

Musical Performance as Health Promotion: A Musician's Narrative

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A musician has a wonderful profession: playing the instrument she loves, whether alone or in an orchestra, as a teacher or as a solo performer. Of course, performing on stage demands long hours of practice. Audiences can be fickle as well, and a performance judged as lacking by either critics or the general public can influence both the personal and the professional life of the musician. Working as a freelance musician, one is being at the critics' mercy. Still, some musicians perform for their whole lives because there is simply nothing better. The audience receives, and the audience gives back; the musician finds or makes meaning based on the simple principle that music *is* life. Many musicians pay a price—no pain, no gain—both in the body and in the psyche. Yet most play on and even discover the personal health benefits that musical performance can provide.

In what follows, I will present an interview with an internationally renowned musician whom I address via the pseudonym Rose.¹ Our discussion revolved around one main question: How has your musical life story evolved throughout your career as a musician? The present article uses this dialogue to engage with aspects of musical practice that, despite their demands, increase a sense of personal wellbeing and fight depression and disease.

I will begin by introducing some theoretical aspects related to musicians and the art and craft of playing music. I will then present excerpts from the interview related to the general proposal that the love of music mobilizes one's will power to perform live for an audience, because musical performance itself promotes personal wellbeing and offers an aesthetic experience to the listener. The interview was a

¹ This effort is a part of the research project titled 'Musical Life Stories: Music as Health Performance'. The study has been approved by the Norwegian Social Science Data Services (NSD). My thanks go to the participant who gave her informed consent. I have chosen not to disclose the instrument in question, to help preserve the musician's anonymity.

semi-structured one, and the following data analysis constitutes a starting point for a hermeneutic-phenomenological engagement with the material (Smith, Flowers & Larkin, 2009). Later, the emergent themes are collected into conceptual patterns, to which reflections are linked. A brief closing discussion is offered, before some words from the musician herself.

Musicians and Health

Research on the scope and nature of the medical problems confronting musicians ('performing arts medicine') has increased rapidly since the late 1960s (Wynn Parry, 2004, p. 41). Today, there is literature focusing on performance anxiety, physical injuries such as noise-induced hearing loss and nerve entrapment, and simple stress, among other things (see, for example, Buller, 2002; Esplen & Hodnett, 1999; Jabush, Müller & Altenmüller, 2004; Kenny, 2006; Kenny & Ackermann, 2009; Sternbach, 1993; Taborsky, 2007; Williamon, 2004; Zuskin et al., 2005). In addition, there is an increasing amount of literature focusing on music therapy in the context of musicians and performance, including both expressive and receptive approaches (Grocke, 2005; Maranto, 1989, 1994; Martin, 2007; Montello, 1995; Montello, Coons & Kantor, 1990; Rider, 1987; Trondalen, 2011, 2013).

A comprehensive survey from 1997 of the members of fifty-seven orchestras worldwide studied the physical, psychological and pedagogical factors that might affect the performer. The results were consistent: 56 percent of the musicians reported that they had suffered physical pain within the last year, and 34 percent experienced pain more than once a week. Up to 19 percent had suffered from pain that was severe enough to halt a performance (James, 2000, in Wynn Parry, 2004, p. 42). On the other hand, most musicians report overall satisfaction with their jobs and, assuming a minimal level of mental and physical fitness, respond as most other people do to standard medical intervention (Wynn Parry, 2004; Willis & Cooper, 2006).

Musicians' health challenges are most often met with physiotherapy/psychomotor therapy and/or medical treatment, which often require drug intervention (Maranto, 1994). However, there is growing interest in a departure from the *krankheitsorientiert* (Spahn, 2009, p. 27) approach, which focuses on diagnosis, in favour of a more resource-oriented approach that emphasises health promotion and preventative interventions for musicians (see, for example, Joukano-Ampuja, 2009; Martin, 2007; Sparre, 2009; Trondalen, 2011, 2013). With this in mind, many music training programs now address ancillary subjects like performance physiology and preparation.

The most important aspect in these settings is the activation of musicians' personal resources through strategies and techniques for preventing illness and supporting musical development (Jørgensen & Lehmann, 1997; Manchester, 2007; Palac, 2005; Roland, 1998; Williamon, 2004).

As we will see below, musicians tend to go on playing despite documented health challenges that can be either physical or mental in nature. This may be because the problem is also the solution: though music performance takes its toll, the musician also benefits from music as a means of self-care and even comes to use it to regulate and improve health and develop personal strength, professional identity and creativity (Quentzel & Loewy, 2012a, 2012b). Health is a term with many layers. In western society today, health is more often linked with quality of life connected to individual, collective and social ways of living, rather than focusing on sanitary conditions and the fight against contagious diseases carried out through history (Sigurdson, 2008).

In this text, health arises from the *relationship* between our physical/mental condition and our sense of existential wellbeing. Health ought not to be understood as a category but as a continuum, wherein bodily functioning profoundly influences our mental state of being and vice versa. In addition, the existential aspect of health is linked to human existence, including its cultural, political, reflective, religious and social dimensions (ibid.). E. Schei, with reference to the philosopher van Hooft, points out that human beings must process their circumstances and experiences by applying their self-awareness within a narrative structure (van Hooft in Schei, 2009). We have a fundamental need to create a sense of coherence in life via a superior philosophy of existence, and therefore the lack or loss of health can be experienced as a threat to our existential being, not at least to a musician (Buller, 2002; Schei, 2009; Zosso, 2010).

A Musical Story of Well-Being: My Instrument, My Love

Rose first engaged with a musical instrument at the age of nearly fifteen, when she began piano lessons; at the same time, she was introduced to sheet music and scores. She recalls, "I knew intuitively how to read the music". This feeling was very different from her experience with reading the alphabet, which seemed harder. "It was as if I knew this musical language . . . this is a language I've understood from the beginning", she says. In only a few months, she was performing Beethoven, Chopin, and Schubert on the piano and making plans for her musical education. She passed the entrance test for a music institution, even though she "never felt good [that is, talented] enough". (Many years later, she realised, to her astonishment that people had thought of her as

a prodigy.) She undertook professional music training and spent many hours at the piano. At the age of twenty, she received a steady position as a professional musician in a symphony orchestra.

Rose was introduced soon afterward to her second instrument, which later turned out to be *her instrument*. She played both instruments until her first child was born, after which she ‘fell in love’, as she puts it, with the latter. Rose studied with internationally renowned teachers, attended master classes, won international competitions, and ordered or was given music composed especially for her. She performed this newly composed music with orchestras and sometimes as solo recitals.

When I hold my instrument close, I am embracing my love. My instrument is my love. I have been very faithful to my instrument my whole life . . . When I am touching my instrument, I’m sometimes just sitting there smelling it. It smells like flowers. It is as if I can smell a whole flowery meadow . . . My instrument is fantastic and I can feel it in the whole body . . . I do not socialise so much, so to me, my instrument is ‘my everything’. It is my real life, now more than ever—certainly since I had my disease.

More than half a century later, Rose’s love for her instrument is stronger than ever. It is a love for a lifetime.

Reflections

For some musicians, it takes a long time to establish a ‘love relationship’ with their primary instruments, but this was not the case with Rose. She described a very strong connection to her instrument right away, and it soon became intertwined in her identity as a musician.

Most musicians are proud of their personal instrument (and celebrate its form, sound, shape, color, ability to express things in music and so on) and share themselves with this ‘friend’ through hours of daily practice (Trondalen, 2011). These instruments have diverse connections to the musician, including the following: (a) a means of personal expression, (b) a referent to an affect/quality, (c) an extension of the human body itself, and (d) a symbol carrier at a variety of levels. Accordingly, music instruments are linked to personal identity. Here, I will frame identity as an interdisciplinary construct that is connected to self-in-context and that relates to both an individual and a relational perspective (Ruud, 1997; Stern, 1985/2000; Thorsteinsson, 2000). Music and identity, of course, are connected in different ways. Even Ruud has collected narratives about musical life stories for nearly three decades, and he finds one’s

musical identity to encompass different spaces, or 'rooms' linked to personal, social, transpersonal, and time and space dimensions of life (Ruud, 2003). Also Rose's story shows many 'rooms', as Rose's joy of playing an instrument and receiving recognition for it (and even the grim satisfaction of dealing with the opposite) represent powerful potential cornerstones of her identity as a musician.

Music Itself as Life, Music is My Life

Rose tells she has always been emotionally affected by music.

Music means everything . . . I remember I turned on the radio, and it was Beethoven's seventh symphony, second movement. I lay on the floor and cried and cried. It's the same today—tears are pouring. I am so touched by the music.

Rose's personal motto—"I have always followed my inner voice"—has led her to a life of embracing *music itself as life*. Interestingly, she reports that she works so hard on musical performance and teaching that she rarely has time to actually listen to music, except when she hears other musicians in concerts or when she is traveling:

I was driving in my car and I put on the radio, and then came this music. I had to stop. I just started to cry.

In her experience, people are touched by music, and more people should open up their inner selves to truly hear it.

Reflections

A musician's long-term relationship to music allows her to relate and commit to an environment that is filled with it, and she seems to be more sensitive to music and respond more intensely to it than non-musicians, thanks to her training (Maranto, 1989, p. 278). This seems to be the case with Rose as well. In other studies, however, musicians have stated simply, "Music IS my life", and, more reflective, "Passion is the driving force . . . the pain is the hourly rate" (Trondalen, 2011, p. 114).

Utter absorption in music can lead someone to transcend time and space, whether she is playing it (Clark, 2002) or listening to it. Such 'peak experiences' (Maslow, 1962)

or ‘strong experiences’ (Gabrielsson, 2008) can change lives. Some experiences are grounded in the body; others involve the imagination (Bonny, 2002; Bruscia & Grocke, 2002). The music can arrive as a gift and leave behind a feeling of encountering or being connected to something greater than oneself (Trondalen, 2007, 2012).

Allowing oneself to be nurtured through music can also be a way to combat stress and facilitate a personal renewal process—music can prevent burnout, support personal self care or strengthen personal identity (Richardson-Delgado, 2006; Ruud, 2003). One also carries these music-related benefits forward into later situations, where they can prove useful yet again (Stern, 1995, p. 94).

Mobilising Personal Will Power through Music

Rose says that she loves to play her instrument, and that playing changes her:

When you are playing, you are not occupied with your self-esteem at all . . . When I am playing, I am a heroine. I can play for ten thousand people and everything works out nicely. But I find it hard to go to a cinema, or to a party—I am afraid I am going to faint or something. It’s crazy.

She is facing a lot of physical health problems. She has gone through several surgical operations, has been diagnosed with a life-threatening disease and has had a somewhat unsuccessful operation on one arm that still gives her problems, and some pain, when she plays her instrument. “I manage to play at concerts due to my strength of will”, she says:

It is stunning how the body mobilises when you have to play and perform, even though the ‘floor opened in front of me’ when I was given my diagnosis . . . While I am practicing, I do not manage the way I would like to with my playing, but I summon all my strength for a concert and it works! It is like when I am struggling to open a corked bottle or a screw cap and I can’t manage it due to my weak arms. It’s quite incredible at a concert—there I mobilise a strong will power and the right technique, and *it works*, here and now.

Reflections

The pleasure and satisfaction from playing one’s chosen primary instrument are indisputable (Ostwald, 1992). Nevertheless, sometimes, injures and mental state of

mind can threaten a musician's entire career and jeopardise her economic stability (Quentzel & Loewy, 2012a), as Rose also has comments upon in the interview.

Another point made, is the constant feeling of stress, as the musician often experiences. M. Fishbein and S. E. Middlestadt (1988), for example, found that stress is not related to the gender of the musician but is strongly related to age and to the given musician's position within the orchestra (soloists experience the highest levels of stress, for example). Stress factors are also related to experience, performance setting and musical instrument—like soloists, members of small orchestras report more anxiety than members of large orchestras, and brass and wind players, who are more exposed, report more anxiety than other instrumental groups. It appears as though Rose was able to bond to her positive stress, or *eustress* (Selye, 1975), as opposed to her negative stress, or *distress*, and connect it to a sense of meaning, hope and vigour—the performance then came to function as an incentive, of sorts, to go on living. Strong personal will power and the ability of being able to live with stress, seems to be an asset to the musician, as many have reported: “I like to perform, the tension, every day is like an audition . . . I like living on the fringe” (Trondalen, 2011, p. 116).

The Healing Power of a Musical Performance: A Turning Point

Rose was very ill for a long time. At moments, she did not believe she would be able to be “a *musician* again, not for real—just some amateur”. Months passed while she was confined indoors: “It was my body *and* my soul, closed within my house. It was bad”. Luckily, she was able to turn everything around by relying heavily on her instrument and the performance of music. She recalls:

I was invited to participate in an opera production. None of my pupils were able [to do it], so I had to follow my ‘inner voice’ to go to that place . . . I started to practice again, with tremendous effort and a lot of physical pain.

She describes the opera performance as a momentous occasion:

The fantastic sound of my instrument filled a gap in the orchestra, as it spread unto the room . . . It was lovely . . . I came to live again. I felt revitalised. I started to practice again and I feel, ah, I've started to live again.

At this point in her life, Rose had said ‘good-bye’ to so much, because she thought she might not survive. Music inspired her all over again:

During the performance I felt my quality of life was rising . . . Playing makes me good, gives me a kick. I am sure if I hadn’t been able to play, I would have died. Playing again also contributed to healing my illness itself.

Reflections

The combination of the loss of one’s role, status and self-expectations can be profoundly threatening to the musician who faces the possibility of not playing her beloved instrument ever again. Life appears to be turning out differently than she had hoped and planned, and this reality can in turn trigger a change linked directly to life fulfillment and thereby arouse grief (Bright, 1996/2000). Grief, in turn, may produce depression, loneliness and isolation. This was the case with Rose.

Her return to music performance was her ticket back from this bad place. In general, music evokes a variety of feelings, emotions and affects, based upon one’s personal disposition and awareness in the moment (Bonde, 2009; Vist, 2009). During the concert in question, Rose felt as though she was alive and revitalised, which enhanced her quality of life at that moment and going forward from there.

Rose becomes suddenly aware of her personal performance when she realises her instrument is filling a gap in the orchestra. She performs on her own instrument (an act of personal agency) while still fulfilling her responsibility as *a part of* the orchestra, which performed better with her (a condition of ‘self-with-others’; see Stern, 1985/2000). Rose was vitalized and felt alive during the performance. Such experiences can be elucidated through the phenomenon *forms of vitality* (Stern 2010). Dynamic forms of vitality—inner experiences of being alive that relate to *how*, not *what* or *why*—are always present in interpersonal relations, as for Rose. In such a setting it is very important to recognise *how* the musical interaction moves along, rather than focus entirely upon the themes/phrases in the music or the musical actions as such. Forms of vitality are therefore crucially connected to *one* aspect of communicating and understanding any temporally based human activity that evokes a felt experience in another being. When force, movement, temporal flow and intentionality come together, a full gestalt emerges: a sense of vitality or aliveness (ibid.). “I’ve started to live again”, Rose says.

Performance as a Relating Experience

"If one has very professional musicians around, it is easier to surpass oneself musically", Rose insists. She continues by pointing out that everything she has achieved musically has arisen from performing on stage. "Communicating with the audience is of vital importance", she says:

You *receive* signals from the audience that encourage you to *give* . . . I remember one concert where I had struggled and struggled beforehand. And then, at the concert, everything flew, exactly the way I had anticipated and dreamt of. And it was fantastic! It's strange: I was in heaven . . . I've had many experiences like this. Suddenly my fingers start flowing on their own. It's like a dream.

These experiences are linked to Rose's sense of a successful communication with the audience. "If a musician only rehearses on her own, without sharing her music, she doesn't progress to [a level of] excellence", she says. "She won't be able to experience and explore the communication process of giving and receiving in a mutual process".

The audience differs from place to place. I am looking for the one smiling face, and I maintain eye contact with that person. From her I receive a hope for—and expectation of—receiving something from me. It is a mutual process. I pick somebody and play for her.

Rose thinks it is a pity that huge orchestral concerts afford so little contact with the audience that is hidden in the dark assembly hall.

I've tried to communicate these experiences to the students—the feeling when everything you've worked for is united into one experience. Then you realise that the details you have been cramming in suddenly have meaning in a broader sense: you have grown and expanded as a musician. It's a growth for life. It takes indeed time to develop as a musician.

Reflections

I once interviewed another musician who had experiences like Rose's. This musician loved being part of an orchestra "because it is *here* [where] the pulse is escalating—it

is *here* it is boiling and you turn off everything else and it is life and death” (Trondalen, 2011, p. 116). The music in these sorts of experiences seems to be both an agent in itself (a non-referential object) and a tool for dialogue (a frame and medium). In either capacity, the music enables an immediate mutuality (receiving and giving), because the sharing of experiences (one’s intersubjective behavior) is at the core of the musical process.

The most important aspect of this musical interrelation might be the implicit (procedural) knowledge, and in particular an awareness of what to think and feel in a given relational (and musical) context—that is, *how* it feels to be with another person in an authentic (musical) relationship (see Stern, 1998). This experience is based on a joint intersubjective recognition that in turn produces a new, implicit and intersubjective understanding, and consequently a new ‘way-of-being-with-the-other’ (Lyons-Ruth, 1998). This process-based understanding of the mutual exchange between a musician and a person in the audience privileges the communication above all else, and the stakes are high: “It’s a mutual process . . . Music means life”, says Rose.

Performance and Health

“Wellbeing is linked to my inner being, that’s for sure”, Rose admits. In other words, performance is connected to health in a broad sense:

When I know I play badly, I am indeed affected by the experience. A bad performance can make me physically ill . . . And when it comes to reviews, if they are nice, I am high. My body feels light, I walk effortlessly and my mind is easy.

Rose also comments on the paradox of musical performance:

I do a lot of concerts, as you know; it is a tremendous amount of work to perform. I am also getting very tired physically, though I am always stronger mentally afterwards. I actually believe I’ve recovered from my illness by playing and performing.

Reflections

Life as a professional musician is full of contradictions, as we can see from Rose’s story—it is almost as if the problem (having the strength to play after an illness) is

also the solution (playing keeps the illness at bay). Though music performance makes many demands and takes its toll—‘*Mich macht krank, was Ich liebe*’ (What I love makes me ill) is the powerfully apt title of a work by Decker-Vogt (2012)—musicians benefit from music as a means of self-care at the same time, using *music* to regulate and improve their situation, as mentioned above.

These observations also bear upon the general concept of health, as opposed to ‘ill health’ (Boyd, 2000, p. 9), in an interesting way. Rose has many challenges as a result of her long-term physical disease and her personal experience of illness, and she is constantly addressing her health—that is, her physical, mental and existential wellbeing. Health can also be viewed as an ‘experience’ (Ruud, 2008)—both a resource and an act of participation that changes over the course of one’s life. Rose also demonstrates the mutual influence between one’s mental state of being and one’s bodily functions, as she articulates that a bad performance makes her tired and even ill, though she always feels better mentally afterward.

Discussion

Musical performance as health promotion

Practicing and performance are parts of any professional musician’s life, and a concert with an orchestra is both an individual achievement and a joint effort. Typically, a performance is followed by reviews and judgments from others as well as oneself. This process of evaluation affects the work of the musician in turn.²

One special performance, as we saw, had an astonishing impact on the revival of Rose’s wellbeing and health at several levels. She mobilised her inner will to play despite her physical constraints and experienced the powerful emotional desire to ‘live again’. She then points out, “Playing again also contributed to healing of my illness itself”. In what follows, I will link Rose’s story of music performance as health promotion to the evolving practice and discourse within music therapy that is known as community music therapy (Ansdell, 2005; Jampel, 2011). The American music therapist and researcher P. Jampel (2011) suggests that the experience of performing music live involves a complex interplay of five dimensions: (1) connecting within oneself to the music; (2) performers connecting with each other; (3) connecting to the audience; (4) The audience within (that is, the interaction between the performer and the thoughts

² For an exploration of *performance* within the frame of (community) *music therapy*, see, for example, Ansdell, 2005; Jampel, 2011; Kristiansen, 2007; Ruud, 2004; Tumyr, 2012; Stige, 2004.

in her own mind while performing); and (5) the totality of the experience—when the performer experiences the first four coexisting dimensions, this synergetic subjective experience becomes a peak experience (Maslow, 1962).

I propose that such a *totality of experience*, consisting of many co-existing dimensions, characterises Rose's performance: her love of her instrument and the music itself, the mobilisation of her technical skills and strong will power to participate, and the flow of recognition while giving and receiving in a communication with the audience. As she says: "I've tried to communicate these experiences to the students—the feeling when everything you've worked for is united into one experience." She adds: "I had to follow my 'inner voice' to go to that place". This evokes an evocative description by the English music therapist and researcher G. Ansdell (2005), with reference to the anthropologist V. Turner (1982, p. 91), of performance as '*Completion*'. Indeed, Rose's performance seems central to the ongoing work of completion with regard to her physical, mental and existential being—to caring for her health in the broadest sense. She concludes, 'It's a growth for life'.

Furthermore, Ansdell points to a significant shift in the wake of the 'new musicology' with regard to the understanding of performance, which is now seen less as reproduction than as *relationship*. Attention is now being given to the creative act of performing itself as a social event, as opposed to considering performance (and the performer) to be 'supplementary' to the musical work. Ansdell then points to C. Small's (1998) ecological model of musical activity (known as 'musicking'), within which performance is simply and entirely what music is about. Ansdell concludes, "It is the relationship that it brings into existence in which the meaning of a musical performance lies" (2005, p. 193). Rose likewise acknowledges that music means everything, thanks to its interactive capacity: "During the performance I felt my quality of life was rising". This observation points to Rose's dependency upon the music itself and the musical performance as a means of nurturing herself. Professional performance is the basis of her musicking, and it has concrete results for her life.

With reference to the music therapy researcher D. Aldridge (1996), Ansdell (2005) also bases his discussion on Aldridge's suggestive title 'Performance as identity: I perform, therefore I am'. Aldridge synthesises sociological, medical and aesthetic thinking to generate his concept of the 'performed self' as an act of perpetual life improvisation, or 'living as jazz' (Aldridge, 1996, p. 27). Creative arts activities, then, offer us a unique opportunity:

To be remade anew in the moment, to assert identity which is aesthetic in the context of another person, separate yet abandoned, is an activity invested with that vital quality of hope. (1996, p. 241)

Lastly, there is the health-related musicking aspect of the musician's correctly 'tuned body', given the physical, mental and existential demands of expert music making at the highest levels. The musician's health relates to, and arises from, her ability to meet those demands, taken altogether. Rose stresses the importance of musical skills, which emerge from much practice, sometimes in the context of "tremendous effort and a lot of physical pain". When a musician is burdened by illness or injury, her confidence in her own self-agency and ability to act is therefore profoundly shaken. The flutist J. Buller describes what it is like to be an injured musician: "It's painful; it's as if my familiar self and world has died" (Buller, 2002, p. 22). Rose says as well: "I am sure if I hadn't been able to play, I would have died. Playing again also contributed to the healing of my illness itself". When they cause us to lose our connections to familiar events and experiences in our lives, as is the case for these musicians, illness and trauma can threaten our very existential being.

From a philosophical point of view, the phenomenological living and thinking body, which is able to perceive and to grasp at the same time (Merleau-Ponty, 1945/89; von der Fehr, 2008), accommodates a proper balance between the physical/mental and the existential aspects of health. In terms of her own playing, Rose is "getting very tired physically" but is "always stronger mentally afterwards". She concludes, "I actually believe I've recovered from my illness by playing and performing". These experiences thus reinforce her personal sense of wellbeing, existential coherence (Antonovsky, 1987) and social belonging. At a meta-theoretical level, this connection between personal, transpersonal and social spaces both arises from and supports a personal and professional identity as a musician (Ruud, 1997).

Semper major—always more than

The basic assumption in this text is that the relating experience is the driving force of human development and growth. Using *music* as a relating experience (to oneself and to others) is also understood here as a way of 'being-in-the-world' (Trondalen, 2008). In other words, music serves as a means of performing personal identity. As we have seen, a humanistic and resource-oriented perspective (as presented here) can still take the person's illness (the biomedical perspective) into consideration but in a specifically *dialogical* way that focuses positive creative resources on the process of coping with a variety of limitations. Such a humanistic-existential perspective can in turn be interpreted as self-caring or self-actualisation.

From a philosophical point of view, the human being can be understood as *homo communicans* and defined by her inherent ability to share experiences and actions. Such an exchange allows us to recognise one another on a fundamental level, and to

partake in others' lives. The human being is self reflexive—the only species, in fact, that appears to reflect upon its own peculiar nature. Connections based upon the deepest experiences and existential longings in life comprise a universal human phenomenon, and musicians, whose lives are so closely linked to existential dimension, are no exception to this rule. Existential longing is linked to something life giving, vitalising and unifying—something that transcends the limited/controlled self and touches the human being's deepest value as a human creation (Engedal, 2003).

Sharing dreams and values, both during the interview, and in the reflective process afterwards, reminds me that all human being are always more than—*semper major*—any given personal narrative or observation. What we perform in life, whether musically, biologically, socially or spiritually, will never fully disclose the depths of our existence.

Closing Remarks From the Musician

When I play, I see others cry . . . People are affected by the vibrations of the instrument itself.

Playing the instrument itself, with its vibrations penetrating the body—it is therapy, playing some chords allows them to move through your body, [and] that's a healing force . . . We should have music therapy in the same way that we are offered body therapy, massage. People should be able to order a session of live music in their private surroundings. We're not there yet.

You know, people don't always have the ability to talk about their problems, and music could 'drain' their minds and bodies—make them open this small room [points to her chest] that most people have closed.

Most people have physical and mental pain and isolate themselves more and more as the pain increases. When they hear music, everything opens up, that's what happens.

References

- Aldridge, D. (1996). *Music therapy research and practice in medicine: From out of the silence*. London: Jessica Kingsley Publishers.
- Ansdell, G. (2005). Being who you aren't, doing what you can't: Community music therapy and the paradoxes of performance. *Voices*, 5(3), retrieved 5 December 2005 from <http://www.voices.no/mainissues/mi40005000192.html>.
- Antonovsky, A. (1987). *Unraveling the mystery of health: How people manage stress and stay well*. San Francisco, CA: Jossey-Bass Publishers.
- Bonde, L. O. (2009). *Musik og menneske: Introduktion til musikpsykologi*. [Music and the human being: introduction to music psychology]. Frederiksberg C: Samfundslitteratur.
- Bonny, H. L. (2002). *Music and consciousness: The evolution of Guided Imagery and Music*. Gilsum, NH: Barcelona Publishers.
- Boyd, K. E. (2000). Disease, illness, sickness, health, healing and wholeness: Exploring some elusive concepts. *Med Humanities*, 26, 9–17.
- Bright, R. (1996/2000). *Grief and powerlessness: Helping people regain control over their lives*. London: Jessica Kingsley Publishers.
- Bruscia, K. E. & Grocke, D. E. (Eds.). (2002). *Guided Imagery and Music: The Bonny method and beyond*. Gilsum, NH: Barcelona Publishers.
- Buller, J. (2002). What is it like to be an injured musician? *Canadian Music Educator* 43(4), 20–23.
- Clark, M. F. (2002). Evolution of the Bonny method of Guided Imagery and Music (BMGIM). In K. E. Bruscia & D. E. Grocke (Eds.), *Guided Imagery and Music: The Bonny Method and beyond* (pp. 5–28). Gilsum, NH: Barcelona Publishers.
- Decker-Vogt, H. (2012). 'Mich macht krank, was Ich liebe'. [What I love makes me ill]. In H. Decker-Vogt (Ed.), *Zwischen Tönen und Wörtern. Ein Reader mit Aufsätzen, Reden und Interviews* (pp. 67–112). Wiesbaden: Reichelt Verlag.
- Engedal, L. G. (2003). Spiritualitet og teologi. [Spirituality and theology] *Ung teologi*, 2, 47–56.
- Esplen, M. J. & Hodnett, E. (1999). A pilot study investigating student musicians' experiences of guided imagery as a technique to manage performance anxiety. *Medical Problems of Performing Artists*, 14(3), 127–132.
- Fishbein, M., & Middelstadt, S. E. (1988). Medical problems among ICSOM musicians: Overview of a national survey. *Medical Problems of Performing Artists*, 3(1), 1–8.
- Gabrielsson, A (2008). *Starka musikupplevelser. Musik är mycket mer än bara musik*. Hedmora: Gidlunds Press.

- Grocke, D. (2005). A case study in the Bonny Method of Guided Imagery and Music (BMGIM). In D. Aldridge (Ed.), *Case study designs in music therapy* (pp. 97–118). London: Jessica Kingsley Publishers.
- Jabush, H., Müller, S. V. & Altenmüller, E. (2004). Anxiety in musicians with focal dystonia and those with chronic pain. *Movement Disorders, 19*(10), 1169–1175.
- Jampel, P. F. (2011). Performance in music therapy: Experiences in five dimensions. *Voices, 11*(1). retrieved 25 January 2012 from <https://normt.uib.no/index.php/voices/article/view/275/440>
- Joukano-Ampuja, E. (2009). Musicians' health. Paper presented at *Musicians and Health*. Norwegian Academy of Music. Oslo. 21 August.
- Jørgensen, H. & Lehmann, A. C. (Eds.) (1997). *Does practice make perfect? Current theory and research on instrumental music practice*: NMH-Publications 1997:1. Oslo: Norwegian Academy of Music.
- Kenny, D. T. (2006). Music performance anxiety: Origins, phenomenology, assessment and treatment. *Context, 31*, 51–64.
- Kenny, D. T. & Ackermann, B. (2009). Optimizing physical and psychological health in performing musicians. In S. Hallam, I. Cross & M. Thaut (Eds.), *The Oxford handbook of music psychology* (pp. 390–400). Oxford, England: Oxford University Press.
- Kristiansen, F. A. (2007). *Muligheter og farer i rampelyset: En kvalitativ studie i bruk av framføringer i musikkterapeutisk arbeid med mennesker med psykisk utviklingshemming [Possibilities and challenges in public performance]*. (Master thesis in music therapy, Norwegian Academy of Music.)
- Lyons-Ruth, K. (1998). Implicit relational knowing: Its role in development and psychoanalytic treatment. *Infant Mental Health Journal, 19*(3), 282–289.
- Manchester, R. (2007). Health promotion courses for music students, Part 1. *Medical Problems of Performing Artists* (March issue), 26–29.
- Maranto, C. D. (1989). Music therapy in the treatment of performance anxiety in musicians. In R. Spintge & R. Drogh (Eds.), *Music Medicine* (vol. 2, pp. 273–283). St. Louis, MO: MMB Music.
- Maranto, C. D. (1994). Biopsychosocial aspects of music performance: Performing arts health. In P. R. Spintge & R. Spintge (Eds.), *Music Medicine* (vol. 2, pp. 262–274). St. Louis, MO: MMB Music Inc.
- Martin, R. (2007). *The effect of a series of short GIM sessions on music performance anxiety*. (Master's thesis in music therapy, University of Melbourne).
- Maslow, A. (1962). Lessons from the peak experience. *Journal of Humanistic Psychology, 2*, 9–18.
- Merleau-Ponty, M. (1945/89). *Phenomenology and perception*. London: Routledge.

- Montello, L. (1995). Music therapy for musicians: Reducing stress and enhancing immunity. *International Journal of Arts Medicine*, 4(2), 14–20.
- Montello, L., Coons, E. E. & Kantor, J. (1990). The use of group music therapy as treatment for musical performance stress. *Medical Problems of Performing Artists*, 5(1), 49–57.
- Ostwald, P. F. (1992). Psychodynamics of musicians: The relationship of performers to their music instruments. *Medical Problems of Performing Artists*, 7(4), 110–113.
- Palac, J. (2005). Promoting musical health, enhancing musical performance: Wellness for music students. *Music Educators Journal*, 94(3), 18–22.
- Quentzel, S. & Loewy, J. (2012a). An integrative bio-psycho-musical assessment model for the treatment of musicians, Part I: A continuum of support. *Music and Medicine*, 2(2), 117–120.
- Quentzel, S. & Loewy, J. (2012b). An integrative bio-psycho-musical assessment model for the treatment of musicians, Part II: Intake and assessment. *Music and Medicine*, 2(2), 121–125.
- Richardson-Delgado, J. M. (2006). *Exploring burnout and renewal among music therapy faculty*. Unpublished PhD, Department of Psychology, Capella University.
- Rider, M. (1987). Music therapy: Therapy for debilitated musicians. *Music Therapy Perspectives*, 4, 40–43.
- Roland, D. (1998). *The confident performer*. Portsmouth, NH: Heinemann.
- Ruud, E. (1997). Music and identity. *Nordic Journal of Music Therapy*, 6(1), 3–13.
- Ruud, E. (2003). Musikalsk identitet [Musical identity]. *GRUS*, 24(69), 6–24.
- Ruud, E. (2004). Systemisk og framføringsbasert musikkterapi [Systemic and performance based music therapy]. *Musikkterapi* (4), 28–34.
- Ruud, E. (2008). Et humanistisk perspektiv på musikkterapien [A humanistic perspective on music therapy]. In G. Trondalen & E. Ruud (Eds.), *Perspektiver på musikk og helse. 30 år med norsk musikkterapi* (pp. 5–28). NMH-Publikasjoner 2008:4. Oslo: Norwegian Academy of Music.
- Schei, E. (2009). Helsebegrepet—selvet og cellen [The concept of health —the Self and the cell]. In E. Ruud (Ed.), *Musikk i psykisk helsearbeid for barn og unge* (pp. 7–14). NMH-publikasjoner 2009:5. Oslo: Norwegian Academy of Music.
- Selye, H. (1975). *Stress without distress*. London: Hodder and Stoughton.
- Sigurdson, O. (2008). Vil du bli frisk? [Do you want to be healed?] In G. Bjursell & L. V. Westerhäll (Eds.), *Kulturen och hälsan. Essäer om sambandet mellan kulturens yttringar och hälsans tillstånd* (pp. 189–218). Stockholm: Santérus Förlag.

- Small, C. (1998). *Musicking: The meanings of performing and listening*. Hanover, NH: University Press of New England.
- Smith, J.A., Flowers, P. & Larkin, M. (2009). *Interpretative phenomenological analysis: Therapy, method and research*. London: Sage Publications.
- Spahn, C. (2009). Gesundheit für Musiker. Vermittlung von Gesundheitskompetenzen im Musikstudium [Health for musicians: Imparting health competency in music education]. *Das Orchester: Zeitschrift für Orchesterkultur und Rundfunk-Chorwesen* 57(4), 27–29.
- Sparre, M. (2009). Fra eple til frukt: musikere og helse i et nytt paradigme [From apple to fruit: musicians and health in a new paradigm]. Paper presented at *Musicians and Health*. Norwegian Academy of Music. Oslo. 21 August.
- Stern, D. N. (1985/2000). *The interpersonal world of the infant: A view from psychoanalysis and developmental psychology*. New York, NY: Basic Books.
- Stern, D. N. (1995). *The motherhood constellation*. New York: Basic Books.
- Stern, D. N. (1998). The process of therapeutic change involving implicit knowledge: Some implications of developmental observations for adult psychotherapy. *Infant Mental Health Journal*, 19(3), 300–308.
- Stern, D. N. (2010). *Forms of vitality: Exploring dynamic experience in psychology, the arts, psychotherapy, and development*. Oxford: Oxford University Press.
- Sternbach, D. (1993). Addressing stress-related illness in professional musicians. *Maryland Medical Journal*, 42(3), 283–288.
- Stige, B. (2004). Community music therapy: Culture, care and welfare. In G. Ansdell & M. Pavlicevic (Eds.), *Community music therapy: International initiatives*. London: Jessica Kingsley Publishers.
- Taborsky, C. (2007). Musical performance anxiety: A review of literature. *UPDATE—Applications of Research in Music Education*, 26(1), 15–25.
- Thorsteinsson, V. W. (2000). Perspektiver på selvbegrepet. [Perspectives on the notion of Self]. In A. Johnsen, R. Sundet & V. W. Thorsteinsson (Eds.), *Samspill og selvopplevelse. Nye veier i relasjonorienterte terapier* (pp. 36–53). Oslo: TANO Aschehoug.
- Trondalen, G. (2007). A moment is a moment is a moment. Om gyldne øyeblikk i musikkterapeutisk teori og praksis [On golden moments in music therapy theory and practice]. *Psyke og Logos: Musik og Psykologi*, 28(1), 574–593.
- Trondalen, G. (2008). Musikkterapi—et relasjonelt perspektiv. [Music therapy—a relational perspective]. In G. Trondalen & E. Ruud (Eds.), *Perspektiver på musikk og helse. 30 år med norsk musikkterapi* (pp. 29–48) NMH-publikasjoner 2008:4. Oslo: Norwegian Academy of Music.

- Trondalen, G. (2011). Musikere, identitet og helse. Musikklytting som identitetsstyrkende handling. [Musicians, identity and health. Music listening as strengthening of identity]. In L. O. Bonde & K. Stensæth (Eds.), *Musikk, helse, identitet* (pp. 107–140). NMH-publikasjoner 2011:3. Oslo: Norwegian Academy of Music.
- Trondalen, G. (2012). Music: A stairway to heaven? On spirituality and Guided Imagery and Music. Keynote at the *10th European Conference on Guided Imagery and Music*. Vadstena, Sweden. 21 September.
- Trondalen, G. (2013). Music therapy for musicians. In L. Eyre (Ed.), *Guidelines for music therapy practice: Mental health of adolescents and adults*. Gilsum, NH: Barcelona.
- Tumyr, B. G. (2012). *En intervjuundersøkelse om hvordan noen ungdommer (med psykisk utviklingshemming og sammensatte lærevansker) ved en spesialskole opplever å delta i en skoleforestilling* [An interview study on how some pupils with mentally handicaps experience to participate in a school performance]. (Master's thesis in music therapy, Norwegian Academy of Music.)
- Turner, V. (1982). *From ritual to theatre: The human seriousness of play*. New York, NY: PAJ Publications.
- Vist, T. (2009). *Musikkopplevelser som muligheter for følelseskunnskap. En studie av musikkopplevelse som medierende redskap for følelseskunnskap, med vekt på emosjonell tilgjengelighet og forståelse*. [Music experiences as mediator for emotional knowledge]. Doctoral dissertation, NMH-publikasjoner 2009:4. Oslo: Norwegian Academy of Music.
- von der Fehr, D. (2008). *Når kroppen tenker*. [The reflexive body], Oslo: University Press.
- Williamon, A. (2004). *Music excellence: Strategies and techniques to enhance performance*. Oxford: Oxford University Press.
- Willis, G. I. & Cooper, C. L. (2006). Stress and professional popular musicians. *Stress Medicine*, 3(4), 267–275.
- Wynn Parry, C. B. (2004) Managing the physical demands of musical performance. In A. Williamon (Ed.) *Music excellence. Strategies and techniques to enhance performance* (pp. 41-60). Oxford: Oxford University Press.
- Zosso, A. (2010). Intéressons-nous aux musiciens! Étude qualitative sur leurs représentations de la santé. [Let us focus on the musicians! A qualitative study on the representations of health] *Kinésithérapie Rev*, 98, 42–44.
- Zuskin, E., Schachter, E. N., Kolcic, I., Polasek, O., Mustajbegovic, J. & Arumugam, U. (2005). Health problems in musicians: A review. *Acta dermatovenerologica Croatica: ADC / Hrvatsko dermatolosko drustvo*, 13(4), 247–251.