

Feature by Dr Jane Oakland

Use your head: The psychology behind injury recovery and prevention

As a musical performer, mind, body and emotions are inextricably linked. Physical and mental health should therefore be of prime concern for all musicians



The last ten years has seen an increase in the awareness of the physical challenges experienced by musicians. Institutions such as BAPAM (British Association for Performing Arts Medicine), Association of British Orchestras and the Musicians Benevolent Fund have done much to support the physical

health of musicians in terms of research, treatment and financial help.

Despite this, within the profession, there still remains a reluctance to talk about personal injury or stress. An extract from an article by Alford and Szanto (1996: 7) summarises this dilemma:

“Pain ridden pianists stain the pristine image of the virtuoso, whose almost sacred talent is expected to be unencumbered by profane biological impediments. Pianists in pain do not symbolically qualify for virtuoso standing, nor can they be confidently booked for performances.”

Unfortunately, dealing with pain can be an accepted part of the life of all professional instrumentalists but, as the above quotation highlights, musicians feel that pain or injury needs to be hidden in order to remain employable. This article draws attention to the psychological issues involved in the treatment of injury as well as the physical and psychological stresses that can be the cause of injury.

Dominique Royle (2003) studied the psychological process of recovery from injury in eight professional musicians. Her findings showed that the recovery process closely followed a three stage model devised by Frank (1995) in his book *The Wounded Storyteller* namely:

1. Chaos Phase - where patients try to survive the pain rather than deal with it. This is a common phase for musicians who are reluctant to admit to any kind of problems.

2. Restitution Phase – where patients adopt a passive role in their recovery by consulting doctors or therapists for an appropriate cure. Royle admits that although

medical and therapeutic interventions have been highly successful for many musicians, her specific group felt that they were generally regarded as unsatisfactory or inadequate. Although performing arts medicine has developed considerably since this study, there are still difficulties in dealing with conditions such as focal dystonia (a neurological condition that affects a muscle or group of muscles in a part of the body and causes an involuntary muscular contraction or twisting) or other physical symptoms which have no obvious medical explanation.

3. Quest Phase - where patients adopt a more proactive stance to recovery and seek to identify factors that may have contributed to their injury. Royle found this phase to be the most significant because it enabled the musicians to make necessary changes not only to their playing technique, but also to the way they viewed themselves and their music making.

The work of Royle resonates with much of my own work with injured musicians where recovery involves more than physical healing. The story of one of these musicians, Joe, highlights the very special relationship that musicians have with music and the effect that this relationship can have on physical and psychological well-being. While Joe was on contract with a prestigious company he began to lose the use of his legs. Initially, he tried to cover up his symptoms in order to continue working but as his condition worsened, he was forced to give up full-time employment. He visited a selection of doctors, neurologists, and therapists but was unable to find any plausible explanation or cure for his condition and was officially registered as a disabled person.

Joe had already experienced the Chaos and Restitution phases and was trying to adapt to a future without professional performing but was unable to make sense of his situation. A turning point came when he began to explore his feelings for music and the music profession and the circumstances leading up to his loss of mobility. In other words, he entered the Quest phase and began a journey which involved a major adjustment to his relationship with music. This extract shows the extent of Joe’s investment in music:

“You give body and soul to make the music wonderful and suddenly it doesn’t care for you as a person.”
Joe seems to liken his relationship with music to a human relationship which has broken down, but his investment in music was complicated by his need to be in control

of it. Joe talked at length about his need for control in general terms and began to see that this spilled over into his professional life. "Once I feel I'm losing control that's it. It always comes to the surface in my performing life, well life in general"

Musical control became intertwined with physical control and the final extract shows how unravelling this was one of the factors that played a role in Joe's recovery.

"..I want to be in control of something (music) that it's not possible to be in control of and I need to learn when to back off."

Understanding what he could and could not control was the start of Joe taking control of his own recovery. He has now rejoined the profession as a performing musician, ten years after leaving fulltime employment.

In my experience, it is necessary to experience the stages of chaos and restitution before the quest phase can be entered. It is natural to seek a medical solution first of all, but medicine alone is insufficient to help musicians for whom psychological stress manifests itself through physical symptoms. Furthermore, physical recovery may only be the start of the complete recovery process. Musicians who return to the workplace after a long absence may feel alienated, lack confidence in their technical abilities or feel they are perceived differently by their colleagues. In some cases injury may initiate a career transition if an individual feels that their playing abilities will be permanently restricted. How do musicians deal with losing a major part of their identities, and how can they be helped to find new areas in their lives which can equal the role played by music? These are questions that medical diagnosis alone cannot answer, but until musicians feel able to talk openly about issues like these, it is difficult to see how significant progress can be made

The case of Joe has shown that recovery from illness or injury can be a long term project. This could be avoided if more attention was given to injury prevention. The constant drive for perfection that classical music seems to demand is a major contributor to physical injury. Sport psychology is now well equipped to deal with precisely these sorts of issues. Techniques such as visualisation and mental practice are used to relieve the physical pressures of learning new moves. Mental strategies are taught to help prepare athletes for top performance. Injury recovery programmes emphasise the importance of the psychosocial model, which takes into account not only the injury itself but also its context within the athletes' social settings. A small sector of practitioners (and I include myself in this) are now recognising the lessons that can be learnt from sport psychology when dealing with tension in performance. Birmingham

Conservatoire in conjunction with BAPAM and Loughborough University School of Sport and Exercise Science initiated a series of workshops in 2009 entitled 'Bach to Sport'. The aim was to explore similarities and differences in the mental aspects of music and sport preparation and performance. The workshop discussions revealed many similarities between the musicians and the athletes – for example the importance of mental skills, preparation, structure, focus, concentration, visualisation, as well as being able to manage emotions before and during performance.

Initiatives like this could play a large part in changing the attitudes of musicians to any sort of psychological intervention. However, if changes are to come about they should start at student level. If our training institutions can encourage students to discuss stress and injury more freely this openness might eventually carry through to the professional world.

To conclude, although recognition of the medical problems experienced by musicians is becoming more widespread, admitting to them still remains a stigma. In the event that an injury becomes so severe it cannot be ignored, the likelihood is that a musician may consider nothing more than the medical option due to a lack of understanding about psychological intervention. Injury not only blocks a major channel of emotional expression for musicians, it threatens an identity that has been formed through many years of involvement with their instrument or voice. It would follow therefore that any treatment of illness or injury should also address these issues. If carefully handled, recovery from injury can instigate in the musician real growth and awareness of themselves and of their playing. However, would it not be more advantageous and more cost-effective to increase the musicians' awareness of strategies for injury prevention and career longevity?

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Royle, D. (2003) Musicians experiences of a career-threatening, playing related injury, their recovery and return to performing. *ISSTIP Journal*.

Jane has been a professional opera singer for 30 years, working in Europe and the UK. Her interests now lie in the application of psychological techniques to help musicians cope with the stresses of professional life. Jane's recent PhD research explored musical career transition and the implications of redundancy for musicians. Jane now combines psychology with counselling experience to offer specialist support to artists of all genres.