

The Lived Experience of Professional Musicians with Playing-Related Injuries

A Phenomenological Inquiry

Christine A. Guptill, BMus, PhD, OT Reg (Ont)

The purpose of this study was to understand the lived experience of professional instrumental musicians who have experienced playing-related injuries. The study used a hermeneutic phenomenological methodology developed to examine this lived experience. In-depth interviews were conducted with 10 professional musicians, followed by a focus group where preliminary findings were presented to participants and their feedback was sought. Other sources of lived experience included participant-observation by the researcher, who is a musician and has experienced injuries, and biographic and artistic representations of musical performance and its loss, including literature, films, and television. The findings were summarized in a visual representation unique to this study. The representation illustrates three roles—musician, worker, and teacher—that are participated in, and disrupted by, the experience of being injured. In addition, the experience of a playing-related injury takes place within the context of a healthcare system which was perceived as insufficient to meet their needs: specialized care was rarely available and, if available, was not local or timely; treatment operated on a fee-for-service model when many musicians had meagre incomes and lacked coverage for these services; and treatment provided often failed to allow musicians to continue to perform at the level they had previously achieved. Finally, the representation illustrated four existentials—lived time, space, body and social relations—that permeated the experience. This study suggests that improvements to healthcare delivery and education of musicians, music teachers, and healthcare professionals are needed. *Med Probl Perform Art* 2011; 26(2):84–95.

The purpose of this study was to understand the lived experience of professional instrumental (non-vocal) musicians who have experienced playing-related physical injuries. Musicians are generally poorly paid, independently contracted (rather than employed), and lacking timely, affordable access to healthcare. Musicians frequently begin training at a young age, and their identities are often strongly tied to their occupation. Playing-related injuries, therefore, can be emotionally devastating,¹ and can leave musicians destitute.²

The prevalence of musicians' playing-related injuries has been disputed. Rates of anywhere from 26% to 93% have been reported³ and appear to depend significantly on the definition of playing-related injuries, the methods used to collect the data, and response rates of the many surveys involved.^{3,4}

Dr. Guptill is a Post-doctoral Fellow at McMaster University, Hamilton, and the Hand & Upper Limb Clinical Research Lab, St. Joseph's Healthcare, London, Ontario, Canada.

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Address correspondence to: Dr. Christine A. Guptill, McMaster University, 1034 William Street, London, ON N5Y 2S9, Canada. Tel 519 439-0901, fax 519 646-6049. Christine_Guptill@alumni.uwo.ca.

Reliable point prevalence rates, between 39% and 47%, are comparable to rates of injuries seen in other occupations requiring repetitive movements.³ However, it has been noted that “absent from all of these figures are those pain-inflicted musicians who have abandoned their careers altogether.”⁵ Instrumental musicians' playing-related injuries typically include those described as both “overuse” syndromes, including tendinitis and tenosynovitis, and neurological impairments, including carpal tunnel and thoracic outlet syndromes. Focal dystonia, a rare movement disorder, has been much explored.^{6–8} Most playing-related injuries involve the upper extremities and back,⁹ although the jaws of some players are also affected (e.g., temporomandibular joint disorder in brass players).¹⁰

An initial review of the literature¹¹ and updated review¹ found a wealth of research literature on musicians' playing-related injuries related to understanding of the pathologies and potential treatments for certain conditions, such as focal dystonia.^{12,13} Areas that were underrepresented in the literature included studies examining environmental factors, personal factors, and music as involvement in a life situation. The initial review noted that the “best treatment” for playing-related injuries depended on the musician's context, including mental health, socioeconomic status, access to health benefits, employment status, relationship with their teacher, and other factors.¹¹

Some studies, most notably using qualitative methods, have examined musicians' injuries from the perspective of musicians.^{14–17} However, no other studies have set out to describe what the experience of playing-related injuries is like for professional musicians. A deeper understanding of this complex phenomenon is best addressed using qualitative methods and, in particular, phenomenology. Phenomenology as a philosophical tradition emphasizes a focus on the phenomenon under investigation, and particularly on the human experience of that phenomenon. As a methodology, phenomenology is used to answer questions about what experiences are like and how people experience particular phenomena. As Van Manen¹⁸ stated, phenomenology “aims at gaining a deeper understanding of the nature or meaning of our everyday experiences.” In healthcare, phenomenology usually answers questions about how individuals experience particular health concerns.^{19–21} Phenomenology is well suited to addressing the shortcomings in the literature on injured musicians outlined in this chapter, including the lack of a basic understanding of the phenomenon in question.

Due to the rich, detailed information obtained in this study, which is too lengthy for a single article, this paper will present findings about the injured musicians' roles as musicians (further described in the findings) and the existentials that permeated their experiences of being injured. Other findings from this study have been published elsewhere.²²

METHODS

Methodology

The methodology used in this study was derived from the philosophy of hermeneutic phenomenology, influenced by the "phenomenology of practice" developed by Max van Manen.¹⁸ This philosophy acknowledges that both the researcher and participants are caught up in our experiences of the world and that this experience cannot be pushed aside when examining a phenomenon. The methodology used in this work also drew from the philosophy Merleau-Ponty,²³ acknowledging that there is a phenomenon to be described but that our only access to it is through our lived, embodied experience. Heidegger's views on hermeneutics²⁴ and Gadamer's dialogic views²⁵ also influenced this methodology in that the researcher is an active participant in describing and interpreting the phenomenon. The methodology acknowledges the importance of the experiences of the participants but does not see them as experts who are an infallible source of knowledge about the phenomenon.

Participants

Ten adult, professional, classically trained, English-speaking adult musicians in Ontario, Canada, who had experienced physical playing-related injuries, either at the time of the study or in the past, participated in this study. Classically trained musicians were chosen in order to select participants with similar experiences and because of the researcher's ability to recruit key informants from this population. The number of participants is consistent with Creswell's observation that phenomenological studies involve "as many as 10 individuals,"²⁶ Polkinghorne's recommendation of 5 to 25 participants,²⁷ and Thomas and Pollio's recommendation of 6 to 12 participants.²⁸

Difficulties in defining playing-related injuries have been noted, and there is no gold standard for their diagnosis.¹⁷ Therefore, musicians who volunteered for the study were asked in the letter of information and during the interviews to self-identify as having experienced a "playing-related physical injury." It was felt that this term used accessible language and would be well understood by musicians.

Defining the "professional" musician is also challenging. The number of hours musicians play per week can vary. Some musicians who identify themselves as professional might only perform as their primary source of income for part of the year, and for some their primary source of income might be employment other than performing (e.g., teaching in an elementary school). It was determined that the best approach

APPENDIX 1. Interview Guide

- Please tell me about a specific time when you were injured.
 - How did it happen?
 - When did it happen?
 - What happened when you became injured?
 - What was it like to continue working?
 - What was it like to continue teaching?
 - What was it like at home?
- What is it like to be an injured musician?
 - How do you experience your body when you are injured?
 - What does your body feel like?
 - How do you experience time when you are injured?
 - Is it faster, or slower?
 - Do you feel that injury is related to age, experience?
 - What are social relationships like when you are injured?
 - What is it like at home?
 - Can you describe the place you associate with being injured?
 - Where do you experience injuries?
 - Is there a place that is meaningful to you in relation to being injured?
- Did you seek out any help for your injury?
 - Who?
 - When?
 - Why?
- What help did you receive?
- What was the process of seeking and receiving help like?

was again to allow musicians to self-identify, by requiring identification as a "professional musician" as a criterion to participate in the study.

Recruitment

This study was approved by the University of Western Ontario's Research Ethics Board. Purposeful, snowball sampling was used in this study, as well as criterion sampling, in that all participants must have met the criteria outlined above. Initially, email contact was established with six people in the musical community in Ontario, including conductors, faculty members at a local university, musicians, and arts managers, who circulated a call for participants. In addition, two orchestras gave permission for the researcher to speak to the musicians and leave a letter of information for interested parties.

Interviews

In-depth interviews were used to collect narratives of the lived experiences of professional musicians with injuries. Interviews were recorded and transcribed verbatim, and names were replaced by pseudonyms. Identifying information—e.g., names of healthcare providers, orchestras with whom the musicians perform—was removed from the transcripts. Two interviews were conducted with each participant with the exception of the last two. Giselle had a health concern just prior to the first interview and initially canceled the interview, providing

TABLE 1. Demographic Information about Study Participants

Gender distribution	6 women 4 men
Age range	28–59 yrs
Instruments played	4 violin 2 cello 1 each harp, flute, percussion, trumpet
Age when first studying music	4–10 yrs
Primary musical work	7 orchestral 3 freelance
Primary teaching setting	4 university 1 elementary 5 home studio

instead a written account of her experiences; she later agreed to a single interview. Thomas was also only interviewed only once; his interview took place after all other interviews had been completed, so the researcher was able to obtain all the pertinent information during the first interview.

The interviews consisted of main questions about the experience of being an injured professional musician, with probes used as needed. The interview guide is presented in Appendix 1. Demographic information was also collected.

Focus Group

Drawing from Gadamer's focus on the importance of dialogue in accessing and interpreting the phenomena,²⁵ a focus group was used after interviews in order to engage the participants in a dialogue about the preliminary findings. Six participants were available to participate.

Other Sources of Lived Experience

As recommended by Van Manen,¹⁸ other sources of lived experience were used to interpret the findings. These included the researcher's own experience of the phenomenon (akin to participant observation), self-reflection and journaling, consulting other phenomenological research, and works of art that can shed light on the experience and its meaning. In this study, novels, poetry, films, television programs, and song lyrics were used to deepen the understanding of the lived experience.

Analysis

Analysis employed a hermeneutic process of moving between the details and the broader concept of the whole until both could be seen simultaneously. This was initially outlined by Heidegger²⁴ and developed for research application by Van Manen.¹⁸ This study was interested in not only a description of this phenomenon, but also the meaning of the lived experience.¹⁸

The findings were also interpreted through the lenses of four existentials: lived time, lived body, lived space, and lived social relations. These provide an additional level of analysis beyond the thematic and examine the findings from the perspective of the person's experience of time, body, space, and social relations.¹⁸

The analysis was also influenced by Merleau-Ponty's concept of the lived body,²³ since playing a musical instrument is an inherently embodied experience. Finally, the analysis was guided by the data itself, with themes emerging from the importance that musicians placed on them as well as their resonance with the researcher, through dialogue during the focus groups, and in consultation with research sources.

Rigour

Quality in phenomenological research depends on the way in which the methods reflect the philosophical groundings of the methodology, as previously described. In addition, decisions made about strategies for conducting the study and about thought processes during data analysis were documented in a reflexive journal.²⁹ The researcher also met with a committee member who was an experienced qualitative researcher to determine whether the analysis was plausible.^{18,29} Early findings were checked for accuracy and plausibility in both second interviews and during the focus group. Finally, thick, rich descriptions are provided in this paper in order to assist the reader in determining the accuracy of the description of what it is like to be a professional musician with an injury.

FINDINGS

Table 1 provides demographic information about the participants. The musicians ranged in age from 28 to 59 years, with most ($n = 8$) in their 50s. Their injuries ranged from tendinitis to difficulties with orofacial musculature, arthritis, and bone spurs. All of the participants had sought care from a health professional for their injuries, including (but not limited to) physiotherapists, massage therapists, family physicians, specialist physicians (e.g., hand surgeons, neurologists), and psychologists. Although nine of the participants had not had complete resolution of their symptoms, all identified themselves as professional musicians and continued to play.

The major concepts of this work are illustrated in Figure 1. The experience of being an injured musician in this work was conceived as being comprised of three roles: musician, worker, and teacher. The experience takes place within the context of the healthcare system, which influenced the experiences of these injured musicians. In addition to the three roles and the context of the healthcare system, the interpretation of this work was framed using four existentials that permeated the experiences of the participants: lived time, lived body, lived space, and lived social relations. Finally, at the core of the illustration is the lived experience of being an injured musician as it bridges these roles, contexts, and existentials.

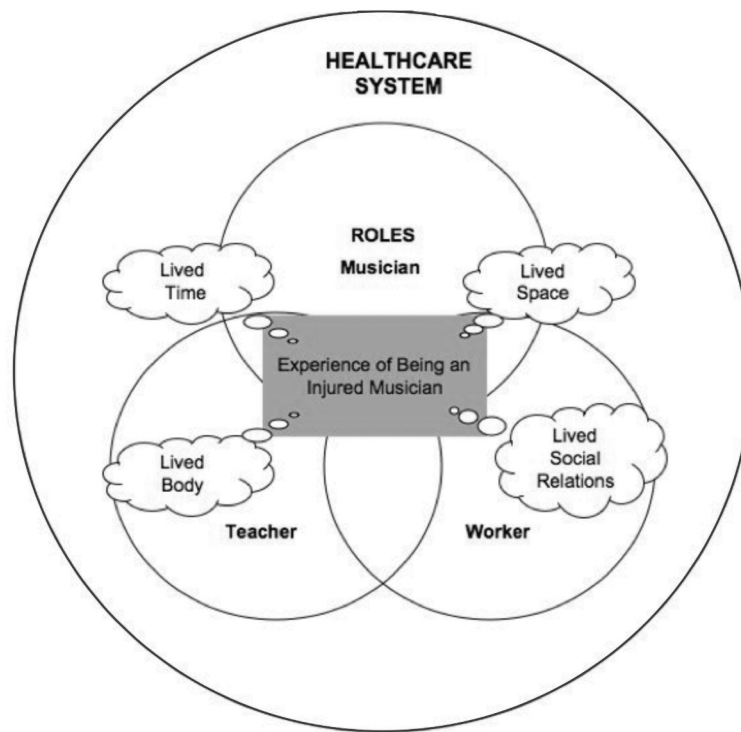


FIGURE 1. Conceptualization of the experience of being an injured musician, demonstrating the interactive roles, the context of the health-care system, and four existentials which permeate the experience.

The illustration is provided as a visualization of the researcher’s interpretation presented in this work. It should not be viewed as a definitive model of the experience of all injured musicians. Additionally, it is important to note the dynamic relationship of all elements in the illustration. Each of the roles overlaps, and this overlap varied from person to person and over time. The existentials are represented by “clouds,” which demonstrate how these permeate the experience. Since clouds are ethereal, they are used to illustrate how the existentials might shift, blend with, and, at times, obscure other elements of the experience. The experience of being an injured musician is complex and reflects the different experiences of the musicians whose lived experiences were drawn upon for this work.

The Role of Musician

Participants in this study discussed several aspects of being a musician. They described being students and the rigorous process of becoming professional musicians, their relationships with their instruments, the meaning of music in their lives, and what it would be like if they were unable to play music anymore due to injuries.

Preparing to Become a Professional Musician

Several participants spoke about their training in university and their relationships with their teachers during the interviews. Giselle spoke of her teacher as one who was renowned and was trusted to know everything about playing her instru-

ment, even when her methods did not seem to make sense to her students. She was described as someone who was not pleased unless the student’s playing was perfect. Jacqueline described how one of her teachers assigned her a minimum amount of time for practicing her instrument. She mentioned that she seemed to do better when setting music-related goals rather than time-related goals, but she said that she “trusted that my teacher knew what she was talking about.” These two participants illustrate the high regard in which music teachers are sometimes held and how important their influence can be on developing musicians.

Many musicians mentioned the process of auditioning for musical work (particularly orchestras) as a difficult process and one in which the risk of injury was perceived to increase. Mark described his preparation for auditions as follows: “I was . . . just really packing in the hours . . . really long days, really stupid days. . . . I was a bit compulsive about it, obsessive. Like literally 10-hour days, maybe even more, you didn’t even keep track of it back then.” Sandra compared the preparation required to what is required of elite athletes preparing for competition and noted that athletes “wouldn’t dream of doing it without” the support of medical staff and coaches knowledgeable about the risk of injuries, whereas musicians generally prepare for auditions without that support.

Several participants noted that most auditions are won by younger players and made comments such as “it’s a young person’s sport” (Mark) and that students fresh out of graduation are more prepared for the process “because they’re still in training mode” (Simon). Lastly, participants noted that taking auditions while working as a professional musician is

very difficult. Mark stated “it’s a recipe for physical and marital breakdown.”

Musical instruction and the process of auditions were mentioned by participants in their roles as musicians. These experiences are not exclusive to injured musicians, but instead are shared by many musicians as they prepare to become professionals. However, participants drew attention to these experiences as contributing to the risk of playing-related injuries.

Relationship with Instrument

The musicians described an intimate relationship with their instruments that ranged from a lifelong friendship to an extension of their bodies, a love affair, an abusive relationship, and a drug addiction. Barbara described how her relationship with her instrument helped her through difficult times in her teens: “When things were not right in my life . . . I’d play and that always cheered me up . . . ‘cause that was my friend. . . I had it named and stuff, so it was a very close personal relationship.”

Giselle explained her relationship with her instrument when she first began pursuing a career as a musician: “When I fell in love with it, I used to have it in my bed . . . it was an old, ugly [instrument] but it . . . was my best friend, companion.”

Elizabeth described her relationship with her instrument as “wonderful, it’s like a part of my body. It’s like I’m talking.” Sandra explained that “I still feel like it [her instrument] is part of my arm,” but that the relationship “used to be more natural” before she sustained an injury.

Jacqueline expressed a negative aspect of the close relationship with her instrument that was not reflected by other participants, noting that her partner at the time described her relationship with her instrument as “abusive.” She stated, “I was just so in love with it, I didn’t want to give it up. It was so worth it to me somehow, in a very strange way, to continue to suffer through it. . . . It’s sort of like a drug that you have to take in moderation.”

Other musicians indicated that although they had a close relationship with their instruments, they did not “blame” the instrument for their experiences with injuries. Simon illustrated this point in saying, “I don’t personify the [instrument], saying ‘it’s doing this to me.’” Thomas said, “I guess I talk to my instrument then, ‘let’s work through this together.’ . . . It’s more collaborative than confrontational.”

Overall, musicians participating in these interviews demonstrated that they had very close personal relationships with their instruments, and that at times they experienced a connection where the instrument felt like a part of their body. Even though all the participants experienced injuries related to their playing, the participants did not “blame” their instruments for their predicaments and continued to have close relationships with them.

Meaning of Music in Their Lives

Participants discussed the meaning of music in their lives both when queried about this subject by the researcher and

spontaneously. Mark highlighted the universal “meaning” of music and that he enjoyed the teamwork aspect of being an orchestral musician. Elizabeth indicated that music was very important to her, and she and Jacqueline both highlighted its role in their social lives. Jacqueline, Simon, Robert, and Nancy described simply enjoying playing music. Simon stated, “I still really like to make a sound on the [instrument],” and Robert said, “just playin’ [instrument] is fun.” Both Jacqueline and Sandra described deriving pleasure from the challenge of musical performance, and Robert, Sandra, and Elizabeth highlighted the importance of music as a creative outlet.

Jacqueline noted that music is “a big part of my identity for sure.” Elizabeth indicated that she used music to work through challenging times in her life and stated that music was her spirituality and indeed her “soul.” Other participants also indicated that music was part of their identity, but Barbara, who had stated that music had been her “whole life,” noted that “people are more than what they do.” Both Mark and Thomas felt that it was important to have other activities in life, and Mark indicated that his relationship with music did not reflect those of most of his colleagues, whose lives seemed entirely caught up with music. He expressed concern for them, stating “what would happen to some of these people if they couldn’t play?”

In summary, participants indicated that music was something that they enjoyed doing and that it provides its own intrinsic rewards. Most also indicated that it was an important part of their lives and, indeed, their identities. Three participants also noted that it was important to value and be valued for other activities as well.

What it Would be Like if Unable to Play

The participants’ views on what life would be like without music performance reflected their views on the role music had in their lives, as well as the importance of other valued activities. Elizabeth, who had noted a very intimate relationship with her violin as an extension of her body and a significant role for music in her life, stated that not being able to play would be like “cutting off my whole way of communicating, it’s cutting off a whole ream of social relationships I’ve developed.” Even so, she noted that she would continue to participate at whatever level she could, including nonprofessional: “If I am able to play music for recreation, that’s good for me, you know, it’s fine.”

Mark, who expressed that other activities are important and that his relationship with music was not as all-encompassing as some of his colleagues’, indicated that having to stop playing due to injuries would become a reality for him in the future. He stated that “it would be really hard not to play,” but “it’s not going to freak me out.” He described his relationship with music in a way that is not unlike the relationship many people have with their work: there is an enjoyment of the artistry, but the day-to-day practicing can be tiresome. However, Mark also noted that for him, “music would always be there, I always listen to music . . . I would still be involved if I could . . . I would get into something else [as a career] and play . . . on the side.”

Barbara also expressed the tension between the love of music and the daily grind of being an orchestral musician: “It could be devastating in one sense . . . or else it could be also a relief to not be doing the things that have taxed your body or your emotions.” Thomas noted that he had already faced the prospect of no longer being a career musician: “I changed professions . . . thinking ‘I think this is enough for me.’ So in that respect I had at least an alternative I could turn to, if it [treatment for his injury] hadn’t worked out.” Nevertheless, not being able to play “would certainly have been very sobering” for Thomas.

Robert reflected on the relationship between what one does for a living and one’s identity: “Carpenters . . . if you told them that they couldn’t do woodworking anymore, is it the same kind of loss [of] your personal identity?” He went on to indicate that “I’d probably have to find an outlet somewhere else artistically. I think you need that.” Sandra also noted that the artistic outlet was important for her; however, she said that she would not perform as an amateur, as she would find it too frustrating.

In contrast, Jacqueline, who changed her career plans due to injuries sustained while training to be a musician, stated that “life would be so empty without it [music], I’d feel like everything else was just kind of like a second-best.” These individual differences appear to reflect differences in the meaning of music and other activities in the lives of the musicians.

Existentials

The findings in this study were interpreted by viewing them through the lenses of lived time, lived body, lived space, and lived social relations.¹⁸ Participants described their experiences of being injured musicians in relation to these existentials both spontaneously and in response to explicit questions.

Lived Time

Many participants described that their perception of the passage of time was influenced by their engagement in the music, as well as by interference from their injuries. When they were engaged in music, time passed very quickly, as described by Elizabeth: “When I’m playing . . . it’s like 5 minutes, 2 hours later . . . I get lost in it.” Barbara described her experience during rehearsals: “You’re sitting there . . . enjoying the rehearsal and playing, time goes by pretty quickly for the most part.”

When participants became aware of their bodies through fatigue or discomfort, this impacted their experience of time. Jacqueline explained that when she is playing in what she describes as “the pain zone,” “it’s like it [time] stops almost, and I’ll be looking at the clock over and over again, and it will feel like an eternity has gone by and it’s been 2 minutes. It’s excruciating, how slow time moves.” Barbara’s experience with rehearsals continued: “When you’re in pain it’s [sighs] looking at the clock, ‘when am I gonna go home and get in the bath and soak my sore joints’ and stuff, you are more aware of the time.” Simon described feeling apprehensive

about experiencing an injury that affected his perception of time: “If you feel a little bit apprehensive, it’s hard to be really involved with the music-making, you’re thinking more in terms of ‘what time is it?’”

For Sandra, the experience of time was impacted by changes she made to her practice routine at home, particularly increasing breaks and limiting the time she practices, in order to cope with her injury:

There have been days that felt like time was really dragging on because I couldn’t get anything done. . . . If it takes me three and a half weeks to learn a piece of music then that feels like . . . ‘God, is this ever going to end’ or ‘how many hours is it going to be in between my hours of practicing sitting around waiting to be able to get going on this again?’ . . . I used to sit down for 3 or 4 days and just practice all the time until I could play whatever it is I had to play. This is way more dragged out.

More specifically, Sandra explained that she felt she was “way, way, way, more alert” to the amount of time she spends in a practice session. She said, “I sort of have my eye on the clock all the time about how long I have got and then I have to stop.”

Not all of the participants conceived of time in terms of hours and minutes. Simon explained that in performance, he often thinks in terms of the number of pages left in the piece. Barbara spoke about time in years, in relation to aging. She explained:

It makes you think about your age more, because you’re hurt. When you’re not in pain, everything’s going well, you don’t think about things, you just enjoy things, right? But when you’re in pain, suddenly you think ‘well if I’m in pain now, what kind of pain am I gonna be in later? Oh my God, how long can I keep playing my instrument? Am I gonna have to retire early, am I gonna make it to retirement?’ . . . I think it does make you more aware, you feel like time’s moving faster. . . . I think you are more aware of time.

Barbara further explained that the passage of minutes when she experienced pain was slower, but the perception of the approach of age was faster.

Lived Body

As in the discussion of time, participants indicated that when they were involved in music-making, their experiences of their bodies were diminished. As Mark described, “I never am aware of pain in concerts . . . either they don’t happen when you’re in a concert, or I just am in some other place where I don’t feel them.” Elizabeth explained, “when I’m playing, I kind of forget about the pain, I don’t notice the pain.” Simon also expressed the absence of the body when he was not in pain: “Every once in awhile, it will dawn on me that ‘hey, you know, my back’s doing okay.’”

Jacqueline felt that this experience of losing touch with the body had partly to do with the level of difficulty of the work: “If something is really difficult to do, then I’m more likely to be so focused on the music that I can’t focus as much on my body.” Mark related to this, stating that “I think I get into those frozen positions [that cause pain] when I’m prac-

ting ‘cause I get focused on one little [musical] issue.” Thomas also related to this experience:

People have to concentrate with such an intense concentration; if you're struggling to concentrate, physically your body does start to misbehave or act up, it would only make sense. I mean I know that, to do anything manual, if you're tired, you watch out because that's when you're going to make a mistake and hurt yourself.

Robert described the relationship between consciousness of the body and injury as it takes place during improvisation, which was not discussed by other participants:

Whenever I play I think about it. . . . As opposed to reading something off the page and just reproducing it, what you choose to improvise . . . subconsciously you're thinking, 'can I do that? I wanna go there, oh shoot. I can't, I'll burn out if I try to play this, so I better not play this, I'll go there.' And you know within a fraction of a second you're trying to think that through. So it's not as though that's right in the front of your mind and yet you do know it's there. . . . The end result is different than what you might have chosen.

Robert's description suggests that improvising may provide musicians with more choices about what they can do physically when playing to mediate the effects of an injury. However, the experience can hamper the musicians' experience of artistry and creativity. As he stated, “It's not as much fun. You don't get the rush in the same way when you're in the middle of playing and it hurts.” Other musicians also described a dampening of the experience. Simon explains:

You can't focus on the artistic demands or even the technical demands. It [pain] takes your mind away from tuning, ensemble, music-making. I think you can still do those things, but you can't be as involved because everything has a compartment. I mean you got a pie, and this much of the pie is intonation, this is ensemble and now we have this new slice of the pie, which has gotten bigger, which is 'how much can I give and still be supportive but not put myself at risk.'

Barbara described a similar experience: “It's no fun being in pain when you're playing because you can't totally focus on the music-making, so that limits your enjoyment of the experience.”

However, some of the participants felt that this interruption of the unconscious performance of music that can occur was necessary and important in maintaining health and longevity as a performer. Mark explained:

If you focus on the music, you forget about pain in your shoulder and you just injure yourself more. So the whole thing about getting away from that focus on music, and focusing on your body, the body that's creating the music is so important. . . . The music's gonna stop if you don't take care of yourself. And if music really is the most important thing, then you've gotta do what's necessary to keep it going, right?

Barbara also spoke about the importance of being aware of the body in order to maintain health:

I guess I got excited, and when you get excited, you just do some things right? But I think also you have to learn to have some control. There can be excitement with control. . . . My joy is in finding a way to play that

I'm not in pain, and that I can fully do what I need to do to make that music come alive and I'm not regretting it the next day because I'm suffering from it.

Elizabeth's experience exposed another facet of the relationship between the experience of the body and injury. She described being more aware of her body since she experienced an injury, and that this awareness enhanced her musical experience:

As a player, I'm a lot more aware of how my body's feeling, in my mind too, if I'm not in a good mindset. You've got to get in a good mindset to play. You've got to be thinking about what you play . . . or it's not going to last as long, it's not going to be as successful. You know, it's not going to be as pleasurable I guess.

In summary, the experiences of the participants demonstrated that they experience a dampening of their awareness of their bodies when engaged in playing music. However, the experience of pain can interrupt this process and may interfere with their engagement in the music. Some participants felt that this disengagement was important in maintaining health and longevity as a career musician.

Lived Space

A few of the participants were able to describe how space was meaningful in terms of their experiences of being injured. Jacqueline explained that for her, practice rooms at the university where she had studied were a strong spatial association with her experience. She said, “that's probably where I spent the most time in that painful place, that painful mental and physical place, so the actual geographical location of being in the practice room is something that seems like it's pretty closely related.” She also mentioned the corner of her apartment where she kept her instrument and banquet halls, where she had experienced pain associated with playing-related injuries.

Simon experienced injuries within the context of a short tour (run-out) and associated these as the lived space of his playing-related injuries. Barbara spoke about the “workplace” as associated with her injuries. However, in her orchestral work, the workplace is not always a specific location. In addition, Barbara spoke about “space” in relation to the body:

The workplace, so you know, when you start to experience pain as a result of playing, then you don't wanna go to work 'cause you think that's where it's gonna hurt more, you know? And then there's the place of the injury, if we get specific about the actual part of your body that hurts. Then there's my neck, it's a pain in the neck [laughs].

Barbara later clarified that although she has had negative experiences with injuries in specific locations, she does not associate the locations with her injuries: “There's no one place that I'm thinking [strangled voice] ‘oh, I don't wanna go there.’ It's more about, ‘do I wanna take my instrument out and practice? Am I feeling good enough to do that?’” Barbara thereby expressed a closer association between her experi-

rience of injury and the act of music performance rather than with space.

The participants did not seem to relate their experience with lived space. This will be further addressed in the discussion.

Lived Social Relations

Social Supports. Many participants spoke about their interactive roles within their communities as either supporting or being supported by other musicians. Nancy described a sharing of information, stating that “different people have different advice. We trade exercises and stuff.” Jacqueline described the circumstances she experienced:

I know that not all musicians are comfortable talking about [injuries], but for me it was no big deal. I was having this issue and I thought ‘if anybody can provide suggestions at all, I’d be happy to hear them.’ . . . It felt like everywhere I went people were saying ‘yeah that happened to me too.’ . . . For me in talking with my musical peers about that, it was a shared experience that we could all really identify with each other about.

Participants also spoke about the culture of silence that appeared to surround musicians’ injuries. Mark spoke about a sense of camaraderie among musicians who have been injured, but that some were more open than others about their experiences. He himself has been quite open about his injuries, although he admitted that this was not a choice. He described himself as being “out of the closet” because he was off work for an extended period and his colleagues therefore knew something was wrong. In contrast, he spoke about a colleague who preferred to keep this information hidden:

He just didn’t want to talk about it, he didn’t want people to know about it . . . people talk in the change room and you’d hear that he’d had the operation and stuff . . . you don’t want to be going up to somebody in front of others until you really know how they feel about it [speaking to others about injury], ‘cause a lot of people don’t want people to know.

Mark did have strong feelings about the potentially damaging effects of the culture of silence that he said still persisted around the issue of musicians’ injuries: “Come on, let’s spread the wealth, I mean if people have it out there, dammit I wanna know what they are [solutions], and let’s get over all this craziness about just keeping it hidden.” Other participants were not as open with their experiences and felt that health concerns were something they preferred to keep to themselves. Elizabeth stated:

I don’t think they need to know. And I don’t want to be a whiner or seem like a loafer, a crutch or something. And I don’t want them to think, ‘oh, she can’t do it, she’s got arthritis,’ or something. . . . It’s not a deep dark secret, but it’s like a mole or something.

In describing a mole, Elizabeth appeared to be referring to something that would normally be hidden (by clothing, for example) and only disclosed in very private circumstances.

Some musicians were concerned about their perceived employability, should their injuries become public knowledge. Nancy explained, “I guess some people are afraid to talk about it cause they figure it might affect getting hired.” Robert explained that he discussed injuries with some of his colleagues, but was selective about those to whom he discloses this information:

There’s some people who I don’t want them to know that I’m hurting. I’m not gonna jeopardize what somebody thinks of the way I might play and interpret it in light of ‘well he’s hurt,’ you know. There’s a certain sports analogy there I think. I mean you’re not gonna tell the coach you’re hurting or he’s not gonna put me in.

Giselle had a unique experience among the participants of feeling that she was stigmatized by her peers because of her injuries:

All my friends quit calling me. And I’d go and sit in an orchestra rehearsal at [university] and I’d cry, and people would just put their stuff in their case and leave—it almost felt like I was contagious, you know? And I was writing letters to people, ‘please call me, please be my friend, please,’ and no.

These varied experiences of support (or lack thereof) among the participants reflected the diversity of the lived social relations of being an injured musician.

Impact of Injury on Social Relations. A few of the participants spoke about the impact that injuries had on their social relations. Nancy described how she was no longer able to participate in rewarding activities such as dancing and going for walks with friends, because these aggravated her hip pain and made playing in orchestra rehearsals more painful. Barbara also experienced an impact on her social activities:

When you’re in pain . . . the last thing you want to do is have people coming over . . . like you just don’t want to be anywhere when you’re hurting, you just wanna be at home and nursing your wounds, being in bed. . . . There’s a limit to you enjoying yourself and having fun, no matter what it is, it puts a limit on your relaxation time too. Normally I’d like to go out for a ride on my horse, or I’d like to go golfing with my husband or you know, just to do any kind of fun activity and all of a sudden in hurts too much so I don’t do it. And not doing it is probably not great because those are stress outlets, right? So you have no way to release your stress.

Both Nancy and Barbara described the negative impact that injuries can have on social activities in which they normally would have engaged.

The Lived Experience of Injured Musicians

All of the participants in this study continued to be professional musicians. In various ways, each participant had faced the challenge of injury and “survived” as a professional. The participants sometimes used words like fear, depression, and apprehension to describe the experience. Giselle explained the moment that she confronted the possibility of her career ending:

He [physician] looked at her [Giselle's teacher] and he said, "your student will never play again, never." And I was just crying, crying, crying, I couldn't stop crying. . . . He said, "our goal is to treat her so that eventually she could brush her hair and move her head" and you know. So that was the beginning of, you could call it, a depression, because my whole world fell apart.

Some, as with Giselle, were devastated; others, like Simon, found survival to be the practical solution:

I'm a player who's been hurt and is doing a modest job of sort of surviving through it. I'm playing okay, I'm not really proud of it, but it's not so bad that I just say, 'look, I'm just so useless I've gotta stop.' Out of guilt or it's so horrible. I'm in the middle; you hear about the fabulous success stories and you hear about the utter disasters.

Elizabeth, who had expressed that playing her instrument was akin to speaking in terms of her ability to express herself and her bodily relationship with her instrument, described her experience of being injured: "It's like somebody just put tape over your mouth . . . it kind of bottles me up I guess. . . . I do feel that sense of being restrained, of things closing in just a bit. The possibilities are less." Barbara also expressed the physical sensation of being bound: "I feel like I'm in a cage. I feel like I'm tied up, you know, and then they're saying, 'ok, now play.' And you've got ropes wrapped around your arms and it just feels limiting." As described previously, Robert expressed the feeling of being held back, not only physically but artistically.

In summary, the experience of being an injured musician for these participants involved confronting the possibility of one's career being over, and the negotiations required in order to continue playing resulted in a playing experience that was not always as artistically rewarding as it had been prior to the injury.

Summary

Many participants expressed that music is integral to their identity, suspending their awareness of time, body, and space. The disruption of this activity in their lives can be devastating. Musicians' experiences of being injured were mediated by the situations in which they work and by the social relations in which they take part. Further interpretation and implications of the collected experiences of these participants are considered in the discussion.

DISCUSSION

Lived Time

For the participants in this study, time seemed to recede from awareness when they were performing or practicing. Injuries appeared to bring time to awareness; participants reported that time passed more slowly when they were injured. However, they also noted that the time the participants felt they had left in their careers was shorter. Pain was also a mitigator in the experience of time, with participants reporting that

time moved more slowly for them when they experienced pain. The changing perception of time in illness and disability has been noted by others.^{18,30} Toombs²¹ also addressed the perception of time in people who are ill. She stated that for people who experience illness, "minutes may seem like hours, hours like days. Time seems to 'stand still' in that past and future coalesce into a stagnating present."

However, injuries also brought more awareness of the participants' age and of their aging bodies as a factor of time. This apparent contradiction can be resolved by considering Svenaeus' work,³¹ which suggests that in illness, the present becomes the focus, and the person experiences an alienation of the past and future. An alienation of the past experience of the youthful body and of the future which had been conceived in a particular way, which has now been changed by the immediate presence of an injury and an aging body, deepens the understanding of the experiences described by the participants in this study.

The foregrounding of the present is emphasized by the participants' strategies for mitigating their injuries. In order to keep symptoms at bay, the participants structured their playing time in ways they had not previously. Some used egg timers, others watched the clock carefully to ensure that they did not practice too long and took regular breaks. For some, like Sandra, this contributed to the sense that time proceeded more slowly with an injury than without.

The finding that for participants in this study, time drags on when they are injured or in pain is therefore consistent with observations of other people who experience illness and with other observations that the perception of time changes for those who experience illness and disability.

Lived Body

The invisibility of the instrument in musical performance is described by Schmickling³² and Behnke.³³ Merleau-Ponty²³ also described how an organist becomes familiar with a new instrument, by playing it until the sense of the instrument is incorporated into the organist's body. The participants in this study described a similar experience of the invisibility of the body, but added to this the imagery of the instrument as an extension of their bodies. When they were experiencing pain and injury, however, the body intruded on their awareness, and in some cases interfered with their enjoyment of performing and with their artistic expression. The findings in this study are consistent with the invisibility of the body in health contrasted with the experience of disability in Toombs' work^{21,34} as well as in Leder³⁵ and Svenaeus.³⁶

Lived Space

The concept of "space" as a physical, perhaps geographical concept, was not easily expressed by the musicians in the individual interviews or during the focus group. Van Manen¹⁸ noted that interpretation of data can also occur when the researcher views the data through a particular lens. For Merleau-Ponty,²³ lived space is tied to the notion of inten-

tionality—objects in the world are perceived in terms of their usefulness to us, and our intentionality reaches out to them. In this study, lived space was therefore considered in part as the relationship between the musician and their instrument. The participants in this study experienced this relationship differently, and this difference depended in part on their experience of injury. As noted in the section on lived body, some deliberately disrupted this experience in order to avoid further injury.

Lived Social Relations

Relations with Colleagues

Some participants in this study spoke about the social aspect of music performance and its relationship to the lived experience of being an injured musician. For example, Mark spoke about a camaraderie among injured musicians, while Barbara felt that this closeness could at times be toxic in group situations. It should be noted that all of the participants in this study performed with other musicians some of the time and, for many of them, most of the time. Only certain instruments, such as piano, would typically be performed regularly without accompaniment.

Taken as a whole, the participants in this study indicated that social relations in the experience of being an injured musician could provide a sense of shared community and support. Some of this is illustrated by the closeness of relationships between musicians in general, whether injured or not. However, some of the participants also noted their reluctance and that of some of their colleagues to disclose playing-related injuries. For some, this was out of fear of repercussions in terms of the work they might be offered. For others, it was out of a sense of privacy around this aspect of their health.

Other Social Relations

A few participants alluded to the notion that injuries impacted their social relationships outside of their role as musicians. One of the interview question probes was designed to illuminate the impact of injuries on social relations. The question was, “what are social relationships like when you are injured?” and the probe was, “what is it like at home?” Some interviewees did not elaborate on their personal relationships. It is possible that with further contact with the participants, more insight into the impact of injuries on personal relationships might have emerged. However, longer time commitments would also likely have jeopardized recruitment and potentially excluded some participants whose time commitments were already challenged.

Unique Contributions of this Study

The primary unique contribution of this study was the development of an understanding of the lived experience of musicians with playing-related injuries. This understanding was demonstrated through a visual representation (Fig. 1), which is the first of its kind to attempt to represent this experience

in the literature. The representation illustrates the three major roles in which participants were engaged, within the context of the healthcare system in which they participated as consumers. It also illustrates the four existentials, which were a lens through which the findings were viewed, but also provided insight into the meaning of the lived experience to the professional musicians who were interviewed, as well as the musicians represented in the artistic works consulted for this study.

This study demonstrated an innovative application of a phenomenological methodology that was developed for this study, to a problem which had not previously been examined either in the performing arts medicine or the phenomenological literature. In the performing arts medicine literature, few sources have examined the experience of injured musicians. Very few studies in phenomenology have examined music performance, while none have looked at the experience of injured musicians. Similarly, phenomenological studies have examined the lived experiences of individuals with illness and disabilities, but not the experience of injured musicians.

This study related the lived experience of injured professional musicians to four existentials, and these findings, which are unique to this study, shed new light on a previously unexamined phenomenon. The relationship between musicians and their instruments was found to be a factor in their occupations as musicians and was linked to the existential of lived space. Lived time and body were both brought to the musicians’ consciousness when they were injured, and the participants’ experiences of lived time are consistent with Svenaeus’ suggestion of an emphasis on the present in illness.³¹ Finally, lived social relations could be a source of support or a detriment to the participants’ lived experience of being injured. All four of these existentials were disrupted by the experience of being injured.

Study Limitations

Study limitations commonly addressed in qualitative work in the health sciences include issues like small sample size and the inability to generalize the results to the broader population. Small samples are quite common in qualitative research, and in phenomenology in particular, because statistical representation of the population is not considered the goal of the work.^{18,27,28} In phenomenology, detailed descriptions of the participants’ experiences are sought in order to shed light on the nature of the phenomenon in question—in this case, the lived experience of being an injured professional musician. These detailed descriptions generally come from smaller samples, and as discussed previously, the number of participants in this study is consistent with recommendations for studies using hermeneutic phenomenological methodologies.

Regardless of the need for statistical representation, the gender distribution, age, and the nature of the health concern in question are often provided for information in qualitative studies, in order to determine whether the findings are relevant for the reader’s needs. At this time, statistics regarding the nature of health concerns in Ontario musicians are not

available. Although more professional musicians in orchestras in Canada are men, the gender distribution among musicians in general is approximately equal.³⁷ In this current study, there were six women and four men. The majority of the musicians in this study were between ages 50 and 60, which is also different than Canadian musicians as a group, who are more varied in age. Lastly, it was noted that all the participants taught, whether in their own home studios or within the public or post-secondary systems. Although no statistical information is available with which to compare this result, anecdotally this is common among professional musicians in Canada.

The experience of the participants in this study may have been influenced by their work. Different types of work (e.g., whether they performed primarily freelance or as employees), styles of music (e.g., jazz, world music, and classical repertoire), and the presence or absence of a nonperforming day-job might have influenced their experiences. In addition, the different injuries experienced in this group might also have influenced their experiences as injured musicians. A musician who experiences a chronic injury related to playing, such as arthritis, might have a different experience than a musician whose injury is more acute, such as lack of embouchure control. A more homogeneous group of participants may have provided different experiences and influenced the researcher's interpretation of the lived experience. However, it is partly through viewing contrasting experiences that the researcher is able to understand the nature of the phenomenon.¹⁸ It is felt, therefore, that the variations in the participants' experiences were in fact helpful in this study.

Relevance

The experiences of these 10 participants, 6 of whom participated in the focus group, do not apply to every professional musician in Ontario or even to those in the cities, towns, orchestras, and ensembles represented by the participants. However, commensurate with the methodology, the insights gained from this deep exploration can be applied to sensitively developing healthcare interventions, health promotion programs, and music education that considers the value and the possibilities of those individual experiences.

This study allowed participants to self-identify as injured and as professional musicians. This self-identification may make it difficult for readers to compare the experiences of these participants to other musicians or other populations. In addition, the need to maintain confidentiality precluded reporting details of their medical history or employment status, which might facilitate comparison. It is felt that the depth of description achieved outweighs the loss of comparability, since generalization is not the goal of this type of research.

Drawing again from the methodology developed for this study, it is this researcher's position that the reader is an active participant in developing an understanding of the lived experience of musicians with playing-related injuries. In keeping with this view, readers should consider the information provided about the participants and decide if the

research applies to their area of interest or the individuals with whom they are working.

CONCLUSION

This article has described findings from a phenomenological inquiry into the lived experience of being a professional musician with a playing-related injury. The participants' roles as musicians and the existentials of time, body, space and social relations permeated the experience and provide richness to our understanding of what is experienced by musicians seeking care from practitioners in performing arts healthcare. It is hoped that studies such as this become more prevalent and begin to influence the practice and training of healthcare professionals to provide more "tactful"³⁸ care for this important and vulnerable population.

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