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An Integrative Bio-Psycho-Musical Assessment Model for the Treatment of Musicians: Part I—A Continuum of Support

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Abstract

Musicians often present with a host of problems that warrant a range of treatment options. The identification of symptoms, explication of music history, and narrative perception of performance biography require a comprehensive assessment approach to assist in expediting an effective treatment plan. Identified problems for musicians relate to the impediment of physical function or to performance anxiety, overuse, and/or symptoms that can range from chronic fatigue to depression or can lead to chemical dependency, denial, or in some cases an arrest in practice, play, and/or performance. At times, injury has ended a musician's performance career and has posed a severe threat to the musician's economic stability. This is the result of the musician's medical recommendation whereby prolonged rest of the injured extremity or area is prescribed. In a survey of orchestral musicians by the U.S. Department of Labor (Horvath, 2002), 76% of the respondents stopped performing temporarily because they developed serious injury during their career. Some musicians have even been unable to return to their performance career. This article is the first of a two-part series on an integrative bio-psycho-musical approach to addressing and treating musicians. It is based on the authors' co-directorship of a center for music and medicine and their extensive study of musicians' medical and psychosocial presentations.

Keywords

musicians' injuries, performance arts medicine, musicians' wellness, music medicine

Identified problems for musicians include impediments of physical function (Brandfonbrener, 2002), performance anxiety (Kim, 2005), overuse (Dawson, 2001), and/or symptoms that can range from chronic fatigue (Sataloff, Brandfonbrener, & Lederman, 1991) to depression (Robson & Gillies, 1987) or can lead to chemical dependency (Cuyjet & Tolson, 2007), denial, or in some cases an arrest in practice, play, and/or performance. The Louis Armstrong Center for Music and Medicine housed within Beth Israel Medical Center in New York City specializes in providing medical, psychiatric, holistic, and music-based psychotherapeutic care to a patient population made up of musicians and performing artists. In the spirit of jazz icon Louis Armstrong, the milieu team at the Center for Music and Medicine believes that artists harbor a vital essence of humanity's finest qualities, including but not limited to creativity, expression, beauty, mastery, wonder, and enhancement of health and community through the arts. Furthermore, the doctors and therapists affiliated with the musicians' center believe that musicians and performing artists give voice to the full spectrum of human experience, including physical, emotional, and spiritual domains of function. The medical center and the community of caregivers affiliated with The Louis Armstrong Center for Music and Medicine are committed to supporting musicians. As such, Beth Israel Medical Center supports the arts and views music as a means to enhance ultimately the vital qualities of what makes us human and "well." Therefore, it is the position of the Center for Music and Medicine that artists deserve attention through the allocation of societal resources, in general, and the Center for Music and Medicine resources, in particular.

The Mission

The mission of The Louis Armstrong Center for Music and Medicine is to deliver a full spectrum of the finest quality

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health care to musicians and performing artists in ways that are catered to meet their specific needs. To fulfill that mission has meant that, early in the treatment process, the unique concerns of our artist patients are recognized and a comprehensive plan of care, inclusive of a range of medical and musical specialties, is developed.

The clinic is staffed with practitioners who, as a team, cover a broad range of health and healing skills. Onto a base of training, theory, and structure, the musician as artist often presents interpretation, flexibility, and empathy for humanity. Such aspects of performance are not so dissimilar from the ways in which their staff "performs" our healing arts. These are parallel holistic processes that go far beyond the wonderful mathematical yet limited underpinnings of both music and biomedical science.

The mission of the center is supported by our hospital community—from the foremost administrative level of the medical center to the specialist doctors affiliated with our clinic, whose services perpetually are available and accessible to our patients. Musicians presenting with urgent health needs are seen immediately by our outside specialists when our patients arrive with a referral slip from our center. The affiliated specialty practices are only a few steps away from the Center for Music and Medicine, everything being housed within one large Ambulatory Medical Center. Under this model of care, patients do not have to scramble around the city or worry about breaks in the continuity of care even when their provider team includes many clinicians.

Intake: Medical & Musical

The overarching philosophy and design of the clinic intake is integrative. Just as a symphony produces music that far exceeds merely a sum of the parts, so is the attempt at The Louis Armstrong Center for Music and Medicine to be comprehensive and integrative in understanding the weave of features and problems that define the "total" patient.

The intake occurs in two parts. There are medical and musical interviews. Both aspects are critical in gathering relevant information and in initiating the therapeutic relationship—the duet. The evaluation addresses the same medical information and areas of concern that are key to a conventional medical intake. However, the integrative model used in the Bio-Psycho-Musical assessment includes as well reflection on the most significant elements of the musician's inner life, and both our medical doctor and music psychotherapist address such material. Critical to this information gathering is the reported amount of time spent by a musician patient practicing his or her instrument, the time of day that most of the music making occurs, and the presenting problem and stated goal of the musician patient. Also essential to this integrative model is an understanding of the patient's perceptions and explanations of when and where the presenting problem first occurred. It is not uncommon for a traumatic experience, critical to the musician's recent dysfunction, to be revealed during questioning related to etiology of the chief health complaint.

The music psychotherapy evaluation includes the actual playing of a musical piece chosen by the musician patient and a description of his or her performance history, inclusive of frustrations and most critical performances. Each musician has ample opportunity to select and play (or to have the therapist play) instruments that may be unfamiliar to his or her musical experience. In this way, there may be potential for new relationships with music to develop or for old relationships with music to be rekindled. In playing both solo and in duet with the therapist, there may be opportunities to assess specific psychological issues with the musician patient.

Critical to the assessment is the evaluation of pain and trauma. Evaluating and exploring the physical and emotional nuances of trauma from medical and emotional/musical perspectives provide insightful orientation to inform the plan of care. This orientation integrates mind and emotion, body and spirit. Furthermore, it can reveal how music (unfamiliar and/or contextually organized) can be purposefully implemented as part of the treatment strategy.

Integrative Scope of Practice

In general, a practitioner tends to define the parameters of his or her practice by his or her clinical training. If the parameters are set too narrow, the provider has difficulty addressing the comprehensive needs of patients. Yet, when the scope of practice for a caregiver is implemented in the broadest of terms, there is a fear that expertise may be stretched too thin, thereby diluting clinical excellence.

In recent times, there is a movement in integrative care for the self-identity of a health care practitioner to define his or her scope of practice. Transparency is important and tends to be a part of self-disclosure for the health care provider. Comprehensive strategizing is directed toward this end at the Center for Music and Medicine. Our team wrestles with achieving optimal balance in our quest to offer one-stop, comprehensive care, yet to do so while simultaneously maintaining expertise in clinical areas and with many disease states relevant to our patient population. Achieving such balance is indeed a challenge.

Historically, orthodox medicine has set rather clear boundaries between various medical subspecialties. This kind of structure is advantageous in that it defines boldly the limits of knowledge and responsibility for each type of provider. The patients have clear expectations about what each type of practitioner can and cannot do. At the same time, the practitioner learns and accepts the extent of his or her knowledge and skill base and, therefore, can determine when to refer a case out to a colleague. Such a design for the division of labor in health care ensures that each caregiver acts only within his or her realm of expertise, thereby enhancing the odds that patients will receive high quality treatment within each well-recognized medical and surgical specialty, even if care that dares to cross between several conventional specialties is hard to come by.

However, this is, in a sense, the drawback to this model. Patients are compartmentalized unnaturally. There is a right heart, a left heart, or a heart rhythm specialist—when, in

reality, patients are a unified whole, not a collection of clinical subsets or body parts.

In contrast, holistic or integrative medicine practitioners can, at times, be faulted for inadequate recognition of appropriate clinical boundaries on expertise. While their focus on holism is welcomed and valuable, often there seems to be a sense that every type of integrative clinician claims to deliver all care necessary for every patient illness and type. A team orientation and a comprehensive approach to delivering care can suffer as a result.

Psychiatrists and psychotherapists offer psychodynamic perspectives within their commonly accepted job descriptions. Such a framework is remarkably useful for all clinicians, not exclusively for mental health care providers, because if we can assess consciously the nature of the patient before us and his or her relationship with us, we are better able to understand and address his or her clinical needs. For instance, the most simple visit to the doctor for a nothing nose bleed can be, in actuality, rich in psychological meaning and message. There is valuable psychodynamic material built into every clinical encounter every time. It can be mined and used to the clinical advantage of the patient if the practitioner simply knows to look for it. Yet, at the same time, the limits of the psychiatric model lie in its narrowness. So much of somatic health is ignored in a psychiatric assessment and treatment plan.

Music therapy has a myriad of wonderful clinical applications, but overall, although it may provide insight into specific medical parameters (the heart rhythm, or respiratory rate, beat pattern–brain function), it may not provide broad perspective on and/or necessarily contribute to total health. Music therapy falls short as a total health paradigm for designing a comprehensive music and medicine clinic, even though it does play an essential role within such a clinic.

In building The Louis Armstrong Center for Music and Medicine and its expansive scope of practice, we have learned to incorporate some of the disciplined boundaries of orthodox medicine so that clinical limits and roles are distinct and clear, yet we stop short of reducing patients to compartmentalized body parts. We practice broadly and holistically as caregivers within the Center for Music and Medicine, yet, at the same time, we use a long referral list of diverse specialists who are eager to treat performing artists, but only within their own specific and well-defined conventional medical disciplines.

As we work on one hand to define our scope of practice and clinical perspective at The Louis Armstrong Center for Music and Medicine by drawing on the experience of conventional medical practice, on the other hand, we also learn from the world of integrative medicine. Its commitment to the integrity of the patient as a unified whole is adopted wholeheartedly by the Center for Music and Medicine, yet, simultaneously, we look to a division of labor for the clinicians of the center so as to foster efficiency and, even more importantly, to foster synergy—a clinical excellence in the treatment team that is broader than the clinical expertise ever could be for any one practitioner.

From psychiatry and psychotherapy, we inherit strong recognition of the power of the unconscious and deep respect for music's capacity to reach it, rather than ignore or avoid it, in pursuit of a good clinical outcome. But unlike much of the mental health care world, which sits at the periphery of organized medicine, we push for intentional attention to the psychodynamic material and the therapeutic relationship evident in all clinical encounters, even those with no psychiatric diagnosis and with rather mundane medical problems. This sets our scope of practice apart not only from that of our narrowly focused mental health care colleagues but also from that of our internist colleagues who, as a rule, invest little effort into assessing patients through a psychodynamic lens and into consciously using the provider–patient relationship as a mighty therapeutic tool.

Finally, in practicing music and medicine, we absorb the full scope of music therapy into our much broader clinical design. As such, we are learning from many varied medical and healing disciplines fortunately that preceded the rise of music and medicine as its own domain in health care. The result is a design for the scope of practice for the clinical orientation of the Center for Music and Medicine as an integrative model for unified delivery of medical, psychiatric, holistic, and music therapy and music psychotherapy care.

Philosophy of Treatment: An Emphasis on Psychodynamics

The philosophy of our treatment is to use a particular music therapy approach: music psychotherapy. This form of psychotherapy is particularly demanding on the music therapist if the quality of the therapy is to be substantial. Given the engaging nature of how music psychotherapy works, efforts to protect the therapist "neutrality" within the clinical relationship are essential yet difficult.

Conventional talk-based psychotherapy requires that the clinician be as neutral as possible so as to minimize therapist influence on patient exploration of the unconscious so as not to influence interpretation of the psychological material discovered. At the extreme, the Freudian analyst minimizes speaking and sits out of view of the patient lying on the couch, all in an attempt to curtail his or her effect on the process. In fact, in designing practically every psychotherapy office, there is forethought given to avoiding provocative décor and the display of personal items of the therapist, all toward maximizing neutrality in the room. In addition, the field demands that the psychotherapist do extensive work to understand his or her own psychological uniqueness since there is no true, full neutrality in therapy. The intent is for the psychotherapist to be aware of this residual influence—the countertransference and the subjectivity—that he or she brings to the clinical relationship. Such insight and effort is a prerequisite to minimizing practitioner distortion of patient self-reflection and self-discovery.

The importance of awareness as to how the clinician affects the patient is not relegated in health care to the domain of psychotherapy only. Physicians typically have great influence, positive and negative, on the therapeutic relationship with patients, yet very frequently they pay little attention (and were not trained to pay such attention) to that influence. Given the power of the doctor-patient relationship as a major component

of the overall healing process, it is a shame that physicians, generally speaking, are left to stumble accidentally into ''good bedside manner'' and appreciation for countertransference in the exam room. Too infrequently do physicians come to realize all that they are bringing to the nature of the doctor-patient relationship, and this may result in a failure to maximize all that the clinical relationship can contribute to the overall health of the patient (Goldberg & Wise, 1985).

Compared to their medical colleagues, psychiatrists, as a group, understandably pay greater attention to their own psychological profiles and how that plays out with patients. Yet, decreasing numbers of psychiatrists are trained to practice psychotherapy, and fewer undergo their own therapy, so focused examination by psychiatrists of how they influence patients, positively and negatively, through the clinical relationship, is less than ideal (Cuijpers, van Straten, Andersson, & van Oppen, 2008; Temple, 1999). The result is another lost opportunity to get the most from the vital therapeutic relationship.

Holistic practitioners frequently lack rigorous exploration of their inner lives as part of their clinical training. While they do, as a whole, tend to promote the deep healing value of the provider-client connection, nonetheless they are, in total, underprepared to control for the psychological material that they bring to those clinical relationships. Since they tend to be very active in those relationships, recognizing frequently the healing power of such, holistic clinicians are at increased risk of having their psychological material profoundly affect the emotional activity of the patient but often without patient or clinician awareness. Furthermore, this risk tends to be heightened by the general vulnerability that defines sick people.

In addition, since holistic healers tend to include mental health in their scope of practice, through their work they can uncover deep psychological matters in clients, but often their preparation and/or skill training for addressing such exposed sensitive material is quite suboptimal compared to that of psychiatrists and psychotherapists (Incayawar, Wintrob, Bouchard, & Bartocci, 2009). Ultimately, on balance this may not serve as an ideal situation for the patient.

In designing the form and function of music psychotherapy as offered at The Louis Armstrong Center for Music and Medicine, we draw on these many lessons from these other domains of clinical practice. We realize that music psychotherapy faces elevated complexity on issues of clinician neutrality and the need for therapist self-awareness.

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Bios

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