

**TUNING THE HUMAN INSTRUMENT:
MIND-BODY REHABILITATION FOR THE INJURED MUSICIAN**

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This paper focuses on the use of an interdisciplinary approach to treating musicians suffering from cumulative trauma disorders. For the past several years I have been working as part of a team as a psychoanalytic music therapist along with a physician who specializes in treating musicians with repetitive strain injuries and a music pedagogue whose specialty is retraining musicians who have performance-related injuries. We are affiliated with the Center for Cumulative Trauma Disorders at Columbia Presbyterian Medical Center in New York City. Each one of us plays an integral role in fostering the musicians' healing process. Because the nature of musician's dysfunction is insidious and its effects emotionally devastating, the psychological component of the treatment must not be overlooked. In this paper I will present a model of how the three of us work together in treating injured musicians, along with a brief description of my treatment approach and some case examples. I will also describe the psychological issues which are common to injured musicians, and methods of confronting and working through these issues drawing from such disciplines as behavioral medicine, creative arts therapy, trauma theory, and yoga science. Suggestions for ways to prevent performance-related injured will conclude the presentation.

The procedure for treating the injured musician within this particular model is as follows: patients are evaluated and diagnosed by the physician specialist who then refers them, depending on their needs, to a physical therapist, a re-training specialist and/or a music therapist. The best results are had by patients who are able to work intensely with each of us. We periodically meet as a team and discuss the progress (or lack of) that our patients are making. This is extremely valuable in helping us to see the "whole picture" of the patient's healing process. For example, our physical therapist was disappointed that his patient was not progressing and thought that perhaps there might be some deeper psychological cause underlying her RSI symptoms. He referred the patient to see me. After discussing the importance of breath in achieving body-mind coordination during our first session, I asked the musician to show me the exercises she had been working on with her therapist. She began to demonstrate the exercises mechanically while holding her breath. When I pointed this out to her she explained that she just wanted to get them over with. It was no surprise to me that she also practiced her technique exercises on the violin in this manner. I reported this information back to the physical therapist who made sure that he incorporated breath-awareness in all future work with this client. In working in this team approach, all bases are covered in fostering a full recovery in the injured musician.

Naturally, most musicians suffering from cumulative trauma disorders are under a lot of stress due to the physical and psychological pain associated with the injury. Many musicians are advised to refrain from playing their instruments during their early recovery periods. This can cause much reality-based anxiety and depression. My role as part of the team approach is to provide a specially-designed stress management training seminar/ support group for injured musicians to help them to cope with these real-life stressors. The support-group function of the training is an integral part

of treatment. Most injured musicians find great relief in being able to talk about their feelings related to their injury with like-minded peers. These musicians usually harbor deep feelings of shame and self-blame for the injury and have little hope that they can recover. Many have spent years trying to find a cure.

The first step in my treatment approach is to foster body-mind awareness in the injured musician. Many injured musicians in my experience have characteristics of a Type-A personality - they are aggressive, competitive, generally not in touch with their feelings, sometimes angry and hostile, often compulsive. Some have symptoms of post-traumatic stress disorder - dissociation, nightmares, convulsions. Their bodies are often tense and rigid and they are generally hypervigilant and unable to breathe deeply and rhythmically. It is interesting to note that almost all of the injured musicians that I have worked with over the years have experienced some emotional trauma early in life (mostly physical/sexual abuse, neglect and abandonment). Trauma theory suggests that the nervous system is permanently altered due to early trauma, leaving victims in a state of hyper-arousal which prevents normal emotional and physical development. For this reason, I feel the need to educate my patients regarding the function of the autonomic nervous system and to teach them ways of achieving a sense of homeostasis within and without. The main tool to assist them in this goal is breath awareness.

Most injured musicians do not breathe properly. Their diaphragms are often rigid and they breathe primarily in the chest area. Some are paradoxical breathers. Many hold their breath when they are anxious or concentrating. I teach the musicians how to breathe diaphragmatically and rhythmically, then 2-1 breathing, a technique which activates the relaxation response by doubling the length of the exhalation, and finally alternate-nostril breathing to balance the sympathetic and parasympathetic arms of the autonomic nervous system. I stress the importance of practicing these breath exercises twice daily for at least one-month in order to facilitate permanent change in their maladaptive breathing habits. Along with breath training, I teach progressive relaxation exercises and autogenic techniques to give musicians a sense of awareness and control over their bodily functions.

One interesting technique derived from yoga practice that I have found which has a remarkable effect on injured musicians is called 61 points. Lying on the floor in a relaxed state, an individual is guided in systematically focusing the breath on the major meridian points throughout the body. Practitioners often fall asleep or "space out" at the point in the body where there is trauma and/or unresolved emotional issues. This technique is a diagnostic aid for both the patient and myself.

During this phase of treatment, I also ask musicians (after a guided relaxation) to draw their perception of their injury. Utilizing art therapy theory, I am always surprised at how much more the unconscious "knows" about the source and implications of one's injury than the conscious mind. For example, a pianist with focal dystonia drew an outline of a woman's body with a long, rigid, metal pipe moving from her brain down into her index finger. She described the feeling-tone of the drawing as one of rigidity, inflexibility. She felt that she had no control over her finger. Over time this patient was able to share with the group that she had been sexually abused by her piano teacher when she was quite young. She related the sensation of rigidity in her finger to a need to control her feelings of rage and shame connected to her sexual abuse. Once these feelings began to surface and were

worked through in the group over a period of time, the patient's finger became almost fully functional.

After the injured musicians are sufficiently grounded in the body-mind awareness techniques, I then begin helping them to apply what they have learned to their actual musical situations. Many injured musicians do not breathe rhythmically while they are playing. I teach them how to sing and dance the musical pulse of their performance pieces. This connects the body, mind, and emotional aspects of the self so that the musicians can achieve a sense of harmony and flow in their playing. It usually takes a while before this practice is fully integrated into the individual's musical expression. I try to initiate the experience of "flow" in the injured musician through clinical improvisation exercises. Most traumatized musicians do not enjoy playing music and have lost the child-like innocence and freedom associated with early their musical experiences. Through improvising, both alone and with other group members, the musician is encouraged to "play" music and to enjoy spontaneity and expressiveness in a safe, non-threatening environment. Most musicians choose instruments other than their primary ones for this experiment. It is hoped that they will eventually transfer this feeling of "flow" activated while improvising into their professional musical activities.

The final phase of the stress-management seminar involves the process of engaging in a dialogue with the injured part of the body and allowing it to "tell its own story", using the music itself to express unacceptable repressed feelings and memories. It is fascinating to see how these feelings/memories can be somatized and locked within a particular body part. For example, another pianist with focal dystonia in the group who did not have control over the fourth finger of her right hand was able to connect with a deep fear of expressing her "gift" of music while dialoguing musically with her finger. She was a recovering alcoholic who was shamed repeatedly as a child by an envious mother. Although she was able to maintain a career as a professional musician, this patient became aware that she had to atone for her guilt in upstaging her mother through suffering with her hand injury. With several months of individual treatment addressing this painful insight, the patient made a remarkable physical recovery and is now in the process of preparing for her first recital after a several year hiatus.

In conclusion, it is my belief that all performance-related injuries have a psychological component which must be addressed as part of an overall treatment plan. The body is the true instrument for musical expression and feelings belong to the body. Musicians must understand the body-mind connection, they must be aware of how their bodies function with respect to the biomechanical chain and the autonomic nervous system, and they must be encouraged to live in a state of flow and balance through play, contemplation and meditation, along with their busy work schedules.