

## ACCEPTED VERSION

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**Making music to making lives better: a transition from musician to health professional**

Work, 2020; 67(3):529-534

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“The final publication is available at IOS Press through <http://dx.doi.org/10.3233/WOR-203307>”

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**8 December 2020**

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## **Work Transition Narrative Column**

### **Making music to making lives better: a transition from musician to health professional**

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Preamble Written by Column Editor Lynn Shaw

Work transition narratives are written by persons experiencing 'lived transitions' and require them to retrospectively reflect in, on, and throughout the journey. Reflection often helps to make sense of a difficult experience and the loss of employment or career goals but also on the strategies and elements of how a person successfully transitions. This narrative offers insights into reflection as a process for achieving success in new work pursuits. Jessica's narrative focuses on reflecting on how each experience that comes before the next one helps a person to acknowledge, build, and draw on their embedded capacity and strengths. This process while it may not be evident at the time is part of increasing one's occupational potential and readiness for new employment opportunities over time. Deep reflection by Jessica on what was valued and gained by way of skills and competencies from each situation continuously informed new capabilities and awareness of how they served her in conducting her new occupations. Jessica's narrative illustrates how important it is to engage in a mindful reflexive process about self-capacities and strengths while experiencing unwanted or disrupted occupational directions. As she moved from one highly desired occupation to a different occupational pursuit that was not as desired, her reflective processes helped her realize that the pathways she took were a means (physiotherapist) to a more desired end (researcher). Taking time to focus on what she valued and learned in each occupation also helped her appreciate and find a

sense of satisfaction, self-worth and confidence in each subsequent role. Her strategy on acknowledging how her competencies from past experiences such as problem solving and capacity for new learning as a musician was useful in her approaches as a physiotherapist when working with patients, and then she built on using evidence and experiential knowledge as a therapist to helping her in becoming a researcher who valued different ways of knowing.

This strengths-based reflection on gains through career and employment challenges (such as not always knowing if you made the correct choice) was a consistent strategy that helped throughout her transitions. Making this sometimes-unseen reflection about your strengths, capacities, and skills more transparent may support personal confidence and build courage to set goals and take steps in new directions. Read Jessica's story and how her continuous transitions in work are part of reflecting on how to become and to be able to contribute in new ways through work.

### **Making music to making lives better: a transition from musician to health professional**

The day my pain specialist told me I would never be pain-free again, I knew my music career was over. I was 21 years old, and had been in constant pain for about two years. I had experienced intermittent jaw pain for about 10 years, but having braces on my teeth, and later having my wisdom teeth removed was supposed to fix it. It did not. The day of my surgery was the last time I had been pain free, even for a second. The years that followed were horrible, and my life was turned upside down.

#### **Life as a musician**

I was two years old when I first told my parents I was going to play the flute. My dad was a school music teacher, and many of my childhood memories involve music. I did not stray from my dream to play the flute, and started playing when I was 8 years old. It was around this time that I realised that you could play music as a career, and I was determined to make that happen.

After finishing school, I was accepted into the Bachelor of Music (Classical Performance) program at the Elder Conservatorium of Music, The University of Adelaide. I had a wonderful teacher, and I was determined to make the most of the three short years at university. I loved university, and made a lot of progress in my first year – things all appeared to be very positive. In addition to my musical studies, I taught music and worked as a freelance flautist, clarinettist and saxophonist, and was starting to establish a strong network.

### **Life in constant pain**

I had experienced intermittent jaw pain since I was about 10 years old, but this pain became constant and debilitating at the end of my first year of university, when I was 19 years old. My constant jaw pain started when I got my wisdom teeth removed, which was, ironically, because it was thought that my wisdom teeth was the cause of my intermittent jaw pain.

I spent over 2.5 years in constant pain, aggravated by talking and eating, and playing music was near impossible. I saw a range of health professionals, and trialled exercises, a night-guard, and medications (including gabapentin, and sodium valproate). I had always felt that my retainer (following braces), and later my night guard, changed my jaw position; however the dentist and orthodontist I saw did not see this as a problem.

Approximately 18 months after my constant pain started, I saw a pain specialist who took scans and concluded that there was no physical cause for my pain. I was told I would be in constant pain for life, with the best outcome being a 30% improvement in the intensity of the pain with medication, however the improvement may not be sustainable. My music career was over.

Although I had to accept my music career was over and move onto something else, I was not able to because of the side effects of the medications, such as fatigue and decreased cognitive ability. I continued to teach music and work in a music retail store, however I struggled with both.

Things changed when I went on holidays, and forgot to take my night guard with me. I was concerned the pain would worsen, however the next morning I woke up with very little pain - the best it had been for over 2.5 years, and my jaw felt like it was in the 'right' position. The next day I had no pain. I had forgotten what no pain felt like. I gradually reduced my medication, and over 12 years later, I have had no jaw pain since.

### **Life after pain**

Without the pain, nor the medication side effects, I could contemplate a new career. Returning to music was not really an option. Musicians with musculoskeletal symptoms, particularly those that impair their ability to play or result in time off from playing, face stigma [1,2], and may be labelled as weak and unreliable [1] - they are essentially blacklisted. As I had remained in the music community, my experience was quite public. I was known as the 'one with the jaw', even among musicians from other cities who I had not previously met. I was unlikely to be a successful musician, even if my playing itself was good enough.

I had never thought of a career outside of music. As a child I was so enthusiastic about playing music and would practice regularly. I was a good flautist for my age and had many opportunities that most people would have to wait for secondary school to be offered. Music quickly became part of my identity – both in terms of how others viewed me, and how I viewed myself. My love of music, and success had continued throughout my schooling; it was the only career for me. I had, like many other musicians, assumed that I would be able to play through pain. I had always thought that nothing short of having a hand amputated would stop me from playing, so I had not considered a career outside of music.

The advantage of having a public experience with pain was that others would openly discuss their experiences with me. I was shocked by the number of musicians who were experiencing pain and

other symptoms (often in silence) that impaired their ability to play, and the actions they would take to deal with their symptoms (e.g. cortisone injections before every exam period). Despite attending numerous professional development workshops, playing in many ensembles, and having a year of undergraduate music study at university, I had never had anyone discuss how to prevent and manage pain and other symptoms (e.g. tingling, weakness), yet these symptoms appeared to be common. I felt that something had to change.

I felt that I was uniquely positioned to improve the lives of musicians, by working to reduce the prevalence, frequency, severity, and impact of pain. I had very positive experiences with the physiotherapists I saw for my jaw pain. While my symptoms did not improve significantly, I always felt listened to, and my physiotherapists were excellent communicators and educators. They made me feel like a person, not a problem – which sadly was not my experience with some of the other health professionals I sought help from (e.g. psychologists, medical and dental professionals). Through trying to understand my own symptoms (yes, I resorted to Dr Google on occasion), I became more aware of how research informed physiotherapy, and how physiotherapists themselves engaged with research. Having enjoyed science at school, I was drawn to the evidence-based approach to physiotherapy practice and was interested in the research opportunities a physiotherapy career may bring. Given the physical demands of being a physiotherapist, and my experiences as a musician in pain, I did not want to have a career that would be limited by symptoms like pain, which was a real risk for physiotherapy [3], so I was also interested in a research career within physiotherapy.

I also saw physiotherapy as the most specific profession for what I was interested in; musicians' pain, where I could work in both prevention and management, utilising both individual and population level interventions. I soon came to realise that physiotherapy is far broader than I had thought, and that there are other health professionals, like occupational therapists, who can also play an important role in addressing musicians' pain [4]. Nonetheless, at the time physiotherapy was

an avenue to engage in the work I was interested in. I spoke to my physiotherapist about potentially moving into physiotherapy, including how research may fit into a physiotherapy career, and he was very supportive (and told me I would have a job, when I qualified). I enrolled in physiotherapy the following year.

### **Becoming a physiotherapist**

My transition from musician to becoming a physiotherapist was not easy – at least initially. By this stage I was able to play flute again and was starting to remember why I loved music so much. In Australia, physiotherapy is one of the most difficult university programs to get into. Getting an offer to study physiotherapy should have felt like an achievement and should have been met with enthusiasm about my future. This was not the case. I was devastated; I was grieving. I had desperately wanted to study music again for three years at that stage, and I was choosing to pursue something else. I knew this was a sensible choice, but it was not really what I wanted to do.

Despite my reservations, I started in my physiotherapy program, and found it really challenging - socially and academically. For most people enrolled it was one step closer to their dream job, but it was a step away from mine. One of the most common questions you're asked (and ask) in the first few weeks of university is why you have selected to study your specific program. I found it difficult to relate to students who really did want to be a physiotherapist, but I also found it difficult to explain my reasons. It still felt raw, and in many respects, I still wasn't ready to be there. I avoided talking to other students about it, which meant I was to an extent socially isolated. Over time I was able to more comfortably disclose not only my reasons for studying physiotherapy to other students and staff, but also the fact I was struggling with studying something I wasn't truly passionate about.

I also struggled academically. I had done well at secondary school, but it had been several years since I had sat exams, or written assignments. My first few assessments were terrible, but over time, I remembered many of the basics of writing I had been taught in early secondary school (e.g. planning your paragraphs, having a topic sentence). I also struggled terribly with rote learning. I was

never good at it and had managed to avoid subjects that required a lot of rote learning at secondary school, so I didn't have good learning strategies. But like my assignments, I gradually learnt to learn. And, accepted that my 'free' time would have to be spent studying, rather than playing music as I had planned.

One of the difficult aspects of studying physiotherapy was sadly some of the attitudes that students (and on occasion staff) had towards people experiencing chronic pain. Despite presumably wanting to help those experiencing pain (and other symptoms), some assumed that people who did not respond to treatments as expected were making it up or were lazy. These negative attitudes towards people with chronic pain reminded me of the negative attitudes towards musicians with pain. These attitudes made it difficult for me to connect with some students, and to explain my experiences. I was frustrated by some of the content of our education regarding pain, that almost trivialised the experience of chronic pain. I remember learning about mantras like "you're in control of your pain, it's not in control of you" that were supposed to help our patients. While I can appreciate the intent, to me advice like this could re-inforce the idea that people with chronic pain did not want to get better. I opened up about my experiences, and how I would have felt had I been a patient who was given this mantra. Sadly, not all staff nor students could see this point of view. While disappointing, it was at this point I began to understand that in many respects I was privileged to have had the experiences that I had; not because they were good experiences, but because they gave me insight into an experience of many of our patients, that you cannot really understand without experiencing it. It also highlighted the need to truly listen to your patients, and to aim to understand their experiences and points of view. My experiences ultimately made me a better physiotherapist.

Over time, I began to enjoy my physiotherapy studies. I had overcome many of the challenges I had experienced with studying and assignments, I had started to appreciate the value of my 'painful' experiences, and I had begun to appreciate that I had many skills from music that would enable me to be a good physiotherapist. Both professions involve having well-developed motor skills, so I was

already equipped with the ability to observe and replicate physical tasks, to reflect on my performance of the task and continually work to improve these skills. My skills as a music teacher were also highly relevant. I had developed skills in communication that allowed me to communicate clearly with a range of people, especially with regards to teaching physical skills, which was again relevant to physiotherapy, in a range of settings. I had also developed skills in 'diagnosing' problems and developing solutions – both through my own musical development, and through teaching others. I could break down tasks effectively and determine which part of the task was the real problem. This skill was invaluable in physiotherapy, especially in rehabilitation settings.

Physiotherapy started to feel very natural to me, and I started to see what the appeal was, especially once I started working with patients, and could see how I could help them improve their symptoms and function, enabling them to participate more fully in the activities they enjoyed. As my studies continued, I could see how my previous experiences would shape me as a physiotherapist, and enable me to succeed in my new career.

I worked clinically for five years, and again found that my experiences, particularly with pain, assisted me in my work. I always aimed to really listen to my patients, to understand their symptom experiences, what they believe caused their symptoms, and how their symptoms impacted their lives. This allowed me to build a rapport with my patients, which assisted with assessment, treatment, encouraging self-management, discharge planning, and where necessary encouraging them to see other health professionals. This was particularly relevant for patients with chronic pain experiences who may have benefited from seeing a psychologist. These patients often had pain that started with a traumatic event (e.g. a car accident), or like me, where deeply impacted by their pain. Patients with ongoing pain often fear being told that their pain is in their head, and while in some cases this is technically true [5], the explanations patients are given are critical to ensuring they understand that their pain is real, and that there are real reasons for their pain experiences. Where appropriate I would share with my patients my own experiences. For some patients, it was simply a matter of stating that I had seen a psychologist for my chronic pain, and for others it was a longer

conversation that could include a description of what the psychologist talked to me about, and the treatments they offered. It was, of course, critical that the focus was on the patient, not me and my experiences, but by selectively sharing my experiences I could make it clear that I was not simply giving up on a patient, and that I believed their pain was real.

For me, part of listening to the patient meant trying to learn from them what they believe caused their symptoms, and what their chosen activities entailed. The patient typically understands their body and lives better than anyone else, and I always tried to keep an open mind. This approach would have saved me years of pain. I enjoyed working clinically, and the changes in people's lives I was able to make. But I was still interested in making broader changes to reduce the burden of pain at a population level.

### **From musician to clinician to researcher**

One of the reasons I pursued physiotherapy was because of the research opportunities, which I was aware of through my own experiences. I was fortunate enough during my physiotherapy studies to find other students and staff who were also musicians. Although none of these musicians entered physiotherapy due to no longer being able to engage in music, they understood the impact that pain may have on musicians and encouraged me to conduct research in this field. These interactions led me to devise an honours project (a thesis produced in the third and fourth year of my undergraduate degree) in the area of musicians' health.

I again experienced challenges moving into research, this started with my honours project. I began realized the need to improve my writing skills to become a researcher. I was fortunate enough to have wonderful supervisors who spent time giving me detailed feedback, and explaining how to improve my writing (e.g. highlighting bits that did not relate to what I was supposed to be writing about, or that could be misinterpreted). Again, the skills I had developed as a musician helped me improve my writing. While not a physical skill, writing well involved attempting a task, reflecting on the performance, and working to improve it, and at times also involved 'diagnosing' the problem

Like music and physiotherapy, as my skills evolved, my confidence and enjoyment grew. The opportunities followed. During the third year of my undergraduate physiotherapy degree I was offered (and accepted) a job as a research assistant. The work for this team was not focused on musicians' health, nor physiotherapy specifically, but rather allied health more broadly. In two years I worked on 12 different projects, including the care of people with brain or spinal cord injuries and those in palliative care, a screening tool for detecting functional decline, and the roles of various health professionals (e.g. extended scope physiotherapists, advanced allied health assistants, and orthoptists). Although I was always grateful for the job, I was surprised how much I enjoyed it. I learned so much about aspects of healthcare I hadn't thought of (I hadn't even heard of orthoptists before!), and enjoyed the process of exploring new topics, working with other researchers with complementary skills, and seeing the report being finalised and presented to the client organisation. A real highlight was having my first peer-reviewed paper accepted in the third year of my undergraduate studies. The paper was quickly (and regularly) cited, and the findings were being used to guide the implementation of extended scope physiotherapy roles in Australia. It was so exciting seeing the work I had done being used by others, and hopefully making a difference to the lives of many people.

I continued to take on small research contracts after qualifying as a physiotherapist. I could see that there were gaps in my education that I needed to fill to undertake the research I was interested in, particularly with regards to epidemiology and qualitative research. Additional training through a Graduate Certificate in Clinical Epidemiology, helped me develop the skills I wanted, and I gained insight into issues in public health I had not really been exposed to previously (e.g. infectious diseases). Next, I enrolled in a PhD specifically to pursue research into musicians' musculoskeletal conditions.

Currently I have had steady work as a researcher in a range of fields, including allied health, public health, occupational health, environmental health, and more recently ecology. I put this success

down to my experiences as a musician and a physiotherapist. As a musician I was adaptable, I played multiple instruments in different genres, and I could see the benefits of this approach in terms of being able to capitalise on a broad range of experiences. I've used the same approach in research – capitalising on available opportunities for study and work, rather than focusing on one field.

Engaging in cross-disciplinary research has not only made me more employable (there are more jobs to apply for), but it has exposed me to a range of methodologies, approaches to thinking and problem solving, and content knowledge, that has kept me enthusiastic about research and made me a better researcher.

My physiotherapy studies were an excellent foundation for becoming a cross-disciplinary researcher. We had ample opportunity, within the realm of evidence-based practice, to develop advanced skills in systematically searching the literature, appraising studies and reviews for methodological bias, integrating information from various sources, and communicating these findings. These are critical skills for research, but they are taught to varying degrees in other disciplines. For instance, in ecology (at least at our university) there was no education regarding systematic searching, nor formally appraising the literature. Having the networks, and the ability to quickly understand new topics, meant that I was employed to assist ecologists in developing their skills in this area, while also contributing to new ecology research. The skills I have learned through my music and physiotherapy studies have held me in good stead to work as a researcher; and no doubt, many other careers.

### **Factors that made the transition successful**

Although I did not know it at the time, the biggest advantage for me was selecting a new career path where some of my skills were transferable. I was able to capitalise on these skills to gain confidence in and successfully transition into my new career.

Being such a competitive career path, music had taught me to take every opportunity, that networking matters, and that your reputation follows you. These attributes have also helped both in

my career as a physiotherapist, and now as an academic. I did not fall into the 'Ps get degrees' trap (i.e. students believe that passing a course is sufficient, rather than aiming to do well) that some of my fellow students did as I knew that work opportunities may be limited, and importantly that I may again have to change careers, potentially relying on a good grade point average to be admitted into another university program. Music taught me to discuss my interests with others and seek out opportunities, which allowed me to pursue both honours and PhD projects in my area of interest.

Being a musician also means that you are always learning, often in a self-directed manner, whether it be a new technique or a new piece, and that you are constantly honing your skills further. This background has equipped me well for work as a physiotherapist and as a researcher, where lifelong learning and professional development are critical. I am always keen to learn new skills and gain new knowledge, and I am driven by the new opportunities this may open up for me personally, but also for the development of innovative solutions to complex problems. Engaging in cross-disciplinary research has been particularly rewarding in this regard, as it has exposed me to different ways of thinking about problems, different methodological approaches, and new knowledge. The knowledge gain has led to new hypotheses, that may improve population health. For example, that pain outcomes may be improved due to exposure to aspects of greenspace, including phytoncides and the environmental microbiome, thus potentially leading to new clinical and public health interventions to reduce the burden of pain [5]. I endeavour to make my research my own in the same way my playing would be my interpretation of the piece. My desire to learn more and adapt my skills to new experiences has allowed me to work in a wide range of research areas.

### **Reflective questions**

1. What other careers do you think you would be interested in if you were unable (or chose not to) continue in your current career?
2. What are your transferable skills and where could they take you?

3. What other transferable skills could you gain in order to maximise your opportunities to transition into another career of your interest?
4. What skills do students need to develop to prepare themselves for multiple uncertain futures?

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