

provision is carried out directly by Health and Social Services. Group homes in Sweden are much more often of the correct size, that is they contain three to four people. Far more often than I have seen anywhere else, people are accommodated in single units, e.g. flats, perhaps situated near a group home, where some degree of supervision can be carried out by care-workers.

Another facet of Swedish provision which was good was their standard of day-care facilities. These are organised in small groups of perhaps 20 to 22 people attending each Day Centre. Within the Day Centres they are divided into smaller groups of four or five people who work in small rooms. This was one of the things that their experience had

taught them. People work together better in small groups and in small spaces. Their Day Centres are invariably bright, cheerful, modern buildings, and constitute very caring environments. They provide a great contrast to our Social Education Centres and there appeared to be no shortage of places at them. Absenteeism and Sickness rates, on the part of both care-workers and clients, were very low as they enjoyed being there very much.

I have tried to draw together the various points which impressed me on my visits. I would like to thank Yorkshire Regional Health Authority for their generosity in making it possible for me to look at services in other countries.

Conference Report

*ISSTIP International Conference on Medicine and the Performing Arts**

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The International Society for the Study of Tension in Performance (ISSTIP) was founded to address serious problems which beset professional musicians, actors and dancers and its first European conference was held at St Bartholomew's Hospital last summer. In the USA the interest aroused has led to Music Medicine developing as rapidly as Sports Medicine.

For a psychiatrist, this three-day conference was a fascinating coming together of remedial practitioners and musicians from all over the world and it exemplified both the advantages and some difficulties of multiprofessional collaboration.

Curative enthusiasts of numerous persuasions and some sufferers too shared theoretical and practical discussion and demonstrations in parallel sessions. Medical experts lectured and held clinics about common problems of musicians and dancers. Rigorous research studies were described, bringing a welcome scientific approach to a field in which many individuals extol the virtues of idiosyncratic eponymous treatments. Complementary medicine was represented by practitioners of relaxation, meditation and acupuncture. Renowned artists discussed their own experiences of nervousness and helped participants with

problems. Sometimes the juxtaposition of topics was almost surreal, in the settings of the hospital lecture theatre and the august Great Hall of Bart's. During the conference, a regrettable polarisation of interests between doctors and artists gradually emerged, few of the medical consultants displaying interest in the presentations of problems by the performers themselves.

The problems are by no means trivial. Dr Ian James of the Royal Free Hospital found that over 70% of players in four London orchestras are so nervous as to adversely affect their playing, with even more suffering in the provincial orchestras. More than one in five take alcohol or drugs to control performance and audition anxiety, and many report depression (defined as bouts of unexplained sadness) and experience frustration and anger as a frequent problem. This may be self-directed, against colleagues or the conductor, the latter because individual musicianship is inhibited, especially for rank-and-file string players. Many feel unappreciated by colleagues, a majority feel under-valued by conductors and some feel despised by their audiences. These findings highlight the emotional hazards of orchestral playing and the need for a sympathetic director who provides opportunities for discussion of feelings. Large majorities consider that the lifestyle inhibits possibilities to establish satisfactory personal relationships and believe that music colleges offer inadequate and inappropriate training.

*Held at St Bartholomew's Hospital, London from 24-26 August 1987.

Professor Paul Turner of USA told how he had studied anxious psychiatric patients and unexpectedly found that 'beta-blocker' drugs induced phenomenal improvement, reducing symptoms such as tremor, palpitations and excessive sweating. They have subsequently been found to be mercifully free of dependency and withdrawal problems, unlike, say, valium or alcohol. They have a real potential for situational anxiety, sometimes in small doses, but there are questions to be resolved as to whether reducing tension may also actually impair the quality of some musical performances. One concert pianist became so relaxed that her performance was reported as boring! Musicians need to experiment under medical supervision so as to discover their own appropriate lowest effective dose.

Dr Richard Pearson, medical director of a musicians' clinic recently opened in London, has diagnosed a surprisingly wide range of medical disorders which non-medical specialists could miss. For this reason, he explained, the clinic was established strictly under medical leadership, but in collaboration with various colleagues, both orthodox and alternative co-professionals, so as to make a wide range of treatment approaches available. During the conference feelings were expressed that its orientation is unbalanced, with insufficient attention to emotional aspects and an important need for musicians themselves to be included in the clinic panel.

Musicians are subject to a controversial condition, the Occupational Overuse Syndrome, which can destroy promising and successful careers. Several well-known pianists have been compelled to abandon playing altogether. An Australian plastic surgeon puts his faith in supplying prosthetic devices which, for example, help children distribute the weight of a modern clarinet (830 grams is too heavy to support on a child's thumb) and free a violinist's neck and chin, enabling players to move more easily as necessary, with reduction of stress. Prevention avoids the necessity for later treatment, which can be lengthy and difficult, with a demanding 'rest programme' in which all movements against resistance are forbidden. Carola Grindea, editor of

the *European Piano Journal* and founder of ISSTIP, is the leading spirit behind the movement. She stresses that troubles arise from misuse of muscles, re-education repeatedly leading to cure even in serious cases.

In a lively disputation, Mr Campbell Semple, a Scots hand surgeon, expressed scepticism as to whether over-use of a properly trained hand is possible at all! He finds psychological elements prominent, but despite the presence of a variety of therapists, there did not appear to be any psychiatrists participating in the presentations at this conference. Yet mind/body interactions are of central importance in treating these complex disorders, which might prove a fruitful field of study for some musical psychiatrists. The mental sciences were represented by Jolanta Ossetin, a pianist and clinical psychologist at the Institute of Psychiatry. She suggested that many talented individuals become lost to the performing professions because they cannot cope with performance anxiety, partly due to personality characteristics, which tend to be overlooked altogether by the colleges in drawing up otherwise severe criteria for selection of future performers. She emphasised this responsibility for educators and reviewed the role of cognitive therapies in altering how individuals appraise themselves and perceive potentially threatening situations. She concluded that destructive thinking processes produce performance anxiety and without intervention in this sphere, other approaches are unlikely to yield lasting results. Other participants too cautioned against emphasising one particular problem and over-looking others which frequently co-exist.

The proceedings of this stimulating conference will become available in the *ISSTIP Journal* and should contribute to a greater awareness of the particular medical and emotional problems likely to be encountered during a performing career.

Further information about ISSTIP can be obtained from Carola Grindea, 28 Emperor's Gate, London SW7 4HS.

Mental Hospital Closures Campaign

On 8 March 1988 the National Schizophrenia Fellowship launched a campaign in the Houses of Parliament in a bid to halt the closure of mental hospitals until alternative care is available for patients in the community.

The campaign calls for, among other things, a Minister for Community Care whose task in Government will be to ensure that proper community care becomes a reality; one key worker in each community to whom patients are referred when they leave hospital; help for local authorities to provide suitable housing; a 24-hour emergency line for

relatives to ring when they need urgent help in coping with patients; and the retention of a considerable number of existing mental hospitals to provide short-term treatment in case of serious relapse and long-term asylum for those who cannot cope outside.

The NSF and its supporters will be seeking to enrol the support of psychiatrists, doctors, nurses, health administrators, the police, magistrates, health service professional bodies and trade unions, local authorities and community groups.