make sense of the perceived world. Second, they also protect themselves and work to assure their safety and well-being. The third drive is to gain mastery of the perceived world and “fit” into it. These three drives are carried out by four genetically provided processes: (1) active seeking for sensory input; (2) detecting familiar and unfamiliar patterns within the sensory input, as well as interpreting the patterns and encoding them into memory; (3) the formation, elaboration and selection of “programmes” for carrying out the three drives; (4) “downshifting” (in 1997 “emotional override”) from the current ongoing stream of “programmes” to protective programmes when safety and well-being are threatened. (Hart, 1983, 1997.)

Present learning depends heavily on previous learning and biases stored in the brain of each individual. Hart claims that giving individuals uniform instructions without regard to what they bring to the learning effort virtually guarantees an incidence of failure. (Hart, 1997, 189–190.)

Feedback (the return of information or report to the brain on how well a programme is working in achieving its goal) or feedforward (information projected within the system as an estimate of what is needed) is essential to the learner to verify that learning has occurred. Feedback from reality will usually be clearer and more acceptable than second-person feedback from authority, which includes complicating, distorting aspects. (Hart 1983, 73; 1997, 383.)

Learning involves emotion and the feeling of threat can be detrimental for learning. The threat can be understood to arise from the perception that some power, usually a person or a group, can and very well may harm us. An unexpected insult, accident, piece of bad news or other sudden biased action may render even adults temporarily unable to talk, and quite possible even to grasp what other people are saying. Hart states that this downshifting applies to stage fright. (Hart, 1997, 204–205.)

It has been long recognized that in practice emotion cannot be separated from cognitive thinking. Hart stresses that absence of threat is essential to effective instruction. Sources of threat might be many; some are triggered by
instinct, others are learned, but threat is always a result of individual perception. (Hart, 1997, 196–210.)

**Integrating the Bioecological Theory (BET), the Self-Determination Theory (SDT) and the Proster Theory (PT)**

Let us now consider integrating the three theories introduced above starting with the Proster Theory (PT) and the Self-Determination Theory (SDT). Although the Proster Theory (PT) places more emphasis on examining the very process of “‘body-mind’ compatible” learning, it shares a number of features with the Self-Determination Theory (SDT). First of all, both stress the importance of feeling safe, the “absence of threat” (PT) or even “supportive, emotionally engaging human-to-human-interaction” (SDT) in order for learning (constructive internal processing and external behaviour, SDT or extraction of meaningful patterns, PT) to take place. Secondly, it is a human life-long neuropsychobiological need, (SDT) or a genetically prescribed need (PT) to make sense of the perceived world (SDT, PT) and “gain mastery of it” (PT) and to develop core competences (SDT): “to convert capabilities into abilities to fulfil needs and accomplish desired goals” (SDT).

Third, in relation to learning both theories place a unique individual at the core of learning and development. Deci and Ryan (SDT) present the concept of autonomy (the perception that an individual’s actions are freely chosen), while Hart (PT) emphasised that in giving instructions for learning, a non-uniform manner is essential.

Although among the interconnected systems, also the Bioecological Theory (BET) places the individual and his or her biology at the centre of gravity. And, as in the SDT concept of autonomy, Bronfenbrenner (BET) emphasises the individual becoming an active agent of his or her own life. In addition, BET offers the bigger picture in the attempt to understand how a larger systemic whole interacts with learning—of both individuals and groups. In BET, learning (development) is defined as a “body-mind”-oriented phenomenon as in SDT and PT. However, BET widens the scope of the learning process by adding in the dimensions of time and environment (in BET learning is defined as a “phenomenon of continuity and change in the biopsychological characteristics of human beings, both as individuals and groups”)

Current brain research states that the brain produces and receives its own opiate-like molecules as a response to mental programmes that work well in the sense of handling the world (Pert, 1997). It is as if our “body-minds” were designed to acquire pleasurable sensations by gaining constructive mastery over ourselves and the world. Building on the Proster Theory on current brain research, Thurman and Welch describe their understanding of the phenomenon in question as follows:
“When human beings make sense of the world by seeking no threatening sensory input, detecting patterns therein, and elaborating patterns of behaviour, thinking and feeling, then we gain more and more constructive mastery over ourselves and the world. When we do that, areas within the brain that trigger pleasure sensations are activated and recipes of pleasure-sensation-distributing transmitter molecules are activated within us. Together, they change our neuropsychobiological state. However, when our experiences are interpreted as threatening to our safety and well-being, other internal processes are triggered that result in different neuropsychobiological states. These states result in three categories of behaviour. These are withdrawal or avoidance, freeze or immobilize, and counter control and counter attack”. (Thurman and Welch, 2001, 21.)

In order to summarise the integration attempt above, the following list of key points outlining the effective “body-mind” learning (change and development) model is presented:

1. A positive “body-mind” state (absence of threat; feeling safe and related) is a beneficial and even a necessary prerequisite for learning
   - Emotion cannot be separated from cognitive thinking.
   - Relatedness is the foundation upon which all constructive internal processing and external behaviour are built.
   - If a situation is perceived as threatening by an individual, then internal processes trigger neuropsychobiological states that can be detrimental for learning (causing withdrawal or avoidance, immobilising or freezing, and counter control or counter attack).

2. Gaining constructive mastery over oneself and the world, developing core competences and converting capabilities into abilities to fulfil needs and accomplish desired goals is central
   - Being active agents in our lives and having a sense of constructive autonomy: having constructive interaction with the environment (including other people) and perceiving that our actions are freely chosen.
   - As a response to mental programmes that work well in the sense of handling the world, pleasure sensations are triggered in our neuropsychobiological state.
   - When purposeful, goal-directed behaviour is perceived to have an internal locus of causality, overt behaviour is expressed that enhances goal achievement.
3.2 Systems thinking-based interventions for holistic human change and development

The systems-thinking based therapeutic approaches of Solution-Focused Thinking (SFT) and Solution-Oriented Approaches (SOA) and Neuro Linguistic Programming (NLP) are closely connected. They have a common strategy of helping the client form positive goals and activate the client to find her own, already existing, resources. Here the client is an active subject and understood as a systemic whole. NLP also has some connection to behavioural therapies in utilisation of such principles of learning as conditioning (Ojanen, 2004, 9; Viikeväinen-Tervonen, 1998, 48).

The use of Solution-Oriented Approaches (SOA) has evolved as a more open-ended version of Solution-Focused Thinking (SFT). For example, SOA allows the employment of other methods together with the solution-oriented paradigm. It includes all solution-oriented activity, for instance, psychotherapy, counselling and psycho-educative applications. (Helander, 2000; de Shazer, 1995; Riikonen and Smith, 1997). In this context, the HOPE intervention (Chapter 4.6) represents the category of psycho-educative applications, and thus, in strict terms, is more closely related to SOA than to SFT.

In addition to systems thinking, the aforementioned therapeutic approaches have another common denominator: SFT, SOA and NLP all have their origins in the family of brief therapies that derive from the work of Milton H. Erickson (1901–1984). Each derivative, a member of the family, can be seen to represent some particular aspect or aspects of the uniquely manifold therapeutic approach of this well-recognised North American therapist.

Milton H. Erickson did not approve of causal explanations or therapies deriving from causal reasoning. He emphasised that a client comes to therapy first of all in the hope of a better future, not so much to understand his or her past. The purpose for the therapy is to bring about a change in the direction of the client’s hopes and wishes. Therefore, the focus should be on present problems and their solutions and on the abilities and the resources which the client has. (Haley, 1997; Weakland, 1979.)

The background philosophies of SFT, SOA and NLP are all very similar. First, they focus on solutions. They believe that the client has the solutions to his or her problems, as well as the resources to solve these problems. An appropriate formulation of an agreed-upon goal (or target) is seen as central for both the therapy process itself and the assessment of the outcomes. In a sense SFT, SOA and NLP complete one another. SOA approaches problems primarily through changing behaviour, whereas in NLP the emphasis is on revising the problematic feelings-emotions into less problematic ones. However, both assume that a small change in one part of the system can catalyse a large
change in the whole system. (Haley, 1997; Helander, 2000; O’Connor and McDermott, 1996; Ojanen et al., 2004; Shazer, 1995; Riikonen and Smith, 1997; Vikeväinen-Tervonen, 1998.)

Next we turn to a brief description of the salient features of aforementioned approaches and how they are understood in the context of this study.

### 3.2.1 Solution-Focused Thinking (SFT) and Solution-Oriented Approaches (SOA)

One of the most distinguished pioneers of Solution-Focused Thinking (SFT), Steve de Shazer (1995), characterised the core of this particular therapeutic approach with the following “master key” metaphor:

*The therapist does not need to know much about the nature of the problems in order them to be solved. It is much more essential to understand the nature of the solutions. Most important is the key, with which you can open the lock, not the type of the lock. It is not necessary to analyse and understand details of the lock if you have a master key with which you can open many different locks.*

*The focus is first of all on solutions, on bringing about the changes which are in the direction of the hopes and wishes of the client. SFT focuses on catalyzing the change mainly through changes in behaviour. It believes that when the client behaves in a different way he or she will also start thinking and feeling in a different way.* (Shazer, 1995, 19).

SFT and SOA approach the perceived problem (or problems) in a particular way. The starting point is that a problem also includes a solution—conceptually they are prerequisites to one another. There cannot be problems unless the client has an opinion about what the particular state of affairs should be. In this way a solution, a state of affairs hoped for or at least one that would be good enough can be derived from a problem. Secondly, the “problems” are not understood to be problems as such. Instead, the attempts that have been used in trying to solve the “problems” may cause the problem. In reframing the process, by looking at the problem from a different angle, it is possible to find new ways of understanding that may lead to experiencing the present state of affairs (the problem included) differently (less disturbing). Because of the interrelations and interaction within the system, the problem tells something about the state of the whole system. The solution can emerge from an unexpected direction: possibly from a place it was least obvious. (Shazer, 1995; Riikonen and Smith, 1997)

In SFT and SOA the time-focus is on the present and future. The past can be understood as a stock of personal resources that will help to facilitate the hoped-for process. There are a number of ways to direct one’s attention and energy towards the imagined future. The most straightforward is to define the
goals that are highly motivating for the client and make a plan for how to achieve them. It is also possible to investigate the different hypothetical future scenarios and how the client reacts to them. (Helander, 2000, 25–26.)

Looking for those specific moments when the problem has not been present or has been less disturbing are important. Such moments imply that the client does have some control over the problem experienced. It is essential to find out how the client explains these exceptional moments. This can be done by learning how the client thought, felt and behaved—by simply asking the question, “How did he or she make it happen?” In answering this type of question, NLP can assist a great deal in breaking the experience into various modalities (e.g. the five senses). Self-knowledge gained from self-reflection forms a solid ground for constructing more appropriate patterns of behaviour, feeling and thinking.

The so-called scale questions shatter the “black and white” -thinking that separates problems from solutions. It is important to offer a perspective in which problems and solutions mingle and overlap. There are several ways to do this. A client can be asked about the frequency of the problem or the degree of confidence in achieving a goal or about the degree of motivation. A scale from 1 to 10 can be used or estimates asked in percentages. (Helander, 2000, 25.)

Positive feedback is considered one of the cornerstones of solution-oriented approaches (Helander, 25). By drawing attention to the success and the progress already made, a client’s belief in change is strengthened and self-confidence increased while the behaviour is supported. Often clients are given “homework”. This can be advice or instructions to try out in practise. The purpose is to offer perspectives for seeing alternative possibilities. When a change, even a small one, is experienced in real life, it strengthens the belief in building a particular competence. When this happens, it is of utmost importance to give credit to the client. (Helander, 2000, 26.)

In his study Jaakko Helander (2000, 74) found that SFT/SOA-based counselling was most beneficial to students who suffered from social phobias and performance anxiety and those who worried about their lack of self-control or studying skills.

3.2.2 Neuro Linguistic Programming (NLP)

NLP (Neuro Linguistic Programming) is an approach through which it is possible to investigate and intensify human communication and interaction as well as to investigate and change human psychological functioning. It originated in psychotherapy and became an independent approach in the 1970s when Richard Bandler and John Grinder became interested in what led to the best result in psychotherapy. The pair began systemically analysing such therapists as Fritz
Pearls (gestalt therapy), Virginia Satir (family therapy) and Milton H. Erikson (hypnotherapy and strategic therapy), known at the time for excellent results and modelled their strategies on these figures. Bandler and Grinder did not themselves engage in any specific psychology or psychotherapeutically-orient-ed theory. Instead, they tried to find the connecting underlying consumptions, ideas, methods and techniques that psychologies and theories shared in pursuit of agreed-upon outcomes. Bandler and Grinder modelled their approach on the non-conscious verbal and non-verbal skills and methods therapists were using that were not perceivable to the therapists themselves. Everything that “worked” and was practical was accepted. In this way Bandler and Grinder built an approach whose strategies and methods are applicable to and compatible with all orientations of therapy. (Bandler and Grinder, 1979; Ojanen, 2004, 7–9.)

NLP has frequently been applied outside the framework of therapy. It is well known in fields dealing with human communication and interaction, such as teaching, learning, mental training, consultation, coaching, advertising, selling and organisational development. (Ojanen, 2004; Vikeväinen-Tervonen, 1998.)

One of the basic questions in NLP revolves around human processing and how it affects the way we perceive reality. In this thinking, an individual does not react directly to reality. A human being has her own “map” of reality, her own conception and picture of the world, which forms a basic framework from which his or her reactions and actions originate. A second assumption is systems and ecological thinking. It derives from the collaboration with Gregory Bateson, an anthropologist and the developer of systems theory. In NLP, mental images, language, bodily states and behaviour are understood as a systemic whole. Hence, an intervention can be done by changing experience in any of these dimensions. NLP exercises can also be seen as a type of mental imagery; they involve all the human senses. Because of the systemic presupposition, the effectiveness of an intervention executed in one dimension can be evaluated by following the changes taking place in other dimensions. (Ojanen, 2004, 8–10.)

One of the presuppositions in NLP is that it is possible to model successful behaviour or skill (Bandler and Grinder, 1979; Ojanen et al., 2004; Vikeväinen-Tervonen, 1998). One way of doing this is by breaking a skill into salient parts and building up a model from which everyone can learn. The challenge is to understand what the crucial elements (loops) are and how they interrelate. Modelling can be used to enhance your own skill or to transfer an already existing skill to a different context; it is also a way or learning from other people.

A great deal of NLP theory is based on similar thinking as in cognitive psychotherapy, in particular its constructive orientation. The focus in both is on
investigating how people construct their problematic feelings and behaviour with such things as their mental images and internal speech and how chancing these elements will change feelings and behaviour. (Ojanen, 2004; Vikevään-en-Tervonen, 1998.)

3.3 Summary

This summary will provide a list of the key points in Chapter three. It starts by bringing together the most relevant features of holism as systems thinking (Chapter 3.3.1). Thereafter, the key points of holism as the human “body-mind” and learning are presented (Chapter 3.3.2). Last, the principles of those systems thinking-oriented interventions for holistic human change and development that have been exploited in the development of the HOPE intervention (Chapter 3.3.3) are given in brief.

3.3.1 Key points on holism as systems thinking

- In order to gain deeper understanding of what is really taking place in performing musicians’ lives and careers, a larger picture, a more holistic view, of the phenomenon is needed.
- In this study the larger picture is called holism, and it is understood as systems thinking-based orientation.
- In systems thinking meaningful understanding comes from building up a whole picture of a phenomenon. All systems are interconnected and constantly affecting one another.
- The broadest possible definition of a system is that it is “anything that is not chaos”, or put another way, as any structure that exhibits order and pattern.
- Systems thinking is an inter- or multidisciplinary approach.
- Because any understanding we have of social phenomena is interpreted through cognitive processes of the human brain and mediated by the organism of the human “body-mind”, this study assumes that only the social construction of the world is systemic; it does not claim that the world comprises real social systems.
- An explicitly holistic and systems thinking-based approach is novel in the field of alleviating music performance anxiety or enhancing music performance.
- In systems thinking the change starts taking place when people see the larger context for example, they become aware of their own behaviour and understand its effect on other people. By adapting a new viewpoint,
a person can change rapidly. It is possible to facilitate a large change in the whole system by a small intervention in one part of the system.

- The human system is more than the sum of its parts: because the group is comprised not only of individuals but also of their interrelations, when a change takes place in one individual it leads to change in other members of the group, thus eventually changing the whole system.

- When both problems and solutions are understood as social phenomena, they concern how we relate to ourselves and to other people. This perspective is central to music performance and the anxiety it may cause. Problems and anxiety are often perceived as belonging together, inducing feelings of distress and even fear. Hence, solutions are connected with feelings of security and well-being.

### 3.3.2 Key points on holism as the human “body-mind” and learning

- The human being is understood as a systemic whole: Our bodies and minds are interconnected; the human organism responds to a stimulus as a whole, the functioning of one influencing the functioning of the other.

- Human being as a systemic whole is called the “body-mind”: it refers to “all of human being’s neuropsychobiological processing” in which a human brain and the rest of the physiochemical body are intricately interwoven.

- Since no learning, development or change, takes place without the human body and mind, the relevance of “body-mind”-orientation is well-grounded. In our “body-minds” pleasant experiences involve activation of excitatory neurochemical processes, which increase the probability that the experiences will be voluntarily engaged in again and visa versa. When our experiences are interpreted as threatening to our safety and well-being we are likely not to be voluntarily engaged in that type of experience again. This phenomenon also diminishes the ability to learn in a given situation and can be called music performance anxiety or fear.

- The neurobiopsychology of instrumental playing, singing and performing is well documented. However, it is not very common to approach human learning from a holistic angle and try to understand it from a systems point of view or to comprehend the interconnections and interrelations that are involved in it.

- The three most relevant theories to this study are the Bioecological Theory of Human Development (BET) by Bronfenbrenner; the Self-Determination Theory (SDT) by Deci and Ryan and the Proster Theory (PT) by Hart. The first embraces a wider systemic context in which an
individual is included in one of the nested systems, while the two latter focus on the individual and his or her neuropsychobiological needs.

- When integrating the three aforementioned theories (BET, SDT, and PT) three central aspects in relation to learning are to be presented in this study:

1. The basic human need to feel safe; the absence of threat and the presence of supportive, emotionally engaging human-to-human interaction.
2. The basic human need to make sense of the perceived world and gain mastery of it: to develop core competence, that is, to convert capabilities into abilities to fulfil needs and accomplish desired goals.
3. The basic human need of individuals to perceive that they are active agents in their own lives, and that their actions are freely chosen and hence, they feel constructively autonomous.

### 3.3.3 Key points on systems thinking-based interventions for holistic human change and development

- The systems thinking-oriented interventions, Solution-Focused Thinking (SFT), Solution-Oriented Approaches (SOA) and Neuro Linguistic Programming (NLP), are all designed to enhance a sense of dealing with the world successfully by enacting pleasant “body-mind” experiences.
- SFT, SOA and NLP have a common strategy of helping the individual formulate positive goals and find existing resources. The individual is an active subject and understood as a systemic whole.
- In a sense SFT, SOA and NLP complete one another. SFT and SOA approach problems primarily with the goal of changing behaviour, whereas in NLP the emphasis is on revising the problematic feelings-emotions into less problematic ones.
- SFT, SOA and NLP have all been exploited in developing the HOPE intervention used in this study into a performer compatible psycho-educative application suitable for a music university setting.
4 Holistically-Oriented Top Performance and Well-Being Enhancement (HOPE)

Although a large number of studies confirm the severity and generality of the problems inherent in a career in music, very little help appears to have been available for musicians to learn how to deal with these challenges. There seems to be a gap between what is available and what is needed; the supply and the demand do not optimally meet here. The HOPE intervention is intended to filling the gap.

The HOPE intervention is a systems thinking-based coaching approach to enhance musicians’ overall performance (including music performance) and well-being. The core question is how to build sustainable performance success into lives and careers. Acknowledgement of the three-life long neurobiopsychological needs: relatedness, competence and autonomy are central (Thurman and Welch, 2001; Deci and Ryan, 1985).

In this study the HOPE intervention course is the context in which the process of change and development of the participants is facilitated. The aim is to create conditions in which learning is optimal and takes place on all cognitive, emotional and behavioural levels. The HOPE intervention has been informed by recent research on performance-based careers and performance-related psychological make-up. This includes music performance anxiety, interventions aiming at alleviating MPA, and the central concepts of motivation, self-efficacy and attribution style. Because the HOPE intervention can be understood as a type of coaching approach, the musicians taking part in the HOPE courses are called both “participants” and “coachees”.

This chapter is about the HOPE intervention. Its history and some general features will be discussed first (Chapter 4.1). Thereafter, that the central strategies and techniques, which derive from SFT or SOA, NLP and previous cognitive-behavioural interventions intended to ameliorate MPA and applied in the HOPE intervention, will be described (Chapter 4.2). The role of the coach and peer group interaction within the coaching process will be investigated next (Chapter 4.3). Last, the salient features of the HOPE intervention are explained (Chapter 4.4).

4.1 History and general features of the HOPE intervention

The impulse for developing the HOPE intervention came from my experience as a professional musician over a period of twenty-odd years. I gradually became aware that most musicians were either personally or indirectly affected
by high levels of continuous stress, debilitating performance anxiety and/or paucity of personal well-being. The price for being able to pursue a career in music often seemed high. However, the price—even if acknowledged—was not commonly questioned. As a rule, musicians tend not to discuss their pains or illnesses openly.

Somehow I was not willing to accept this situation. I started wondering if it would be possible for a greater number of musicians to enjoy sustainable performance success in their careers. The question was, how could musicians more often achieve the highest levels of performance whilst having an experience of personal well-being in their lives? Helping musicians by coaching seemed one way to offer immediate help. In order to become a coach, I underwent extended professional training (Chapter 5.1.4). Since I could not find an existing approach or programme that would satisfy my ideas about helping musicians, I devised one of my own. As a result, a systems-based holistically-oriented approach for performance enhancement, the HOPE intervention was born.

As was shown on Chapter 3, the HOPE intervention is holistic in its approach. It is designed to promote the performer’s development in a way that is appropriate to the whole person. It aims at integrating top professional performance with well-being. The starting point is the subjective perspective and perception of the participants. The intervention process is individually tailored for each musician and that person’s real life (performance) situation. When dealing with debilitating performance anxiety, the HOPE intervention focuses on confidence-building in the process of musical communication rather than just working on alleviating anxiety. The key themes revolve around performing, playing or singing and personal well-being, and their reciprocal relationships; these themes are identified as the essential loops in the ecosystem of a performing musician.

In principle the HOPE intervention has two main components. The first component defines and maintains a participant’s personal basis for motivation (see goal orientation in relation to cognitive strategies, Chapter 2.2.3, and the Solution-Focused Therapy and Solution Oriented Approaches, Chapter 4.2). Facilitating a coaching process based on activating the genuine motivational resources of the musician is crucial. Acting to promote internally motivated goals has been shown to have a strong connection with well-being and happiness (Argyle, 2001; Ojanen, 2004; Ryan and Deci, 2000a). The second component centres on enhancing professional (musical) performance with various mental training strategies and techniques (such as relaxation and mental imagery; see also Chapter 3.2.2). The HOPE intervention includes practice performances that are videotaped, peer support and a jointly planned and realised concert project.
It is central to the HOPE intervention to make visible the subjective perspective of a participant and to enable their experiences (including fears) to be expressed and heard. This can be done, for example, by considering the stories told by individuals and their communities or by just asking the question, “How do I myself contribute to my own experience?” It is essential for the coachee (the one who is being coached) to perceive how he makes himself think, feel or act the way he does. And to ask himself, “Is this what I want, is it good for me?” Raising awareness and understanding of existing patterns of thinking, feeling and acting is important. The whole belief system of an individual can be located in the background. Hence, to investigate how one understands oneself in relation to the surrounding reality and how this affects the experience of oneself and the world is crucial. In this way the HOPE intervention offers the opportunity to increase critical self-awareness and self-knowledge. Knowing yourself both as a person and as a musician is believed to form a solid basis for building healthy self-confidence, sustainable performance success and lifelong learning.

One of the leading principles of the HOPE intervention is that the participants learn the skills necessary for coaching themselves and others. The HOPE course offers participants the opportunity to experiment with a “basic” set of tools and the means to create their own personal toolbox suitable to their personal needs and desires. They also learn to coach each other. This way the progress made during the HOPE intervention course may continue as a lifelong process and be distributed to a wider group, including their students and colleagues.

### 4.2 The HOPE intervention in relation to the other key interventions

The intervention approaches of Solution-Focused Thinking (SFT), Solution-Oriented Approaches (SOA), Neuro Linguistic Programming (NLP) (Chapter 3.2) and the cognitive-behavioural interventions aiming at alleviating MPA (Chapter 2.2.3) have served as the background against which the HOPE intervention has been devised. HOPE shares the systemic world view with the SFT or SOA and NLP approaches. In the HOPE intervention human beings are understood as neuropsychobiological subsystems within the greater system(s).

**Solution-Focused Therapy (SFT), Solution-Oriented Approaches (SOA), and the HOPE intervention**

Within the context of this study the conceptualisation of the investigated central phenomenon offers a good example of solution-focused thinking and the
particular reframing technique it uses. In the traditional research literature the phenomenon is referred to as “music performance anxiety and how to alleviate it”. In this study the phenomenon is conceptualised anew from problems to solutions; it is reframed as “enhancing music performance” in which the concept of music performance anxiety may be embedded if necessary, albeit not explicitly. The focus is on skills, abilities and resources, not on deficiencies or shortcomings. Yet, this focus does not exclude the value of self knowledge, including being fully aware of the current state of one’s skills and situations. Nor is it forbidden to express feelings or emotions perceived as negative.

Goal orientation is one of the cornerstones of SFT and SOA (it is also one of the strategies in cognitive-behavioural interventions). In the context of the HOPE intervention, goals are also used intensively but may be understood in a broader way than in “regular” SFT and SOA; their main function is to serve as flexible course indicators. In the HOPE intervention the goals (or learning targets) may be changed or reformulated in the course of action as happens very often (see Appendix 3 for individual goals of the participants in the longitudinal group, Hope 1). The main purpose of goals is to steer action in the hoped-for direction towards visions or long-term goals. It is crucial to understand that goals serve as tools; they are means to an end rather than ends in themselves. It should be kept in mind at all times that the purpose of goal setting is to tap into genuine sources of motivation.

One way to articulate the “hoped-for direction” is to investigate what “leading a good life” means to each participant. Answering this type of question leads an individual to investigate and recognise his or her true values: “What is important and valuable for me?” “When do I feel happy and fulfilled?” In order to sustain progress in the “hoped-for direction”, it is essential to have ongoing feedback and feedforward from real life situations. It may be that the HOPE intervention stresses this aspect more than does a “regular” SFT or SOA approach. The issue of feedback/feedforward is discussed at length starting from such philosophically-tuned questions as “Do human beings need feedback?” and “Why / Why not?” And further, “What is good feedback?” “What kind of reality do I want to create with my feedback?” and so on. In a broad sense, everything we experience can be understood as feedback from how well whatever we are doing at that moment is working in achieving our goals.

It is thus continuously possible to find the best means—including the relevance of agreed-upon goals—in a given situation to keep us in the “hoped-for direction” or lead towards it. The assumption is that by continuous monitoring of goals and means, the process itself will be experienced as meaningful and motivating.

A mark of a well-formulated goal is that it spurs you to action in the direction of your vision. An appropriate goal is short, positive and concrete. It expresses clearly what you want to achieve, not what you do not want
achieve—and focuses your attention on the outcome. As an example, if you suffer from handicapping performance anxiety, your goal should be “relaxed performing” or “I can look the audience in the eye from on stage”, not “less anxious” or “not so much trembling of the bow hand”. The latter focus is on (not) being anxious or (not) trembling, whereas the former goals draw attention to being relaxed while performing or looking the audience in the eye, in other words, on enhancing performance success. In short, the power is in the focus of your attention. This principle applies to the mental imagery of the HOPE intervention as well (see for example, Chapter 2.2.3).

The goal orientation briefly described above is learned in the HOPE intervention course during the first half of the academic year. The base line of the realisation of the procedure is in principle in line with Solution-Focused Therapy (SFT) and Solution-Oriented Approaches (SOA). However, the HOPE intervention aims at ensuring that goal orientation remains means to an end, that is, it serves of a constructive coaching process. Following textbook procedure (e.g. a set of given questions) is not central. The main point is to facilitate a productive change and development process. This means that the goal orientation is realised in the HOPE intervention in a highly flexible manner, tailored to the individual and a given situation.

The second half of the course introduces a more open way to focus action and perception. It is called the key-question orientation. The participants identify the question they feel is uppermost in their minds at the time. It can be anything; however, it is often linked with goals. The working principle is that participants learn to use various techniques and strategies to enhance this type of mind-tuning for the “answers” they seek. With a well-tuned, open and focused mind, “answers” may be found anywhere, including places or situations that are not obvious and where you would not look for “answers” in the first place. I have not learnt that this type of procedure anywhere else forms part of a “regular” SFT or SOA coaching process.

Another essential tool in the SFT- and SOA-based approaches is the use of scales. The HOPE intervention takes the “regular” use of the scales from SFT and SOA into the world of music and playing. The principle is the same; scales are used whenever a relational perspective is needed. One way to use scales is to divide a large goal into smaller parts or to monitor the relational progress of the individually tailored “step-by-step” plan. For instance, the participants are asked to rate their current state, the desired state “in the end” and the state of this particular issue at a few appropriate “checkpoints” along the way.

A few words about the expression “in the end” are in order here. Since most musicians feel they are never good enough, in the HOPE intervention the expression “in the end” is explained as a state in which this particular goal has been sufficiently reached that a “spotlight” or special attention on it is no longer necessary. From then on, it (the goal) may develop further as a life-long
process, but “on its own” along with other issues and with no special “spotlight” attention (unless otherwise defined). My experience as a coach is that if this is not explained as described above, the musicians will most likely rate their any issue related to their playing or singing and performing as a number 10. This may have the tendency of supporting perfectionist attitudes instead of supporting a perspective of relativity. The latter is more in line with the HOPE intervention, whose goal is to enhance sustainable performance success.

In addition, each point on the one-to-one scale is visualised and described on a concrete level. In the abstract world of music concretizing can be very challenging. However, it should be kept in mind that the very act of playing (singing somewhat less) is very concrete. Already investigating the reciprocal relationship between the concrete act of playing and (often) abstract ideals (visions) can be highly beneficial to a student-musician. In relation to concretizing the learning targets, seeking for answers to such “regular” SFT and SOA questions as “How do you know at a concrete level that you have reached your learning target?” is often very useful. It “forces” the musician to create a mental image of that target-state (How do I feel it; how does it sound; etc.) and to formulate questions to steer the process and express all this verbally.

Often student musicians are not fully aware of the benefits of mentally imagining and concretizing their learning targets, although these activities enhance learning. Sometimes concretizing does not work. In these cases, one possibility is to express the aforementioned pre-imagined states in percentages. For example, in the case of enhancing performance skills, if in your desired state you would like to feel courageous on stage for 85% of the performance time, then in the earlier checkpoints the percentages may be estimated at 50% and 70% of the total performing time. Each state is also described in concrete terms.

Likewise, in a “regular” SFT and SOA therapeutic procedure, the musician-participants in the HOPE intervention are asked to make notes and/or keep diaries to monitor their progress. These are often called a practising or learning diary. The contents as well as the process of keeping them are discussed with the coach and also shared in group sessions for maximum benefit. In addition, the coach makes notes for each individual coaching session. These notes are kept as referral points for monitoring progress. The progress is monitored this way often, at least at each “checkpoint”, and above all, in the last one-to-one session—the “checkpoint” at which the change and development for the whole intervention course is often witnessed.

Participants also have homework. Sometimes homework is individually tailored, and sometimes it is based on issues related to the group sessions. For instance, keeping a diary (often related to practising)—or at least trying out a diary for a set period of time—is standard homework in the HOPE intervention course. Such characteristic features of SFT and SOA as positive feedback and
looking for “exceptional” moments (those moments when the problem has not existed or has been less disturbing) are used in the HOPE intervention process as well. After all, without hope no positive change or development is likely to take place.

Neuro Linguistic Programming (NLP), Mental Imagery and the HOPE intervention

One of the central features of NLP is modelling skills. In the HOPE intervention modelling is used frequently. For example, in enhancing performance skills it is beneficial to model one’s own optimal performance experience. Investigating experiences through questions such as “How did I make it happen?” and “How did I feel? What did I hear, see, smell or taste during that experience?” is central. Learning from others (modelling others) is also an essential part of the HOPE intervention. “Others” can mean someone in the HOPE-peer group or anyone in the world (even an imaginary or a fairytale figure) who appears to be able to do something you would like to learn yourself. This is where “modelling others” or rather “learning from others” is used. This practise also has a tendency to alter participants’ attitudes towards professional competition, which is often experienced as being stressful from an early point. The shift in focus may actually diminish the detrimental aspect of threats deriving from experiencing other players as competitor-enemies and eventually be replaced by less negative images, such as experiencing other players more as being “all in the same boat and investigating the same phenomenon”.

One of the essential elements in professional top performance (Chapter 4.1.3) are well-developed self-regulation skills (activation or inhibition of feelings-emotions). Self-regulation skills a prerequisite to maintain and develop the specific professional know-how and to apply it. In the HOPE intervention self-regulation skills are strengthened extensively, for instance, by learning to monitor and regulate internal speech and mental images (as also happens in cognitive-behavioural interventions). First of all, it is essential to understand the reciprocal relationship between internal speech or mental images and feelings-emotions—and their impact on behaviour. The working principle is that feelings and emotions should, through self-regulation skills, help individuals live the life they want, especially (in this context) in relation to performance situations. The HOPE intervention and its exercises are designed to help the musician-participants make the hoped-for changes, also regarding their internal speech and mental images. A number of these exercises derive from NLP, which the HOPE intervention applies freely. Whatever works to produce a desired process and outcome is used. However, in applying NLP exercises there is one central feature commonly used in the HOPE intervention but not in NLP.
This is the process of deliberately shifting the “body-mind” state via induction to a relaxed or focused state of mind.

Thus, the greatest difference between a “regular” SFT and SOA or a NLP “textbook” procedure and the HOPE intervention coaching process may arise from the explicitly flexible and open-ended nature of the latter. The HOPE intervention does not employ mechanical models; on the contrary, it promotes a systemic understanding of the world. It also emphasises seeing the “big picture” and looking for each individual’s personal understanding of the “good life”. In particular, SFT and SOA have been criticised for not paying enough attention to the feelings-emotions of the client (Helander, 2000, 21). The HOPE intervention aspires to be being sensitive to the whole spectrum of participants’ reactions, needs and desires, including their feelings-emotions. However, it needs to be pointed out that the comparison above is based on “textbook” SFT, SOA and NLP descriptions and may have little or no relevance to the real-life situations of the professional therapy or coaching process.

Cognitive-behavioural interventions intended to alleviate music performance anxiety (MPA) and the HOPE intervention

The HOPE intervention has also been influenced by cognitive-behavioural interventions, in particular, those focusing on alleviating music performance anxiety (MPA). First of all, they all endeavour to change both inadequate thinking and behaviours. In that sense the HOPE intervention is a cognitive-behavioural intervention with the distinction of having its own characteristics and accents suitable for a psycho-educative application in a music university setting. In the following paragraphs the cognitive-behavioural approach is separated into two parts, the behavioural and the cognitive, in order to look more closely at how the HOPE intervention has been informed and influenced.

The HOPE intervention includes the following elements common to behavioural strategies: relaxation, exposure to performance (with practising performing) and adopting pre-performance routines and supportive lifestyle habits (Wilson and Roland, 2002, 57). In addition, homework and keeping a diary (derived from SFT and SOA) and planning and executing a common concert project are regular parts of HOPE intervention process.

Relaxation training has become a standard approach in anxiety management and is increasingly common in the treatment of MPA as well; its various benefits have been well documented in the research literature (Wilson and Roland, 2002, 57; Nagel et al., 1989). A standard procedure consists of relaxation techniques (e.g. progressive muscle relaxation or/and mental suggestions to produce a relaxed state) and breathing awareness.

The type of general description presented above also applies to the relaxation training used in the HOPE intervention. However, in order to enhance the
relaxation experience, pacing the individual (or the coaching group in group sessions) is stressed as a central skill when relaxation training is implemented by the coach. In the HOPE intervention relaxation exercises are mostly combined with mental imagery (mental rehearsal). This dimension will be explained in more detail in later in this chapter.

In building sustainable performance success, practising performance is essential. In the HOPE intervention this is done mainly through mental training and by exposure to performance situations. Every intervention course includes three to four situations in which the participants can practise performing. The first two or three are internal, meaning that only the coaching group is involved as performers and as audience for each other. These occasions are well prepared ahead of time in sessions and as homework. For example, the issues of performing and feedback have been discussed in the sessions, and each participant has identified a learning target (which links to a larger personal learning target and the individually-defined “good life” concept) for the particular internal performance practise session. Mental training is also included, both beforehand, on the spot (a performance practise session) and afterwards. In each performance practise session every participant performs and gives and receives feedback from his or her peers. After this the individual experiences of performing and giving and receiving feedback are discussed. Performance practise sessions are videotaped and used as a means of learning, starting with self-evaluation with the coach (followed by tailored mental imagery or a specific NLP “Multiangle”- kinaesthetic exercise).

The final performing situation in the course is a public concert. The participants plan and organise the project themselves, with the coach helping in the background. Through this real-life concert project the participants learn what it takes to organise a concert (starting from finding a suitable place to planning and making the programme and advertising the event). The group is divided into teams, each with designated responsibilities. Thus, in addition to project managing skills, the participants learn team building as well. After the concert, a party is organised by the party team, of course! In addition, real-life performing situations (exams, auditions, competitions, other important performances) are integrated into the coaching process; these situations act as a real “test” to assess how well a musician’s skills at performing are progressing.

Adopting pre-performance routines and supportive lifestyle habits are part of a regular HOPE intervention process. However, pre-performance routines are more directly connected to performing, although sustainable performance success also requires a lifestyle that supports it or at least one that does not interfere with it.

The HOPE intervention has adopted various elements from the cognitive aspect of the cognitive-behavioural interventions as well. The most important element is the principle that inadequate thinking (often mediated by negative
self-talk) is challenged by cognitive restructuring. Cognitive restructuring is described as a process whereby people learn to replace their unconstructive thinking with more constructive ways of understanding their situation. Hence, based on changed thinking patterns, people are often able to reassess their situation in ways that make dealing with those situations more manageable (Kenny, 2005; Wilson and Roland, 2002). This principle also applies to the HOPE intervention. However, the HOPE intervention is built on the assumptions that cognition cannot be separated from feelings-emotions. Feelings-emotions and cognition are considered to be interconnected, thus influencing one another.

In connection to alleviating MPA, cognitive strategies include normalising the experience of MPA, increasing positive self-talk, mental rehearsal, task-oriented thinking and goal-setting (including learning goals for performance; Wilson and Roland, 2002). All these strategies have been adopted to the HOPE intervention and integrated into related strategies in NLP and SFT. Although research in sports and the work environment indicates that goal setting improves the quality of performance, this strategy has been applied very seldom in musical settings (Wilson and Roland, 2002.) However, goal setting as described in Chapter 4.2 is embedded in the structure of the HOPE intervention.

Mental rehearsal and imagery are central strategies for musicians learning and preparing for performance, as also takes place in the HOPE intervention. Such imagery is used in the spirit of SOA and NLP, namely it is systemic, solution- and resource-oriented. Induction often takes place by verbal suggestions of relaxation through bodily images, including breathing. Its use has several advantages. First, this type of relaxation exercise is seen as a central element in enhancing the “body-mind” connection. A good “body-mind” connection is essential in learning to play an instrument (or in singing). It is also necessary to learn the particular self-regulation skills required both for effective practise and sustainable performance success. Third, it is a well-established fact in the research literature, that doing regular relaxation exercises is healthy for human being; for example, it often helps with sleep problems. (For previous research on the subject, see Chapter 2.3.3).

Individually-tailored relaxation and mental imagery tapes are made for each participant in the HOPE intervention. Such tapes’ standard structure includes induction (mostly through images of bodily relaxation and breathing), verbal suggestions and guided imagery (sometimes originating from NLP). The contents are based on a discussion between the musician-participant and the coach, and formulated in such way as to support the agreed-upon goals. However, the first tape every participant receives focuses on enhancing personal performance success. The length of a tailored relaxation tape varies from ten to thirty minutes, depending on the individual’s needs and personal pace. The participants are advised to listen to the tape regularly, preferably once a day in the beginning of the HOPE course. In addition, they are encouraged to
execute relaxation exercises and mental imagery independently, without the tapes. Various mental imagery exercises used in the HOPE intervention are learned first in lessons together.

Steptoe outlines the core features of an effective cognitive-behavioural intervention (2001, 303). The HOPE intervention seems to have all as these features in the following sense: It offers the participants a chance to improve self-awareness; it includes a relaxation method, and it challenges negative thoughts and provides a controlled means of practising performing. In addition, a number of other elements have been included to make the approach even more efficient and performer-compatible. In summary, the HOPE intervention has integrated multiple elements from various interventions of which many can be placed under the umbrella of cognitive-behavioural approaches and, in this way it builds upon previous research and earlier interventions. However, HOPE is a unique combination of various elements of which many may have been used before, albeit in different contexts and as parts of different assimilations.

4.3 The role of the coach and of peer group interaction in the HOPE intervention

First of all, the HOPE intervention aims at being participant centred and positive. The role of the coach is that of a facilitator or a catalyst; the ingredients necessary for a constructive coaching process are already present in the musician-participant and in the context. The coaching relationship builds on partnership, mutual dignity and collaboration (Riikonen and Smith, 1997).

Good relationship, “rapport” or “a good working relationship” (Jarvis et al., 2006, 185) between the coach and the participant is essential. In the HOPE intervention an appreciative attitude is at the core of building up a good coaching relationship. It can be further enhanced by active listening, which is non-judgemental and acknowledges the experience of the participant. A great part of the dialogue consists of the coach asking questions; he or she may also offer suggestions. The purpose is to make space for new viewpoints, understandings and realisations for the participant. Sometimes the first step is to call forth the latent feelings of hope, without which the possibility for change is minimal. For a coach, this presents the challenge of genuinely seeing the potential for change and development in each individual and their unique situations, and finding constructive ways of communicating this. Therefore, a coach needs to be equipped with a particular type of skill and mindset, which enables him or her to facilitate or catalyse the change and hoped-for development proc-
The International Coaching Federation, describes the task of a coach as follows:

*Coaches are trained to listen, to observe and to customize their approach to individual client needs. They seek to elicit solutions and strategies from the client; they believe the client is naturally creative and resourceful. The coach's job is to provide support to enhance the skills, resources, and creativity that the client already has.* (www.coachfederation.org).

Within the HOPE intervention context the skill and the mindset of a good researcher-coach is understood to consist of certain elements. In my case it builds on the experience of being a professional musician and extends through further professional development into researcher and coach. This comprises studies and training in social psychology, Solution-Focused Thinking (SFT) and related resource-oriented approaches, Neuro Linguistic Programming (NLP), hypnotherapy and musician’s coaching.

In the context of this study building a working relationship in therapy is understood as being not much different from that established in coaching: both build on good communication. Therefore, the following description of a therapeutic dialogue by Riikonen and Smith (1997) is seen as relevant to this particular type of coaching in a psycho-educative music university context as well.

In relation to necessary skills and mindset, Riikonen and Smith (1997) emphasise dialogue and the use of language and metaphors. In their approach to Solution-Focused Therapy, the authors state that good therapy is close to good communication in which conversation enhances the effect of therapy. The therapist has to create and linguistically formulate the therapy in his or her imagination at every moment at every session. Otherwise, it is likely that the therapeutically crucial dialogue will not be fruitful and hence, will not enhance the effects of therapy. (Riikonen and Smith, 1997.)

In the HOPE intervention one of the assumptions is that optimal learning and change is most likely to take place when those processes which are acute to the individual are being supported, no matter in which area of human life they may reside. Whatever the individual brings into the coaching session may be used for the coaching process. This fits perfectly the spirit of Milton H. Erickson, the founder of systemic short therapies, who put emphasis on meeting clients “were they are” and utilising what clients bring to the therapy session. From the coach’s viewpoint bringing this principle into the coaching context means that with each individual participant in each separate session, the coach has to “create”—or at least update—her conception of the ongoing coaching process, find the best intervention and a way to communicate it successfully in the given situation (Riikonen and Smith, 1997; Rosen 1982).

In addition to a good working relationship between the coach and the participant, there are also some specific tools used in coaching process that need
to be considered (See Chapter 4.6.1–4.6.2). If each individual and their needs are considered to be somewhat different, so are the means by which these needs are met. The HOPE intervention, as it was realised within the research project, has a certain basic structure and aims within which various strategies and techniques are used. Since I as the coach believed that anything which could possibly help the musician-participant would be considered, it is impossible to formulate absolutely accurately detailed descriptions of the strategies and techniques exploited in the coaching process. However, the working principle is that they are chosen and tailored to suit each individual and the unique situation of each.

In the HOPE intervention the peer group plays an important part in the positive change and development process. Many aspiring musicians practise most of the time alone and often feel lonely, particularly, the first-year students. Being able to discuss personal issues among equals in a comfortable surrounding is itself considered to be beneficial by the participants. In the HOPE intervention course participants also often work in small groups and in couples. This way they learn to coach other people and get to know each other better.

It is essential for constructive development and change that in their coaching group participants get a chance to share—to reflect their experiences against their peers. This often leads to the realisation that the student is not the only one who has particular thoughts, feeling-emotions or problems. As Lehmann et al. (2007, 52) state, usually music students enjoy the support and encouragement of their peers who know what it takes to build a career in music. “At least they know what makes me tick . . . I find it difficult to relate to people who just don’t understand what drives me to do the things I do”, as a young performer in the study by Burland and Davidson expressed her experience (Burland and Davidson, 2003, 127). Peer assessment with agreed-upon guidelines and criteria is becoming increasingly common in higher education (Hallam, 2006, 161). It enhances students’ critical thinking skills—whose value cannot be overstated in a life-long engagement with music—an supports the development of self-evaluation skills (Ibid., 161–163).

Although immersion into a musical social structure through peer group interaction can strengthen a student’s commitment to music in a constructive way, it can also have harmful effects. This can be especially evident in a highly competitive and judgemental “conservatory culture” in which perceived social consequences for failure may result in serious problems—maladaptive lifestyle, mental health issues or even abandoning music altogether. (Lehmann et al., 2007, 52). In the HOPE intervention courses the nature of the highly competitive “conservatory culture” is recognised and often becomes one of the major topics. Participants are especially interested in—somewhat paradoxically—how at the same time to build their lives and careers in the prevailing culture and how to change the same culture for the better. A constructive and
safe atmosphere is emphasised in the HOPE peer group as a prerequisite for a sound coaching process and therefore it is carefully nurtured throughout the course.

### 4.4 Summary

In this section the salient features of the HOPE intervention are summarised. The following figure assembles the elements deriving from various sources that have been assimilated into the HOPE intervention as presented in this chapter. Even if Figure 4.1 summarises the core elements of the HOPE intervention, the intervention is more than the sum of these elements.

![Figure 4.1](image-url)

The abbreviations in Figure 4.1 are as follows: BET = Biocological Theory, SDT = Self-Determination Theory, PT = Proster Theory, SFT = Solution-Focused Therapy, SOA = Solution-Oriented Approaches, NLP = Neuro Linguistic Programming, and MPA = music performance anxiety.

**Figure 4.1.** The multiple elements from various approaches integrated into the HOPE intervention

From the three systems thinking-oriented “body-mind”-theories of learning (Chapter 3.1.2), the following three principles related to life-long basic human needs are integrated into the HOPE philosophy: 1) the need to feel safe, meaning the absence of threats and the presence of supportive, emotionally engaging human-to-human-interaction; 2) the need to make sense of the perceived world and gain mastery of it: to develop core competences, to convert capabilities into abilities to fulfil needs and to accomplish desired goals; 3) the need of individuals to perceive that they are active agents in their own lives, to feel that
their actions are freely chosen and hence, to feel constructively autonomous. For effective learning the first principle is a prerequisite for the second and third principles. Change and development (learning) are perceived as taking place on a continuum of time in a systemic universe in which different systems are in continuous interaction.

Most importantly, the HOPE intervention is based on systems thinking (see Chapter 3). The HOPE intervention is built on the assumption that performing musicians’ lives and careers culminate in the intense and irreversible moments of performing, which often include some form of MPA. Because MPA is seen as a complex multifaceted phenomenon, a straightforward and linear cause—and—effect relationship is not the most beneficial way to understand or treat it. This principle leads to two aspects central to this study and the HOPE intervention.

First, in a systemic universe both the problems and the solutions can be understood as emerging from human interrelations. Therefore, how we relate to ourselves and others—whether we behave as active agents and have a constructive sense of autonomy—is also crucial to developing and maintaining detrimental MPA or not being seriously affected by it.

Secondly, since each individual is different—even if the basic human needs are the same—uniform instruction does not enhance effective learning. The great challenge for a coach is to find the right intervention point and the means to assist each participant in his or her current situation. For example, how we relate to performing situations differs from one individual to another (also within a HOPE intervention group) and may also vary at different stages of our lives (even within the nine months of the HOPE intervention process). Therefore, tailoring the coaching process to each individual participant (or to a particular group) “as we go”—based on real-time, real-life constructive feedback and feedforward—is of paramount importance. It follows that the so-called “snowball effect” can partly explain the positive multidimensional changes that take place in participants’ perceptions, interpretations and actions during the HOPE intervention process. Furthermore, the “snowball effect” spreads through the coaching group where a change in one member can catalyse change in others.

For understanding the complex nature of achieving sustainable performance success in a professional musician’s life, a holistic approach to performance enhancement is well-grounded. In the HOPE intervention performing is considered the tip of an iceberg in a professional musician’s life. Everything that a musician is or does (or has done and experienced) culminates in those unique moments. In order to achieve sustainable performance success, more than the tip of the iceberg needs to be in (reasonably) good shape. There is also the vast part beneath that can be understood to represent everything other than the performing moments in a professional musician’s life. This includes previous performances and preparations for them. If the lower part of an iceberg is
not supporting optimal performance, then peak performance will most likely not take place, at least, not as a rule. The ideal situation is for the lower part to enhance (and not interfere with) optimal performance success and a personal sense of well-being. Then the entire ecosystem within and around the iceberg is supporting and enhancing the achievement of such desired goals as continuous performance success.

Developing critical self-awareness and self-knowledge forms the backbone of the HOPE intervention. For instance, becoming aware of personal values is of paramount importance in recognising one’s motivational basis. Awareness supports the strengthening of healthy self-confidence and self-efficacy upon which sustainable performance success is built. For instance, individually tailored pre-performance routines are possible to learn only by enhancing self-knowledge gained through experimenting with what works for a particular individual in the given situation and what does not.

Positive self-knowledge and critical self-awareness are also central to health and physical fitness. The key is to learn to listen to one’s own physical state, for example, in developing sustainable and effective practising habits and avoiding possible overuse and fatigue syndromes. In addition to other beneficial functions, relaxation and mental practise play an essential role in the aforementioned process as well as in relieving such problems as difficulties in sleeping or relaxation. They are also known to improve self-knowledge as a side-effect.

In sum, HOPE is about being an active agent and learning to observe and interpret constructive feedback and feedforward loops between oneself and the environment.

If the core of the HOPE intervention should be crystallized in one sentence, it would be: A good “body-mind” state in order to gain constructive mastery of oneself and the world to fulfil needs and accomplish desired goals.
II

RESEARCH METHODS

5 Research methods

From the previous chapters it is clear that the present study is mainly linked to earlier research through the phenomenon of MPA and the interventions aimed at alleviating it. Although the present study builds upon previous research, the new angle it represents has some methodological ramifications; it calls for a special research design to suit its unique aims and purposes. First, an action research orientation was chosen as a mode of investigation in order to ensure that collaborative forms of knowledge creation are included in the research process. Second, because of the holistic angle, a specific questionnaire was devised to serve as the main tool for obtaining data with which to answer the research question. Third, triangulation of data (questionnaires and follow-up interviews) and methods (combination of the qualified and quantified data) were used to provide an in-depth understanding of the researched phenomenon and validity (quality, trustworthiness). Adapted from Stringer (2008, 29), the purpose of all this was to provide a rigorous approach to inquiry that legitimises the perspectives and experiences of all people involved, takes account of scientifically validated information in the process and encompasses the means for accomplishing sustainable psycho-educative practises that make a real difference in people’s lives.

This chapter provides an in-depth description of the research methods and the specific research design of the study. First, (Chapter 5.1) the general framework is presented, including the goals and the research questions (Chapter 5.1.1), the key theme categories (Chapter 5.1.2), the key concepts (Chapter 5.1.3.), and a description of the research process through a time- and storyline (Chapter 5.1.4). Thereafter, action research orientation as a mode of inquiry will be explained (Chapter 5.2). Chapter 5.3 describes assessment and methods used in the present study in relation to the nature and collection of data, first on a more general level (Chapter 5.3.1), then on a specific level (the core data: the questionnaires and the follow-up interviews in Chapter 5.3.2). The analysis of the data is described in Chapter 5.4, and the process of the various HOPE intervention courses is then provided (Chapter 5.5), followed by a brief summary (Chapter 5.6).
5.1 General framework of the study

As presented in previous chapters the present study (and the HOPE intervention used in it) introduces some very rarely used elements into the given field of research. For example, in the HOPE intervention emphasis is on solutions and resources; it focuses on skills, successes, and well-being, not deficiencies. This has some major consequences. For one thing, the phenomenon is reframed anew—from “detrimental MPA” to “enhancing performance skills and enabling musical communication”. It follows that unlike in most previous research an individual with non-detrimental MPA is not eliminated from the study. Likewise, the likelihood of inadequate preparation as a root cause for MPA neither promotes nor inhibits a performer from taking part in the HOPE intervention. The first ten aspiring musicians who sign up are chosen for the course. Hence, participants are selected based more on their motivation, general alertness and timing rather than on scientific measurements of MPA.

The methodological approach of the present study differs from most of the earlier studies: Their general mood has not been on process- or participatory-oriented attitudes spiced up with exploratory element. For this study an action research-oriented mode of investigation was adopted; exploring in real-time together with the participants what actually works and is beneficial for them forms an essential core of the HOPE intervention process. However, real-time democracy takes time. In comparison to the majority of other studies on cognitive, behavioural, or cognitive-behavioural interventions the HOPE intervention courses in this present study have stretched over a longer time period (average 8–9 months) including more sessions (on average of 5 to 6 one-to-one sessions and 10 to 12 group sessions).

In regard to other methodological aspects, the study has the following features compared to the earlier research: It involves more than 20 subjects assigned to similar treatment conditions. It does not include comparative control groups or in-vivo performance trials. Emphasis is placed on subjective perceptions of the participants and therefore the measures involve experiential-variables; self-reports that is.

5.1.1 The aim and the research question

The aim of the research is to understand the perceived impact of the holistic performance enhancement course, HOPE, on the participants, particularly in relation to the key themes: performing, playing or singing, well-being and overall (performing, playing or singing, and well-being together). And further, to gain deeper understanding of optimal performer development in a given context.
I formulated the research question accordingly to help direct the investigation process:

**What are the perceived impacts of the HOPE intervention on participants in particular in relation to the four key themes?** (The key themes are: 1. performing, 2. playing or singing, 3. well-being, and 4. overall: performing, playing or singing, and well-being together).

The aims and questions can be comprehended as indicators of a larger issue in the background, formulated as follows: “What are the interferences and enhancers in optimal performer development (within a given context)?”

### 5.1.2 The key theme categories

On the surface it may appear ambiguous to use a holistic approach to investigate the given phenomenon and at the same time present a method (in particular for data collection) that breaks “the whole” into separate parts. However, when seeing the world from the viewpoint of systems thinking as explained in this chapter, the specific design of the present study, including the categorisation, makes sense.

Why have these key themes been chosen? Student-musicians consider performance music the single most important part of their professional lives: everything seems to culminate in those irreversible and unique moments. The previous research literature also confirms the central role of performing for musicians. This is the reason why performing is chosen as one of the three most important themes in the present study.

Because of the particular nature of performance situations (and similar situations such as auditions, exams, competitions, etc.), it is essential to separate performance skills from playing or singing skills. It is possible that a musician or student-musician has all the necessary playing or singing skills (and know-how), yet does not succeed in performing. From the pedagogical viewpoint the separation into these different categories is of paramount importance and helps in finding more appropriate coaching activities. For instance, as a result of improved self-assessment skills, a participant may perceive herself a good player or singer who just needs to learn to control her nerves on stage instead of feeling like a complete failure for not succeeding in performance situations. In such cases it is often crucial to positive development to differentiate playing or singing skills from performing (or similar) situations. Hence, in the HOPE intervention and the related questionnaires, “performing” and “playing or singing” are separated into different categories.

The category of well-being is justified by what was learned from earlier research (Chapter 2) and through my personal experience as a professional.
performer and violin teacher about the low-level of well-being and its various negative manifestations. The very nature of the HOPE intervention is to investigate what happens when the issue of well-being is addressed in connection with performing musician’s lives and careers. The meaning and specific contents of “well-being” are defined by each participant in the pre- and post-questionnaire (Question 22 in the pre- and post-questionnaires; for the answers to the question, see Chapter 2.3; for the questionnaire, see Appendix 1.)

The object of the category of “overall” (performing, playing or singing and well-being together) is to investigate how the reciprocal relationship between three of the key themes is perceived by the musician-participants and what impact this understanding has on them and their lives and careers. It can also be seen that the underlying systems thinking-based philosophy is here applied in practise.

This particular categorisation also has pedagogical purposes: the same key theme-groups can be found in the contents of the HOPE intervention.

Why breaking “the whole” into separate parts? Firstly, the three first key themes (performing, playing or singing, well-being) are to be understood as central loops (issues) in the life of a musician or student-musician. These loops are like different places from which you can look at the rest of the system (e.g. your life and career as a musician). They may also overlap somewhat, although they can still be identified as their own viewpoints. As an example, it is possible to look at one’s own life and career from each of the three themes separately. Secondly, the assumption is that these three themes are in continuous interaction and thus affect one another. The fourth key theme, “overall”, investigates this aspect of the system, namely, how participants perceive the relationship of these three themes; for instance, do they perceive them as connected, and if so, in which way?

5.1.3 The key concepts

The key concepts in this study and in the HOPE intervention are the following: performance enhancement, professional top performance, subjective well-being, the performer’s subjective perceptions, holism, and coaching.

The first key concept, performance enhancement, refers to a field with various approaches, methods and practises that have in common understanding and promoting how a performer can make the most of existing know-how, training, experience and capabilities-abilities, particularly in situations often experienced as stressful such as performances, auditions, examinations and competitions. However, in spite of the indisputable practical value of other sources of information (e.g. books on different methods, approaches, interventions and enhancements) the core literature for this study is based on scientific research literature comprised of scientific articles, research reports and so on.
Ruohotie and Honka (2003, 14) define the second key concept, “professional top performance”, with the following three elements: specific professional know-how, the ability to apply this know-how in different contexts, and metacognitive skills (the ability to reflect on, understand and control one’s experiences and learning). A particular metacognition skill, related to self-regulation abilities (activation or inhibition of feelings-emotions) is central: it establishes the precondition to maintain and develop the specific professional know-how and the ability to apply it.

In his doctoral thesis, Kaartinen (2005) states that motivation and metacognitive skills are key factors in explaining successful development in the field of music. There is a substantial body of research to indicate that being able to control and regulate one’s own feelings-emotions is central for musicians, both for effective practise and performance success (e.g. Hallam, 1998; Jorgenson, 2002; McPherson and Zimmerman, 2002; Nielsen, 1999; Renwick and McPherson, 2002). Self-regulation is partly dependent on motivation and does not “simply happen”; in addition to motivation it requires specific goals and feedback (Lehmann et al., 2007, 78).

The third key concept, subjective well-being, refers to the personal experience of well-being, not to such objective concepts as health or income (Argyle, 2001, 8). Hence, the meaning and contents of this key concept are defined by each individual participant as they perceive and wish to express it.

Operationally, within the HOPE intervention course subjective well-being can be understood either as an end in itself or a means to an end, such as developing one’s performing skills or other professional competencies. At a general level, the aim of the HOPE intervention is to integrate professional top performance and a sense of personal well-being in order to build sustainable performance success. For research purposes, the musician-participants are asked in the questionnaires how they understand the concept of “well-being” and what it means to them (Question 22 in the pre- and post-questionnaires). Therefore, in this study the concept of “well-being” refers to how it is understood and conceptualised by each participant. To some extent earlier research has addressed the theme of (psychological) health, but not explicitly the theme of well-being.

The fourth key concept is a performer’s subjective perceptions. They are understood as constructed by each individual participant. The starting point is the personal experiences of a participant, his or her perceptions and how he or she expresses them. The aim is to understand the viewpoint of a participant both within the enhancement process and during investigation of the perceived impacts of the HOPE intervention course. This is central both for theoretical and operational angles of the study.

In principle, little interest has been shown by earlier researchers in performers’ subjective perspectives or perceptions from the viewpoint of qualita-
tive experience (exceptions include Arjas, 2002; Hewitt, 2004; Shenysyn and O’Neill, 2001). Brodsky et al. (1994, 109) examines this deficit, stating that perhaps time has come to shift the focus of investigation from performance to the performer.

Holism is the fifth key concept and it forms the foundation for both the study and the HOPE intervention. Holism refers to understanding the world as systemic in which the human “body-mind” is comprehended as a subsystem within a larger systemic whole. This viewpoint is central, because no human learning takes place without the human body and the human mind. The change and development that take place within the HOPE intervention process are understood as learning. The purpose of the HOPE intervention is to create conditions in which learning is optimal and takes place on all cognitive, emotional and behavioural levels. This type of a holistic approach has seldom if ever been applied to the field of performance enhancement or interventions. Excluding a few studies in the field of music therapy (e.g. Montello et al., 1990), hardly any enhancements that call themselves explicitly holistic have been introduced or documented in research reports.

The sixth key concept, coaching, is, by the largest global organization in the field, The International Coaching Federation, defined as follows:

*Professional Coaching is an ongoing professional relationship that helps people produce extraordinary results in their lives, careers, businesses or organizations. Through the process of coaching, clients deepen their learning, improve their performance, and enhance their quality of life* (www.coachfederation.org).

In this study coaching refers to the interaction mainly led by the coach in the group or one-to-one sessions. The goal is to catalyse a constructive change and development process in coachees. “Coach” refers to the instructor, trainer, or tutor (senior-learner) whereas “coachee” is the one who is being coached (junior-learner). In this study “coachee” is also called “participant” and “coach” refers to me, the researcher.

### 5.1.4 The knowledge creation and research process through a time- and storyline

This section describes how the birth and development of the HOPE intervention has intertwined with the research process and the personal life of the researcher-coach.
In a broad sense the knowledge creation for the present study can be understood to have begun in 1969 when I started playing violin, first as a hobby, and later played viola professionally. Thirty years later, in 1999 I undertook extended professional development, which included studies and training in social psychology, Solution-Focused Thinking (SFT) and related Resource-Oriented Approaches (SOA), Neuro Linguistic Programming (NLP), hypnotherapy and musician’s coaching. In 2000 I started piloting these new ideas in coaching private clients. One year later the first HOPE intervention (pilot) group and data collection took place in the Sibelius Academy. My goal was to develop a coaching intervention that would make a concrete contribution to enhancing musicians’ sustainable well-being and performance success.

The promising results of the first piloting HOPE intervention group in 2001 indicated that the enhancement was worth further study. Based on the analysis of those results and my experience as professional performer and coach together with all I was learning about the subject from the relevant research literature and coaching methods, I formulated the following research question in order to guide the investigation process further: “How can one build up an intervention in such way that it would enable more musicians to achieve the highest levels of performance whilst having an experience of personal well-being?” In addition, I wanted to understand how the perceived impacts of such an intervention manifest themselves. The research question was twofold because I wanted to understand what the intervention “is” and what it “does”. At the same time I carried out in-depth interviews of five top Finnish musicians who perform internationally. The purpose of these interviews was to learn about sustainable performance success from real-life examples and thus help in devising the HOPE intervention to be optimally performer-compatible.
In the autumn of 2002 the next two piloting HOPE intervention groups began. At the same time, planning of the main study (the longitudinal group Hope 1) took place. With the proceeding three pilot groups (2001–2002) I had already experienced that the usefulness of exploring in real-time together with the musician-participants what actually worked and what was beneficial. For that purpose a framework in which I could listen to the participants more systematically needed to be created. Since I considered the musician-participants to be the experts about their own lives and careers, forms of collaboration in knowledge creation seemed the most appropriate choice. Therefore, I chose an action research oriented framework as my mode of research inquiry. The research question was formed as follows: “What are the perceived impacts of the HOPE intervention on participants in particular in relation to the four key themes” (the key themes had already been identified with the first Hope pilot group in 2001; see Chapter 5.1). The HOPE intervention course with the longitudinal group Hope 1 took place in the Sibelius Academy in 2003. Since I was also interested in the lasting effects of the HOPE intervention, follow-up interviews were included in the research plan. They were executed six months after the course was finished, in the spring of 2004.

However, the data collection did not end with the longitudinal group Hope 1 and its follow-up interviews in 2003–2004. The results appeared so intriguing (confusingly good) that I decided with the encouragement of my tutoring professors to continue collecting more data. The goal was to acquire a larger sample in order to see whether the positive outcomes (the perceived impacts of the HOPE intervention) would be repeated. I was already teaching the HOPE intervention at the Sibelius Academy, so the practical side of further data collection was easily organised. This way the data collection continued with three more HOPE intervention groups (Hope 2) over two years, culminating in the summer of 2006.

The entire data of the present study were collected from seven different coaching groups (n=62) participating the HOPE intervention course. For the only longitudinal group, Hope 1 (n=9), the course was carried out in 2003 and six months after the course was finished, the follow-up interviews were conducted (in 2004). The analysing and writing periods have alternated with intensive periods of coaching (mainly) in the Sibelius Academy during the years 2001 to 2007. Writing the research report lasted till early 2008.

The HOPE intervention is understood as a means to an end, not as an end in itself. After all, the main purpose is to promote the performer’s positive development and change. From this viewpoint it seems more important to understand what the enhancement (the HOPE intervention) “does” than what it “is”. The emphasis is placed on the self-perceptions of the participants and the main aim is to understand the perceived impacts of the HOPE on their lives and careers. The enhancement is the background context against which the process of
development and change is facilitated. The storyline in Figure 5.2 summarises the knowledge creation and research process described above.

Figure 5.2. The storyline of knowledge creation and the research process of the present study
5.2 Mode of inquiry: Action research orientation

From the methodological viewpoint this study has many elements characteristic of action research-oriented modes of investigation. Already with regard to philosophical and psychological presumptions, the field of action research is quite heterogeneous in multiple ways: it can be understood as a self-reflective research method, a democratic popular movement and even as its own philosophy (Heikkinen and Jyrkämä, 1999, 55). It has also been suggested that action research is best thought of as a large family, one in which beliefs and relationships vary greatly (Noffke, 1997, 306). Reason and Bradbury (2001, xxxv) also describe the great variety in action research modes with the metaphor of a family:

*The action research family includes a whole range of approaches and practises, each grounded in different traditions, in different philosophical and psychological assumptions, pursuing different political commitments.* (Reason and Bradbury, 2001, xxiv.)

It has been claimed (e.g. by Heikkinen and Jyrkämä, 1999, 36; Reason and Bradbury 2001, xxxv) that action research is not a methodology, but rather a worldview in which action researchers draw from a range of methodologies.

Action research can be seen as the practise of knowing and acquiring knowledge, yet grounded in a rather different form from traditional academic research; action research has different purposes, it is based on different relationships, and it has different ways of conceiving knowledge and its relation to practise (Reason and Bradbury, 2001, 1). Research in the West has been integral to a positivist worldview, a view that sees science as separate from everyday life and the researcher as a subject within a world of separate objects. From this perspective there is a real world made up of real things that we can identify. This world operates according to causal laws, which we can deduce by analysing the operation of the component parts. It is based on the metaphor of linear progress, absolute truth and rational planning. The positivist worldview seeks objective truth, making no connection between knowledge and power. (Heikkinen and Jyrkämä, 1999, 46–47; Reason and Bradbury, 2001, 1–3.) The basic understanding of human beings is different in action research. In the positivist research tradition the human being is understood as an atomistic and passive object of observation. In action research the human being is comprehended from a holistic viewpoint and studied in his own environment as an active agent. (Suojanen, 1992, 20.) In relation to knowledge creation Somekh (2006, 27) argues that action research provides a means whereby research can go beyond describing, analysing and theorising social practises to working in partnership; it can become a systematic intervention in which it is possible to
reconstruct and transform those practices together with participants. Action research is a methodology for change and development (Somekh, 2006); it aims at intervening, not just observing and describing the prevailing circumstances.

What is action research? Providing an accurate definition of action research is difficult. At a very general level it can be defined as a form of research that aims to bring about change in social action and investigate these changes (Jyrkämä and Kaskiharju, 2000, 3; Kuula, 1999); it can be understood as a research strategy that combines theory and practice, thinking and action (Heikkinen et al., 1999; Jyrkämä and Kaskiharju, 2000; Kemmis and Taggart, 2003; Kuula, 1999; Reason and Bradbury, 2001; Somekh, 2006; Stringer, 2008; Suojanen, 1992, 9; Syrjälä, 1994). In this process change may or may not take place, but it is always possible to produce good research. There are quite a number of words in English that, at a general level, describe the phenomenon, for example, action inquiry, action science, participatory inquiry, collaborative inquiry, cooperative inquiry and participatory inquiry (Schwandt, 1997, 2).

Kemmis and McTaggart (1988, 6) suggest that action research is a “form of collective, self-reflective inquiry undertaken by participants in social situations in order to improve the rationality and justice of their own social and educational practices, as well as their understanding of these practices and their situations in which these practices are carried out”. Reason and Bradbury (2001, 2–10) extend this view. For them, action research is about working towards practical outcomes and also about creating new forms of understanding, since action without reflection and understanding is blind, just as theory without action is blind. In action research knowledge is a living, evolving process of “coming to know”, rooted in everyday experience; it is a verb rather than a noun. It is grounded in the participatory worldview; it is a democratic process in the pursuit of practical solutions for the flourishing of individuals and their communities. This means action research cannot be defined in terms of hard and fast methods.

The best way to understand action research is as “a way of being and doing in the world”. Here the action practitioner is informed about the ideas in formal practice, but is always free to respond to the context. The salient point is always to be aware of the requirements of the context—of the interplay between action researchers, context and ideas—from which the specific set of methodologies emerge (Reason and Bradbury 2001, xxxv). One might say that the primary rule is to be aware of the choices one is making and their consequences (ibid., xxvii). Reason and Bradbury (2001, 10) provide a definition suitable for the purposes and aims of this study. They describe action research as follows:

*Action research is a participatory, democratic process concerned with developing practical knowing in the pursuit of worthwhile human purposes, grounded in the
participatory worldview which we believe is emerging at this historical moment. It seems to bring together action and reflection, theory and practise, in participation with others, in the pursuit of practical solutions to issues of pressing concern to people, and more generally the flourishing of individual persons and their communities.

For them, action research requires skills and methods to enable researchers to foster an inquiring approach to their own practises, to engage in face-to-face work with others to address issues of mutual concern, and to create a wider community of inquiry involving whole organisations (Stringer, 2008, 10).

Why action research? The definitions of the primary purpose and aims of action research vary. However, they all share the common goal of changing social practises with the understanding that the participants in the investigation process are collaborating with the researcher (Kuula, 1999, 23). For this study the definition of the purpose of action research by Reason and Bradbury (2001, 4) is appropriate. First of all, it involves the interrelations and interconnections of different systems, from individuals to the entire ecosystem. The production of practical knowledge that increases well-being in everyday life is central. However, the present study also aspires to provide new theoretical understanding of the investigated phenomenon in addition to the practical knowledge emphasised in Reason and Bradbury’s definition. Their definition of purpose goes as follows:

*The primary purpose of action research is to produce practical knowledge that is useful to people in the everyday conduct of their lives. A wider purpose of action research is to contribute through this practical knowledge to the increased well-being—economic, political, psychological, and spiritual—of human persons and communities, and to more equitable and sustainable relationship within the wider context ecology of the planet of which we are an intrinsic part.* (Reason and Bradbury, 2001, 4)

Although the definitions and purposes of action research vary, there are some concepts that appear to be common to most of them. Heikkinen and Jyrkämä (1999, 36) list the following features as being characteristic: reflection, practicality of the research (pragmatism), change intervention and active involvement by participants. These concepts can also be found in the writings of many other researchers (e.g. Kuula, 1999, 10; Reason and Bradbury, 2001; Somekh, 2006; Stringer, 2008; Suojanen, 1992). In the following paragraphs these concepts of the action research mode will be discussed first on a general level and then, according to how they apply to the present study.

Action research emphasises the interaction between theory and practise and between action and thinking (Somekh, 2006, 29; Suojanen, 1992, 36). It is often described metaphorically as a spiral where action and reflection alter-
nate; action is observed and reflected upon. As a result, new plans are made and then carried out. After that the new actions are observed and reflected upon and so on; the circle closes and the evolution of a spiral is born. The different phases of the spiral may overlap and their boundaries blur. However, it is characteristic of action research that phases of planning, action and evaluation are involved. (Heikkinen and Jyrkämä, 1999; Kemmis 2001; Kuula, 1999, 10; Reason and Bradbury, 2001, xxvii; Somekh, 2006; Stringer, 2008, Suojanen, 1992.)

Action research is also pragmatic. The working principle is that the researcher does not take an objective outsider’s role but becomes actively involved in the process of knowledge creation. An action researcher is often already a member of the participatory community. After all, the aim is to influence the prevailing situation or activity through a change intervention. According to Heikkinen and Jyrkämä (999, 44–45) the change agent (the chosen intervention) has two dimensions. On the one hand, reality is changed so it can be investigated. On the other hand, reality needs to be investigated in order to change it. In the former case the action research mode can help in revealing ways of acting and thinking that are no longer beneficial in achieving desired goal. In the latter case, when established ways of thinking and doing are changed, new features come to the surface, perhaps as something that participants have not been aware of earlier. In this way action research can make the invisible visible. Only change for the better is desirable in this particular mode of investigation. Because action research is concerned with the relationship between power and knowledge, participants active in the democratic knowledge creation process are an essential part of it. (Heikkinen and Jyrkämä, 1999, 44–45; Somekh, 2006, 145.)

Action and reflection have intertwined through this study. For six years (2001–2007), the development and the carrying out of the HOPE intervention were accompanied by data collection and related post-graduate studies. However, along with continuous reflection, there have been times when one of the phases, planning, action, or evaluation, has dominated. The pragmatic aspect of action research is fully realised in this study. I have taken an active role in the process of knowledge creation—as coach, as the creator of the coaching intervention and as the action researcher. As a researcher-coach, my central aim has been to influence the daily lives of the participants for the better through a change intervention. In this study and in the HOPE intervention, participants have a central role in knowledge creation. Their feedback regarding what is needed and desired has greatly influenced how the HOPE intervention process has developed and further, what type of impact HOPE has had on the participants. The present study satisfies the general features common to the different types of action research listed above.
In her comprehensive description of action research Somekh (2006) provided a broad, inclusive definition. She defines action research by naming the eight principles that are subject to ongoing debate among action researchers (ibid., 6):

1. Action research integrates action and research.
2. Action research is conducted by a collaborative partnership of participants and researchers.
3. Action research involves the development of knowledge and understanding of a unique kind.
4. Action research starts from a vision of social transformation and aspires for greater social justice for all.
5. Action research involves a high level of reflexivity and sensitivity from the researcher.
6. Action research involves exploratory engagement with a wide range of existing knowledge.
7. Action research engenders powerful learning for participants.
8. Action research locates the inquiry in a broad historical, political and ideological context.

Where did action research originate? Although its roots are diverse, many writers trace the beginnings back to the social experiments of Kurt Lewin in the 1940s, through the socio-technical experiments begun at the Tavistock Institute in London and in particular the applications of these experiments to practises of democracy and organisational change. (Aaltola and Syrjälä; in Heikkinen et al., 1999, 13–14; Reason and Bradbury, 2001, 2.) Maybe the two most often cited slogans in action research literature are Kurt Levin’s: “Research that produces nothing but books will not suffice” and “Nothing is as practical as a good theory” (Lewin, 1946, 34). Both refer to the centrality of pragmatism in action research.

The origins can be traced even further back, to John Dewey and his pragmatic approach to education, which emphasised the role of action, experimentation and repeated experience in the process of learning. However, Dewey did not use the term “action research”, although its ideas can be found in his writings. (Heikkinen and Jyrkämä, 1999, 26; Reason and Bradbury, 2001, 2.)

In effect, the tradition of action research is rooted both in Levin’s social psychology, which conceives of action as emerging from a process of group exploration of social interactions rather than solely from rational deduction, and in John Dewey’s theory of “learning by doing” (Somekh, 2006, 12).

What kinds of action research are found? The approaches and practices today are as diverse as the origins of the idea. Kuula (1999, 23) states that there are hundreds of methodologically-orientated books and texts in which it
is possible to find more or less united “schools”. She provides the following list of these different “schools”: critical action research (e.g. Carr and Kemmis), action science (e.g. Argyris, Putnam and McLain), participatory action research (e.g. Trist), social-ecological and communicative action research (e.g. Gustavsen). The two most relevant schools for the present study, critical action research and communicative action research, will be explained below.

According to Carr and Kemmis (1986, 36), critical theory, deriving from Karl Marx, Friedrich Engels and Jürgen Habermas, offers epistemological argumentation for the justification of action research for educationalists, and vice versa. Action research can be understood as a means by which the aims of critical theory can be realised because they share the same intention. However, in his later writings Kemmis disputed the relevance of Jürgen Habermas’ thinking on action research, giving another viewpoint: “It is rather to show that some central problems of contemporary social theory have a clear resonance to our work as action researchers” (Kemmis, 2001, 104).

Carr and Kemmis view educational action research as a critical analysis of the whole system—the values and understandings of educators and the social and institutional structures that provide a framework for educational activity (Carr and Kemmis, 1986, 156). The solution for the dualism—research and action—is in the critical theory; the theory provides a way out of the positivistic approach to science and its rationality, objectivity and “truth”. This happens when the action researchers understand they are creating both history and the products of history. According to Carr and Kemmis, truth and action are socially constructed and are always connected to history. (Ibid., 181–182.)

Adopting an idea from Jürgen Habermas, the leading social theorist of our time, Carr and Kemmis divide educational critical theory-based action research in to the following three categories: technical, practical and emancipatory action research. In technical action research the emphasis is on applying a theory selected in advance, and the main goal is to provide new findings. Carr and Kemmis see this as problematic for several reasons. First, such an approach often directs attention and action to efficiency, whose criteria have been decided by the researcher alone. Secondly, although it may produce good practical outcomes, it is not “real” action research because it does not offer the chance to become aware of themselves as active agents in the right way. On the contrary, it emphasises the authority of the researcher (Carr and Kemmis, 1988, 202). The practical action research is more positive because it embraces the practical aims in a more problematic and open way. The outsiders, that is the researchers, are viewed as process consultants. They offer a “Socrates”-type of reflection point upon which the participants can test their own ideas and at the same time learn self-reflection. Practical action research is one step closer to emancipatory action research than is technical action research. The crucial step from practical to emancipatory action research is taken when participants as-
sume responsibility and help the group in the self-reflection process; they take responsibility for changing their everyday practise and for liberating themselves. The emancipatory action research process is seen as an empowering experience. (Carr and Kemmis, 1986, 204.)

In the present study elements from all three types of action research can be found. As the researcher-coach, I had some ideas and preconceptions both theoretical (systems thinking, the central aspect of the human “body-mind” in learning) and practical (the realisation of the HOPE intervention) before the action research started. In addition, the efficiency criteria of the outcomes (the four theme categories in the questionnaires) were partly decided by me, the researcher. These elements are described as part of technical action research. However, there are two main objectives of my study: to provide new knowledge and to help the participants develop their everyday practise. Furthermore, the HOPE intervention research process embraces practical aims in a more problematic and open way (open discussion, continuous feedback from the participants about what is working and what is not, and individual tailoring). It also offers a reflection point with the coach upon which the participants can test their own ideas and at the same time learn self-reflection. Carr and Kemmis (1986, 204) include these aspects in their concept of practical action research. And the HOPE intervention encourages participants to take responsibility, helping both themselves and their peer group in the self-reflection process, feeling empowered, and taking action to change their everyday practises. It can thus be said that the HOPE intervention research process includes some elements of emancipatory action research as well.

The emancipatory action research by Carr and Kemmis has been criticised for being suspicious and even naïve; it includes the danger of creating its own orthodox system, ending up not with liberation from false knowledge and knowing, but with producing another biased ideology in the place of the biased old ones (Huttunen and Heikkinen, 1999, 170). Gustavsen (1996, 21) argues that critical theory is about producing winged thoughts and writings, and in its aspiration to analyse capitalistic system in detail it leaves little space for gradual reforms in working life. On the other hand, from the perspective of critical theory, gradual improvements in working life that take place within the capitalistic system are hazardous because they prevent the birth of a real revolution (Gustavsen, 1996, 6). This is the difference between critical theory and communicative theory, both of which derive from the writings of Jürgen Habermas. However, both are tuned in a similar change orientation mode deriving from critical theory (Kuula, 1999, 92).

In communicative action research the communicative theory by Jürgen Habermas is operationalised into democratic dialogue. The leading principle of democratic dialogue is that everybody has the right and the opportunity to participate in the discussion concerning development and change in their or-
ganization. (Gustavsen, 1996.) Metaphorically, this is a two-edged sword. On the one hand, democratic dialogue has an emancipatory dimension; each and every employee’s experience, skills and thoughts are heard and become part of the development process. On the other hand, democratic dialogue can also be understood from a cynical viewpoint: its primary purpose is to exploit all possible resources in the change process to achieve a more efficient working life. (Kuula, 1999, 112.) Communicative action research is mainly used in action research processes in working life.

In relation to the present study, the principle of democratic dialogue is welcomed and embraced in the HOPE intervention process, both in the group and in the one-to-one sessions. However, the collaboration that took place in the HOPE intervention research process between the teacher-coach and the student musician-participants was not equal in power and status. Following Somekh (2006, 23), the aforementioned collaboration process can be described more as “each side of the partnership learning to respect the other’s values and assumptions in a participatory process that involved moving between and inhabiting each other’s world”. The key is in the words “mutual respect”.

A reflection point can also be found in socio-cultural theories of learning. For example, Lave and Wenger’s (1991) analysis of communities of practice provides a model of learning through joint activity, which involves expert and novice role models and mutual respect—a model of situated learning and legitimate peripheral participation already existing in various music university settings. However, not all student-musicians are used to relationships with their teachers based on mutual respect in these settings. Since in the present study mutual respect is considered essential for good coaching to take place, sometimes the coach is required to act as a role model before such a relationship can be established. The teacher-coach acts as a role model also in many other ways and situations in the intervention process. Therefore, it is of paramount importance for the credibility of the coach and the coaching intervention that there is consistency between different elements, for example, what the teacher-coach says and does.

In the educational context there a few more researchers within the action research tradition worth mentioning here. In the United Kingdom John Elliot and John Kincheloe have developed action research to be undertaken by teachers themselves—“teachers as researchers”. The leading principle is that teachers reflect upon their own work, develop their practises and from these activities, build theory. (Heikkinen and Jyrkämä, 1999, 31.) In the 1980s the thought of a teacher researching his or her own work was adopted in other areas of professional (“expert”) education by Donald Schön in the United States. Schön (1983, 49) stated that our knowing is in our action, “reflection in action”. He laid the theoretical grounds for reflective practitioner education,
which has been widely applied in various fields of professional education ever since (Heikkinen and Jyrkämä, 1999, 28).

From the disciplinary perspective action research practises can be found in community development, organisation and business, education, healthcare and medicine, social work as well as the human social, psychological and transpersonal sciences. (Heikkinen and Jyrkämä, 1999, 29; Reason and Bradbury, 2001.)

Somekh (2006, 27) suggests there is much to be gained from the action research framework by adopting a dual approach: generating contextualised knowledge on the basis of careful, systematic inquiry and evaluating this knowledge through action orientated towards improvement, on the one hand, and on the other, simultaneously maintaining a critical scepticism and openness to different interpretations that repeatedly challenge the action research “findings” in terms of both the appropriateness of the action and any claims to improvement.

“Truth” in action research—from validity and reliability to quality, pragmatism and trustworthiness—will be discussed in Chapter 8.3.

5.3 Assessments and Methods

The data in this study were collected from the various HOPE interventions carried out in three main phases of seven groups (n=62): the initial pilot study of three groups (n=21), the main longitudinal study of one group, Hope 1 (n=9), and the other main study of three groups, Hope 2 (n=32). The main mode of investigation was a semi-structured questionnaire before the HOPE intervention course (as a pre-intervention baseline measure) and again after it (as a post-intervention measure). In the questionnaire the four key categories of questions are:

1. Performing
2. Playing or singing
3. Well-being
4. Overall: performing, playing or singing and well-being together

The emphasis is on participants’ subjective perspectives and perceptions. With one group, Hope 1, there were also longitudinal data, namely, follow-up interviews six months after the course had ended.

Choosing which terms to use to describe the “follow-up interviews six months after the course was finished”—has presented a challenge. There seems to be a fine line between “short” and “long”: it is not necessarily always clear where one ends and another begins. Therefore, the terms “longitudinal data”
and “longer term impacts” were deliberately chosen to describe the given impacts which in some other contexts would possibly be characterised more by “short” or “medium” than “long”.

In the following section a closer look at the data and the process of the collection will be taken. The framework of data collection and the various types of data will be presented first (Chapter 5.3.1), followed by a description of the development and design of the core data, the questionnaire and the follow-up interviews (Chapter 5.3.2).

5.3.1 The nature and the collection of the data

All participants in the HOPE intervention were undergraduates and had music as a major. In addition to the nine participants in the longitudinal group (Hope 1) there were fifty-three other music students in six different groups in two different institutions who took part in the HOPE intervention in 2001–2006. Five of the groups were from the Sibelius Academy (Helsinki, Finland) and one group was from the Performing Arts Department of Helsinki Polytechnic Stadia. In the Sibelius Academy all participants in the HOPE intervention intended to be professional performers. In Helsinki Polytechnic Stadia the students’ objective was to become either performing musicians or instrumental teachers. There was one participant in the Polytechnic who trained to be a specialised kindergarten music teacher. In sum, all the additional fifty-three participants of the HOPE course were aspiring professional musicians. They were all expected to demonstrate a high level of expertise on their chosen instruments and have careers in music.

There are two sets of data in this study: the core data and the peripheral data. The core data, the pre- and post-questionnaires and the follow-up interviews formed the primary sources of information. The peripheral data (two mid-term questionnaires of Hope 1, field notes, the videotaped group sessions and the in-depth interviews with five internationally top performing Finnish musicians) comprised the secondary sources of information and will thus remain in the background. With the longitudinal group, Hope 1, also two midterm questionnaires (originally B and C) were completed. However, these mid-questionnaires were abandoned since they did not seem to produce much new information.
<table>
<thead>
<tr>
<th>Year</th>
<th>Institution</th>
<th>Number of Participants</th>
<th>Type of Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001–2002 Pilot group</td>
<td>Sibelius Academy</td>
<td>7</td>
<td>- The initial form of the Questionnaire&lt;br&gt;- Field notes*</td>
</tr>
<tr>
<td>2002–2003 Pilot group</td>
<td>Sibelius Academy</td>
<td>7</td>
<td>- The completed form of the Questionnaire&lt;br&gt;- Field notes*</td>
</tr>
<tr>
<td>2002–2003 Pilot group</td>
<td>Sibelius Academy</td>
<td>7</td>
<td>- The completed form of the Questionnaire&lt;br&gt;- Field notes*</td>
</tr>
<tr>
<td>2003 Main longitudinal study group, Hope 1</td>
<td>Sibelius Academy</td>
<td>9</td>
<td>- The completed form of the Questionnaire&lt;br&gt;- Field notes*&lt;br&gt;- Videotaped group sessions</td>
</tr>
<tr>
<td>2003 Other main study group, Hope 2</td>
<td>Performing Arts Department, Helsinki Polytechnic Stadia</td>
<td>13</td>
<td>- The completed form of the Questionnaire&lt;br&gt;- Field notes*</td>
</tr>
<tr>
<td>2004–2005 Other main study group, Hope 2</td>
<td>Sibelius Academy</td>
<td>10</td>
<td>- The completed form of the Questionnaire&lt;br&gt;- Field notes*</td>
</tr>
<tr>
<td>2005–2006 Other main study group, Hope 2</td>
<td>Sibelius Academy</td>
<td>9</td>
<td>- The completed form of the Questionnaire&lt;br&gt;- Field notes*</td>
</tr>
<tr>
<td>The groups combined 2001–2006</td>
<td>7 groups</td>
<td>62 participants</td>
<td>Questionnaires&lt;br&gt;- Field notes*</td>
</tr>
</tbody>
</table>

*Field notes of the researcher-coach

**Figure 5.3.** The nature and data collection of the various HOPE interventions

The field notes were collected from each of the seven groups by me, the researcher-coach; taking notes is a regular part of the coaching process. However, the research and development mode that I adopted may have put a particular premium on this activity. Especially with the longitudinal group Hope 1, there was an action-research oriented inquiry mode at work, and videotaping the group lessons was part of this process. The HOPE interventions were preceded by in-depth interviews with five internationally top performing Finnish musicians. The purpose of these interviews was to learn about sustainable performance success from real life examples. With other peripheral data they have served as background for the development of the HOPE intervention and the specific research design of the study.

The core data include the pre- and post-questionnaires and the follow-up interviews. All seven groups (n=62) of the HOPE intervention completed the
pre- and post-questionnaire as an obligatory part of the course. With the first pilot group in 2001, the questionnaire was given in its initial form and with the two following pilot groups in 2002–2003, it was revised with some additional questions on the key themes of playing or singing (Questions 18a and 18b), well-being (Questions 24a and 24b) and overall (Questions 29a and 29b). (For the questionnaire: See Appendix 1a).

5.3.2 The questionnaire and the follow-up interviews: The core data

In this study the pre- and post-questionnaire before and after the HOPE intervention formed the main mode of investigation. The design of the questionnaire was holistic and its aim, twofold. The first goal was to obtain information on the participant’s experiences in the HOPE intervention courses. This served the research purposes of the study. The second but no less important aim was to accomplish and enhance the desired effects of the HOPE intervention, the pedagogical purposes of the activity. The questionnaires were designed both in their formulation and their structure to serve both of these purposes.

The pre- and post-questionnaires were identical with one exception: in the pre-questionnaire there were eight extra demographic questions for obtaining background information on the participants. These concerned the participants’ sex, age, main instrument and studies as an undergraduate.

The semi-structured questions on the questionnaires were divided into five categories:
1. Performing (music)
2. Playing or singing (the main instrument)
3. Well-being
4. Overall: A combination of 1, 2, 3.
5. The expectations (before the intervention) or experiences (after the intervention) of the HOPE intervention
(For the explanation of the key theme categorisation, see Chapter 5.1.2)

The analysis of the last question-category (5) was excluded from the report because the main focus was on the experiences of the participants. In this context the HOPE intervention role was to provide background whereby the experience of development and change was facilitated; it was thus not placed at the centre of the investigation.

The following four types of questions (T 1, T 2, T 3 and T 4) were common in all first four key theme-groups (performing, playing or singing, well-being, and overall: a combination of performing, playing or singing and well-being). In the final round of analysis the three first types of questions (T 1–T 3) were chosen as the core data (in bold in Figure 4.4), while the others remained in the background. The data from the two first types (T 1–T 2) were analysed from all
seven research groups (n=62) and quantified (Chapter 5.1). The findings from the third type (T 3) were integrated into the quantified data in the analysis of the main longitudinal study group, Hope 1 (n=9) (Chapter 5.2).

<table>
<thead>
<tr>
<th>Type of question</th>
<th>Key theme category</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Performing</td>
</tr>
<tr>
<td>T 1</td>
<td>Q4a</td>
</tr>
<tr>
<td>T 2</td>
<td>Q4b</td>
</tr>
<tr>
<td>T 3</td>
<td>Q5</td>
</tr>
<tr>
<td>T 4</td>
<td>Q10–11</td>
</tr>
</tbody>
</table>

Figure 5.4. The question types (T) in each key category. “Q” means “question”

In the first group (T 1), there were questions asking where, on a scale from 1 to 10, a participant placed his or her experience of the current situation regarding the given issue (Q4a, Q18a, Q24a, and Q29a) (“Q” means “question”). The 1 to 10 scale was one of the basic tools in the HOPE course, and the use of it in the questionnaire was well grounded. It served both the research and the pedagogical purposes of each activity. In the analysis of the answers the 1 to 10 scale was divided into three categories: numbers 1–4 (low category), numbers 5–7 (middle category), and numbers 8–10 (high category).

In the second type of questions (T 2), each musician was asked whether he or she was satisfied with the current situation regarding the given issue and to explain why or why not (Q4b, Q18b, Q24b, Q29b). The third question-type (T 3) sought to obtain information about how the participant explained the causality of the current situation (Q5, Q19, Q25, and Q30). The purpose of the fourth set of questions (T 4) was to make the participant aware of his or her ideals in relation to the particular issue and how he or she felt about these ideals; moreover, what kind of a situation would be satisfactory and how could one get or have gotten into that situation were also a topic of interest (Q10–11, Q20–21, Q26–27 and Q31–32).

The intention of all the questions was to provide the researcher with necessary information and make the informants (the participants) themselves aware of how they perceived their current situations, including a comparison to what they saw as a satisfactory state of affairs.

The remaining questions were more for pedagogical purposes. On one hand, they were geared to enhancing the desired change mainly by increasing the self-awareness of a particular participant. On the other hand, they provided valuable information to the coach about how to tailor the coaching more effectively for each participant. They also served as a source for background information for research purposes.
Because of the central role of performing in participants’ lives, the greatest number of questions was allocated to the core theme—performing music (Q2–Q17). The intention of Q2 and Q3 was to determine a participant’s current perceived experience about performing on a general level, including the pre-performance routines and the possible changes in these routines. Q4a (T1), Q4b (T2), Q5 (T3) and Q10–11 (T4) were explained earlier in the chapter. The purpose of questions Q6–Q9 was to draw attention to the experience of perceived performance success and failure and their interplay with internal speech. Questions Q12–Q17 were mainly designed to improve participants’ self-knowledge and self-awareness as performers. However, they serve not only the pedagogical purposes of the questionnaire, but also provide information for the researcher on such matters as the ideals of a particular participant on performing.

Questions Q18–Q21 dealt with the second key theme, playing or singing. In this section the questions are as follows: Q18 a (T1), Q18b (T2) Q19 (T3) and Q20–21 (T4).

Questions Q22–Q27 concerned well-being. The intent of questions twenty-two (Q22) and twenty-three (Q23) was to map the individual meanings the participants gave to the concept of well-being and their understandings of these concepts. The remaining questions belong to the aforementioned types, as follows: Q24a (T1), Q24b (T2), Q25 (T3) and Q26–27 (T4).

The fourth key theme—the combined performing, playing or singing and well-being—was investigated through questions Q28–Q32. The purpose of Question twenty-eight, which asked whether the participant thinks that his or her performing, playing or singing and well-being are interrelated, was designed to gain information on the beliefs and attitudes of the participant and to make him or her more aware of them. Q29a (T1), Q29b (T2), Q30 (T3) and Q31–32 (T4) are the question types in this section.

The fifth category of questions (Q33–Q40/Q47) was about the expectations and experiences the participants had of the HOPE intervention. Originally, these questions were designed to learn what the participants found most useful in order to provide feedback on how to improve the HOPE intervention further.

In addition to the questionnaires the core data included semi-structured follow-up interviews in the longitudinal group, Hope 1. The follow-up interviews were conducted six months after the HOPE course was finished, and their main purpose was to map how the participants were doing in their lives and careers at that moment in time, particularly in the four key areas. More precisely, the goal was to determine whether there were any impacts of the HOPE intervention course still perceived by the participants. The interviews took place on the premises of Sibelius Academy and lasted from 40 to 65 minutes. In order to provide relevant data the topics and questions were in line with the question-
naires—including the 1 to 10 and the 3-point scale self-rating measurements. The follow-up interviews were recorded and transcribed. After that the interview data were analysed according to a procedure similar to that used for the other data in this study (for more, see Chapter 5.4). The follow-up data collection and preliminary analysis were executed by me, the researcher-coach.

5.4 The analysis of the data

Throughout the entire research period there was an ongoing interplay between the process and the outcomes of the HOPE intervention: the process dealt with what went on during the coaching course, outcomes with consequences for participants, in particular at the end of a course (see also Figure 5.2 in Chapter 5.1.4, timeline and storyline of the research process of the present study). As Robson (2000, 49) states on the relationships among the evaluations of needs, processes, outcomes and efficiency:

... without measuring need, planning cannot be rational; without effective implementation, good outcomes cannot be expected; and without achieving good outcomes, there is no reason to worry about efficiency.

Robson (2000, 51) continues that in practise it is rare to find either a purely formative evaluation (meaning to “form” or develop the programme = process) or a summative one (focus on outcomes, including whether goals have been achieved, needs met). Most programme providers would at least like some information, both about how they might improve the programme and also about the kinds of effects it has. Nevertheless, the providers are likely to have the major emphasis on one or the other. (Robson, 2000, 51–52). In the present study the primary emphasis in the final analysis was on what the participants got out of the programme; the perceived changes are assessed from participants’ perspectives.

Analysing the data was an ongoing process for the entire research period, starting from the beginning of the first pilot group in 2001. Throughout the research period reflecting on the analysed data influenced how the HOPE intervention (and the research process) was to be carried out further. In this study action and reflection intertwined, as often happens in an action research-oriented mode of inquiry (for more on action research, see Chapter 5.2). The study was also about learning; for the entire research period (2001–2007) while reflecting upon the data and its collection, I have been learning more about both the particular field of inquiry and about doing research in general.

For the final round of analysing, the data were divided into primary (core) and secondary (peripheral) sources of information. Because of the narrowing
down of the research question(s) (see Chapter 5.1.1), the questionnaires (both
pre- and post-) and the follow-up interviews were chosen as the core data.
This set of data was believed to provide the best information for answering
the research question, namely, for investigating the perceived impacts of the
HOPE intervention from participants’ viewpoints. After that the core data were
investigated carefully once again before starting a detailed analysis. A particu-
lar type of question, T 1 (Q4a, Q18a, Q24a) and Q29a) and T 2 (Q4b, Q18b,
Q24b, Q29b), was established as the primary source of information because
this type was believed to provide the best possible information in relation to
the research question. Additionally, in the longitudinal group, Hope 1, answers
in category T 3 (Q5, Q19, Q25, and Q30) were analysed in order to go deeper
into the issue. (See Chapter 5.3.2 for the explanations of the question-types (T)
in the questionnaire).

A combination of different methods yields a much more rounded picture of
someone’s life and behaviour. Various methods of data collection have differ-
ent advantages and disadvantages and, given this fact, it would seem to make
sense to make use of a number of different methods. This study favours the
use of multiple angles, that is, it exploits both qualitative and quantified data.
Integrating different types of data and using different ways of analysing the
results is seen as one means of providing better validity and quality and trust-
worthiness in an action research-oriented research mode of investigation (e.g.
Tuomi and Sarajärvi 2002, 141–142). In presenting the data of the small group,
Hope 1 (n=9) (Chapter 6), the emphasis was on the qualitative data. However,
the quantified angle was integrated into the qualitative in order to form a more
complete picture of the coaching process and its perceived impacts the indi-
vidual coachee.

At a multiple group level, a quantified angle of all sixty-two participants
in seven groups will also be presented (Chapter 7). This angle presents a big-
ger picture of the perceived impacts expressed in self-rated numbers. It adds
a complementary and even necessary dimension when making comparisons
between the pre-intervention and the post-intervention baseline measurements.
For instance, it enables comparing the change and development in concrete
terms (numbers) between the different Hope groups or between the different
key themes. The quantified findings presented in percentages as opposed to the
number of participants as the main unit of measurement serves the same pur-
pose—to make the findings more concrete and easily accessible to the reader.
For example, one in nine (the longitudinal group Hope 1) does not give the
same picture of the whole as one in fifty-three (Hope P2). The purpose of the
quantified data is to support the more detailed and descriptive findings of the
qualitative angles of the study. The aim of reporting the data through these var-
ious angles is to provide in-depth understanding of the findings and results.
**Triangulation**

In short, triangulation is understood as the use of various types of data, theories and/or methodologies in the same study (Eskola and Suoranta, 2001, 68). It involves the use of multiple and different sources, methods and perspectives to corroborate, elaborate or illuminate the research problems and its outcomes in order to produce adequate and appropriate understandings of the investigated phenomenon (Stringer, 2008, 50). It is possible that a weakness in one method can be avoided by using a second method. For example, the data in the present study consist of questionnaires and interviews analysed from various angles (e.g. qualitative and quantified).

Because of the multifaceted nature of the investigated phenomenon and its different set of data, the questionnaires and the follow-up interviews were used as the main sources for information (data triangulation). By exploiting different forms of inquiry, the aim was to arrive at a more in-depth understanding of the investigated phenomenon. The utilisation of both qualified and quantified data (methodological triangulation) is believed to help in forming a more complete picture of what is going on in participants’ lives and careers vis-à-vis change and development in sustainable performance success and a personal sense of well-being. (Eskola and Suoranta, 2001, 70.) It can be added that data analysis also carried some particular features adopted from triangulation. In its first phase the analysis was directed by the research question, but in the second phase it was more data-driven.

In sum, in the present study triangulation of data (questionnaires and follow-up interviews), methods (combination of the qualified and quantified data) and analysis angles were used as a means of providing an in-depth understanding of the perceived impacts and to provide better validity (quality, trustworthiness) (e.g. Tuomi and Sarajärvi 2002, 141–142) (For more on the subject, see Chapter 8.3).

In short, the core data were analysed from two different yet complementary angles. First, qualified and quantified data of the main longitudinal study group, Hope 1, (n=9) were integrated in order to follow the coaching process and its impacts from a more holistic angle at both the group and the individual participants’ levels (Chapter 6). Second, the data from all seven research groups (n=62) were combined and quantified in order to form a bigger picture of the general trends of change and development within the coaching process (Chapter 7.1–7.4). In both viewpoints, the organisation of the findings follows the key theme categorisation. However, since I designed this categorisation (the first phase of analysis), other type of summaries were also formed (the second phase of the analysis) in order to understand better which issues the participants themselves identified in their answers (Chapter 6.3 and Chapter 8.1.1).
The detailed process of data analysis

Before starting a detailed analysis of the data, I acquainted myself with a number of computer-assisted programmes for handling qualitative data by taking part in a university level course in the NVivo-programme. However, with the support of my professors I decided not to use such a programme because of the small size of the sample (n=9) in my inquiry. Although in the course of the investigation the sample grew considerably (n=62), it did not dramatically change the basic setting or the original reasoning for choosing the tools and means for data analysis. First and foremost, the analysis that was executed with the larger sample was targeted to different questions than the analysis with the smaller sample: from the answers to these questions in the bigger sample, the quantified data of this study were created.

I analysed the pre- and post-questionnaires of the longitudinal group Hope 1 in the following two complementary ways: to find answers to the research question and to determine the central topic the musician-participants discussed.

I first started by reflecting on the research question and the vast amount of information in the questionnaires. I soon realised that not all the information was equally important in answering the research question. I decided to concentrate on particular question-types (T1–T4) from which I believed the most relevant information could be found. I coded the questions according to the four key themes. Coding was done with colour pencils and special codes describing to which key theme and question the data belonged. For example, “performing” was marked with a “P” in blue colour, given a question number and an extra label of plus (+), minus (-) or zero (0), depending on whether the comments were to be interpreted as positive, negative or neutral. In some cases more than one extra label (+, -, 0) needed to be added (sometimes even a question mark). As the process of analysis advanced, more markings were added to the texts, for example, comments that seemed to point out an important turning point or to summarise something essential on the subject. I also started to make comparisons between different participants: in which ways were their perceptions and experiences similar, and in which ways they were different.

Already when designing the questionnaire, I had defined a few central factors that seemed to make a difference in building sustainable performance success: motivation, self-efficacy and attribution. In the analysis process I also had this strand of inquiry to follow up. Additionally, when reflecting on the results of the study while reading the relevant research literature, I moved back and forth numerous times between the data and the report, looking for different aspects—for example, the symptoms of music
performance anxiety or how musicians manage it (for further discussion, see Chapter 8.2).

I analysed the follow-up interviews along the same lines. In this process the most time-consuming part was transcribing the interviews, which I also did myself. The positive side of this activity was that it acquainted me thoroughly with the data before the actual analysis phase. After transcribing, I coded the text in the same manner as I had done with the questionnaires. The main difference here was that because of the semi-structured nature of the interviews, the relevant information was more scattered in the text than in the questionnaires.

In this way I gradually began to obtain an understanding of what had been going on at an individual level during the coaching process, especially in relation to the key themes. I began to find relationships and patterns and gain insight into each participant’s main “storyline”. At that point I created a “profile” for each participant (in Hope 1), possibly to be added into the final research report. After careful consideration and consultation with my professors, I integrated the quantified data into the “profiles” in order to form a more complete picture of the processes of individual change. Later I gave up the idea of presenting the “profiles” as such and decided to introduce all data analysed systemically from the viewpoint of the key theme categories throughout the report. However, I did not abandon the idea completely. In Chapter 6 I have tried to present each individual participant’s “profile” or “storyline” embedded in the key theme category-based main structure.

The second analysis angle emerged from the first phase of data analysis. During the first phase I grew more and more interested in identifying the main issues the participants were discussing as compared to those I the researcher-coach had introduced. In addition to finding answers to my research question, I wanted to understand what the main topics that the coachees were concerned with. Hence, I began classifying, sorting and arranging information from a new and complementary angle. I took my colour pencils out once again and started identifying common themes, which after a while seemed to fit under the following three headings: 1) Health and physical fitness, 2) Other people, and 3) Performing, playing or singing and other studies (For more, see Chapter 6.3 and 8.1.1). This categorisation can be seen as a kind of synthesis of the topics the participants discussed in their answers.

The second phase of analysis was more data-driven than the first; the categories were not defined beforehand, but rather emerged from the data. Therefore, it is possible to detect some characteristics typical of grounded theory-oriented thinking. It is also possible to discuss inductive or even adductive reasoning
in connection with the analysis. The second phase of the analysis process can be described as inductive in the sense that the starting point was the data, not the attempt to test a pre-determined theory or hypothesis. In adductive reasoning the emphasis is on the researcher’s scientific thought. Yet thinking and reasoning do not take place in a vacuum without any theoretical concepts or understanding. The results are always context-bound and include a subjective element. I was not without pre-conceptions or theoretical pre-understandings (e.g. in connection with the first phase of analysis), and therefore an adductive element can be detected in the process as well. (Dey 2004, 90–92; Eskola and Suoranta 2000, 19, 79–83; Hirsjärvi et. al., 2004, 155.)

In regard to interpreting the data, the following points from the systems thinking-oriented angle are in place here. In the systemic universe the number of viewpoints is infinite, and therefore incompleteness of interpretation can be understood as inherent in this type of inquiry. Choices for viewpoint(s) taken have been made all through the process of knowledge creation, including the process of analysing the data. However, at some point I had to decide from which angle I wanted to look at the system explicitly. This decision had to be made, even though by revealing the investigated phenomenon from one angle, I knew I would at the same time exclude other possible viewpoints.

In short, instead of following any strict procedure or particular method, I chose to utilise purpose-built tools and means for classifying, sorting and arranging information in the process of data analysis.

5.5 The process of the various Hope interventions

For the entire data collection period (2001–2006) I taught the HOPE intervention at the Sibelius Academy (one group was in the Helsinki Polytechnic, Stadia). The HOPE intervention courses lasted a full academic year (two terms, nine months). All courses included group sessions (10–12) and one-to-one sessions (5–6) as well as videotaped practise performances (3).

In the beginning of each of the seven HOPE intervention courses every participant declared the desire to improve his or her performing. However, suffering from detrimental MPA or indeed any kind of MPA was not a precondition for participation. Anyone interested on a “first come, first served” basis could take part in the HOPE intervention course. The object of the course was to enhance each individual’s performance capacity as whole—including music performance—integrated with a personal sense of well-being.
5.5.1 The pilot groups (P): Orientation to the research project

The initial orientation to the research mode took place with the first piloting HOPE intervention group (n=7) and data collection in the Sibelius Academy in 2001. The promising results indicated that the enhancement was worth further study. After expanding the research question to a two-dimensional one and completing the questionnaire with some additional questions, I started the next two piloting HOPE intervention groups (n=7 + n=7) in the autumn of 2002. At the same time I carried out in-depth interviews of five internationally top performing Finnish musicians. Analysing the results of the three piloting groups and the in-depth interviews top performing was the starting point for the main longitudinal study group, Hope 1, in 2003. (For more about the process, see Chapter 5.2).

5.5.2 Hope 1 (H1): The main longitudinal study group

The orientation in the research project with the three pilot groups was followed by the main longitudinal study group, Hope 1, in 2003. In the following pages the coaching process used in Hope 1 will be outlined.

The participants in Hope 1

The initial starting group in Hope 1 consisted of twelve participants—eight women and four men. There were six singers and six instrumentalists (four string players, one pianist and one wind player) in the group. The youngest three were twenty years old. Other participants were the ages of twenty-one, twenty-two, twenty-three, twenty-four, twenty-five and twenty-seven. The oldest two participants were thirty-three and thirty-six years old when the course started. There was one first-year student in the group, five second-year students, three fourth, one fifth, one seventh and one eleventh. Four of the participants had studied in another music institution; three of the twelve has studied both in another music institution and in a regular university as undergraduates before entering the Sibelius Academy. Of the twelve participants the Sibelius Academy was their first undergraduate institution of study for only five. Two participants were personally familiar with psychotherapy; one had started and another had just finished therapeutic treatment. The group was thus somewhat heterogeneous with respect to participants’ age and study backgrounds.

In the beginning of the second half of the course two of the participants left the group for reasons of student-exchange abroad. One participant did not return the mid-questionnaire (B) in the end of the spring term. This had been given as a requirement for continuing the course, and therefore, she was dropped. Ultimately, there were nine participants, six women and three men, who completed the course. In the follow-up interview eight participants took
Because of the ninth participant’s busy working schedule and my own plans for moving abroad at the time, the ninth follow-up interview was never conducted.

<table>
<thead>
<tr>
<th>Time</th>
<th>Events</th>
<th>Research Data</th>
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<tbody>
<tr>
<td>December 2002</td>
<td>Advertising for the course in the internal weekly magazine of the Sibelius Academy</td>
<td>Advertisement for the course</td>
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<td></td>
<td>Enrolment for the course</td>
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<td></td>
<td>Telephone conversation with each participant</td>
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<tr>
<td>January 2003</td>
<td>The pre-course e-mail message</td>
<td>The pre-course e-mail message</td>
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<td></td>
<td>The pre-course questionnaire (A)</td>
<td>The pre-course questionnaire (Appendix 1a)</td>
</tr>
<tr>
<td></td>
<td>The first term of the HOPE intervention course starts; group sessions 1–2 and the first one-to-one session. The first videotaped practise performance in the first group session.</td>
<td>Videotaped group sessions</td>
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<tr>
<td></td>
<td>Group sessions 3–6, including videotaped practise performances 2–3</td>
<td>Field notes written by the coach from the group and the one-to-one-sessions</td>
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<td>One-to-one sessions 2–3</td>
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<tr>
<td></td>
<td>The first mid-course questionnaire (B) at the end of the spring term (May)</td>
<td>The first mid-course questionnaires (A)</td>
</tr>
<tr>
<td>February-May 2003</td>
<td>Second term of the HOPE intervention course starts; alternative a/b in group session times</td>
<td>Various e-mail messages about the practicalities of the course</td>
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<td></td>
<td>The second mid-course questionnaire (C) at the beginning of the autumn term (September)</td>
<td>Videotaped group sessions</td>
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<tr>
<td></td>
<td>Group sessions 7a/b–10a/b, including videotaped practise performance number 4</td>
<td>Field notes written by the coach from the group and the one-to-one-sessions</td>
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<tr>
<td></td>
<td>One-to-one sessions 4–5</td>
<td>The second mid-course questionnaires (C) at the beginning of the autumn term</td>
</tr>
<tr>
<td>September- Mid November 2003</td>
<td>End concert and party as group session number 11; after that group session number 12 where a common story “The HOPE in a nutshell” is composed together</td>
<td>Various e-mail messages about the practicalities of the course</td>
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<tr>
<td></td>
<td>One-to-one session 6</td>
<td>the common story “The HOPE in a nutshell”</td>
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<td></td>
<td>The post-course questionnaire (D)</td>
<td>Videotaped group sessions</td>
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<td>End of November - December 2003</td>
<td>Follow-up interviews</td>
<td>Field notes written by the coach from the group and the one-to-one-sessions</td>
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<tr>
<td></td>
<td></td>
<td>The post-course questionnaires (D)</td>
</tr>
<tr>
<td>April-May 2004</td>
<td></td>
<td>Tape recorded follow-up interviews, transcribed by the coach</td>
</tr>
</tbody>
</table>

**Figure 5.5.** Events and Timetable of the HOPE intervention, Hope 1
December 2002
An advertisement for the HOPE intervention course in appeared in the internal weekly magazine (Äänenkuljettaja) of the Sibelius Academy. The course was open to all undergraduate students in the departments of Orchestral Instruments, Piano and Voice. Since I was already teaching the HOPE intervention at the Sibelius Academy, the research group course was to be a standard optional course: it was not compulsory, but the students would receive normal credits for their participation. By the end of the registration period there were 27 applicants enrolled. From my previous experience I had concluded that the maximum size for a group would be 12. I decided to interview the applicants by telephone according to their order of registration. Since I was well acquainted with the absence problem at the university, the main goal of my telephone interviews was to choose those applicants who could and would commit themselves to being present at the coaching sessions.

January 2003
Before the course started, the participants were asked to fill in the first questionnaire (A), which was sent to them as an e-mail appendix. An unexpected problem arose when I learned that four participants did not know how to open the appendix file (the questionnaire) on a computer. Therefore, I had to do some computer consulting with these participants before they were able to fill in the questionnaire. In the first group session, the first videotaped practise performance with peer commentary took place.

February–May 2003
Group sessions 3–6, including videotaped practise performances 2–3 and one-to-one sessions 2–3 took place during February–March 2003. At the end of the spring term (May) the participants were asked to fill in the first mid-questionnaire (B).

September–mid November 2003
In the autumn two participants left the group to study abroad and one participant was dropped because of not returning the first mid-questionnaire (B). Hence, there were nine participants, six women and three men, who continued the course in the autumn.

At the beginning of the autumn term 2003 the participants were asked to fill in the second mid-questionnaire (C). Because it had proved very challenging to find times suitable for everyone, I decided to offer the same group session twice at alternative times (a and b). This was desired by the participants, and the intention was to make the course more comfortable for the participants. However, I hesitated somewhat because I was afraid the feeling of togetherness might suffer. Later I discovered that my doubts were unfounded; the feel-
ings of togetherness were still there. The group sessions 7a/b–10a/b, including videotaped practise performance number 4 and one-to-one sessions 4–5 took place between September and mid November 2003.

End of November–December 2003
At the end of November the final concert called “Lyömättömän luovat” and a party afterwards took place. The final concert was a joint project that the participants had organised themselves, taking care of such matters as public relations, advertising and concert posters and programmes. Through this project they learned both project management and team building. The final concert was counted as group session 11. After that we still had one group session (number 12) to end the course. This is where a common story, “Tsemppipaja pähkinänkuoressa” (“The HOPE in a nutshell”), was composed together in the following way. I collected the notes from our discussions on the flip boards and sheets of paper that the participants had drawn on during the last group session. Then I watched the videotape from the last group session and made notes. I compiled and edited the material into a coherent story and e-mailed it to the participants. They made a few additions and suggestions and in this way the story was edited further and became “our” story. Later it was published in the internal weekly magazine of the Sibelius Academy, naturally with the permission of the participants. The last one-to-one session (number 6) also took place in November-December and consisted of a review of the process and outcomes of the HOPE intervention course. The participants were asked to fill in the post-course questionnaire (D) in order to obtain their study credits. Nine participants, six women and three men, completed the course.

(For a short overview of the contents of the HOPE intervention course of Hope 1, see Appendix 2)

April–May 2004
Follow-up interviews were made with eight participants.

5.5.3 Hope 2 (H2): The other main study group
The main longitudinal study group, Hope 1, was followed by three other coaching groups which together constituted the other main study of Hope 2 (n=13 + n=10 + n=9, all together n= 32), each lasting a full academic year (nine months). The aim was to obtain a larger sample in order to see whether the positive outcomes (the perceived impacts of the HOPE intervention) would be repeated. I was already teaching the HOPE intervention at the Sibelius Academy, so the practical side of further data collection was easily organised. In this way the data collection continued with three more HOPE intervention groups (Hope 2) in two years up until the summer of 2006.
The HOPE intervention courses called Hope 2 were carried out along the same lines as the pilot groups and the main longitudinal group, Hope 1. However, the two experimental aspects carried out in Hope 1 did not continue; they had simply not proved to be worthwhile considering the resources required vis-à-vis the benefits gained. Therefore, I stopped giving the same session twice at alternative times (a and b) and settled for two questionnaires: one before (A) the course and one after (D).

5.6 Summary

The purpose of this chapter was to describe the research methods and the specific research design of this study. It was done by first presenting the general framework of the study, including a definition of the main aim and the research questions. In addition, the key theme categories and key concepts were explained. The research process was described through a time- and storyline. Thereafter, action research orientation as a mode of inquiry in relation to the present study was investigated. The assessment, methods and collection of the data were described. Also the analysis of the data was included. Last, the process of the various HOPE intervention courses was provided.
III

RESULTS: The Main findings of the various HOPE interventions

In this chapter the main findings of the various HOPE interventions will be described. The data analysis is organised on three levels, from the particular to the general: at the individual participant level; at the focus group level; and finally, at the multiple group level.

Viewpoints from two different levels are presented first: the individual participants’ change and development and the group level (the longitudinal focus group Hope 1) (Chapter 6). The qualified data are the centre of attention. However, in order to enable the reader to follow the coaching process and its perceived impacts as a coherent and comprehensive story, the qualified and quantified data are combined. These storylines also help to demonstrate individual differences within the coaching process.

Thereafter, the multiple group level, a quantified angle of all sixty-two participants in seven groups, will be discussed. This angle presents a larger picture of the perceived impacts expressed in self-rated numbers (Chapter 7). The purpose of the quantified data is to support the more detailed and descriptive findings of the study’s qualitative angles. The aim of reporting the data through these various angles is to provide in-depth understanding of the findings and results.

6 Participants’ change and development in the longitudinal group, Hope 1

In this chapter individual development and change within HOPE 1 are described through the key themes. For the analysis the quantified and the qualitative data from the pre- and post-questionnaires are integrated into the follow-up interviews. The selection of the investigation tools will be expanded by introducing a third indicator of change: the internal-external causation describing attributions (explanations) individuals make (see Chapter 2.3).

The longitudinal group, Hope 1, was somewhat heterogeneous in formation. What all participants had in common at the time was that they were undergraduates at the Sibelius Academy, majoring in performing. However, in other ways their life situations varied significantly. Not only was this evident
from one participant to another, but also it was evident in each individual’s life, for their circumstances often changed in the course of the intervention. One of the most important and most prominent factors in the heterogeneous formation of Hope 1 was the age variation. The youngest participants (Gabriela and Frank) were barely twenty years old. They had just finished their general education and had begun their studies at the music university when they entered the HOPE intervention course. The oldest ones (Edwin and Harriet) were some fifteen to sixteen years older and already had considerable experience in professional life outside the music university. The youngest were just leaving their childhood homes, while the oldest already had children of his own. The rest of the participants fell in between these two ends of the age-continuum.

Since performing occupied such a central role in the lives and careers of the participants, performance was emphasised both in the data collection and in the HOPE intervention itself. In the following pages where the qualitative analysis of the data from Hope 1 is introduced, the greatest proportion of space is allocated to this very same theme and its relationship to the other themes (in particular in the section “Overall state of performing, playing or singing and well-being”). Individual quotations are cited either to highlight a central angle common to a number of the participants or to illustrate the individual differences within the group related to the change and development process.

The structure of the chapter is as follows. The change and development vis-à-vis the key themes (performing, playing or singing, well-being, and overall state of performing, playing or singing and well-being) is first described. For each key theme, change and development will be described in the following linear, time-defined order: pre- post- follow-up (meaning before, right after and six months after the HOPE intervention). Then, a short summary is provided. The names of the participants are altered in order to protect their privacy. A summary of the change and development from three complementary angles—self-ratings of the given situation, the perceived degree of satisfaction, and internal-external causation (attributions)—of each individual participant in Hope 1 is presented in Figure 6.1. The complementary angles are always reported in relation to the given key theme.
### Figure 6.1. Participants’ self-ratings before (pre), right after (post) and six months after (follow-up) the HOPE intervention (Hope 1).

The abbreviations used are as follows: Ratings (R) = Self-rated numbers (on a scale from 1 to 10); Satisfaction (S) = Degree of satisfaction (on a 3-point scale: not satisfied—partly satisfied—satisfied); and Causation (C) = External/internal-causation: External causation (Ext), internal causation (Int), and external-internal causation (Ext-Int).
6.1 Performing

Of all key themes participants reported the greatest positive change in their perception of their performance, both in regard to their self-rated numbers and in the perceived degree of satisfaction. Important changes also took place in participants’ causation (attribution).

At the individual level the greatest changes in numbers were reported by four participants (Alice, Frank, Harriet, and Ian) who all stated a transition of five or six Figures (from 3/4 to 8/9) and thus made a shift from the low category into the high category. The remaining participants (Barbara, Cecilia, Dorothy, and Gabriela) estimated their change (from 6/7 to 9/10) from the middle to the high category.

The data on the degree of satisfaction also suggested that significant changes took place in participants’ perceptions of their performing. The number of satisfied participants increased from zero per cent to one hundred per cent during the research period.

Before the intervention there was not a single participant who was satisfied with his or her current state of performing. Two thirds of the participants (Barbara, Cecilia, Dorothy, Gabriela, Frank, and Harriet) were partly satisfied and one third (Alice, Edwin, and Ian) were not satisfied. After the course five participants were satisfied (Barbara, Edwin, Gabriela, Frank, and Harriet); three were partly satisfied (Alice, Cecilia, and Ian); and one (Dorothy) was not satisfied. However, six months later all participants perceived themselves as being satisfied with their current state of performing.

Participants were asked to identify the factors that they believed had led to their current performing situation (Question 5). The causal reasoning of the participants and how they explained their current situation offered useful insight, as we will see next.

Pre-Questionnaire

Before the intervention there were three participants (Alice, Edwin, and Ian) who rated their situation with their performing as “not satisfied”. They explained their situation by means of external reasons (Alice), external and internal reasons (Edwin), or internal (Ian) reasons. Edwin and Ian both thought they should be able to do better in performance. Ian explained his situation through internal causes that would improve with time, namely, his young age and lack of experience. Edwin blamed himself (for lack of motivation and poor preparation) and his demanding family situation (small children, both parents working) for the current state of affairs, in other words, using both internal and external reasons. Alice failed nine of her ten last auditions and as a consequence totally lost her faith in her play-
Participants' change and development in the longitudinal group, Hope 1

ing (external reasoning). At the time she was trying to avoid performing as much as possible.

“I have failed so many times that I have completely lost my faith in ever succeeding again”, she stated. (“Olen epäonnistunut niin monta kertaa ja siksi menettänyt täysin uskoni siihen, että voisin ikinä enää onnistua”.)

In the second, “partly satisfied” group there were six participants (Barbara, Cecilia, Dorothy, Gabriela, Frank, and Harriet) before the intervention began. In general, they all wanted to give their best when performing, but did not feel confident enough to believe in themselves in real life situations. Some of them felt simply young and inexperienced (Cecilia, Gabriela), while the others were more specific about their sources of satisfaction and dissatisfaction (Barbara, Dorothy, Frank, and Harriet).

Barbara was satisfied with the progress she had made in performing after recently beginning study with a new instrument teacher (external causation). However, she was not satisfied with her lack of concentration on stage (internal causation). Barbara explained that if she made a mistake in playing, she became confused and her performance as a whole was thrown off.

“When a mistake takes place, I may get confused and it takes a while before I get my self-confidence back”, Barbara described. (“Kun tulee virhe, saatan seota siitä ja kestää hetken kun saan taas soittoon takaisin itsevarmuuden”.)

Dorothy wanted to be able to give her best when performing but often felt too anxious on stage to succeed; this was how it had always been (internal causation).

“I have always felt very anxious when performing”, Dorothy stated. (“Olen aina jännittänyt sairaasti esiintymistä”.)

In general, Frank was happy with his peak performance level. However, far too often he was not able to do his best and then he believed that he had failed badly (internal causation).

“In principle I am happy with my top level that I have reached and am still able to reach. What I am not happy with is that many times I feel I have failed extremely badly and have not been able to perform at my best”, Frank stated. (“Olen periaatteessa hyvinkin tyytyväinen huipputasooni, johon joskus olen päässyt ja pääsen. Siihen en ole tyytyväinen, että monesti koen epäonnistuneeni todella pahasti, enkä ole pystynyt parhaimpaani”.)

Harriet was fairly satisfied with her performance in general, but not with her auditions. She dreaded auditions and felt that she was not able to “cre-
ate her own space” (“luoda oma tila”) in a way essential for her to succeed. Harriet perceived her current state of performing as part of a bigger whole—she considered her personal “point of departure” (“lähtökohtatin huomioon ottaen”). She wanted to revisit both her private and professional starting points in such a way that both would have a more favourable, all-around effect on her present and future activities, including performing and auditioning. As she put it:

“It [performing] is a part of a bigger whole...Considering my personal point of departure, I am quite satisfied. But actually I want to embrace my starting point in the best possible way/direction. It would help me in developing my performing and perhaps auditions would also become more bearable”. (“Se [esiintyminen] on osa isompaa kokonaisuutta... Omista lähtökohdistani olen melko tyytyväinen, mutta oikeastaan haluan parantaa lähtökohtiani parhaassa mahdollisessa suunnassa. Se auttaisi esiintymisen kehitämisessä ja ehkä koe-laulutkin tulisivat siedettävimmiksi”.)

Post-Questionnaire

After the course there were five participants (Barbara, Edwin, Gabriela, Frank, and Harriet) who were satisfied with the current state of their performing. Their causation was internal (Edwin, Gabriela, and Harriet) or internal-external (Barbara and Frank).

Barbara was satisfied with her progress and no longer suffered from disturbing physical symptoms (trembling and sweating of hands) or lack of concentration while performing. Her causation was both internal (preparation and concentration) and external (HOPE intervention, mental imagery). Now she described her performing as follows:

“Now I feel more confident on stage. The mental imagery practise [learned in the HOPE course] and better preparation and concentration helps”. (“Nyt tunnen olevani varmempi lavalla ja siihen ovat auttaneet mielikuvaharjoituksen [Tsemppipajassa opitut] ja tietysti muutenkin parempi valmistautuminen sekä keskittyminen”.)

Edwin in general got his situation more under control and felt that he accomplished more of the things he needed to (internal causation). Gabriela made a conceptual distinction between being a good performer and controlling her nerves. This helped her perform better. She said:

“I am a good performer but not so good when it comes to controlling my nerves. I like performing, and it is natural to me to be on stage”. (“Olen hyvä esiintyjä, hermoja hallitessa olen huonompi. Esiintyminen on minulle mieluisaa ja luontevaa”.)
Frank explained his current situation with both internal and external reasons. Frank felt that his self-confidence had strengthened through more regular performance and through discussing performing and related issues in the HOPE course. He also found his own way to a pre-performance routine more suitable for him that helped him perform better:

“Generally speaking, in regard to performing, my self-confidence has strengthened because we have been discussing these issues in the HOPE course... I have also developed my own pre-performance routine, which is more suitable for me and helps me to succeed”. (”Yleisesti olen saanut lisää itseluottamusta esiintymiseen, kun näitä asioita on käyty keskustellen läpi Tsemppipajassa. ... Minulle on myös muutoutunut paremmin oma, minulle sopiva tapa valmistautua esiintymiseen ja se auttaa onnistumaan”.)

Harriet came to feel that her career choice in music was the right one—she believed in herself and her potential. And, even if the circumstances or the tasks were not the best possible, she believed that she could present the best of herself on stage. (Internal causation):

“I feel I am in the right profession. Even then when the circumstances or the tasks are not the best possible, I believe I can succeed in the best possible way on stage”. (”Tunnen olevani oikealla alalla, ja silloinkin kun tilanne tai tehtävä ei ole paras mahdollinen, uskon mahdollisuksiini selvitä lavalla parhaalla mahdollisella tavalla”.)

After the course there were three participants who were partly satisfied (Alice, Cecilia, and Ian) and one who was not satisfied at all (Dorothy). Alice and Cecilia explained their current situation by internal-external causation; Ian did not give his opinion on causation at all. Dorothy believed that her unsatisfactory situation was due to an external factor.

Alice’s attitude towards performing had changed considerably. By the end of the course she was happy to perform and was also ready to face bigger challenges. However, her perceived performing success still depended a lot on the nature of the performing situation. As she put it:

“‘I always like to perform and I would be ready to face bigger challenges. However, my feelings depend a lot on the situation in which I perform. The situations that are not so serious, when I can use sheet music, don’t make me really nervous, but the thought of a big concert in which I would have to play a long programme by heart feels very distant and unrealistic. I dread playing by heart, although it has never caused me problems”’. (”Esiinyn aina mielelläni ja olisin kyllä valmis ottamaan suurempia haasteita vastaan. Tunteet riippuvat paljon esiintymistilanteesta. Ei niin vakavat tilanteet jolloin voi soittaa esim. muutista eivät paljon hermostuta, mutta ajatus jostain suuresta konsertista, jolloin pitäisi...”
Cecilia believed she had made progress with her performing. However, she felt that various internal and external factors, even if they were now more under her control, still influenced her performing to an unsatisfactory degree:

“[Performing] varies every day. It depends on my condition, mental alertness, amount of practice, my own state of mind, the circumstances where I make music, etc.” ("Vaihtelee aivan päivän mukaan. Se on suoraan verrannollinen kuntoon, vireystilaan, harjoittelun määriään, omaan mielialaan, puitteisiin missä musisiin jne.").

Cecilia viewed this as all part of the normal development process. Her reasoning was internal-external.

Ian thought he was performing better after the HOPE intervention, but also believed one should not be too self-satisfied:

“There is always room for improvement; it is bad if one is satisfied with oneself and does not believe one could still learn new things”. ("Aina on parantamisen varaa, olisi huono jos olisi tyytyväinen eikä luulisi voivansa oppia uutta").

Dorothy was not at all satisfied with her performing at the time the HOPE course finished. She identified an external cause for her unsatisfactory situation, namely, a major competition. Dorothy was in the middle of an intensive preparation period for this competition. Unfortunately, her preparation was severely sabotaged by various traumatic memories and flashbacks from the very same competition in which she had participated before. She felt very insecure and anxious about the situation. However, Dorothy emphasised that since the HOPE course started, she had had some very positive performance experiences in which she succeeded beyond all her expectations.

“I surpassed myself beyond my wildest dreams”, Dorothy stated. (”Ylitin itseni enemmän kuin olisin ikinä uskaltanut odottaa").

According to Dorothy, her great success in her exam was due to internal and external factors. A major external factor was taking part in the HOPE intervention. In the HOPE course she learned to pay attention to her skills and successes—the things she already did well. This process changed her attitude towards perceived failure. She no longer dwelled on them but instead reflected on how to do better next time. She said:
Follow-up Interview

In the follow-up interviews all participants perceived themselves as being satisfied with their current state of performing. On a 1 to 10 scale all but one rated their performing at 9; Frank gave 8 to his performing.

Alice was convinced that her relationship with performing had changed for good. Earlier she felt that she had to succeed at every performance; now it “didn’t matter so much” (“ei enää niin väliä”). The concrete evidence of her changed attitude and behaviour was doing something that earlier she had dreaded more than anything else: a solo performance (see the section Performing/Post-Questionnaire/Alice). After the HOPE course she had a solo recital that was a great success. She described this experience:

“Meni tosi hyvin, vaikka ei harjoiteltu paljon. Bach pelasin varman päälle, lopputingassa (viikkoa ennen) päätin etten soita ulkoa. Jälkikäteen se ottaa päähän, tiedän että olisin selvinnyt siitä! Bach meni tosi hyvin... mutta kaiken kaikkiaan, olen hyvin ylpeä itsestäni”.)

Alice emphasised that the current, very satisfactory, state of affairs was due to the choices she had made in her own life (internal causation).

Barbara believed that her stage presence had improved considerably. She built an appropriate pre-performance routine for herself, including the whole preparation process. Barbara also learned to regulate her mental alertness; she knows now how to get herself into a state in which she can do her best on stage. Knowing that her performing will keep up with a certain professional standard strengthens her self-confidence:

“I have learned to get myself in a state in which I am able to do my very best on stage ... this brings self-confidence when I know my performing will keep up to a certain standard”. (”Olen oppinut saamaan itseni sellaiseen tilaan, jossa pystyn antamaan parastani lavalla... tämä tuo itsevarmuutta ja itsetuntoa, kun tietää ettei tule rimanalituksia”).

She attributed the positive development to herself and the HOPE intervention (internal and external).
Cecilia felt that the time and effort that she had invested into her learning process was starting to pay off. She learned to trust herself on stage and “just let it happen”. Cecilia felt she was now in control; even if she did not feel good on stage, it did not show. Contrary to how things were before, Cecilia’s performances were now at a professional level, no matter what. The variance in performance level is no longer an issue. She stressed that the goals—both artistic and identity—that were set at the beginning of the HOPE course had been reached. Thus, her reasoning was both internal and external.

Dorothy experienced a major change in relation to her performing. She began to view performing as a learning situation and set realistic learning goals for these occasions. For Dorothy, it was essential to learn to distinguish her fear from her skills. A very intense internal process with a forthcoming competition made her realise this (see the section Performing/Post-Questionnaire/Dorothy). The positive development was possible because she learned to listen to herself and not to do what she believed everyone else expected of her. She also identified some particular exercises which were part of the HOPE intervention that catalysed the change. Dorothy’s causation was both internal and external.

In the past six months Gabriela has experienced a great deal of success in performing and competing. She felt confident on stage and said that she learned more all the time. In addition to her own talent and hard work, Gabriela also identified external factors such as gaining positive experiences in performing, peer group support, and the HOPE intervention for her excellent state of affairs. Thus, her causation was internal and external.

Frank thought his performing was much better; he felt he is more relaxed on stage. The joy and pleasure of making music that had been lost for him for quite a while was now coming back. Frank thought it was due to the HOPE intervention and the prioritising he had been doing (external and internal causation). As he put it:

“The joy and pleasure of making music had been lost for quite a while, but in the HOPE intervention the return to the good [joy and pleasure of making music] has started”. ("Mulla on ollut kadoksissa soittamisen ilo ja nautinto aika pitkän aikaa, mutta Tsemppipajassa on lähtenyt liikkeelle paluu takaisin hyvään").

Harriet learned to create her own space even if it was “by force” (“vaikka vääkin”)—both in private and in professional life. Therefore, auditions had become easier for her. Harriet described her recent audition experience as follows:
“Nothing could disturb me while I was on stage ... And afterwards I did not feel anxious, ashamed and terrible as I always used to feel before. Now I felt all right and that nothing could destroy my self-confidence”. (”Mikään ei pystynyt häiritsemään mua lavalla... Ja jälkeenpäin ei yhtään ahdistanut ja ollut häväistynyta ja hirveä olo niin kuin oli aikaisemmin aina. Nyt oli olo ihan ok, mikään ei romahduttanut mun itseluottamusta”.)

Harriet’s belief in her own way of making music and pursuing a career had also strengthened. She was now working with like-minded colleagues who shared her professional mission and vision. Harriet believed that in addition to her own personal investment, the enormous positive development could not have been possible without the HOPE intervention (internal and external causation).

Ian felt more confident about his performing. He was now accustomed to the “terrible” (“karmea”) pre-performance state. Ian had found a way to be in control of the situation with a particular type of internal dialogue:

“After all, it went well last time when I felt like this before performing”. (”Menihän se viimeksinkin hyvin, vaikka oli tällainen samalainen olo ennen esiintymistä”.)

Ian was not much older now than he was at the beginning of the intervention, but he thought his age was to his advantage:

“I still have plenty of time to improve, it is nice to have something to develop”. (”Mulla on vielä hyvin aikaa kehittyä, on kiva kun on jotain mitä kehittää”.)

Ian stated that the HOPE intervention had helped him, especially in improving his solo performing, and had given him a solid foundation as a professional performer. The positive state of affairs was due to his own practising, becoming more experienced, and the HOPE intervention (internal and external causation).

### 6.2 Playing or singing

In sum, the figures suggest that in regard to playing or singing, a positive change took place in participants’ perceptions. The self-ratings moved towards the upper end of the scale and the amount of satisfaction grew within the research period. Interestingly, it was the participants’ perceptions of their current degree of satisfaction—not so much the self-rated numbers—related to their playing or singing that underwent a major change. It is also notable that, of the four key themes, it was in playing or singing that the participants reported the
lowest numbers and perceived the smallest changes during the whole research period.

In regard to the self-rated numbers at the individual level, most of the participants reported a change of one or two numbers. Yet there was one participant (Cecilia) who stated a change of four figures (from 4 to 8) over the research period.

However, there was a significant change in all participants’ perceptions of their playing or singing and related satisfaction (Question 18b). The major shift seemed to take place during the HOPE course, between the pre- and post-questionnaires. Before the HOPE intervention no participant (0%) was satisfied with his playing or singing, but after the course and again six months later all participants (100%) were content with their current situations.

In Question 19 the participants were asked to explain what they believed the current performing situation resulted from. Here we take a closer look at their causal reasoning.

**Pre-Questionnaire**

Before the course started there were four participants (Alice, Dorothy, Edwin, and Gabriela) who were “not satisfied”. They explained that their situation was caused by external or both external and internal factors. The specific factors they gave varied.

The most dramatic description was Alice’s. Interestingly, the grade that she gave to her playing (7) was not the lowest in the group—fully half the participants rated their situations even lower (from 4 to 6) than Alice. However, in their descriptions the others did not appear to be as dissatisfied as Alice. Alice had lost faith in herself and was totally fed up with playing and practising. She described her current situation with both external and internal causes:

“I am fed up with playing; no one has believed in me for such a long time, I can’t believe in myself either. I cannot concentrate on practising; I have practised so much in my life already”. (”Ottaan päähän koko viulunsoitto, kukaan ei ole aikoinin uskonut kykyihini, en jaksaa enää itsekään uskoa. En jaksaa keskittyä harjoitteluihin, olen harjoitellut jo niin paljon elämässäni”.)

With Dorothy the causation was external, connected to a serious strain that had prevented her from playing for one year. Now she was concerned about being able to cope with all the practise as she tried to get back in shape. Edwin explained his current situation with both internal and external factors—family reasons and his “lack of ambition” (“kunnianhimon puute”). Gabriela’s reasoning was her young age, an external factor that prevented her from having the know-how and the experience that she would like.
Before the HOPE intervention there were five participants (Barbara, Cecilia, Frank, Harriet, and Ian) in the group, “partly satisfied”. In general, they were satisfied with some aspects of their playing or singing but not with others, mostly identified as external. The following comment by Harriet highlights the issue:

“I am not happy with my technique, but I am happy with the fact that I know what I need to develop next and how”. (“En ole tyytyväinen tekniikkaani, mutta olen tyytyväinen siitä, että tiedän mitä kehittää seuraavaksi ja miten”.)

Post-Questionnaire

After the HOPE course there were no participants in the “not satisfied” group. One participant (Edwin) evaluated his situation as being “partly satisfied”, while the rest rated theirs as “satisfied”, the third group. All participants stated that they had adopted “more sensible” (järkevampi) or “more efficient” (tehokkaampi) practising habits. They all cited the HOPE intervention as having a central role in catalysing the positive change.

Between the times of the pre- and post-questionnaires Edwin shifted from the first group, “not satisfied”, to the second group, “partly satisfied”. He viewed his situation as improved because of his “sane judgement” (tervejärkisyys), and he felt he had made progress with his music making. However, a recent medical condition, which prevented him from making music for months, and his family situation were still sources of stress for him. Thus, at the end of the course Edwin explained his current situation with positive internal and negative external factors.

After the HOPE course all eight of the other participants perceived themselves as “satisfied” with their current state of playing or singing. Alice, Dorothy, and Gabriela reported the greatest shifts, moving from the first group, “not satisfied”, to the third group, “satisfied”.

Alice stated that she had gotten the right kind of help (HOPE intervention) and rid herself of an obsession with obtaining permanent post in a particular orchestra. Clarifying to herself her “true motivation for playing”, “to play for the right reasons” (soittaa oikeista syistä) helped her to make the right choices for her career in music.

Dorothy regained her physical health (recovering from the strain injury) and perceived the satisfactory state of affairs as being due to her new way of conducting sensible and productive practise. Gabriela internalised a new, more positive angle about her age. She said:

“I am skilful and good for my age”. (“Olen taitava ja hyvä ikääni nähden”.)
The five participants (Barbara, Cecilia, Frank, Harriet, and Ian) from the second, “partly satisfied” group shifted to the third, “satisfied” group by the end of the course. They adopted a more patient attitude towards their playing or singing of long-term learning. As Cecilia realised:

“Developing/learning is an ongoing process. Sometimes you make progress; sometimes you take a step backwards”. (“Kehittyminen on jatkuva prosessi. Välillä mennään eteenpäin, välillä taaksepäin”.)

All five began to view their playing or singing as “part of a bigger picture” in which various examinations or competitions are not random or disconnected incidents but organically connected to the whole. In addition, all but one (Gabriela) talked about having given up various inappropriate thinking or behavioural patterns that can be linked with some aspects of perfectionism. The following realisations by Frank and Harriet crystallise the issue:

Frank: “I have realised that one cannot become a perfect musician—and it is not even necessary!” (“Olen tiedostanut, ettei täydelliseksi soittajaksi voi tulla – eikä oikeastaan tarvitsekaan tulla!”)

Harriet: “It dawned on me that it actually is enough what I already am and what I do—nothing more is needed!” (“Tajusin, että sehän oikeasti riittää mitä jo olen ja mitä teen – ei tarvitse yhtään enempää!”)

**Follow-up Interview**

In the follow-up interview Barbara was the only participant who reported any change in degree of satisfaction. She shifted from “satisfied” to “partly satisfied”, while all the others remained “satisfied”. Barbara was not completely satisfied with her playing—or, to put it more precisely—with the endurance of her hands in practising. Barbara has a prolonged strain injury that slows down her practising. However, she stated that in general she was happy with the progress she made both in playing and practising and in related self-control. A good example of the self-control she developed was her new attitude towards the strain injury. She no longer practised when her hand hurt:

“A big change has taken place. Earlier I would have taken pain killers and just gone on practising, even with my hand hurting. Now I stop and practise mentally or do something else. I don’t even feel guilty any longer when I do this!”

In the follow-up interview, participants discussed “having the big picture” even more often than in the post-questionnaire. They also talked about having the right direction or perspective on their playing or singing, including an attitude of life-long learning.

Another common realisation was the significance of self-knowledge as a musician. This entailed participants becoming aware of their own personal playing or singing ideals (including performing). There were two interconnected consequences. First, participants discussed having learned to know their strengths and developmental targets as instrumentalists, what to learn and practise next and how. Second, participants’ identities as musicians were taking shape; their unique personal ways of being artists and creating art were being investigated and realised to a greater degree. As Frank summarised his road to artistic independence:

“My personality as a musician has strengthened; my interpretations [in playing] are now my own, not those of my teacher”. (”Oma musiikkipersoonani on vahvistunut: tulkinnat ei ole open tulkintoja vaan minun omia nyt”.)

6.3 Well-being

In the key theme of well-being, data from two additional questions (Questions 22 and 23) are presented first. Because of the ambiguity of the concept, the aim was to obtain a broader understanding of how “well-being” was understood and experienced by the participants. The same questions about self-rated numbers and degree of satisfaction and causation as in the preceding key themes will also be examined.

The purpose of Question 22—“How do you understand the concept of well-being? What does it mean to you?”—was to map the meanings and understandings of the concept of well-being among the participants. The majority of participants used the word “balance” in their answers, both before (78%) and after (67%) the HOPE intervention course. However, after the course they emphasised much more the importance of actually having a sense of well-being in their lives. The definitions of the concept itself did not change much during the research period. Participants talked about the psychological and physiological balance—some adding spiritual balance to the list—or the “different elements of life” having the “right balance”. For some, the concept included “being satisfied with myself” or “having the right direction in my life”.
In Question 23 participants were asked whether they had a sense of well-being in their lives; they were also asked for at least one concrete example to explain their current situation. Before the intervention a majority (78%) answered “partly”, and two equal-sized small minorities (11%) answered “yes” or “not at all”. By the end of the course, participants’ perceptions had changed significantly: now the majority (78%) answered, “Yes, I do have a sense of well-being in my life”, while the rest, a small minority (22%) answered “partly”. And in the follow-up interview all participants (100%) answered the question with “Yes, I do have a sense of well-being in my life”.

The concrete examples vary. In general, after the course, participants commented on their current situation from a broader perspective than before. Instead of seeing their current situation of well-being as an isolated incident, they now perceived it as part of a larger continuum or system, namely, their lives. Participants talked about “my life going in the right direction” or learning from their previous mistakes or circumstances. They also felt more hopeful about the future and had a sense of more control over their well-being than before the HOPE intervention.

In this data one of the most dramatic descriptions of change in personal well-being was found in Alice’s answers. Before the HOPE intervention
course she placed her state of well-being at figure 6 and described it in the following way:

“In general I feel all right. However, I often feel very anxious and distressed. Sometimes I have self-destructive thoughts and when I feel embittered it has a negative effect on how I work”. (“Olen yleensä suhteellisen hyvinvoiva, mutta välillä kovasti ahdistunut ja stressaantunut. Minulla on silloin tällöin itsetuhoisia ajatuksia ja vaikuttaa työntekoon negatiivisesti kun fiilis on katkeroitunut”.)

At the end of the course Alice placed her well-being at figure 9 and said that she was satisfied with it.

“I wake up in the morning in a good mood and go to work feeling happy”. (“Herään aamulla hyväntuulisena ja lähden töihin iloisena”.)

As in other key themes, the participants were also asked to rate their current state on a scale from 1 to 10 and estimate their perceived level of satisfaction (Question 29). The data suggest that at the individual level a major change took place in the perceptions of four participants (Alice, Barbara, Dorothy, and Gabriela), from not being satisfied to satisfaction. However, of these four, only Dorothy was among the three participants (Dorothy, Frank, and Harriet) who reported the lowest pre-numbers and had the greatest shift on the 1 to 10 scale (an increase of 5 or 6 figures) over the entire research period.

In the pre-questionnaire there were four participants in the low category (Dorothy, Edwin, Frank, and Harriet), three in the middle (Alice, Barbara, and Ian) and two in the high category (Cecilia and Gabriela). After the course slightly more than half (5) the participants rated their current well-being in the high category (Alice, Cecilia, Gabriela, Harriet, and Ian) and the rest in the middle (Barbara, Dorothy, Edwin, and Frank). Six months after the course was finished, all participants estimated their current situations in the high category.

Before the HOPE intervention there was only one participant (Ian) who was satisfied with his current well-being; after the course some five or six months later all participants were content. Before the HOPE intervention five participants (Alice, Barbara, Dorothy, Edwin, and Gabriela) were not satisfied with their current states of well-being, and three (Cecilia, Frank, and Harriet), only partly. Only one participant (Ian) is satisfied. After the course more than half the participants (Alice, Barbara, Cecilia, Harriet, and Ian) were satisfied, one (Frank) was partly satisfied, and three (Dorothy, Edwin, and Gabriela) were not satisfied. However, in the follow-up interview all participants stated that they were satisfied with their current state of well-being.

Next a closer look will be taken into the causal reasoning of the participants and how they explained what led to their current situation (Question 25). As in
the previous key themes, the participants again fell into three groups according to their answers to Question 24b about their perceived degree of satisfaction.

**Pre-Questionnaire**

Before the intervention four participants (Alice, Barbara, Dorothy, and Edwin) were “not at all satisfied”. They explained that their situation was beyond their control, and caused by external or both external and internal factors.

In order to obtain a larger picture from the data, three categories have been identified according to the factors by which participants explained their current state of well-being:

1) Playing or singing, performing, studying
2) Other people—private relationships, family
3) Health

Each participant perceived his or her situation slightly differently.

Alice gave external, uncontrollable reasons from Category 1 for her situation:

“It is because of my unsuccessful auditions, disastrous final exam, and unbearable one-to-one teachers”. (”Se johtuu huonosta koesoittomenestyksestä, surkeasta tutkinnosta ja sietämättömistä soitonopettajistani”.)

Barbara and Dorothy explained that their situation was caused both from within and without, yet was beyond their control. Dorothy gave reasons from Categories 1 and 3:

“I feel stressed because of my upcoming exam. I am worried about my bad time management and whether my hands will hold out”. (“Mulla on paineet tulevasta kurssitutkinnosta. Huolestuttaa huono ajankäyttö ja on huoli kestäkö kädet”.)

Barbara used uncontrollable reasons from Categories 1 and 2 to explain her current situation:

“My father died four months ago. I think this has the greatest effect on my well-being at the moment. On the other hand I started in a new school last autumn and that makes me stressed too”. (”Isäni kuoli neljä kuukautta sitten. Tämä vaikuttaa varmasti kaikkien eniten hyvinvointini tällä hetkellä. Toisaalta aloitin syksyllä uudessa koulussa, joten sekin stressaa”.)
With one exception (Alice), the participants believed that they would be satisfied with their situations if they perceived themselves as having more control. Alice, however, viewed her state of satisfaction as dependent on external, non-controllable factors. She stated that she would be satisfied only if she could obtain a permanent post in a particular orchestra.

There were four participants (Cecilia, Frank, Gabriela, and Harriet) in the second group, “partly satisfied”. They stated that they were satisfied with various internal and external issues in their lives with such comments as “I am a happy child” (“Olen onnen lapsi”) (Gabriela) or “I feel that my life is going in the right direction” (“Tunnen, että elämäni on menossa oikeaan suuntaan”) (Harriet).

The reasons given for the unsatisfactory factors were more homogenous. All participants discussed being too busy, too stressed, and trying to accomplish too much and therefore becoming overtired too often. There was also one participant (Gabriela) who was not satisfied with her weight. She stated that she would be satisfied if she lost ten kilos and exercised regularly. When describing the ideal satisfactory situation, both internal and external factors were used. They included having better balance between the different/basic elements in life and having more control of these elements.

Before the intervention there was only one participant (Ian) satisfied with his well-being (he fell into third group “Yes, I am satisfied”). He explained his perception with both external and internal reasons:

“This is what life is. It could be worse. I cannot complain. I believe in tomorrow”. (”Sellaista elämää on. Vois olla huonomminkin. Ei voi valittaa. Uskoa on huomiseen”.)

Post-Questionnaire

At the end of the course there were two participants in both the first group (“not at all satisfied”) and the second (“partly satisfied”) group, and five in the third group (“yes, I am satisfied”) in regard to self-ratings of their current state of well-being.

Both participants (Dorothy and Edwin) in the first group (“not at all satisfied”) were placed in this same group even before the course started. Nor had the nature of their causal reasoning changed. They still explained their situation with external non-controllable factors such as family-situation/private life or too little time/bad timetable. However, the other participant (Dorothy) stressed that her life had now taken a better turn, despite the recent bad times. The other, Edwin, was finally recovering from a serious medical condition that prevented him from making music for months. Both of these participants had either received therapy before the HOPE inter-
vention started or were involved in long term psychotherapeutic treatment during the HOPE course.

Two of the participants (Frank and Gabriela) were partly satisfied second group with their sense of well-being when the course ended. Similar to the first group, their ratings of their perception of their state of satisfaction had not changed since the beginning of the course. Both stated their situation had been better earlier and once they arrived at the end of the academic term, it would be good again. They both perceived that they had temporarily lost some control over the situation. Between the beginning and the end of the HOPE course, Gabriela had lost weight and was exercising regularly. Now she blamed her busy schedule as an external reason for the lack of progress. However, she expected to recover her new good habits as soon as the end of the term was over. Frank explained his current situation with external and internal reasoning. After the beginning of the HOPE intervention, he started full-time undergraduate studies also in another university. He felt extremely busy and tired trying to manage the exam period simultaneously in two different institutions. However, he stressed that on the whole his entire attitude towards his well-being had changed. This new and better attitude showed in new types of positive actions (sleeping enough, buying cookies as rewards) in his everyday life.

At the end of the HOPE course there were five participants (Alice, Barbara, Cecilia, Harriet, and Ian) who were satisfied with their current state of well-being (the third group). Alice’s and Barbara’s self-perceptions underwent a major change from the first group, “not at all satisfied”, to the third group, “satisfied”. Cecilia and Harriet shifted from “partly satisfied” to “satisfied”. Ian remained stable with his self-rating “satisfied” throughout the entire research period.

The causal reasoning of Alice and Barbara changed from uncontrollable external causes, to controllable external-internal or internal causes. Although Alice did not get the job she had determined was the one and only precondition for satisfaction (in the pre-questionnaire before the course started), she now had another job and is very satisfied with her well-being.

“I like my job and I feel I am appreciated there. My family-life is well-balanced and I have maintained contact with my friends”, Alice stated. (“Pidän työstäni ja tunnen, että minua arvostetaan siellä, perhe-elämäni on tasapainossa ja olen pitänyt yhteyttä ystäviin.”)

Barbara explained her satisfactory state of well-being with internal reasoning:
“I have changed my attitude towards hurry, stress, and other negative things. I have also tried to control my timetable better by planning and prioritising”. ("Olen muuttanut asennoitumistani kiireeseen, stressiin ja muuhun negatiiviseen. Lisäksi, olen yrittänyt saada aikatauluani kontrolliin suunnittemalla ja priorisoimalla").

During the HOPE intervention course, Cecilia and Harriet shifted from “partly satisfied” to “satisfied”. They explained their current situation with either external-internal or internal reasoning. Cecilia perceived her improved state as the result of paying special attention to her sense of well-being (internal). Harriet stated that despite undergoing a major transition, she felt calm (external-internal):

“My life is quite chaotic right now, but I have learned to trust life, and therefore, internally I feel fairly peaceful in the middle of it all”. ("Elämä on aika sekaisin tällä hetkellä, mutta olen kai oppinut luottamaan siihen, että elämä kantaa, ja siki olen sisäisesti aika rauhallinen kaiken kaakoksen keskellä").

**Follow-up Interview**

In the follow-up interviews all participants perceived themselves as being satisfied with their well-being. All rated their current state at 9 with two exceptions—Cecilia, 10, and Frank, 8. The positive state of affairs was mostly seen as a total consequence (Cecilia, Dorothy, Gabriela, Frank, and Harriet—internal causation) or a partial consequence (Alice and Barbara—internal and external causation) of their own actions. The main message was clear: my well-being is my responsibility/up to me; there are no pre-conditions for that, and it is possible to have a sense of well-being even in tough situations. It is about claiming ownership of one’s personal state of well-being. In many cases it has to do with finding more pleasure in everything that one does.

All participants discussed knowing better how to deal with perceived symptoms of stress or even how not to get into situations in which stress symptoms are activated. It is central to take breaks and rest, eat, sleep, and exercise regularly, they observed. Better time-management and relaxation (and mental imagery) skills learned in the HOPE intervention were named by most of them as being essential in managing life and career, including stress management. Tailored relaxation tapes were mentioned several times as helping with such things as sleeping problems for example. Familiar sentences or images from the relaxation and mental imagery tapes or exercises were reported as being spontaneously activated in participants’ minds as needed. Also the perception of having several options in a given situa-
tion was likely to alleviate feelings of distress and anxiety. In addition, all participants discussed the importance of having the right balance among life’s various elements.

The following comments below crystallise what the whole group reported about their current states of well-being and the realisations that led to the positive change.

Alice was the only participant who by now had a permanent job that was not performance-based. However, she had realised that keeping up her playing skills was part of her personal well-being. Therefore, Alice was in the midst of learning how to balance her new teaching job and practising her instrument:

“Maintaining my playing skills and staying in good playing condition are part of my well-being—at least at the moment in my current life situation”. (”Soit-totaidon ylläpitäminen osa omaa hyvinvointia – ainakin tällä hetkellä tääsä elämäntilanteessa”.)

For Barbara the most important thing had been to realise that, as a general rule, a personal sense of well-being can dominate in one’s life. One can make oneself feel good at any time—no preconditions are required.

“The realisation that one can feel good serves as a rule. One does not have to be stressed, tired or anxious first. If one wants to, one can make oneself feel good anytime”, Barbara stated. (“Oivallus, että voi pääsääntöisesti olla hyvä olla. Ei tarvitse olla stressaantunut, väsynyt tai ahdistunut ensin. Jos haluaa, voi saattaa itsensä miellyttävään oloaan milloin vaan!”)

Frank stated that his understanding of well-being had changed. No longer did he think that life has to be perfectly in balance before one can experience personal well-being; it is also possible to experience well-being also in tight situations:

“My understanding of well-being has changed. Life does not has to be perfectly in balance or one does not have to be rested before one can experience personal well-being; it is also possible to feel well in more tense situations. It is about enjoying life wherever you are, whatever you do!” (”Mun käsitys hyvinvoinnista on muuttunut. Se ei välttämättä ole sitä, että elämä täysin tasapainossa ja hyvin levännyt, vaan voi voida hyvin tiukemmassakin tilanteessa. Osaa vaan nauttia elämästä aina siinä tilanteessa missä milloinkin on!”)

For Dorothy and her sense of personal well-being, it had been essential to learn that in a given situation she needs to feel that she always has several options open to her. Otherwise, she may become distressed and anxious. She said:
“I have realised that I always need to have many doors open; otherwise I become distressed”. (“Olen tajunnut, että tarvitsen aina monia avoimia ovia mututen ahdistun”.)

Harriet stated that relaxation- and mental imagery exercises learned in the HOPE course had a great impact on her sense of well-being. Interestingly, she has not done any deliberate relaxation or mental practise, with the exception of listening to the personally tailored tapes, since the HOPE course. However, she said that every now and then, she noticed familiar sentences or images from the tapes or exercises spontaneously activating in her mind. This happened especially in uncomfortable and stressful situations such as auditions or when she could not fall asleep at nights. It helped her to become calm and relaxed.

“I have not done any deliberate relaxation mental practise, but I notice that good sentences from the tape come spontaneously to mind when I need them. They make me feel relaxed and calm if I feel anxious or distressed, as in auditions or if I cannot fall asleep in the evenings”, Harriet described. (”En itse tehnyt rentoutus- tai mielikuvaharjoittelua tietoisesti, mutta huomaan, että äänitteellä lauseita tulee mieleen spontaanisti, kun tarpeen. Ne rentouttaa ja rauhoittaa, jos on ahdistus tai kiire kuten koelauluissa tai illalla jos ei saa unta”.)

Cecilia, Gabriela, and Ian discussed having the right balance among the various elements in life. As Ian remarked:

“I am satisfied with the present situation; I would not want to change it much. I can concentrate on my work and relax when I want to”. (”Olen tyytyväinen vallitsevaan tilanteeseen, ei haluaisi muuttaa paljoakaan nykyisestä, pystyy keskittymään töihin ja tarpeen tullen rentoutumaan”.)

6.4 Overall state of performing, playing or singing and well-being

There is one additional question (Question 28) under the key theme of overall state of performing, playing or singing and well-being. As in Question Q22 on participants’ individual understanding of well-being, the purpose of this “preliminary” question was to avoid manipulating or leading participants’ answers in a particular direction, as might have been the case had the questions started from the assumption that performing, playing or singing and well-being are interrelated.

In Question 28, the participants were asked if they believed that their performing, playing or singing and well-being were interrelated. Interestingly,
there were no “no” answers on any of the questionnaires or in the follow-up interviews. The general tendency was that the further the intervention time span stretched the more “yes” answers there were. Whereas in the pre-course questionnaire three (33%) participants answered, “Yes, they are interrelated”, after the course the number was seven (78%), while in the follow-up interview eight out of eight (100%) answered “yes”. There were only two participants (Alice and Dorothy) who moved to opposite directions, from their pre-questionnaire answers of “yes” to the post- and follow-up answers, “partly”. However, in their cases this change was experienced as a positive one.

For Alice and Dorothy, before the course the perceived interrelatedness of performing, playing and well-being was completely negative. Alice said that her biggest problem was the negative influence that her highly unsatisfactory current performing and playing situation had on the rest of her life. When asked whether her performing, playing or singing and well-being were connected, she answered: “Yes, I think that’s where my biggest problems are” (“Kyllä, sillä mielestäni pahimmat ongelmat ovat siellä”).

Dorothy did not express her unsatisfactory overall situation as explicitly. However, she said clearly that, to her mind, performing, playing and well-being were partly connected. At that time this was not a positive realisation for her. She felt anxious about recovering from a hand operation and thought that the operation had too big an impact on the rest of her life.

“It has partly to do with playing; I did not play last year because of a hand injury. Now I feel my hands tend to become overstrained too easily. I also did not perform for a long time and that makes me feel frightened. I don’t like how all that this makes me feel anxious in general”, Dorothy stated. (“Liittyy soittamiseen osittain; olin viime vuoden soittamatta käsivamman takia. Tuntuu, että kädet rasittuvat vieläkin liian helposti. Olin myös pitkään esiintymättä ja tilanne pelottaa. En tykkää, että tämä saa yleensä ottaen ahdistumaan.”)

However, by the end of the research period Alice and Dorothy felt more positive about the issue. Now they both answered “partly” and explained that they no longer took their playing “as seriously” (“ei ole niin vakavaa”) as before; therefore, their playing felt easier and more enjoyable now. As Alice put it:

“After all, playing is not so serious, and it should not take up your whole life”. (“Kaiken kaikkiaan ei soittaminen oo niin vakavaa, eikä sen tule viedä koko elämää.”)

In general, by the end of the course participants had learned to use the perceived interrelatedness to their advantage.

As with the other key themes, the participants were also asked to rate their current state on a scale from 1 to 10 (Question 29a) and estimate their perceived level of satisfaction (Question 29b). In a nutshell, the quantified data...
suggest that on the individual level, a major change took place in three to five participants’ perceptions of their overall state. During the research period the perceptions of five participants (Alice, Barbara, Dorothy, Gabriela, and Harriet) of their overall state shifted, from not being satisfied to being satisfied. Of these five, three (Alice, Dorothy, and Harriet) also reported a significant change in their self-rated numbers by four to six figures.

The improved self-ratings (Question 29a) of three (Alice from 3 to 9, Dorothy from 4 to 9, and Harriet from 5 to 9) suggest there had been a very significant positive change overall. However, at the individual level, the degree and pace of change varied greatly. Of the eight participants, five (Alice, Barbara, Cecilia, Gabriela, and Harriet) reported the biggest shift between the pre- and post-questionnaires, while three (Dorothy, Frank, and Ian) experienced the greatest change after the course (and before the follow-up interview). The average change during the entire research period was 3.75. At the individual level it varied from one number (Ian) to six numbers upwards (Alice). However, there was one participant (Edwin) who perceived negative change by minus one between the pre- and post-questionnaires. This particular participant, however, was experiencing a serious medical condition that prevented him from making music at the time of the post-questionnaire.

The greatest shift in participants’ perceptions of their overall state and related satisfaction (Question 29b) seemed to take place during the HOPE course; after the course, four out of five “not satisfied” participants perceived themselves as satisfied. Half a year after the course was finished all participants were satisfied with their current overall state. On an individual level the biggest change took place in the perceptions of five (Alice, Barbara, Dorothy, Gabriela, and Harriet). Over the research period all shifted from “not satisfied” to being “satisfied” with their current overall situation.

In Question 30 the participants were asked to explain what led to their current overall state (in relation to performing, playing or singing and well-being). As in previous key themes, the participants again fell divided into three groups according to their answers to Question 29b about their perceived degree of satisfaction.

**Pre-Questionnaire**

Before the course started there were five participants (Alice, Barbara, Dorothy, Gabriela, and Harriet) who were not satisfied with their current overall state. All but one (Gabriela) explained their situation as caused by external factors. The given factors varied. There was worry about finding a place in the labour market (Alice); there were family issues (Barbara and Harriet); and there were problems with physical fitness and health (Dorothy and Gabriela).
Alice was very worried that she would not find a place in the competitive labour market. In addition to the demanding nature of the market, she blamed her previous teachers and perceived performance failures for the current unsatisfactory state of her affairs.

Barbara and Harriet explained their current situation with external reasons, using especially family issues. Harriet felt that her childhood memories were a burden to her and that they interfered significantly with her development as a musician. Barbara’s father had recently died and therefore she felt unhappy and anxious. This had a negative overall effect on her life and playing.

Dorothy and Gabriela had problems with their physical fitness and health. Dorothy explained her situation with an external cause: serious strain injury and upcoming final performance exam. Gabriela was dissatisfied with herself for not taking proper care of her physical condition; her causation is internal.

“I am not satisfied; I am not physically fit. I don’t take care of myself enough”, Gabriela stated. (“En ole tyytyväinen fyysinen kuntoni on huono.. En huolehdi tarpeeksi itsestäni”.)

Before the course started, there were three participants (Cecilia, Edwin, and Frank) who were partly satisfied with their current overall state. Cecilia and Frank viewed both internal and external factors as causing their current situation while Edwin blamed external ones.

Cecilia stated that she was now committed to making music; at this stage her whole life was about making music. However, Cecilia did not see her life situation as a problem; she considered it is “part of the business”.—Thus internal and external reasoning. As she put it:

“At the moment my life is all about singing. I don’t think it as a problem; it is part of the business”. (“Tällä hetkellä elämäni pyörii laulun ympärillä. En koe sitä ongelmaksi ja vaan se kuuluu asiaan”.)

Edwin was satisfied with his artistic achievements but not with his psychological and physical state:

“I am satisfied that the artistic outcomes are better than my psychological and physical state. I am dissatisfied that I am not feeling well” (“Olen tyytyväinen siihen, että taiteellinen tulos on henkistä ja fyysistä oloa parempi. Olen tyytymätön siihen huonoon oloon.”)

For Edwin the reasons for the current state of affairs were mainly external—a demanding family situation and diagnosed depression.
Frank believed that the basic things in his life were all right. It was the dark season in Finland and the fatigue that comes with it that had a general negative effect on his well-being (external). In addition, Frank’s moods tended to change very quickly and uncontrollably to a disturbing degree (internal). All this was taking a toll on his playing and performing.

Ian was the only participant who reported being satisfied with his current overall state. Ian’s answer to the question for an explanation of the causes was: “Everything is in order”. (“Kaikki kunnossa”).

Post-Questionnaire

After the Hope course six participants (Alice, Barbara, Gabriela, Frank, Harriet, and Ian) were satisfied with their current overall state. Alice reconsidered prioritising her whole life with a new sense of perspective, while the other five satisfied participants (Barbara, Gabriela, Frank, and Harriet) discussed various aspects of performing and being a musician.

Alice explained that she simply grew tired of being frustrated with her playing and therefore reconsidered her life from a new perspective. The positive state of affairs was due to her own practising and getting the right kind of help (HOPE intervention) for her problems (internal and external causation).

As a consequence of her successful performance exam, Barbara now had a very strong sense of overall well-being in her life. According to Barbara, the success on her exam was due to her own efficient practising, good teaching, and the training she got in the HOPE course (internal and external causation).

Gabriela was satisfied with her current overall situation and took all the credit herself (internal causation). It appeared that for her the key to the overall well-being was in successful performing:

“I am satisfied with it [the overall state] because I don’t let anything disturb my performing generally”. (“Olen tyytyväinen, sillä en yleensä anna ylimääräisten asioiden vaikuttaa esiintymiseeni”)

Harriet’s motivation to continue in making a career in music was strengthened. She said:

“Singing has always been my life, and that is how I want it to be. If I ever change my mind, I will worry about it then”. (“Laulaminen on aina ollut mun elämä, ja niin haluan sen olevan. Jos joskus muutan mieleni, se olkoon sen ajan murhe”)

Harriet explained her current situation with internal factors (“getting even with my past”, “päästä tasoihin menneisyyteni kanssa”) and external (the
HOPE intervention) factors. Ian’s answer remained the same: “Everything is in order” (“Kaikki kunnossa”).

Cecilia was the only participant only partly satisfied with her current overall state. She talked about learning to know her limits by doing (internal causation).

“Methodicalness, prioritising. In other words, learning to know one’s own limits by doing, Cecilia stated.” (“Suunnitelmallisuudesta, asioiden prioritoinnista, toisin sanoen omien rajojen löytämisestä kantapään kautta”).

After the Hope course there were two participants (Dorothy and Edwin) who were not satisfied with their current overall situation. They discussed poor time management, being tired and feeling overworked. Dorothy explained her situation with internal factors and Edwin, with external factors.

Dorothy was preparing for a major competition. She was concerned about the internal aspects of the process; how to adopt an appropriate and productive attitude towards the preparation and the competition. Dorothy pondered:

“Getting ready for the competition and adopting the right attitude ahead of time: do I get it ready and what does it mean, and am I satisfied with the situation and myself”. (“Kilpailuihin valmistautuminen ja etukäteen asennoituminen: saanko valmiiksi vai en ja mitä se merkitsee ja oletko tyytyväinen vallitsevaan tilanteeseen ja itseen”).

Edwin was still not satisfied and felt even more fatigued and overworked. The reasons had not changed—the family situation and prolonged studies remained the factors.

Follow-up Interview

Six months after the HOPE course was finished, all participants reported being satisfied with their overall state of performing, playing or singing, and well-being.

Alice was very satisfied with her new job and had a sense of belonging. No longer did she want the kind of life she had had before. She described it as following:

“I just don’t want that kind of life any longer, thinking about fingerings night and day for weeks before an important performance”. (“En vain halua sellaista elämää enää, mitä viiikkokaupalla sormituksia ennen tärkeää esiintymistä”).
Participants’ change and development in the longitudinal group, Hope 1

Alice saw the current satisfactory state of affairs as the result of her own choices. This included getting rid of an unhealthy obsession with having to have a particular job (internal causation) and considering her life from a new perspective. She also gave credit to the HOPE intervention (external causation).

“I could not have done this without the HOPE intervention. I was on the verge of total collapse when it started”. Alice stated. (“En olisi saanut tätä aikaan ilman Tsemppipajaa. Olin täydellisen romahduksen partaalla kun kurssi alkoi.”)

Barbara emphasised how important were the right attitudes in life. “How you organise things in your head and your life” (“asiat järjestää omassa päässä ja elämässä”) were central. It has been essential for Barbara to learn how being anxious about music making does not help in making music. Learning to prioritise and practise more effectively has been essential to bring about the current satisfactory state of affairs. Barbara gave credit to herself, her instrumental teacher, and the HOPE intervention for the positive change she perceived as significant (internal and external causation).

Cecilia believed that learning to look at her life and performing from a larger perspective was essential in convincing her that a career in music was what she wanted. It also helped her to adopt a new, more productive attitude towards performing. From the larger perspective a perceived failure is no longer a catastrophe; you learn to see a performance as a part of the greater learning process. Cecilia began to see herself and the HOPE intervention as the main causes for the positive overall change (internal and external causation).

Dorothy was the only participant with whom the biggest overall change—both in regard to the self-rated numbers and the degree of satisfaction—took place in between the post-questionnaire and the follow-up interview. Dorothy explained that the turning point had to do with intense anxiety about a major competition and previous traumatic experiences related to it. She found that the key to overcoming this anxiety was to forgive herself and realise that she did not have to take part in this particular competition in order to feel good about herself and her skills. As she put it:

“... I forgive myself. I realised that I am good just the way I am. I don’t have to take part in this competition in order to show that I am good”. (“... Annoin itselleni anteeksi. Ajattelin sä oot ihan hyvä näin, ei tarvitse mennä kilpailuun osoittamaan että on hyvä”.)

Dorothy also identified two particular mental imagery exercises in the HOPE intervention as key factors in catalysing her thinking and pushing
her in the right direction. Thus, her explanation for the positive state of affairs was internal-external.

Gabriela was now convinced that music was her life. She discussed the pressures that often come with a professional career in music. She had experienced the ups and downs typical in the life of an artist who lives through an intensive preparation period before the high point of performing. But it is the recovery from such intensive and elevating processes that she felt to be the challenge. How to live an ordinary life after such high points, which are like falling in love, she pondered.

"It is very hard to return to the ordinary, everyday life after being in such an emotional state—it is like falling in and out of love. I am envious of all the artists who work all the time: they don’t have to return to the dull everyday routine at all, except if they travel and are alone", Gabriela described. ("Kun saanut olla tietyssä tunnetilassa (vrt. rakastuminen) on tietyssä tilassa ja paluu arkeen on kovaa. Olen kateellinen taiteilijoille, joilla koko ajan töitä: ei tarvitse palata arkeen paitsi jos matkustaa ja on yksin.)

Gabriela stated that she learned to deal with the phenomenon by using the various mental skills introduced in the HOPE intervention (internal-external causation).

Frank felt he was in control of his life now—as much as it is possible in general to be, he added.

"Although I realise it not possible to have total control over one's life, I am now completely in charge of my own life and hold the reins", Frank stated. ("Vaikka tajuan ettei sitä voi täysin hallita, olen päässyt sisälle omaa elämääni ja pidän ohjaksista kiinni").

Frank learned to balance the crucial continuum of order-creativity ("järjestelmällisyys-luovuus") and working-inspiration ("työnteko-inspiraatio"). He was more realistic about his skills and resources now; Frank had given up perfectionism. He also knew that challenges motivated him and that they gave him the structure and pace that he wanted in his life.

"I like challenges and tough situations for which one can prepare oneself and then rest. They bring structure and pace, and they belong to my greater well-being. I don’t want a monotonous life!" ("Tykkään haasteista ja tiukoista paikoista, joihin voi tsempata ja sitten levätä. Ne tuo rytmää ja järjestystä, ne kuuluu mun isoon hyvinvointiin. En halua tasapaksua elämää!")

The positive overall change was the result of his own thinking and the discussions carried out within the HOPE intervention (internal-external causation).
Harriet felt that she was almost done with “cleaning up her personal history” (“oman henkilöhistorian putsaus”). This had a positive overall effect both on her personal life and on her professional life. Professionally, it helped her to strengthen her musical identity and grow more independent as a performing artist:

“...The cleaning is related to becoming independent as a performing artist, and that is positive! I am now convinced of the road I have chosen... (“Putsaus liittyy myös itsenäistymiseen taiteilijana, joka on positiivista! Olen nyt vakuutunut valitsemastani tiestä [ammatillisesti]”.)

Ian discussed the importance of balancing music and his “other life”. He noted that playing should not take up one’s whole life; it is essential to have other things in one’s life besides music.

“It is important to me to have other things in my life besides music—playing is not one’s whole life. When I have free time, I don’t have to think about playing”, Ian stated. (“Mulle on tärkeätä, että on muutakin kuin musiikki elämässä – että soittaminen ei oo koko elämä. Kun vapaalla, ei tarvitse ajatella soittojuttuja”.)

6.5 Summary

In this section a brief summary of the main findings on the level of the individual participants and the coaching group (Hope 1) is provided. The emphasis is on the quantified data. A more detailed summary of the qualitative results can be found in Chapter 8.1.1.

Performing

At an individual level the greatest overall change in the key theme of performing was experienced by Alice and Ian: they both reported a change of five or six numbers and shifted from being dissatisfied to being satisfied. Harriet and Frank also estimated their perceived change by five and six numbers. All participants stated that they were satisfied with their performing at the end of the research period and dissatisfied when the HOPE intervention course started. The least overall change (from 7 to 9) was reported by Barbara. However, the data indicate that a great qualitative change had taken place in Barbara’s performing. For example, she no longer suffered from disturbing physical symptoms or lack of concentration on stage (the post-questionnaire). In the follow-up interview she described how she learned to do her best when performing.
Playing or singing

The smallest changes took place in the key theme of playing or singing. Most of the participants reported a change of one or two numbers; only Cecilia estimated her change by four figures (from 4 to 8) during the research period. However, there was a significant change in all participants’ perceptions of their related satisfaction. Before the HOPE intervention course started all reported not being satisfied, but after the course and six months later, all perceived themselves satisfied in relation to their playing or singing.

Well-being

Even if the definitions of the concept “well-being” did not change much during the research period, the participants’ perception of well-being in their lives did. Whereas before the HOPE intervention more than three out of four (78%) participants states that they lacked well-being in their lives, after the course exactly the same number declared having well-being. Dorothy, Frank, and Harriet reported the biggest changes (five to six figures); the latter two also experienced a shift from not being satisfied to being satisfied. All participants perceived themselves as being satisfied with their well-being at the end of the research period, while only one had been satisfied in the beginning. The smallest change was experienced by Gabriela: just one figure (from 8 to 9). Gabriela’s point of departure, however, was is the highest reported (together with Harriet).

Overall state of performing, playing or singing and well-being

All participants perceived performing, playing or singing and well-being as being at least partly connected. For the majority this connection strengthened as the research period advanced; only Alice and Dorothy went in opposite directions. Nevertheless, all participants stated a positive change in their perceptions during the research period.

Alice, Dorothy, and Harriet experienced the greatest change in relation to their overall state, both in relation to the scale numbers and the state of satisfaction. At the beginning of the HOPE intervention course Alice stated that her biggest problems were in the “overall” area. However, after the research period she was satisfied, having made some major changes caused by looking at her life from a new perspective. The smallest changes, one or two figures on the scale were reported by Frank and Ian. However, Ian’s point of departure was the best in the group; he was satisfied with his current situation and estimates it as high as at number eight (the highest Figure given).
7 Quantified changes in the key themes of the various HOPE interventions

The data in this section emerged from the various HOPE interventions, which were in three main phases (Chapter 5.5). The data are presented here in two sets that embrace (i) the total number of participants (n=62) from across the three phases of the HOPE fieldwork—the initial pilot study (P), the main longitudinal study (H1), and the second main study (2)—and (ii) their constituent parts in two groups, with the pilot study and the second main study being treated as one group and the main longitudinal study (Hope 1) treated as a sub-set. In all, there were 7 different groups involved in the HOPE intervention process. One of these (designated Hope 1) also generated longitudinal data. However, in every case, all 7 groups were assessed using a specially designed questionnaire prior to the intervention (as a pre-intervention baseline measure) and again at the end of the process (as a post-intervention measure).

<table>
<thead>
<tr>
<th>Main Foci</th>
<th>Self-ratings</th>
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<td>1–10</td>
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<td>Playing or singing (7.2)</td>
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<tr>
<td>Overall (7.4)</td>
<td>1–10</td>
<td>1–3</td>
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**Figure 7.1.** The questionnaire elements for the data analyses

In this section the questionnaire’s four main foci (performing, playing or singing, well-being, and overall—a combination of these three elements) will be discussed. In each area, participants were asked to rate their perceptions of themselves under two common sub-categories, the first using a 10-point scale, the second using a 3-point scale (not satisfied, partly satisfied, satisfied). For purpose of the analyses, vertical sectioning has been used in the Figures to ease comparison between the two sets of ratings (i.e., the 10-point scale has also been collapsed into three main sections: 1–4 [low category], numbers 5–7 [middle category], and numbers 8–10 [high category] (see the vertical sectioning in Figure 7.1 et seq.). The two sub-categories used across all four foci were self-ratings and degree of satisfaction (see Figure 7.1).

In Figures 7.2–7.18 the additional abbreviations are used as follows: Q = Question; pre-post = Data deriving from the pre- and post-questionnaires (before and after the HOPE intervention); pre-post-follow-up = Data deriving from the pre- and post-questionnaires, and the follow-up interviews; and means = The first figure is the mean of the pre-questionnaire, the second is the
mean of the post-questionnaire, and in Figures 7.11–7.18 the third figure is the mean of the follow-up interview.

Because of its size, Hope P2 represents the majority of the participants (72%–85%) of the combined group in all questions. Therefore, it did not seem necessary to analyse the findings of this group separately.

7.1 Performing

In Questions 4a and 4b participants were asked to rate their perceptions of their performing before and after the HOPE intervention, with the first question (4a) shown on a 10-point scale and the second (4b), on a 3-point scale. Throughout this section (7.1), the sizes of the research groups are Hope 1 (n=9), Hope P2 (n=53), and Hope 1 and Hope P2 combined (n=63).

Overall, all participants rated the quality of their performing higher after the intervention process (Figure 7.2). There was a major shift, with (overall) seven out of ten participants (71%) reporting post-intervention ratings in the three highest categories and none (0%) in the three lowest. The degree of perceived satisfaction increased towards the end of the research period; before the HOPE intervention, it was 3%, and afterwards, 70%. Both of these trends were also evident in the two sub-groupings (Hope 1 and Hope P2; see the lower elements in Figure 7.2), although slightly less marked for the small longitudinal study group Hope 1 (n=9).

**Self-rated numbers on performing (Question 4a)**

In Question 4a the participants were asked to place their current situation with their performing on a scale from 1 to 10.

In Figure 7.2 the self-ratings of Hope 1 (n=9) and Hope P2 (n=53) are combined (n=62). All participants rated their performing higher after the HOPE intervention course. In the pre-questionnaire the distribution of numbers was almost equal between the low (47%) and the middle (45%) categories, leaving less than one tenth (8 %) of the referrals in the high category. However, by the end of the HOPE intervention the high category had the most references (71%), the middle came second (29%), and the low category took third place with no references (0%) at all. Also the dispersion of the numbers became smaller (pre: low-high, post: middle-high) and the mean increased by 3.1 figures, from 4.8 to 7.9.
Figure 7.2. Participants’ self-ratings of the quality of their performing, both before (pre) and after (post) the HOPE intervention. (The upper figure is for the total number of participants, n=62; the lower parts provide details about two main groupings, Hope 1 and Hope P2.)

The chart of Hope 1 (n=9) (Figure 7.2; the lower part on the left-hand side) indicates that the change process was very similar here. Also in Hope 1 the lowest category received the most references (44%) and the highest, the least (22%) before the HOPE intervention began. As in the combined chart (Figure 7.2) the most popular category after the intervention was the highest (44%), with the middle category next (33%), and the low, the least popular (0%). In Hope 1 the growth of the mean (2.1) was one whole number less than in the combined group (3.1). However, the pre-mean was slightly higher in Hope 1 (5.3) than in the combined group (4.8).

In comparing Hope 1 and Hope P2, the charts suggest that the perceived change was greater in Hope P2 (7.2; the lower part on the right-hand side). Before the intervention the mean was a fraction lower in Hope P2 (4.7) than in Hope 1 (5.3), but towards the end of the course, the mean of Hope P2 had risen by 3.3 (to 8.0) compared to that of 2.1 in Hope 1 (to 7.4). The general trend
of the dispersion of self-rated numbers appears to very similar in both groups compared. However, there are some differences as well. Before the HOPE interventions, the highest mark given was 8 in both groups—with the difference of Hope 1 22% compared to the corresponding 6% in Hope P2. After the intervention, 76% of the participants in the Hope P2 placed their performing in the high category, while in Hope 1 the corresponding Figure is considerably lower (44%), and 10 is not given at all (in Hope P2 6%). In both groups the lower end of the scale (low category) is now unused, Hope 1 starting from 6 (22%) and Hope P2 from 5 (2%).

**Level of satisfaction in performing (Question 4b)**

The results in Figure 7.3 presents the self-ratings by the participants in the combined groups, Hope 1 and Hope P2 (n=62), for their current state of satisfaction (Question 4b) before and after the HOPE intervention. A 3-point scale (not satisfied, partly satisfied, satisfied) is used here.

In Figure 7.3 (upper part) the self-ratings of Hope 1 and Hope P2 are combined (n=62). The chart suggests that participants’ perceptions underwent a major change, to being more satisfied with their performing after the HOPE intervention. Before the HOPE intervention nearly three out of four participants (74%) were not satisfied with their performing; one fourth (23%) were partly satisfied; and only 3% were satisfied. Looking at the curves of the pre- and post-columns (Figure 7.3) is almost like looking at a reflected image in a mirror. After the HOPE intervention an almost identical percentage of participants (73%) were satisfied with the current situation as were not satisfied before the intervention (74%). There are 19% of the coachees who were partly satisfied, but only 8% who were not satisfied at all with their performing as reflected on the post-questionnaire.

All in all, the chart of Hope 1 (Figure 7.3, the lower part on the left-hand side) indicates that the major trends of the change process were similar here, although somewhat less marked. There appears to be one major difference in the Figures; before the HOPE intervention the level of perceived satisfaction was higher in Hope 1 than in the combined group, but lower when the course finished. In the latter group (Figure 7.3, upper element) by far the majority of participants (74%) were not satisfied in the pre-questionnaire, while two thirds (67%) of the participants in Hope 1 perceived themselves partly satisfied. However, in the post-ratings, two thirds (75%) of the participants in the combined group perceived themselves as being satisfied but only slightly more than half in Hope 1 (56%).
Quantified changes in the key themes of the various HOPE interventions

Figure 7.3. Participants’ self-ratings of the current state of perceived satisfaction in relation to their performing, before (pre) and after (post) the HOPE intervention. (The upper figure is for the total number of participants, n=62; the lower parts provide detail on two main groups, Hope 1 and Hope P2.)

In comparing Hope 1 and Hope P2 (Figure 7.3, the lower elements), the differences and similarities in the change process between these two groups appear almost identical with what is described in the paragraph above (in which the change process of Hope 1 and the combined group are compared).

Summary of performing (Questions 4a and 4b)

All in all, Figures 7.2 and 7.3 suggest that in regard to performing, a significant positive change took place in participants’ perceptions during the intervention process. After the intervention nearly three of four participants (73%) were satisfied with their performing, rating it on the high end of a 1 to 10 scale (high category, 71%). The corresponding number of satisfied participants before the HOPE intervention was 3%. Towards the end of the research period the dispersion of the numbers became smaller and the mean grew accordingly (3.1 figures, from 4.8 to 7.9). Also the second indicator, the satisfaction level,
underwent a major positive shift during the intervention process. The perceptions of three out of four participants changed from being not satisfied (74%) to being satisfied (73%) with their current state of performing.

The charts in Figure 7.3 indicate that the perceived change was bigger in Hope P2 than in Hope 1. However, the point of departure was somewhat different; the participants in Hope 1 were more satisfied with their performing to begin with and also gave themselves slightly higher marks when the intervention started. By the end of the intervention Hope P2 had outstripped Hope 1; there were now more satisfied participants in Hope P2 (75% compared to 56% in Hope 1) and the marks given were considerably higher as well (high category, 76%, compared to 44% in Hope 1).

7.2 Playing or singing

In this section the findings on participants’ perceptions of their playing or singing will be examined (Questions 18a and 18b). Throughout the section 7.2, Hope 1 consists of nine participants (n=9), Hope P2, of thirty-two participants (n=32) and Hope 1 and Hope P2 combined, of forty-one participants (n=41).

On the whole, all participants (n=41) rated their playing or singing higher on the 1 to 10 scale (Figure 7.4) and also perceived themselves as more satisfied (Figure 7.5) after the HOPE intervention process. In regard to self-rated numbers there was an overall shift, from the middle category (78%) to the high category (59%). The degree of perceived satisfaction increased from before the course, 10%, to after the course, 49%. Both trends were also evident in the two sub-groups (Hope 1 and Hope P2; see the lower elements of Figures 7.4 and 7.5), although the perceived degree of satisfaction was considerably less marked for Hope P2 (n=32) than for Hope 1 (n=9).

Self-ratings in playing or singing (Question 18a)

As in the parallel question on performing (Question 4a), the participants were asked to evaluate their current state of satisfaction and place it on a scale of 1 to 10; however, this time, the emphasis was on playing or singing (Question 18a).

In Figure 7.4 the self-ratings of Hope 1 and Hope P2 are combined (n=41). In general, the self-rated numbers move towards the upper end of the scale, suggesting that a positive change took place in participants’ perceptions regarding their playing or singing. Before the course a great majority of the participants (78%)—almost eight out of ten—rated their situation in the middle category, while the high (15%) and the low categories (7%) received few ratings. The mean was 6.6. After the HOPE intervention course the situation was changed.
Quantified changes in the key themes of the various HOPE interventions

Now the high category was the largest (59%): almost six out of ten participants placed their current situation with their playing or singing there. Into the middle category fell 39% of the ratings, while the low category received only 2%. Between the pre- and post-questionnaires the mean increased from 6.6 to 7.4. The distribution of numbers changed accordingly.

**Figure 7.4.** Participants’ self-ratings of their playing or singing, both before (pre) and after (post) the HOPE intervention. (The upper Figure is for the total number of participants, n=62; the lower parts provide details on the two main groups, Hope 1 and Hope P2.)

In Hope 1 (Figure 7.4, the lower part on the left-hand side) the process appears to be very similar to that in the combined group (Figure 7.4, the upper element). Also when comparing the two sub-groups, Hope 1 and Hope P2 (Figure 7.4, the lower elements), no significant differences other than the increase of the mean being somewhat bigger in Hope 1 (1.3) were found.
**Level of satisfaction in playing or singing (Question 18b)**

Participants were asked to estimate their current level of satisfaction in playing or singing (Question 18b).

![Graph showing changes in satisfaction levels](image)

Figure 7.5. Participants’ self-ratings of the current state of perceived satisfaction in relation to their playing or singing, both before (pre) and after (post) the HOPE intervention. (The upper figure is for the total number of participants, n=62; the lower parts provide detail on the two main groups, Hope 1 and Hope P2.)

In Figure 7.5 (upper element) the self-ratings of Hope 1 and Hope P2 are combined (n=41). The chart suggests that a positive change took place in participants’ perceptions during the coaching process. The number of participants not satisfied was more than halved, from 71% to 29%, in the course of the HOPE intervention. Correspondingly, the number of satisfied coachees grew from 10% to 49%. The percentage of “partly satisfied” varied, from 19% to 22%, between the post- and pre-questionnaires.

The change process appears to be somewhat different in Hope 1 compared to that in the combined group: in Hope 1 (see Figure 7.5, the lower element on the left-hand side), the overall level of satisfaction appears to be consider-
ably higher throughout the entire intervention process. In the pre-questionnaire the majority (56%)—more than half—of the participants in Hope 1 identified themselves as partly satisfied, but in the combined group, an even greater majority (78%)—almost eight out of ten—were not satisfied. Still, after the HOPE intervention the number of satisfied participants was considerably higher in Hope 1 (89%) than in the combined group (38%), and the number “not satisfied” was much smaller (0% in Hope 1 compared to 38% in the combined group).

When comparing Hope 1 and Hope P2 (Figure 7.5, the lower elements) the differences and similarities in the change process between these two groups are almost identical with what is described in the paragraph above (in which the change process of Hope 1 and the combined group are compared).

**Summary of playing or singing satisfaction (Questions 18 a and 18b)**

In sum, the figures suggest that in regard to participants’ playing or singing, a positive change took place in perceptions. The self-rated numbers moved towards the upper end of the scale and the amount of satisfaction between the beginning and the end of the intervention grew (Figures 7.4 and 7.5).

Before the intervention the great majority (78%)—almost eight out of ten participants—rated their playing or singing in the middle category. After the intervention the majority (59%)—nearly six out of ten participants—placed their current state in the high category: before the intervention the corresponding number was slightly more than one in ten (15%). At the same time the perceived level of satisfaction underwent a major change. Before the intervention seven in ten (71%) were not satisfied with their playing or singing, but afterwards nearly half (49%) the participants were satisfied. The mean increased 0.8, from 6.6 to 7.4.

The charts (Figures 7.3 and 7.4, the lower elements) suggest that the participants in Hope 1 were much more satisfied with their playing or singing than those in Hope P2, both before and after the intervention. Interestingly, this is not reflected in the numbers by which they described their current state of playing or singing. In both groups (Hope 1 and Hope P2) the majority placed their current state before the intervention in the middle category (78%) and afterwards, in the high category (56%–59%). The distribution of the numbers is very similar in Hope 1 and in Hope P2 throughout the research period.

### 7.3 Well-being

In this section the findings on participants’ perceptions on their well-being will be examined (Figures 7.6. and 7.7). The number of participants varied, depend-
ing on the question. In the first question (Question 24b, Figure 7.5), concerning the current state of well-being, the number of the participants in Hope 1 was nine (n=9); in Hope P2, thirty-two (n=32); and in the combined group, Hope P2, forty-one (n=41). In the second question (Question 25b, Figure 7.7) concerning the perceived level of satisfaction, the corresponding numbers were nine in Hope 1 (n=9); forty-six in Hope P2 (n=46); and in the combined group, Hope 1 + Hope P2, fifty-five participants (n=55).

On the whole, all participants rated their well-being higher after the intervention process (Figure 7.6). There was a major shift, with the majority of participants (61%) reporting pre-intervention ratings in the middle category and post-intervention ratings in the highest category (71%). The degree of perceived satisfaction increased towards the end of the research period; before the HOPE intervention, it was 16%; afterwards, it was 71%. Both trends were also evident in the two sub-groupings (Hope 1 and Hope P2; see the lower elements of Figures 7.6 and 7.7), although slightly less marked for the small longitudinal study group, Hope 1 (n=9).

**Self-ratings on well-being (Question 24a)**

The participants were asked to place their current state of well-being on a 1 to 10 scale. Here the sizes of the groups were as follows: Hope 1, nine (n=9); Hope P2, thirty-two (n=32); the combined group, Hope 1 + Hope P2, forty-one (n=41).

The data suggest that a major shift from the middle to the high category took place between the beginning and the end of the intervention (see the higher element in Figure 7.6). Before the HOPE intervention the majority of participants (61%) in the combined group (n=41) rated their current state of well-being in the middle category. About one quarter of the participants (27%) placed their state of well-being in the high category, and 12%, in the low. The mean was 6.1 but increased to 7.9 between the pre- and post-questionnaires. The main change in the distribution of the numbers given is that the majority of the references shifted from the middle category (61%) by an even greater majority (71%) to the high category. After the intervention the middle category received 27% ratings and the low, only 2%.

In general, the participants in Hope 1 (Figure 7.6, the lower part on the left-hand side) rated their state of well-being slightly lower than their counterparts in the combined group throughout the whole research period (Figure 7.6, the upper element). Before the intervention, the majority (44%)—slightly fewer than half—of the participants in Hope 1 (n=9)—placed their current state of well-being in the low category, while in the combined group an even greater majority (59%)—nearly six in ten—estimated their corresponding state in the middle category. Although the high category ratings increased in Hope 1
(56%), after the HOPE intervention they were still outnumbered by ratings in the combined group (71%).

**Figure 7.6.** Participants’ self-ratings of the quality of their well-being, both before (pre) and after (post) the HOPE intervention. (The upper Figure is for the total number of participants, n=62; the lower parts provide details on the two main groups, Hope 1 and Hope P2.)

When comparing Hope 1 and Hope P2, the Figures (see the lower elements of Figure 7.6) indicate that the perceived change was slightly greater in Hope 1 (in Hope 1, 2.4 and in Hope P2, 1.6); the main trends appear to be similar when comparing Hope 1 and the combined group. Before the HOPE intervention the mean in Hope 1 was one whole number lower (5.3) than in Hope P2 (6.3).

**Level of satisfaction with well-being (Question 24b)**

Participants were asked about the current level of satisfaction with their well-being (Question 24b). The sizes of the groups were as follows: in Hope 1, nine (n=9); in Hope P2, forty-six (n=46); and in the combined group, Hope 1 + Hope P2, fifty-five (n=55).
Figure 7.7. Participants’ self-ratings of the current state of perceived satisfaction with their well-being, both before (pre) and after (post) the HOPE intervention. (The upper Figure is for the total number of participants, n=62; the lower parts provide details on the two main groups, Hope 1 and Hope P2.)

The Figures in chart 7.7 (the upper element) indicate that a major change took place in participants’ perceptions of their satisfaction with well-being. The amount of perceived satisfaction increased significantly, from 16% to 71%, between the pre- and post-questionnaires. Accordingly, the number of “not satisfied” participants decreased, from 42% to 16%. There were also considerably fewer “partly satisfied” coachees after the intervention (13%) than before (42%).

A similar trend was evident in Hope 1 (Figure 7.7, the lower part on the left-hand side), although slightly less marked. The participants in Hope 1 appeared slightly more dissatisfied with their current state of well-being throughout the entire research period. Before the HOPE intervention, more than half (56%) the participants in Hope 1 were not satisfied, compared to four in ten (42%) in the combined group. After the course the difference was even greater; in the combined group three out of four (71%) participants perceived themselves as
being satisfied with their current state of well-being, but only slightly fewer than six in ten (56%) were satisfied in Hope 1.

When comparing Hope 1 and Hope P2 (in Figure 7.7, the lower elements) the differences and similarities in the change process between these two groups are almost identical with what is described in the paragraph above (in which the change process of Hope 1 and the combined group are compared). Only the percentages describing change process are slightly more polarised than in the combined group.

**Summary of well-being (Questions 24a and 24b)**

On the whole, Figures 7.6 and 7.7 suggest that participants’ perceptions underwent a major change in regard to their well-being. After the intervention almost three out of four (71%) participants were satisfied with their well-being compared to 16% before the course began. Accordingly, a major shift in the self-rated numbers from the middle (61%–27%) to the high category (27%–71%) took place during the research period. The mean increased 1.8, from 6.1 to 7.9.

Although a positive change took place both in Hope 1 and Hope P2, the process appears to have been somewhat different. The charts (see the lower elements of Figures 7.6 and 7.7) indicate that the participants in Hope 1 were slightly more dissatisfied with their current state of well-being, both before and after the intervention.

### 7.4 Overall state of performing, playing or singing and well-being

In this section the findings on the relationship among the three key themes of performing, playing or singing and well-being will be discussed; this complex is called “the overall state” here. Three questions (28, 29a and 29b) were used to investigate this issue. The size of the research groups varied as follows. For Questions 28 and 29b there were nine participants in Hope 1 (n=9), forty-six in Hope P2 (n=46), and fifty-five in the combined group, Hope 1 + Hope P2 (n=55). In Questions 28a there were nine participants in Hope 1 (n=9), thirty-two in Hope P2 (n=36), and forty-one in the combined group Hope 1 + Hope P2 (n=41).
Overall: Interrelation of performing, playing or singing and well-being (Question 28)

The participants were asked whether they believed that their performing, playing or singing and well-being were interrelated (Question 28). In general, the figures (see Figure 7.8) suggest that throughout the research period the majority saw the three key themes as being related.

![Figure 7.8](image)

Figure 7.8. Participants’ answers to the overall state: Perceived interrelation of performing, playing or singing and well-being, both before (pre) and after (post) the HOPE intervention. (The upper Figure is for the total number of participants, n=62; the lower parts provide details on the two main groups, Hope 1 and Hope P2.)

Figure 7.8 (the upper element) the answers of Hope 1 (n=9) and Hope P2 (n=46) are combined (n=55). The Figures between the pre- and post-questionnaire periods did not change much. However, a minor shift from “partly related” to “related” can be seen. The percentage of “partly related” decreased from 29% to 22% and the portion of satisfied participants increased, from 67% to 74%. In the pre-chart there were no “not related” answers, but 4% of the participants gave no answer. In the post-chart all participants did answer, but now there
quantiﬁed changes in the key themes of the various HOPE interventions were 4% of “not related” answers. It appears that the majority (pre, 67% and post, 74%) of the participants perceived performing, playing or singing and well-being as being interrelated, both in the pre- and the post-questionnaires.

Although the end results are very similar, the process of change appears to be somewhat different in Hope 1. The major difference is that in Hope 1 (Figure 7.8, the lower part on the left-hand side), the majority (67%)—two thirds—perceived performing, playing or singing and well-being as “partly related” before the HOPE intervention, whereas in the combined group the corresponding ﬁgure was less than one third (29%). However, by the end of the research period, Hope 1 had outstripped the combined group (74%) by four per cent; now almost four in ﬁve (78%) in Hope 1 believed that performing, playing or singing and well-being were related.

In general, the perceived change is bigger in Hope 1 than in Hope 2 (Figure 7.8, the lower elements); in the latter hardly any change took place. The Figures in the post-charts of Hope 1 and Hope P2 are very similar but not on the pre-charts.

Self-rated numbers on the overall state (Question 29a)

The participants were asked to place their current overall state of performing, playing or singing and well-being on a 1 to 10 scale (see Figure 7.9). The sizes of the groups were as follows: Hope 1, nine (n=9); Hope P2, thirty-two (n=32); and Hope 1 + Hope P2 combined, forty-one (n=41).

In Figure 7.9 (the upper element) the self-ratings of Hope 1 (n=9) and Hope P2 (n=32) are combined (n=41). A major positive change took place between the beginning and the end of the HOPE intervention process. Before the intervention, the majority (61%) of the participants placed their current overall state of performing, playing or singing and well-being in the middle category; after the course exactly the same sized majority (61%) placed this state in the high category. Ratings in the low category decreased by 22%, from 24% to 2%. Between the pre- and post-questionnaires the mean increased signiﬁcantly by 1.9, from 5.6 to 7.5.

In comparing all three charts (see Figure 7.9), the ﬁgures suggest that a very similar change process took place in all groups. The only difference is that the participants in Hope 1 estimated their overall current state of performing, playing or singing and well-being slightly higher on the 1 to 10 scale throughout the entire research period.
**Figure 7.9.** Participants’ self-ratings of their overall state of performing, playing or singing and well-being, both before (pre) and after (post) the HOPE intervention. (The upper figure is for the total number of participants, n=62; the lower parts provide details on the two main groups, Hope 1 and Hope P2.)

**Level of satisfaction with the overall state of performing, playing or singing and well-being (Question 29b)**

Participants were asked their level of satisfaction with the overall state of performing, playing or singing and well-being in Question 29b. The groups here consisted of the following: Hope 1, nine (n=9); in Hope P2, forty-six (n=46); and in the combined group Hope 1 + Hope P2, fifty-five (n=55).

In Figure 7.10 the self-ratings of Hope 1 (n=9) and Hope P2 (n=46) are combined (n=55). It suggests that a major change took place in participants’ perceptions of their level of satisfaction with their overall state of performing, playing or singing and well-being. There was a major shift, from the majority of participants (65%)—two thirds—reporting being not-satisfied in the post-intervention ratings, to a majority (66%) being satisfied in the post-intervention ratings. Looking at these aforementioned columns in the chart (Figure 7.10, the upper element) is like looking at a mirror image. One fourth and one
fifth of the participants were partly satisfied both before (25%) and after (20%) the course.

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**Figure 7.10.** Participants’ self-ratings of the current state of perceived level of satisfaction with the overall state of performing, playing or singing and well-being, both before (pre) and after (post) the HOPE intervention. (The upper Figure is for the total number of participants, n=62; the lower parts provide details on the two main groups, Hope 1 and Hope P2.)

This trend is also evident in the two sub-groups (Hope 1 and Hope P2; see the lower elements of Figure 7.10). The only difference appears to be that a slightly bigger decrease took place in the percentage of “not satisfied” participants in Hope 1 (from pre, 67%, to post, 3%) than in the other groups (in Hope P2 from pre, 56% to post 22%, and in the combined group, from pre 65% to post 15%).
Summary of the overall state of performing, playing or singing and well-being (Questions 28, 29a and 29b)

In general, throughout the research period the majority (67%–78%) of the participants—about seven out of ten—believed that performing, playing/singing and well-being they were interrelated. The rest believed that the three key themes were partly related with one notable exception: in the pre-questionnaire for Hope 1, only one third thought that performing, playing/singing and well-being were interrelated. However, after the intervention, the figures in Hope 1 were very similar to those in Hope P2; now seven to eight (74%–78%) participants believed that the three key themes were interrelated.

From the combined chart in Figure 7.10 (the upper element), it is clear that a considerable change took place in participants’ perceptions during the research period: the same sized majority (61%)—six out of ten—who, before the intervention placed their current overall state in the middle category, shifted it in the high category towards the end of the HOPE intervention course. Furthermore, in the low category, the percentage of ratings diminished to one tenth (from 24% to 2%) between the beginning and the end of the research period. The mean experienced a significant increase of 1.9, from 5.6 to 7.5.

It appears from the investigation that a major change took place in participants’ perceptions of their satisfaction with their overall state of the three key themes. Exactly the same number of participants—two thirds—who, before the intervention were not satisfied (65%) with their current situation, were satisfied (66%) with it afterwards. Simultaneously, the number of “not satisfied” participants dropped dramatically, to almost one fifth (15%) of the original number (65%) (Figure 7.10).

The numbers (the lower elements in Figures 7.9 and 7.10) suggest that on the whole—with minor variants—the change processes in Hope 1 and Hope P2 are very similar to that of the combined group.

7.5 The longer-term impact on Hope 1 participants

In this section the longer-term impact of the HOPE intervention on members of the small study group Hope 1 (n=9) will be examined. The main objective was to learn what happened to the participants’ lives and careers, in particular regarding the key themes, six months after the HOPE course was finished. Was the positive progress that was perceived at the end of the HOPE intervention course still ongoing?

For the analysis the follow-up data were examined vis-à-vis the data derived from the pre- and post-questionnaires in order to build up a coherent understanding of the study’s main findings.
To sum up the findings, six months after the intervention the self-ratings had moved even higher towards the upper end of the scale and the satisfaction levels had continued to rise. In all of the key themes except in playing or singing 100% of the participants rated their current state in the high category and reported being satisfied with the situation. However, in the key theme of playing or singing, the situation had not changed much; all but one was satisfied and half the participants rated their current state in the middle category; the other half placed it in the high category. The means grew accordingly, being slightly greatest in the key theme of performing. The smallest change of mean was discovered in the area of playing or singing.

**Performing (Questions 4a and 4b)**

In the follow-up interview all eight participants (100%) in Hope 1 were satisfied with their current state of performing and rated it in the high category. The Figures suggest that a significant change took place, not only during the course but also six months after it had finished.

In the follow-up interview all eight participants (100%) in Hope 1 rated their performing in the high category (Figure 7.11). In the post-questionnaire the majority of the participants placed their performing in the middle (56%), while in the pre-questionnaire, the lowest category was the most frequently represented (44%). By the time of the post-questionnaire, references to the low category had disappeared altogether (0%). The increase in the high category was at first between the pre- and post-questionnaires, from 22% to 44% (22% increase), and then between the post-questionnaire and the follow-up interview, from 44% to 100% (56% increase). These figures indicate that the perceived change was greater between the post-questionnaire and the follow-up interview; in other words, after the course had been completed.
During the entire research period, from the pre-questionnaire to the follow-up interview, the mean rose significantly by 3.7, from 5.3 to 9.0. Regarding the mean, the change was somewhat greater between the pre- and post-questionnaires, increasing from 5.3 to 7.4 (2.1 increase), while the corresponding figures between the post-questionnaire and the follow-up interview were 7.4 and 9.0 (1.6 increase).

To sum up, the self-rated numbers indicate that a significant change took place in participants’ perceptions of their performing. The position of numbers on the 1 to 10 scale shows that the change seemed greater between the post-questionnaire and the follow-up interview; there were more ratings in the high category towards the end of the research period. However, the rise in mean suggests otherwise; it was somewhat greater between the pre- and the post-questionnaire.

In the follow-up interview all eight participants (100%) in Hope 1 stated that they were satisfied with their current state of performing. Chart 7.12 shows that the shift was quite linear. Before the intervention the majority of the participants perceived themselves as partly satisfied (67%), but no one was satisfied. After the intervention the majority (56%) stated that they were satisfied with their current state of performing. However, there were still participants who were only partly (33%) or not satisfied (11%). By the follow-up interview references from these two latter categories disappeared altogether. Now 100% of the participants perceived themselves as being satisfied.
Quantified changes in the key themes of the various HOPE interventions

Figure 7.12. Participants’ self-ratings on their perceived level of satisfaction in regard to their performing, before (pre), right after (post), and six months after the HOPE intervention (Hope 1)

Playing and singing (Questions 18a and 18b)

Regarding participants’ perceptions of their playing or singing, the positive change took place between the beginning and the end of the course. Before the intervention the majority of the participants (56%) were partly satisfied and placed their current state in the middle category (78%). After the intervention the great majority (89%) was satisfied and rated their playing or singing in the high (56%) category. The only change between the post-questionnaire and the follow-up interview was that the mean of self-rated numbers decreased slightly by 0.1%.

Six months after the course was finished, the mean in Hope 1 had not increased; on the contrary, it was slightly lower (7.5) than immediately after the course (7.6) (Figure 7.13). However, between the pre- and post-questionnaires a shift to the upper end of the scale took place. References to the low category disappeared, the dispersion became smaller and the mean grew by 1.3, from 6.3 to 7.6. After the course the dispersion area stayed the same (6–9). In the follow-up interview 75% of the participants placed their playing or singing on the borderline (numbers 7 and 8), in between the middle (50%) and the high categories (50%).
Figure 7.13. Participants’ self-ratings of their playing or singing, before (pre), right after (post), and six months after the HOPE intervention (Hope 1)

Figure 7.14. Participants’ self-ratings of their perceived level of satisfaction in regard to their playing or singing, before (pre), right after (post), and six months after the HOPE intervention (Hope 1)

In Hope 1 the satisfaction ratings were the same in the follow-up interview and in the post-questionnaire (Figure 7.14). All but one participant (89%), who was partly satisfied, was satisfied with the current state of playing or singing (Figure 7.14). However, a significant positive change took place between the beginning and the end of the course. Before the intervention the majority of the participants (56%) were partly satisfied; after the intervention an even a greater majority (89%) reported themselves satisfied.
**Well-being (Questions 24a and 24b)**

In the follow-up interview all eight participants (100%) in Hope 1 stated that they were satisfied with their well-being. Fully 100% of them also rated their current state in the high category. The Figures suggest that a significant change took place, not only during the course but also six months after it had finished.

![Figure 7.15. Participants’ self-ratings of well-being, before (pre), right after (post), and six months after the HOPE intervention (Hope 1)](image)

In the follow-up interview all eight participants (100%) in Hope 1 rated their current state of well-being in the high category (Figure 7.15). In the post-questionnaire the majority (56%) placed their well-being in the high category, while in the pre-questionnaire the lowest category was the most often referred to (44%). By the post-questionnaire references to the low category disappeared altogether (0%). The increase in the high category was first between the pre- and post-questionnaires, 34% (from 22% to 56%) and then between the post-questionnaire and the follow-up interview, 44% (from 56% to 100%). From the pre-questionnaire to the follow-up interview, the mean rose significantly by 3.6, from 5.3 to 8.9. Interestingly, the increase in the mean was twice as large (an increase of 2.4, from 5.3 to 7.7) between the pre- and post-questionnaires than in between the post-questionnaire and the follow-up interview (an increase of 1.2, from 7.7 to 8.9).
Figure 7.16. Participants’ self-ratings of their perceived level of satisfaction in regard to their well-being, before (pre), right after (post), and six months after the HOPE intervention (Hope 1)

In the follow-up interview all participants (100%) stated that they were satisfied with their current well-being. The Figures (Figure 7.16) suggest that the change was relatively linear. Before the intervention the majority of the participants perceived themselves as being “partly satisfied” (56%). Only one participant (11%) was satisfied with his or her well-being. After the intervention the majority (56%) perceived themselves as “satisfied” with their current states. However, there were still participants who were only partly satisfied (11%) or not satisfied (33%). By the follow-up interview references to these two categories had disappeared altogether and all participants (100%) perceived themselves as being satisfied.

**Overall state of performing, playing or singing and well-being (Questions 29a and 29b)**

In the follow-up interview all eight participants (100%) in Hope 1 stated that they were satisfied with their overall state of performing, playing or singing and well-being. Fully 100% of them also rated their current state in the high category. The Figures suggest that a significant change took place not only during the intervention but six months after it was finished as well.

Six months after the intervention, all eight participants (100%) in Hope 1 rated their overall state of performing, playing or singing and well-being in the high category (Figure 7.17). Right after the course the majority of the participants placed their overall state in the high category (67%); before the course, in the middle (56%). By the end of the intervention references to the low category had vanished (0%). The increase in the high category was at first between the
pre- and post- questionnaires, from 22% to 67% (45% increase), and then between the post-questionnaire and the follow-up interview, from 67% to 100% (33% increase). During the entire research period, from the pre-questionnaire to the follow-up interview, the mean rose significantly by 2.9, from 5.7 to 8.9. The change of mean was slightly larger between the pre- and post-questionnaires increasing by 1.7 (from 5.7 to 7.4) than between the post-questionnaire and the follow-up interview where the increase was 1.5 (from 7.4 to 8.9).

![Figure 7.17](image)

**Figure 7.17.** Participants’ self-ratings of their overall state of performing, playing or singing, and well-being, before (pre), right after (post), and six months after the HOPE intervention (Hope 1)

In the follow-up interview all eight participants (100%) in Hope 1 stated that they were satisfied with their overall state of performing, playing or singing and well-being (Figure 7.18). It appears that the shift was quite linear throughout the research period. Before the intervention the majority of the participants perceived themselves as “not satisfied” (56%) with their current state. There was only one participant (11%) satisfied with his or her overall situation. After the intervention the majority (67%) stated that they were satisfied with their current state. However, there were still participants who were only partly (11%) or not satisfied (22%). By the follow-up interview all participants (100%) perceived themselves as being satisfied.
Figure 7.18. Participants’ self-ratings of their perceived level of satisfaction in regard to their overall state of performing, playing or singing, and well-being, before (pre), right after (post), and six months after the HOPE intervention (Hope 1)

Summary

In the two charts below (Figure 7.19, the self-rated numbers, and Chart 7.20, the level of satisfaction) the longer-term key findings are summarised. The size of the small longitudinal study group Hope 1 was the following: pre-questionnaire, nine (n=9); post-questionnaire, nine (n=9); and follow-up interview, eight (n=8).
Quantified changes in the key themes of the various HOPE interventions.

<table>
<thead>
<tr>
<th></th>
<th>Means</th>
<th>Percentages in the pre-questionnaire</th>
<th>Percentages in the post-questionnaire</th>
<th>Percentages in the follow-up interview</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre</td>
<td>Post</td>
<td>Fup</td>
<td>l</td>
</tr>
<tr>
<td>Performing (Q4a-Q4b)</td>
<td>5.3</td>
<td>7.4</td>
<td>9.0</td>
<td>44</td>
</tr>
<tr>
<td>Playing/singing (Q18a-Q18b)</td>
<td>6.3</td>
<td>7.6</td>
<td>7.5</td>
<td>11</td>
</tr>
<tr>
<td>Well-being (Q24a-Q24b)</td>
<td>5.3</td>
<td>7.7</td>
<td>8.9</td>
<td>44</td>
</tr>
<tr>
<td>Overall state (Q29a-Q29b)</td>
<td>5.7</td>
<td>7.4</td>
<td>8.9</td>
<td>22</td>
</tr>
<tr>
<td>Means</td>
<td>5.7</td>
<td>7.5</td>
<td>8.6</td>
<td>30</td>
</tr>
<tr>
<td>Change from previous measurement of means</td>
<td><strong>Means 1.0</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Abbreviations used in Figure 7.19: Fup = follow-up, Percentages = self-rated numbers, Satisfaction = level of satisfaction, L = low category (numbers 1–4), M = middle category (numbers 5–7), H = high category, (numbers 8–10), and ( ) = amount of change, Q = Question.
<table>
<thead>
<tr>
<th></th>
<th>Satisfaction in the pre-questionnaire</th>
<th>Satisfaction in the post-questionnaire</th>
<th>Satisfaction in the follow-up interview</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>no</td>
<td>partly</td>
<td>yes</td>
</tr>
<tr>
<td>Performing (Q4a–Q4b)</td>
<td>33</td>
<td>67</td>
<td>0</td>
</tr>
<tr>
<td>Playing/singing (Q18a–Q18b)</td>
<td>44</td>
<td>56</td>
<td>0</td>
</tr>
<tr>
<td>Well-being (Q24a–Q24b)</td>
<td>56</td>
<td>33</td>
<td>11</td>
</tr>
<tr>
<td>Overall state (Q29a–Q29b)</td>
<td>56</td>
<td>33</td>
<td>11</td>
</tr>
<tr>
<td>Means</td>
<td>47</td>
<td>47</td>
<td>6</td>
</tr>
</tbody>
</table>

**Figure 7.20.** Participants’ self-ratings of their perceived level of satisfaction, before (pre), right after (post), and six months after the HOPE intervention (Hope 1). The abbreviation used in Figure 7.20: Satisfaction = level of satisfaction

In sum, six months after the intervention the self-ratings had moved even higher towards the upper end of the scale, and the satisfaction levels had continued to rise. In all of the key themes except playing or singing, 100% of the participants rated their current state in the high category and were satisfied with the situation. In playing or singing all but one was satisfied and half of the participants rated their current state in the middle a category, and the other half, in the high category.

The means grew accordingly. However, the growth was slightly smaller (-0.9) between the post-questionnaire and the follow-up interview (mean 1.0) than between the pre- and the post-questionnaires (mean 1.9). Interestingly, in the key theme of playing or singing the mean decreased by 0.1 between the post-questionnaire and the follow-up interview. This was the only exception; otherwise the means grew throughout the entire research period. In playing or singing the starting mean was the highest (6.3), while in performing and well-being, it was the lowest (5.3). All in all, the average change in mean from post-questionnaire to follow-up interview was 2.7, ranging from the smallest shift of 0.7 Figures in playing or singing to the largest, 3.7 in performing.

As with between the pre- and post-questionnaires, the greatest change in mean from post-questionnaire to follow-up interview can be found within the key theme of performing (3.7). However, performing surpassed the key theme of well-being only by one tenth (3.6). The key theme of performing also had the highest mean in the follow-up interview (9.0), exceeding the second highest means of well-being and overall state (8.9) by one tenth once again.

Although the lowest pre-grades (mean 5.3) were given in the key theme of performing (and well-being), participants reported the highest satisfaction (67% partly satisfied) and the lowest dissatisfaction (33%) with this particular
theme. Interestingly, satisfaction grew the fastest in the key theme of playing or singing: from the pre-questionnaire, 44% “not satisfied” and 56% “partly satisfied”; to the post-questionnaire, 11% “partly satisfied” and 89% “satisfied”. While within all the other key themes the satisfaction level rose steadily throughout the whole research period, within playing or singing it stopped with the post-questionnaire.
IV
DISCUSSION, CONCLUSIONS AND IMPLICATIONS

8 Discussion

In this chapter the main results (Chapter 8.1) and their connections to the earlier research literature (Chapter 8.2) will be discussed. In addition, some methodological considerations in relation to the present are explored (Chapter 8.3). However, a reminder of the main objective of the study; namely, to understand the perceived impacts of the HOPE intervention on the participants (coachees), particularly in relation to the four key theme areas:

1. Performing
2. Playing or singing
3. Well-being
4. Overall (1–3 together)

In addition, I endeavoured to shed some light on the development of an optimal performer for example, what are the interferences and the enhancers in the process of becoming a professional performing musician (Chapter 8.2)? A practical aim was also articulated at the beginning of the research period: to develop further the already existing HOPE intervention to be even more performer (coachee) compatible. However, the practical aim became more and more secondary as the investigation progressed. I became increasingly interested in understanding what happens to the individual performers (coachees) in the coaching process and whether the HOPE intervention proved helpful and if so, in what way. What the intervention engenders became more important than what it is. The intervention thus came to be seen more as a means to an end, not as an end in itself.

8.1 Synthesis of the main results

In this chapter the main results of the study are assembled. First, a detailed description of the main findings will be given, deducted from both the quantified and the qualitative data in Chapter six and Chapter seven (Chapters 8.1.1 and 8.1.2). Then, the main results will be summarised (Chapter 8.1.3).
8.1.1 Summary of the main findings of participants’ change and development in Hope 1

The data of Hope 1 (Chapter 6) suggest that in participants’ perceptions of their performing, playing or singing and well-being, changes took place between the pre-questionnaire and the follow-up interview. All participants reported these changes as positive ones. Although the general trend of change was uniform across the participant, at a detailed level there were also great differences between the individual participants and their development processes.

In order to form a bigger picture of the qualitative data, three categories have been identified (as in Chapter 6.3). The categories are:

1. Health and physical fitness
2. Other people
3. Performing, playing or singing and other studies

The purpose was to understand the main issues that the musician-participants discussed are and their reciprocal relationships. This may help to outline a more holistic understanding of the lives of the participants and the changes that take place therein. The categories are interconnected and can thus be thought of as loops in continuous interaction.

1. Health and physical fitness

Seven of nine participants (all but Alice and Ian) in Hope 1 discussed issues directly related to their physical health. During the research period three participants (Barbara, Dorothy, and Edwin) actually suffered from physical problems that prevented their playing or singing for a considerable period of time. Other topics discussed in the group included overuse syndrome and coping with symptoms of stress such as fatigue, headache and sleeping problems. In addition, issues of physical fitness and weight were talked about. Singers especially discussed how to manage their singing with allergies and the female hormonal cycles.

The participants reported that the HOPE intervention helped them to cope better with physically-related problem situations. Techniques learned included mental rehearsal of a performance when real physical practise was not desirable or possible and learning to motivate oneself to keep fit or to control weight. The key is to set appropriate goals and to act upon them. It is essential at all times to “listen” carefully also to one’s own physical state and to do no more than it allows and no less. This is central in particular for sustainable and effective practising habits, the participants stated. Relaxation and mental practise were also reported as helpful in enhancing well-being, e.g. in connection with sleeping or relaxation problems.
2. Other people

Partners, friends, parents, children and others in our private lives were seen as sources either of contentment or dissatisfaction. Unhappy childhood memories or the recent death of a parent can be perceived as distributing negative influences to a current situation. As a positive source, a good partner or a supportive group of friends can make a difference in how a particular event or situation is experienced as a whole.

In professional life other people are seen as having positive and negative influences. On the one hand, perceptions of a terrible instrumental teacher or a harsh jury from the past or the present can be enough to interfere with learning and performing. On the other hand, recognition or encouragement from an instrumental teacher, a jury or colleagues can at times enhance development as a musician and performing immensely.

In the course of the HOPE intervention participants described taking ownership over their choices for their lives and careers more and more. As a result of the changed sense of ownership, they blamed other people or events for their failures much less than before. They attributed their successes more often to themselves, while giving credit to other people as well. Nor were perceived failures generally viewed as being fatal as they had been previously; there was nothing that could not be dealt with or done better in the future.

3. Performing, playing or singing and other studies

Performing was the topic most discussed. However, not all participants described it as a problem. Yet, all stated at the beginning of the HOPE intervention that they want to improve their performing.

Some participants had problems with performing associated with a particular type of situation, such as auditions, competitions or examinations, most commonly a situation playing or singing alone. For others the problems were task-specific. Playing by heart, or playing or singing some particular passages or using certain techniques considered difficult were mentioned as causing problems in performing situations. Not enjoying playing or singing was also worrying to many of the student-musicians at the time the intervention began.

All participants stated that their relationship with their performing changed for the better and that this change was catalysed by the HOPE intervention. If there had been debilitating performance anxiety, it had either diminished or disappeared entirely. All participants reported both being more satisfied with their performing and having improved performing skills after the intervention.
Participants described placing their playing or singing and performing into a bigger picture after the intervention; “it is good to have a more constructive perspective, a larger view of life and playing or singing”, they said. Playing or singing and performing were more often understood as integral parts of their lives, part of the lifelong learning process.

“I am good enough the way I am”, “not taking things so seriously”, “also having other things in life” or “not minding what other people might think or say”—such attitudes appear to be central for enhanced performing success. Better concentration and more efficient practise help with task-specific issues. A more appropriate, individually-tailored preparation process, including pre-performance routines, are learned through the HOPE intervention. This was reported as enhancing self-confidence and self-efficacy because it was perceived to help keep a certain professional standard in performance.

Other subjects of study (besides playing or singing and performing) also constitute a major factor in many undergraduates’ lives. In the data the “other studies” were discussed only when they were perceived to interfere with playing or singing and performing. Hence, they formed a specific loop in the system, which interacted with the other, perhaps more central, loops.

Almost everything that disturbs playing or singing—in particular in relation to performing—was considered negative by the participants. However, after the HOPE intervention participants felt that they could now better perform to their full potential no matter what the circumstances. They reported having learned to use the perceived interrelatedness to their advantage, not to their disadvantage, as was the case for many participants before the course. Participants stated they now had more control of the situation than before and that in the long run they could make these aforementioned aspects—performing, playing or singing and well-being—support one another. Cecilia’s comment in the follow-up interview captured the typical change process in the HOPE intervention.

A big change has taken place: they are interdependent with each other in a good way—they support one another now. I’ve realised that is very important that I can separate them when I need to. Nowadays it does not necessarily have a negative effect on my singing if I don’t feel well; on the contrary, it may make me try harder in a good way! If singing doesn’t go well, it does not influence my sense of well-being too much or for a long time; I don’t dwell on it any longer. It was different before: if I had “a bad” day, I could not go on stage and do well. And if my singing was not good, I thought I would never be able to succeed. I blamed myself and felt so sad I could not sing for days. I no longer feel it is a catastrophe if I don’t do well on stage!”
Discussion

(On tapahtunu iso muutos: ne ei enää oo nii riippuvaisia toisistaan, paitsi hyvällä tavalla tukee toisiaan. Mää oon tajunut, että ne pystyvät toistensa tarpeen. Nykyään huono hyvinvointi ei välttämättä vaikuta mun laulamiseen negatiivisesti – pääinnostaa, se saattaa jopa saada mut tsempaamaan paremmin! Jos laulaminen ei suju hyvin, se ei vaikuta kovin pitkään mun hyvinvointiin, en jää määriä ennen. Oli erilaista ennen: jos mulla oli huono päivä en pysytyni meneään lavalle ja tsemppaamaan. Ja jos laulaminen ei sujunut hyvin, ajattelin, etten ikinä tule onnistumaan, syytin itseäni, ja mulla oli niin paha olla, enkä pystynyt laulamaan moneen päivään. Ei oo enää katastrofi, jos lavalla ei mee hyvin!)

This could also be called empowerment.

8.1.2 Summary of the main findings of the quantified changes in the key themes of the various HOPE interventions

The figures in Chapter 7 indicate that positive changes took place within all key theme areas. In general, the first indicator, the self-rated numbers, moved towards the higher end of the scale so that immediately after the intervention and again six months later (in HOPE 1) the high category was by far the most often referred to by the majority of the participants in all of the key themes. Before the intervention the category most often referred to was the middle category. The mean increased in all of the key themes accordingly.

A similar process can also be seen emerging in relation to the second indicator, the perceived level of satisfaction. A major shift from not-being-satisfied to being-satisfied took place between the beginning and the end of the HOPE intervention. In the longitudinal group Hope 1 this progress continued all the way to the follow-up interview six months after the HOPE intervention course was finished. Whereas on the pre-questionnaire in all of the other key themes except well-being (where an equal number were partly satisfied) the great majority of the participants reported being not satisfied with their current state, on the post-questionnaire the great majority now reported being satisfied.

The biggest change appeared to take place in the key theme of performing, both in relation to the self-rated numbers and in the perceived level of satisfaction. The smallest overall change took place in participants’ perceptions of their playing or singing. However, the key theme of playing or singing had the highest pre-intervention mean. The highest pre-satisfaction levels are reported here in the key theme of well-being. Unlike the all other key theme areas, in which the majority was not satisfied, the majority of the participants reported being either satisfied or partly satisfied with their current state of well-being when the intervention began. After the intervention the satisfaction level in well-being had increased; it was almost as high as the “winner” theme of performing. It is within the key theme of overall state of performing, playing or
singing and well-being that the change process appears to be closest to the average, especially in relation to the means of the self-rated numbers. The figures suggest that throughout the research period the majority believed that performing, playing or singing and well-being were interrelated.

To sum up the related findings of the longer-term impacts in Hope 1, six months after the intervention the self-ratings had moved even higher to the upper end of the scale, and the satisfaction levels had continued to rise. In all of the key themes except in playing or singing, all participants rated their current state in the high category and reported being satisfied with the situation. However, in the key theme of playing, the situation was not much different; all but one were satisfied and half of the participants rated their current state in the middle category and the other half, in the high category. The means grew accordingly, being slightly greatest in the key theme of performing. The smallest change of mean was found in playing or singing.

Regarding participants’ perceptions of their playing or singing, positive change took place between the beginning and the end of the course. Before the intervention the majority of the participants (56%) were partly satisfied and placed their current state in the middle category (78%). After the intervention the great majority (89%) were satisfied and rated their playing or singing in the high (56%) category. The only change between the post- and the follow-up was that the mean of self-rated numbers decreased slightly, by 0.1%.

### 8.1.3 Summary of the main results

Both sets of data—the qualitative combined with the quantified (Chapter 6) and quantified alone (Chapter 7)—indicate that positive changes took place within all key themes areas between the beginning and the end of a HOPE intervention course (n=62). The longitudinal data of Hope 1 (n=9) imply that the perceived positive changes were still ongoing six months after the HOPE intervention course was completed (Chapter 7.5). The biggest change took place in the key theme of performing, and the smallest, within participants’ perception of their playing or singing. The figures suggest that throughout the research period the majority believed that performing, playing or singing and well-being were interrelated.

After the HOPE intervention participants reported not only improved performing but also that performing had become easier and more enjoyable; they now played more for their own satisfaction rather than to please someone else (motivation). When earlier there had been debilitating performance anxiety, it had either decreased or vanished (less detrimental MPA).

Participants attributed their achievements now more constructively to their own efforts (attribution) and understood better the impact of their thoughts, emotion-feelings and behaviours on others and themselves, including how
they themselves contribute to a particular situation. They also felt that they had the capacity to improve (self-efficacy).

Reduced feelings of stress and anxiety and increased feelings of balance and well-being (less handicapping stress) were also reported. Participants’ perceived sense of control, meaning and direction in life had strengthened, including better time management and realistic goal setting (“I know now more what I want and need”). In addition, coachees stated an improved sense of critical self-awareness, and strengthened self-confidence resulting in improved problem-solving skills and enhanced readiness to face challenges.

All participants explained the positive change as being due at least partly to taking part in the HOPE course. Most of them identified some specific exercises or discussions that acted as critical turning points in their positive development.

As a conclusion, the findings of this study suggest that the HOPE intervention was perceived as beneficial in enhancing overall performance capacity, including music performance, and a personal sense of well-being in a specific music university setting.

8.2 Research literature and the study findings

In order to let the storyline flow freely in the data section (Chapter 6), I have chosen to connect the findings with the research literature in this section of the report. First, the literature related to music performance-based career and music performance anxiety (MPA) (Chapter 2.1–2.2) will be discussed (Chapter 8.2.1). Then three additional concepts—motivation, self-efficacy and attribution (Chapter 2.3)—and their relevance to the results of the study will be examined (Chapter 8.2.2). This is followed by an explanation of holism as systems thinking and its applications together with those main features that are particularly essential for understanding the HOPE intervention (Chapter 4) and the results of the study (Chapter 8.2.3).

In general, two main aspects are presented here. The first aspect is the extent to which the findings of this study confirm the results of earlier research. The second is to point out the main differences between the present study and previous research. In Chapter 8.2.3 the key features of the three underpinning holistic theories are examined. At the end of the section, the contribution of the present study to the field of research is briefly summarised (Chapter 8.2.3).
8.2.1 Music performance-based career and music performance anxiety (MPA)

On the whole, the data of the present study confirm those findings in earlier research that showed how being a performing musician in the current Western classical music tradition is perceived as highly demanding and is often experienced as highly stressful in multiple ways (e.g., Steptoe, 1989; Hagglund, 1996; Dews and Williams, 1989; Hamilton et al., 1995; Steptoe and Fidler, 1987; Fetter, 1993; Hagglund, 1996; Hamilton et al., 1995; Brandfonbrener, 1997), despite the great variety of professional roles within the field. Previous studies confirm the negative effects on health of music performance-related occupations (Brodsky, 1996, 89) and suggest that a career in music has many features associated with high-stress employment (Steptoe, 1989). Stress is also a significant contributor to the various physical injuries that musicians encounter (Lehmann et al., 2007, 183) (see Chapter 6, and the situations of Dorothy, Barbara and Edwin). (For the related data in the present study, see the entire Chapter 6, in particular the “pre”- sections in all of the four key themes).

The stresses and strains inherent in a music career are often experienced already during the study years (e.g., Butler, 1995; Chesky and Hipple, 1997; Dews and Williams, 1989; Valtonen, 1999) as the data of this study also suggest. For example, the majority of the participants in the HOPE intervention dealt with financial insecurity (although most of them worked at least part-time) and struggled to balance the demands of work (and study) with other personal commitments while trying to stay physically, emotionally and mentally fit in order to achieve the highest levels of performance (Lehmann et al., 2007, 183; Dews and Williams, 1989; Hamilton et al., 1995; Steptoe and Fidler, 1987; Fetter, 1993). Also though competition for such things as job opportunities (see in particular the situations of Alice and Harriet in Chapter 6) and external and internal demands for the continuing success of their performance present a major source of stress for the participants (see the entire Chapter 6, in particular Dorothy, Frank, and Ian in the “pre”- sections in all of the four key themes).

It is important to understand the impact of the extreme commitment to music on mental and physical health and performance; musicians often focus their time, intellect and emotional energy solely on music in order to be successful, starting from early childhood (Tubiana and Amadio, 2000, 135–136). The data in this study confirm the findings of earlier research, which shows that musicians identify themselves closely with their chosen profession and find it difficult to detach themselves from their work (Spahn et al., 2004). In addition, being able to commit fully to a career in music—to feel that this is truly the right choice—appears to be an important contributor to performance success and a personal sense of well-being (see the following situations in Chapter 6:
• Chapter 6.2, the “post”-section, Alice
• Chapter 6.4, the “follow-up”-section, Gabriela
• Chapter 6.1, the “post”- and the “follow-up”-section, Harriet, and 6.4, the “post”-section).

The findings of this study also suggest that musicians’ self-esteem is quite dependent on their perceived performance skills, which in turn places high demands on (technical) perfection in their playing or singing (see the entire Chapter 6, in particular the “pre”-sections in all of the key themes; compare with Gabrielsson, 1999, 557). This complex of factors has several far-reaching consequences, including MPA, which can seriously interfere with a musician’s career, and when extreme, can stop it all together. A number of factors identified in the earlier research literature as contributing to MPA (Chapter 2.3.1) were also evident in the data of the present study as follows:

<table>
<thead>
<tr>
<th>Factor contributing to MPA</th>
<th>Data reference</th>
<th>Literature reference for comparison</th>
</tr>
</thead>
</table>
| Sensitivity to evaluation by others | - See throughout Chapter 6 
- Chapter 6.1, the “follow-up”-section, Dorothy | - Montello et. al. (1990) or Wolverton and Salmon (1991) |
| Perfectionism | - Chapter 6.2, Harriet and Frank | - Mor et. al. (1995); Nagel (1998); and Kenny et. al. (2004) |
| Personality | - Chapter 6.1, the “pre”-section, Dorothy | - Brodsky et. al. (1994), and Lehrer et. al. (1994) |
| Age and experience | - Chapter 6.1, the “pre”- and the “follow-up”-section, Ian 
- Chapter 6.2, the “pre”- and the “post”-section, Gabriela | - Steptoe and Fidler (1987) |
| Overuse syndrome | - Chapter 6.2, the “pre”-, “post”- and the “follow-up”-section, Dorothy 
- Chapter 6.2, the “follow-up”-section, Barbara | - Gabrielsson (2002, 227); and Salmon and Mayer (1992, 200) |
| Post-performance depression | - Chapter 6.4, the “follow-up”-section, Gabriela | - Compare with Gabrielsson (1999, 257) |

**Figure 8.1.** Factors contributing to MPA, including related study data and literature reference

The findings of the present study confirm that any situation that increases a sense of threat to the performer will increase the level of MPA (Wilson, 2002; Roland, 1994; Hamann, 1982; Abel and Larkin, 1990; Cox and Kenardy, 1993) and that nearly all performers report that auditions are the most stressful of
all performance situations (Wilson, 2002, 49). (See Chapter 6.1, the “pre”-section, Alice and Harriet).

The symptoms of MPA (physiological, behavioural and cognitive) described by the participants in this study are in line with previous findings (Chapter 6.1, “post”, Barbara compare with Gabrielson 2002; Lehrer, 1987; Valentine, 2002; Wilson, 1986, 2002; Kivimäki and Jokinen, 1994; Wolfe, 1989; Fogle, 1982; Green and Galloway, 1986; Valentine, 2002, 1999; Steptoe and Fidler, 1987; Wolfe, 1989; Steptoe, 2001, 299; Steptoe and Fidler, 1987; Steptoe et al., 1995; and Kivimäki, 1995) and they fit well with the current theories of MPA (e.g. Chapter 6.1, the “post”-section, Alice compare with the “Three dimensional model” by Wilson (1973, 1997, 2002)). I tend to agree with Salmon (1990, 1991), who claimed that the crucial element in arriving at a level of optimal arousal for performance depends on the individual’s cognitive interpretation of physiological arousal; for example, whether physiological arousal is interpreted as a sign of collapse or as an inevitable and even necessary precursor to a good performance (see Chapter 6.1, the “follow-up”-section, Ian). Interpretation is the key and the choice of focus is crucial for the interpretation (from which perspective of the system you choose to perceive the system). It can also be beneficial to distinguish fear, that is MPA, from skills (Chapter 6.1, the “post”-section, Gabriela, and the “follow-up”-section, Dorothy) as was done in the formulation of the questionnaire for the present study (separating performing from playing or singing).

In regard to the most recognised theories of music performance anxiety (the Yerkes-Dodson Law, the Catastrophe Theory, the Three Dimensional Model, and the Four Component Model), the data gathered here suggest that the fourth element, “affect” (feelings of anxiety, tension, apprehension, dread or panic) is a crucial element in the attempt to understand MPA. Steptoe presents the element of “affect” in conjunction with three other elements (cognitive, behavioural and physiological) known from the three other theories of MPA in his Four Component Model (1997, 1988). Wolfe (1989) too emphasises the importance of emotions in relation to performance success. As Wolfe suggests, and as the data and the results of this study indicate, it is possible to learn to keep one’s emotions under control before and during a musical performance (see e.g. Chapter 6.1, the “follow-up”-section, Barbara, Cecilia and Harriet). Therefore, musicians and teachers should add basic stress-reduction techniques to their daily practising and teaching routines, along with long tones, scales, and etudes (Wolfe, 1989). Developing such techniques has been one of the main aspirations of the HOPE intervention and its applications in a music university (or conservatory) setting.

The coping strategies musicians themselves report in their attempt to manage MPA and, further, not only to cope but also “to arrive at a particular emotional frame of mind” (see Persson, 2001, referred in this study in Chapter 2.2)
characteristic of optimal performance were partly common to the findings of both the present study and previous research. For example, learning a more appropriate preparation routine was found to be beneficial in enhancing performance success also in this study (see Chapter 6.1, the “post”-section, Barbara and Frank). However, a great majority of the participants adopted some mental training procedures learned in the HOPE course in their daily lives, not just when practising or preparing for performance as is mostly reported in previous research. This phenomenon of using mental imagery in non-musical contexts was clearly evident in the data, although no particular question was directed to this area (see Chapter 6: in particular the “follow-up”-sections in all key themes). Participants used relaxation to alleviate stress, improve sleep, enhance learning, and in connection with mental practise. In the present study mental imagery (mental practise) was reported to be used to improve learning and memory, to practise more efficiently and to improve performing. This is in line with previous research (Wilson and Roland, 2002). Learning to regulate one’s state of alertness, especially in connection to performing, was reported by almost every participant as one major target to use relaxation and mental exercises in this study. In the data there are numerous statements that imply that self-regulation of feelings-emotions and the state of alertness to one’s benefit had become an automatically functioning norm in the everyday lives of the participants (“Sometimes I notice I am doing it without really realising that I am doing it”) (see e.g. Chapter 6.3, the “follow-up”-section, Harriet). It is not clear to what extent this phenomenon has taken place in the interventions of earlier research.

In the field of interventions aiming at alleviating MPA, the results of this study do not in general contradict previous research findings. First and foremost, they confirm the only consistent finding so far, namely, that interventions based on cognitive-behavioural approaches are (the most) beneficial (also) in alleviating MPA in spite of the many differences among interventions (Gabrielsson, 1999, 2002; Kenny, 2005; Steptoe, 2001; Tubiana and Amadio, 2000; Valentine, 2002; Wilson and Roland, 2002).

However, the objective of the HOPE intervention is much wider than its counterparts in earlier research; the goal here was to enhance the musician in a more holistic way, not only to alleviate detrimental MPA. Also the role of well-being as an explicit concept as it is in the present study (both in connection to performing and in general) needs to be more widely considered; it has hardly been investigated in earlier research. In the present study special attention was paid to a personal sense of well-being and integrated into the HOPE intervention. In addition, the coachees explored the relationship of well-being and performing (and playing or singing).

The results of the present study are, thus comparable only in a wider sense to the results of earlier research. As a whole, inconsistency and variability within
any field of research is a general problem and presents various challenge, for example, in comparing the perceived results between different interventions. Already the basic setting related to the selection principles of participants may vary greatly. In some studies applicants are carefully screened by rigorous tests before the investigation; in others, as in the present the study, no screening tests are run at all. Another question regarding sampling criteria is one that has been raised before: a large number of studies of MPA have involved music students, albeit in their roles as professional musicians (Brodsky, 1996). The question may be well-grounded and justified. However, at least in the present study, it was not always easy to place the participants purely in one or the other category. All were officially undergraduate music majors, yet at the same time many of them performed regularly in professional settings and possibly identified themselves more as professionals than as students. Also the age variation among the participants was great; the youngest ones were 19 and the oldest, 36. Hence, this study does not present much clarification on the question of student musician vs. professional musician.

In regard to assessment, ideologically the present study joins Brodsky (1996) who presented a new generation of measure that does not focus on particular anxieties in stage performance, but assesses the musician in the context of a performance-based career and environment, both of which are particularly stressful.

In conclusion, making detailed comparisons between results of various interventions does not appear to be very profitable and may in some cases even be misleading. It may also well be that, for several reasons (as presented earlier), in many studies the results should be treated as preliminary and further studies are required to confirm the findings. Meanwhile, it is important for researchers to stay open-minded and to familiarise themselves with the great variety that the field offers, e.g. in regard to the imaginative selection of interventions available. All in all, perhaps the best way to utilise the heterogeneous universe of MPA studies is to try to understand how these different viewpoints inform us about the phenomenon and what we can learn from these viewpoints.

8.2.2 Motivation, self-efficacy and attribution

The interplay among attribution-style, motivation and self-efficacy is clearly evident in the study data (see Chapter 6) and in line with earlier research (Chapter 2.3). On the whole, the study data confirm that motivation is as an integral part of self-regulation and learning and that intrinsic motivation (“I am doing this because I want to”) is essential for the development of effective practise habits (e.g. Hallam, 2002; McPherson and Renwick, 2001; Sloboda, 1996). Thus, self-regulation, motivation and learning can also have a significant impact on a musician’s performing. Nor can the interaction among the three ele-
ments be ignored in relation to physical injury (e.g. overuse syndrome) or their reciprocal relationship vis-à-vis excessive practise and non-appropriate lifestyle habits, which often are significant contributors to the various physical injuries that musicians encounter.

In the study data better self-regulation skills are also perceived as helpful in enhancing a personal sense of well-being. Furthermore, an enhanced sense of personal well-being is reported as being beneficial to success in auditioning and in developing playing skills.

The different categories of hedonistic, social and achievement motives defined by Persson et al. (1996) can be detected in the qualitative data in Chapter 6. In addition, Persson et al.’s notion of being able to control and induce pleasant emotional experiences by playing or singing—a fundamental consideration among musicians—is also apparent—“to enjoy playing or singing”. The Figure 8.2 sums up the various aspects of motivation and its relation to the study data and research literature.

Self-efficacy is related to our beliefs and values—what we think we can do and why we can do it. Belief in one’s (musical) competence can affect future decisions about musical activities by creating self-fulfilling prophecies (Rotter, 1966, 1–28). The findings of the present study on self-efficacy confirm the results of previous research: those who display higher self-efficacy tend to perform better (Pintrich and Schunk in O’Neill, 1996; Bong and Skaalvik, 2003, 33–34). This phenomenon is evident from following the individual change and development of the participants of Hope 1. In general, when an enhanced sense of self-efficacy and constructive internal attribution are connected, one feels responsible for one’s own progress and confident in having what it takes for further improvement (Chaffin and Lemiaux, 2004).

According to the attribution theory, the explanations we give to ourselves about our behaviour have great motivational consequences on our future behaviour (Weiner, 1986, 1992). As an example, students who perceive their success as being the result of such internal reasons as effort are more likely to have a higher sense of self-worth than students who believe their success was due to external reasons, such as luck (O’Neill and McPherson, 2002, 37). In the present study the findings on attribution are also in line with the earlier research (Weiner, 1986, 1992; Rotter, 1996; Helander, 2000; Stipek, 1998).
<table>
<thead>
<tr>
<th>Aspect of motivation</th>
<th>Related study data</th>
<th>Related research literature</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Motivation as part of self-regulation and learning</td>
<td>- Chapter 6.2, the “follow-up”-section, Barbara</td>
<td>- Hallam (2002); McPherson and Renwick (2001); Sloboda (1996); O’Neill and McPherson (2002)</td>
</tr>
</tbody>
</table>
| - Intrinsic motivation and effective practise habits | - Chapter 6.2, the “post”-section, Barbara, Cecilia, Frank, Harriet and Ian
- Chapter 6.2, the “pre”-section, Alice through negation | - See above
- Maijala (2003); Hirvonen (2003) |
| - Self-regulation, motivation and learning having impact on performing | - Chapter 6.1, the “follow-up”-section, Barbara and the “post” and the “follow-up”-section, Harriet | - See above |
| - Self-regulation, motivation and learning in relation to physical injury | - Chapter 6.2, the “follow-up”-section, Barbara; the “pre”-section, Dorothy and the “post”-section, Edwin | - See above |
| - Self-regulation and a sense of personal well-being | - Chapter 6.3, the “follow-up”-section, Harriet
- Chapter 6.3, the “follow-up”-section, Barbara and Frank | - See above |
| - Self-regulation and developing skills | - Chapter 6.4, the “pre”-section, Edwin
- Chapter 6.1, the “follow-up”-section, Frank | - Persson et. al. (1996) |
| - Categories of hedonistic, social and achievement motives
- Inducing and controlling pleasant emotional experiences by playing or singing | - |

**Figure 8.2.** Aspects of motivation, related study data and research literature

On the whole, participants’ causation (attribution) changed more positive and constructive as the research period advanced. This is, for example, evident in relation to participants’ perception of their well-being. Before the HOPE intervention a great majority (all but Ian) hoped to balance the various elements in life more effectively and gain better control over them. After the intervention the participants in Hope 1 reported achieving both: balance and control. In general, after the HOPE intervention, failures were not interpreted as indicating a permanent course of action, entirely self-induced and totally without personal control as they might have been earlier. Instead, more success and life-enhancing ways of interpretation were in place in relation to internal and external reasoning. Perspective was broadened and deepened, and greater
understanding of the inner and outer system within and around the self was perceived as having complex cause-and-effect relationships within which the participants could operate as active agents in their own lives and careers.

<table>
<thead>
<tr>
<th>Aspect of self-efficacy or attribution</th>
<th>Related study data</th>
<th>Related research literature</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Those who display higher self-efficacy perform better</td>
<td>- Chapter 6.1, the “follow-up”-section, Alice, Gabriela and Ian - Chapter 6.1, the “pre”-section, Alice through negation</td>
<td>- Hallam (2002); Pintrich and Schunk (1996); Bong and Skaalvik (2003)</td>
</tr>
<tr>
<td>- Sense of self-efficacy and constructive internal attribution connected</td>
<td>- Chapter 6.3, the “post”-section, Barbara</td>
<td>- Chaffin and Lemiaux (2004)</td>
</tr>
<tr>
<td>- Success attributed to internal reasons connected to higher self-worth</td>
<td>- Chapter 6.3, the “post”-section, Barbara and the “pre”-section, Alice through negation - Chapter 6.4, the “follow-up”-section, Alice</td>
<td>- O’Neill and McPherson (2002, 37) - Weiner, 1986, 1992; Rotter, 1996; Helander, 2000, Stipek, 1998)</td>
</tr>
<tr>
<td>- Attribution and a personal sense of well-being</td>
<td>- Chapter 6.3, Question 22, the “pre” and the “follow-up”-section, all participants - Chapter 6.1, the “post”-section, Dorothy</td>
<td>- O’Neill and McPherson (2002, 31)</td>
</tr>
<tr>
<td>- “Failures” not interpreted as “serious” as earlier</td>
<td>- Chapter 6.1, the “pre”-section, Dorothy</td>
<td></td>
</tr>
</tbody>
</table>

**Figure 8.3.** Aspects of self-efficacy or attribution, related study data and research literature

### 8.2.3 Holism

The HOPE intervention (Chapter 4) applies elements from behavioural and cognitive approaches; in this sense it belongs to a wide family of cognitive-behaviourally oriented approaches/therapies/interventions (Chapter 2.2.3, Chapter 3.2, and Chapter 4.2). However, the HOPE intervention is not therapy (although it comprises some therapeutic elements); it is a coaching intervention whose role in a music university setting is psycho-educative. In addition, the HOPE intervention includes some experimental aspects (e.g. using visual art in investigating one’s own “key question”) that are not known to be widely used as a regular part of any established intervention in the field.

Unlike interventions in earlier research, HOPE is explicitly holistic and based on systems thinking (Chapter 3). In systems thinking all aspects of a music performance-based career as discussed earlier in this study and this particular section are interrelated.
Understanding the world as consisting of relations and interrelations allows a different conceptualisation of problems, a particularly essential viewpoint to consider in relation to music performance (anxiety). In this conceptualisation, problems can be comprehended as discomfort with self and others (Sullivan and Lipchik, 2002). The principle prevails even when the individual is alone, e.g. in a practice room; the physical presence of others is not necessary. Mental pictures or images of interrelations and emergence that we carry with us at all times are often enough to evoke sensations of comfort or discomfort in us. Furthermore, considering the situation from the “body-mind” viewpoint (Chapter 3.1.2), these mental pictures can evoke in us pleasant or unpleasant feelings-emotions that will activate certain physiochemical reactions, which will either increase or decrease the probability of becoming voluntarily involved in the same type of experience again. At its worst, these reactions, when interpreted negatively, can be so powerful that they actually eliminate our chance to succeed and learn in a given situation. For example, the experience of detrimental performance anxiety can activate such a vicious cycle of unpleasant feelings-emotions (discomfort with self and others) that not only do we fail in performing but also practise becomes difficult and ultimately, useless or impossible. Research has shown that (the perceived) quality of our experiences also affects our immune system and thus in part regulates how healthy or sick we are (Pert, 1997; Rossi, 1993; Thurman & Welch, 2001, xiii). In the research field of interventions aimed at alleviating music performance anxiety (MPA) the background philosophy explained above has been very rare, if non-existent—or at least has not been explicitly expressed in research reports.

As described in Chapters 3.2 and 4.2, the HOPE intervention has been informed by such systems-thinking-oriented approaches related to human change and development as Solution-Focused Thinking (SFT), Solution-Oriented Approaches (SOA) and Neuro Linguistic Programming (NLP). The results of the present study suggest that the integration of these approaches into the HOPE intervention has been successful. In general, participants reported enhanced sense of ownership and an ability to deal with the world through changing behaviour and through revision of problematic feelings-emotions into less problematic ones. Applying and integrating elements of the aforementioned approaches into a holistically-oriented performance enhancement in a music university context the way it is realised in the HOPE intervention is also not known to be very common in this field of research.

From the perspective of “body-mind” and learning” there are three central theories in relation to the present study that need to be considered. In the following paragraphs the HOPE intervention will be examined through each of the three systems thinking-based “body-mind”-theories described in Chapter 3.1.2. A holistic picture is outlined first in the spirit of Bronfenbrenner’s Bioecological Theory (Bronfenbrenner, 2005) and then through the lens of the Self-
Determination Theory (Deci and Ryan, 1997). The Proster Theory by Hart (1983, 1997) is presented as the framework to explain the HOPE intervention and the process of change and development that takes place therein.

In applying Bronfebrenner’s Bioecological Theory, the various aspects of a music performance-based career (including studying for it) are viewed as interconnected systems in which each system contains features that can powerfully shape the individual’s development. However, it is to be emphasised that the individual is an active agent in his or her own development, while at the same time being in a dynamic relationship to his or her temporal and complex system(s) (Chapter 3.1.2).

The theoretical description above also fits into the framework of the HOPE intervention where the world is understood as consisting of relations and the coachee as an active agent of his or her own change and development. In the HOPE intervention process coachees also begin to investigate the role of their environment in how they perceive themselves and the world. They become aware that they are shaped by their environment (and the various systems within it) and that this relationship can manifest itself in issues that are perceived as negative, e.g. work-related / study-related stress or music performance anxiety (MPA). However, within the coaching process the coachees are offered the chance to learn that they can be active agents in their own lives and build more constructive relationship(s) with their environment(s), for example, developing more powerful strategies to enhance a sense of self-efficacy and self-esteem. The HOPE intervention presents a systemic viewpoint of the world and hence, fosters an interpretation that issues perceived as problems are related to the context in which coachees find themselves, for example, in relation to their cultural (Western classical music, conservatory) or social (family, peers, teachers) environment. At the same time the HOPE intervention aspires to evoke a greater sense of agency in the coachees, to make them realise that they themselves can do something about the stresses and strains of being performers.

However, since the world is understood as structured through interrelations and reciprocal actions, it is not only about how the individuals are shaped by their environment(s); it is as much about how the environment is shaped by our actions, e.g. the new type of actions due to a greater sense of agency internalised by the individuals in the HOPE intervention process. When a coachee becomes empowered (internalises a stronger sense of agency), he or she starts to influence others around him or her in a new way. This was clearly evident in the HOPE group sessions and confirmed Bateson’s systems-based view of interaction in groups as a two-way phenomenon (Bateson, 1972; see Chapter 4.3). A great number of coachees also discussed how the new, greater sense of agency influenced their behaviour in general, including how they taught, how they behaved in ensemble rehearsals or how their one-to-one lessons now went differently. An essential part of the empowerment process that took place
within the HOPE intervention course was how the coachees interacted with their environment—how they taught and influenced others.

Looking through the lens of the Self-Determination Theory postulated by Ryan and Deci (1997, 34) (See Chapter 3.1.2), we see some core aspects of the HOPE intervention. The very heart of the HOPE intervention is to create an atmosphere of supportive, emotionally engaging, human-to-human interaction; to connect with each other. This is called relatedness, the first of the three, life-long neuropsychobiological needs in the Self-Determination Theory. In the present study relatedness directly includes the peer group and the coach-coachee interaction. The process used in the HOPE intervention provides for the second need, competence, to be included also. The aspiration is to convert capabilities into abilities (e.g. solid performing skills) to fulfil needs and accomplish desired goals (e.g. sustainable performance success). Learning what motivates oneself and how one can maintain that motivation as well as developing a strong self-identity and self respect are at the very core of the HOPE intervention. These traits are called autonomy, and make up the third of the three neuropsychobiological needs in the Self-Determination Theory. In a nutshell, the first need, “relatedness”, forms the nest-like framework in which the positive change and development are facilitated in relation to the second and third needs, competence and autonomy.

The learning process that takes place within the HOPE intervention can also be described using the conceptual framework of the Proster Theory (Hart, 1983 and 1997) (Chapter 3.1.2). In the Proster Theory learning is understood as the extraction of meaningful patterns. Learning takes place when a participant’s pattern recognition in relation to the given situation chances. Let us consider a performing situation and the HOPE intervention as an example. Within the coaching process the coachee learns to interpret the situation differently, perhaps less threateningly (e.g. “The audience wants to enjoy themselves and wants me to succeed” instead of “They are here to judge me and to count all my mistakes”); from that follows implementation of a different, more appropriate, programme than before. Or it is possible that the interpretation of the situation remains the same, yet the implied programme is different from earlier similar occasions (e.g. “Even if they were here to judge me, it doesn’t matter because the music is great, I am a good player and I am going to enjoy playing”). The coachee has internalised a new interpretation of a specific pattern or a more distinctive recognition of patterns. He or she now has a bigger selection of programmes for how to think, feel and behave, and has practised their automatic activation (e.g. by doing mental rehearsal and practising performing). In addition, he or she can control the abortion of the inappropriate programmes (for example, catastrophic thinking by enhanced self-regulation skills). In other words, he or she manages the situation better now either due
to a more constructive way of interpreting the situation or by using more appropriate ways of coping in it.

The importance of individual tailoring for learning ("not giving uniform instruction", 1997; 189–190), the absence of threat (1997, 196–210) and feedback loops from real life (1983, 1973; 1997, 383), all of which Hart stresses in his theory, have also been taken into account in the HOPE intervention process.

Adopting new, more constructive patterns in relation to one’s own learning within the HOPE intervention process is a good example of a positive feedback loop in Hart’s Proster Theory. This is especially evident by looking at the figures of the key themes in the charts of the longitudinal group Hope 1 between the post-questionnaire and the follow-up interview (Chapter 6.5). In the charts the figures continued to rise six months after the intervention course was finished, indicating that the change and development (=learning) was still ongoing. One possible explanation for this is that patterns of more positive feedback loops from real life in relation to learning (in the key theme areas) were being used effectively. It suggests that the coachees had learned the keys for self-piloting life-long learning. This aspect is linked to the concept of autonomy in the Self-Determination Theory by Ryan and Deci.

In sum, the present study offers some new theoretical concepts and their practical application: the HOPE intervention. The theoretical concepts are as follows: holism as systems thinking and the “body-mind” (Chapter 3), well-being and professional top performance—as independent concepts and in combination (see Chapter 5.1.3, Key concepts). Unlike in the present study, the subjective viewpoint of participants has seldom been under scrutiny in the research literature. It follows that because of the unique setup of the present study, some new methodological tools for investigating the perceived impacts of the HOPE intervention were also developed and tested in the research process (Chapter 5.3).

**8.3 Methodological considerations**

By understanding the world as systemic sets specific methodological requirements to the study. The following thinking on methodology of “soft” systems by Checkland’s (1981, 2006) presents one possible appropriate framework for the purpose (see Chapter 3.1.1).

In the present study the starting point was a multifaceted phenomenon here called “the total stress quotient”. This quotient includes music performance anxiety (MPA) and is understood as inherent in a performance-based career. The suggested “solution” to the problem is offered through a holistically-ori-
ented approach to performance enhancement, the HOPE intervention that is specifically designed for the purpose.

In Checkland’s thinking the next step is to investigate the extent to which “the problem is solved or things improved”. This is measured by concern as to whether “insight has been gained or useful changes made”. In the present study this quotation is understood to mean investigating the perceived impacts of the HOPE intervention (in relation to the problem that existed in the beginning) from the musician-participants’ viewpoints. Furthermore, applying Checkland’s thinking, the “difficult questions” to be asked are “Does the HOPE intervention help the musician-participants”? and “Does the HOPE intervention present any solution to the problem that was the starting point for the research project”? The data of the present study suggest that, in a broad sense, both questions can be answered in the affirmative. On the whole, the perceptions, interpretations, and actions of the participants developed into more constructive ones as the intervention process proceeded. This was evident in the one most important single issue (stated both by the participants and by me, the researcher-coach) in the HOPE intervention, namely, performing. Hence, the answer to the first question above would be: “Yes, participants think that the HOPE intervention has been helpful”. It follows that for the second question the answer is affirmative as well: “Yes, the HOPE intervention presents one kind of solution to the problem that was the starting point for the research project”. However, in action research the results are “true” in a particular situation defined by a specific time and place. (Huttunen et al., 1999, 113–114; Stringer, 2008, 47.)

The reasoning above, which is based on Checkland, is in line with action research-oriented understanding of validity and quality as well as the pragmatic theory of truth (Chapter 5.2). Shifting the discussion about the criteria of “truth” from “what they are” to “what they engender” is especially crucial. Here the idealist questions in search of “truth” (validity) are replaced by concern for engagement, dialogue, pragmatic outcomes and an emergent, reflective sense of what is important (quality in an action research-mode of inquiry) (Reason and Bradbury, 2001, 447–44). In the paragraphs below these views are explained in more detail.

The principles of validity and reliability in research are inextricably bound to the ideals of positivism (Reason and Bradbury, 2001, 447). In traditional social scientific research the concept of validity refers to how well the research results correspond to the state of affairs in the real world (Ibid., 113) and how well the collected (triangulated) data describe the object of investigation (Suojanen, 1992, 50). The concept of reliability is linked to the repeatability of results, and its purpose is to eliminate any random effects of random variables. Both concepts are based on the correspondence theory of truth, in which sub-
ject and object are separate: there is a knowing subject who presents objective arguments from outside about other objects. (Huttunen et al., 1999, 113–114).

Within action research-oriented approaches the very possibility of having standards or criteria of validity has been questioned (Huttunen et al., 1999, 113–114). The concept of reliability in particular fits poorly into the action research-mode of inquiry. The very purpose of action research is to be a variable in itself, to interfere with the prevailing situation. This means that an identical result is not achievable again after the intervention because the situation has changed. Stringer (2008, 47–48) argues that traditional experimental criteria for establishing validity are inappropriate for qualitative action research, because in action research the results are “true” in a particular situation defined by a specific time and place. Action researchers are not looking for “the truth” or “the causes”, but rather “truths-in-context” (Ibid., 47). The question at the very heart of the correspondence theory of truth of what is “true” arises. What is the “real state of affairs in the real world” and who defines it? (Huttunen et al., 1999, 114.)

There is an ongoing debate about what constitutes quality in action research and what constitutes good knowledge research/practise. How do action researchers, both individually and together with co-researchers, address the questions “Am I doing good work”? and “Are we doing good work”? According to Reason and Bradbury (2001, 448), a mark of quality is that people will become energised and empowered by being involved. As a result of being involved and a growing critical consciousness, they may develop newly useful, reflexive insights that are beneficial to their everyday lives. To investigate whether this has been achieved, it is useful to ask “Is the work useful/helpful”? and “Do people whose reputations and livelihoods are affected act differently as a result of the inquiry”? Ideally, people will say that “work is inspiring… work helps make me live a better life”. (Reason and Bradbury, 2001, 447–449; Suojanen, 1992, 47–48).

The views of Reason and Bradbury (2001) discussed above are in line with the pragmatic understanding of science. The criteria for truth in pragmatism are particularly suitable for an action research-oriented mode of inquiry (Huttunen et al., 1999, 119). The research is “true” if the results are what have been hoped for (Bridges, 1998, 9 in Huttunen et al., 1999, 119). The importance of values embedded in the research design become central to evaluating the success of the intervention —what are the hoped for consequences, and who defines them. Also, what consequences are observed and investigated is crucial. As Argyris and Schön (1996) state, we ask questions about the value of the very things we are seeking to accomplish (double-loop enquiry). Therefore, action researchers should continuously be asking themselves, “Why are we doing this work? Why this way?” There should be a heightened awareness of the relationship
among purpose, strategies and practises and that action should be congruent with espoused theory. (Reason and Bradbury, 2001, 448–449.)

A set of criteria is required to provide people with trust that the research is acceptable (Stringer, 2008, 48). For Stringer (2008, 50), validity in action research is evaluating its quality. At a more general level, a common set of criteria for establishing the validity in qualitative research has been provided by Lincoln and Guba (1985). They suggest that the underlying issue is to identify ways of establishing trustworthiness, meaning the extent to which we can trust the truthfulness or adequacy of the research project. According to Lincoln and Guba (1985), the validity in action research is verified through the following procedures:

- Credibility: The plausibility and integrity of the study
- Transferability: Whether results might be applied to contexts other than the research setting
- Dependability: Research processes are clearly defined and open to scrutiny
- Confirmability: The outcomes of the study are demonstrably drawn from the data
- Degrees of participation
- Utility

**Credibility** can be enhanced in the following ways: by prolonged engagement, persistent observation, triangulation, participant debriefing, diverse case analysis, referential adequacy and member checks (Stringer, 2008, 48–50). Prolonged engagement means that sufficient time is invested by the researcher in order to understanding the context. It enables the researcher to establish a relationship of trust with the participants and thus gain greater access to “insider” knowledge. Otherwise, the study may suffer from superficial understandings on the researcher’s part. Persistent observation can be understood broadly as the researcher being engaged in systematic research by directed, focused and recorded observation. *Triangulation* has been used in order to produce adequate and appropriate understandings of the investigated phenomenon (Chapter 5.4, *Triangulation*). Participant debriefing is similar to peer debriefing (Stringer, 2008, 49). Debriefing is a process of exposing oneself to a disinterested person for the purpose of exploring and challenging aspects of inquiry that might otherwise stay implicit only in the participant’s mind (Lincoln and Guba, 1985). The subject of the debriefing can be either the research facilitator or the other participants. Diverse case analysis seeks to ensure that all possible perspectives are taken into account and that no one interpretation overwhelms the others. Referential adequacy refers to the need for concepts and structures of meaning in the study to reflect clearly the perspectives, perceptions, and
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language of the participants; credibility is enhanced to the extent that researchers can demonstrate that outcomes of the study have a direct relationship to the terminology and language used by the participants. Member checking means that participants are given the opportunity to review the data and the reports that are produced. (Stringer, 2008, 48–50.)

In the present study credibility was enhanced in various ways. In relation to prolonged engagement, I as the researcher spent a good deal of time with the participants in order to understand them properly and establish a relationship of trust and thus gain greater access to “insider” knowledge. One HOPE course lasted for nine months, and it was repeated seven times in six years. Moreover, I was already familiar with the context (the particular music university setting and the life of a performing musician-student) before the research process started. During the entire research period I was engaged in systematic research by directed, focused and recorded observation, collecting the data introduced in the present study (persistent observation). Also, the number and duration of observations and interviews are substantial. The aspect of debriefing was accomplished through having various academic supervisors and a mentor who was a coaching professional. In this process I exposed myself to disinterested persons for the purpose of exploring and challenging aspects of inquiry that might otherwise have stayed implicit only in my own mind (Lincoln and Guba, 1985). Accordingly, the musician-participants were offered a chance to reflect on their experiences during the inquiry with their peers in the group sessions (also unofficially whenever they met e.g. in the cafeteria or in ensemble rehearsals) and alone with the coach in one-to-one sessions. Diverse case analysis was also executed, in particular by describing the change and development at the level of an each individual musician-participant of the longitudinal group Hope 1 (Chapter 6), and thus ensuring that a diversity of interpretation was explored. Referential adequacy refers to the need for concepts and structures of meaning within the study to reflect clearly the perspectives, perceptions and language of the participants. In this study especially the qualitative data (Chapter 6) illustrate that the outcomes have a direct relationship to the terminology and language used by the participants. Member checking was executed in two ways at the end of the HOPE course: by composing together a story of the HOPE intervention process in the last group session and by reviewing together the notes of the researcher-coach in the one-to-one sessions. However, the participants were not given the opportunity to review the data or the reports that were produced. (Stringer, 2008, 48–50.)

Transferability: Although qualitative research by its very nature can only apply results directly to the context of the study, researchers seek ways to transfer the results to other settings in order to enable people to take advantage of the knowledge acquired. Thickly detailed descriptions contribute to trust-
worthiness by enabling other audiences to understand clearly the nature of the context and the people participating in the study. (Stringer, 2008, 50.)

This research report aims at providing a thickly detailed description as described above. This contributes to the study’s trustworthiness by transferability and therefore increases the possibility that the results and the knowledge acquired might be transferred to other settings. (Stringer, 2008, 50.) Also for the purpose of transferability a metatheory level of systems thinking has been included in the present study.

**Dependability** refers to observers being able to ascertain that the research procedures are adequate for the purposes. This can be achieved through making the details of the research process, including the processes for defining the research problem, collecting and analysing data, and constructing reports, available to participants and other audiences. (Stringer, 2008, 50.)

I have paid special attention that the research procedures are adequate for purposes of the study. A systemic world view and an appreciative attitude (respecting the subjective experiences and perceptions of the musician-participants in the spirit of mutual respect) are central and meant to permeate the entire investigation process. I have aimed at achieving dependability by also making the details of the entire research process available to participants and other audiences. (Stringer, 2008, 50.)

**Confirmability** is achieved through the researcher having retained information that can be made available to the reviewer in order to ensure that the research accurately and adequately represents the perspectives presented. This information includes raw data, data reduction and analysis products as well as plans and reports. (Stringer, 2008, 51.)

In relation to confirmability, I aim to show that the outcomes are demonstrably drawn from the data. This is achieved through describing the raw data, data reduction and analysis products in a detailed manner (Chapter 5 and Chapter 6) (Stringer, 2008, 51.)

In addition to trustworthiness as described by Lincoln and Guba (1985), validity (quality) in qualitative research also includes the aspects of participation and utility. **Participation** means the extent of stakeholder participation in the research process. Within the context of the HOPE intervention course the musician-participants were considered partners in a democratic dialogue (participation). The strength of qualitative research derives from the methodological intent to compile accounts that more clearly represent the experiences, perspectives, and voices of those studied. (Stringer, 2008, 51.)

**Utility**, the outcomes of the research, is one of the greatest sources of validity (quality) in action research (Heikkinen and Jyrkämä, 1999; Kemmis 2001; Kuula, 1999, 10; Reason and Bradbury, 2001, xxvii; Somik, 2006; Stringer, 2008, Suojanen, 1992). Whenever participants are able to construct ways of describing and interpreting events that enable them to take effective action on
the issue they have investigated, they demonstrate the validity of the research (Stringer, 2008, 51.) It becomes evident that the features on which the research is focused are adequate to account for the phenomena investigated (Ibid., 51).

In the present study **utility** has been a major goal of the investigation. Being able to answer affirmatively such questions as “Is the work useful/helpful?” and “Do people whose reputations and livelihoods are affected differently as a result of the inquiry?” implies that the above-defined criteria for quality have been achieved. In the pragmatic theory of truth the research is “true” if the results are what have been hoped for (Bridges, 1998, 9). One can thus conclude that, in the present study, the criteria for both the quality (validity) in action research and the pragmatic theory of truth as defined above are, to a great extent, being realised.

All in all it appears that the present study manages to meet the criteria for validity as trustworthiness in qualitative research (credibility, transferability, dependability and confirmability as described by Lincoln and Guba, 1985) and validity as quality in action research (participation and utility as described by e.g. Stringer, 2008 and Reason and Bradbury, 2001) as described above to a satisfactory degree. However, the present study and various research processes involved in it are far from perfect. This aspect—the limitations and “What would I do differently were I to start all over again”—will be explained later in the chapter.

The HOPE intervention research process can be interpreted as having some elements from both the emancipatory and the communicative strands of action research. In relation to the former, the results suggest that the HOPE intervention facilitated participants’ ability to help themselves and their peer group in the self-reflection process, take responsibility and implement actions for changing their everyday practices and feel empowered (Carr and Kemmis, 1986, 202–204). With these aspects the HOPE intervention research process connects to emancipatory action research. In relation to the latter, the principle of democratic dialogue in the sense of “mutual respect” is central (it is also central for good coaching to take place). However, it appeared to be a learning process for some participants; not all student-musicians were used to having relationships based on mutual respect with their teachers in a music university setting. Sometimes I as the researcher-coach had to act as a role model before such a relationship could be established. The teacher (researcher)-coach also acts as a role model in many other ways during the intervention process. Therefore, it is of paramount importance for the credibility of the coach and the coaching intervention that there is consistency among different elements, for example, between what the teacher (researcher)-coach says and does. Lave and Wenger’s model (1991) provides one suitable theoretical means for understanding the phenomenon: a model of learning through joint activity that involves expert and novice role models and mutual respect and a model of
situated learning and legitimate peripheral participation that already exists in various music university settings.

There are a number of limitations which are important to note, in particular when the results of the present study are scrutinised from a wider perspective than the action research-framed window. For instance, the limitations hinder the generalisation of the study results. But the great majority of earlier research has taken place within a different methodological framework, not within the action-research mode of investigation where outcomes are inherently context-dependent. In the following paragraph some additional limitations of the present study are explicated.

Firstly, the lack of a control group limits the ability to determine the extent to which the HOPE intervention course was responsible for the observed effects, even if the participants’ reports suggest evidence for such responsibility. Although not inherent in the action research methodology, a possibility of a control group, for example, from a waiting list, would have been most interesting. It could possibly have offered information on how change and development take place “naturally” in music major’s life without HOPE intervention. In the last years of the data collection a control group would have emerged almost automatically as the HOPE intervention grew so popular at the Sibelius Academy that there was a crowd of hopefuls on the waiting list. But at the time no resources were available for this type of data collection activity. In addition, this kind of set-up may present profound challenges to action research as methodology, as the results in action research are context-dependent.

However, since the results in all seven different groups (n=62) over a span of five years of data collection were very much in the same direction, it is hardly too bold to conclude that the HOPE intervention can take some credit for the good results and was actually responsible for at least some of the observed effects.

Secondly, a specific aspect relating to the particular dual-role of the researcher-coach within the research design of the present study is scrutinised. This aspect is first examined in connection with the collection process of the core data (the pre- and post-questionnaires) and after that, at a more general level. Although the researcher-coach was not present while participants completed the pre- and post-questionnaires, it is possible that the researcher also being the coach may have had some impact on the way the participants reported their perceptions. On the one hand, they may have felt compelled to report their experience more positively than if they were not being studied in order to please the researcher-coach. On the other hand, the confidentiality inherent in a coaching relationship is built on mutual appreciation and frankness in communication (Chapter 4.3), and this may have made it easier for the participants to express those views whose primary purpose is not to please the researcher-coach. Kuula (1999, 209) argues that in action research an unreserved (välitön)
and genuine (aito) relationship between the researcher (here the researcher-coach) and the participants enhances empathy and trust, increasing the possibility that the collected data are authentic (aito aineisto). It also brings out the level of the researcher’s social skills. Hence, social skills are not only the means by which the researcher copes with the unpredictable situations she may encounter in fieldwork, but they also enable the researcher to understand how she herself serves as the means for the research. (Kuula, 1999, 209.)

Inherent in action-research methodology is that the researcher is an active, involved participant throughout the research process. In this study I have acted as the coach and the researcher at the same time. On the one hand, this may cause a biased interpretation. On the other hand, the very set-up probably makes me the best expert in regard to the study. The emergence of blind biases have been tried to minimise mainly in the four following ways. First, the presuppositions and understandings have been made visible to the reader. Transparency throughout the research report has been one of the leading principles in its writing. Secondly, as the researcher-coach, I underwent both professional and academic training to be able to recognise such biases, including reflection-in-action. Thirdly, throughout the research period there was systematic feedback from academically educated people (e.g. tutoring professors, other researchers). Some of them have also acquainted themselves with the raw data. Fourthly, I have had the privilege of a mentor, a senior professional in coaching and consulting, who acted as an advisor during most of the research period. The mentor has offered valuable insights, e.g. how to avoid pitfalls in the occupation and how to coach better.

The issues discussed above are inherent in an action research-oriented inquiry mode. Within the current pioneering work this methodological framework is well-grounded. First of all, by its nature action research seeks to construct holistic understandings of the dynamic and complex world (e.g. Suojanen, 1992; Stringer, 2008, 47). Such research reveals people’s subjective experiences and the ways they meaningfully construct and interpret events, activities, behaviours, responses and problems (Stringer, 2008, 47). This all fits very well with the principles of the HOPE intervention and its holistic theory. “Change does not take place by writing research reports only”, as Suojanen (1992, 208) provocatively states. This statement brings us to the second point: the very purpose of the present study (and the HOPE intervention) was to interfere in the informants’ lives, not only to observe their lives as an “objective” outsider in order to facilitate change and development desired. An action research-oriented framework offered an appropriate methodological structure. It also ensured the necessary participatory activity, namely, the ongoing feedback and feedforward loop from the participants and their everyday lives to me. This activity was much needed to make the HOPE intervention even more performer compatible and to facilitate the empowerment of the participants.
An additional advantage was that the ongoing loop provided information in real time about what type of data is most central and where to place the main emphasis at a given time. This helped to avoid the typical pitfall of action research, that is, trying to document “everything that is going on” and ending up with too much heterogeneous data that is almost impossible to analyse. However, this pitfall has not been entirely avoided in the present study: for the analysis, the data had to be divided into primary (core) and secondary (peripheral) data because of its great quantity (Chapter 4.3.1).

Because action research is a methodology that closely involves participants in a social situation, it is necessarily strongly influenced by participants’ values and culture (Somekh, 2006, 31). The various aspects of the group all play a part in determining how action-research methodology is shaped to the group’s purposes and the kinds of knowledge that are generated by action-research projects (Ibid.). When I started this study, I had a novel type of intervention that required a novel set of investigative tools. There are few main arguments for devising tailored measures for the purpose. First of all, by reframing the core theme from “alleviating music performance anxiety” to “enhancing music performance” (confidence-building in musical communication), the perspective was changed dramatically. A paramount shift of focus from deficiencies to skills took place. Approaching the core theme from this angle could not be found—at least not as explicitly—in earlier research reports. Although these reports investigate the same phenomenon, the viewpoints and hence the entire philosophy are critically different.

Secondly, in this study I was interested in understanding the holistic impact through categories unknown in earlier research, namely, through the key themes of performing, playing or singing, well-being, and overall: performing, playing or singing, well-being together. It follows that the investigative tools used earlier were not suitable for the present study; such tools would simply not have provided the information I wanted. Therefore, I decided to develop a set of tailored investigative suitable for this particular intervention and study.

The disadvantage is that although relevant to the specific study, the investigative tools—the particular indicators of perceived change and development—are not directly comparable to other measurement methods within the research field. Now the great challenge is to understand to what extent these methods (and the results they produce) are comparable and how they relate to other research results (Chapter 8.2). This is a common problem in my field of research, not just in the present study (Chapter 2.3.1). In order to ensure that more comparable means of investigation are provided, I chose to include more well-known concepts in the data analysis, such as motivation, self-efficacy and attribution style. After all, first and foremost, as Gabrielsson (1999, 574) states in his review of various interventions aimed at alleviating music performance
anxiety (MPA), “the crucial test is to see whether there is a difference between pre-test and post-test in the desired direction.”

As stated earlier, an action-research mode of investigation has not been widely used in music performance anxiety (here enhancement) intervention studies. Indeed, it is quite rare, perhaps even non-existent. One reason may be that music performance anxiety (MPA) has traditionally been considered mainly a pathological ailment requiring drastic clinical treatment and expert medical knowledge. No doubt, in some cases this might be true. Another reason might be that for generalising the results, the action-research mode of investigation is not the best possible; the results are “true” only in a given context (e.g. Stringer, 2008, 47). However, as the researcher-coach of this study, I would like to set forth the benefits of an action-research mode of investigation, e.g. the empowering effect it generates through collaboration and participation. In general, I would like to raise the question, “Is it always necessary to treat MPA as a pathological ailment”? Why not see the phenomenon from a larger perspective, placed in a larger context, and accordingly provide alternative ways to treat it? Because of the democratic nature of action research, it presents the experiences and voices of the participants and can thus act as a valid means of obtaining subjective information, which is useful, and maybe even necessary, for creating those alternative ways. In the context of the HOPE intervention, the participants are considered (subjective) experts on their own lives and careers, and the research-coach is the specialist of the coaching processes. I believe that a great deal could be achieved in regular music university settings by having specific HOPE-type teacher-coaches and coaching-oriented teachers (especially one-to-one teachers) available for students—and all collaborating with each other. Perhaps for most of the student-musicians who suffer from MPA or aspire to enhance their performing in general, this type of a coaching framework would provide just what they need.
9 Conclusions and implications: Building a culture of sustainable performance success and the HOPE intervention

As the results of this study suggest, the HOPE intervention is beneficial in enhancing overall performance capacity, including music performance, and a personal sense of well-being in a music university setting. Within this setting the HOPE intervention has the potential to aid in changing individual perceptions, interpretations and actions into more constructive ones and thus help individuals cope better with the existing situation. HOPE also has the potential to help the individual alter the crucial sets of external systems in his or her life and career—hence, to change not only the interpretation but the circumstances as well. At the core of the HOPE intervention is the skill of being able to control and regulate one’s own “body-mind” state in order to gain mastery of oneself and the world.

In this chapter the salient features of the HOPE intervention and what can be learned from the present study in building a culture of sustainable performance success will be discussed. First, some additional aspects of the salient features of the HOPE intervention will be summarised (Chapter 9.1). After that, suggestions for further research are made (Chapter 9.2). Last, the implications as recommendations for building a culture of sustainable performance success will be presented (Chapter 9.3).

9.1 Conclusions: Further dimensions of the background and the salient features of the HOPE intervention

As stated throughout this study, the HOPE intervention differs to a great extent from the majority of earlier interventions reported in the research literature that aimed at ameliorating MPA (Chapter 2). The goal has been to explain the HOPE intervention for the reader, from both the theoretical and the more practical angle. The objective of this chapter is to offer some further enlightenment by adding and expanding on certain dimensions relating to the background and explaining the salient features of the intervention. First, a picture (Figure 9.1) summarising the comprehensive background of the HOPE intervention is provided. After that, a brief account of those results that strengthen some of the salient features of the HOPE intervention (described in more detail in Chapter 4.4) will be explicated.

The focus is on investigating salient aspects of the HOPE intervention and on what can be learned that would be useful in similar contexts. For the wider
audience, this new understanding can be applied in such fields as education, coaching, consultation, supervision and therapy, particularly when interacting with musicians or performers.

Figure 9.1 (Chapter 9.1) summarises the knowledge creation process involved in creating the HOPE intervention. It presents elements deriving from various sources that have been assimilated into the HOPE intervention described earlier in this study (See Chapter 4.2, Figure 4.1 for the HOPE intervention in relation to the other key interventions). First, the Figure depicts a comprehensive account of the background of the intervention including Systemic “body-mind” theories, Solution-Focused and Oriented Approaches, Neuro Linguistic Programming, and Cognitive-Behavioural Interventions aiming at ameliorating music performance anxiety, all of which have served as building blocks for the HOPE intervention. Secondly, the earlier Figure (4.1 in Chapter 4.2) is expanded here to embrace my life experiences considered influential in creating the HOPE intervention. These experiences include my life as a professional performer and instrumental teacher and later activities in extended professional development, doctoral studies and a career in coaching.

**EXTENDED PROFESSIONAL DEVELOPMENT – COACHING AND DOCTORAL STUDIES**

**Systemic Bodymind Theories (BET, SDT, PT)**

**SFT/SOA**

**Cognitive - Behavioural Interventions on MPA**

**NLP**

**PROFESSIONAL EXPERIENCE AS PERFORMER AND INSTRUMENTAL TEACHER**

**Figure 9.1.** An illustration of the comprehensive knowledge creation process of the researcher-coach in relation to the HOPE intervention. The abbreviations used are: BET = Bioecological Theory; SDT = Self-Determination Theory; PT = Proster Theory; SFT = Solution-Focused Therapy; SOA = Solution-Oriented Approaches; NLP = Neuro Linguistic Programmeming; MPA = music performance anxiety

The culmination for the above-described process is summarised in the HOPE intervention. Its core can be crystallised as follows: A good “body-mind”
state in order to gain mastery of oneself and the world to fulfil needs and accomplish desired goals.

The need for relatedness, supportive and emotionally engaging human-to-human interaction exists throughout life and it is the foundation upon which all constructive internal processing and external behaviour are built. In the data from the present study, other people are seen as positive or negative in causation—or both at once. In the course of the HOPE intervention, participants described more and more taking ownership of their choices for their lives and careers. The first step is to recognise that there are choices in life and the importance of making the choices for oneself; not making deliberate choices is a choice too. As a result of the changed sense of ownership, the participants no longer blamed other people or events for their failures. External and internal agents and their reciprocal relationships were more readily acknowledged. Participants learned to look at situations from different angles and to choose those interpretations that helped them the most. They attributed their successes more to themselves, while giving credit to others. Perceived failures were generally not experienced as being as fatal as before; they represent nothing that cannot be dealt with or done better in the future. This intervention process is about becoming an active agent in one’s own life; it is about becoming empowered. (Chapter 6.)

In the HOPE intervention the participants learn the skills necessary for coaching themselves and other people—for that purpose they create their own personal coaching “toolbox”. In the last group session of the course the participants composed a common description of the HOPE intervention process. The longitudinal group Hope 1 came up with the following description, which fits to the “toolbox” metaphor quite well.

"It is like a multiple-edged jack-knife. It is packed in such a way that you’ll keep it with you at all times. It is comprised of various skills and possibilities without which you would not know how to solve the problem at hand. Whereas earlier you might have tried just to push your way through, now you can take out the appropriate blade and use the right technique to make things work. You are not necessarily able to do everything with it right away, but with time you’ll learn how to use it properly and apply it in different contexts.

Interestingly, the description above is in line with Steve de Shazer’s “master key” metaphor (1995, 19), characterising the core of Solution-Focused Therapy (SFT) (Chapter 3.2.1.). However, it is highly unlikely that the participants who invented the description had ever heard of the “master key” metaphor. One possible explanation is that the HOPE intervention succeeded in transmitting some essential features of SFT in such a way that its core characteristics were summarised in participants’ description about the HOPE intervention in the way seen above.

Learning to learn, life-long learning is part of a greater principle central to the HOPE intervention. Within the context of the present study, life-long learning is closely connected to being an active agent and learning to build constructive feedback and feedforward loops between oneself and the environment. This was evident in particular in the longitudinal data, which suggested that progress was still ongoing six months after the HOPE course was finished. One possible explanation for this is that the participants had learned to create constructive feedback and feedforward loops in relation to their learning and the key theme areas; in other words, they had learned to learn. This way the progress gained during the HOPE course may continue as a life-long process. And eventually, by being and behaving in more constructive ways, we may influence the world around us and make it a friendlier place for everyone. This can be understood as the ultimate purpose of the HOPE intervention.

9.2 Directions for future research

There are numerous possibilities for future research worth mentioning here. One would be to investigate the perceived impacts of the HOPE intervention with a greater number of participants and using a wait-list control group. Some additional, well-known measurement tools could also be included in order to obtain data not based on self-reports.

A very simple expansion would be to interview participants’ one-to-one teachers before and after the HOPE intervention to determine whether they perceive any change in the student’s behaviour. An additional benefit would be that participants’ one-to-one teachers would thereby become involved in the process and the participants would get more external support for their learning journey. The before- and after-intervention interviews could also include other people who regularly interact with a participant, such as music-making peers. A research design with the features described above would provide more triangulated data and thus bring about greater trustworthiness in the results.

Ultimately, a wider community involving people from different levels in the organisation (a music university or a conservatory) could be part of the inquiry. Such an investigation would be quite suitable to implement with action
research with its emphasis on practical outcomes and democratic dialogue. It is possible that this type of study would act as a catalyst for greater change within the university or institutional context.

A further study of a more longitudinal nature would be to determine whether the life-long learning aspect of the HOPE intervention takes place, and if so, in what way. Already within the context of the present study, it would have been interesting to have follow-up interviews from the larger sample, Hope P2, in order to see if the same type of ongoing improvement (six months after the course was finished) as in Hope 1 were evident there. But no resources were available for this type of data collection activity. However, having the chance to follow the participants for a longer time, even for some years, would possibly provide valid information on the lasting effects of the HOPE intervention or some aspects of it. This could enable us to devise a new support system for music professionals or update the old ones.

One suggestion for a follow-up study is to focus the inquiry on the interaction of the four key themes or some parts of them, for instance, the interrelation of performing and well-being. Because of the preliminary nature (e.g. the lack of availability of research paradigms with which to analyse the synergistic interactions among the elements) and the emphasis on the large view, this kind of inquiry was not possible here to the extent I would have liked.

The follow-up research could compare the perceived impacts of the HOPE intervention in different cultures or countries and find out whether the perceived impacts are similar from one to another. Another suggestion related to testing the universal applicability of the HOPE intervention is to investigate whether the perceived impacts are similar if the coaches vary. However, the other coaches would have to be trained before this suggestion for further study could be followed.

Since the results of the present research were limited to music performance it would be interesting to investigate how well the principles of the HOPE intervention are applicable in other areas of professional top performance—e.g. in business or sports—and what the perceived impacts would be.

9.3 Implications: Building a culture of sustainable performance success

The central question for a musician is how to reach one’s full potential and—if not always exhibiting peak performance—at least keeping a certain high professional level at all times in all circumstances. For those people (e.g. educators, managers, policymakers and health care workers) who support musicians in their careers, it is crucial to understand how to help students achieve optimal
performer development. In an effort to shed further light on this issue, I offer some conclusions and some recommendations in the paragraphs below. The aim is not to provide a comprehensive handbook on the subject. The objective is rather to bring a novel voice to and a fresh view of the ongoing global dialogue on how to build a culture of sustainable performance success. The list presented here is comprised of ideas and suggestions and is far from complete. Much more research needs to be done before we will fully understand the main obstacles to optimal performer development and the most important enhancers.

In sum, it is strongly recommended that a student-musician be offered an adequate support system that provides both the specific know-how of the profession and “positively realistic” feedback-loops during the learning process. At the same time students should be encouraged to adopt an active role in their lives and careers. The central function of health and well-being in building sustainable performance success should be kept in mind at all times in all circumstances. This attitude would enhance the development of critical self-awareness and self-knowledge, including adequate metacognitive and problem-solving skills, all of which are needed by performing musicians. After all, the ultimate aim is not only to manage the circumstances, but also to learn how to use those circumstances to one’s own advantage. Improved self-knowledge also supports the strengthening of self-confidence, which has a positive overall effect, including on music performance.

One way to ensure an optimal support system for optimal performer development is for the institutions that educate musicians to consider offering their students a holistically-oriented, HOPE-type course as a regular part of the curriculum. In addition, the principles of such a course could and should be easily embedded in one-to-one teaching and instrumental teacher training, thereby building an entire culture that enhances sustainable performance success, which in this way could be created more effectively. In a small scale this has already been piloted with excellent results in Finland. As a long-term plan, institutions could establish positions for HOPE-type of interventions and train their staff accordingly in order to ensure that their students have the best possible resources for developing into happy and healthy top professionals. It is also strongly recommended that institutions support the people professionally involved in the educational process, e.g. individual teachers, in investigating their own work, for example, in an action-research mode of inquiry. It should at least be ensured that the entire institutional teaching and learning culture is based on an appreciative attitude and constructive feedback that enhances good “body-mind” states.

The features considered central for a holistic “HOPE-type intervention” consist, first and foremost, of a systems thinking-based, holistically-oriented approach (Chapter 3, Chapter 4.6, Chapter 8.2.3, and Chapter 9.1). It is im-
Conclusions and implications

Important that the approach address the student-musician current needs to support the core processes that are crucial to the individual at that moment. This increases the chance that the appropriate intervention point will be discovered right away and the change process will be off to a good start.

Secondly, a good “body-mind” state is crucial to optimal learning or performing (Chapter 3.1.2 and Chapter 8.2.3). If the learner or performer feels that he or she is not safe, optimal performance or learning seldom—if ever—takes place. We are speaking here about subjective perspective, and therefore individual perceptions and interpretations can make all the difference.

Thirdly, it is beneficial to learn to look at issues from different perspectives, including developing an ability to alternate between close-up and wide-angle views. This also means reframing “music performance anxiety” to “confidence-building in musical communication” or “enhancing music performance”. By changing interpretations, we also change our “body-mind” states. It follows that by doing so, we can learn to regulate our state of alertness consciously, which is a prerequisite for sustainable performance success. In general, solution and resource orientation in teaching and learning where deficiencies and problems are turned into skills and learning targets is strongly recommended. Together with an appreciative attitude this orientation forms the backbone for constructive feedback (and feedforward) essential for optimal learning.

It is likely that the HOPE intervention has been created as a critical response to the prevailing unsatisfactory set of systems comprising musicians’ lives and careers. In addition to helping musicians cope with the here and now, the goal of HOPE has been to join those forces that aim at building a culture of sustainable performance success by offering a more constructive way of being and doing in the world.

In an ideal world the need for HOPE-type interventions would probably not exist. However, as long as circumstances do not change dramatically, musicians (or student-musicians) are likely to face the same challenges as their predecessors and will probably need help.

Since the results of the present research gave no other reason it is to be expected that a holistically-oriented intervention such as the HOPE intervention and the results of this study can be applied to other areas of human activity, especially where continuous, professional top performance is required. In professions where competition is tough and differences between competitors are small, being able to perform when it counts is crucial. Musicians are experts at this type of activity, and thus a coaching model designed for their needs could be quite valuable in other professional areas.
References


Appendix 1a. The pre- and post-questionnaires in English

(Translated for the research report)

THE QUESTIONNAIRE OF THE TOP PERFORMANCE AND WELL-BEING HOLISTIC MOTIVATION AND PERFORMANCE ENHANCEMENT COURSE

Pre-questionnaire:
I/1 Name
II Female/man (underline the right choice)
III Age _____ years
IV Main instrument
V How many years have you studied at the Sibelius Academy as a fulltime undergraduate?
VI Have you studied anywhere else as a fulltime undergraduate?
(Underline the right choice)
Yes/No
VII If you have studied elsewhere, where was it? What did you study and? For how many years?
VIII When and which instrumental examination have you taken most recently?

Post-questionnaire:
A. PERFORMING (MUSIC)
2. How do you experience a performing (music) situation nowadays? What kinds of thoughts, feelings-emotions and physical-sensations do you experience in such situations? Please describe your experience accurately and on a concrete level.
3. How do you prepare yourself for a performance? What kinds of thoughts, feelings-emotions and physical feelings do you experience in those situations? Please describe your experience accurately and on a concrete level.
4. a) What grade would you give yourself today as a performer?
1 2 3 4 5 6 7 8 9 10 Your choice:
b) Are you satisfied with the current situation (the grade you gave to yourself in Question 4a)? Why / why not?
5. What do you think the current situation results from?
6. Estimate in percentages (%) how often during the last six months you have experienced success in performance.
7. Estimate in percentages how often after a performance you thought:
a) “I knew beforehand that I would succeed.”
b) “This is mere chance and good luck; it will not happen again next time.”
c) Something else; what?
Total: 100 %
8. Estimate in percentages how often during the last six months you experienced your performance as unsuccessful.
9. Estimate in percentages how often after a performance you thought:
a) “This is just temporary; next time I will succeed.”
b) “I knew beforehand that this was not going to work. This always happens to me.”
c) Something else; what?
Total: 100 %
10. Describe:
a) A performance (or characteristics) that you would be/are satisfied with?
b) On a scale of 1 to 10, where would/do you place this experience:
1 2 3 4 5 6 7 8 9 10 Your choice:
11. Describe as concretely as possible how you could get/have gotten yourself into the situation you described above (in Question 10a).

12. Name three of your strengths/skills as a performer.
   a) In relation to the strengths/skills you named, estimate how content you are with their current situations (on a scale of 1-10).
   b) If you feel that you need to develop these strengths/skills (Question 12a), with which figure on a scale of 1-10 would you feel sufficiently satisfied with each strength/skill?

13. Name two developmental targets (skills/abilities you would like to develop) as a performer.
   a) In relation to these developmental targets (Question 13), estimate how content you are with their current situations (on a scale of 1-10).
   b) If you feel that you need to attain these developmental targets (Question 13), with which figure on a scale of 1-10 would you feel sufficiently satisfied with each target?

14. How in practise could you work on the developmental targets you named (Question 13)? Give yourself concrete advice.

15. In your opinion what is a successful performing situation like?

16. In your opinion, what is a good performer like? List five essential qualities, abilities or skills.

17. Regarding your performance/performing in general, what other comments would you like to make?

B. PLAYING/SINGING

18. a) What overall grade on a scale of 1-10 would you give yourself regarding your current skills in playing/singing?
   
   1 2 3 4 5 6 7 8 9 10

   Your choice:

   b) Are you satisfied with the current situation (Question 18a)? Why/why not?

19. What do you think the current situation results from?

20. Describe:
   a) A situation (or characteristics) you would be/are satisfied with?
   b) On a scale of 1-10, where would/do you place this experience (Question 20a)?

   1 2 3 4 5 6 7 8 9 10

   Your choice:

21. Describe as concretely as possible how you could get/have gotten yourself in the situation you described above (Question 20a).

C. WELL-BEING

22. How do you understand the concept of “well-being”? What does it mean to you?

23. Do you have a sense of “well-being” in your life? How does it show in your thoughts, feelings-emotions and actions? Give at least one concrete example.

24. a) What overall grade on a scale of 1-10 would you give yourself regarding your current state of well-being?
   b) Are you satisfied with that grade (Question 24a)? Why/why not?

25. What do you think the current situation results from?

26. Describe:
   a) A situation (or characteristics) that you would be/are satisfied with?
   b) On a scale of 1-10, where would/do you place this experience (Question 26a)?

   1 2 3 4 5 6 7 8 9 10

   Your choice:

27. Describe as concretely as possible how you could get/have gotten yourself in the situation you described above (Question 26a).
D. PERFORMANCE, PLAYING/SINGING AND WELL-BEING

28. Is your well-being connected with your playing/singing or performing? Explain why/why not.

29. a) What overall grade from 1-10 would you give yourself regarding your current experience of the situation described above (in Question 28)

1 2 3 4 5 6 7 8 9 10 Your choice:

b) Are you content with that grade (Question 29a)? Why / why not?

30. What do you think the current situation results from?

31. Describe:

a) A situation (or characteristics) that you would be/are satisfied with.

b) On the scale of 1-10, where would/do you place this experience (Question 31a)?

1 2 3 4 5 6 7 8 9 10 Your choice:

32. Describe as concretely as possible how you could get/have gotten yourself in the situation you described above (Question 31a).

E. EXPECTATIONS/EXPERIENCES OF THE TOP PERFORMANCE and WELL-BEING COURSE

Pre-questionnaire:

33. What are your expectations for the HOPE course? Name at least three central issues.

34. Name an issue X, which is your most important expectation. Estimate how satisfied you are with the current situation regarding this issue (1 – not satisfied at all, 10 – very satisfied).

Issue X:

1 2 3 4 5 6 7 8 9 10 Your choice:

35. Estimate at which figure on the scale from 1 to 10 you would like to place:

a) Your final situation

1 2 3 4 5 6 7 8 9 10 Your choice:

b) Your situation by next summer (2003)

1 2 3 4 5 6 7 8 9 10 Your choice:

c) Your situation by next Christmas (2003)

1 2 3 4 5 6 7 8 9 10 Your choice:

regarding issue X.

36. How do you expect the HOPE course to help you with issue X?

37. How much do you believe the HOPE course will help you with issue X, on a scale from 1 to 10? (1 – not at all; 10 – not possible without the HOPE course)

1 2 3 4 5 6 7 8 9 10

38. How do know exactly that your expectations have been met and that the course has been successful? What do you think about it?

39. On a scale from 1 to 10, was answering the questions:

a) Easy

1 2 3 4 5 6 7 8 9 10 Your choice:

b) Nice

1 2 3 4 5 6 7 8 9 10 Your choice:

c) Useful

1 2 3 4 5 6 7 8 9 10 Your choice:

40. Is there anything else you would like to comment on?
THANK YOU FOR YOUR ANSWERS! HAVE A GOOD SPRING TERM!
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The post-questionnaire:
33. Has the HOPE course met to your expectations? Explain why/why not. Give at least one concrete example.
34. Name issue X as your most important expectation. Estimate how satisfied you are with the current situation regarding this issue (1 – not satisfied at all; 10 – very satisfied).
   Issue X:
   1 2 3 4 5 6 7 8 9 10 Your choice:
   35. How did you expect the HOPE course to help you with issue X? Were your expectations met?
   36. How much do you believe the HOPE course has helped you with issue X, on a scale from 1 to 10? (1 – not at all; 10 – not possible without the HOPE course)
   1 2 3 4 5 6 7 8 9 10 Your choice:
   37. How relevant do you find this type of developmental target/key question-orientated approach? (1 – not at all; 10 – to a great extent)
   1 2 3 4 5 6 7 8 9 10 Your choice:
   Why/why not?
   38. Do you think it has been beneficial for you to take part in the HOPE course?
   Why/why not?
   39. How is this (possible) benefit manifested in your life (thinking, feelings or actions)? Give concrete examples.
   In Questions 40 to 42 mark the Figure on the scale of 1 to 10 (1 – not at all; 10 – to a great extent) that corresponds to your experience of how good/relevant/meaningful issue X has been.
   40. In the group lessons:
      Key question/goal attainment
      Discussion
      Assignments
      Relaxation exercises
      Visualisation exercises
      Videotaped (mock) performances
      Other?
   41. Individual coaching:
      Key question/goal attainment
      Discussion
      Relaxation exercises
      Visualisation exercises
      Other?
   42. Homework
      Logbook/diary/portfolio
      How often have you:
      Written into your logbook/diary/portfolio?
      ___ times per week
      ___ times per month
Listened of the individually-tailored tape recording?

___ times per week

___ times per month

Used relaxation or visualisation exercises conducted/induced by yourself?

Other?

43. Are there any specific exercises, assignments or discussions that you found particularly interesting or relevant?

Which one? Why?

44. What was best about the HOPE course?

45. How would you develop the HOPE course?

46. On a scale from 1 to 10, was answering the questions:

a) Easy

1 2 3 4 5 6 7 8 9 10

Your choice:

b) Nice

1 2 3 4 5 6 7 8 9 10

Your choice:

c) Useful

1 2 3 4 5 6 7 8 9 10

Your choice:

47. Is there anything else you would like to comment on?

THANK YOU FOR YOUR ANSWERS AND THE HOPE COURSE!

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Appendix 1b. The pre- and post-questionnaires in Finnish

(Original)

KOKONAISET MOTIVAATIO- JA ESIENTYMISVALMENNUS TSEMPPIPAJAN
KARTOITUSLOMAKE

Alkukartoitus (pre-questionnaire):

Tämän lomakkeen tarkoitus on auttaa kartoittamaan tilannettasi valmennuksen alkaessa. Vastauksesi tullaan käsittelemään luottamuksellisesti, anonyymiutuksessa säilytettäen. Mitä tarkempia ovat vastauksesi, sitä paremmin on mahdollista kohdistaa tämä valmennus juuri sinun tarpeesi ja toiveesi sopivaksi. Ole hyvä ja käytä niin paljon kirjoitustilaa, kuin tunnet tarvitsevan.

I/1 Nimi

Il Nainen / mies (alleviivaa oikea vaihtoehto)

III Ikä ________ vuotta

IV Pääinstrumentti

V Kuinka monta vuotta olet opiskellut ammattiopiskelijana Sibeliu-Akatemiassa?

VI Oletko opiskellut päätoimisesti muualla kuin Sibeliu-Akatemiassa?

(Alleviivaa tilannettasi parhaiten kuvaava vaihtoehto)

Kyllä/En

VII Jos olet, niin mitä ja missä olet opiskellut? Kerro myös, kuinka monta vuotta.

VIII Milloin ja minkä kurssitutkinnon olet suorittanut viimeksi pääinstrumentissasi?
Loppukartoitus (post-questionnaire):

A. ESINTYMINEN


3. Miten valmistaudut esiintymiseen/musiikin esittämiseen?

4. a) minkä yleisarvosanan antaisit itsellesi esiintyjänä/musiikin esittäjänä asteikolla 1-10? (1 erittäin huono, 10 erittäin hyvä). (Alleviivaa näkemystäsi parhaiten kuvaava vaihtoehto)
   1 2 3 4 5 6 7 8 9 10
   b) oletko tyytyväinen vallitsevaan tilanteeseen (antamaasi arvosanaan kohdassa 4a)? Perustele näkemyksesi.

5. Mistä arvelet nykytilanteen johtuvan?

6. Miten usein koet esiintymisesi onnistuvan (viimeisen vuoden aikana)? Sijoita kokemuksesi asteikolle 1-10 (1 ei koskaan, 10 aina). (Alleviivaa näkemystäsi parhaiten kuvaava vaihtoehto).
   1 2 3 4 5 6 7 8 9 10

7. Miten usein koet esiintymisesi epäonnistuvan (viimeisen vuoden aikana)? Sijoita kokemuksesi asteikolle 1-10 (1 ei koskaan, 10 aina). (Alleviivaa näkemystäsi parhaiten kuvaava vaihtoehto).
   1 2 3 4 5 6 7 8 9 10

8. a) ”Tiesin jo etukäteen onnistuva”. Sijoita kokemuksesi asteikolle 1-10 (1 ei koskaan, 10 aina). (Alleviivaa näkemystäsi parhaiten kuvaava vaihtoehto).
   b) ”Tämä on tilapäistä sattumaa ja hyvää onnea, en minä kuitenkaan seuraavalla kerralla onnistu”. Sijoita kokemuksesi asteikolle 1-10 (1 ei koskaan, 10 aina). (Alleviivaa näkemystäsi parhaiten kuvaava vaihtoehto).
   1 2 3 4 5 6 7 8 9 10

9. Miten usein koet esiintymisesi epäonnistuvan (viimeisen vuoden aikana)? Sijoita kokemuksesi asteikolle 1-10 (1 ei koskaan, 10 aina). (Alleviivaa näkemystäsi parhaiten kuvaava vaihtoehto).
   1 2 3 4 5 6 7 8 9 10

10. Miten usein koet esiintymisesi onnistuvan jälkeen:
    a) ”Tiesin jo etukäteen onnistuva”. Sijoita kokemuksesi asteikolle 1-10 (1 ei koskaan, 10 aina). (Alleviivaa näkemystäsi parhaiten kuvaava vaihtoehto).
    b) ”Tämä on tilapäistä sattumaa ja hyvää onnea, en minä kuitenkaan seuraavalla kerralla onnistu”. Sijoita kokemuksesi asteikolle 1-10 (1 ei koskaan, 10 aina). (Alleviivaa näkemystäsi parhaiten kuvaava vaihtoehto).
    1 2 3 4 5 6 7 8 9 10

11. Miten usein koet esiintymisesi epäonnistuvan jälkeen:
    a) ”Tiesin jo etukäteen onnistuva”. Sijoita kokemuksesi asteikolle 1-10 (1 ei koskaan, 10 aina). (Alleviivaa näkemystäsi parhaiten kuvaava vaihtoehto).
    b) ”Tämä on tilapäistä sattumaa ja hyvää onnea, en minä kuitenkaan seuraavalla kerralla onnistu”. Sijoita kokemuksesi asteikolle 1-10 (1 ei koskaan, 10 aina). (Alleviivaa näkemystäsi parhaiten kuvaava vaihtoehto).
    1 2 3 4 5 6 7 8 9 10

12. Millainen olisi esiintyminen/musiikin esittämistilanne, johon olisit tyytyväinen?

13. Nimeä itseltäsi kolme vahvuutta esiintyjänä/musiikin esittäjänä ja
    a) arvioi miten tyytyväinen olet kunkin vahvan ominaisuuden tai taidon nykyiseen tilaan asteikolla 1-10? (1 hyvin vähän tai ei ollenkaan tyytyväinen, 10 hyvin paljon tyytyväinen)? (Alleviivaa näkemystäsi parhaiten kuvaava vaihtoehto).
    b) sinä tapauksessa, että koet tarvetta kehittää tätä kyseistä ominaisuutta tai taitoa, niin missä kohtaa asteikkoa vallitsee tilanne, johon olisit riittävän tyytyväinen tähän kyseiseen vahvan ominaisuuteesi tai taitoosi (=tavoitetilanne).

Ominaisuus tai taito:
    a) 1 2 3 4 5 6 7 8 9 10
    b) 1 2 3 4 5 6 7 8 9 10

Ominaisuus tai taito:
    a) 1 2 3 4 5 6 7 8 9 10
    b) 1 2 3 4 5 6 7 8 9 10
Ominaisuus tai taito:

a) 1 2 3 4 5 6 7 8 9 10
b) 1 2 3 4 5 6 7 8 9 10

12. Nimä samoin kaksi kehittämishetettä (jokin ominaisuus tai taito, jota haluaisit kehittää) esiintymisesi/musiikkin esittämisessä suhteen ja

a) arvioi miten tyytyväinen olet kyseisen kehittämishetton nykyiseen tilaan asteikolla 1-10? (1 erittäin huono, 10 erittäin
hyvä). (Alleviivaa näkemystäsi parhaiten kuvaava vaihtoehto).

b) missä kohtaa asteikkoa vallitsisi tilanne, johon olisit tyytyväinen tämän kyseisen kehityshetton suhteen (asteikolla 1-10)?

Kehittämishetettä:

a) 1 2 3 4 5 6 7 8 9 10
b) 1 2 3 4 5 6 7 8 9 10


14. Kuvaila, millainen on mielestäsi onnistunut esiintymisen/musiikkin esittäminen?

15. Kuvaila, millainen on mielestäsi hyvä esiintyjä/musiikkin esittäjä?

16. Millaisia ominaisuuksia tai taitoja hyvällä esiintyjällä/musiikkin esittäjällä mielestäsi on? Listaa viisi keskeisintä
ominaissuutta tai taitoa.

1. ____________________________
2. ____________________________
3. ____________________________
4. ____________________________
5. ____________________________

17. Mitä muuta omasta esiintymisseesi/musiikkin esittämiseesi tai esiintymisessä/musiikkin esittämiseen yleensä liittyvää
haluaisit kommentoida:

B. SOITTAMINEN/LAULAMINEN

18. a) minkä yleisarvosanan antaisit nykyiselle soitto-/laulutaitoiellesi asteikolla 1-10? (1 erittäin huono, 10 erittäin
hyvä). (Alleviivaa näkemystäsi parhaiten kuvaava vaihtoehto)

1 2 3 4 5 6 7 8 9 10

b) oletko tyytyväinen vallitsevaan tilanteeseen (antamaasi arvosanaan kohdassa 18a)? Perustele näkemyksesi.

19. Mistä arvelet nykytilanteen johtuvan?

20. a) Kuvaila, millainen olisit/on sellainen tilanne soitto-/laulutaitojesi suhteen, johon olisit/olet tyytyväinen.

b) mihin kohtaan asteikkoa 1-10 sijoittaisit/sijoitat tämän kohdassa 27 a kuvaamasi tilanteen? (Alleviivaa näkemystäsi
parhaiten kuvaava vaihtoehto)

1 2 3 4 5 6 7 8 9 10

21. Kuvaila niin konkreettisesti kuin mahdollista, miten voisit päästä/olet päässyt kohdassa 27 soitto-/laulutaitojesi
suhteen kuvaamaasi tilanteeseen?

C. HYVINVOINTI

22. Miten ymmärrät käsitteellä hyvinvointi, mitä se merkitsee sinulle?

24. a) minkä yleisarvosanan antaisit nykyiselle hyvinvoinnin kokemuksellesi asteikolla 1-10? (1 erittäin huono, 10 erittäin hyvä). (Alleviivaa näkemystäsi parhaiten kuvaava vaihtoehto)

   1 2 3 4 5 6 7 8 9 10

    b) oletko tyttypävän vallitsevaan tilanteeseen (antamaasi arvosanaa kohdassa 24a)? Perustele näkemyksesi.

25. Mistä arvelet nykytilanteen johtuvan?

26. Kuvail, millainen olisi on sellainen tilanne hyvinvointisi suhteen, johon olisit oletty tyytyväinen.

27. Kuvail niin konkreettisesti kuin mahdollista, miten voisit päästä olettyt kohdassa 25 hyvinvoinnin suhteen kuvaamaasi tilanteeseen?

D. ESIINTYMINEN, SOITTAMINEN/LAULAMINEN JA HYVINVONTI

28. Liittykö nykyisellään kokemasi hyvinvointi (tai ei-hyvinvointi) soittamiseesi/laulamiseesi tai esiintymiseesi/musiikin esittämiseesi? Perustele näkemyksesi.

29. Miten tyttypävän olet kohdassa 28 kuvaamaasi tilanteeseesi?

   a) Minkä yleisarvosanan antaisit tälle nykyiselle kokemuksellesi asteikolla 1-10? (1 erittäin huono, 10 erittäin hyvä). (Alleviivaa näkemystäsi parhaiten kuvaava vaihtoehto)

      1 2 3 4 5 6 7 8 9 10

    b) oletko tyttypävän vallitsevaan tilanteeseen (antamaasi arvosanaa kohdassa 29a)? Perustele näkemyksesi.

30. Mistä arvelet nykytilanteen johtuvan?


32. Kuvail niin konkreettisesti kuin mahdollista, miten voisit päästä olettyt kohdassa 30 kuvaamaasi tilanteeseen?

E. ODOTUKSET VALMENUKSEN SUHTEEN

Alkulartoitus (pre-questionnaire):


34. Nimeä tärkein odottamasi asia x ja arvioi, miten tyytyväinen olet asteikolla 1-10 tämän asian suhteen juuri nyt (1 olet hyvin tyytymätön, 10 olet hyvin tyytyväine).

   Asia X:

      1 2 3 4 5 6 7 8 9 10

35. Seuraavaksi arvioi, mihin kohtaan asteikolla 1-10 haluat

   a) loppujen lopuksi sijoittaa tämän asian x suhteen

      1 2 3 4 5 6 7 8 9 10

   b) ensi kesään (2003) mennessä

      1 2 3 4 5 6 7 8 9 10

   c) ensi jouluun (2003) mennessä

      1 2 3 4 5 6 7 8 9 10

36. Mitä odotat Tsemppipajan auttavan sinua asian x kanssa?

37. Kuinka paljon uskot Tsemppipajan auttavan sinua asian x kanssa, asteikolla 1-10 (1 ei ollenkaan, 10 ilman Tsemppipajaa ei mahdollista)

      1 2 3 4 5 6 7 8 9 10
38. Miten arvioit, mistä voisit täsmälleen ottaen tietää, että odotuksesi Tsemppipajan suhteen ovat täyttyneet ja valmennus on onnistunut?

39. Oliko kysymyksiin vastaaminen, asteikolla 1-10 (1 ei ollenkaan, 10 hyvin paljon)
   a) Helppoa
      1 2 3 4 5 6 7 8 9 10
   b) Kivaa
      1 2 3 4 5 6 7 8 9 10
   c) Hyödyllistä
      1 2 3 4 5 6 7 8 9 10

40. Muut mahdolliset kommentit (tervetulleita kaikki!)

KIITOS VASTAUKSISTASI ja HYVÄÄ KEVÄTLUKUKAUDEN ALKUA,
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The post-questionnaire:

34. Nimeä tärkein odottamasi asia x ja arvioi, miten tyytyväinen olet asteikolla 1-10 tämän asian suhteen juuri nyt (1 olet hyvin tyytymätön, 10 olet hyvin tyytyväinen).
   Asia X:
   1 2 3 4 5 6 7 8 9 10

35. Seuraavaksi arvioi, mihin kohtaan asteikolla 1-10 haluat
   a) loppujen lopuksi sijoittua tämän asian x suhteen.
      1 2 3 4 5 6 7 8 9 10
   b) ensi jouluun (2003) mennessä
      1 2 3 4 5 6 7 8 9 10

36. Miten odotit Tsemppipajan auttavan sinua asia x kanssa?

37. Kuinka paljon uskot Tsemppipajan auttaneen sinua asia x kanssa, asteikolla 1-10 (1 ei ollenkaan, 10 ilman Tsemppipajaa ei mahdollista)
   1 2 3 4 5 6 7 8 9 10

38. Onko tämän kaltainen tavoitteellinen ajattelu ja toiminta ollut sinusta mielekästä?
   (Ei ollenkaan, 1, hyvin suuresta määrin 10) 1 2 3 4 5 6 7 8 9 10
   Miksi?/ Miksi ei?

39. Oletko mielestäsi oppinut tai oivaltanut Tsemppipajassa/Tsemppipajan avulla jotain? Mitä? - Nimeä kaksi keskeisintä oppimaasi tai oivaltamaasi asiaa:

40. Miten tämä mahdollinen oppiminen tai oivaltaminen näkyy, kuuluu vai tuntuu elämässäsi tällä hetkellä esimerkkisi ajattelussasi, tuntemisessasi tai toiminnassasi? Anna vähintään kaksi konkreettista esimerkkiä.

Seuraavissa kysymyskysissä 48-50 merkitse ympyröimällä se numero asteikolla 1-10 (1 ei ollenkaan, hyvin suuresta määrin10) joka vastaa kokemustasi siitä, missä määrin kulloinkin mainittu asia on ollut sinun mielestäsi hyvä/hyödyllinen/mielekäs?

41. Ryhmätunneilla:
   Tavoitteen seuranta 1 2 3 4 5 6 7 8 9 10
Keskustelu 1 2 3 4 5 6 7 8 9 10
Tehtävät 1 2 3 4 5 6 7 8 9 10
Rentoutumisharjoitukset 1 2 3 4 5 6 7 8 9 10
Mielikuvaharjoitukset 1 2 3 4 5 6 7 8 9 10
Muuta?

42. Yksilövalmennuksessa
Tavoitteen seuranta 1 2 3 4 5 6 7 8 9 10
Keskustelu 1 2 3 4 5 6 7 8 9 10
Rentoutumisharjoitukset 1 2 3 4 5 6 7 8 9 10
Suggestio- ja mielikuvaharjoitukset 1 2 3 4 5 6 7 8 9 10
Muuta?

43. Kotitehtävät
(Harjoitus)päiväkirja/ portfolio 1 2 3 4 5 6 7 8 9 10
Kuinka usein olet kirjoittanut (harjoitus)päiväkirjaasi/portfolioosi?
_______ kertaa viikossa/kuukaudessa (alleviivaa toimintaasi osuvammin kuvaava aikamäärä)
Kuinka usein olet kuunnellut äänitettä?
_______ kertaa viikossa/kuukaudessa
Muut kotitehtävät 1 2 3 4 5 6 7 8 9 10

44. Onko mieleesi erityisesti jäänyt jokin tietty tehtävä, harjoitus tai keskustelu?
Mikä? Miksi?
Muuta?

45. Miten arvioit, mistä voisit täsmälleen ottaen tietää, että odotuksesi Tsemppipajan suhteen ovat täyttynneet ja
valmennus on onnistunut?

46. Oliko kysymyksiin vastaaminen, asteikolla 1-10 (1 ei ollenkaan, 10 hyvin paljon)
d) Helppoa 1 2 3 4 5 6 7 8 9 10
e) Kivaa 1 2 3 4 5 6 7 8 9 10
f) Hyödyllistä 1 2 3 4 5 6 7 8 9 10

47. Muut mahdolliset kommentit (tervetulleita kaikki!)

KIITOS VASTAUKSISTASI ja HYVÄÄ KESÄÄ,

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Appendix 2. A short overview of the contents of the HOPE intervention course of Hope 1

The first term: January – May 2003

Group sessions 1-6:

Session 1 The first videotaped practise performance in the first group session with peer commentary

Session 2-4 Themes:
- Expectations of the course: how can we help each other? How can I help myself?
- Relaxation and mental imagery
- State of alertness/self-regulation
- Brain gymnastics
- Beliefs, attitudes and internal speech
- Dreams/visions and how to design appropriate goals/developmental targets
- Follow-up with goals/developmental targets
- Multiple/alternative viewpoints/perspectives
- Key question
- Comfort zone
- Practising
- Performing
- Well-being
- Learning from myself/others
- Feedback: what kind of reality do I want to create?
- Time management
- Stress management
- Prioritising

Session 5 The second videotaped practise performance in the first group session with peer commentary

Session 6 Finishing the term:
- Experiences of the course: what is good, what to develop
- How to continue to make progress?

One-to-one sessions:
- 1-3 follow the main lines of the course contents, tailoring them even more personally to the individual participant. Individually-tailored relaxation and mental imagery tapes are made, at least one per participant. Looking at the videotaped practise performances together and learning from them.

The second term: September – December 2003

Group sessions 7-12:

Sessions 7 a/b The same themes as in the first term deepen
- Team building and project management skills organised around a group final concert project

Session 8 The third videotaped practise session with peer commentary

Sessions 9-11 As in sessions 7 a/b

Session 12 Finishing the course:
- Experiences of the course: what was good, what to develop
- What have I learned?
- How to continue to make progress?
- A group story “The HOPE in a nutshell”, is composed together

One-to-one sessions: As described above in the first-term.
Appendix 3. Participants’ goals and key questions in Hope 1

Each participant in Hope 1 defined his or her individual (developmental) goals/targets and key questions as an integral part of the HOPE intervention coaching process. In the list below these goals can be found under each participant’s name as follows: a) The first-term goals and b) The second-term key questions.

Alice
a)
Auditions will become easy/ Before a performance, I believe I can succeed
Performing would become easier, so I could believe one day I will succeed
To internalise a new level of approach to practising and playing
b)
How to become employed?
How to develop further my playing skills = myself as a person?
What is my place and my call within the professional field?

Barbara
a)
Concentrated practise
To have a sense of control on stage
b)
How to get music out from behind/through technique?
How to work and live at the same time?

Cecilia
a)
To get to know myself as an artist-to-be
Fusion of technique and expression
b)
How to maintain “my own level” when I perform (not to underachieve)?
How to listen to myself and my body?

Dorothy
a)
Acquire self confidence
Succeed in the B-exam
Have the courage to exceed my limits in a pressured performance situation and to be forgiving to myself
b)
What is my musicianship like? (I don’t care what other people might think.)

Edwin
a)
Getting things done (physical fitness, big professional assignments, B-exam, other studies)
Getting things done = daily practise
b)  
What is needed to achieve normal health? How does my health affect the lifestyle I am used to? (health problem)

**Gabriela**

a)  
Acquire self confidence  
Control my nerves on stage  
Achieve “physical peace” on stage (non-restless body)

b)  
Activate the supporting functions for singing and working (daily exercise, healthy diet/weight control)

How does functioning as a singer change with a new lifestyle?

**Frank**

a)  
To get help for music performance anxiety  
To feel good in general and establish a practice routine  
Why am I afraid that playing oboe will take me away from personal relationships and God?  
To feel good in general, establish practice routine and enjoy making music

b)  
How to love oneself (what do I like, how to reward oneself)?  
How to be forgiving to oneself (to listen to oneself)?

**Harriet**

a)  
To close off disturbing messages in performance, practice, and pre-performance situations and yet stay open to essential matters  
The right to my own space prior to auditions and performances  
To do my best on the A-exam

b)  
Claim/create my own space in other areas besides singing  
Value myself  
Take responsibility for my life and my singing  
Have faith in myself and my own way of doing things

**Ian**

a)  
Musical performances would go well, especially the solos  
I could play in the performance situation as well as I play when I practise

b)  
Everything about playing  
In a performance I would play as well as I am able