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Survivors on the edge: The lived-experience of professional musicians with playing-related injuries

Christine A. Guptill
christine_guptill@alumni.uwo.ca

SURVIVORS ON THE EDGE: THE LIVED EXPERIENCE OF PROFESSIONAL MUSICIANS WITH PLAYING-RELATED INJURIES

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Christine A. Guptill

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CERTIFICATE OF EXAMINATION

Supervisor	Examiners
_____ Dr. Chris Lee	_____ Dr. Thelma Sumsion
Supervisory Committee	_____ Dr. Jennifer Irwin
_____ Dr. Paul Woodford	_____ Dr. Susan O'Neill
_____ Dr. Thelma Sumsion	_____ Dr. Rebecca Barton

The thesis by

Christine Anna Guptill

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Date_____ _____
Chair of the Thesis Examination Board

ABSTRACT

The purpose of this study was to understand the lived-experience of professional instrumental musicians who have experienced playing-related injuries. This study used a hermeneutic phenomenological methodology developed to examine this lived-experience. In-depth interviews were conducted with ten professional musicians. This was 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. It also suggests that occupation and the experience of flow can be detrimental to health, and this impact needs to be considered in future research and in clinical applications.

Keywords: injured musicians; playing-related injuries; phenomenology; lived experience

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DEDICATION

This work is dedicated in loving memory of my grandmother, Madeline Pearl (Prince) London, whose life-long love of music will always inspire me; and of my grandfather, Kilburn Worden London, who secretly taped her piano playing from the stairwell.

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INTRODUCTION

The purpose of this study was to understand the lived-experience of professional instrumental (non-vocal) musicians who have experienced playing-related injuries. This purpose serves the ultimate aim of providing knowledge for musicians, healthcare practitioners, employers, music students and other stakeholders with information that may improve health and healthcare for musicians. This introductory chapter provides a brief history of performing arts medicine, a field which has provided information about musicians' playing-related injuries. This chapter will also review what is known about musicians' playing-related injuries and their treatment. With a broad understanding of what is known in this field, the reader will be directed to a more detailed examination of the relevant scholarly literature in Chapter 2.

My interest in this field grew from my own experiences with playing-related injuries while completing undergraduate studies in music performance. Since resolving my own health concerns was neither simple nor straightforward, I began to question whether other musicians had similar experiences. As I refined my understanding through my master's research, I found that the lived-experience of injured musicians was not represented in the literature, which led to this current study.

History of Performing Arts Medicine

The study of performing arts medicine began in the early 1980s. In 1983, the first symposium on the Medical Problems of Musicians took place in Aspen, CO. Next, the journal *Medical Problems of Performing Artists* (MPPA) was established, and first published in 1986. In 1988, the Performing Arts Medicine Association was incorporated. That year, the journal MPPA published an unprecedented study that indicated that 76% of musicians from

the International Conference of Symphony and Opera Musicians (ICSOM) had serious work-related problems (Fishbein, Middlestadt, Ottati, Straus & Ellis, 1988). Since that time, the field of performing arts medicine has expanded to examine both physical and mental health, assessment and treatment options, and cause and prevention of injury (Altenmüller, 2003; Barton & Feinberg, 2008; Brandfonbrener, 2003; Kirchner, 2004; Ryan, 2005; Wynn-Parry, 2003).

Since the inception of performing arts medicine as a field of study as outlined above, the challenge for musicians acquiring injuries related to performance has been highlighted. Generally poorly paid, independently contracted (rather than employed), and in some countries, lacking access to healthcare benefits, such injuries could leave musicians destitute (Wynn-Parry, 2003). In addition, the lack of specific training provided to healthcare professionals on how to assess and treat the unique needs of performing artists has been discussed (Brandfonbrener, 2003). The aim of the scholarly literature on musicians' playing-related injuries has often been to fill these gaps, providing information and tools for assessment, and examining treatment options and their efficacy. This literature has provided us with an understanding of some aspects of musicians' playing-related injuries. These aspects are presented below.

Survey of Literature on Musicians' Playing-related Injuries

Incidence and Prevalence

The prevalence of musicians' playing-related injuries has been disputed. Rates of anywhere from 26 to 93% have been reported (Zaza, 1998), and appear to depend significantly on the definition of playing-related injuries, the methods used to collect the data, and the response rates of the many surveys involved (Bragge, Bialocerkowski &

McMeeken, 2006a; Zaza, 1998). Generally, the accepted point prevalence rates, between 39 and 47%, are comparable to rates of injuries seen in other occupations (Zaza, 1998). However, it has been noted that "absent from all of these figures are those pain-inflicted musicians who have abandoned their careers altogether" (Alford & Szanto, 1996, p. 2). Many surveys have been undertaken that demonstrate that women experience more injuries than men (Zaza & Farewell, 1997), and that playing certain instruments (violin, viola and piano) increases the risk of acquiring injuries (Dawson, 2002). Less well established are risk factors related to health promoting behaviours, such as warming up and cooling down, taking breaks, and stretching (Guptill & Zaza, in press; Zaza & Farewell, 1997).

Types of Injuries

Instrumental musicians' playing-related injuries typically include those described as both 'overuse' syndromes, including tendonitis and tenosynovitis, and neurological impairments, including carpal tunnel and thoracic outlet syndromes. Focal dystonia, a rare movement disorder, has been much explored, as a comprehensive etiology and effective treatment have thus far evaded researchers (Altenmüller, 2003; Candia,Wienbruch, Elbert, Rochstroh & Ray, 2003; Jabusch, Zschucke, Schmidt, Schuele & Altenmüller, 2005; Schuele, Jabusch, Lederman & Altenmüller, 2005; Ferrarin, Rabuffetti, Ramella, Osio, Mailland & Converti, 2008). Most playing-related injuries involve the upper extremities and back (Guptill, Zaza & Paul, 2000), although the mouths of some players are also affected (e.g. – temperomandibular joint disorder in brass and flute players).

Onset of Injuries

The age of onset of playing-related injuries in musicians varies significantly with individuals, however there are some indications that by the time students are studying at the

post-secondary level, many have already experienced injuries (Barton et al., 2008). When comparing professional musicians and students, there has been little work done to determine whether the incidence and prevalence of injuries are comparable or not. However, one study may indicate that the rates are somewhat lower in professional musicians (Delong, Storey & Guptill, unpublished data). This may represent a dropout effect, with students who are unable to manage or resolve their injuries choosing to pursue different careers.

Healthcare for Playing-related Injuries

Given the considerable prevalence rates presented, musicians' playing-related injuries are a healthcare issue. Few studies have examined healthcare consultation by musicians. However one study, and anecdotal evidence from professionals in the field of performing arts medicine, indicate that consultation rates remain low, despite significant risk of injury in this population (Guptill, Zaza & Paul, 2000). Researchers have postulated reasons for this low consultation rate, which can be summarized with the following quote:

> Musicians in the past have tended to be wary of medical advice, especially of the traditional variety, in part because of a lack of understanding of their symptoms but also from receiving inappropriate advice, such as "just stop playing and do something else." Many musicians seek medical advice as a last ditch effort. (Brandfonbrenner, 2003)

At present, no formal training or specialty in the care of musicians, or performing artists more generally, exists for healthcare professionals. Together with musicians' reluctance to seek care, this presents a situation of mistrust and misunderstanding that may be difficult for individual musicians to overcome when seeking treatment for playing-related injuries. (This is discussed in more detail in Chapter 5.)

Summary

As a relatively new area of inquiry, research on the subject of musicians' playing-related injuries until the early 2000's, had predominantly focused on epidemiologic studies and case reports from experienced practitioners. In some specific areas, such as the disorder focal dystonia, research has begun to search for causes of specific injuries and to study the efficacy of treatment approaches. Chapter 2 provides a deeper exploration of this literature, the aim of which is to demonstrate the need for a phenomenological investigation of the lived experiences of professional musicians with playing-related injuries.

LITERATURE REVIEW

Still life with a guitar (Gris, 1925). Photograph © Museum of Fine Arts, Boston.

As previously stated, the purpose of this study was to understand the lived-experience of professional instrumental musicians who have experienced playing-related injuries. To this end, this chapter provides an examination of the scholarly literature relating to musicians' playing-related injuries. The World Health Organization (WHO)'s International Classification of Functioning, Disability and Health (ICF) is introduced as a framework for this review. An initial literature review was undertaken in the fall of 2005, and published in *Disability and Rehabilitation* (Guptill, 2008). Results from that review are summarized. An updated literature review is then presented. A case is made that understanding the lived experience of injured professional musicians would fill a gap in this literature, with the ultimate aim of improving health and healthcare for musicians. This understanding is best achieved using a phenomenological research approach. Phenomenology as a qualitative methodology is then introduced as a means of building an understanding of the context and

meaning of musicians' injuries. Music performance and illness are discussed as concepts that are related to the phenomenon of being an injured musician. The chapter concludes that little is known about the experience of being an injured musician, which supports the purpose of this study.

The *International Classification of Functioning, Disability and Health* (ICF)

In 2001, the World Health Organization (WHO) published a new version of their classification of health and disability, to replace the previous *International Classification of Impairment, Disability and Handicap* (ICIDH) (WHO, 1980). As described below, this classification was used to structure the initial literature review for this current study.

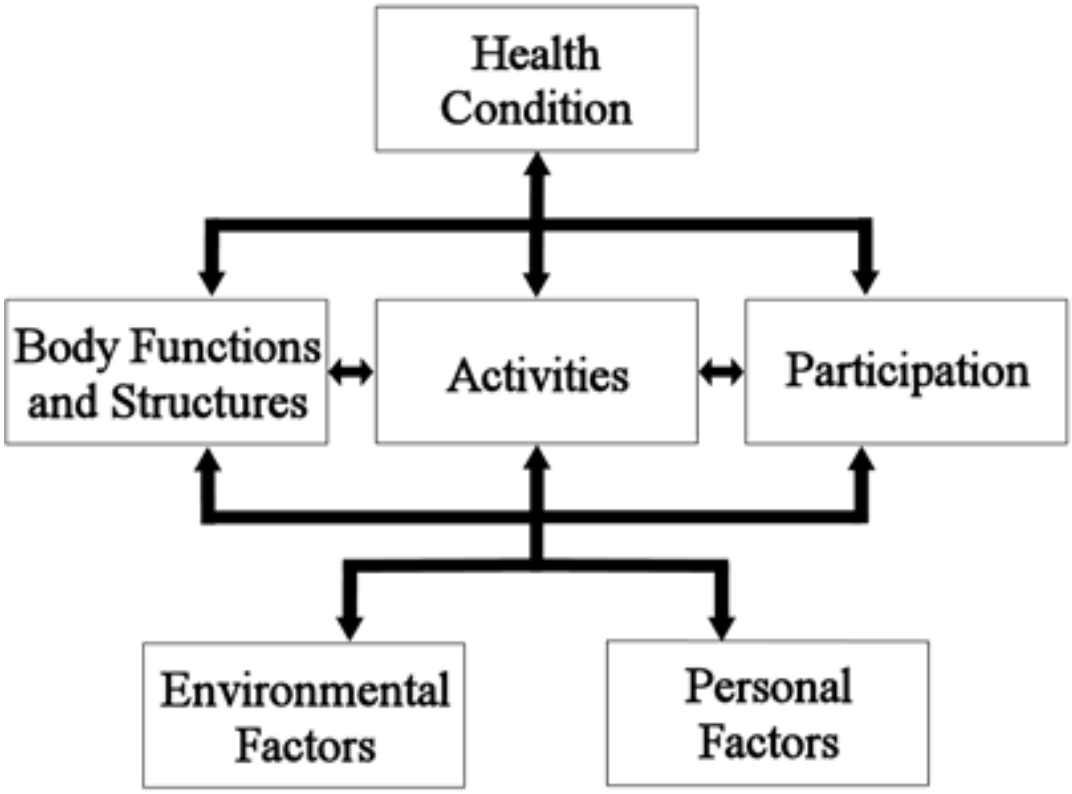


Figure 1. Visual representation of the interaction between components of the *International Classification of Functioning, Disability and Health (ICF)* (WHO, 2001, p. 18)

Designed to complement the *International Statistical Classification of Diseases and Health Related Problems* (WHO, 1992-1994), the *ICF* demonstrates significant advances in the understanding of the complex nature of health and illness. Using bi-directional arrows, the visual representation of the classification indicates that illness and disability do not simply progress unidirectionally from disease process, to disability, to handicap. Rather, as seen in Figure 1, the process reflects a complex interaction between health conditions, Body Function and Structure, Environmental and Personal Factors, and abilities or limitations in Activity and Participation. The *ICF* views each of these health or health-related domains as 'components of health', and a disruption in any one or more of these domains may result in health concerns for individuals or populations.

In this study, the *ICF* was used as a framework to structure the literature review. One advantage of using the *ICF* as a framework in healthcare research is the universal language it provides which may facilitate interprofessional care (Allan, Campbell, Guptill, Stephenson & Campbell, 2006; Shaw & MacKinnon, 2004; Petersson, 2005), which has been highlighted as desirable for treating musicians' injuries (Palac & Grimshaw, 2006; Storm, 2006). The *ICF* has been described as useful in medicine, and particularly in rehabilitation medicine, as a framework for practice and to guide planning and reporting of research (Stucki, 2005). The *ICF* has been used in occupational health to describe work-related factors influencing health (Heerkens, Engels, Kuiper, Van der Gulden & Oostendorp, 2004). Finally, it has also been used, as it is here, to examine a body of literature and to determine shortcomings in current research and possible future research directions (Cieza & Stucki, 2005).

At the beginning of this current research study, the literature on musicians' playing-related injuries from 1998 to fall 2005 was examined, also using the *ICF* as a framework

(Guptill, 2008). A total of 131 papers were reviewed. This initial review found that there was a wealth of research literature on musicians' playing-related injuries related to the ICF domain of Body Function and Structure. This has resulted in a good understanding of pathologies and potential treatments for certain conditions, such as focal dystonia (Candia, Wienbruch, Elbert, Rochstroh & Ray, 2003; Jabusch, Zschucke, Schmidt, Schuele & Altenmüller, 2005; Amadio, 2003). However, areas that were underrepresented in the literature included Environmental Factors, Personal Factors, and the domain of Participation. Environmental Factors 'make up the physical, social and attitudinal environment in which people live and conduct their lives'. (WHO, 2001, p. 10) Included under this domain are the following five categories:

1. Products and Technology
2. Natural environment and human-made changes to environment
3. Support and relationships
4. Attitudes
5. Services, Systems and Policies

Personal Factors are defined in the *ICF* as follows:

> the particular background of an individual's life and living, and . . . composed of features of the individual that are not part of a health condition or health states. These factors may include gender, race, age, other health conditions, fitness, lifestyle, habits, upbringing, coping styles, social background, education, profession, past and current experience (past life events and concurrent events), overall behaviour pattern and character style, individual psychological assets and other characteristics, all or any of which may play a role in disability at any level (p. 17).

Finally, Participation is defined as ‘involvement in a life situation’ (p. 10).

The initial review noted that the literature indicates that the ‘best treatment’ for playing-related injuries depends enormously on the musician’s context, including mental health, socioeconomic status, access to health benefits, employment status, relationship with their teacher, and other factors. Using the *ICF* as a framework with which to examine this literature, the lack of research in some health and health-related domains, and the influence of these factors on the potential outcome of health interventions, was apparent.

Updated Literature Review

Method

To update the initial review, an additional review of the literature on musicians’ playing-related injuries was undertaken for papers published between 2005 and June 2009. Only papers that were available in electronic format were retrieved, which represented the overwhelming majority of the articles, and resulted in large numbers of relevant entries. An exception was made to include a special issue of the journal *Physical Medicine and Rehabilitation Clinics of North America* on the medical assessment of musicians, which was only available in paper format. The search was also restricted to English language papers. Indices searched included Medline, the Cumulative Index of Nursing and Allied Health (CINAHL), Web of Science, and SCOPUS. In Medline, the search term ‘musician* NOT “music therapy” was used (the asterisk indicates a Boolean operator that allows the word with or without any suffix to be included – e.g. musicians, musicianship). In CINAHL, the term ‘music*’ was used as a subject heading search term, and the results were restricted to non-Medline papers. In the latter two indices, the search term ‘music*’ was combined with

the term ‘health’, and the categories of life sciences and physical sciences were excluded. In each case, roughly 200-300 entries were initially identified in each database.

The search results were then hand-sorted to determine relevance to musicians’ health. Some topics which were excluded include the following: Use of music for relaxation (e.g. during colonoscopy); research related to cognitive development or impairment in non-musicians (e.g. tone deafness and loss of rhythm after stroke); obituaries and biographies of famous musicians without playing-related problems; single case studies (e.g. contact allergy to thiuram coating on a trumpet mouthpiece); negative effects of Western music on mental health (e.g. the influence of pop music on teenage sexuality); and infectious diseases contracted at music festivals. Examples of topics that were included are papers that discussed what makes musicians unique in terms of physical abilities or brain development (e.g. functional MRI studies of musicians vs. non-musicians listening to music); effects of playing music (not just listening to music) on health; and papers that discussed similarities and differences between musicians and athletes.

Results

A total of 233 papers were reviewed. The larger number of papers in this review (compared to 131 in the initial review) may reflect an increase in interest in this field. However, since both searches were restricted to articles that were available electronically (with a few exceptions), it may also reflect an increase in this mode of access for journals.

The initial review was done in part to demonstrate the utility of the ICF as a framework for guiding research, particularly in areas where the literature was lacking – i.e., Contextual Factors and Participation. In this updated review, as previously, the large majority of the papers (156) focused on the domain of Body Function and Structure as their primary

research question. Many of these examined brain function and structure in musicians, both impaired and non-impaired, and a large number also looked at the structures and functions of hearing. A larger proportion of papers (61 of 233 or 26.2%, compared to 19 of 131 or 14.5% in the initial review) were identified which addressed the domains of Environmental or Personal Factors, or the domain of Participation.

As discussed in the initial review, qualitative research was more commonly used to address underrepresented domains, particularly for Participation. It is not surprising that qualitative methods are used to capture this domain, as these methods lend themselves to naturalistic inquiry which seeks to understand phenomena in their natural settings, without experimental control (Patton, 1990).

Summary

The literature on musicians' health has furthered our understanding of the nature of some disorders, and provided the beginnings of an approach to treating playing-related injuries. However, many authors have noted that we do not seem to be gaining ground as quickly as we might like in providing evidence-based intervention for musicians with playing-related injuries. There is also a concern about the low rates of consultation of musicians with healthcare professionals (Guptill, Zaza & Paul, 2000) and musicians' access to healthcare services, either through lack of funds, lack of actual services or practitioners with expertise in treating these injuries, or lack of trust on the part of musicians in the available services or practitioners themselves (Brandfonbrener, 2003; Wynn-Parry, 2003). The literature was scarce or silent on how to design healthcare appropriately to meet musicians' complex needs, and also about how to design health promotion strategies to

prevent injuries from occurring. The literature was also silent on what it is like for musicians to experience playing-related injuries.

Lived-experience of Playing-related Injuries

Since the purpose of this review was to determine the need for a study that examined the broader concept of the lived-experience of injured professional instrumental musicians, the list of references was further refined to look specifically at articles that broadly addressed the lived experience of musicians with injuries. The following sections review those 21 articles.

Risk factors and predictors of pain. Of these 21 articles, several examined risk factors and predictors of pain and injuries in musicians. It is important to understand the risk factors and predictors of injury in order to understand why injured musicians have certain experiences and what impact those factors may have on their experiences with injury and with healthcare. Many of the studies in these articles were conducted with music students at the college and conservatory level, presumably because students are easier to access than professional musicians. Although no formal studies have been found to describe the relationship between post-secondary students of music and professional musicians, most professionals in Canada have received formal post-secondary training, which makes studies of students relevant to the experience of professional musicians.

Barton and colleagues (2008) found that college music students whose self-reported pain was higher than their peers also reported a greater level of dysfunction in both music playing and other daily occupations. This points to the possibility that musicians' injuries may have broad impact on their daily functioning, which must be considered in approaching prevention and treatment of injuries. Kreutz, Ginsborg and Williamon (2009) found that

music students who rated their self-efficacy and self-regulation higher were also more likely to report health-promoting behaviours. In general, the participants in their study tended to neglect health-promoting behaviours. These findings are important to consider when examining the lived-experiences of musicians with injuries.

Kreutz, Ginsborg and Williamon (2008) previously noted that when student musicians reported fewer symptoms, they also reported better perceived quality in their own performances. This implies that injured musicians may not be as satisfied with the quality of their performances as uninjured musicians. Spahn, Burger, Hidebrandt and Seidenglanz (2005) demonstrated that in a large sample of students, previous injuries, playing a string instrument, and low locus of control were predictive of the use of preventive measures. They suggested that determining the presence of previous health problems might be an important first step in the design of prevention programmes at universities. Their results imply that this current study should attend to whether musicians are string players, and whether they discuss feelings of control or lack thereof, in respect to their experiences with injuries. It also suggests that once musicians have been injured, they may continue to experience difficulties on some level.

Studies examining risk factors that did not use students included one by Foxman and Burgel (2006). They discussed the influence of the playing environment, such as rest breaks and hours of practice, involved in the work of musicians, and suggested that these factors should be targeted in prevention and treatment of injuries. Theorell, Likjeholm-Johansson, Bjork and Ericson (2007) examined the work environment in two symphony orchestras. One orchestra had a member who had fainted twice onstage, and that group showed increases in both saliva testosterone and heart rate variability after the fainting incidents. The authors

hypothesized that these physiological effects might be due to changes in the work environment due to the faintings. These two studies imply that the environmental context influences musicians' experiences of injuries.

Yoshimura, Fjellman-Wiklund, Paul, Aerts and Chesky (2008) found that hand size and overall health of music teachers were important variables in predicting playing-related pain. They also found correlations between the use of warm-up and playing-related pain that contradicted the accepted principle that warm-up may reduce injury. In explaining this surprising finding, they noted that many of their participants indicated that stretching was an important part of their warm-up routine. As discussed by these researchers and others (Guptill & Zaza, in press), several studies demonstrate that there is no significant benefit and some potential detrimental effects of stretching as a preventive technique in otherwise 'healthy' populations. This indicates that the current study should consider whether participants use warm-up strategies, and particularly whether or not they use stretching as part of their routine.

Finally, Wu (2007) conducted a systematic review of risk factors for musculoskeletal (MSK) disorders in professional instrumentalists. She found that gender, years of playing experience, type of instrument, playing-related (long hours, overpracticing) and psychological (self-pressure) stressors, lack of wellness behaviours (taking breaks), and previous trauma were associated with an increased risk of MSK disorders. However, she noted the numerous studies that did not meet the rigorous criteria for the review, and the lack of long-term high-quality studies in the literature on this subject. Together with the previous study, this indicates that some of what has been accepted as 'known' risk factors and protective behaviours (such as stretching), when carefully examined, may not be as clear as

was previously thought. It is important to consider the impact of these risk factors and behaviours in this current study.

Injury prevention. Several authors have conducted research on the subject of injury prevention. Chesky, Dawson and Manchester (2006) provided declarations and recommendations on health promotion in US schools of music, and stressed that effective prevention programs must impact on the values, beliefs and motivations of students in order to be effective. Barton and Feinberg (2008) implemented a course on health promotion and injury prevention and evaluated its effectiveness immediately after the course and six weeks later. They found that music students' knowledge about the information provided increased at both time measures. Khalsa & Cope (2006) found that yoga and meditation were potentially useful for preventing performance anxiety. Finally, Voltmer, Schauer, Schröder and Spahn (2008) studied orchestra musicians and compared them to physicians, both at the beginning of their careers. They found that musicians had healthier behaviours than physicians, who were particularly prone to resignation and burnout behavioural patterns. These studies outline strategies for preventing injuries in musicians. These strategies will be considered when analysing the data from this current study.

Healthcare for musicians. Three papers discussed healthcare for musicians. Although their paper begins with a history of the injury prevention in schools of music movement in the United States, Palac and Grimshaw (2006) provided a strong clinical case example of the collaboration between healthcare practitioners, musicians and teachers that they argue is required for high-quality, successful care of playing-related injuries. Williamon and Thompson (2006) found that students preferred to seek advice for physical and psychological problems from their instrumental teachers rather than medical practitioners. Hansen and Reed

(2006) highlighted the specialized demands of musicians' work and their corresponding specialized medical needs, including the suggestion that an interdisciplinary team approach is best for this population. They noted that for musicians, their occupation "is their passion", and that this should be considered when treating this population (p. 800). Finally, Guptill and Bruijn Golem (2008) presented a case study and advocated for a more participatory, holistic approach in the treatment of musicians' playing-related injuries. Taken together, these studies call for an interdisciplinary approach to care, in partnership with the injured musician and their teacher(s) (if applicable). Data analysis in this current study will consider whether the findings are consistent with this approach to care.

Lived experience of injured musicians. Five of the 21 papers delved more deeply into the lived-experience of musicians, and these papers are highlighted in this section. Of these five, four were qualitative studies, which is a higher proportion than in other categories explored above. This illustrates that a deeper exploration of this human phenomenon seems more suited to qualitative methods. Bragge, Bialocerkowski and McMeeken (2006b) conducted a grounded theory study examining the experiences of elite pianists with playing-related injuries. They found that these pianists encountered both internal and external pressures. The authors drew attention to the culture of silence about playing-related injuries, and noted that the pianists played through pain. Hagman (2005) examined musical performance as a form of self-expression and self-experience, and through a case study, demonstrated how musical creativity could be facilitated through new opportunities for self-object experiences. McCready and Reid (2007) examined the experience of occupational disruption when students encountered a playing-related injury. Their grounded theory study found that students identified strongly with musicians, and that they learned from, gained

support from, and created music with these others. They also found that students had a strong motivation to excel in musical performance, and that this created a tension between the need to practice and the need to "respect their bodies" (p. 140) when injured. Park, Guptill and Sumsion (2007) also found that students were willing to risk injury by playing through pain, and this decision to continue was influenced by both personal and environmental factors. Some of the participants in their study indicated that despite the risk, quitting was simply not an option. Lastly, Daykin (2005) used narratives to explore the experiences of freelance musicians in the UK. She found, like the previous authors, that risk was present, in terms of both physical risk and job insecurity. She also found that this risk was related to hegemonic discourses of creativity, which also included hedonism and sacrifice. Daykin, as with McCready and Reid, also found a tension between the needs of the body and these notions of creativity. Lastly, Daykin noted that her participants seemed to make a link between enjoyment of the activity of creating music, performing a public 'service', and their own personal well-being. When this link could be made, musicians presented themselves as successful in the face of physical adversity.

These studies, taken together, indicate that the relationship between musicians' identities and their occupation is complex. Musicians may, according to this literature, push themselves in an effort to maintain their occupation in the face of pain and injury, because they feel strongly about their occupation and may even feel that quitting is not an option. These feelings may be internal to the musician, or they may be influenced by a hegemonic belief about the value of art and of sacrifice for the sake of art. Paradoxically, a personal investment in the occupation of music-making may be protective in terms of well-being. This complex relationship will be further examined in this current study.

Conclusion

After this careful review, it is clear that although some progress has been made in understanding the lived experience of injured musicians, more study is needed to understand this phenomenon. Much of what the literature has told us about the lived experiences of injured musicians is through the authors' clinical experiences in treating musicians or through inferences about data obtained in primarily quantitative studies. A deeper exploration of the literature has demonstrated that the relationship between risk factors and injuries is complex. This relationship is influenced by a number of contextual factors, including the provision of interdisciplinary, collaborative care, prevention programs that effectively target behaviours, and a strong tie between musicians' occupation and their identity. A deeper understanding of this complex phenomenon is best addressed using qualitative methods, and in particular, phenomenology.

Phenomenology and Musicians' Injuries

Phenomenology is a term that has been used to describe work that emphasizes the phenomenon under investigation, and the human experience of that phenomenon. In particular, qualitative researchers have drawn from phenomenology to guide methodologies within this tradition. Phenomenological methodologies have been used in qualitative research to answer questions about what experiences are like, and how people experience particular phenomena. As Van Manen stated, phenomenology "aims at gaining a deeper understanding of the nature or meaning of our everyday experiences" (Van Manen, 1997, p. 9). In healthcare, phenomenology usually answers questions about how individuals experience particular health concerns (Araujo Sadala & Groppo Stolf, 2008; Doherty & Scannell-Desch, 2008; Goldberg, 2008; Ingadottir & Halldorsdottir, 2008; Parsons-Suhl, Johnson, McCann &

Solberg, 2008; Russell, Thille, Hogg & Lemelin, 2008; Toombs, 2001). 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. To date, no phenomenological studies examining the lived experiences of injured professional musicians have been found. However, literature about the phenomenology of music performance, and injuries experienced by professionals in non-musical fields, were felt to be relevant to the current study. The following presents a review of this related literature.

Phenomenology of Music Performance

Phenomenology as a philosophical tradition has examined music primarily as a work of art to behold, which is to say, music listening rather than performing. The fields of aesthetics and of musicology have much to say about music listening and the intent of composition, but considerably less about performing music. This brief review will focus on literature that draws on the hermeneutic phenomenological tradition of Heidegger and his followers (see chapter 2) to examine the experience of performing music.

Schmickling (2006) noted that making music, as opposed to listening to music, is a "neglected area of phenomenology" (p. 10). Behnke (1989) drew from philosopher Merleau-Ponty in noting that playing an instrument involves incorporating the instrument into one's body schema, akin to acquiring a new limb (p. 24). Benson's book explored two important aspects of musical performance: improvisation and dialogue. Benson argued that even strictly dictated classical Western music is still interpreted by the performer (and conductor, if one is present), and thus consists of improvisation of varying degrees. Drawing from Gadamer, he also argued that performance consists of a dialogue between the composer, performer and

listener, and that each must take an active role in the performance process in order for dialogue to occur.

In a collection of four papers examining the experience of music, Tuomas Mali (2006) explored his own experiences of preparing and performing modern piano repertoire by George Crumb (b. 1929), which requires unconventional techniques such as reaching inside the piano and plucking the strings. Mali used the phenomenological literature to inform his exploration of the embodied nature of his playing experiences. He noted in particular the hidden nature of the body when he is performing, and how the body recedes from view the more he is able to focus on the broader aspects of musical expression and performance of the piece, rather than simply playing the 'notes' in the musical score. He observed that focusing on the body in fact impeded his musical performance. Mali also described his own performance knowledge and practice as integral and essential to his research process, which is similar to my own experiences with playing-related injuries and their relationship to this current research, which are discussed in Chapter 3.

In summary, the concepts explored in this section included the incorporation of the instrument into one's body scheme, the invisibility of the body in practiced performance (both drawing from Merleau-Ponty), and the dialogic nature of music (from Gadamer). The small number of references available on this subject indicate that phenomenology as a philosophical field has not extensively explored the performance of music. This exploration has led me to consider these concepts and the philosophers from whom their ideas were drawn in developing the methodology and interpretation of results in this current study, as discussed further in Chapter 3.

Phenomenology and Health

In addition to exploring the phenomenological understanding of music performance, the literature review for this study considered whether previous work had examined musicians' injuries from a phenomenological perspective. Although no literature was found addressing musicians' injuries, the following literature was considered to contribute to a potential understanding of the experience of injured musicians.

Alford and Szanto (1996) explored the three 'worlds' of professional piano playing – medical, pedagogical, and virtuosic – and their contributions to an understanding and prevention of performance pain. Their paper concluded that none of the three have taken responsibility for addressing issues of pain in piano playing, and that their independence from each other has contributed to the lack of progress in preventing pain. Moreover, the authors state that the "romantic" image of the virtuoso pianist actually idealizes pain (p. 11). In the time since this article was published, some effort has been made to join the medical and the pedagogic worlds in a concerted effort to prevent injuries. However, some of the issues raised in this article remain salient, particularly in Canada where no such concerted effort exists on a large scale. The authors noted, for example, the tension between the significant presence of pain among musicians and the concurrent denial that such pain exists, together with the culture of acceptance of pain as necessary in order to produce virtuoso playing. Although the industry and the musicians themselves are more aware of injuries than they were in 1996, the virtuoso 'world' still defers to the pedagogical and the medical world for solutions to the problem.

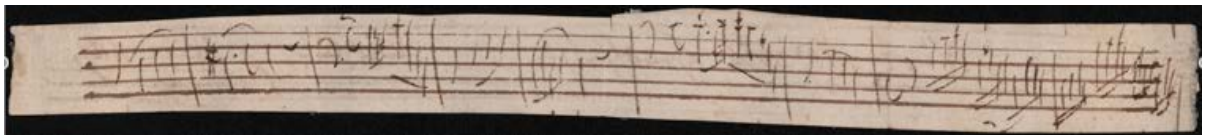
Barton (2004) used a phenomenological approach in her study of the experiences of an aging musician. Her findings included the challenges of the work of a musician –

including the changing schedule and differing work situations of freelance work, and the pressure to accept work in order to make a living. She also noted the importance of the social aspect of musical work to the musician in her study. Barton emphasized the importance of understanding the experience of being a musician, and the individual nature of these experiences, for clinicians who treat musicians. This supports the current study, which seeks to provide one way of understanding the experience of being an injured musician.

Summary

This literature review has demonstrated that musicians' injuries are common and have been explored in the research literature for almost thirty years. As a relatively new area of inquiry, the research has focused on epidemiology and treatment for specific injuries. Few studies have examined the lived experiences of injured musicians. A case has been made in this chapter that qualitative research using a phenomenological approach is well suited to understanding this lived experience. To date, no such studies have been found. Such an understanding is important for the development of effective treatment for this population. Literature related to a phenomenological understanding of music performance and of health concerns of musicians provide a rich context for this current study. The following chapter will describe the methodology that guided the current study, and outline the research methods employed.

METHODOLOGY



Mozart, W.A. (n.d.) Autograph sketch for first movement of Oboe Concerto in C major, KV 314. © Internationale Stiftung Mozarteum (ISM).

Introduction

As described in the previous chapter, a gap exists in the literature on musicians' injuries in understanding the lived experience of injured professional musicians. This study aims to fill this gap by conducting a qualitative study, grounded in hermeneutic phenomenological traditions, using interviews and a focus group with injured musicians as data collection methods.

Phenomenology is a tradition that began in the early 20th century with philosopher Edmund Husserl, and has followed a path of development and change to the present day. A variety of methods, such as narrative studies, and epistemologies, such as constructivism, acknowledge roots in phenomenology. A common thread in the tradition of phenomenology is a focus on the phenomenon under investigation, as opposed to indirect methods of observation. The diversity within the tradition requires that the scholar involved in this work clarify the philosophical foundations from which she draws her methodology, as well as the relationship between those foundations and the methods used in research. Therefore, the goal of this chapter is to explicate the philosophical foundations of this work, and to relate these foundations to the methods selected.

My methodology is influenced by the writings of Max Van Manen, a Canadian scholar in phenomenology who supports a "phenomenology of practice", which he defines as "the employment of phenomenological method in applied or professional contexts such as clinical psychology, medicine, education or pedagogy, nursing, counseling" (Van Manen, 2002, ¶ 10). As an occupational therapist carrying out research guided by phenomenology, Van Manen's phenomenology of practice is therefore appropriate for my work. Van Manen's education in phenomenology reflected the influence of the Utrecht School (Utrecht, the Netherlands), which was heavily influenced by phenomenological writings of Husserl, Heidegger, Merleau-Ponty and Gadamer, among others (Levering & Van Manen, 2002; Van Manen, 1997). However, Van Manen's literary style often appeals more to common sense and lived-experience, rather than providing references. My desire to better understand the philosophical background of Van Manen's work influenced my decision to examine other philosophers in more depth. From this examination I developed a methodology that is conscious of these philosophical influences while incorporating the practical application of Van Manen's phenomenology of practice.

Martin Heidegger, one of the philosophers whose thoughts influence this work, emphasized the importance of the historical context of our Being, what he termed 'historicity'. In keeping with this concept, the historical context of the philosophers themselves is briefly discussed with the intent of acknowledging that the context in which their works were written is important, and is different than the context of this current work. The context for my work is accounted for through an exposition of my historical and epistemological location, and through research and analysis methods (also described in this chapter) that consider the unique situation of this work.

What Is Phenomenology?

> "We shall find in ourselves, and nowhere else, the unity and true meaning of phenomenology." (Merleau-Ponty, 1945/2002, p. viii)

Phenomenology has been defined and described in many ways. The most frequently quoted and perhaps most eloquent description is in Merleau-Ponty's preface to his pivotal text, *Phenomenology of Perception* (*Phénomènologie de la perception*), (1945/2002). In this text, Merleau-Ponty begins:

> What is phenomenology? It may seem strange that this question has still to be asked half a century [now more than a century] after the first work of Husserl. The fact remains that it has by no means been answered. (p. vii)

In the introduction to their text tracing the phenomenological threads in Goethe's writing, Seamon and Zajonc (1998) explained that "there are as many phenomenologies as phenomenologists". Similarly, Stewart and Mickunas stated that phenomenology "is not a rigid school or uniform philosophic discipline" (1974, p. 2). Despite this diversity, a consensus around the call of "back to things themselves" (*die Sachen Selbst*) (Husserl, 1970, p. 252) appeals to scholars who feel that indirect observation and 'objective' science strays away from an understanding of the nature of human experience.

It is important to acknowledge the controversy that continues to thrive within qualitative health research in regards to phenomenology. In particular, Michael Crotty (1996) accused nurse researchers of not adequately understanding the philosophical roots of this tradition, and of referencing philosophers and thinkers within the movement in works whose methodologies diverge significantly from the views of the individuals referenced, sometimes even mixing views that are incommensurable. Others have called for tolerance of new and

varied uses of phenomenology. For example, Caelli's response to Crotty suggested that the 'new' phenomenology, while diverging significantly from the philosophical roots of Husserl and Heidegger, had different aims that were important and appropriate in the health sciences (2000). With an eye to the diversity of learned opinions about phenomenology, I follow in the path of health sciences researchers who have used phenomenological theories as a foundation for the development of their own methodologies. These researchers draw upon the work of philosophers intermingled with their own "horizons" of understanding (Heidegger, 1927/1993, p. 57-63). Sandra DeLuca, a health researcher who used this intermingling to develop the methodology for her dissertation work, explained her approach as a 'marriage' between theories:

> Perhaps the challenge lies in the way one engages in a relationship, or a marriage. Are there two individuals *lost* in wed-*lock*, or are there two individuals who are passionate about the electricity created by the proximity of their bodies and minds? I like the latter. It is not willing to give *up,* but rather it gives *to.* It is a view of proximity that invites and embraces the tension of the closeness, offering respect to alterity. This is how I understand and work with philosophies that emerge from what appears to be differing epistemological camps. (2000, p. 39)

The reason for my comfort with this approach of theoretical 'marriages' of the thoughts of different philosophers, as opposed to adherence to one definition of phenomenology or one philosopher's approach, will become clear as I illustrate the philosophical influences upon which I have drawn, and later in this chapter when I situate myself as a researcher within this methodology.

The following section explores the philosophical foundations upon which the methodology for this work was built. With the exception of the first (Husserl), the scholars presented are those whose work I have drawn upon in developing the methodology for this work, a phenomenological study of the experiences of injured musicians. However, a description of Husserl's foundational work in phenomenology is necessary, as I describe below, for an understanding of the methodology that guides this work.

Edmund Husserl (1859-1938)

> It is known that there are an infinite number of worlds, simply because there is an infinite amount of space for them to be in. However, not every one of them is inhabited. Therefore, there must be a finite number of inhabited worlds. Any finite number divided by infinity is as near to nothing as makes no odds, so the average population of all planets in the universe can be said to be zero. From this it follows that the population of the whole universe is zero, and that all people that you may meet from time to time are merely the products of a deranged imagination (Adams, *The Restaurant at the End of the Universe,* 1980).

As the founder of phenomenology as philosophical thought and as method, it is important to begin a discussion about phenomenology with Husserl. The quote above illustrates the challenge of embarking on a study of phenomenology, and of understanding Husserl's work in particular. Tracing his philosophy is not always straightforward, as his thoughts underwent significant change throughout his career. Some contradictions appear in his work which for some scholars are incommensurable. Merleau-Ponty acknowledged, in reference to these contradictions, that "the reader pressed for time will be inclined to give up the idea of covering a doctrine which says everything, and will wonder whether a philosophy

which cannot define its scope merits all the noise which has gone on around it" (p. viii). Although I did not draw on his work for my own methodology it is with Husserl that the tradition begins, and an explanation of some of his key ideas serves to explain the philosophies of others whose work builds upon these ideas. It also serves to mark out the territory that this methodology describes.

Acknowledged as the 'father of phenomenology', Husserl was the first to articulate phenomenology as a rigorous science, with the ultimate goal of examining phenomena as they present themselves to us in our everyday experience – as described above, "back to the things themselves" (Husserl, 1970, p. 252). Husserl's philosophy was a response to his training as a mathematician and his recognition that certain basic notions such as 'sense' and 'truth' were not defined as the foundations of any kind of knowledge. He took on the task of defining them by carrying out careful descriptions of how we come to understand the world. The aim of his work was to examine phenomena without the intrusion of theories that have been developed to describe them, or our presuppositions about them. However, most of Husserl's followers in his lifetime departed from his views to the point where Husserl "could now even count himself as the greatest enemy of the famous 'Husserlian Phenomenological Movement' " (Moran, p. 90).

Husserl was of Jewish descent, and because of this he was banned from teaching in his home country of Germany when the Nazi regime took hold leading up to the second World War (WWII). After he passed away in 1938, priest and philosopher Herman Van Breda feared that Husserl's writings would be destroyed, and arranged to smuggle Husserl's writings into Belgium, where he established the Husserl archives at the Catholic University of Leuven. Because of this, other philosophers in Europe were exposed to Husserl's writings,

influencing scholars in France, such as Merleau-Ponty, and in the Netherlands, where Max Van Manen was educated.

In keeping with an exposition of Husserl's philosophy for the purpose of describing my own methodology, I will outline some of the concepts he developed below. I will also discuss some of the issues with Husserl's approach that have led me to consider the work of other philosophers as the basis for my methodology.

Intentionality

Husserl mapped out a relationship between human beings and the world as the direction of our attention towards things. This direction was called 'intentionality', a different use of the word than the vernacular meaning. Unlike Descartes, Husserl asserted that consciousness was not an entity on its own; rather, consciousness is always conscious *of* something. He believed that objects that we perceive are not 'in' our minds; rather that they exist in the world beyond our experience of them, that they are "transcendent" (Siewart, 2006). Similarly, Husserl believed that when we 'intend' imaginary things, such as unicorns, there is still an intentional act, which he termed *noema*, whether the object exists in the world or not (Moran, 2000, p. 158). Intentionality therefore refers to how we direct our attention towards things in our experience. Husserl viewed intentionality as within the realm of consciousness, and sensations as separate and non-intentional.

Problems with Husserl's Intentionality

As Heidegger later proposed, human understanding is interpretive and comes from our own background and understanding of the world (Heidegger, 1993/1927, p. 63-71). Heidegger emphasized how "the Being of the thing intended is present in our comportment towards the thing" (Moran, 2000, p. 232). For example, when picking up a guitar, my body

anticipates the movement and posture required to play it. I might make a facial expression or other bodily movements that anticipate the meaning of a song I am about to play. This is in contrast to the idea that consciousness of the guitar and the sensations related to playing the guitar are separate. Merleau-Ponty also noted that our experience of the world is inherently practical and embodied, and cannot be separated from the world, or from sensations of the world (1945/2002, p. 231).

Reduction

Husserl described the phenomenological project as an 'objective' science; Moran (2000) explains this as a "pure, *presuppositionless* science" (p. 126; italics in text). In order to arrive at 'pure' descriptions of phenomena, Husserl proposed the process of reduction. This process involves putting aside presuppositions and theories and looking at the phenomenon with fresh eyes, as if for the first time. Husserl required that we approach the understanding of a phenomenon "in absolute poverty, with an absolute lack of knowledge" (Husserl, 1931/1967, p. 2). This putting aside is known as 'bracketing' or by the Greek term *epoché*, and can be likened to the mathematical process of putting terms in brackets to consider the rest of the equation: the terms remain, but are not considered for the moment. The purpose of the reduction is to better focus on the 'essence' of the phenomenon in question and to avoid being influenced by what we already know or think about the phenomenon. The concept of essence is further discussed below.

Problems with the Reduction

Husserl's idea of 'the presuppositionless science' is fundamentally problematic. Although Husserl did not intend for this to mean that we do not have presuppositions but merely put them aside for the moment, the idea that they can be 'put out of play' even for a

moment appears unrealistic. As Merleau-Ponty stated, “the most important lesson which the reduction teaches us is the impossibility of a complete reduction” (1945/2002, p. xv). As with intentionality, it is the separation of objects from our experiences of them (consciousness or sensations) that was problematic for Heidegger and Merleau-Ponty. The concept of essence, inherent to the idea of the reduction, is another specific concern with the reduction.

Essence and context. The purpose of the reduction ultimately is to allow the observer to grasp the ‘essence’ of the phenomenon that is being observed. The procedures for the reduction are meant to eliminate the worldly context surrounding the phenomenon so that the essence can be seen. However, the idea that removing the context allows for a more accurate view of essence is counterintuitive. If all essences exist within a context, is the context not therefore critical to an understanding of the phenomenon? And if our knowledge of the world is inherently contextual, how sensible is it to suggest that we try to put aside that context in order to understand the world? These are questions that Husserl’s followers asked and were unable to answer satisfactorily. A more acceptable view of essence than was proposed by Husserl is that described by Van Manen, who put forth a more existential interpretation. Van Manen illustrated that some sense of essence is intuitive: a song is fundamentally different from a symphony, even if attempting to describe the difference results in many ambiguities (adapted from Van Manen, 1997, p. xv).

Lifeworld

Another key feature of Husserl’s philosophy is the notion of the Lifeworld (*Lebenswelt*). As conscious beings, we believe in the world around us, and interact with this world without questioning its existence. This is the Lifeworld, the ultimate context for all of our human activities (Husserl, 1954/1970, p. 104-105). Husserl saw the Lifeworld as another

"layer of meaning uncovered by . . . reduction" (Moran, p. 181). Husserl's concept of the Lifeworld formed the foundation that encouraged other phenomenologists, including Heidegger, Merleau-Ponty and Gadamer, to take the existential step that rather than consisting of another layer of meaning, the Lifeworld is something in which we are fundamentally caught up as 'being-in-the-world' (Heidegger, 1927/1962). Although all three of these philosophers have been considered existential phenomenologists after Husserl, their approaches are somewhat different, and therefore I will focus on the parts of their philosophies that are pertinent to my methodology.

Martin Heidegger (1889-1976)

Heidegger was Husserl's most important student, and Husserl thought of him as his successor for quite some time, despite Heidegger's open criticism of his teacher's methods. The break between student and teacher became politically charged when Heidegger wrote in support of the Nazi party from 1928 and then joined the party in 1933 (Moran, 2000). He also made no objection when Husserl was forced into retirement because he was a non-Aryan, and did not attend his teacher's funeral in 1938.

Heidegger took issue with many of the particulars of Husserl's phenomenology. Among other criticisms, "Heidegger criticised . . . his prioritising of theoretical knowing and cognitive acts over practical living experiences, his notion of certainty and evidence, [and] his lack of historical understanding" (Moran, 2000, p. 85). Nevertheless, Husserl's ideas on phenomenology provided a foundation for Heidegger's thought. Heidegger expanded the phenomenological project into "fundamental ontology" (1927/1962, p. 67). As Moran writes, Heidegger changed phenomenology into "an enquiry into the manner in which the structures of Being are revealed through the structures of human existence" (2000, p. 197).

Dasein

Heidegger's interest was in the question of Being; he believed that "grasping the elusive nature of Being is the primary task of philosophy" (Moran, 2000, p. 227). He often pursued this interest by looking at how Being is concealed from us. He felt that as we focus our attention on Being, it recedes from our attention, so that we are only able to grasp it in glimpses. These glimpses are experienced within our situated being-in-the-world, through our own horizon of understanding and our 'historicity' (the personal history we carry with us and the time in which we live). These situated glimpses of Being (*Sein*) are called Dasein (there-being), and are our only access to Being, as Heidegger did not believe that we can remove ourselves from our situatedness.

Heidegger's focus on Dasein brought the meaning of human experience into phenomenology. As Moran states,

> Things show themselves in many ways, depending on the modes of access we have to them. . . . Since things don't always show themselves as they are, phenomenology cannot simply be description . . . rather it is seeking after a *meaning* which is perhaps hidden by the entity's mode of appearing. (2000, p. 229) [italics mine]

Heidegger's work on Dasein forms the basis for a methodology that is not only interested in description, but is interested in the meaning of phenomena for individuals that experience them, and what that meaning might tell us about the human condition or, as Heidegger would suggest, about Being itself. A methodology that follows Heidegger's work is also concerned with how aspects of phenomena might be hidden from our immediate perception, and therefore is supportive of reflection and multiple sources of data in the research process.

Hermeneutics

Heidegger was trained in Catholic theology as a teenager and early adult, with the intent of preparing for the priesthood. It was during this training that he first encountered hermeneutics, the art of interpretation, as the interpretation of religious texts. Moran (2000) wrote that Heidegger transformed the phenomenological project into hermeneutic phenomenology, "since the phenomena of existence always require interpretation". Heidegger was not interested in hermeneutics as an art of interpretation, however; instead, he asserted that "understanding *is* interpretation" (Schwandt, 2000). As Moran (2000) explains, "we encounter things as already interpreted in terms of a web of possibilities" (p. 277). The view that we are interpreting in all our interactions with the world leads to the idea that our existence is embedded in the world, which Heidegger expressed as Dasein.

In the tradition of Heidegger's hermeneutic approach, Stewart and Mickunas (1974) explain that when interpreting texts,

> it is neither possible nor desirable to treat the text as an objective datum and the reader as an independent subject. The task of interpretation involves a dialectical process that includes the interests of the reader as well as the autonomy of the text. To sacrifice either pole of this continuum is to fail to understand the text. (p. 162)

The hermeneutic circle. Heidegger proposed that the process of understanding Being is circular. In order to understand a phenomenon, we must have some basic fore-knowledge of it. Once we begin to study the phenomenon, we begin to see our fore-knowledge in a new light, and we revise our understanding. This process of learning and revising is the process of the hermeneutic circle, and is applied in research by Van Manen, whose approach is discussed later in this chapter.

In summary, Heidegger's hermeneutic approach to phenomenology asserts that the process of understanding is interpretation. This provides researchers, whose methodologies are based on Heidegger's work, with a position for their role as the researcher: active and engaged in an interpretive process. Similarly, the research subject is not treated as an infallible expert who holds all of the answers. The text produced from this type of research is therefore tentative and part of an ongoing interpretive process.

Merleau-Ponty (1908-1961)

Maurice Merleau-Ponty died at age 53 before finishing his last work, *The Visible and the Invisible*. He is renowned for his philosophy of embodiment – we exist as lived bodies, and we know about the world through our bodily existence. He studied Husserl's work in-depth and his major work, *Phenomenology of Perception*, includes a detailed critique of Husserl's work. Heidegger's influence is more prominent in *The Visible and the Invisible*. It is perceived by some that Merleau-Ponty is heavily influenced by Husserl; however, a careful reading of *Phenomenology of Perception* makes it clear how Merleau-Ponty's existential views on phenomenology differ significantly from Husserl, and in fact bring him closer to Heidegger's views on being-in-the-world.

Objectivism and Subjectivism

Merleau-Ponty was particularly clear and upfront about his position on the subject-object dichotomy. In *Phenomenology of Perception*, he stated, "probably the chief gain from phenomenology is to have unified extreme subjectivism and extreme objectivism" (1945/1962, p. xxii). In a later chapter, he encouraged us to "leave behind us, once and for all, the traditional subject-object dichotomy" (p. 202). He often used the term empiricism (the view that the world can be objectively measured) for objectivism, and intellectualism (a

focus on cognitive processes) for subjectivism. In the following, Merleau-Ponty articulated how we should take up this path in our approach to research:

> Epiricism cannot see that we need to know what we are looking for, otherwise we would not be looking for it, and intellectualism fails to see that we need to be ignorant of what we are looking for, or equally again, we should not be searching. (1945/1962, p. 33)

This position is an important background to Heidegger's hermeneutic circle, in that it acknowledges that we must have some fore-knowledge of a phenomenon in order to ask intelligent questions about it.

The combined positions of Heidegger and Merleau-Ponty influence my methodology, which recognizes that although we need to have a certain understanding of the phenomenon in question, we also need to recognize what we *think* we know and what preconceptions we have about the phenomenon, and be open to the new possibilities that the research process may introduce.

The Lived Body

> "I have no means of knowing the human body other than that of living it . . . I am my body." (Merleau-Ponty, 1945/1962, p. 231)

Merleau-Ponty's position on the subject-object dichotomy is further reflected in his position of the importance of the body in being-in-the-world. As he explains,

> [E]xperience of one's own body runs counter to the reflective procedure which detaches subject and object from each other, and which gives us only the thought about the body, or the body as an idea, and not the experience of the body in reality. (Merleau-Ponty, 1945/1962, p. 231)

Merleau-Ponty's position on the dichotomy as well as his critique of portions of Husserl's phenomenology – for example, the reduction – relate directly to the prominence of the body in his philosophy. If we cannot separate ourselves from our being-in-the-world, and yet we experience the world as there, assumed, tangible; and if the subjective mind of the observer and the objective 'world' cannot be separated; then the most obvious connection for these concepts is through the living, moving, experiencing body. We have cognitive access and control of our bodies, but it is also our bodies that touch and otherwise sense the experienced world around us; so it is through the body that the two poles are connected.

Merleau-Ponty's work also emphasizes that we only know about the world, ourselves, and indeed our bodies, through our lived experiences, which are embodied. For Merleau-Ponty, Husserl's concept of intentionality was deepened, such that our 'intentionality' extends out of our bodies to incorporate objects with which we are familiar. Objects in the world are perceived in terms of their usefulness to us, and our intentionality reaches out to them. Sullivan (1997) explains this using Merleau-Ponty's example of a typewriter:

> [I]ntentional threads run out from my body, reaching out toward the typewriter and incorporating the typewriter into my world in a meaningful way. Incorporation and assimilation occur because my body has a knowledge of the keyboard, built through my familiarity with the keyboard.

It has been suggested that this is perhaps a way of viewing existence that privileges universalized, and by extension, healthy bodies (Corker & Shakespeare, 2002). However, Merleau-Ponty's work can and has been applied to understanding illness when embodiment is disrupted (Toombs, 1995), which is addressed in the discussion chapter.

Hans-Georg Gadamer (1900-2002)

Gadamer died at the age of 102. Moran (2000) called him the “grand old man of German letters” (p.254) and pointed out that he attended both Husserl and Heidegger’s lectures, and engaged with later philosophers such as Habermas and Derrida. He followed Heidegger’s philosophy quite closely, but deepened it by rooting our access to the world in dialogue. This aspect of his philosophy is an important influence on the methodology I developed for this study.

Hermeneutics

Gadamer saw an essential connection between phenomenology and hermeneutics: both were concerned with describing the process by which meaning emerges. Gadamer rejected the idea that hermeneutics is a technique; rather, he took the position that hermeneutics, as interpretation, is embedded in the nature of our human existence.

Contextual Knowledge

Like Heidegger, Gadamer also believed that all understanding is historical in nature and “comes from a certain point of view” (Moran, p. 251). From this perspective, and knowing Gadamer’s position on the essential nature of interpretation in our understanding of the world, it is not surprising that he took a strong position against objective science as the only way of knowing. Gadamer wrote, “philosophical hermeneutics corrects the peculiar falsehood of modern consciousness; the idolatry of scientific method and the anonymous authority of the sciences" (1975, p. 6).

Dialogue

Heidegger, in his later philosophy, had taken the position that language is central to our access to Being (1993, p. 217). Gadamer built on this conception by taking the position

that conversation is the true nature of language, and therefore it is through conversation that we can achieve understanding of the world. Yet, the dialogic process is a tentative reaching toward understanding; as Moran describes, it is "bringing the not-yet-fully-understood aspect of the subject matter of the discussion into focus." (p. 271)

Taken together, these three pieces – hermeneutics as embedded in human existence, valuing contextual knowledge, and the central role of language through dialogue – we can begin to develop a richer methodology. This methodology values the pre-knowledge of the inquirer, but recognizes that only through conversation and articulation of that knowledge can we come to understand phenomena. It also recognizes that any human phenomenon is caught up in its own context and history, and cannot be cut from those ties in order to be observed; it must be experienced in its full richness in order to be understood (*verstehen*), rather than described or explained. A methodology influenced by Gadamer must also value dialogue, and when examining human phenomena, such as the experiences of injured musicians, dialogue brings richness to the understanding. Finally, research that draws on Gadamer's philosophy holds that understanding is tentative, and is never complete.

Max Van Manen

Van Manen took the position, following Merleau-Ponty, that we experience phenomena through our bodies, through our relationships with others, and through our interactions with our world. He also affirmed that language both creates and describes our intersubjective lifeworld. Language lets us know what can be experienced; at the same time, through experiences, we discover the language we can use to describe these experiences (Van Manen, 1997). This is reflective of both Heiddegger and Gadamer's positions on the importance of language. Van Manen's phenomenology of practice also attempts to illuminate

meanings that are implicit in our actions. This method employs discourse that tries to merge the cognitive (intellectual, conceptual) and non-cognitive (corporeal, situational) ways of experiencing phenomena. This reflects Merleau-Ponty's position on the subject-object dichotomy.

Pre-reflexive Experience

The concept of the pre-reflexive experience was first advanced by Husserl, and followed through Merleau-Ponty's writing. In their views, as in Van Manen's, phenomenological work is interested in experience before we have reflected on its meaning or place in our lives. Some scholars have debated the ability of researchers or research participants to capture pre-reflexive experience, either in their recollections or in the writing of texts after recollection. Van Manen takes the position that language as a tool for understanding this experience is, on the whole, inadequate. However, lifeworld-sensitive texts may be able to emulate our pre-reflective experiences. Van Manen illustrates several methods of collecting experiences for the generation of texts, including interviewing participants and observing the phenomenon (1997, p. 66-69).

Essence

As previously discussed, Husserl believed that one could uncover the 'essence' of a phenomenon. This implies a single essence, and some researchers have questioned this seemingly Cartesian view of a single reality. However, Van Manen (1997) states that "someone who argues that there are no essences seems to be taking an extremist position. A poem differs from a short story, a flower differs from a tree, pain differs from comfort" (p. xv). His position on essence is reflected in the following three statements.

1. Essence is not a single, fixed property; rather it is a complex array of properties, some of which are incidental and some that are more critical.
2. Essence asks what something ‘is’, and without which it would no longer be what it is; and it asks this while being aware of context, subjectivity, language, and other potential influences on variability.
3. Essence depends on the interplay between difference and sameness. For example, the line between poetry and prose may sometimes be difficult to draw, and sometimes they are indistinguishable. This continuous comparison of difference and sameness helps us to get at the essence of the phenomenon.

Attending to the Phenomenon

As previously noted, Husserlian phenomenology encouraged exposing prejudgements and then putting these aside, approaching the subject with fresh eyes, uninfluenced by what we previously knew. This is perhaps where Heidegger departed most critically from Husserl’s philosophy, in that he felt that observation was always, already interpretation. In Heidegger’s view, the act of observing immediately influenced the observer, who interpreted this observation through her own cultural experience and knowledge of language used to describe the experience. For example, when I interviewed participants about their experiences of being injured, they sometimes spoke about their practice routines, and how important it was for them to set timers or watch the clock so that they did not get ‘lost’ in the experience of playing music, forget the time, and realize that they were sore because they had practiced too long. I interpreted this within the context of my own experience with practicing music and with the language I have acquired through musical training. If someone else were

listening to those interviews, their perceptions of what was happening and the significance of that information might have been different.

The major criticism of phenomenology with respect to 'bracketing' has been that the process may be insensitive to contextual factors of the experiences of both researcher and participants. However, following Heidegger's lead, Van Manen advocates a radical questioning of our assumptions, putting aside the influence of previously developed theories during the research process. He uses imagery from Kobo Abe's novel *The Woman of the Dunes* to illustrate an approach to phenomenology that recognizes the spirit of Husserl's effort to look at phenomena with fresh eyes, while recognizing the limits of this effort demonstrated by his existential followers, Heidegger and Merleau-Ponty (2001). He describes a process of continually brushing away the 'sand' of our experiences; and yet, as he states, "we cannot escape them", and the sand continues to flow back, covering up the phenomena we wish to expose. As Van Manen observes, phenomenology is "less a technique than a "style" of thinking and orienting, an attitude of reflective attentiveness" (2001, p. 460). My methodology reflects this attentiveness through structuring of questions for both interviews and focus groups that focus on the experience of being an injured musician. It is also reflected in the analysis procedure, influenced by Heidegger's hermeneutics, of constantly moving between the parts (e.g. transcripts) and the whole (the experience of the injured musician) seeking an understanding. Lastly, this attentiveness is reflected in the exposition of my background, which follows here, and in regular journaling to document the development of my understanding of the phenomenon, which is described later in this chapter.

Location of the Researcher

My doctoral work reflects my own ontology and epistemology, as well as my background. I have an undergraduate degree in music performance, and have myself experienced playing-related injuries. I began music studies on the piano at age 5, and my childhood was full of music. My father plays the guitar, my mother the piano, and my parents sang folk music in local establishments before I was born. My father, a retired civil servant, now performs in the local music scene in Charlottetown, PEI. My grandmother was also an accomplished pianist who won many awards in her youth, and continued to play daily until her death in 2002.

I took up the oboe in grade 13, intending to study to become a 'woodwind specialist' – a musician who performs on most, or all, woodwind instruments (flute, clarinet, saxophone, oboe, bassoon). Although I was fairly accomplished at playing the flute by that time, and was scheduled for a university audition on that instrument, my music teacher encouraged me to take my oboe with me. As a result, I was offered admission with the potential of a scholarship if I changed to oboe as my major. I had only played for a year, had self-taught technique, and did not know that I would be expected to make my own reeds.

I entered music studies as an education major, because I did not have confidence in my performance abilities and felt that education was a safer, more lucrative career. In my second year, I was playing in the orchestra – which was considered the highest level of ensembles at my university – and in a woodwind quintet, whose members were at least a year ahead of me. I was the only oboe major in my year, and the only student ahead of me was in her last year. That fall I played alongside my teacher, who was the principle oboist in the local professional orchestra, in performances of the Bach Christmas Oratorio. We toured a

few communities in southern Ontario, and the performances were taped for a later CBC broadcast. In my third year, I was encouraged to switch to performance. Disenchanted with what I was hearing about the difficulties of obtaining admission to teacher's college and the lack of employment opportunities in the schools, I made the switch. By then I was the senior oboist at the school, and substituted for my teacher whenever there was a need. At that time I estimated that my rehearsal and performance schedule alone accounted for six hours per day of playing, without factoring in my personal practice time or time for academic work.

I had always had an interest in the sciences, and in medicine in particular, and had planned to enter a concurrent degree program since I began my music studies. I officially entered this program at the beginning of my third year, although I had previously been taking biology and math electives. In 2003, I was enrolled in five full credits including the 'recital' course for my performance degree, which was a 45-minute performance that counted for 100% of my grade in that full-year course. I was on the executive of a residents' council and required to attend frequent meetings. My personal practice time was erratic, as was my personal life. My parents announced their intention to divorce. I was sick at the end of every semester, suffering from bronchitis, and exhausted. In hindsight, it is not surprising that I began to experience physical playing-related injuries.

My first experience with injuries was a very sore back. At the end of an hour-long quintet coaching session, my coach saw me grimacing and trying to stretch my back. He stood behind me and placed his thumbs into my upper shoulders, and pressed down. The pain was intense, but as he released the pressure, I felt marginally better. I then attended a workshop on musicians' injuries, and one of the presenters was a sports medicine physician at the on-campus clinic. I took note that I was having numbness in some of my fingers and

had a bump on the back of my hand, both of which were identified during the presentation as symptoms that should be treated. I sought treatment at the clinic, and was diagnosed with carpal tunnel syndrome. I was prescribed a splint, and told to purchase a pre-fabricated splint at a local store. After several weeks of wearing the splint, which aggravated some of my symptoms and failed to resolve others, I was sent to an occupational therapist for the fabrication of a custom splint. The therapist watched me play, and determined that I did not in fact have carpal tunnel syndrome, and that my issues were likely complex and multi-factored. That was the beginning of a long series of diagnoses and varied treatments that led me to feel that I was not physically cut out for this work. Together with a mediocre grade on my graduation recital, I felt that this was a sign that I should abandon any hope of being a professional musician. I therefore completed my science degree and focused on trying to gain admission to professional schools in the health sciences.

Despite the physical challenges I experienced as a music student, I continued to play. As an occupational therapy student at Western Michigan University, I played in the orchestra and took some lessons from the oboe instructor. After graduation, I played in a community orchestra for three years. I continue to play professionally and have a regular contract with an orchestra, and do other occasional performance work. I also belong to the American Federation of Musicians of the United States and Canada (AFM).

As a semi-professional musician and graduate of a music performance program, I have an ‘insider’s view’ of some of the experiences of professional musicians. However, it is not my main source of income. It is also not my principle productivity occupation, which is defined as “contributing to the social and economic fabric of [my] community” (Canadian Association of Occupational Therapists (CAOT), 1997, p. 34). These factors are different

from some of the musicians in this study. As a woodwind player, I have common experiences with some of the participants, but little knowledge of the specific demands of some others (e.g. string players). I had credibility with the participants in this study due to my research affiliation with a university and the fact that I graduated from a music performance program and continue to play semi-professionally. However, I have never made music exclusively as a career, and throughout the study it was clear that my experience is different than that of a professional musician, a professor of music, and even those participants whose professional playing made up a relatively small part of their daily lives.

Over the years, I have developed a relationship with the Faculty of Music at my university and I am therefore known to some as having a research interest in musicians' playing-related injuries. At times this opened the door for research that I have conducted. However, it has been suggested to me in my research activities in the past that some members of the community might feel that my intention is to change their teaching methods to prevent injuries in their students, and if so, they might choose not to participate. For some, then, my interest has perhaps closed doors. Nevertheless, I felt that I established a good working relationship with all the participants, and made a deeper connection with some whose ideas resonated with me, who were able to convey their ideas eloquently, or who were particularly interested in the work I was doing.

As an occupational therapist (OT), I am influenced by the profession's value of the autonomy and personal experience of individuals. I believe that health is influenced by engagement in meaningful occupations (CAOT, 2008). I also believe in the importance of a client-centred approach to healthcare (CAOT, 2002), which is described as follows: "Occupational therapists demonstrate respect for clients, involve clients in decision making,

advocate with and for clients in meeting clients' needs, and otherwise recognize clients' experience and knowledge" (p. 180). This has influenced my methodology, which I feel is compatible with these stated beliefs. I also believe that attending to the lived experiences of musicians with respect to their injuries can foster improved understanding of the complex health needs of this group.

My analysis of the data obtained in this work was influenced by models of health within and outside the profession of occupational therapy. Two models in particular influenced my interpretation of the data: the *Canadian Model of Occupational Performance*, which views healthcare systems as part of the institutional environment (Canadian Association of Occupational Therapists, 2002, Figure 2); and the model of the *International Classification of Functioning, Disability and Health*, presented in Chapter 1, which views healthcare systems as environmental contextual factors (World Health Organization, 2001; see Chapter 1, Introduction).

The Canadian Model of Occupational Performance, which is three-dimensional, views the healthcare system as an aspect of the environment, which interacts with the person

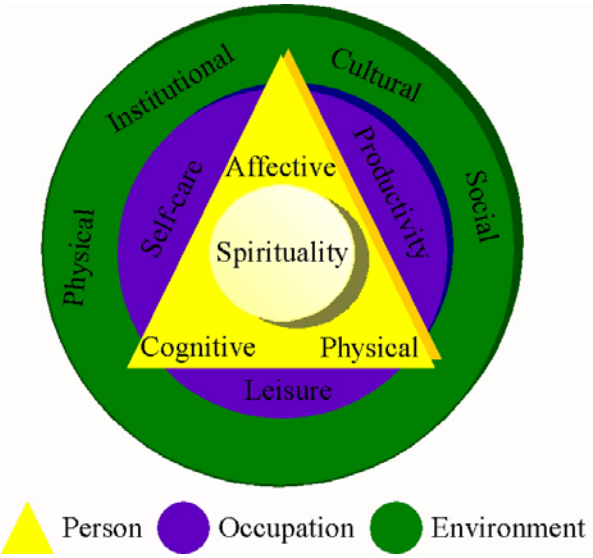


Figure 2. Canadian Model of Occupational Performance.

and the occupation during the performance of occupations (e.g., performing music) (Canadian Association of Occupational Therapists, 2002). The WHO ICF views the healthcare system as an element of environmental contextual factors. These contextual factors have either enabling or disabling influences on a person or population's ability to engage in activities and participate in life situations (WHO, 2001). Drawing from these two models, I have construed the system of healthcare as an aspect of the environmental context of the experience of injured musicians. This is discussed further in the Findings chapter.

Because of my professional experience as a therapist and my research knowledge, I am concerned about what I perceive as a frequent failure to adequately recognize and attend to the specialized health needs and contextual factors of musicians. At the outset of this study, I acknowledged that it was possible that professional musicians had no concerns with playing-related injuries, and that they had had only positive experiences, particularly when injuries have been minor, temporary, or completely resolved. Based on my previous experience, however, I saw musicians as frequently disenfranchised within a culture that tends not to adequately value their contributions, and within a healthcare system that at best, knows little about what to provide them, and at worst, misdiagnoses and minimalizes the importance of these injuries for musicians' careers and livelihoods. As van Manen described, I repeatedly questioned these assumptions, and attempted to step outside of them in order to examine how they influence my behaviour as an interviewer and moderator, and my interpretation of the phenomenon (2001). However, as Heidegger suggests, these influences are the way I experience the phenomenon and through Gadamer's work, are valuable to my interpretation of the phenomenon. These lenses are ones that I acknowledge and embrace in this work.

As described, I completed an undergraduate degree in Biology, and I feel that this first step in my career as a qualitative researcher needs to be at a distance from my previous enculturation in the Natural Sciences. My own ontology and epistemology reflects the position stated by Merleau-Ponty, a path between subjectivism and objectivism that respects and values individual experience, while recognizing that we live in a shared, intersubjective world. I am aware that there is some tension between this epistemological position and the critical overtones of my opinions regarding care of musicians, with my post-positivist background in the Natural Sciences. However, I hope that by exposing my views to the scrutiny of the reader, my research can be seen as an interpretation of the experience of these particular injured musicians, rather than a yardstick by which to measure the experiences of injured musicians in general.

Summary of Philosophical Influences and Link to Methods

From Husserl's concept of the 'Lifeworld' to the idea of being-in-the-world advocated by Heidegger, Merleau-Ponty and Gadamer, this methodology acknowledges that both the researcher and the participants are caught up in our experiences of the world and cannot push these aside fully when trying to examine a phenomenon such as the experience of being an injured musician. My approach to this work draws from Merleau-Ponty's perspective on the path between subjectivism and objectivism, acknowledging that there is a phenomenon here to be described, but that our only access to it is through our lived, embodied experience. Through collecting examples of lived experience, we can seek to understand this experience. This is usually done through interviews, and as Van Manen suggests, through the researcher's own experience of the phenomenon (akin to participant observation), self-reflection and journaling, and consulting other phenomenological research,

(Van Manen, 1997, p. 53-74), all of which have been used in this work. As previously described, Heidegger's views on hermeneutics and Gadamer's dialogic views influence this methodology in that the researcher is an active participant in describing and interpreting the phenomenon. It 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.

This study also used a focus group. Drawing from Gadamer's focus on the importance of dialogue in accessing phenomena as well as in the process of interpretation, a focus group was used after interviews in order to engage the participants in a dialogue about the preliminary findings. This is also consistent with a client-centred approach in occupational therapy, as described above. Analysis used the hermeneutic process initially outlined by Heidegger and developed by Van Manen, as described previously. The analysis was also influenced by Heidegger's concept of historicity, acknowledging the individual contexts of the lived-experiences that are examined in this work (including that of the researcher). This work was interested in not only a description of this phenomenon, but the meaning of the experience for those that experienced it, which is implicit in Heidegger's work and more explicitly stated in Van Manen (1997, p. 4). The analysis was also influenced by Merleau-Ponty's concept of the lived-body, as playing a musical instrument is an inherently embodied experience where the instrument is an extension of the player's body for the purpose of expressing music. Lastly, Van Manen's 'existentials' were used to develop questions for the interviews (e.g. How do you experience your body when you are injured? How do you experience time?), and were also used to frame the analysis of the data. However, as Van Manen suggests, analysis was also 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.

Methods

Participants

The participants in this research were professional, classically-trained, English-speaking adult musicians in Southwestern Ontario who had experienced physical playing-related injuries, either at the time of the study or in the past. Playing-related injuries are difficult to define, and there is no gold standard for their diagnosis (Zaza, Charles & Muszynki, 1998). 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. Not all professional musicians belong to the union, the American Federation of Musicians. 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 was again to allow musicians to self-identify, by requiring identification as a "professional musician" as a criterion to participate in the study. Music students in initial professional training were excluded from this study. Although there is no specific literature addressing the differences between the injury experiences of students and professional musicians, there is some indication that the injury rates of students are slightly higher than those of professionals

(Delong, Storey & Guptill, 2005). This may represent a dropout effect, where students who experience injury may decide not to pursue careers as professional musicians. Furthermore, the transition from high school to professional training may include a significant increase in performance demands on students, increasing the risk of injury acquisition during professional training. Students' injuries may be more acute and immediate than those of professionals, who may have the benefit of perspective and reflection upon their experiences. Additionally, students are under other academic pressure (e.g. writing essays) that may influence their experience of being injured.

In summary, musician participants were asked to self-identify as professional musicians and as having experienced injuries.

Recruitment

A total of 11 professional musicians were interviewed over the course of 8 months of recruitment, and at the end of the study 10 participants' interviews were used for analysis. This number is consistent with Creswell's observation that phenomenological studies involve "as many as 10 individuals" (2007, p.131), Polkinghorne's recommendation of 5 to 25 participants (1989), and Thomas and Pollio's recommendation of 6 to 12 participants (2002, p. 31).

Purposeful, snowball sampling was used in this study, as well as criterion sampling, in that all participants must meet the criteria outlined in the section 'participants' above. Initially, email contact was established with six people in the musical community in Ontario. These contacts were asked to contact individuals and groups that they felt would either qualify for the study, or who would be able to assist with recruitment. The contacts were conductors, faculty members at a local university, musicians, and arts managers. Four of the

first five subjects were identified in this manner. The fifth was an acquaintance of mine who experienced injuries while in training and continues to live with these injuries as a professional musician. At that point, recruitment stalled and I emailed my initial six contacts again, seeking further assistance. I also contacted two local orchestras and asked to come and speak to the musicians and circulate my letter of information in order to recruit further subjects. This resulted in an additional six subjects. The last subject was identified by another participant. This last interview was not analyzed because the time the subject had allowed for the interview was insufficient, due in part to the fact that he was not currently residing in the recruitment area and would not be returning before the data collection phase was ended. Follow-up face-to-face interviews were therefore not possible, and that subject's interview was not considered in this study. All resulting participants were from Ontario.

Lastly, after interviews were complete and initial analysis had begun, nine participants were contacted by email about their availability to participate in a focus group. The tenth participant had very different experiences than the rest. Although differences are natural and important in focus groups, there does need to be a shared experience in order for participants to engage in a discussion (David Morgan, personal communication). During interviews with the other musicians, it was clear to me that this individual did not have the same experience as the rest, and it was felt there would not be enough common ground with the other participants for a discussion. He was therefore not asked to participate in the focus group.

Interviews

Interviews were chosen as a method of collecting narratives representing the lived-experiences of musicians who experienced playing-related injuries. Interviews are commonly

used as a data collection strategy in hermeneutic phenomenological research (Van Manen, 1997; Goldberg, 2008; Koch, 2006; Moene, Bergbom & Skott, 2006; Lindseth & Norberg, 2004). Interviews were recorded and transcribed verbatim, and names were replaced by pseudonyms. Identifying information – e.g., names of healthcare providers and orchestras with whom the musicians' perform – was removed from the transcripts. The interviews consisted of main questions about the experience of being an injured professional musician, with sub-questions provided as possible probes. Some of the questions were derived from what Van Manen terms 'existentials' – lived-body, lived-space, lived-time and lived-social relations (1997, p. 101-105). The complete interview guide is included in Appendix A.

Demographic information was collected as it arose in the discussion at the first interview (e.g. age the person began playing; current age; marital status). If it was not discussed in the first interview, further information was sought at the second interview. After the data collection stage and during the writing process, the participants were asked to provide their highest level of education, and this information was added to the participants' biographical sketches.

Focus Group

Once much of the data had been collected and preliminary analysis had begun, a focus group was arranged with the participants. Although focus groups have not been widely used in hermeneutic phenomenological work, Marlene Cohen, a nurse researcher, used these types of studies and feels that "people [do not] have trouble sharing in a group made up of people who share the experience" (personal communication, December 6, 2006). Other researchers have also used these methods in hermeneutic phenomenological research (Alexis, Vydelingum, & Robbins, 2007; Freeman, 2006; Harle et al, 2007; Hartrick, 1994; Ranse &

Arbon, 2008; Schweitzer, 1997). David Morgan advocates for their use to "'give a voice' to marginalized groups", and in "applied settings where there is a difference in perspective between the researchers and [the participants]" (2004, p. 266). Since the voice of the musician has thus far been absent in the literature on musicians' health, and because my perspective as a researcher and clinician is likely different than that of the professional musicians in this study, focus groups were an appropriate method for this work.

Van Manen suggested that moving between the details and the larger picture is useful when doing phenomenological analysis, and this position is reflective of Heidegger's hermeneutic circle. Using in-depth interviews as the detail, and focus groups as the larger picture, is one way of accomplishing this aim. Gadamer's emphasis on hermeneutic conversations, and indeed the dialogic nature of music itself, are consistent with the use of focus groups, where dialogue between the participants can lead to greater understanding of the nature and complexity of the experience. Merleau-Ponty examines dialogue in the following quote:

> In the experience of dialogue, there is constituted between the other person and myself a common ground; my thought and his are called forth by the state of the discussion, and they are inserted into a shared operation of which neither of us is the creator. . . . Our perspectives merge into each other, and we co-exist through a common world. . . . the objection which my interlocutor raises to what I say draws from me thoughts which I had no idea I possessed, so that at the same time that I lend him thoughts, he reciprocates by making me think too. (1945/1962, p. 413)

The idea that intersubjectivity raises different thoughts and ideas about the same ‘world’ is a justification for the use of focus groups as an additional source of rich information about the phenomenon of being an injured musician.

Focus groups can also reveal hidden meanings, which can add great depth to the discussion. The experience of being an injured musician is a social as well as a physical phenomenon. The focus group session created a ‘safe’ space in which to re-create the social environment of the injured musicians among their peers, where they could discuss their experiences. Using a focus group as a second technique also provided me with insight about when musicians chose to disclose particular circumstances or events to each other, and when they chose to remain silent. These differences lend richness to the study and provided new sources of lived-experience to deepen my understanding of the phenomenon.

Morgan (1997) noted that using focus groups as a follow-up to in-depth interviews provides more breadth and context with which to situate the information obtained from interviews. Morgan later quoted a study by Kitzinger (1994) who found that “differences between interview and group data cannot be classified in terms of validity versus invalidity or honesty versus dishonesty”(p.23). He pointed out that “the existence of difference between what is said in individual and group interviews is as much a statement about our culture as our methods” (Morgan, 2004, p. 271). The richness and depth obtained by using both interviews and focus groups provided me with an opportunity to examine the lived social relations of the musicians in this study. With my background and stated position on the importance of participants’ voices and client-centered research, I also felt that it was important to return to the group for feedback and for additional information as analysis

progressed. Focus groups are a practical, time-efficient way of accomplishing this with a population of musicians who have significant time constraints.

Reflective Journal

Throughout the research process I kept a journal, documenting the development of my thoughts about phenomenology, musicians' injuries, and interpretations of the data. In my journal I included relevant quotes about what I was reading or thinking and information from web searches I conducted to better understand the names of famous musicians that were mentioned during interviews, the etymology of certain words and expressions that were used during the interviews, and other ideas that arose. I also collected 'field notes' on observations I made during interviews and recruitment efforts. For example, when I recruited subjects from a local orchestra, I stayed to watch the rehearsal afterwards and recorded my observations of this experience. I also recorded observations from my own musical performance activities in the community. These included aspects of the physical environment in which the interviews or experiences took place, body language, tone of voice, environmental distractors, and other pertinent information.

Journaling is seen as a way of ensuring rigor in hermeneutic phenomenology, by documenting the process of influence of the researcher and what is researched, and vice versa (Cohen et al, p. 88). The critical reflection that is part of this ongoing process of journaling is also an indicator of rigor (p. 89). The journal provides a place to record "substantive and theoretical hunches, ideas, insights, and observations" (p. 66). I met periodically with a committee member who had experience in qualitative methods who assisted in clarifying questions in my interview guide and in the interpretation of the study results. She also

assisted in structuring the information that I presented to my participants for the focus group session.

Other Sources of Lived Experience

During and after collecting information from musicians, as suggested by van Manen (1997), I sought to increase my understanding of the lived-experience of injured musicians from biographies and art. I read a book of collected interviews with musicians (Danziger, 1995) and an autobiography of Pablo Casals (cellist) (1970) in order to broaden my understanding of the lived experience of being a professional musician. I read several books of poetry by Jan Zwicky, who is also a violinist and philosophy professor at the University of Victoria. One poem in particular drew my attention, entitled Musicians (2004). Wallace Stevens' poem The Man with the Blue Guitar (1955), which was inspired by Picasso's painting *The Old Guitarist*, Joni Mitchell's song For Free (n.d. & 1970), and Zwicky's poem provided artistic interpretations of the lived experience of being a musician.

To better understand musicians' experiences with being injured, I looked for artistic representations not only of being a musician, but also of experiencing the loss of the ability to perform, which the participants indicated they had all faced when they were injured. I read three novels – *The Soloist* by Nicholas Christopher (1986); *Disturbance of the Inner Ear* by Joyce Hacket (2002); and *An Equal Music* by Vikram Seth (2000). I also viewed the films *Touch the Sound* (Riedelsheimer, 2004), *The Soloist* (Wright, Foster & Krasnoff, 2009), *August Rush* (Sheridan & Lewis, 2007), and an episode from the television series *M*A*S*H* entitled Morale Victory (Dubin & Rappaport, 1980).

Ethics

Ethics approval was obtained prior to the collection of interview and focus group data

through the Ethics Review Board at the University of Western Ontario (see Appendix B). Participants contacted the researcher by email or by telephone to indicate their interest in participating. They were then provided with a letter of information which described the research methodology, the types of questions that would be asked during interviews, the purpose and composition of the focus group, and the total time commitment involved. At the first interview, the researcher reviewed the letter and participants were asked to sign it, and were provided with their own copy. If the participant's answers or concerns appeared to be in conflict with the information provided in the letter (e.g. in one case, it seemed that a participant was fearful that her name and personal experience would be revealed to her peers), the process was clarified verbally and the participant was asked if (s)he wanted to participate. Two participants expressed concerns about participating in the focus group, and one declined to participate as described previously. The second did participate in the focus group despite her initial concern that another participant was her student. During the focus group, it was emphasized that participants needed to maintain the confidentiality of the information shared during the focus group. Participants were reminded that they had signed the letter indicating that they would maintain this confidentiality.

Some participants had questions during the interviews about treatment or were seeking further information about their injuries. In these circumstances, I clarified my role as a researcher (not a treating therapist), and provided the name of a physician who specialized in the treatment of musicians' injuries as a source of further information.

During the analysis of interview data, I felt that a summary description of each participant would help the interpretation of the data. Consistent with the importance I placed on the dialogic process of this research, I contacted each participant with an outline of these

descriptions for their feedback. This provided them with the opportunity to clarify certain details. This process resulted in some interesting conversations with particular participants around 1) confidentiality (where these descriptions were going and whether they perhaps revealed too much), and 2) my interpretation of their situation (sometimes my emphasis was not the emphasis they preferred, even if that was a reflection of my experience of the interviews). The resulting descriptions, presented at the beginning of the next chapter, were therefore negotiated, dialogic descriptions that were satisfactory to each participant.

Data Analysis

> The historian who is not engaged in the battle . . . thinks he has grasped it in its essential truth. But what he gives us is no more than a representation; he does not bring before us the battle itself since the issue was . . . contingent, and is no longer so when the historian recounts it. (Merleau-Ponty, 1945/1962, p. 422)

Analysis began at the beginning of the study and has been ongoing. I drew from Cohen et al. (2000) and Van Manen for analysis methods, guided by the data and by the methodology described previously.

During the analysis, I generated texts as described by Cohen et al. (2000). These texts, in keeping with influences from Heidegger, are “tentative and historically bound” (p. 71). Moreover, Cohen at al. suggest that there are at least two texts – a field text, collected from participants; and a “narrative” text (p. 71), which is generated by the researcher and represents the current understanding of the phenomenon. As described above, there were multiple texts generated through this work, and the findings presented in the next chapter represent the integration and interpretation of these texts into a form that can be understood and interpreted by readers.

The goal of analysis in hermeneutic phenomenology is a thick description of the phenomenon. Van Manen (1997) described the criteria for a thick description as follows:

1. The text must be oriented to the world of the phenomenon. In other words, the research should be embedded in the world of the injured musician, and should reflect the complex relationship between the literature, the methodology and the stories told to me by the participants.
2. The text must be rich. Van Manen felt that texts that are rich "engage us, involve us, and require a response from us." He desribes these "rich and thick description[s]" as "concrete, exploring a phenomenon in all its experiential ramifications." (p. 152)
3. The text must be deep. Van Manen contrasted this with "research and theorizing that simplifies life, without reminding us of its fundamental ambiguity and mystery" (p. 152).

Immersion in the Data

Cohen et al. (2000) suggest that researchers must immerse themselves in the data in order to appropriately analyze the data. Steps taken to ensure this immersion included multiple reading of transcripts, sometimes undertaken while listening to the audio recording of the transcript, in order to take advantage of the input from multiple senses. Reflecting and regular journaling were also used to record the evolution of the understanding of the phenomenon.

Data Transformation

Data transformation is comprised of decision-making on the part of the researcher about what is relevant to understanding the phenomenon and what is not. Eliminating digressions that are not a part of the research questions and are clearly unrelated to the topic

is part of this process. As these decisions were made, the phrases, sentences or paragraphs that represent these relevant ideas were placed together with other ideas that are related, and words like ‘uh’ and ‘you know’ were removed to simplify the language without disrupting the voice of the participant. Data transformation preceded the thematic analysis, and was meant to retain the overall meaning of the interaction with the participant.

Thematic Analysis

Analysis proceeded according to Cohen et al. (2000), who indicated that their thematic analysis is based on the Utrecht school of phenomenology, in which Van Manen was educated. According to their process, phrases were isolated and these ‘themes’ were assigned tentative names. Passages with similar themes were then placed together, and examined again to determine whether they reflected a common idea. In addition to this technique, Van Manen’s methods of searching for ‘themes’ were also used, as described below.

Analytically. The texts used in this work were searched for relevant anecdotes as well as for contrasting viewpoints. The purpose of anecdotes is to describe the phenomenon through contextually-bound situations that resonate for individuals who have experienced the phenomenon. When resonance occurs, the written description may be seen as a plausible description of that phenomenon. Searching for contrasting viewpoints serves to enhance the richness of the understanding of the phenomenon: contrast serves to help the researcher understand how the experience of the phenomenon varies among those who experience it.

Contrast also serves to describe what a phenomenon is not. As an example, I explored movies and television shows about non-musical occupations that had been lost, to better

understand how this might be different than what the musicians in this study, who had all faced the possibility of no longer being able to play, had experienced.

Exemplificatively. Throughout this work I also searched for different modes of the phenomenon. For example, I explored how the phenomenon of being an injured musician is different depending on the nature of the musical work, such as the work of an orchestral musician, who is employed in a large orchestra; a university teacher and musician; or a freelance musician who is also employed in other work. Van Manen stated that "each variation may enlighten some essential aspects of the nature of [the phenomenon]" (1997, p. 171).

Existentially. Van Manen described four existentials, as previously described: lived space, lived body, lived time and lived human relations. These existentials were used as a lens with which to examine the data, as were my lenses as an occupational therapist and a music student who experienced injuries. However, Van Manen cautioned the researcher not to follow these in a "mindless, slavish, or mechanistic manner" (p. 172). Accordingly, although I did examine the data with those lenses, I also deliberately put aside those lenses at times and questioned whether they were useful or appropriate in the interpretation. As will be discussed in later chapters, the existential of lived space was variably useful in interpreting these data.

The Hermeneutic Circle

As previously described, the hermeneutic circle is important in phenomenological work that is influenced by Heidegger and Gadamer. As applied in research, the process "begins as parts of the text are understood in relation to the whole, and vice versa. Then, individual texts are understood in relation to all the texts" (Cohen et al., p. 72). The

researcher “begins with a vague and tentative notion of meaning of whole” and then performs “a dialectical examination of parts of the data to better understand the whole. With a better understanding of the whole, examination of different data or the same parts of the data at a deeper level drives analysis ahead.” (Cohen et al., p. 72) This process is then repeated until both the parts and the whole can be seen simultaneously in the text, and a thick, rich description has been achieved.

Summary

In summary, the data analysis has been ongoing throughout the research and writing process. The data were first transformed, removing digressions and words like ‘uh’ and ‘you know’. Phrases were then grouped together into ‘themes’ with other phrases, and compared to determine whether they represented a similar idea. Van Manen’s existentials were also used to examine the data from the perspective of body, time, space, and social relations. Examples that were similar or different from emerging themes were considered in order to aid in producing an understanding of the phenomenon. Finally, the hermeneutic circle was used by considering the phrases and quotes in terms of the overall, emerging understanding of the phenomenon. This comparison influenced the grouping of phrases and quotes, and the process was repeated again. This continued until a coherent understanding of the phenomenon was achieved.

Rigour

Rigour in qualitative phenomenological research is not easily defined. What makes for high quality phenomenological research depends, first and foremost, on the way in which the methods reflect the philosophical groundings of the methodology, as I described above.

In addition to this adherence to the philosophical groundings of this methodology, the following techniques were used.

Opening up inquiry. Cohen, Kahn and Steeves (2000) describe methods that are aimed at ensuring that the process of collection and interpretation of data is open to the interpretation of the reader of the research (p. 90-92). As recommended by these authors, I documented decisions made about strategies for conducting the study and about my thought processes in analyzing the data in my journal and have incorporated these in the presentation of the findings.

Cohen et al. (2000) also recommend the use of 'experienced others' to read the analysis as it proceeds, to determine whether it 'rings true' (p. 91). This is similar to Buytendijk's concept of the 'phenomenological nod'. In addition to meeting with a committee member experienced in qualitative work for this purpose, I chose to use a focus group as a means of checking my analysis with a group of 'experienced others'. Cohen et al. also advocate 'member checking' as a method that can sometimes bring out topics that are difficult to discuss at a first interview (p. 91). In this study, second interviews and focus groups both served as opportunities for new subjects to arise, as well as providing participants with an opportunity to tell me whether I had captured their experiences in a way that resonated with them.

Accuracy. Another means of ensuring quality phenomenological research is the resultant thick, rich description of the phenomenon (Van Manen, 1997). Cohen et al. (2000) add to this the following depiction of 'accuracy' in phenomenological texts:

> To the extent that an author has given a thick enough description to readers so that they might understand the interpretation made, that author has also

> given readers enough access to the field text in the form of original data that the readers may make other interpretations. The question of accuracy transforms at that point into one of utility. It becomes the responsibility of readers of the research findings to decide whether the findings are useful when transferred to their own situations. . . . Ultimately, the findings of an hermeneutic phenomenological study can be judged only in the context of the intellectual discourse it joins and creates. (p. 92)

To this end, I have provided quotes of the transcripts to describe the findings which I anticipate will illustrate the concepts with enough richness that the reader will be able to determine the accuracy of the findings and the extent to which they might be applied to other individuals and circumstances.

Example of Analysis Process

The analysis of the data arising from this work consisted of reading and interpreting information obtained from interview and focus group participants. A reflective journal was also used to record the evolution of my thoughts about the interpretation of the experience of being an injured musician. The etymological roots of words and expressions as well as their uses in common language, which Heidegger used in *Being and Time* (1927/1962), were used to enhance the understanding of the phenomenon of being an injured professional musician. Sometimes I explored these at the time of first examining the transcripts, and these notes were written in the margins and expanded as analysis progressed. At other times a deeper inquiry into the etymological roots occurred later, during a deeper interpretation of the findings. The following example, including margin notes I wrote in the transcript, is provided to demonstrate this process.

From Mark's transcript, Interview 1:

-Something mesmerizing about music -Analgesic effects, like they are sleeping -Relationship of trance to Husserl's natural attitude?	There's something about music, you know, I think about it. . . . I was watching something, a documentary on the slaves in the South picking cotton and how they used music to cope with the job, and the pain. . . . you know, there's something about music that gets rid of pain. . . . You can sometimes play yourself right through the pain, you know? . . . What is it about music . . . that allows us to suffer more? . . . And I think that's part of the problem, is that you sit down to practice, and if you focus on the music, you forget about the pain in your shoulder and you just injure yourself more. . . . [you feel like] grabbing people by the shoulders and saying 'wake up', you know. . . . You get yourself into a trance. . . . just walk out of there in a complete daze at like two in the morning and not have any idea what time it was. . . . Completely out of touch with reality.

I later explored the etymological root of the concept of being in a trance, and recorded these in my journal. The Latin root for sleepwalking or being in a trance is 'somnambulus', which is related to the idea of hypnosis. Implicated in the common use of the word 'hypnosis' is that the subject is open to suggestion, which relates to the potential that Mark identifies for music to take over the player's consciousness. These concepts may be related to Husserl's description of the 'natural attitude' which he felt should be suspended if we want to observe phenomena as they appear (the phenomenological attitude). Heidegger also rejected

the natural attitude in favour of the pursuit of the understanding of Being. It appears from Mark's transcript and those of other participants that this trance-like state contributes to a lack of perception of the body (and pain) as well as time. This implies that in order for musicians to be truly conscious of what is happening to them during musical performance – in order to avoid pain and overplaying, and thus injuries – they must escape this trance-like state. This is further addressed in the discussion chapter.

A related, opposing concept, which also arose in Mark's transcript, is that of the 'tuning in' to the body.

> I think I'm probably more in tune with the physical part now than I am with the musical part. I am … completely tuned in to what's happening physically now. . . . your body trying to tell you something. . . I guess what I'm trying to say is that I'm more tuned into that now than maybe I've ever been.

This concept was one that I did not explore initially in the transcript, but reflected on later in my journal, and subsequently interpreted as part of the concept of lived body, which is discussed in the next chapter. In my journal, I summarized my thoughts about what this idea of 'tuning in' might be alluding to, and elaborated on these thoughts with quotes from dictionary research I did on the origins of the concepts of 'tuning in' and static or 'white noise'. The following are excerpts from my reflective journal.

> April 17, 2008.
>
> Tuned in: the experience of the body before injury is like static on a radio. It's there, but after a short time of listening to it, one becomes unaware because nothing clear is coming through. When all you can hear from a radio is static, you turn it off.

Although even static must persist for some time before we notice it. After an injury, one becomes ‘tuned in’ to the body, it speaks more clearly and we pay attention to it.

“My advice to myself and to everyone else, particularly young people, is to turn on, tune in and drop out.” (Timothy Leary; *The Politics of Ecstacy*, 1968)

“ ‘Turn on’ meant go within to activate your neural and genetic equipment. Become sensitive to the many and various levels of consciousness and the specific triggers that engage them. . . . ‘Tune in’ meant interact harmoniously with the world around you — externalize, materialize, express your new internal perspectives. (Timothy Leary; *Flashbacks*, 1983)

From the *Oxford English Dictionary* online:

> b. Having one's radio or television tuned (in) to a particular station; esp. in imp. phr. stay tuned, go on listening to this station.
>
> c. tuned in (fig.): (a) in rapport with, in harmony with; const. to, on; (b) (slang) = switched on s.v. SWITCHED a. and ppl. a. 3b. (*Oxford English Dictionary* online, retrieved April 16, 2008.)

In these excerpts, I interpreted that Mark’s use of the expression ‘tuned in’ meant that through his experience of having a playing-related injury, Mark had developed a keener sense of his body and, as he described elsewhere (and as other participants also described), felt that he had thereby improved his health and longevity for musical performance through the awareness of his body’s early pain and fatigue signals.

Summary

The ultimate goal of this work was to understand the lived experience of injured professional musicians. To this end, I described a phenomenological methodology that aims

at obtaining a rich description of the phenomenon of being an injured musician. My location as a researcher was also described, with the intent of exposing my interpretive lenses as a researcher, therapist, and fellow injured musician. The study's research methods were presented, including individual interviews, a focus group, consulting literature and other art forms as sources of lived experience, reflective journaling, and participating in and observing musical performance. The analysis procedure was also described. The following chapter will describe the findings from this research.

FINDINGS

Glenn Gould at the piano, with his customary posture and chair (Gordon Parks, LIFE Magazine © 1956 Time Inc. Used with permission).

This chapter presents the findings that resulted from the analysis of individual interviews and the focus group. Demographics of the participants are presented first, followed by descriptions of all the study participants, in order to situate the findings within the participants' individual contexts. As described in the previous chapter, pseudonyms are used to maintain the participants' confidentiality. Detailed information about the interviews and focus group are presented next. This is followed by the presentation of a visual representation of the phenomenon, which provides a structure for the presentation of the findings. The findings from the interviews and focus group are not presented separately because the focus group consisted of discussion with a group of participants about the preliminary description of the lived-experience of being an injured professional musician, derived from the interviews.

Study Participants

Demographics

The participants ranged in age from 28 to 59 years, with most (8) in their 50s. All of the participants were teachers; five taught in formal school settings, four of those in universities and one in a private elementary school. Seven participants were married, two were in relationships and two were divorced. Nine participants had children. All had started music studies by age 10, with the youngest beginning at age 4. Their injuries ranged from tendonitis to difficulties with orofacial musculature, arthritis and bone spurs. Although nine of the participants had not had complete resolution of their symptoms, all continue to identify themselves as professional musicians and continue to play.

Participant Descriptions

The following participant descriptions were assembled collaboratively with the participants through email communication, as described in the previous chapter. Pseudonyms were used to protect the participants' identities.

Mark is a string player who holds a core position with an orchestra. He has also been the president of the orchestra's musicians' committee, and is presently involved with the musicians' union at the local level. He teaches a few private students and does a small amount of musical freelance work. He has played since age 9 or 10, prior to which he studied piano and ukulele. He holds a bachelor of arts degree with honours in music. He is in his fifties, and has two teenage children. He shares living arrangements with his partner, who is also a musician, spending time between their two homes. His primary injuries are a rotator cuff tear and a herniated disc at the C5 level, which was treated surgically with disc removal

and fusion. He continues to experience symptoms and was seeking further assistance during the study.

Elizabeth is a freelance string player who plays in local clubs and pubs, festivals, and at weddings and private parties. Her musical styles include classical, Celtic, Eastern, French, and Cajun traditions. She teaches 25 private students as well as grade-three and -four students at a private school. She has played since she was 10 years old, and studied piano from ages 6 to 15 or 16. She has also been studying another new instrument for the past few years. She holds a BA with honours in music and a bachelors degree in education. She is in her fifties and is divorced. She lives with her teenage son, and has three other grown children. She has been diagnosed with osteoarthritis, which she experiences in her index fingers and knees, and which interfered with her ability to play the violin. A dietary regimen and supplements have allowed her to continue her musical activities without any difficulties.

Jacqueline is a freelance musician who performs solo and as a chamber musician. Her performance activities consist of concerts, church services, and background music for events such as weddings and receptions. She is in her twenties and has studied her principle instrument since she was 14 years old, prior to which she studied piano. She experienced playing-related injuries while studying music at university, and completed a bachelors degree in music performance. She subsequently completed a masters degree in a non-musical field, and is currently employed full-time in that field. She also teaches 12 students. She lives alone and is in a committed relationship. Her primary injury has been described as myofascial irritation related to playing her instrument, which she experiences as pain primarily in her back. This injury is aggravated by long hours of playing, and is managed through careful scheduling, postural considerations, and symptom monitoring.

Sandra is a woodwind player who teaches at a university and performs freelance solo, small group and orchestral work. She has 10 students that she teaches weekly. During the summer she also teaches at a music institute. She has played since age 14 and holds a masters degree in music performance, and previously played piano as a child. She is in her fifties and is married. Her primary playing-related injury has been described as a nerve impingement in her neck, which presented as a gradual loss of use in her hand. After intense treatment including massage and postural re-education, she continued to work with minimal lost time, and manages the issue with regular exercise and careful scheduling of both practice and work.

Simon is a brass player who holds a core position with an orchestra, and teaches 14 students at a university. He has played since age 9, and also has played guitar since age 11 or 12, and piano since age 17. He holds a masters degree in music performance. He is in his fifties, and lives with his wife and two young adult children. His primary injury is described as a 'notch' in the upper lip where he experiences periodic stabbing pain, stiffness and loss of control. When this has occurred, it has taken several days or weeks to regain his playing form. His approach is to stop playing immediately and return to the instrument gradually and with caution. His ongoing management includes minimizing playing when teaching, and pacing during rehearsals. He also experiences occasional back pain, for which he uses a lumbar support cushion and performs regular stretches.

Barbara is a principal string player with an orchestra. She teaches a few students privately and plays some chamber music to supplement her income. She is in her fifties, married, and began studying the piano at age 10, switching to her principle instrument after a few months. She studied at a Canadian university for two years, and then continued her

music studies in Europe for another two years. Her playing-related injuries include arthritis in her neck, resulting in migraine headaches, as well as some arm and back pain from carrying the instrument. She has also experienced a rotator cuff tear and wrist tendonitis related to horseback riding that were exacerbated by playing. This was resolved through stretching and approximately four years of physiotherapy. Emotional upsets related to episodes amongst colleagues have resulted in headaches and muscle tension, which often make performing difficult.

Nancy is a string player who teaches privately, and plays part-time with an orchestra. She began playing her instrument at age 8 or 9, and piano at age 11. She has a bachelor of music degree and has taken several Suzuki pedagogy courses. She is in her fifties, lives with her husband, and has two grown children. She has experienced wrist tendonitis and rotator cuff injuries in the past. More recently, she has experienced pain in her upper back and hip that have affected her ability to perform. Physiotherapy and personal training have assisted her in addressing the muscle imbalance which she feels is at the root of her injuries. Coupled with management of her playing engagements, her hip pain is now resolved and her back pain is under better control.

Robert is a percussionist who plays with a pit orchestra and does freelance classical and jazz work. He also teaches percussion at a university and has 11 students. He began studying the piano and Orff music at age 9, and has played percussion since age 13, completing a bachelors degree in music. He is in his fifties, married, and has two young adult children. He has experienced tendonitis in both his elbows for the past few years which affects his playing. The injuries periodically flare-up due to activities at home such as moving furniture or building a deck. He manages this ongoing concern through careful

selection of employment engagements, modification of his instrument positions, hiring others to load and unload equipment, and getting assistance from his son with home maintenance projects.

Thomas is a string player who does freelance work and teaches violin performance and beginner strings at a university. He is in his fifties, married, and has five adult children. He has played since age seven. He holds a bachelors degree in music education and is also a Certified Management Accountant. He experienced a bone spur in his left small finger which was surgically corrected and was completely resolved. He has also experienced occasional aches, pains and tension related to static posture which he resolves by walking for approximately an hour.

Giselle is a string player who does freelance work and teaches 15 students privately. She is in her forties, married and has three teenage children. She began music studies at age 4 with piano, and has played her principle instrument since age 11. She was accepted at university at age 16 to study violin, and holds a BA in music performance. While in university, she experienced multiple tendonitis in her arms and pinched nerves in her neck and was unable to play for a year. She experienced a deep depression as a result of this interruption to her career goals. Through intensive physiotherapy and massage, she was able to return to full playing ability and progress to very high levels as a musician. She has since sustained a fall and a motor vehicle accident which she feels may have contributed to her neck concerns. She maintains her teaching and freelance work through careful monitoring of posture and the use of over-the-counter analgesics.

Interviews

In-depth interviews were conducted with the ten participants over the course of ten months in order to gain an in-depth understanding of the phenomenon. The interviews were approximately one hour in length, ranging from 34 to 81 minutes. Eight of the participants were interviewed twice. The first interview consisted of semi-structured open-ended questions driven by the primary question: “Think of a time when you experienced injury. Please tell me what that was like.” Other questions and probes prompted participants to describe the experience in more detail.

Thomas was interviewed only once, because sufficient information to understand his perspective was gathered at the first interview. My experience as an interviewer at that stage – my twelfth interview – may have contributed to the sufficiency of the information collected, as did the fact that he was the second-last participant to be interviewed. Giselle was also only interviewed once, although she had previously submitted writing outlining her experience in lieu of what would have been our first scheduled interview. The day of the first scheduled interview, she had been informed that she might be experiencing a relapse of a previous non-playing related illness, and she did not wish to complete the interview, but did submit 6 pages of handwritten notes about her experiences. We had a lengthy conversation about other topics which allowed for the establishment of rapport. Two months later I asked her if she would be willing to complete the interview, and she agreed. Her written submission was analyzed as her first ‘interview’.

The interview guide is provided in Appendix A. Not all questions were asked at the first interview, sometimes because they were inappropriate in the context of the interview (e.g. the interviewee was already discussing the subject and did not need to be asked a

question about it, or the interviewee was focusing on an aspect of the experience that was novel and did not correspond to the questions). Sometimes the interview was quite long and the interviewee was giving cues that they wanted to wrap up, so some questions were saved for the second interview. The second interview was used to finish any subjects that were not covered, and also to ask more questions about details that were not clear. Sometimes other musicians had given different descriptions or unique insights, and the researcher wanted to hear that interviewee's perspective on the novel information. Sometimes the information in the first interview was very insightful and needed to be absorbed and reflected upon, and that reflection prompted more questions from the researcher.

Focus Group

A city that was most convenient for the majority of the participants was chosen as the location for the focus group, and three participants who lived in other locations declined in part due to this location. One of these had been reluctant to participate in focus groups from the beginning. She was concerned that because she was at times in a position to hire other musicians, she might be influenced not to hire someone she knew had an injury. Another participant explained that she felt she had taken on too much recently and was therefore unable to participate. A first attempt at organizing the group resulted in a few emails from participants indicating that it was a very busy time of year (late March) and that they would have more availability in a few weeks. A second attempt in April resulted in five participants agreeing to attend on a Saturday evening, which was the only available time for all members to meet. A meeting room at a community centre was rented for this purpose, and hot and cold beverages and home baking were provided to thank the participants for coming.

Preliminary findings were presented to the group, and the goal of the session was to determine whether the analysis thus far reflected and resonated with the musicians' experiences of being injured. While it was expected that each musician would have quite unique experiences, it was also anticipated that there would be shared elements to these experiences that could contribute to an understanding of the experience. The focus group had been scheduled for 90 minutes, but lasted two hours.

Conceptualization of Findings

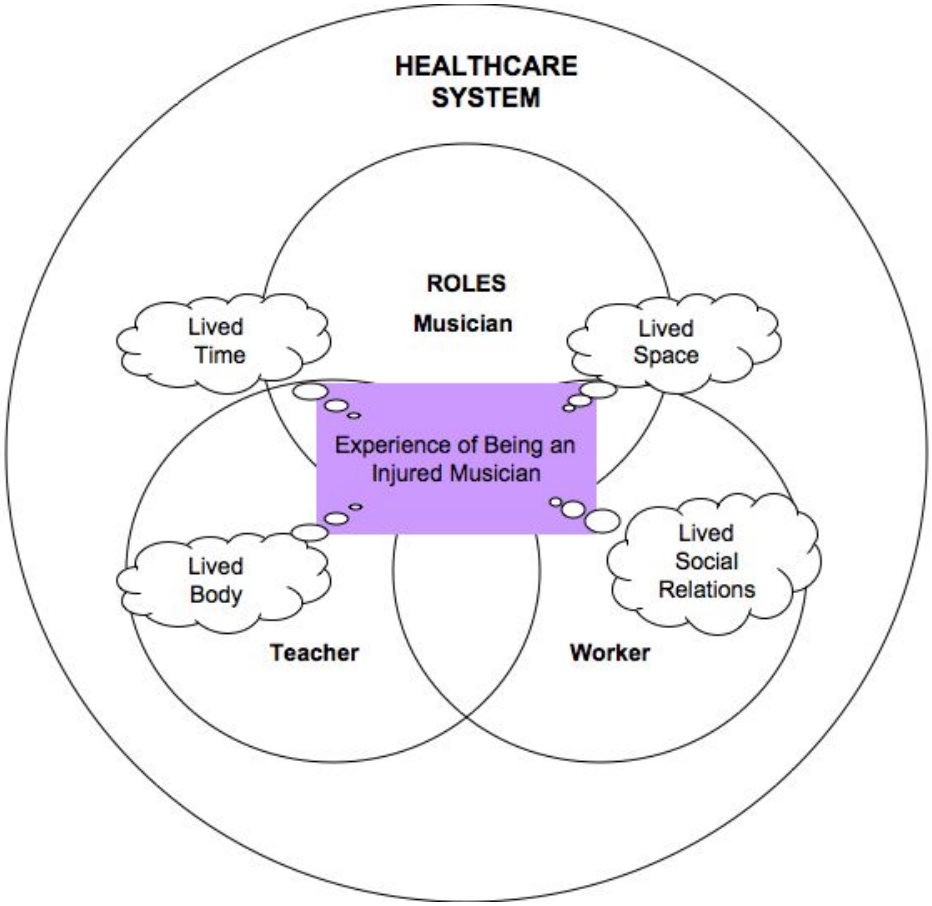


Figure 3. Conceptualization of the experience of being an injured musician, demonstrating the interactive roles, the context of the healthcare system, and four existentials which permeate the experience.

The major concepts of this work are illustrated in Figure 3. As shown, the experience of being an injured musician in this work was 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 (Van Manen, 1997): lived time, lived space, lived body 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.

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 overlap, 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.

Roles

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 relationship 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 instrument, 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.

> Everybody had told me, "all you have to do is follow what she [Giselle's teacher] says and a lot of the times it doesn't make any sense, we don't understand why we have to do certain things and how we have to do it . . . she knows. It's all in her head." . . . unless every note. . . was complete with the sound she wanted, she was not going to be happy. And, you know, I'd hear people cry before me [her lesson] and after me.

Jacqueline described how one of her teachers assigned her a minimum amount of time for practicing her instrument. She mentioned that she discussed with her teacher 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 very difficult process of becoming a musician, and one in which the risk of injury was perceived to increase. Thomas described being "buried in a practice room, and you're trying to get a contract and you're doing this sort of networking yourself to death, so that there's no real energy devoted to anything else." 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 ten-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 alone. Several participants noted that most auditions are won by younger players, and made comments like "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. These 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 turn to my [instrument], and I'd play and that always cheered me up . . . cause that was my friend. I looked at my [instrument] almost like a buddy . . . 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 beside me in the bed, you know, 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. Thomas, by contrast, expressed the following.

> It's very different with an external piece of equipment as opposed to your own voice. Because you're unified with your voice, and you're not with your instrument, ever. I mean you try, but you're never really there. Your instrument won't let you. There is a difference having an outside thing in your hands.

These statements are not necessarily incompatible, and this difference is discussed further in the next chapter.

Jacqueline expressed a negative aspect of the close relationship with her instrument that was not reflected by other participants, and is illustrated in the following.

> My partner at the time was saying, "It's almost like an abusive relationship that you have with your instrument. You go to it, and you play it, and it hurts, and you walk away; but then you keep coming back to it all the time." . . . 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. I've never had the urge to pitch it or anything."

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 have experienced injuries related to their playing and one described her relationship as akin to abuse and drug addiction, the participants did not 'blame' their instruments for their predicaments and continued to have close relationships with them afterwards.

Meaning of music in the lives of participants. 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 that its roles in her life included recreation and socialization. Jacqueline also highlighted the importance of music in her social life. 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 and Mark also alluded to the social status of being a musician. Jacqueline stated that her instrument "somehow just enchants and charms people" and that when performing at social functions, "you're there not necessarily so much to provide music

as to provide a mood, or to convey a certain kind of social standing." Mark spoke about the 'cachet' of being a musician as a "commodity" that helps musicians "put up with" difficult working conditions.

Jacqueline noted her emotional ties to music when she stated that "this piece and I were just not understanding each other and I'd come home and I'd just cry." She went on to explain that performance requires feeling the music "within yourself", and that without this connection, the piece "gave me a lot of grief on physical and emotional levels." She also indicated 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 provides its own intrinsic rewards. Most also indicated that it is an important part of their lives, and indeed of their identities. Three participants also noted that it is important to value and be valued for other activities as well.

What it would be like if participants were unable to play. Some of the participants discussed this subject during the first interviews, and their remarks prompted me to ask a question in the second interviews in two parts, including "what does music mean to you" and

"if you couldn't play anymore, what would that be like?" Musicians who discussed this in their first interviews often addressed both aspects; for example, explaining the meaning of music in their lives often led to a discussion of what it would be like if they could no longer play. These themes are presented separately here for clarity.

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 non-professional: "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 will 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. He illustrated this point by telling a story about Pablo Casals, a famous cellist who wrote about his own life in *Joys and Sorrows* (1970). Mark explained that Casals "was climbing in the Alps . . . and a big rock landed on his hand and the first thing that went through his head was 'Thank God I won't have to practice anymore.' " 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." Interestingly, when the book was consulted, it was revealed that the quote is, in fact, "Thank God, I'll never have to play the cello again!" (p. 104). Casals follows this with the following observation: "No doubt, a psycho-analyst would give some profound explanation. But the fact is that dedication to one's art does involve a sort of enslavement, and then too, of course, I have always felt such dreadful anxiety before performances" (p. 104).

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." Simon also expressed this tension. He stated that he would retire immediately if he were financially able to do so, but upon reflection, he thought it would be strange not to be participating in music.

Thomas noted that he had already faced the prospect of no longer being a career musician: "I changed professions, to accounting anyway, 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, and he stated that "it would have been upsetting of course." 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, her perspective on the possibility of no longer being able to play was somewhat different than others.

> I have a feeling that if I quit, I wouldn't listen to any classical music anymore. . . . I think it would be painful, it would be too hard to go . . . I don't know, that may not be true, like maybe if I quit and ten years down the road, maybe I would really be into listening to concerts again but right now, I don't think so, not at all. So I think what would happen is I . . . would need another artistic venue and it would have to be something completely different. . . . All the time and energy that I have spent on playing the [instrument], I would have to find another outlet for.

Sandra went on to note that she would not continue to play as an amateur: "If I had to kind of lower my standards or something . . . no, never going to do that. . . . The frustration level would be just so intense, not only with my own playing." She reflected later that this may have to do with the very high level of performance she had achieved, playing with one of Canada's top orchestras. She also noted that it may relate to her personality; she stated, "I would much rather go, me as a person, do something a million percent than limp."

Sandra's reaction to the possibility of not being able to play can be contrasted with Jacqueline who, despite having changed her profession 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 the differences in personality and approach to music of the musicians themselves, and will be discussed further in the next chapter.

Worker

Participants in this study discussed the work of being a musician. Some performed as employees of organizations, whereas the musical work of other participants was freelance in

nature. The participants also spoke about the pay, working conditions and benefits to which they had access within the context of their experiences with injuries.

Employee versus freelance artist. Two basic philosophies of the work of the musician began to emerge during the interviews, and prompted a brief discussion at the focus group session. Those musicians who played in orchestras spoke about the challenges of that type of work; while other musicians, whose musical work did not consist of employer-employee relationships but rather more freelance work, spoke less about the challenges of the work and more about the intrinsic rewards of playing music. After the focus group session was over and the microphone was turned off, a conversation took place which reflected these differences between Simon and Elizabeth, whose experiences reflected the two extremes. Simon reflected that there was a time when he enjoyed playing and the artistic involvement with music much more than he had found recently performing with an orchestra; Elizabeth indicated that that enjoyment was a regular part of her own music performance. It appeared that the freedom and control of freelance work allowed musicians more choice in selecting the kinds of music, venues, and musicians with whom they perform. However, those musicians with the most freedom also had more non-performance work that provided their major source of income. Barbara reflected that despite the challenges of working in an orchestra, she still found something each day for which to "thank God for making me a [instrument] player."

Pay, benefits and working conditions. The participants discussed the low pay associated with being a professional musician. It was also noted that many musicians, even those who teach at universities, may not have access to healthcare and disability benefits. Those associated with larger groups such as orchestras, however, did have access to sick

leave, even if they were part-time members of the group. Simon also noted that “we’re not really talking about cut-throat business types and I know with our orchestra, when people have used up their sick services, there’s still that sense of compassion.”

Working conditions were discussed particularly in relation to risk of injuries and balancing other commitments. As previously mentioned, all the participants taught, either in their own private studios, through a university or in the grade school system. Mark indicated that orchestras tend to perform three different programs per week during the season; with rehearsals, this could amount to nine two-and-a-half hour ‘services’ per week. Simon sometimes had difficulty fitting in the fourteen students he taught at the university when heavier schedules were taking place. This schedule required musicians to acquire repertoire quickly and through efficient use of time so that, in Barbara’s words, “you don’t have to spend your whole life practicing.” In addition, too much personal practice can detract from stamina for a concert, as Simon noted during his interview.

Although Robert’s performances with a pit orchestra (accompanying a live show) were much more frequent – sometimes six performances per week – this was balanced by the seasonal nature of the work, which complemented his schedule as a university teacher. Jacqueline noted that some seasons were quite busy in freelance work, such as Christmas, Easter and weddings in the summer. The financial reimbursement made it tempting for her to take on many commitments at a time, or some social engagements (weddings, parties) of four hours or more. However, she reflected that those types of ‘gigs’ were a challenge mentally and physically: “Everybody’s sitting there eating their dinner, you know, clinking of plates and everything, and it goes on and on, and then by the end of it I feel pretty out of it.”

Working conditions can be exacerbated by demanding tour schedules and conductors. Simon noted that he first experienced difficulties with his embouchure while on a 'run-out' – a performance that requires travel to another location, but that is close enough that it does not require an overnight stay. He associated that injury experience with being tired from traveling. Giselle also illustrated the demands of orchestral life with anecdotes from a close friend who performs with an internationally renowned orchestra with which Giselle also used to play:

> People are dropping like flies, you know. And it's just overplaying, because there is just too much work. They treat you like a slave . . . That's what happened to her, the stress of the job, and she kept saying, "I'm a machine, I'm a machine, I hate being a machine." But she was there in all those hard years of [conductor's name] when it [orchestra] was really a playing machine like Japan, China, Europe, recording galore, like they'd be in a recording session for five days, they would be locked in that church, and then they'd get on the plane a week after and they would do Paris and London and you know, she says to me . . . "the stress was horrendous.". . . I always said "I want to have your job" and she always said, "you don't want my job."

In addition to this, Giselle also described the stress that conductors can place on orchestra musicians:

> I had to deal with a very, very crazy conductor . . . and basically I had a breakdown there. It was very bad. Cause he played mind games and he knew who was vulnerable and he'd just put you down publicly and he would just make it so you can't play anymore . . . that is the first time I experienced abuse, the first time in my life. It was very, very powerful.

Although Giselle's experiences are unique within this group, they speak to the potential for working conditions to impact negatively on the level of stress experienced by musicians who are in situations – like an orchestra – where a person in a position of power, such as a conductor, can influence the environment of the work, and the schedule of work is beyond the musician's control.

The financial situation of an employer can also provoke anxiety in musician-employees. Giselle explained the financial burden of stress and injuries in orchestras: "People are dropping, so they have to hire extras [additional musicians], and it costs a lot of money because these people [orchestra members who are off sick] are paid, they're on salary, plus they have to pay all the extra people that are subbing [substituting] for them." Barbara described her reaction to her orchestra's financial difficulties: "My orchestra was going under. I had to do something, and I went into panic mode." Simon noted that this type of stress is counterproductive when trying to cope with an injury: "It's more like a quiet desperation to recover from it [injury], because it's your living, such as it is, I mean what else are you gonna do?" Through their experiences and the stories of other musicians in similar situations, these musicians demonstrated the potential influence of financial stress in the workplace on their well-being.

The participants also discussed the idea that performing music is not respected by the public, and perhaps not seen as a 'real' job. Jacqueline stated, "Once you decide to go to university for music and do a performance career, people are already, to some degree, raising their eyebrows and saying 'how could you be doing something so frivolous?' " Simon's comment reflected a similar sentiment: "I haven't worked an *honest* job in my life. Except fifty cents pulling weeds for a neighbor." Simon also discussed at length the lack of support

(financial and audience attendance) in his community for the orchestra in which he performs. The issue of community support for music in general was also discussed during the focus group session. Jacqueline, whose work is mostly freelance, did not agree that her community did not support live music. Elizabeth, whose work is similar to Jacqueline's, suggested that although the region is not as supportive as it could be, the response from the public varies according to the venue. Jacqueline agreed that this might better reflect the warm response she received when performing.

As a broad interpretation of this major concept, the work of professional musicians varies in terms of time demands, financial compensation, availability of benefits, and stress in the workplace. As in many occupations, greater control over one's work seems to result in less stress. As will be seen later, musicians feel that this contributes to their ability to avoid injuries, and to better manage injuries that may occur.

Teacher

The study participants were all teachers, whether in their own home studios or in primary or secondary schools. They discussed their teaching in relation to their experiences with playing-related injuries in that their teaching was changed by their experiences. Specifically, experiencing injuries changed what they taught and how they taught. In addition, the participants indicated a desire to change the pattern of injuries for future musicians through education.

Injuries change what musicians teach. As described earlier, all the participants taught in some capacity. Many indicated that their experiences with injuries had influenced their teaching and made them more aware of the strong impact teachers can have on developing musicians. As Mark simply stated, "I teach my students all of this now cause I think it's so

important." Jacqueline provided more insight into the role of the teacher, through her experiences as a student and then as a teacher. Despite her misgivings about her teacher's assignment of three hours a day of practicing as a minimum, she stated that "I just kind of trusted that my teacher knew what she was talking about." This carried through her experience with injury:

> I think that before I might have felt like, in my own internal dialogue going on in my head, the voices of teachers saying "practice for three hours," or saying "you need to be working on this," were speaking louder than my back saying, "it's time to stop, this is really hurting."

Jacqueline continued to draw on these experiences, and she felt that they made her a better teacher:

> I'm always really focusing on how relaxed and comfortable and natural my students can make their movements. And I kind of check in with them on a regular basis about 'how's that feeling?' . . . I'm pretty open when the subject comes up about talking about my own experiences, and how much I don't want them to go through that too.

Giselle also felt that her experiences with injuries helped her teaching: "I realized that if I was not going to play [for a living], I was going to be a really good teacher, and all my students would be well aware of the pain that you can experience when you play." Simon noted that he includes caution about injuries in his teaching, but the message sometimes falls on 'deaf ears': "Most of them aren't gonna buy into it, because they're young and they think they are going to live forever, and associated with that is, not going to have any trouble playing the [instrument] either."

Robert indicated that he focused on specific strategies that he teaches to his students to help them avoid injuries: “be aware of potential future problems that may come from certain kinds of movements, and certain ways of practicing and length of time of practicing and making your practicing productive and not just empty, mindless motion.” Giselle and Thomas also focused on specifics. Thomas stressed practice techniques, such as taking regular breaks and practicing in the morning and then in sessions spaced out through the day. He also emphasized the need for adequate sleep, something that he felt students were lacking. Thomas also indicated that he emphasized posture: “I spend a lot of time fidgeting with feet. . . . And young students . . . generally fall for the hollow back thing and they tend to lock their knees . . . so you have to constantly realign that.” Giselle also stressed posture: “I am always watching my students’ necks and I am always fixing their head to have a straight head.” These strategies are those that participants used in their teaching that arose from knowledge obtained through personal experience with injuries.

Several of the participants sought to control the actions of their students that they perceived as risky in terms of becoming injured. Jacqueline’s approach to this was subtle: “Potentially down the road if there was somebody who was really hot on pursuing it [her instrument] . . . I’d wanna keep a close eye on them, and make sure that they weren’t pushing themselves too hard.” Simon’s approach was a little more assertive.

> I’ve found that university students, they’re under threat constantly. Because they don’t have the experience to know when to step back. . . . I’m constantly saying to [a particular student], “Look, everything you do, clear it through me. You get asked to do a church gig, clear it through me.” Not because I’m a control freak, but because she’ll just keep saying yes to all that stuff and then overload herself.

Both Sandra and Robert took this approach one step further, implying that they would advise their students not to continue to pursue a career in music if they were experiencing injury during training. Robert had taught some students who experienced injuries, and he explained that "in the end I encouraged them to stop . . . I encouraged them to look into what this was going to mean long-term and what you thought you could do [in a career as a musician]." Sandra felt that the situation for woodwind players demanded such perfection of technique and was so competitive that students with injuries might never have the chance to succeed.

> Those poor kids, there's no way, really, I mean if you are injured, how would you ever put in enough hours to develop that technique? I just don't see how it would be possible. So now, I'm kind of like, "oh well, just let it go," right, "it can't be done." . . . You have got to put in all that time or you are never going to play, and never have any reliable hands.

Injuries change how musicians teach. Not only has experiencing injuries impacted what the participants teach their students, but also how they teach. Several mentioned that they no longer play as much as they once did, as a preventive measure or specifically when they are experiencing difficulties. Nancy stated: "I had two students who I had to play every note with them almost, you know? Cause either they didn't practice or they had so much difficulty with the instrument? So I told them I couldn't teach them anymore." Simon explained, "I never really did all that much playing for the students, but now, ever since [the injury] I've had to be more cautious." Robert stopped accepting work on certain percussion instruments because they aggravated his symptoms. As a result of this, his skills on these instruments had decreased, and this impacted his teaching. "I find when I teach, you're trusting the student to sort of believe that you know how to play but I've not shown nearly

the kind of things I would have shown them in the past, because other than quick little examples, I don't have the chops [skill]."

Both Nancy and Thomas felt that it was the role of the teacher to provide advice about injuries. Thomas said, "I guess I'm more educated about it in the event that something happened . . . I'd be willing to dispense some advice, I wouldn't diagnose anything for sure but I think I've followed-up with enough study just on my own, through observation." Nancy indicated that she showed exercises that she had been given by physiotherapists and athletic trainers to her students, and once took a student to see a physiotherapist that she herself had consulted, who had a specialized practice for performing artists. Giselle also noted that her teacher in university took her to see a specialist physician that she herself had consulted.

These examples demonstrate the range of impacts that participants' experiences with injuries had on their teaching. From cautioning students against risky behaviour, to advising them on exercises to improve their condition, to suggesting that they abandon their pursuit of a career in music, the participants described a variety of ways that they had incorporated their experience into their roles as teachers. Taken as a whole, these descriptions indicated that the participants felt that their role as teacher meant that they should have an active interest in the health of their students.

Changing past patterns of injury. Underlying the descriptions above was the message that participants felt that they did not receive enough information to prevent their own injuries, and that they would like to see the pattern of injuries broken by providing that information to their own students. Sandra explained that although some musicians were aware of the risk of injury, "you were just used to it, you know, your neck hurts a little bit or your shoulders hurt a little but . . . it is just accepted as part of your situation." She went on to

speculate that "if maybe I had met somebody at that time who was injured and was older, maybe I would have figured it out." Others had a more specific desire for information. Mark said, "If someone had come in . . . and said, 'hey, all you need to do is a little stretching every morning and . . .' I think I could have saved myself a lot of grief." Barbara spoke about the strategies she wished she had learned:

> Warm-up exercises, which I was never taught to do . . . I was never told 'you should do exercises where you get your shoulders back and opposite to having them hunched forward, like when you're sitting and playing and you're wrapped around the instrument, and adjust your posture so that you're not over-exerting needlessly,' you know, stuff like that, people never really talked about it in *my* time.

Nancy had more general fitness strategies in mind: "I just wish I'd realized the importance of doing exercises to counteract what I do for so many hours a day when I was younger. It would have been nice to have known a long time ago."

These examples illustrate the regret musicians expressed during their interviews about the lack of information and instruction they received during their training, which relates to their desires to change the pattern and protect their own students from acquiring injuries, or from pursuing a career that may not be achievable due to injuries.

In summary, the participants described their experience of being injured musicians by means of three intersecting roles – musician, worker and teacher. Their experiences were influenced by their occupation as musicians, from the preparation they underwent to become professionals, to the nature of their relationships with their instruments, the meaning of music in their lives, and what it would be like if they were unable to continue playing. The work of professional musicians also influenced their experience, whether they experienced a highly

structured role as an employee, or a more fluid role as a freelance musician. Pay, benefits and working conditions also influenced their experiences of being injured. Lastly, all the participants were teachers, and their experiences of being injured were also influenced by this role. Participants discussed how their injuries changed what and how they taught, and many described a desire to create a generational change in what they perceived as a pattern of injuries in musicians.

The Healthcare System

The participants in this study indicated that the healthcare system, as an environmental context, influenced their experiences with injuries as they moved through and used services within the system. Simply understanding and navigating this system effectively was a challenge for some of the musicians in this study.

Navigating the healthcare system. When these musicians answered the first question posed by the researcher – 'what is it like to be an injured musician?' – many began by providing detailed histories of onset of symptoms, encounters with healthcare professionals, and time off work. Through reflection, it became apparent that these musicians described their experiences of being injured in part by describing the often frustrating encounters they had experienced with the healthcare system. As Mark stated, "Boy is it a painful route that most of us take." Elizabeth described the process as "kind of like going down dead-end streets." Jacqueline explained this experience in detail:

> I just felt like I got the run-around . . . you go somewhere, and they'll send you somewhere else. They'll always send you to somebody who might have an answer, but nobody ever does. . . . Nobody ever wanted to see how I was functioning at my instrument, and it all sort of seemed really stop-gap, like they had this really limited

> tool set they could use, and none of them were fixing what I had. It just felt like it was sort of an endless series of appointments with different people over the years and really with not anything to show for it at the end of it all.

Sandra, for her part, simply said, “It is agonizing. It is incredibly hard. It is so hard to get anyone to help you, really help.” As explained in these quotes, most of the participants found it difficult to find care that helped them to resolve their playing-related injuries and allowed them to continue working at the level they had previously enjoyed.

The participants described that the healthcare professionals with whom they interacted appeared to lack specific training in dealing with the concerns of musicians. Robert explained: “you have to work at it. . . . You have to take the initiative to dig deeper, because there isn’t that network immediately available.” Some of the musicians compared the specialized care available for musicians with that available to athletes. Sandra explained:

> Elite athletes, you know, people who work as athletes, like we work as professional musicians, when they go into competitions, like when we go to auditions and stuff, they have someone who is there for them all the time right, they have the person who tells them how many hours to work and does their rub down and they wouldn’t dream of trying to do it without that stuff. But here we are killing ourselves, expecting our body to do way more intricate tiny things with tiny muscles and [we] get no help from anybody, it’s just ridiculous. It’s so bad.

Sandra’s description demonstrated that although specialized healthcare services do exist for certain populations, they are not available in mainstream healthcare for musicians in Ontario at the present time.

Part of the participants' experiences with navigating the healthcare system related to a lack of understanding of the physical requirements of playing a musical instrument. Nancy described one such situation.

> I had one physiotherapist, he said, 'how do you hold your bow?' And there wasn't a bow, he wanted me to hold something, so he gave me a broom handle. This huge broom and so I showed him, and he said, 'well wouldn't it be better if you just did this?' [demonstrating a gross grasp] [laughing] You know? Well of course for a broom, it would be! [laughs] It's not what I'm using. So he didn't seem to quite get it.

Giselle described a similar lack of understanding, but this time of her life situation, rather than her playing.

> She [physiotherapist] had a list, she wrote stuff, I had it on the fridge. It was hilarious, 'don't carry groceries, don't vacuum, keep your arms for your [instrument]', you know, it was all great but everybody laughed in this house, they said 'oh yeah mom, how are you gonna not carry groceries, or how are you gonna not vacuum when there's dog hair everywhere and you can't stand it?' And of course, it works for a little while. But you know what, I'm used to running my place and if I need groceries, I'm not going to wait for 3:30 for my kids to come with me and carry it. . . . I'm not gonna ask my neighbour to come do the groceries with me . . . I have been on my own raising kids for 20 years now, almost, and I'm used to a husband who . . . doesn't come home for three days, so you gotta figure it out.

Other participants described that healthcare practitioners sometimes demonstrated a lack of understanding of how important playing music is to a musician. Mark explained, "I've had some really bad experiences with doctors who just said, 'You've got to stop playing, that's

the cure, stop playing.' They don't get it." Elizabeth responded to my question about whether her musical activities were taken seriously by healthcare practitioners: "No, I don't think they do. He [her family doctor] has no idea how important that is to me."

In contrast to these experiences, Thomas described his interaction with the healthcare system: "I would say that I got first-rate treatment. . . . Once they sort of knew [what the problem was], 'oh we better get this done.' I was quite pleased. Truly, there is nothing I could say to the contrary." In fact, Thomas felt that many musicians complained about the system needlessly. However, he did allude to an important distinction between his experience and that of his colleagues:

> If you lose the sense of controlling it [an injury], that's actually what puzzles me about people who complain a lot, who go to a lot of different people. It must be out of their hands, and maybe it drives their desperation to seek more, and go more often, and do this, you know, maybe it's just . . . such a turmoil.

Thomas' experience appeared to be very different from those of the other participants. However, his insight about the loss of control is astute and seems to apply to the circumstances that others experienced.

Lastly, Giselle experienced a unique situation when she was referred to a physiotherapist who was able to help her return to her full playing abilities. She referred to him as her "saviour", and stated, "I lived every day for those treatments. That's what kept me alive." This unique experience will be further discussed in the next chapter.

The system of healthcare. Many of the participants described difficulties navigating the healthcare system that were related to how the system operates. Musicians who were employed with larger organizations, such as symphony orchestras, were offered some

employment benefits. These typically included sick days and paid benefits to cover healthcare that is not covered within the public system. Sometimes these benefits are also offered to regular part-time players, but typically not to occasional players. Nancy reported that part-time players in her orchestra were not offered the option to buy into new healthcare benefits that had been introduced.

Orchestras that define their players as 'employees' under Revenue Canada regulations must also make contributions to the Workplace Safety and Insurance Board (WSIB), so that work-related injuries are potentially covered by this benefit. However, as Mark noted, WSIB and other insurers will not cover pre-existing health conditions, so that if a musician sustains an injury early in their training or prior to becoming an employee, they cannot receive care under these benefits. Musicians who are employed part-time or on contract by universities may or may not be offered healthcare benefits. Those who do not have access to healthcare benefits are likely to put off seeking care until it becomes critical, as described by Robert.

> You sort of leave that [seeking treatment] until you get critical and then you go and get a massage, people try to fix you and you say, 'gee, I know I should have been here sooner,' and they say, 'yeah it's really hard to get in there.' And then they release it for a bit and it goes away and you take it easy . . . and then you just hope that it lasts 'til the next time you get seized to go back to massage again.

Giselle expressed frustration that musicians have to pay for treatment to help them continue with their careers. She explained:

> When you are in pain, and you can't play, you're poor, you're dead poor. You know even when it happens to me [she had benefits through her spouse], my husband does not want me to go and get massages because it's a hundred bucks every time. And

> when you are up to here with mortgage and schooling and kids and food and bills, you don't have a hundred bucks to go for a massage, you know? And that is just not right, you should have a card with the musicians' union that you show and you get in there.

These participants described, through their experiences, the limitations of the healthcare system in Ontario for injured musicians. Limited access to insured benefits, no coverage for pre-existing conditions, and the cost of care limited the access these musicians had to healthcare, and impacted their recovery from injury.

Deciding where to access care. The participants described several factors involved in the decision of where to access care. Several expressed a preference for healthcare practitioners who had knowledge of the demands of musical life, or experience in treating musicians. They often sought advice from their peers and teachers about who to consult. Nancy described a personal trainer she was seeing at the time of the study: "He seems very knowledgeable, he helps people at [orchestra name], and he's helping someone else in our symphony, that's where I got the name from. This guy really swears by him." Financial coverage through benefits, WSIB or the Ontario Health Insurance Plan (OHIP) also influenced where participants sought treatment. Proximity to work or home was also a factor, related to the importance of timely access to care. Lastly, some participants expressed that in some circumstances, accessing care was through trial-and-error, or even chance. Sandra explained, "for me, it was just a fluke that I happened to run into somebody who could help me."

What musicians want from healthcare. The participants in this study had ideas about how healthcare could best respond to their needs. Firstly, many participants stressed that

more information and education might prevent injuries from occurring in the first place. Mark stated, “So much of what we’re talking about is education, and about getting to musicians when they’re young, and getting the message out.” Simon was looking for more knowledge for himself, as well as for student musicians:

> It might help me sort of treat myself, like to know how to avoid it [his injury], like what I can do to be stronger, or what I can do to avoid it happening and it would help me understand people like [student’s name] who are going through something similar.

Elizabeth, whose condition is chronic in nature, would also have liked information about coping with her injury.

> It would be nice maybe if you had somebody [who] comes in . . . and they had some program to be more proactive about it. ‘This is what you can do. I mean you’ve got it, we can’t change that, but these are the things that might help you.’ And then you know maybe talk about how you can adjust your lifestyle to accommodate it.

Several of the musicians expressed concern about the cost of care. Sandra related this to prevention: “Maybe if you catch it [an injury] before it gets into super-crisis mode, then there are probably things that people can do that wouldn’t cost so much money.” She also noted that the chronic nature of playing-related injuries and the treatment approaches of some healthcare and alternative care professions encourages long-term and perhaps career-long treatment.

> Who can afford to do Alexander technique their whole f*!?ing life, or massage? . . . When I was first playing professionally, I used to have massages every week, and that was really great but I could have never afforded to keep up with that. You use all your money up doing that. I mean nobody could do that, it’s such a drag.

Some of the participants indicated that they would use more care if they could afford to do so or if it were covered on available benefits. Robert stated, “I guess if I had regular physio or healthcare that I knew was paid for, I would probably go and make use of it more. Cause when we have it in our family, I use it.” Giselle also expressed a concern noted by several participants about the need for musicians to have timely access to care.

> What I would like when I am in there [physiotherapy clinic] is for her to say, ‘see room number three, you go in there, somebody will be right there.’ And that the person will come in room number three and will be told by [therapist], ‘the heat, the ice and the massage, right now.’

Mark also noted that waiting times were a concern for him.

> I had a great deal of luck moving through the healthcare system because I was absolutely unabashed … about using my contacts. . . . I was absolutely terrible about pulling strings, and jumping the cue, but I just . . . needed answers right away, and so it was a doctor musician who got me into [hospital] within 24 hours, and I saw a doctor who . . . had a real connection to the [instrument] . . . all these connections made it really easy for me just to slip into the system. But I’ve seen people in the orchestra who are unconnected and have moral issues with using those kinds of connections to jump the cue, and you can just spend months waiting for a specialist. I know what it’s like to follow the normal procedures, it’s just hideous, the timelines involved.

Robert’s concern around timing of care was related to the travel time involved for him to seek specialized care. The closest specialized care was located two hours away from his

home, and after a few visits, he could not find the time to attend regularly and therefore pursued less specialized care locally when needed.

In summary, the participants had specific suggestions for care that would better meet their needs, including more prevention and education, timely care, and less expense or more coverage for care. They also expressed a need for care that considers their life situations and limitations (e.g. time, family commitments).

Existentials

As described in the previous chapter, the interpretation of the data in this study was influenced by Van Manen's four existentials: lived time, lived body, lived space, and lived social relations (1997). 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 the music, time passed very quickly, as described by Elizabeth: "When I'm playing the time just – 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 on 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 two 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?' " Robert also expressed his experience of time:

> When it hurts you feel like you're there for a longer time. It doesn't just fly by, you don't get to the end of the show and say, 'wow, where did that one go?' you know, it's like, 'oh man, I'm finally outta here.'

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 three or four 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 also 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? Am I gonna be a cripple and a mess when I'm older?' 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 practicing cause I get focused on one little [musical] issue." Thomas expressed that like any activity

involving dexterity, the level of concentration required for music-making can put musicians at risk of injury:

> 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. Other musicians also described a dampening of the experience. Simon explained:

> 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." Robert also experienced a dampening effect of injuries upon his experience of playing:

> 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. So some of the joy of playing the instrument can be taken away from the fact that it hurts to play.

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 exposes 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, but 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.

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 – as previously described – she has 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. The orchestra with which she plays performs in two major halls in the city, but also tours and performs occasionally in churches and other local venues as well. 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?' " I interpreted this to mean that Barbara expressed a closer association between her experience of injury and the act of music performance, rather than with space.

The concept of lived space did not seem to connect directly with some of the participants' experiences. Although a few attempted to explain their experiences in terms of space, it was not a concept that seemed to be easily related to their experiences. A more detailed description of this theme will be examined in the next chapter.

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 appears to surround musicians’ injuries. Mark spoke about a sense of camaraderie amongst musicians who have been injured, but that some are 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 changeroom 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. Other participants indicated that some of their peers shared this fear, even if they themselves were not concerned. Nancy explained that in terms of discussing injuries with colleagues, "some people do, you know, and some don't, and 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 of support) amongst the participants reflected the complexity of the lived social relations involved in being an injured musician.

Impact of injury on social relations. In contrast to the section above examining whether musicians gave or received social support in terms of their injuries, 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

As demonstrated in the descriptions of the participants that began this chapter, all of the participants continued to be professional musicians. In various ways, each participant had faced the challenge of injury and 'survived' as a professional. In listening to their experiences, I imagined them standing at the edge of a cliff that represented the end of their musical pursuits. This inspired the title of this work, "Survivors on the Edge." 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." Robert expressed the feeling of being held back, not only physically but artistically:

> You choose to sit back . . . if you've got an opportunity for something safe, you may go there instead of taking the risks, which then does affect your relationship to playing your instrument because the stuff is not as challenging and perhaps then not as artistically rewarding in the end. So you're sacrificing, the choices that you make are sacrifices that you have to accept, about how you feel artistically about what you create.

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

When asked to describe their experience of being injured professional musicians, the participants in this study described their experiences partly in terms of moving through the healthcare system, which many felt did not meet their needs. 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. Their teaching was also impacted by their experiences of injuries,

and many of them felt it was important to educate future musicians (including their students) about the risks of injuries and how to avoid becoming injured. Further interpretation and implications of the collected experiences of these participants are discussed in the next chapter.

DISCUSSION

The Man with the Blue Guitar

The man bent over his guitar,
A shearsman of sorts. The day was green.
They said, “You have a blue guitar,
You do not play things as they are.”
The man replied, “Things as they are
Are changed upon the blue guitar.”
(Stevens, 1955)

The Old Guitarist (Picasso, 1903/04)

The purpose of this study was to understand the lived-experience of professional instrumental musicians who have experienced playing-related injuries. The findings presented in the previous chapter included a proposed framework for the lived-experience. This framework included three roles – musician, worker, and teacher; the context of the healthcare system; and four existentials that permeated the experience: lived time, lived body, lived space and lived social relations. This chapter will present a discussion of these findings. It will also present new ideas that emerged during the research and interpretation process. Study relevance, strengths, limitations and applications are also presented.

Existentials

The following section addresses the four existentials discussed by Van Manen (1997) as a means of analyzing phenomenological findings. These existentials are lived space, lived body, lived time and lived social relations.

Lived Space

As noted in the previous chapter, the concept of 'space' as a physical, perhaps geographical concept, did not seem to relate well to musicians' experiences as they expressed themselves in the individual interviews or during the focus group. However, Van Manen (1997) noted that questions answered by participants are not always the best way to interpret the data in terms of existentials. Interpretation can also occur when the researcher views the data through a particular lens. For a better understanding of the concept of lived space, it is useful to examine how Merleau-Ponty employed the term 'space.'

For Merleau-Ponty, lived space was about intentionality, and how we interact with the world in space (1945/2002). As described in the methodology chapter, he wrote about a typewriter as something that a writer's intentionality reaches towards and is encompassed into her body-schema. In this study, I therefore considered the instrument to be something towards which a musician's intentionality reaches. In Merleau-Ponty's work, this experiential connection between the lived body and its potential actions is conceived as space. As he described:

> What counts . . . is not my body as it in fact is, as a thing in objective space, but as a system of possible actions, a virtual body with its phenomenal 'place' defined by its task and situation. My body is wherever there is something to be done (1945/2002, p. 291).

Although I continued to ask the participants questions about space, I also began to ask about their interactions, particularly physical interactions, with their instruments. I discussed the findings from those questions under the role of 'musician' in the previous chapter. In that section, it was noted that Sandra and Elizabeth had both spoken about their instruments as part of their bodies. Thomas, on the other hand, had specifically noted that one's instrument is never truly a part on one's body. My interpretation of what Sandra and Elizabeth were trying to convey was that at times, they were able to achieve the sense that their instrument was an extension of their body. Drawing on my own experience, I inferred that this probably does not happen all the time for these musicians. However, I don't believe that they would say the experience is the *same* as using a body part (or function, like the voice), which is what Thomas was expressing in his statement.

As described above, the participants' relationship with their instrument has implications for their experience of lived space. It also has implications for their experience of lived body, as described below.

Lived Body

As described previously, Elizabeth and Sandra spoke about their instruments as being incorporated into their body-schema, and how they became unaware of their instruments as external objects requiring conscious thought. They did not instruct their bodies to manipulate the instrument; rather, their bodily relationship with the world (other musicians, the audience, the music) included the instrument. When this occurred, the gestures of musical performance became unconscious; thinking about what they were about to play became synchronous with the act of playing. Both Elizabeth and Robert spoke directly about this synchronicity, and how their injuries sometimes disrupted this synchronicity. It is important to consider that

Elizabeth and Robert both regularly performed improvisatory music, and their experiences may be more reflective of this singularity of act and performance than those of other participants.

Vikram Seth described the receding quality of the body in his novel, *An Equal Music* (2000). The main character, Michael, is a violinist in a string quartet, and he has had a rest in the piece they are performing.

> Soberly, deeply, the melody grinds away, and now the minuet begins again. But I should be playing this, I think anxiously. It is the minuet. I should have rejoined the others; I should be playing again. And, oddly enough, I can hear myself playing and yes, the fiddle is under my chin, and the bow is in my hand, and I am. (p. 86-87)

In this quote, Seth emphasized that Michael feels that his body and indeed, his very Being (Heidegger), is confirmed through playing music, although the act of performing draws his awareness away from his body and Being until he focuses his attention on them.

Nicholas Christopher (1986) described in the novel *The Soloist* not only the absence of the body, but indeed an absence of the self in music performance. At the same time that the self is absent in the act of performance, the self also becomes the music:

> I remember opening my eyes and putting my fingers to the keys, then raising them up, and while it was still absolutely silent someone played the opening of the *Diabelli* [Variations; Beethoven, Op. 120], the distinctive staccato waltz, *allegretto vivace*, I heard someone playing it into the darkness and then I was playing it, and the animal [fear] was gone, the lights were gone, the stage was gone. I was playing. . . . I was regulating the flow, when I slowed it slowed and when I sped up it sped up, until I was the waterfall, living and breathing only the sound I was creating. . . . It

> [performing] meant realizing physically, with flesh and blood, the full and rounded abstraction that is a piece of music. It was becoming the music, the waterfall, and not a man playing that music or riding that waterfall. The body, the hands, became a medium between the spirit and the piano. (p. 288)

The invisibility of the instrument in musical performance is described by Schmickling (2006) and Behnke (1989). Merleau-Ponty 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 (1945/2002, p. 168). The invisibility of the body as an object when in health has been contrasted with the experience of disability in Toombs' work (2001, p. 250; 1995, p. 11). No sources were found that identified the invisibility of the body itself during musical performance, or specifically examined the presence of the body in musicians who have experienced injury or illness. This current study is therefore unique in that the receding quality of the body was identified in music performance. It is also unique in that participants in this study sought means of bringing the body to presence as an object, in order to manage their physical symptoms of pain or fatigue. This is further discussed later in this chapter in the section 'Flow'.

Lived Time

Similar to the receding quality of the body, time also seemed to recede from awareness for the participants in this study when they are performing or practicing. In his novel, Vikram Seth (2000) also noted the receding awareness of time when performing music as a blending of past, present and future. In the following quote, the main character described performing with his quartet:

> We play in an energised trance. These four-and-a-half minutes could be as many hours or seconds. . . . in my mind's ear I hear what has sounded and is sounding and is yet to sound. I only have to realise on the strings what is already real to me (p. 90).

For the participants in this study, injuries appeared to bring time to awareness, by lengthening the time experienced when playing, and by shortening the length of time the participants felt they had left in their careers. Injuries also brought more awareness of the participants' age and of their aging bodies as a factor of time.

Toombs (1990) 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" (p. 237). The finding that for participants in this study, time drags on when they are injured or in pain, is therefore consistent with Toombs' observations of other people who experience illness.

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 amongst injured musicians, and Jacqueline noted that musicians she encountered were happy to speak with each other about their experiences. Nancy noted that this could be a source of support, while both she and Robert pointed out that they had sought treatment from healthcare professionals who were recommended to them by colleagues. Thomas and Mark both noted that close relationships with colleagues could have its downside, and Barbara in particular 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 perform regularly without accompaniment.

Zwicky (2004) portrays a casual social relationship in larger musical groups, where the emotional aspect of the music is deliberately avoided:

Musicians

I pass a bunch of musicians in the street.
It's about 12:30, rehearsal just over, they're
standing around outside the side door of the church.
A good rehearsal; and it's April. They're laughing,
horsing around, talking about shoes, or taxes, where
to go for lunch, anything
except what their heads are full of.
It's a kind of helplessness, you can see
they're still breathing almost in unison, like people
the searchlight has passed over
and spared, their attention
lifts, swerves, settles;
even the gravel dust stuttering at their feet
is coherent.

By contrast, in Seth's *An Equal Music* (1990), in which the narrator is a member of a string quartet, the tension that can exist between musicians playing in a group is often noted. A quartet rehearsal is described in the following quote:

> Finally after an hour and a half we arrive at the second movement. It is dark outside, and we are exhausted, as much with one another's temperaments as with the music. But ours is an odd quadripartite marriage with six relationships, any of which, at any given time, could be cordial or neutral or strained. The audiences who listen to us cannot imagine how earnest, how petulant, how accommodating, how willful is our quest for something beyond ourselves that we imagine with our separate spirits but are compelled to embody together (p.14).

These two examples illustrate the musical importance of a close relationship, and the difficulties that can occur because of differences between the individuals.

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 by 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.

Relations with teachers. This closeness is also reflected in the relationship between students and teachers. Training to become a musician can begin as early as the preschool years, depending on the curriculum (Music for Young Children, 2009; International Suzuki Association, 2005). By the time musicians become professionals they have played for approximately 10,000 hours (Ericsson, Krampe & Tesch-Römer, 1993). Visentin (2007) noted that the musical community tends to place music teachers on a pedestal and treat them as infallible sources of information. The powerful influence of the teacher is illustrated in

Seth's novel (2000):

> Carl Käll [teacher], that old man, that stubborn magician, brutal and full of suffocating energy, did not, unaided, drive me from Vienna. It was as much my younger self, unyielding, unwilling to exchange a mentor for a dictator, or to sidle past a collision. If I had not met him I would not have brought to life the voice in my hands. I would not have gone to the *Musikhochschule* to study. . . . Maybe I could have learned more from him if I had swallowed my sense of self. (p. 18)

This powerful influence, the early training experienced by many musicians, and the number of hours required to reach professional status can contribute to the acquisition of injuries.

In this current study, many of the participants noted the influence of their teachers on their experience of playing-related injuries as a lack of information, rather than a willful cause of harm. Jacqueline noted that her teacher's instructions were important in determining her response to early symptoms of injury. Her teacher had told her to practice a certain number of hours per day, and although she could not quite reach this goal and experienced significant pain, she still felt compelled to meet her teacher's expectations. Simon expressed discomfort during the focus group at the idea that his teacher might learn of his difficulties with injuries. Interestingly, other musician participants countered his fear with the idea that his teacher might not only be sympathetic, but might have some ideas about how to help Simon.

The relationship with the teacher is an important aspect of lived social relations because it can influence whether or not students experience injuries. Teachers may increase the risk of injury if they are not informed about injury prevention, do not recognize the early signs of injury, or encourage students to adopt risky practice behaviours. However, teachers

may decrease the risk of injury and improve the outcome of injuries if they are sensitive to healthy practice habits and early warning signs, and if they are knowledgeable about local practitioners who can help in the event of injury. In this study, Peter spoke about his role as a teacher, and how he has informed himself about injuries over the years. He saw his role not as a diagnostician, but as someone who knew enough to help in some circumstances. Giselle described the response of her teacher when she became injured in university. Her teacher inspired fear in most of her students, but reacted promptly to Giselle's injury by taking her to see a specialist who was able to help her continue playing. Many of the participants indicated that their desire to improve the situation for injured musicians was related to their role as teachers, and this was addressed in the previous chapter under the heading 'changing past patterns of injury'.

Other social relations. A few participants alluded to the notion that injuries impacted their social relationships outside of their role as musicians. Jacqueline brought up her partner at the time of her injury, who had difficulty understanding why she would want to continue to play when it was obviously hurting her physically. Giselle described the care she received when she was injured as a lifeline, and subsequently developed a romantic involvement with her healthcare practitioner. 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?" This probe was often used, but not in every interview. Even when it was used, however, some interviewees did not elaborate on their personal relationships. It is possible that with even more prolonged engagement 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, which was already a challenge in this study.

Occupation and Injured Musicians

Occupation: Meaning for Musicians

As previously noted, occupational therapy is the profession of this study's author, and a lens through which the findings were analyzed. Since the inception of the profession, the importance of occupation for health has remained a central theme (Molineux, 2004). The establishment of a science of human occupation took place in 1989 at the University of Southern California. Occupational science consists of the study of the "form, function and meaning" of human occupation (University of Southern California, n.d.), and is seen by some as a basic science from which disciplines such as occupational therapy can draw to guide practice (Clark, Parham et al., 1991; Johnson & Yerxa, 1990; Polatajko & Davis, 2003).

The Canadian Association of Occupational Therapists (2008) has defined occupation as follows:

> Occupations are groups of activities and tasks of everyday life, named, organized, and given value and meaning by individuals and a culture. Occupations include everything that people do to occupy themselves, including looking after themselves (self-care), enjoying life (leisure), and contributing to the social and economic fabric of their communities (productivity).

An important feature of occupations as defined above is the meaning occupations have for individuals. Within the role of 'musician' as presented in the findings, participants in this study discussed the meaning of music in their lives. This meaning was also discussed in terms of what it would be like for the participants if they were unable to play due to the

injuries they had sustained. As previously described, all of the participants had considered this possibility at some point. The personal loss that many participants felt would occur was highlighted in the findings. However, individual differences in how this would transpire and be handled were also highlighted. Some felt that their world would end; others felt that they could and would move on, and some even interpreted the loss as an opportunity for change.

These individual differences could be interpreted as differences in the participants' personalities. They can also be interpreted in terms of the role that music has in the lives of the individual musicians. For example, Elizabeth spoke about music providing a means for communicating, and playing an important role in her social relations with others. When discussing what it would be like if she were no longer able to play, Elizabeth's reaction was visceral, and included language about being muzzled and bound. She flatly rejected the possibility that she would not be able to play. She made what might be considered by others to be drastic changes to her lifestyle in order to be able to continue to play. She changed her career; gave up gardening as a hobby; changed her diet; and began taking supplements.

Mark, on the other hand, noted that there were other things in his life that were also of great importance, and that the singular devotion to performing music that he saw in his peers was undesirable, and potentially dangerous. He felt that the end of his career as a musician was approaching and inevitable, and he saw this as an opportunity for growth and change. Mark noted that his love of music went beyond the ability to perform at his current level; as long as he was able, he would perform to the best of his ability, whether as a professional or an amateur, and be satisfied with this.

These differences are also noted in artistic representations of music performance. In the movie *August Rush,* August, a child who was separated from his parents at birth,

unknowingly meets his father while busking in New York City. His father, Louis, is also unaware that he has a child. Louis advises August to go ahead with a concert he will be performing in Central Park, even though August tells him that something 'bad' will happen – the audience knows that he will likely be exposed to the police and taken back to the boys' home where he was raised. Louis says, "You never quit on your music, no matter what happens. It's the one place you can escape to." Their love of music, which binds them unconsciously and eventually brings August together with his parents, is presented as paramount. Throughout the film, August is shown as a child who is driven by music, to the point of being completely unaware of his surroundings – he narrowly misses being hit by cars in the street because he is transfixed by the sounds and rhythms of the city. His parents both give up performing because of the loss of each other, and the film shows that their lives are empty without it. The implication is that musicians cannot be happy and cannot love without performing music; that performance is, in fact, happiness, and love. Wizard, a character who both helps and hinders August's career, says, "you've gotta love music more than food, more than life itself."

This is in stark contrast with the movie *The Soloist*. The main character, Nathaniel Ayers, has a love of music and an unusual performing ability, and also has a mental illness. Steve Lopez, the reporter who discovers Ayers performing on the street, tries to help Ayers by providing him with an apartment in which to play and take lessons, which culminate in a recital. However, Ayers' illness and the association with his time at Juilliard result in Nathaniel running off the stage and later attacking Lopez. It is made clear that society's concept of what Nathaniel 'should' be doing with his gift and love of music is not the best for Nathaniel. The underlying idea that the gift of musical aptitude should not be 'wasted' on

street performing, rather than formalized concert-playing, is challenged. Instead, the value and meaning of music for the musician himself are shown to be most important. This point is made clear when Lopez attempts to describe why he is so moved by his interactions with Ayers. He says, “I’ve never loved anything the way that he loves music.”

The link between occupation and identity has been explored in the occupational science literature, generating the term ‘occupational identity’, which is defined as the “development and maintenance of a sense of self through occupational engagement” (Linsey, 2003). This concept has been explored in relation to disruption in occupation by Vrkljan and Miller Polgar (2007). They indicated that older drivers who ceased driving found that their identities were challenged. With respect to occupations in the performing arts, Wainwright and Turner have published several papers about injured ballet dancers. Their work includes the observation that dancers’ occupation is tied to their identity as individuals (2003). Previous work with musicians (Park, Guptill & Sumsion, 2007) has also indicated a strong tie between musicians’ occupation and their identity. Some of the participants in this current study indicated similar ties. Others, such as Mark and Thomas, felt that it was important to have other meaningful occupations in their lives, and that a slavish devotion to music was potentially harmful.

Returning to the *Canadian Model of Occupational Performance* (CMOP) (2002) presented in Chapter 3, the core of the ‘person’ in the model is called spirituality. In the CMOP context spirituality does not necessarily consist of religious beliefs, although those can play a role. Instead, spirituality is “the essence that makes [a person] distinctive and unique” (Townsend & Polatajko, 2007, p.59). Spirituality is also described as an “innate force that drives us to seek meaning and happiness through doing” (Townsend & Polatajko,

2007, p.60). Occupational performance within this model takes place at the intersection between the person, with spirituality at her core, and the environment. The finding in this study that musicians' occupation is strongly tied to their identity, suggests that music may form a part of the person's spirituality, as well as providing a means of productivity and an opportunity for leisure.

The findings in this study indicate that a strong link between occupation and identity can mean that an injury has the potential to be emotionally devastating. For example, Elizabeth and Jacqueline spoke strongly about their identities as musicians, and both also spoke about how important it was for them to continue playing despite their injuries. Jacqueline stated, "to me, life would seem so empty without it, I'd feel like everything else was just kind of like a second-best." As demonstrated above, the meaning of music for the individual shapes musicians' individual response to the threat of loss of this occupation, and also shapes their response to treatment. Some of the participants in this study, like Elizabeth, rejected the suggestion from healthcare professionals that they should give up music because it appeared to be causing them pain and injury. Instead they adapted, making sacrifices where necessary, giving up other occupations, paying for treatment, performing stretching and exercises, all in an effort to maintain their ability to perform music in the capacity they feel is most rewarding and meaningful to them.

Catastrophic Change in Occupation

Kielhofner (2002) described three developmental patterns of change that relate the concept of occupation to the experiences of the participants in this study. One of these patterns was termed 'catastrophic change', and he described a process by which a person's circumstances change dramatically as a result of an unforseen, challenging event such as the

onset of a disability. He described that this type of change "often requires persons to reconstruct both occupational identity and competence" (p. 147). Kielhofner also outlined a continuum developed by Reilly (1974) along which persons engaged in the pattern of catastrophic change might move from exploration, to competence, to achievement. Kielhofner described exploration as a time when people "learn about their own capacities, preferences and values" and "try out new things." Competence is the stage at which people "begin to solidify new ways of doing that were discovered through exploration", whereas achievement is the stage at which people "have sufficient skills and habits that allow them to participate in some new work, leisure activity, or activity of daily living." People may not move in an orderly fashion from one point on the continuum to another, but move back and forth between the stages. In addition, Kielhofner addressed 'readiness to change' in individuals, and noted that there may be a period between the event and the initiation of change, during which people might experience anger, frustration, fear and depression.

It appears that 'catastrophic change' as outlined by Kielhofner may be applied to the experience of the musicians in this study. The participants in this study and musicians in other studies (Park, Guptill & Sumsion, 2007) indicate that to some degree, their musical occupation is part of their identities as individuals. As a result, musicians may experience a disruption of their occupational identity when faced with a playing-related injury. All of the participants in this study faced the distinct possibility that they might have to abandon their career plans. Some experienced frustration, fear and depression during this period before moving into the initiation of change. Although the musicians were at different stages of change (e.g. Elizabeth and Mark continued to explore options for managing their injuries; Simon continued to develop competency in coping with a challenging schedule), all were

able to negotiate a way to continue playing professionally, which placed them at the achievement stage.

Occupation and Health

In the occupational science literature, it has been argued that engaging in occupation improves health; indeed, occupational science as a discipline, and occupational therapy as a practice, were founded on this concept (Jackson, Carlson, Mandel, Zemke & Clark, 1998; Law, Steinwender & Leclerc, 1998; Molineaux, 2004; Wilcock, 1998, 2005; Yerxa, 1998). The founders of occupational science felt that demonstrating the importance of occupation for well-being would also justify the profession of occupational therapy (Clark, Parham et al., 1991). This is most powerfully illustrated by a paper informally known as the 'well-elderly study' (Clark, Azen et al, 1997), as discussed by Jackson et al. in a follow-up publication in the *American Occupational Therapy Journal* (1998).

As described in the previous few pages, this study has demonstrated that the relationship between occupation and health is not a simple equation, where engaging in occupation improves, or even maintains, health. For participants in this study, the occupation of music-making has not always contributed to health; in some cases, it has caused injury, and in some cases, participants were even advised to quit playing for the good of their health. It might be argued that in order to continue playing, some of the participants made lifestyle changes that were of benefit to their health – for example, Elizabeth resolved to lose weight and began taking supplements. However, it is important to note that these choices were not made for their benefit to Elizabeth's health in general; they were made instead to extend her ability to play music, a meaningful occupation in her life. This choice of priorities, regardless of whether one views this as beneficial to the musicians' health, can be seen in terms of the

concept of occupational justice. This has been defined as “address[ing] what people do in their relationships and conditions for living” (Wilcock & Townsend, 2000, p.84). These same authors (2009) elaborated this definition with the following:

> Motivating this exploration is a utopian vision of an *occupationally just world* governed to enable all individuals to flourish in diverse ways by doing what they decide they can do that is most meaningful and useful to themselves and to their families, communities, and nations.

Although there is some research that investigates occupations that might cause harm or are otherwise ‘risky’ (Golledge, 1998; Lyng, 1990; Willig, 2008), to this author’s knowledge no one has yet juxtaposed occupation as a potential detriment to health, with the concept of occupational justice. This study indicates that there may be situations in which occupational justice, while enabling individuals to choose their occupations, may in fact be detrimental to aspects of health. There may, however, be benefits in other areas of health. For example, while continuing to perform as a musician might cause continued pain and dysfunction in a musician’s shoulder, this occupation may be of benefit to her through continued employment, social relations with colleagues, friends and spouse, and self-esteem. Returning to the model presented in Chapter 2 of the WHO’s *International Classification of Functioning, Disability and Health* (2002) (Figure 1), the bi-directional arrows were meant to indicate that the health domains presented in the model can influence each other. What is not apparent from the diagram is that factors that affect each domain can either be enabling or disabling, and yet the effect is not necessarily cumulative. According to this model, therefore, a factor that is disabling in one domain does not necessarily create a disabling effect in an adjacent domain. It follows that while a certain occupation may be detrimental to health at what I would

suggest is a body function and structure level, this does not preclude it from producing an enabling effect on social participation.

The WHO's Ottawa Charter for Health Promotion (1986) defined health as "a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities". If one accepts this definition, it is easier to understand how the relationship between occupation and health can be more complex than it has been portrayed in the occupational therapy and science literature. This definition also highlights the importance of an overarching principle like occupational justice, which provides a macroscopic view of health as a societal value, while at the same time valuing the individual's right to freedom of choice.

Summary

In this section, it was demonstrated that the relationship between the occupation of being a musician and health is complex. Whereas the occupational science and therapy literature have portrayed occupation as necessary for, and protective of, health, this study has demonstrated that this portrayal is at times inaccurate or incomplete. Musicians in this study, in other studies and as portrayed in literature, have a complex relationship with music and with their instruments, which may give them immense pleasure, but can also cause physical injury. This process of injury can cause emotional upset and can constitute a 'catastrophic change.' The perception of the benefit of this occupation for health depends on the definition of health to which one subscribes. If health is viewed through the lens of occupational justice as including spirituality, self-determination and freedom of choice, it is possible that performing music, despite the cause or aggravation of injury, can sometimes be seen as providing fulfillment in other areas of health.

Flow and Injured Musicians

The concept of ‘flow’ was introduced primarily by psychologist Mihalyi Csikszentmihalyi in 1975. Flow has been defined as “a subjective, psychological state that occurs when people become so immersed in an occupation that they forget everything except what they are doing” (Wright, 2004). Flow has been demonstrated to be intrinsically rewarding, and is therefore a strong motivator for engaging in occupations (Csikszentmihalyi, 1990). The relationship between this concept and human occupation was first alluded to in an article by Yerxa and colleagues introducing occupational science as an area of study (Yerxa et al., 1990). Wilcock’s 1993 article on the evolutionary ‘need’ for occupation in human beings referenced Csikszentmikalyi’s work, supporting the position that pleasure and happiness are powerful human evolutionary forces. More recently, Wright (2004) described that within occupational science, “flow can be viewed as a phenomenon that can help us to understand how occupations may help people attain the highest level of well-being (p. 73).” Occupational therapy and occupational science literature have associated flow with a positive, desired state related to health and well-being.

Flow and Music Performance

Flow experiences have been described as having nine characteristics, most of which correlate with findings in this study (Csikzentmilhalyi & Rathunde, 1993). It is important to note that not all nine need to be present in order for flow to be experienced.

1. Clear goals that are attainable.
2. A high degree of concentration.
3. A loss of the feeling of self-consciousness, the merging of action and awareness.
4. A distorted sense of time; one's subjective experience of time is altered.

5. Direct and immediate feedback.

6. Balance between ability level and challenge (the activity is neither too easy nor too difficult).

7. A sense of personal control over the situation or activity.

8. The activity is intrinsically rewarding, so there is effortlessness of action.

9. People become absorbed in their activity. (p.60)

It is particularly interesting to note numbers 3, 4 and 8 in light of the findings previously described in regards to lived body, time, social relations and space. Although Csikzentmilhalyi's wording in the third characteristic focuses on consciousness, the feeling of self-consciousness is in itself a feeling of consciousness of the body, of others, and of the shared space occupied by the self and others. When 'consciousness' recedes, the body, the sense of others and the space around us also recede. The third characteristic also indicates a merging of action and awareness, which seems related to the sense that participants described of their musical intentions and their instruments becoming part of their body schema, such that what they willed to occur musically seemed to do so effortlessly. This reiterates the eighth characteristic, where action (including the lived body and its relationship with the instrument, which was described earlier as part of lived space) is effortless. Finally, the participants' descriptions of changes in their perception of time is consistent with the fourth characteristic of flow experiences described above.

Vikram Seth desribed the experience of flow and its relation to the receding quality of the body in his novel *An Equal Music* (2000). The main character, Michael, is a violinist in a quartet. He describes the experience of a practice session: "We practise the four-minute encore for more than an hour. We sink into its strange, tangled, unearthly beauty. At times I

cease to breathe" (p.61). Clearly Michael does not truly cease to breathe; rather he is unaware of his body's breathing, and he and his colleagues are caught up in the flow experience of playing a piece of music.

Flow and Risk of Injury

Early in his chapter on occupation and flow, Wright (2004) noted that flow can potentially have negative consequences. These consequences were briefly addressed and consisted of engagement in risky activities such as joy riding in cars by young offenders. As previously mentioned in the section 'occupation and health', other papers have also examined flow in risky occupations such as extreme sports (Willig, 2008; Lyng, 1990). In these studies, the flow experience itself is not seen as contributing to negative consequences; rather, the occupations themselves are viewed as 'risky'. This current study, however, sheds light on the potentially negative health consequences of flow itself when people engage in an occupation that is not considered inherently risky, such as music performance. As participants related, getting 'lost' in the music can result in injury, because the experience results in dissociation from the body, which might otherwise provide cues such as pain that might encourage musicians to stop playing. Similarly, dissociation from the experience of time can result in lengthy playing sessions without breaks, which has been identified as a risk factor for playing-related musculoskeletal injuries (Wu, 2007; Zaza & Farewell, 1997).

The participants in this study indicated that flow was a powerful and enjoyable experience when it occurred in their playing. However, they also indicated that experiencing flow was related to increased risk of injury. They took steps to avoid this by using an audible egg timer to alert themselves to a scheduled break time, breaking up practice sessions throughout the day, and paying attention to their bodies during practice sessions. For

example, Mark spoke about how he was ignorant of the influence of immersing himself in long practice sessions as a student, and how he now uses an egg timer to tell him it is time to take a break. Sandra indicated that she never practices for more than fifteen minutes without taking a short break.

Jonsson and Persson (2006) also explored the negative consequences of flow, specifically mentioning a study by Ware and Kleiman (1992) who examined flow experiences in information technology as the Internet evolved at the beginning of the 1990s, which resulted in users getting little sleep. Jonsson and Persson's paper highlighted the potentially destructive effects of flow experiences. The authors suggested that occupational balance should be maintained between three different patterns of occupations – exacting, flowing and calming. Exacting experiences are those that have challenging demands which exceed actual skills, while calming experiences have low demands and allow the participant to become relaxed or bored. Flowing experiences are those in which abilities and demands are in balance, allowing the participant to experience flow. Within this classification, musicians' flow experiences in performing would be categorized in the 'flowing' pattern, which the authors note "could become too energy demanding and even addictive, possibly leading to overload." In this current study, Jacqueline expressed an addictive element to her own musical pursuits which was described by her partner at the time as an abusive relationship with her instrument. Jonsson and Persson's work suggests that if musicians spend a significant amount of time performing music, their performance should reflect a balance of challenging and relaxing repertoire. It also suggests that a balance of occupations that promote flow (such as music) with other occupations that are challenging and that allow for relaxation is desirable for maintaining health. It is interesting to note that Jacqueline

decided to pursue another career and continue with music as a significant avocation. She spoke about this as a balance that allows her to enjoy playing while devoting time to other interests, which seems to reflect the balance suggested by Jonsson and Persson.

The relationship between the experience of flow, the receding nature of lived time and body, and the musicians' expression of strategies to interrupt flow in order to preserve their health, is a new and important finding in this study.

Implications for Healthcare

Methodological Tension

An inherent tension exists between some philosophical approaches in phenomenology and the use of these approaches in research, particularly in applied fields such as education and healthcare. It is important to acknowledge that most health researchers have as their goal, whether explicitly or implicitly stated, the improvement of health. This inherently critical standpoint stands in contrast with the descriptive phenomenology of Husserl and his followers. That approach would have us put aside thoughts of what a phenomenon might mean to those who experience it, and how we might use this knowledge in healthcare practice. However, as has been previously described, phenomenology has been widely used in qualitative health research. One way to reconcile this apparent contradiction is to examine the philosophical groundings of the particular research work in question. While descriptive (Husserlian) phenomenology might question this type of application, hermeneutic traditions emphasize interpretation and the inability to divorce ourselves from our locations as practitioners. Van Manen (1997) discussed at length the need for applied research to maintain a strong orientation toward its ultimate goal. Since his work is pedagogical, the ultimate goal of his work is to improve teaching. Because teachers can be said to be acting *in loco parentis*,

he often examines parenting as a source of lived-experience that can inform teaching. A critical orientation to hermeneutic phenomenology can be noted in his work, as described in the following: “If to be a father means to take active responsibility for a child’s growth, then it is possible to say of actual cases that this or that is no way to be a father!” (1997, p.12).

As the interpretation of human experience by human researchers, hermeneutic phenomenology is not a strictly defined method, and is by its nature pluralistic. As van Manen states, “The broad field of phenomenological scholarship can be considered as a set of guides and recommendations for a principled form of inquiry that neither simply rejects or ignores tradition, nor slavishly follows or kneels in front of it” (1997). Rigorous work in this tradition acknowledges its philosophical influences, as has been articulated in Chapter 3. The pluralistic nature of the methodology in this research study is therefore acknowledged and embraced as described.

Overview of Healthcare Implications

Participants in this study indicated that they were frustrated by the lack of services that were readily available to treat musicians. The gap appeared to be centered around knowledge of the nature of and treatment for musicians’ health concerns; the work of musicians, including physical demands of playing instruments as well as other work demands; and the importance of the occupation to the musician. In addition, low income and limited access to healthcare coverage contributed to the perceived lack of services this group of participants expressed.

Restricted Participation

Returning to the model presented in Chapter 2 of the WHO’s *International Classification of Functioning, Disability and Health* (2002) (Figure 3), the restricted

participation described by the participants that can result from injury is important to consider. It appears that through a variety of strategies, including adapting playing techniques and schedules, the nature of work accepted, changing equipment such as chairs, and physical rehabilitation, the musicians in this study were able to continue to perform as professionals to a level with which they were satisfied. Unlike the medical advice that many musicians receive, "just stop playing and do something else" (Brandfonbrener, 2003), it is important to reflect upon the fact that these musicians have instead chosen to implement adaptive strategies that allowed them to continue in their chosen occupation.

Moreover, the musicians in this study have chosen strategies that intervene at the level of their own practice time, and only minimally change their work of musical performance. For example, union rules require a break to be taken every 90 minutes of rehearsal time in a three-hour rehearsal, or an intermission for a concert over 90 minutes in length. Many of the participants in this study indicated that they take breaks during their individual practice much more frequently, but none indicated these working conditions as a source of difficulty for them. This provides important insight into what may be seen by musicians as limits to adaptations that can be made to their work environment, and may represent a perception that is strongly socially ingrained and may or may not reflect the practicality of such changes.

Making changes to the occupation of music performance, as demonstrated by participants in this study, may not be possible in all cases. It is important to consider, however, whether this might be a more satisfactory solution for some musicians seeking treatment from healthcare professionals.

Services for Musicians

Specific services for injured musicians are spread throughout the country and are not widely advertised. The exceptions to this statement include the Musicians Clinics of Canada in Hamilton and Toronto (Musicians Clinics of Canada, n.d.), the Al & Malka Green Artists' Health Centre in Toronto (Artists' Health Centre Foundation, 2007), and the Stouffville Musicians' Injuries Clinic (n.d.). As demonstrated in the literature review and in this study, musicians tend to rely on their colleagues and teachers for treatment advice, and when they do seek treatment, they generally consult these sources about where to seek treatment. This would suggest that the provision of healthcare services to musicians should include communication with musicians and music teachers through large ensembles, unions, educational institutions, and word-of-mouth. In addition, this researcher's experience with recruitment, anecdotal information gathered over the course of this study, and personal experience as a semi-professional musician, indicate that email and Internet use amongst musicians is well-established. These suggest that the Internet is also an important mode of communicating with this population.

Participants indicated throughout the study that reliance on pain medication was undesirable, and that complementary medicine, including supplements, dietary and lifestyle changes, and exercise, were desirable forms of treatment for playing-related injuries. This suggests that the inclusion of complementary and alternative approaches to care are important modes of healthcare delivery for this group of musicians. In addition, the limited time available for travel and return appointments, in addition to limited funds or access to extended health benefits, suggest that local, economical treatment that encourages self-care is an appropriate approach for these participants. It also suggests that an Internet-based network

of professionals organized by region would be beneficial for professional musicians.

Limited funds and limited access to extended health benefits is a limiting factor for delivering healthcare services in this region. Where the structure of the system is different, for example in British Columbia where even self-employed workers pay premiums for Workers Compensation, there is financial incentive for the system itself to promote health and provide information and care to injured musicians. However, in Ontario where most musicians either do not contribute to the Workplace Safety and Insurance Board (WSIB) or have pre-existing conditions that are excluded from coverage, no financial incentive exists to help injured musicians. Limitations within the Ontario Health Insurance Plan (OHIP), the government-funded healthcare plan, restrict billing to hospitals and physicians, with a small amount provided in certain circumstances to other practitioners (e.g. chiropractors). This means that unless they have extended health insurance, musicians who need to seek physiotherapy, occupational therapy, massage therapy and acupuncture services are required to pay out of pocket. Even with health insurance, some services are not covered or are limited in the number of visits or total amount in a calendar year. This means that the financial viability of a practice targeted to this population is limited, making it a challenging area for many healthcare practitioners.

Health Professional Education

Participants indicated that the healthcare professionals they dealt with appeared to demonstrate a lack of knowledge about the work involved in being a professional musician, as well as treatment methods for musicians' injuries. In order to address some of these potential shortcomings, a multi-factored approach is advocated, including healthcare professional education, referrals to professionals who already possess skills in the treatment

of musicians, publication of research and treatment approaches in peer-reviewed journals, and the establishment of associations to advocate for specialized skills.

The establishment of a medical specialty in the area of performing arts medicine, while perhaps desirable in order to establish the legitimacy of the practice, is limited by interest from the medical community and financial support for such a program (Pascarelli & Bishop, 1994). Other training courses for health professionals have been established in a few centers outside of Canada. Notable examples include a two-weekend workshop at Ithaca College in New York State; a diploma in musical arts medicine offered in France through the European Association of Performing Arts Medicine; introductory and ongoing training courses through the British Association of Performing Arts Medicine; and graduate studentships at the University of North Texas. The establishment of more training courses, particularly in Canada, for healthcare professionals interested in working with this population is advocated. Additionally, courses should include training on mental health and wellbeing as well as physical health.

The establishment of peer-reviewed journals can also serve to legitimize an area of practice. Currently, the journal *Medical Problems of Performing Artists* is in its 22nd year of publication in the United States. Two additional journals are published in Europe, *Médecine des Arts* and *Musikphysiologie und Musikermedizin*. Recently, an additional US journal, *Music and Medicine*, has been established which does not have articles on musicians' health as its primary aim, but is open to content in this area. Special issues on the subject of performing arts medicine and musicians' health have been published in the journals *Hand Clinics* (1990, 2003) *Physical Medicine and Rehabilitation Clinics of North America* (2006), and an upcoming issue of the journal *Work: A Journal of Prevention, Assessment and*

Rehabilitation. Individual articles on the subject of musicians' health have appeared in high profile medical journals such as the *Canadian Medical Association Journal*, the *New England Journal of Medicine*, *Social Science and Medicine*, *Neurology*, and the *British Medical Journal*. These publications have served to advance the visibility of the health concerns of musicians within the healthcare community.

A number of associations internationally have served both to legitimize interest in health in the performing arts and to provide referrals to healthcare practitioners with knowledge and interest in this field. Although there is currently no active association in Canada, the Canadian Network for Health in the Arts served as a national forum for interaction between artists and health professionals until approximately 2002, when its founders' priorities were drawn in other directions (D. van Eerd, personal communication, June 20, 2008). During its time in operation, the network published a research-based guide for maintaining health in music performance, and a list of practitioners that had self-identified as having an interest in this area of practice. Associations exist in the United States, Great Britain, Germany, France, Australia and the Netherlands. Based on the findings in this study that practitioners specializing in musicians' injuries are hard to find and, at times, are geographically at a distance from the musicians, it is recommended that the Canadian Network for Health in the Arts be re-introduced with a focus on establishing an Internet base of operations. Considering the importance of the role of teachers and of preventive education in improving health for musicians, it is also recommended that the Network include musicians and music educators as stakeholders to assist in the prevention of injuries in this population (see also section on health promotion, below).

Lastly, and perhaps most importantly, the lack of specific training in playing-related

injuries of musicians in most healthcare professional curricula means that many professionals are unfamiliar with the specific postures, physical requirements, and nature of the work of professional musicians. As in any occupational assessment, observing the occupation itself is key to understanding these factors. Asking musicians to bring their instrument to an assessment or evaluating the work requirements in the workplace itself (home studio or rehearsal hall) are both important tools for the treatment of injured professional musicians.

Health Promotion

It is believed that providing young musicians and music teachers with information about injury prevention is also key to the advancement of musicians' health (Chesky, Dawson & Manchester, 2006). In addition, participants in this study indicated their desires to 'break the cycle' of musicians' injuries by providing information to their students and other young musicians about injury prevention and health promotion strategies. To this end, Dr. Kris Chesky organized a conference in the United States (US) on musicians' health in 2004 entitled "Health Promotion in Schools of Music (HPSM)." With the participation of the Performing Arts Medicine Association, MENC: The National Association for Music Education, and the National Association of Schools of Music (NASM) (the accrediting body for degree-granting schools of music in the US), the purpose of the conference was to "develop a mandate for delivering health information for music students from kindergarten through undergraduate music school, as well as curriculum recommendations" (Palac, 2008). As a result of this conference, MENC has written guidelines based on the HPSM guidelines, and the NASM recommends that schools of music provide education about injury prevention and hearing protection. This has encouraged schools, as they renew their accreditation, to develop courses to meet this recommendation. Descriptions of some of these courses were

published in the first three issues of the journal *Medical Problems of Performing Artists* in 2007 (“Health promotion courses”).

Although an organized movement for health promotion in schools of music does not exist in Canada, the Canadian University Music Society, which makes non-binding recommendations for Canadian university-level schools of music, has discussed the importance of including injury prevention in university curricula (E. Jurkowski, personal communication, June 23rd, 2009). It is hoped that this discussion might encourage schools of music to incorporate education about injury prevention into their curricula, and have the effect of raising awareness about the risk of injuries with students and educators. Incorporating education about injury prevention into university curricula may also encourage teaching, research and treatment partnerships with healthcare researchers and practitioners in the communities in which the schools of music are located.

Implications for Occupational Therapy

This section is provided because the author is an occupational therapist, and this background was a lens through which the findings of this work were viewed. The previous section on the relationship between the study of human occupation and the experiences described by the participants in this study has implications for occupational therapists. The practice of occupational therapy has been described as “an art and a science that has a focus of enabling engagement in occupation in order to promote health and well-being” (Townsend & Polatajko, 2007). This work has suggested that in some cases, continuing to engage in the occupation of music performance, and in flow experiences during this performance, might in fact be a barrier to regaining or maintaining health. Moreover, given musicians’ apparent reluctance to seek care, many may have already experienced injury and have developed

habits of occupational engagement that present a risk for continued or re-injury. Occupational therapists need to take particular care to practice in a client-centred manner, and to provide musicians with the information they need to make informed choices about their care and their occupations. For example, a musician may feel that interrupting flow experiences during daily individual practice may be an acceptable therapeutic strategy, if it can prolong or sustain her ability to perform in concerts. In addition, occupational therapists need to be cognizant of the potential importance of maintaining occupational balance. This stands in stark contrast to what the author has observed in musical training as the encouragement to exclude other activities and pursuits in order to focus on attaining the highest level of achievement possible.

Occupational therapists should also consider whether musicians are experiencing catastrophic change as described by Kielhofner, and if so, which stage(s) they are currently experiencing along the continuum. Musicians' readiness to change is also important in achieving successful rehabilitation, since adaptive strategies, equipment and lifestyle changes must be acceptable to the client or they will likely be abandoned. Open communication and a deep understanding of the musicians' occupational context and personal investment in the occupation would be most helpful in providing recommendations for change.

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, Figure 3, 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.

Innovative Methodology and Subject of Inquiry

This study demonstrated an innovative application of a phenomenological methodology that was developed for the first time in 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, the understanding of the experience of injured musicians was previously based on anecdotal information provided in the discussion sections of clinical research papers. 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.

Unsuccessful Healthcare Experiences

This study provided evidence that a group of musicians in Ontario have had unsuccessful experiences with healthcare. This begins with a lack of education provided to musicians while in training that they are at risk of acquiring injuries, and continues with the potential for social and economic marginalization as professionals. Once the decision had been made to seek care, the participants in this study sometimes had difficulty finding healthcare providers that understood the demands of their work and could provide appropriate treatment. Some were given poor advice, which included ‘stop playing and do

something else'. Some were simply unable to achieve resolution of their symptoms and/or return to their previous level of functioning. This appeared to be a multi-factored problem involving a lack of education of healthcare practitioners about the needs of musicians, and a lack of local, available, specialized services for this population.

The cost of care was also a concern for the participants in this study. In Ontario residents must pay for outpatient treatment such as physiotherapy, massage therapy, acupuncture, chiropractic services, and other rehabilitation services. Lack of access to services included this system of care which depends either on the client's ability to pay or on the presence of third-party insurance, such as plans provided by employers or accessed through the Workers Safety and Insurance Board (WSIB). Some musicians did not have access to these plans, either because they were not employees or because they could not afford coverage. Others had pre-existing conditions and were unable to access coverage once they become employees. Data from the 2006 census indicates that the average annual income for musicians was $14,439 (teachers in formal school and post-secondary institutions were not included in this data). In addition, 53% were self-employed and 42% worked part-time (Hill & Capriotti, 2009). Self-employed and part-time employees often do not have access to extended healthcare and WSIB benefits. Based on these data and findings from this study, therefore, limited income is clearly another systemic barrier to accessing services.

These findings regarding the role of the healthcare context in the lived-experience of injured musicians make a valuable contribution to performing arts medicine and to the design of healthcare policy. These findings indicate that improvements to the system of healthcare delivery for musicians are needed, including local, timely access to healthcare services. In addition, these services need to consider aspects of the occupation of music-making, such as

physical and psychosocial demands and environmental influences. The findings also suggest that the current fee-for-service system does not serve these musicians well, in that there was poor resolution of symptoms for a population that lacks insurance coverage or disposable income in order to afford treatment. There was also poor follow-up with services from these participants, due to a lack of funds and/or time.

Another valuable contribution is to the field of health professional education. The findings in this study support additional education of healthcare professionals about the specific needs of professional musicians and the challenges they face in terms of risk of injury, working conditions, occupational roles, and the importance of music to them.

Other Unique Contributions

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. Although lived space was not a concept that participants in this study were able to relate to, the relationship between musicians and their instruments was found to be a significant factor in their occupations as musicians, and was linked to the existential of lived space. Lived time and body both appeared to recede from the musicians' consciousness when they were performing. 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.

In relation to the findings regarding existentials described above, this study makes a valuable contribution to the field of occupational science through an understanding of the role of occupation and flow. The findings suggest that occupations can be detrimental to health, and specifically that the experience of flow can be detrimental. This can have

important implications for further study of human occupation, in that a broad assumption of the field – that occupations contribute to health, and that flow in occupation is a desirable state – has been challenged. In addition, the findings suggest a re-thinking in the practice of occupational therapy, which has previously relied on engagement in occupation as a means to health, and had conceived of flow as a desirable state in which to engage in occupation.

Future Research Directions

As suggested by the findings in this study, more knowledge is needed about the nature of the concept of 'space' for professional musicians, and injured musicians in particular. Research questions could include: do musicians relate to the concept of space? And, how does an injury or illness impact this conception? It would also be interesting to compare musicians' conceptualization of space with that of other professions where space might have more impact, such as hospital or factory workers, and to those where space might have less tangible meaning, such as salespersons who work in different settings each day.

The receding nature of the lived experience, and particularly of the lived body and lived time, have been noted by researchers in other fields. The notion that the body and time recede from awareness during musical performance has been noted by few researchers, and in relation to injured musicians, is novel. More research is needed to determine whether this is experienced in other occupations. Also of interest is whether this receding quality discussed in the phenomenology literature is related to the experience of flow in occupation, as described earlier in this chapter.

The ideas introduced in this study that occupation and flow may carry potential risk have been briefly alluded to previously, but are prominently highlighted in this study. More research is needed to determine if such a risk is present for other musicians and in other

occupations, particularly those that are not considered inherently risky, such as office work. Moreover, there are no specific studies on the experience of flow in musicians. Studies using the Experience Sampling Method (Larson & Csikszentmihalyi, 1983) could determine how often healthy musicians experience flow, and this could be compared to injured musicians in order to determine whether there are differences between the groups. In addition, flow questionnaires that have been developed (Jonsson & Persson, 2006) could be used to determine the relationship between health risks and flow in musicians and other occupational groups or illness categories.

Different types of work (e.g., whether musicians perform primarily freelance or as employees), styles of music (e.g. jazz, world music, and classical repertoire), the presence or absence of a non-performing 'day' job, and the instrument played might influence the lived-experiences of musicians. Further research contrasting the experience of musicians with different types of work might help to elucidate the potential influence of these factors on the experiences of musicians, whether healthy or injured. Different types of injury, e.g. chronic vs. acute, might also influence the experiences of musicians with injuries. Conducting studies that contrast the experiences of musicians with different types of injuries, might illuminate the influence of these injuries on the experiences of musicians.

Although knowledge about musicians' injuries has increased, the field is relatively new, as discussed in the introductory chapter. Participants in this study indicated that healthcare practitioners may lack knowledge about musicians' injuries and treatment for these injuries. To this end, more research to determine the nature of the occupation of professional, pre-professional and amateur musicians is needed. Given the high profile nature of sports as a comparable area of high-level performance, it would be interesting to compare

musicians to athletes in this regard. Studies examining physical demands, normal ranges of motion and sensation, emotional well-being and preparedness for performance, healthcare support and education, and the meaning of engagement in the occupation to musicians would be beneficial for increasing knowledge about this occupation.

In addition, more research on the epidemiology of musicians' injuries, best treatment practices, and the effectiveness of injury prevention and health promotion programs are also needed. Participatory action research with stakeholders including pre-professional and professional musicians, educators, arts administrators, insurers, and healthcare professionals may also assist in designing healthcare delivery and health promotion programs to best meet the needs of this population.

Study Strengths

The strengths of this study center around the depth of the description of the lived-experience of musicians with playing-related injuries, which is an indication of rigour in phenomenological research. This depth was demonstrated in part by the resonance of the initial description of the experience achieved during the focus group session. The participants noted that, although some adjustments needed to be made to reflect the importance of the emotional aspects of the experience, their experiences resonated with what was presented. A diversity of experience was present in the findings, which suggests that the individual experiences of the participants and other sources of lived experience contributed to the description of the phenomenon. At the same time, commonalities emerged as the interviews progressed, which was an indication that enough information had been collected to begin describing the phenomenon. In addition, this study produced new and unexpected findings,

which demonstrates that the findings themselves drove the process of interpretation, not only the perspective of the researcher.

The study achieved the initial goal of ten participants, and we were successful in finding a time when six of the participants were able to meet for a focus group. Generally the interviews were lengthy, and material from the first interview often needed to be postponed to the second interview, which indicated the depth of information explored. The focus group also went over time and generated spontaneous comments and conversations that were not directed by the researcher/facilitator. Considering the nature of this particular focus group, which was relatively structured due to its focus on presenting the preliminary findings, these spontaneous conversations were an indication that the participants felt safe expressing their often contradictory opinions, and that they were engaged with the material.

Study Limitations

> We need to be reminded that in our desire to find out what is effective systematic intervention (from an experimental research point of view), we tend to forget that the change we aim for may have different significance for different persons (Van Manen, 1997, p. 7).

Sample

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 (Polkinghorne, 1989; Thomas & Pollio, 2002; Van Manen, 1997). 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 experience of being an injured professional musician. These detailed descriptions generally come from smaller samples, and as discussed in the Methodology chapter, 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 amongst musicians in general is approximately equal (Statistics Canada, 2009). In this current study, there were six women and four men, which may represent a difference when compared to both Canadian musicians and orchestral musicians in Canada. The majority of the musicians in this study were between ages 50 and 60, which is also different than Canadian musicians as a group, which have a more varied age distribution. 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 amongst professional musicians in Canada.

The experience of the participants in this study may have been influenced by the differing work that they did. Different types of work, for 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 non-performing 'day' job might have influenced

their experiences. In addition, the different injuries experienced in this group might also have influenced their experiences as professional musicians. A musician who experiences a chronic injury related to playing, such as Elizabeth's arthritis, might have a different experience than a musician whose injury is more acute, such as Simon's sudden lack of embouchure control. A more homogenous 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 (Van Manen, 1997, p. 171). It is felt, therefore, that the variations in the participants' experiences were in fact helpful in this study.

Study Relevance

The participants in this study had their own motivations for participating. They ranged from wanting to get the 'word out' about how many people are affected by injuries and bringing the experience into the light to reduce fear and silence around the issue; to getting my advice on where to seek treatment, and what treatment to seek; to exposing the darker side of being a professional musician, particularly in Ontario, and how difficult it can be; to helping out a student and being a 'good Samaritan'. In this type of study, participants who are willing to speak out are more likely to volunteer to participate, and those who remained silent – the participants felt that musicians who suffer in silence represent the majority – are not represented in this work.

With regards to generalization in phenomenology, Michael Crotty was quite critical of any attempt to generalize in phenomenological nursing research (1996, p. 18-19). Van Manen also stated, "the only generalization allowed by phenomenology is: Never generalize!" (p. 22). However, it must be acknowledged that the fundamental reason that

most researchers engage in healthcare research is to help improve healthcare in some way – a decidedly critical standpoint, as noted in the methodology chapter. Van Manen observed that phenomenological understanding can only apply to subjects about which the researcher 'cares' (1997, p. 6). In addition, research in healthcare needs, at some level, to be applied to a system of care which is designed for larger populations, which implies a certain need for universality. However, even when using the most positivistic, quantitative forms of research – the 'gold standard' of the randomized controlled trial, for example – one could argue that samples can only be generalized to populations in a mathematical, probabilistic sense; the results do not always apply to individuals. Therefore, a methodology that respects the individual context of the persons who consume healthcare negotiates an inherent tension between universality and particularity.

In this work, the experiences of the ten participants, six 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 I have developed, the insights gained from a deep exploration like this study 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. Van Manen described 'tactful' practice in education as "reflection on the lived experiences and practical actions of everyday life with the intent to increase one's thoughtfulness and practical resourcefulness" (Van Manen, 1997, p. 4). He goes on to state:

> On the basis of this understanding I may be able to act more thoughtfully and more tactfully in certain situations. But in some sense meaning questions can never be

> closed down . . . they will need to be appropriated, in a personal way, by anyone who hopes to benefit from such insight (p. 23).

It is this tactful approach to developing healthcare that was the ultimate aim of this work, and the work's utility in that regard will determine one aspect of this study's relevance.

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. This is commensurate with Buytendijk's 'phenomenological nod' – the idea that readers of a high quality phenomenological description will recognize the phenomenon in the description as either something that has, or that could have, happened to them (Van Manen, 1997). In keeping with this view, readers should consider the information provided about the participants as well as their specific contexts outlined in the findings, and decide if the research applies to their area of interest or the individuals with whom they are working.

Summary

In addition to findings presented in the previous chapter, this chapter has highlighted areas that warranted deeper exploration and consideration. These areas included the existentials of lived space, body, time and social relations; human occupation and its relation to the meaning of the experience of injured musicians; the notion of catastrophic change in occupation; and the concept of flow and its relationship to occupation. Implications for healthcare, and specifically for occupational therapy – which, as the profession of the author, provided a lens through which to view the findings – were presented. Finally, study limitations, relevance and areas of future research were explored.

CONCLUSION

This paper presented an exploration of the lived-experience of professional musicians with playing-related injuries. Interviews and a focus group were conducted with ten professional instrumental musicians. In addition, several books, poems, movies and a television program provided artistic representations of the experience of being a musician who is confronted with challenges to performing one's occupation. This study used a phenomenological methodology developed from the philosophies of Heidegger, Merleau-Ponty and Gadamer, and was based on the methodology for a phenomenology of practice developed by Van Manen. The methodology was sensitive to the interpretive lens of the researcher, who is a semi-professional musician and has experienced injuries. The researcher also drew upon her professional background as an occupational therapist when interpreting the study findings. A reflective journal was kept to document the development of the authors understanding of the lived experience of musicians with playing-related injuries.

This study proposed a model of the lived experience of professional musicians with playing-related injuries. The model identifies three roles of participants who experienced injuries, which were musician, worker and teacher. Unique characteristics of these roles helped to deepen the understanding of the phenomenon. For example, the participants cited low pay and lack of access to extended healthcare benefits as contributing to the challenge of coping with a playing-related injury. This is understood as a function of their role as workers. However, the passion for music and for their instruments in particular drove them to seek careers in this field, and this encouraged some participants to value their playing above other occupations, and even over the recommendations of healthcare professionals who advised that they stop playing. This was related to their role as musicians.

This study found that the lived-experience of injured professional musicians in this study involved a complex interaction between roles and the healthcare system. The overarching influence of the healthcare system is reflected in the proposed model. In response to the question, “what is it like to be an injured musician?”, participants often began with an accounting of where and when they sought care and from whom. This medical history provided a picture of the experience as a succession of consultations with healthcare professionals who knew very little about the experience of being a musician and who were often unable to help the musicians resolve their injuries. Implications of this work for healthcare include the need to educate healthcare professionals about the lived-experience of being a musician and of being an injured musician, and the importance of health promotion as an intervention.

The existentials of lived time, space, body and social relations proposed by Van Manen (1997) also permeated the lived-experience of injured musicians, and are represented as such in the proposed model. This study found that musicians’ relationship with their instrument influenced their experience of injuries. It also found that the experience of time and body recede from musicians’ awareness, and that this may exacerbate injuries. Finally, social relations were an important aspect of being a musician, and could have supportive or detrimental effects on the musicians’ experiences with injuries.

All the participants in this study were teachers, whether formally in school or university settings, or in their own private studios. They indicated a desire to change what they perceived as a lack of knowledge about the risk of playing-related injuries and how these injuries can be prevented. The findings in this study demonstrate a need for education about risk and prevention of injuries that could be filled by music teachers as well as

healthcare professionals. Collaboration between these two groups, as has been advocated by Chesky, Dawson and Manchester (2006), would help to change the culture of acceptance of injuries in music education and performance. The findings in this study also demonstrate a need for specialized care for musicians with playing-related injuries, with accompanying health professional training and research to support intervention strategies.

The study findings were also related to occupational science, which comprises part of the author's lens as an occupational therapist. This science of human occupation has held that occupation contributes to health. Furthermore, occupational scientists have drawn from the theory of flow (Csikszentmihalyi, 1975) as an example of occupation contributing to health. This current study has demonstrated that the occupation of being a professional musician can be detrimental to health, and that avoiding flow is a means of maintaining health for these musicians. This is a new finding and suggests that occupation and flow do not always contribute to health. Further research is needed to determine whether other occupations are also detrimental to health, and to further our understanding of the role of flow in occupation. This work also has important implications for occupational therapy practice. Therapists must consider the impact of occupations on the health of their clients, within the context of occupational balance. For example, when an occupation appears to threaten physical health, therapists may need to assist individuals in determining whether the psychological and economic benefits provided justify the risk. In addition, rather than encouraging it, therapists may need to instruct clients in strategies for avoiding flow.

The musicians who participated in this research had deep relationships with music, their instruments, and the act of playing. Confronting the possibility of no longer being able to play sometimes resulted in a disruption of occupational identity, described as 'catastrophic

change' (Kielhofner, 2002). When faced with the possibility of the end of their musical careers, these individuals found unique ways of responding to and coping with physical challenges. Their lived-experiences are captured by the title of this work, "Survivors on the Edge", which describes the daily risk that their injuries may resurface and become an issue once more.

This study is the first to explore the lived-experience of professional musicians with playing-related injuries. Unique findings in this work included the model proposed to describe the lived-experience of professional musicians with playing-related injuries. This model suggests that the experience is a complex relationship between the roles undertaken by the musician, the context of the healthcare system, and the existentials of lived time, body, space and social relations. Also unique to this study is the finding that both occupation and flow can be potential detriments to health. Specifically, participants in this study spoke about strategies that they used in their daily practice to avoid flow experiences, because they felt that flow posed a risk to their health. This work makes an important contribution to the literature on performing arts medicine in that it describes the lived-experience of professional musicians with injuries, which had previously been absent from the literature. It also makes an important contribution to the healthcare literature in general, as a phenomenological study of a health condition

Near the end of this writing, I took stock of what I knew of the musicians in this study. Since I did not have their permission to disclose their particular situations, I shall summarize by saying that one was completely resolved, two were much better, three were the same and four had experienced setbacks in their health, with one hospitalized for a concern related to their injuries. Clearly, playing-related injuries are long-term in nature, and it is

important that musicians develop individual coping strategies, whether these are healthcare interventions, physical conditioning methods, or workload and stress management. Intervention by healthcare practitioners can provide assistance with these coping strategies, if the view of health taken is broad and includes education of young musicians and teachers about the risk of injuries and prevention strategies. It will also prove to be effective only if healthcare professionals understand the nature of the challenges experienced. 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” (Van Manen, 1991) care for this important and vulnerable portion of our population.

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APPENDIX A

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?

Demographics

Age

Gender

Number of years playing the principle instrument

Description and/or diagnosis of playing-related injury

Number of years the person has experienced the injury

Has the injury been an issue in the past week

Was a health professional seen for the injury

What type(s) of professional

What has helped you cope with/resolve the injury

Does the injury continues to adversely affect your performance

A piece of music that is meaningful to you in terms of your injury

APPENDIX B

Office of Research Ethics
The University of Western Ontario
Room 00045 Dental Sciences Building, London, ON, Canada N6A 5C1
Telephone: (519) 661-3036 Fax: (519) 850-2466 Email: ethics@uwo.ca
Website: www.uwo.ca/research/ethics

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Western

Use of Human Subjects - Ethics Approval Notice

Principal Investigator: Dr. C. Lee
Review Number: 13315E **Review Level:** Expedited
Review Date: May 16, 2007
Protocol Title: The Lived Experience of Musicians' with Playing-related Injuries
Department and Institution: Faculty of Health Sciences, University of Western Ontario
Sponsor:
Ethics Approval Date: May 24, 2007 **Expiry Date:** August 31, 2008
Documents Reviewed and Approved: UWO Protocol, Letter of Information and Consent, Recruitment Script
Documents Received for Information:

This is to notify you that The University of Western Ontario Research Ethics Board for Health Sciences Research Involving Human Subjects (HSREB) which is organized and operates according to the Tri-Council Policy Statement: Ethical Conduct of Research Involving Humans and the Health Canada/ICH Good Clinical Practice Practices: Consolidated Guidelines; and the applicable laws and regulations of Ontario has reviewed and granted approval to the above referenced study on the approval date noted above. The membership of this REB also complies with the membership requirements for REB's as defined in Division 5 of the Food and Drug Regulations.

The ethics approval for this study shall remain valid until the expiry date noted above assuming timely and acceptable responses to the HSREB's periodic requests for surveillance and monitoring information. If you require an updated approval notice prior to that time you must request it using the UWO Updated Approval Request Form.

During the course of the research, no deviations from, or changes to, the protocol or consent form may be initiated without prior written approval from the HSREB except when necessary to eliminate immediate hazards to the subject or when the change(s) involve only logistical or administrative aspects of the study (e.g. change of monitor, telephone number). Expedited review of minor change(s) in ongoing studies will be considered. Subjects must receive a copy of the signed information/consent documentation.

Investigators must promptly also report to the HSREB:

a) changes increasing the risk to the participant(s) and/or affecting significantly the conduct of the study;
b) all adverse and unexpected experiences or events that are both serious and unexpected;
c) new information that may adversely affect the safety of the subjects or the conduct of the study.

If these changes/adverse events require a change to the information/consent documentation, and/or recruitment advertisement, the newly revised information/consent documentation, and/or advertisement, must be submitted to this office for approval.

Members of the HSREB who are named as investigators in research studies, or declare a conflict of interest, do not participate in discussion related to, nor vote on, such studies when they are presented to the HSREB.

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Chair of HSREB: Dr. John W. McDonald
Deputy Chair: Susan Hoddinott

Ethics Officer to Contact for Further Information		
☐ Jennifer McEwen (jmcewen4@uwo.ca)	☒ Denise Grafton (dgrafton@uwo.ca)	☐ Ethics Officer (ethics@uwo.ca)

cc: ORE File

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APPENDIX C

From: Erin Schleigh <ESchleigh@mfa.org>
Subject: **DIR #09-23715-ES: Survivors on the edge: The lived-experience of professional musicians with playing-related injuries**
Date: December 23, 2009 8:55:54 AM EST (CA)
To: cguptill@uwo.ca
1 Attachment, 9.3 KB Save

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Entitled: Survivors on the edge: The lived-experience of professional musicians with playing-related injuries

Author/Publisher: Christine Guptill/The University of Western Ontario, London, Ontario, Canada

Language: English

Edition/Quantity: 1/10

Territory for project(s): Worldwide

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Best regards,

Erin

Erin M.A. Schleigh Lewis
Museum of Fine Arts, Boston
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465 Huntington Avenue
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The University of Western Ontario
Graduate Program in Health and Rehab Sciences
1034 William Street
London, ON N5Y 2S9
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CURRICULUM VITA FOR CHRISTINE GUPTILL

EDUCATION

PHD REHABILITATION SCIENCES, The University of Western Ontario (UWO)	2004-PRESENT
WESTERN CERTIFICATE IN UNIVERSITY TEACHING AND LEARNING, UWO	2004-2008
MS OCCUPATIONAL THERAPY (OT), Western Michigan University (WMU)	1997-2000
BSC BIOLOGY, UWO	1992-1996
BMUS HONOURS PERFORMANCE (OBOE), UWO	1991-1995

RESEARCH EXPERIENCE

RESEARCH ASSISTANT, UWO	MAY-AUG. 2005
RESEARCH ASSISTANT, WMU Department of OT	JAN.-APR. 1999
RESEARCH ASSISTANT, National Research Council Canada	MAY-AUG. 1997
RESEARCH ASSISTANT, UWO Department of Plant Sciences	SEPT. 96-APR.97
RESEARCH ASSISTANT, National Research Council Canada	MAY-AUG. 1996
RESEARCH ASSISTANT, UWO Department of Zoology	MAY-AUG. 1995
RESEARCH ASSISTANT, Carleton University Department of Cell Biology	MAY-AUG. 92-94, SEPT.90-JUNE 91

TEACHING EXPERIENCE

LECTURER, UWO Bachelor of Health Sciences Program	JAN.-APR. 2009
TEACHING ASSISTANT, UWO School of Occupational Therapy	SEPT.-DEC. 06-08
LECTURER, UWO Bachelor of Health Sciences Program	JAN.-APR. 2007
TEACHING ASSISTANT, UWO Bachelor of Health Sciences Program	JAN.-APR. 2005
LECTURER, UWO School of Occupational Therapy	SEPT. 03-DEC. 05
TEACHING ASSISTANT, WMU Department of Biological Sciences	SEPT.98-DEC.00

CLINICAL EXPERIENCE

OCCUPATIONAL THERAPIST, Southwestern Rehabilitation Assessments	JULY 08-PRESENT
OCCUPATIONAL THERAPIST, DMA Rehability	APR. 05-JAN. 06
OCCUPATIONAL THERAPIST, London Health Sciences Centre	MARCH 02-SEPT.03
HAND THERAPIST, St. Joseph's Healthcare London	JUNE 2001-MAR.02
OCCUPATIONAL THERAPIST, Pathways Centre for Children	MAR.00-JUNE 01

PEER-REVIEWED ARTICLES

Guptill, C. and Zaza, C. (in press; 2010). Injury prevention – What can music teachers do? *Music Educators Journal.*

Jacob, C., **Guptill, C.** and Sumsion, T. (2009). Music as leisure occupation: The lived experiences of university choir members. *Journal of Occupational Science 16*(3), 187-193.

Park, A., **Guptill, C.** and Sumsion, T. (2008). Warum Musikstudenten trotz des Risikos spielbedingter Verletzungen weitermusizieren. *Musikphysiologie und Musikermedizin.*

Guptill, C. (2008). Musicians' Health: Applying the ICF Framework in Research. *Disability & Rehabilitation, 30*(12), 970-977.

Guptill, C. and Bruijn Golem, M. (2008). Case study: Musicians' playing-related injuries. *Work: A Journal of Prevention, Assessment and Rehabilitation, 30*, 307-310.

Park, A., **Guptill, C.** and Sumsion, T. (2007). Why music majors pursue music despite the risk of playing-related injuries. *Medical Problems of Performing Artists, 22*, 89-96.

Allan, C.M., Campbell, W.N., **Guptill, C.A.,** Stephenson, F.F., Campbell, K.E. (2006). A Conceptual Model for Interprofessional Education: The International Classification of Functioning, Disability and Health (ICF). *The Journal of Interprofessional Care 20*(3), 235-245.

Guptill, C., Zaza, C., Paul, S. (2005). The injured college music student: An occupational study. *OTJR: Occupation, Participation and Health, 25,* 4-8.

Guptill, C., Zaza, C., Paul, S. (2000). An occupational study of physical playing-related injuries in college music students. *Medical Problems of Performing Artists*, *15,* 86-90.

SCHOLARSHIPS AND AWARDS

- Doctoral Fellowship, Social Sciences & Humanities Research Council of Canada, May 2005-August 2008.
- Travel and conference grant, North American Collaborating Center for ICF, June 2007.
- Graduate Thesis Research Award, The University of Western Ontario, February 2007 – December 2007.
- *Journal of Interprofessional Care* Student Award, Health Canada/ *Journal of Interprofessional Care*, 2005.