More about Focal Dystonia and Rolfing® SI for Professional Musicians

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While reading the very interesting conversation between Tessy Brungardt and Carolyn Pike entitled "Rolfing for Professional Musicians" (Structural Integration, September 2008, p.15), and specifically the material about pianist Leon Fleischer and Focal Dystonia, I found a sentence that motivated me to write something about my own experience with Focal Dystonia.

The sentence that got my attention was: "It is important to remember that Dystonia is a brain disorder and there is no cure for it".
Now that is exactly what one will find in any description of Focal Dystonia. Medical texts, as well as research on the Internet, show Focal Dystonia to be the result of neurological damage in the part of the brain that is responsible for the control of voluntary and automatic body movements.

First of all, I have to acknowledge that I initially came to Rolfing Structural Integration (SI) because of very severe inflammation in the left forearm caused by playing guitar for many hours a day, as I was aspiring to become a professional guitarist. For years I could not find anyone who could help me, neither among medical doctors nor music teachers. I experienced first-hand the feeling, that "there is nobody around that understands the real problem". Fortunately, five years later I found an old pianist who used to manipulate only the hand, and especially the metacarpal-phalangeal joints, to "free the knuckles up" as he said. That, and his teaching, completely changed the way I was used to playing. He knew about Rolfing SI through a student of his from the United States, and gave me Ida Rolf`s book.
That was in 1984.

Now, after almost twenty years of working with quite a few musicians (professionals, teachers and students) with a variety of problems, I have come to the conclusion that with most musicians who have been diagnosed with Focal Dystonia, the real problem has not been the malady itself, but the fact that they have been diagnosed and labeled as having "a brain disorder with no real cure". That diagnosis along with its associated stigma is normally given out by famous doctors at specialized clinics for musicians. Those clinics are very good at diagnosis, but unfortunately not at therapy.
The problem is that the Focal Dystonia diagnosis means that the concern is a "central" (nervous system) one, which occurs centrally in the brain and has little if anything to do with what happens in the periphery. For me this is simply not true and, at least for musicians, not logical at all!

To me, Focal Dystonia appears to be the consequence of a peripheral disorder, in the form of a fight between highly overworked, and therefore "crazy" flexors and extensors. (1) And not the other way around (2)
In fact the most common symptom of Focal Dystonia is that the fourth and fifth finger (3) do not properly execute the commands coming in from the brain: when they should extend they flex, and vice versa. It is difficult to understand why the outcome of an "overwork syndrome" is sometimes inflammation and at other times Focal Dystonia. I imagine that it depends on from where the movement is blocked. In the case of inflammation, there is less disorder, the disorder is less complex, and the cause is limited mainly to one muscle group i.e. to the extensors or flexors of the fingers and hand. If the problem is more complex and much of the effort ends up in the hand and fingers because of a lack of movement through the wrist, the result may be Focal Dystonia. Perhaps an affected pianist spends hours a day attempting to perfect a Liszt sonata with acrobatic finger spreads. (4)

What happens is that when a musician recognizes a passage in a piece of music as difficult, as he comes close to this critical point he instinctively contracts the involved body parts – hand, fingers, arm – in order to overcome the difficulty. As a result he loses the sense of weight and therefore of easiness (5) and has less range of movement. Although he cannot win by fighting, he is not aware of this and goes on for hours trying to succeed by contracting even more. And if he does not succeed, his teacher will tell him to practise more, but generally without guiding him in how to do the exercises properly! The result, unfortunately, can be Focal Dystonia!

The fact is that we can win against those difficult situations only by doing exactly the opposite: letting go, renouncing control, not fighting to win, and risking failure. In this way we stay with the sense of weight, with easiness, a sense of effortlessness, and a bigger range of movement becomes available. Last but not least, we gain a nice broad sound. Now the crucial point is this: how do I teach all that to a musician? He or she has heard those words over and over again from teachers, but does not know how to put them into practice.

As most musicians are able to play some piano, I conduct sessions, if possible, at the piano for all types of instrumentalists and for almost all kinds of problems. Because one can sit symmetrically, and the arms and hands are in a vertical position with respect to the keyboard, letting go into the weight is much easier.
In the beginning I use very simple and slow exercises for the fingers. During the finger movements the wrist has to stay open and free, the forearm heavy and suspended, the arm heavy and relaxed in the shoulder (6) etc.. When the client can do this, I use a few arpeggio exercises from Brahms, which I have found to be incredibly efficient if done properly. In those exercises one finger of each hand always stays on the key, supporting the hand-arm unity. The other fingers play with wrist, forearm and arm staying open, heavy, suspended, as noted above. With this background, it is easy to transfer the new felt sense from work with the piano to the client's own instrument.

This work, done properly and in an increasingly sophisticated manner, in combination with Rolfing® SI and refined Rolfing Movement™ work, is, in my experience, the most potent practical cure in existence for the types of severe inflammations and Focal Dystonia mentioned above. For the rest, Tessy Brungardt herself proves it with her work on Leon Fleischer, and explains it more comprehensively and better than I could ever do.

If a musician with Focal Dystonia does not find help and yet does not want to give up playing, and tries for a long time to go on – in other words, tries to fight in order to win – the problem obviously becomes more severe. The disorder may spread out from muscles and tissues to the whole complex movement transmitting process, in this way involving somehow also the brain. To a doctor with a scientific/theoretical background and approach, it will seem hopeless and of course a "central" problem. I do not believe that – even if I can not prove and challenge it formally. In my opinion, we would be poorly constructed if any "stupid" behaviour at the periphery could damage the central "play station"!

Why is it that the official diagnosis of Focal Dystonia is, in my experience, so deleterious for many musicians? I would like to answer with two examples.
The first is that of a thirty two year old pianist, whose career was interrupted by dystonia. In his first session with me, after a Rolfing® session on the table, with an additional two hours of accurate work at the piano, he could experience that the fourth and fifth fingers of his right hand did what he wanted them to do, if he played very slowly and in a way quite different from his habitual pattern. He did not want to believe it, but by following my advice he was able to repeat the experiment. The result, however, was not exultation, but rather silence and depression.

The second example is that of a young harpist with a promising international career, who received the diagnosis of Focal Dystonia for her right hand. After three sessions on the table and two at the piano we began to work with her playing on her own instrument. We chose a passage where the problem usually showed up. Applying to the harp what she had learned from the Rolfing® sessions and our work at the piano, and moving very slowly and without effort, she could again experience, that her fingers worked correctly. She could also experience that as soon as she fell back just a little into her old pattern, the fingers did what they wanted to do instead. Again, the result of this awareness was not at all exultation. In her case it was anger and aggression: "Who do you think you are?" she said. "I have been among the most famous doctors in Europe and the U.S.A., and you want to tell me that it is just nothing"!

The problem, it seems to me, is that they were told that the problem came from outside into the brain and was neither connected to what they did nor the way they did it. As they believed that, they preferred to quit their careers rather than have a diagnosis of "nothing". "Nothing", in this case, meant a need to revise their way of playing, and taking responsibility. That was, to their understanding, an almost insurmountable difficulty. The issue thus has to do with the client's past, his history and psychology [(7)] and is complex. Of course it could also be perceived as an absolutely positive discovery that the work we do tends towards doing less, towards greater ease, towards less effort and less feeling of playing music as "exercise".

By the way, I never saw either one of those clients again. She stopped playing and became a harp teacher. He most probably teaches piano. And so the story goes on....

Explanatory notes

1. An important Principle of Ida Rolf says: When flexors flex, extensors extend. i.e. in a well functioning body, when the flexors start acting, their antagonists - the extensors - let go completely - in order to enable the flexion. The result is a light, effortless and thus graceful movement. In reality an average movement is not so well coordinated and therefore 'friction' arises in tissues and joints. Focal Dystonia can also be regarded as a slow continuous development out of this situation.
2. In the mean time there have been serious efforts to scientifically investigate the causes of Focal Dystonia in Musicians. To this day, though, in many cases they still lead to contradictory conclusions.
   To this end see the in depth work "Music, Motor Control and the Brain" by E. Altenmüller, M. Wiesendanger, J Kesselring.
3. One famous exception was Robert Schumann, whose right **middle** finger was affected. As a result he was finally forced at the age of 23 to give up his goal of becoming a piano virtuoso. And this at a time when great virtuosos like Johann Nepomuk Hummel and Ignaz Moscheles were vieing against the young upcoming stars Franz List, Frederic Chopin and Felix Mendelssohn-Bartholdy! We know, partially through his diaries, that it was no exception for him to repeatedly practice technical finger exercises as if obsessed for up to 7 hours a day! (E. Burger: Robert Schumann, Schott, Mainz)
4. The very expression 'acrobatic finger spreads' implies somehow exertion and sress and indeed, almost any musician approaches these parts instinctively with force.
5. This seems to be an obvious contradiction, but is not: I feel an object (its weight) when I lift it. I feel a part of my body, on the other hand, e.g. shoulder, lower arm when I decline it, allow it to fall. So the moment I feel the weight of a part of my body, that means that I've let go of muscle tension. And I will be able to experience over and over again that it is indeed possible to let go even more and thus gain even more freedom of movement. An experienced pianist is sufficiently familiar with this process, that for him, on the whole, difficult parts no longer exist.
6. These exercises are then followed up by several Rolfing sessions, which include both structural manual work and differentiated basic movement sessions.
7. That I don't go closely into the psychological aspects of this whole subject means neither that they do not exist, nor that they aren't of great importance. Rather that if I did, that would extend us beyond the limits of this article. I would like to delve into this broad subject more deeply in a further article.

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