

Guildhall School of Music and Drama

The Impact of RSI on Creativity in Musicians

by

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Repetitive Strain Injury or RSI is the most commonly-used term for a wide range of upper-body symptoms experienced most commonly by musicians and computer-operators. These can encompass sharp shooting pains, dull aches, buzzing, tingling, fatigue, numbness, stiffness, pressure and changes in temperature. Discomfort and pain may occur anywhere: the fingers, wrist, elbow, shoulder, neck, back, and even occasionally the legs. It may be fleeting or constant, may be confined to one area, or move about, may last a week or two or upwards of eight years. The condition can be so disabling that it has a devastating impact on one's life.

What are the causes?

Despite all these symptoms, there are often no visible signs (very occasionally there is a slight swelling) and as a result doctors often used to conclude that the condition was psychosomatic. The problem with the use of such a term is that it often seems to be interpreted as "all in the mind" - the product of a fevered imagination or hypochondria¹. Collins Dictionary definition of the word psychosomatic is "of or relating to disorders...thought to be caused or aggravated by psychological disorders such as stress". While it is certain that stress may exacerbate the condition, it is certainly only one of the factors.

Pete Egoscue, (the renowned anatomical physiologist) in his book Pain Free, A Revolutionary Method for Stopping Chronic Pain², discussing contemporary work postures comments:

"Most of us are locked into a three-by-four-foot box... Of the dozens of individual motions you perform in a given fifteen or twenty-minute period, the elbows will only occasionally rise to anywhere near the levels of the shoulders. We've contrived to put our work and play right in the middle of the box, from keyboards and steering wheels to computer games, TV remote control devices, and mountain bikes. By doing so, we have turned the elbow, wrist and hand into the drudges of the upper half of the body."

Egoscue points out that some of the major muscle groups of the body (in the areas of the back, shoulders, hips and thighs) are being used minimally in most of our daily activities. They begin to atrophy, and strain is thereby put on the smaller muscle groups, eventually causing chronic pain.

In Thomas Mark's 1999 article, "Pianist's Injuries: Movement Retraining is the Key to Recovery"³ he pinpoints four causes of injury in pianists: co-contraction, awkward positions, static muscular activity and excessive force. Of these terms, the first and third may need explaining.

¹ Refer to "Images that show RSI is a real pain" Daily Mail 17/7/99

² Egoscue with Roger Gittines, Bantam 1998

³ Mark (1999)

Co-contraction is when a pair of muscles contracts simultaneously, i.e. when one muscle is unable to release as the other contracts - an inhibition of natural movement. Static muscular activity occurs when a muscle exerts force without changing length (as in isometric exercises) - it is more stressful than dynamic activity, alternating contraction and release. This inhibits blood circulation, causing the muscle to become fatigued and making it prone to injury. Mark attributes all of these factors to faults in technique; however, Dr Ian James of the Performing Arts Medicine Trust in London⁴ suggests that RSI is usually a result of one of three causes: technical, postural, or emotional. My viewpoint is that it is actually extremely difficult to isolate any one of these three from the other two. In my survey⁵, 16 out of 28 attributed the onset of RSI to stress or tension, but also mentioned other factors widely thought to be contributory, such as a sudden increase in playing time, working excessively long hours, the pressure of final exams, inadequate technique, previous back or neck problems, physical tension, or repertoire which is unsuited to the player's physique. Hypermobility (an increased range of movement in one or more joints which can lead more easily to strains, and is more common in women) is also cited. Dr Christopher B Wynn Parry, the renowned hand specialist, believes this factor to be so significant that "it is therefore most important that all musicians attending an upper limb clinic are screened for HMS (hypermobility syndrome)⁶.

RSI may include a number of conditions

There are many different diagnosed disorders that may be described using the term Repetitive Strain Injury. These can encompass tendonitis, epicondylitis, trigger finger, focal dystonia, carpal tunnel syndrome and De Quervain's syndrome. Of these, the first two are normally treated with anti-inflammatory drugs, cortisone injections, physiotherapy, rest, ice and (more often in the past) bandages and splints. Carpal Tunnel Syndrome is often operable, but the problem can reoccur if the same working conditions are resumed⁷. In general, there are strong contra-indications to operating on musicians, as the finesse of movement required by an instrumentalist is hard to preserve. So, thus far, the medical profession does not offer a total cure for RSI - a depressing prognosis for those affected.

Complementary Medicine - A Real Alternative?

It is therefore unsurprising that many turn to complementary medicine, with varying degrees of success. Of those I surveyed, the therapies ranged from acupuncture, homeopathy, osteopathy and Alexander Technique, through to more unusual treatments such as ergonomic therapy, low-level laser therapy, kinesiology, meditation and Bowen therapy. The most effective appeared to be Alexander Technique, acupuncture, osteopathy, counselling and meditation. There are strong reasons why these therapies attract. In my experience, the practitioners are generally strongly motivated, willing to engage in a supportive and positive way with the client and give a decent

⁴ Personal Contact

⁵ Survey conducted by myself for research purposes (see Appendix 1)

⁶ Dr Christopher B. Wynn Parry "Hypermobility Syndrome" p.73, from "The Musician's Hand"

⁷ Rozmaryn, "The Workplace Athlete" Maryland Medical Journal 1996

length of time for each client seen, which contrasts sharply with a visit to a harried NHS GP.

Unfortunately, very few of these therapies are available on the NHS (although this is beginning to change), and the cost can quickly become exorbitant, often at a time when the musician is either a student or unable to work. Also, there is no guarantee that any of these treatments will work either - I have seen many practitioners and after 2½ years still have the condition, although I am learning ways around it. The path to recovery appears to be very strait and narrow, and I have not yet discovered a universal panacea (although I am continuing to look). Those people I have met who have recovered from RSI have frequently been those who took a pro-active and holistic approach to the problem, for example looking at their working lives, motivation, general or specific health issues, technique and psychological or emotional issues. They often look back from their new life and say, "It needed to happen". As a fellow pianist, Anne⁸, in her late twenties said to me in an interview:

"It had to happen, otherwise I would never have woken up. It couldn't have been any other way. From where I was to where I am now I had to go through that route...and it had to be at that time as well. Even at the time I knew that nothing but positive stuff would come out of it"

"It's how we are in our minds that make us how we are in our bodies - the two are so interlinked one can't separate them"⁹

For Anne, who developed RSI in her third year at music college as she was preparing for her final recital, there were several elements to her recovery. She had to "wake up" - this to her meant beginning to become aware of emotional issues from her past which needed looking at, and to develop a greater physical awareness of the body both at the piano and away from it. She worked extensively with Jean Gibson, an extremely gifted and well-known physical therapist and teacher, on noticing when parts of her body held tension and how to release it. She also did an extensive overhaul of her technique, was much more rigorous about deciding what workload was appropriate for her, and focused on playing pieces that she loved.

"I had to play pieces, because there was no way I would have got better just playing exercises".

Playing an instrument is inextricably linked with how we feel about the music, the instrument, our bodies and ourselves; it is therefore unsurprising that a successful approach to healing will involve much more than mechanics. It can, however, be very difficult to admit that there is a physical problem, let alone anything else. Those I have asked have frequently reported waiting weeks before reporting any symptoms to their teacher or a doctor, thinking that it was "just a twinge" or "it'll be fine on Monday". Unfortunately the symptoms can increase in severity almost exponentially and what begins as a

⁸ The names of participants have been changed.

⁹ Interview given April 1999

twinge in the wrist can within days become agonising pain in the whole arm. In extreme cases, temporary paralysis has even been experienced (this was as a result of continuing to work for weeks in pain).¹⁰ When pain is reported to a teacher or doctor the reactions can be extremely varied. The doctor I saw (attached to a music college) told me to take two aspirins and not to worry so much. Many teachers, particularly if they themselves have not been affected, remain perplexed as to the solution.

Planning the Workshops

This was the background against which the planning of my workshops took place. I knew that I had no medical solutions, but had a strong desire to pass on information and experience about the kind of activities and therapies that I had found helpful. I also was interested in one particular aspect which affected musicians: - their need to express themselves creatively. If this could not be on their instruments, what other solutions might it be possible to find?

RSI and Creativity

One of the most striking features of the responses to my survey was the animation with which musicians discussed their relationship with their creativity, and whether this had been affected by the condition.

Some said that they had taken up a new artistic activity. For example, several instrumentalists had begun singing, and in some cases had even decided to retrain as a singer. Others felt that their teaching had become more inventive, as they were obliged to find alternatives to demonstrating to their pupils. Still others danced, acted or managed to find some form of visual art.

My over-riding impression, however, was that most had not found another creative outlet to compare in terms of satisfaction and achievement with playing their instrument, and, as a result, were extremely frustrated and depressed. I was certainly able to identify to a certain extent with their feelings, and began to ponder the implications of these findings.

While it is certain in most cases that RSI has a physiological basis, and it is not purely psychosomatic in origin, it is also true that stress, frustration and depression seem to exacerbate symptoms, and are therefore to be avoided if possible. It seemed to me that finding alternative ways of being creative might be of great benefit to others and myself. This then became the focus of several workshops that I gave to professional musicians who either had recovered from RSI or were still symptomatic.

The questions I posed myself when planning the first of these workshops were as follows:

- What have I learnt that I can pass on to others?
- What are my objectives? What do I want to evaluate?

¹⁰ Fairley, "Look No Hands!" Journalist, October 1999

- How can we explore creativity in its widest sense in an enjoyable and comfortable way?
- How can we allow our creativity free rein?

In answer to my first question, I noted:

- That RSI has a variety of practical and physical causes (e.g. technique, interface with instrument, length of time at instrument) which must be considered.
- That it is important to pay attention to one's physical and emotional state.
- That improvisation on an instrument can be a way of releasing tension (as opposed to increasing it) if it follows a natural physical or emotional impulse and not an analytical plan.
- That sound can be produced in a variety of ways, for example singing, vocal and body percussion, stamping, tap dancing, using sound pads, etc.
- That creativity is not restricted to making music!

My objectives were as follows:

- To provide new outlets for creativity which may not previously have been experienced or imagined (using, for example, movement or writing poetry).
- To experience creativity as a natural flow of resourcefulness, imagination and joy which need not be hampered by physical limitations.
- To maintain artistic integrity – to create work which they can be proud of as professionals
- To discover whether levels of pain or discomfort vary according to the type of activity, personal experience of activity and level of satisfaction in terms of creativity or self-expression, i.e. to increase self-awareness.
- To ascertain whether movement linked with the breath is of benefit to participants
- To have fun (according to my survey, one of the most common consequences of developing RSI are feelings of depression and frustration)
- To create “a safe space” by ensuring confidentiality and by being sensitive to the physical and psychological state of the participants
- To create a sense of new possibilities and hope

I had discovered personally that my level of pain and discomfort decreased on a regular basis in certain situations and I wanted to ascertain whether this was true for others.

The first of these was movement – whether walking, stretching or dancing, this appeared to increase energy levels and blood circulation, release any built-up toxins in muscles, increase flexibility and allow for creative expression.

As Pete Egoscue says when discussing the effect of our modern sedentary lifestyle on our bodies:

“Motion is absolutely crucial to the body’s operation and overall welfare.... Today the foetus eventually emerges into a modern environment that demands of it less and less motion.....What we do to work and play no longer fully engages our major musculoskeletal functions....the danger is acute motion starvation....the less we move, the less we are capable of moving.”

The second was being creative – any creative activity which was not particularly physically arduous was beneficial, including creative writing, dramatic improvisation, art, singing and so on.

Another area which was particularly effective was the release of any intense emotion (this has been corroborated by others I have interviewed) – I decided this area was outside the scope of these particular workshops – it did however come up in discussion.

The First Workshop: Exploring Parameters

Following the collation of my survey, I contacted a number of musicians affected either previously or currently by RSI who had expressed an interest in attending a creative workshop. Six (three men and three women) were keen to attend, and I then sent them a form to complete in order to assess their physical ability to perform various tasks.¹¹

The responses were extremely varied, ranging from people with no current physical limitations to one individual (Janet) who could play her instrument for a maximum of two minutes and was unable comfortably to use percussion instruments or clap. I had been prepared for this, being from time to time in the same situation myself, but it still confronted me in no uncertain terms with the challenges I would face.

Full of admiration for the courage the participants would be showing just by turning up (there is still a climate of secrecy surrounding this condition) I was determined to make the experience as comfortable and enjoyable as possible. I also realised that trust would be a very important element in the group – trust of me as a workshop leader in an area which might be very sensitive, and trust of each other in a profession which can at times be extremely competitive and “cut throat”.

As a consequence, I decided to introduce a number of different “warm-ups” in order to allow the group to get used to each other, as well as to explore different areas and ways of working. I also requested confidentiality from the participants about any personal information that might be disclosed. Furthermore, I made a decision not to video any of the workshops for the same reasons.

The first three-hour workshop consisted of:

- Introduction
 - Purpose of workshop

¹¹ See appendix 2

- Request for confidentiality
- Guidelines relating to physical comfort and maintaining awareness
- Physical warm-up exploring relationship between breath and movement and encouraging flexibility, good circulation and release of physical tensions
- Activities to encourage group cohesion and awareness of alternative and creative ways of producing sound, including rhythmic work (stamping, vocal/body percussion) vocal warm-up (colouring vowels and consonants, gospel part-song) instrumental warm-up (musical rôle-playing incorporating drone/riff/solo using percussion, or voice when no instrumental work was possible).
- A creative compositional task in small groups, setting Japanese haikus using speech, vocal sounds, song and instruments and then performing them to each other. Several times during the workshop I asked the participants to close their eyes for a few moments and “check-in” to see how their bodies were. I also reminded them to ensure that they did only what was appropriate for their physical condition.
- Open forum for discussion of the challenges facing musicians with RSI and exchange of ideas on effective means of dealing with them.

The group responded with energy and enthusiasm to the activities set and I was interested to hear what feedback they would give.

The responses to the physical warm-up were extremely varied and emphatic. Having a chronic condition can have the effect of sensitising an individual to their body’s responses and one becomes accustomed to avoiding certain movements or even parts of the body. At times it is necessary, at other times actually counter-productive. It can therefore sometimes be difficult to know whether or not to exercise a particular area or to leave it alone.

Most people felt that the exercises were appropriate, but had to adapt some of them to suit their condition. My own experience is that movements which are flowing, co-ordinated with the breath and connected to the back are the most beneficial, and I decided that I would make this more explicit in the second workshop.

Responses to the rhythmic work centred around physical limitations – frustration at not being able to clap or use percussion instruments for more than a few minutes without fatigue or discomfort, and lack of familiarity with techniques necessary to use percussion effectively. Although I had made it clear that stamping, tongue clicking and so on were actually acceptable these were not wholeheartedly adopted by the group – perhaps because of feelings of self-consciousness or awkwardness which I found very understandable. It is a long process learning to be able to diverge from the “norm” if that is what one’s body demands.

The vocal work was well received, participants finding the element of self-expression and the challenge of learning music by ear satisfying. One instrumentalist admitted to feelings of vulnerability at being asked to sing, but acknowledged that the nature of the activities allowed her to feel supported.

Most of the group felt that their creativity had been most stimulated during the process of setting the haikus. One described it as “a meditation on text” and would have liked to spend much longer on it, and another that she really enjoyed the performance element, which she felt, was now lacking in her life. There were also the inevitable considerations and feelings that naturally arise in these situations – inhibitions, self-censorship, involvement with and responsibility for the group process.

My own perception was that the two pieces created were successful both structurally and texturally with imaginative use of instruments (for example blowing into a hollow percussion instrument, plucking the strings of the piano).

Some of the comments focused on the amount of time spent on “warm-up’s” relative to time devoted to overtly creative activities, such as the haiku improvisation. Some felt that they would have liked to spend more time on the haiku and less on the “warm-ups”, but, as previously stated, I felt that the preparatory activities were necessary both to develop group confidence and trust and to experiment with creative media possibilities outside of the strictly instrumental.

The Second Workshop “Spirit of Play and Pleasure”

Following the first workshop, I had decided that I wanted to refine the type of movement work and to explain its purpose more precisely, to increase the scope, variety and length of time spent on the creative activities and also to focus on getting pleasure from sound, however it is created.

The second three – hour workshop took place five weeks later and consisted of four people – two of them men who had taken the first workshop, and two women who were not able to attend previously. I was interested to ascertain to what extent the introduction of new members to the group would have on its dynamics, and how much time it would take for the group to cohere. I also wanted to ask the group explicitly if they minded if members who felt well enough to play their instruments could do so, and if it was acceptable to them if members stopped playing if they needed to. This was as a direct result of a comment made to me by one of the participants in the first workshop that he had avoided playing his instrument in order not to upset another participant who was unable to do so.

I began with the same guidelines as before, to which I added that we would again “check – in” periodically to ascertain what the body was experiencing. This time we would also privately ascribe a number from 1 to 10 (10 being the most severe) to our level of discomfort each time, and notice whether it rose or fell according to the type of activity. The activities were as follows:

- Movement was the initial focus. This time rhythmic movements were used, initially led by me, then in pairs mirroring or complementing each other's movements to create satisfying images.
- Vocal work this time had a different angle – we began by humming long notes to create a cluster of sound, and then formed a “sound bath” whereby one person stood in the middle of the circle with eyes closed and the others circled slowly around them singing or humming to them. The resulting effect is peaceful, pleasurable and uplifting to the person in the middle – they often appeared almost in a trance state afterwards
- On instruments, we again used long notes synchronised with our breathing to make a gentle transition to instrument work. One of the participants was unable to play her instrument so she used percussion such as bells and wind chimes.
- We then created individual haikus from text generated by a series of questions I asked about a favourite place – for example “what can you hear/see/smell?” and “what colours are around you?” During the break, the group decided on one haiku from those generated to be set to music, a memory of childhood holidays in Spain.

*“Porch in the shadow
Murmur of the sinking waves
Flowers popping, violet.”*

A tranquil ostinato in the piano provided a starting point on to which other ostinati, a vocal line and accompanying voice part was added. We worked the piece in sections and experimented with colour and texture. The instruments used were piano duet, voice(s), violin, various percussion instruments including an Indian Zither (refer to tape).

When requesting feedback from participants of this second workshop, I focused on their perception of the extent to which they were able to be creative in these circumstances (improvisatory exercises, mostly without their instruments) and of their levels of tension and/or discomfort.

Most felt that the rhythmic movement was enjoyable and therapeutic, although one participant's comments were that she felt drained afterwards and another was embarrassed that he was, as he put it “not good at jumping outside parameters”. The ‘sound baths’ were extremely well received and group members reported feeling comfortable and peaceful afterwards. It was interesting to me however, that some did not perceive it as being specifically a “creative activity,” although the sounds were improvised.

Writing poems provoked enthusiastic responses and high levels of creativity. One participant commented that he enjoyed the contrasting elements of individual and group creativity. Unfortunately, writing can sometimes be uncomfortable for those affected by RSI, and one participant reported a higher level of physical tension afterwards. She also mentioned that she felt pressurised (internally) to produce something of high quality, and that the resulting rise in stress levels may have exacerbated the tension, and therefore the pain that occurred at this point. In my experience, pain levels

are often affected by the perception and expectations of any activity – one of the reasons I had decided not to video these sessions. Besides these workshop activities were focused very much on our inner experience as well as sound or movement, and this would have been difficult to perceive externally.

The musical improvisation aroused strong opinions, mostly very positive, about the level of creativity achieved – one experienced a “buzz” and a high level of energy, another (who had been at the previous workshop) a sense of pleasure, stimulation and relaxation at working in a larger group without feeling pressurised to “perform”. Only one, who was experiencing high pain levels and therefore could not use her instrument, felt “switched off” and “bothered” by her sense of limitation.

Overall, lower tension levels were experienced after the movement work and the “sound baths,” and the most creative enjoyment was derived from the creative writing and the musical improvisation. The participants reported feelings of pleasure and it was clear that they had found the experience satisfying. One even asked if the workshops could be continued, a possibility which may interest me in the future.

Conclusion

In terms of my objectives I feel that the workshops were a valuable experiment in terms of discovering ways to release tension and expand creative possibilities for musicians with RSI.

With regard to the general outlook for affected musicians, it seems to me that there are several areas that need to be explored – broadly defined as education and support. Elizabeth Andrews, in her book, Healthy Practice for Musicians,¹² describes the programme in Trondheim Conservatoire in Norway, which includes instruction in:

- a) Injury prevention
- b) Chronic stress reduction/prevention
- c) Self-help
- d) Performance anatomy
- e) Physiology and bodily awareness
- f) Diet
- g) Sleep patterns
- h) Ergonomics/posture
- i) Art of instrument carrying

The conservatoire also carries out a preliminary physical assessment of students and training in effective practice – habit building, self-observation and self-knowledge.

¹² Andrews 1997

A programme such as this would be very helpful in conservatoires and other institutions such as orchestras in this country and might prevent many injuries resulting from an unsuitable body type or overuse/misuse. Elizabeth Andrews, in an article written for "Classical Music Magazine"¹³ also quotes some recent research done on a professional American orchestra. "Of 110 professional orchestra musicians tested, 20% were on muscle relaxants, 29% had peripheral (hand and arm) neurological disorders and 50% showed overuse syndromes." This situation appears to be increasingly common.

It would be useful to have a resident specialist such as a physiotherapist or osteopath with extensive experience of musicians' injuries to whom instrumentalists could be referred at an early stage before the problem becomes acute. This would require not only a certain openness on the part of students (or in the case of orchestras, employees), but also on the part of teachers and administrators to recognise the complex and multi-faceted nature of such a problem, and be willing to discuss possible solutions (which might also include stress reduction, lifestyle changes or counselling where appropriate). Regular exercise, particularly movement classes that include specific exercises to improve muscle tone, flexibility and body awareness, is essential. Some conservatoires provide such classes, but only for singers and actors. The Royal Ballet, Covent Garden, now provides free physiotherapy for the dancers but orchestra members must pay. Many such inconsistencies exist, and with the efficacy of sports medicine on the health of, for example footballers or tennis players now considered indisputable, isn't it time that such support is extended to musicians?

¹³ Andrews 24/10/98

Appendix 1

Survey

Repetitive Strain Injury or the Venus de Milo Syndrome Questionnaire

Thank you very much for agreeing to take part in this questionnaire; I hope it will ultimately help all of us with RSI.

I am a professional musician, at present taking the ' Continuing Professional Development' course at the Guildhall School of Music and Drama in London, for which I am researching RSI. The results of this questionnaire will form part of a document collating information about people's experience of RSI, which will also cover research and development in this area, both in Britain and abroad. This should provide a much-needed information resource for teachers, students and professional musicians.

I am well aware that even the use of the term RSI can be controversial, For the purposes of this questionnaire I am deliberately not giving a precise definition as individuals will vary in terms of effects, degree of severity and duration of symptoms.

My own interest in this subject is very personal - I am a pianist and teacher, who has been *severely affected by RSI for almost two years. I am unable to play the piano (which previously constituted about 80 per cent of my employment) and also have many other practical difficulties.*

Some people may hesitate to disclose their experiences for a variety of reasons, and I am keen to protect confidentiality. Please return the questionnaire to me at the address below by March 1st. If you prefer, you may remain anonymous.

When completing the questionnaire, please feel free:

- to add comments or to elaborate
- not to answer all questions.

There are no 'right' answers - I am interested in your experience!

Valerie Kampmeier

RSI RESEARCH PROJECT

Physical Aspect

1. Which of the following symptoms have you experienced?

Fatigue

Muscle Weakness

Numbness

Buzzing or tingling

Heat

Coldness

Sharp pain

Dull ache

Other

2. Which areas have been affected?

Back

Neck

Upper arm

Elbow

Forearm

Wrist

Hand

Fingers

Other

3. When did the symptoms start?

1 month ago or less

1-3 months

3-6 months

6-12 months

12-18 months

18-2 years

2 years plus

4. Is it constant or episodic?

5. Does the pain always occur in the same places?

6. a) At the onset of the condition how was your general health?

b) Were there any pre-existing conditions which may have had a bearing on your contracting RSI?

7. What sort of activities exacerbate the condition? Which activities improve the condition or have no effect?

Activity	Condition		
	Worse	Same	Better

e.g. Gardening

Resting in bed

Playing a musical instrument

The next two questions relate to conventional medical treatment, via a GP or hospital specialist. Alternative treatment is covered later.

8. Have you sought medical advice? If so, what was the diagnosis?

9. a) What medical treatments/therapies/activities have been advised (e.g. physiotherapy)? Have they been helpful? Have they been available?

b) Have you ever been advised to have an operation? Did you go ahead? Did it help?

10. Do you know why the condition occurred?

Alternative Therapies

1. Which of the following therapies have you tried, and which were helpful?

Therapy	Tried?	Helpful?
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Acupuncture

Shiatsu

Naturopathy

Chinese herbal medicine

Homeopathy

Reiki

Ayurveda

Kinesiology

Iridology

Osteopathy (including crania-sacral)

Chiropractic

Bioenergetics

Nutritional therapy

Bowen Method

Alexander Technique/Postural re-education (e.g. Jean Gibson)

Meditation/relaxation/visualisation

Counselling / psychotherapy

Healing

Other

Psychological Aspect

1. Do you think your condition varies according to your psychological/emotional state?

2. What was your psychological/emotional state at the time you contracted RSI? Do you think it was a factor in becoming affected?

3. What psychological/emotional support have you asked for or received (personal/professional)?

4. Have you been to a support group? .If so, was it helpful? If not, why not?

And finally...

Would you be willing to be considered as a, 'case study' (this would involve one interview at a suitable time and place)? Your name and identifying details will not be used in the report.

Yes

No

2. As part of my research I will be running a series of creativity workshops, especially designed for people affected by RSI. Are you interested in receiving more details?

If so, please fill in your details: Name

Address:

Tel (day)

Tel (eve)

These details will not be disclosed to anyone else.

Many thanks for your time, and I wish you all the best.

Valerie

Appendix 2

Special Needs Form

Valerie KampmeierQuestionnaire for workshop participants

1. Are you able to play your instrument?

Yes Name of inst_____

No

2. If so, for how long'?

less than 15 mins.

15-30 mins.

30-45 mins.

45-60 mins.

1-2 hours

2 hours+

3. If not, are you able to use percussion instruments?

4. Are you able to clap rhythms?

If so, for how long?

less than 15 mins.

15-30 mins.

30 mins. +

5. Do you need help transporting your instrument?

Please give details

6. Are you able to do simple movements sitting /standing /walking?

7. Do you need rest periods?

8.Availability

The workshops will take place on two of the following dates:

Sunday 26th September

Sunday 3rd October

Sunday 10th October

Please indicate your availability (the two dates will be chosen accordingly) and return the form to me as soon as possible. Thank you!

Appendix 3

After planning and executing my workshops, I was introduced to Kajsa Krishni Boräng, a well-recognised teacher of Alexander Technique and Chinese medicine, who has done a considerable amount of work treating people with RSI with good results. The following quote, from a book she is currently writing, seemed particularly relevant, and presents a different angle on the same issue.

“One of the most common syndromes that people with RSI have is the stagnation of the Liver Chi. The liver is responsible for the smooth flow of chi or energy in the body, the emotions, and the digestion. It is the planner and the vision for the future. It dominates, or is responsible for the tendons. So when the Liver Chi does not work there is tightness in the shoulders, chest, digestive problems, mood swings, depression, anger, feeling wound up, headaches...so what is the remedy?”

- *Move, stretch, shake, dance, walk. The body is not meant to be still for too long. Chant and sing.*
- *Do not suppress your emotions. The aetiology of liver stagnation is long term problems such as anger, frustration and resentment.*
- *Be creative. The liver is the Wood element, uprising energy, Spring, birth, creativity. Express yourself.*
- *Have a vision.”*

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