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Health education in conservatoires: What should it consist of? Findings from workshops with experts (Part II)

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Abstract

Although health education programmes have been implemented in higher music education (HME) and their evaluations published in peer-reviewed journals, guidelines as to what ought to be included in these programmes are still missing. This study aimed to document expert discussions on the content of an ideal health education curriculum for HME students in the UK, integrating critical thinking. Four interdisciplinary workshops were conducted, where 67 experts in relevant fields took part, and were asked to discuss four lists of topics and concepts created based on literature reviews (cognitive biases, logical fallacies, critical appraisal tools, and health topics). Only the list on health topics is relevant here. Notes taken by the participants and ourselves were thematically analysed. Four themes were identified, two of which are reported in this paper: 1) The health education curriculum; and 2) A settings-based approach to health. Part I of this project (published elsewhere) is focused on the critical thinking content of health education for conservatoire students. The present paper focuses on the ideal health education curriculum and its implications for the wider context of health promotion.

Keywords: health education, conservatoire students, conservatoire training, musicians

Lay summary

Health education programmes are constantly embedded as part of the higher music education curricula. However, clear guidelines as to what ought to be included in these courses are still missing. This paper reports the first attempt to document a series of four interdisciplinary discussions with 67 experts on the ideal health education content for music students, and its implications for the wider context of health promotion. Discussions were facilitated by comprehensive lists created on the basis of literature reviews. Notes taken by both the participants and ourselves during discussions were thematically analysed. Two of

four themes are discussed here: 1) The health education curriculum; and 2) A settings-based approach to health.

Health education in conservatoires: What should it consist of? Findings from workshops with experts (Part II)

This is the second article in a series of two investigating the views of experts around health education in higher music education (HME) institutions and the training of critical thinking. While health promotion includes health education, it goes further by including health-supporting environments and communities, as well as adequate policies and wider interventions to promote health and wellbeing (WHO, n.d.). A multilevel approach to professional classical musicians' health and wellbeing has been recommended, given the many ways in which their health can be affected by their music making (Araújo et al., 2017; Cruder et al., 2020; Fishbein et al., 1988; Kegelaers et al., 2021; Kenny et al., 2014; Pouryaghoub et al., 2017; Vaag et al., 2015). Please see Part I for a more detailed overview (Matei & Phillips, in press). The Health Promotion in Schools of Music (HPSM) project, based on a collaboration between the University of North Texas and the Performing Arts Medicine Association, was aimed at preventing musicians' playing-related occupational injuries. Based on consensus, they advanced a set of recommendations for the incorporation of health-supportive strategies as part of the curriculum in HME institutions. These include adopting a health promotion framework; developing and offering an undergraduate occupational health course for all music majors; educating students about hearing loss as part of ensemble-based instruction; and assisting students through active engagement with health care resources (Chesky et al., 2006). Similarly, the Musical Impact project (2014-18) conducted as part of the Healthy Conservatoires Network in the UK was focused on examining existing health education programmes in HME, as well as designing, implementing, and evaluating one in the UK (Musical Impact, n.d.).

Various health education programmes are being offered in HMEs (Manchester, 2007a, 2007b, 2007c; Matei et al., 2018; Matei & Ginsborg, 2021). Some of them have even been formally evaluated and the evaluations published as peer-reviewed journal articles. These programmes vary widely in terms of scope, content, aims, and structure (Arnason et

al., 2018; Baadjou, 2018; Clark & Williamon, 2011; Hildebrandt & Nubling, 2004; Lopez & Martinez, 2014; Spahn et al., 2001; Zander et al., 2010, Matei et al., 2018; Matei & Ginsborg, 2021). An underlying problem is that across these programmes, the decision making around how the content for a health education programme is reached is hardly ever made explicit, and sometimes it is not even justified. Many courses, for example, include subjects such as Alexander Technique, or the Feldenkrais Method for no apparent reason other than tradition or popularity (Matei et al., 2018).

The present paper represents the second part of a series of two papers that explored the views of a range of experts brought together as part of a series of four workshops. The aims of the expert conversations were 1) to explore the integration of critical thinking training as part of music students' higher education training, and 2) to explore the content of an ideal health education programme for music students in higher education, and its implications. The first aim has been addressed in Part I of this series (Matei & Phillips, in press). This paper addresses the second aim.

Method

Design

A series of four one-day workshops were conducted in September 2018, in the UK.

Materials

We created a set of four lists (cognitive biases; logical fallacies; critical appraisal tools; health topics) based on reviews of the available literature, systematic reading, and discussions with colleagues. Only the health topics list will be referred to for the purpose of this paper. Topics on the list were accompanied by brief definitions and were illustrated with examples to make it easier to assess their applicability to musicians' health. This list was based on an unpublished systematic review of peer-reviewed evaluations of health education programmes, and an additional survey of health education programmes in Europe. Both the systematic review and the survey were conducted by the first author as part of their doctoral

thesis (see Matei, 2019), and the survey is currently in review as a book chapter (Matei & Ginsborg, in press). The findings allowed us to extract all the topics and components that had been mentioned in the descriptions of the reviewed health education programmes. These were organised into categories as follows: mental health (anxiety and depression) and music performance anxiety (MPA); physical health (e.g. physiology and anatomy); performance-related musculoskeletal problems and disorders (PRMDs); performance-related hearing loss; preventative health (e.g. lifestyle and behaviour change); everyday music study routine & performance preparation and enhancement; information on where to get help; peer support; sessions and examples from role models; factors influencing behaviour. Both the Feldenkrais Method and the Alexander Technique were explicitly excluded given insufficient evidence. The aim was to open everything to discussion while providing a basic structure, and so the different categories were not meant to be mutually exclusive. The list items were presented to workshop participants in no particular order, as the purpose was to facilitate a rich conversation (please see Table 1).

[insert - Table 1. Health topics – here]

Procedure and participants

This study received ethics approval from the Royal Northern College of Music Ethics Committee. We opened the workshops to people from many backgrounds (e.g. musicians; psychologists; sports scientists; health educators; health professionals working with musicians, dancers, and athletes; and PhD students). Please see Part I for a rationale for multidisciplinary conversations. We had a very broad approach to health and gave participants generous amounts of time to think and discuss. We advertised the workshops via multiple routes and confirmed participants' attendance via email (please see Part I for more details, in Matei & Phillips, in press).

Each workshop started with our summary of the literature on musicians' health problems, and an introduction to the four lists. Only one of them, namely on health topics, is

relevant for this paper. Participants were asked to have discussions in small multidisciplinary groups in answer to specific questions. Both their written notes and our own were thematically analysed. For more details on the procedure, please see Part I.

Analysis

We analysed all notes via template analysis (Brooks et al., 2015). A priori themes were identified based on the discussion questions, then organised into clusters. We cross-checked the themes and applied them to the data. For more details, please see Part I.

Results and Discussion

A total of 67 participants attended the workshops. Please see Part I for more details on demographic characteristics.

Subsequent to the thematic analysis, we identified four themes: Theme 1) Critical thinking in health education focuses on the critical thinking content that could be integrated as part of an ideal health education course and included a discussion around cognitive biases (subtheme 1.1); logical fallacies (1.2); critical appraisal tools (1.3); and the issue of evidence (1.4). Theme 2) Misconceptions focuses on misconceptions that may be prevalent among musicians and which may stop them from being able to think critically. These include: Success and “How many hours are you practicing?” (2.1); Stigma / “No pain, no gain” (2.2), with sub-subtheme Suffering for art / “They aren’t suffering, they’re talented” (2.2.1); and Musicians’ bubble / “If my teacher says it, it must be right” (2.3). Theme 3) The health education curriculum focuses on discussions around health topics (subtheme 3.1); and functions of the course and delivery such as signposting, scope, relevance, pragmatism, and knowledge (3.2). Theme 4) A settings-based approach to health focuses on a broader discussion of health promotion that took into consideration more systemic factors such as the conservatoire culture and aims (4.1); identity (4.2); pressure (4.3); the need to train the trainers (4.4); and the role of management and environmental restructuring (4.5). Only the latter two themes are reported here, while the first two are reported in Part I. The separation

is justified given that two themes focus more on critical thinking, while the other two focus more on health education in the broader context of health promotion. Please see Table 2 for all themes and accompanying examples of verbatim quotes.

[insert - Table 2. Themes and verbatim quotes – here]

Theme 3. The health education curriculum

3.1 Health topics

Participants agreed that the topics we had included on the list were relevant. They talked about the importance of a range of topics which included mental health and warning signs; mindfulness and yoga; physical activity; injury management; practice skills and memorization; use of electronics; burnout; social determinants of health; managing relationships (and notably recognizing toxic relationships); eating disorders; substance abuse; recreation and play; financial education; loneliness and fear; emotional regulation; behaviour change; dealing with the media; time management and irregular schedules. In general, more focus on prevention was endorsed. Indeed, the content of health education courses that have been formally evaluated to date vary widely and range from general lifestyle, to ergonomics, time management, and performance quality (Matei, 2019). While it could be argued that performance-related aspects should be kept separate from health topics for the sake of a clearer conceptualisation of health education, we referred to health in very broad terms and in a way that would be relevant for musicians. After all, some interventions are aimed at both improving performance quality and reducing pain or anxiety (Cohen & Bodner, 2019; Détári & Nilssen, 2022; Osborne et al., 2014; Spahn et al., 2016).

3.2 Functions of the course and delivery

Signposting. Participants thought it was essential to inform students about sources of information and help. This is important, given that the lack of perceived access to health services provided in college might be a barrier to optimal health and engagement with health content among conservatoires students in the UK (Matei & Ginsborg, 2021; Perkins et al.,

2017). Other artists such as circus artists reported valuing the importance of knowledgeable healthcare professionals and accessibility of healthcare, but also health advice made available online (Cayrol et al., 2019).

Scope. Some participants encouraged the idea of a "health course for all" and wondered if dividing people by musical genre was truly justified. However, some thought that given meaningful differences such as severity or specific instrument-related issues, students should be separated accordingly. In a paper reporting the qualitative evaluation of a health education programme, when asked to make suggestion for improvement, some students mentioned that they would like to interact more with older peers as these can offer them support when this is not provided by the students' main teachers (Matei & Ginsborg, 2021). On the other, vocalists could feel left out when the content is mostly tailored to the needs of instrumentalists and vice versa (Matei & Ginsborg, 2021). Still, good relationships with peers and friendships could allow students to cope better with their studies and be integrated better as part of the conservatoire curricula (Palmer & Baker, 2021; Jääskeläinen et al., 2022). However, a group context can only benefit students if the environment is perceived as safe (Jääskeläinen & López-Íñiguez, 2022).

Relevance. Participants acknowledged the importance of "How is information presented?" especially given that "Delivery strategy impact[s] behavioural change". Relevance is, of course, one of the main factors which can inspire change, or at least engagement (Matei & Ginsborg, 2021). For example, one could "frame fitness in terms of goals for musicians". Pecen et al. (2016) also referred to the importance of language and warned that concepts taken from psychology and sports sciences need to be adapted in a culturally sensitive manner when being communicated to musicians. In this vein, the use of metaphors and analogies, as well as informing students about negative consequences was endorsed for better engagement: "how music practice is done – a marathon not a sprint – should be ingrained". Health education programmes have been associated with behavioural changes, but the exact mechanisms are unknown. More likely than not, there are several

characteristics of a course as well as subsequent contextual changes that can lead to such changes (Matei & Ginsborg, 2021).

Furthermore, some participants thought it is important to connect health to music performance, thus one should "be clear that health-related issues resolved serve the music"; and explain that this may be a form of "delayed gratification, so health education might not benefit you now, but it will later". Positioning the importance of health in the context of a long and sustainable career could help increase the perceived importance and relevance of a health education course (Matei & Ginsborg, 2021).

Pragmatism. Some participants thought that "musicians like practical", so it is important to learn "to prioritise and find a balance: Knowing what would be "ideal" but also being realistic about what is possible within their lifestyle" and avoid making "people anxious they are not meeting ideal". In this vein, some participants mentioned the importance of students being encouraged to create their "own personal action plan" that is "integrated into lifestyle". This was particularly relevant in the context of a risk for "information overload". As such, one needs to "condense to important elements", particularly if health education is to be added on top of everything else. Some participants wondered "Will musicians want to learn about biases?" and proposed that "Evaluation of scenarios might be more appropriate". Another way of delivering relevant content was through "role models from industry". Indeed, not enough focus on solutions and too abstract material can be barriers to engaging with health content and behavioural changes, given musicians' busy schedules, while hearing from role models has been documented as a potential enabler (Matei & Ginsborg, 2021; Perkins et al., 2017).

Too much knowledge. Some participants worried about situations in which knowledge may be harmful: "Careful that information doesn't lead to over-analysis", especially given that the information needs to be put into practice. Some worried about "inferred determinism – could they develop problems by learning about them?" and mentioned that "Implicit learning is facilitated by analogy". It is therefore perhaps more important to facilitate metacognitive

skills so that students can sift and deploy information effectively rather than being overwhelmed.

Theme 4. A settings-based approach to health

We named this theme based on the World Health Organization's 'healthy settings' concept (n.d.). This refers to a "the place or social context in which people engage in daily activities in which environmental, organizational, and personal factors interact to affect health and wellbeing". Settings have "physical boundaries, a range of people with defined roles, and an organizational structure. Examples of settings include schools, work sites, hospitals, villages and cities".

4.1 The conservatoire culture and aims

A certain approach to health and wellbeing, or related misconceptions could be perpetuated by the conservatoire culture, or the "bubble of music institution" whereby youngsters "study with musicians, live with musicians, socialize with musicians, do extra-curricular activities with musicians", and thus "the institution's resources reinforce musical activities". Participants thought that we "need culture change to allow for wellbeing within wider performance practice time", and "not just provide information". The conservatoire was called a "hothouse for pressure, competition and perfectionism". This is congruent with the existing literature on the "learning cultures" of the conservatoire characterised by a focus on specialisation, hierarchies celebrating 'star' players and encouraging students to compare themselves with each other, sustained efforts to build networks, and securing vocational opportunities (the best of which are taken by 'star' players) (Perkins, 2012). Unless we understand the values, attitudes, and beliefs that form a certain culture, we cannot fully grasp how musicians approach their health, or indeed their music-making (Rickert et al., 2014). Furthermore, cultural differences such as a lack of common epistemological and ontological commitments may be an important barrier to implementing health-related critical thinking content in HME.

In terms of the aims of the conservatoire, participants questioned the extent to which the conservatoire training was “actually reflective of what is going on in the real world” and thought that there may be a “cognitive dissonance” regarding “industry vs. conservatoire”. After all, “there are more people graduating from top conservatoire than there are jobs available in performance” and so, some participants wondered “in what way is the educational establishment responsible for issues regarding this, e.g. job prospects, career worries, disappointment, overtraining, etc.”. As such, some participants were not convinced that “belief in education outcomes” was justified. Additionally, as some pointed out, there is “no guarantee that hard work will pay off or that it is even relevant in 2018”. After all, the percentage of students who actually make it and other relevant outcomes remain unknown (Pecen et al., 2016). Participants could not decide if the aim of the conservatoire was to prepare “performers or well-rounded individuals”. In fact, conservatoires could be perceived as focused on maintaining the status quo rather than the development of students (Pecen et al., 2016). Regardless of the stated aims of conservatoires, it could be argued that what conservatoires actually do is perpetuate their own problematic culture by producing graduates of whom a large proportion will become instrumental teachers. Instrumental lessons typically begin at an age before children have developed their critical faculties, so inculcating them into the norms of Western classical music is perhaps a form of indoctrination (Leech-Wilkinson, 2020). Also, there was confusion regarding the role of the conservatoire and how it expresses it via language: “conservatoire sector based on tradition – historically endorsed practices in tension with institutions as creative places”. It still is the case that conservatoires view technical and performance skills modules as being much more important than having a broader education beyond performance, despite the fact that a breadth of interests might be more common than not among classical soloists and more in line with the professional reality outside the conservatoire (Palmer & Baker, 2021). Finally, there are also potential funding implications as in the UK, conservatoires receive special funding because one to one tuition is costly. Hence there may be a tension between the goal

of equipping music graduates with the metacognitive skills necessary to navigate protean careers and retaining a more traditional master-apprentice model, if the former requires less emphasis on time spent in individual lessons (Wootton, 2018).

4.2 Identity

This was related to the conservatoire currently promoting "single identity" rather than a variety of identities. Identity is shaped around the instrument or performance: "when the instrument is taken away…who am I?"; "if you're not a performer, who are you?". Some participants thought that performers should be supported "to separate their self from their instrument". Some thought that the training cultures of other countries should be considered: "Do they view their identity similarly?". The emphasis on performance as being superior to teaching has also been noted by some participants. Also, the "'performer' role could be widened to a more holistic idea of identity" which would also be "more robust if injury impacts one part". Participants agreed that "people are something beyond their instrument; sometimes people need to be enabled to find themselves – empower life beyond music". Additionally, a "strict narrow self-definition can cause stress", especially in contrast to how others might see music "health professionals might see music as a 'hobby'". Given that music is "taught by people who are married to the job", this might feed the "need for perfection". Some participants made the distinction between "perfection (i.e. unattainable)" and "excellence (i.e. balance)". The narrow career identity has been documented by Bennett and Bridgstock (2015) who noticed a gap between what first year music students at an Australian conservatoire were hoping from their future musical careers and what they were expecting. While they were expecting to teach, this was not seen as a goal. This gap between aspirations and reality could lead to issues with self-identity and distress (Pecen et al., 2018). When talking about what conservatoires could do about developing a more entrepreneurial identity, Bridgstock (2013) mentions that students should be supported to reflect and question their own career interests, skills, and values and to experience the practicalities and implications of some of their chosen pathways, as they learn to identify

opportunities that are aligned with their values. Perkins (2012) argues that identity formation should be at the centre of becoming a musician. While the transforming musical landscape (Smilde, 2012) is being highlighted in the literature, it is unclear if the dominating conservatoire mindset has indeed caught up (Palmer & Baker, 2021). Identity is particularly problematic among freelance musicians, given that one's identity is both oneself as a product subject to external pressures, expectations, and criticism, but also oneself as one's innermost set of values. Furthermore, the two may be incongruent (Vaag et al., 2014). Also, musicians measure their self-worth against how well they perform, but some have more encompassing identities, finding value in activities outside music (Guptill, 2011; Rickert et al., 2014). If looked at through the lens of occupational justice, it may be that music-making is fulfilling in ways that outweigh the risks, hence the complexity of it (Guptill, 2012).

4.3 Pressure

Given performance pressure, "vulnerability is seen as weakness". Also, because of the same performance pressure, "as a performer you're always looking to be better" and there is a perceived imperative to be perfect and avoid errors. Some said that focusing on certain outcomes helps promote this. For instance, "board members of conservatoires look at figures". Also, students may be encouraged to "get on stage in 3rd or 4th year" only so as to reduce the risk of making mistakes when performing publicly. Feeling constrained by the expectation to reproduce a musical score as faithfully as possible has already been documented among some classical musicians who mentioned this much more often than jazz musicians (Dobson, 2010). Some also saw striving for accuracy as being in contrast with offering an engaged performance given the excessive worrying about the correct interpretation of the score. These expectations lead to feelings of guilt and considerable emotional pressures, especially among students (Dobson, 2010). These make sense in light of Leech-Wilkinson (2018)'s account of modern virtuosity as a political and ethical problem, resembling a compulsive imperative to conform and maintain a set of illusions more than

creativity, innovation, and indeed autonomy. As such, the obsession to “astonish an audience” never ends.

4.4 Train the trainers

The main source of health-related information for music students remains the instrumental or vocal teacher, despite the latter’s acknowledgment that they don’t have the necessary training to help students (Matei & Ginsborg, 2020; Norton et al., 2015a, b; Williamon & Thompson, 2006). Some participants thought that teachers should be taught how to “self-reflect” given “subjectivity of opinion”. They admitted that it may be “Hard to open up discussions in teachers who have waned in job for a long time” and thought that “Tutors never go to health-oriented offerings – just ‘jet into’ their lectures”. Given that teachers in the UK are more often than not freelancers themselves, some participants acknowledge that it is “hard to understand demands on freelancers’ time” and so, “Online courses tailored to needs” may be appropriate. Some participants warned against imposing training as this does not necessarily engage and might lead to “Online courses done as tick-box”. Instead, “Annual music teacher awards, incentivizing measures ‘shine a light on good practice’”.

Some thought that health-related information should be part of the “teacher training qualification”, or offered in the form of Continuous Professional Development, given that teachers are often freelancers and might not have time to commit. Some thought there was a “need to develop teachers to learn pedagogy & best practices”. For example "MPA needs addressing as current instructors don’t have experience of being taught about it – urgent”. Some mentioned about “mental health first aid” “so teacher can make appropriate referrals when students are struggling”. Also, “Teacher could stop RSI by teaching time-management, stress reduction, etc”. Additionally, “would be most useful if teachers were taught about logical fallacies and biases so they understand the strategies for their own self-awareness and decision-making”. However, some cautioned against increasingly “finger-pointing at music teachers” and suggested that “work with them rather than brow-beat”. Some participants acknowledged the importance of regulations vis-à-vis teachers’ training: “With

regards to conservatoire the question arises: who reviews the ‘experts’? [. . .] If they were once experts, how do we know they still are currently?”. This has been echoed by the existing literature that conservatoire teaching is not guided by any recent pedagogical evidence, the lack of formal accreditation and agreed standards given the focus on performance more than teaching, and ignoring alternatives to one-to-one pedagogy (Carey et al., 2013; Gaunt, 2009; Wootton, 2018). This is particularly relevant given that teachers continue to abuse their students and students come to institutions to study with prestigious performers regardless of their pedagogical skills (Pecen et al., 2018; Palmer & Baker, 2021).

Teachers rely on a variety of sources, but mostly on their own practice, given the lack of formal training and qualification in both music teaching and health-related aspects (Boyle, 2020; Norton et al., 2015a, b). They seem to identify themselves as ‘musicians’, have multiple roles given their portfolio careers, and display high levels of professional autonomy and power given their reliance on practical abilities, technical skills, and the ability to adapt on the go, in the absence of regulations (Boyle, 2020). Triantafyllaki (2010) argues that given the multiple identities of teachers as both performers and pedagogues, they need to be given the space and time to reflect, explore and negotiate these “permeable boundaries” and thus empower them to become more innovative.

When discussing teachers’ roles, it has been argued institutions need to raise their awareness of their students’ overall workload in higher education, as students might not discuss these openly. Teachers could also be more proactive in terms of reducing competition between peer-students, allowing more space for the students’ agency, offering more support in developing professional skills and career planning, but also strategies for effective practice and psychological skills to deal with stress and anxiety (Jääskeläinen et al., 2022; Jääskeläinen & López-Íñiguez, 2022). Of course, it is unclear to what extent teachers should be held accountable for all these aspects of their students’ musical and broader development (Norton, 2016).

Continuous professional development could allow teachers to build needed networks of support within the institution (Jääskeläinen et al., 2022). Going beyond the institution, training the trainers' healthy scepticism might be a way forward, and might facilitate more cooperation between music educators and scientists (Dekker et al., 2012). This is especially relevant if we were to integrate critical thinking training as part of musicians' health education or training more broadly. Research into specific educational strategies in this sense is essential (Bailey et al., 2018). The relevance of critical thinking training as part of musicians' health education has been discussed in Part I of this series (Matei & Phillips, in press).

Jääskeläinen and López-Íñiguez (2022) suggested that aspects important to the teachers' training be integrated as parts of the their contracts, and disseminated via policy and informative documents, but also via institutional websites. Finally, improving the profile of formal training for conservatoire instrumental/vocal teachers could also help improve the status of teaching music in higher education (Mills, 2006).

4.5 The role of management and environmental restructuring.

Within the conservatoire, decisions need to also be made around "how much time we can devote to health education and who is ultimately responsible for delivering this". Endorsement from the top and suitable rewards were considered important. Management should also "set expectations of health as a priority". A parallel to the professional world was also attempted: "Good health literacy among students one thing but if directors don't know, working conditions suffer. [. . .] How many choral conductors know about posture?". Participants also mentioned about "Reinforcing messages with structural changes to environment, e.g. Can't book practice rooms for 6 hours". Socioeconomic differences were also discussed, such as "sure neighbourhoods" or wondering "can students afford gym?". Acknowledging the need for broader changes outside the curriculum is important, as the literature often focuses on discussing entrepreneurial skills, training musicians to be psychologically flexible and resilient in order to maintain a portfolio/protean/holistic career, or a diversity of roles (Bartleet et al., 2019; Bennett, 2007, 2009; Vaag et al., 2014). However,

this seems to place too much of the burden on individuals and educators and absolve those in charge of precarious working conditions too readily of their substantial blame.

The need for powerful conservatoire leadership with a “rounded view” of its development has been raised since 1998 (Porter, p.14). However, more recent data suggest that leaders of conservatoires in the Netherlands and Flanders find it hard to adapt education to the “ever changing” professional practice (p.6). Additionally, they struggle to make any significant changes to their teachers’ pedagogy, given the teachers’ image as professionals who attract students because they are primarily performers, and experts who are somewhat separate from the conservatoire culture, given their other professional duties and the part-time nature of their work in the conservatoire (Rumiantsev et al., 2019).

It has been recommended that institutions provide students with orientation to studies, general and discipline-specific counselling in relation to both academic and profession-related issues, stress-management and time management skills, encourage feedback, support in dealing with psychological and physical issues, and knowledge about music learning (e.g. practice strategies) (Jääskeläinen et al., 2022). Furthermore, in addition to offering continuous professional development to teachers, institutions should also encourage assessment that supports the learning process (i.e. a variety of assessments that are tailored to students’ learning journey) and supportive relationships between students and teachers.

In agreement with the relevant literature, findings reported here highlight the need for a settings-based approach to health, going beyond the individual, and encompassing regulations, policies, educators, culture, norms, beliefs, and institutions (Araújo et al., 2017; Perkins et al., 2017; Wijsman & Ackermann, 2019). Findings from Part I also reveal the need to discuss the integration of critical thinking training as part of musicians’ health education in an attempt to address existing misconceptions (see Part I). There was a sense of shared understanding among participants and even some shared resistance regarding discussing the content of an ideal health education, without discussing the larger context and the how

behind implementing said content. Still, there is little consensus (if at all) around how best to approach the implementation of the content, despite participants mentioning quite a few ways in which health education and promotion can be addressed. The lack of agreement may also indicate a strong need of critical evaluation of the entire culture and the complexity of the endeavour. Issues such as the aims of the conservatoire and the role of music teachers in conservatoires, to give just two examples, need to be further discussed as they remain unclear. A further step would be to discuss the issue of priority as it relates to the various health education content components.

Limitations and strengths

While not recording the discussions and relying on participants' summaries and our own notes could be seen as a limitation, we did not want participants to feel restricted in any manner. Group discussions often digressed from the initial focus, but we thought it was important to allow important and relevant matters to be expressed spontaneously. Some of the participants' notes were sketchy, while some of the second author's notes may have been decontextualised and filtered through their judgement regarding what is worth reporting, given the attempt to note as much as possible.

Another limitation is sampling bias. As can be seen in both Table 2 of Part I, and some of the quotes, most of our participants had a scientific background, with most being psychologists, scientists, and healthcare professionals. As such, they were particularly knowledgeable about the topics included. This might also mean that the practicalities around the successful and effective implementation of these concepts as part of a health education initiative need to be further explored in discussion with more musicians.

While we would have welcomed more conservatoire students, music professionals, and music educators, we relied on those who chose to sign up for the workshops. Our own background in psychology may have already attracted more psychologists. However, we ensured that the small groups were as interdisciplinary as possible, in an attempt to facilitate

a broad approach to health. Furthermore, another limitation is that we asked participants about what they would want to see in an ideal health education programme. However, given the well-documented intention-behaviour gap (Faries, 2016), this does not tell us much about what they would actually engage with. This is particularly relevant when designing interventions.

When presenting the biases and fallacies, we accompanied them by specific examples and descriptions which made them relevant for musicians. Documenting these rich discussions was one of the main strengths of our endeavour. This project also represents the first attempt to discuss the integration of critical thinking as part of musicians' health education. Finally, another strength of this particular paper was that the list of health topics had been compiled on the basis of both a systematic review of the literature, and a survey around health education courses in European HME institutions (Matei, 2019).

Conclusions

Recommendations for how health education could be tailored to students' needs in UK conservatoires have been made elsewhere (see Matei et al., 2018; Matei & Ginsborg, 2021). The findings presented here also call for rethinking the entire curriculum and establishing what can be removed in order to make space for more pressing needs, given the limited time that musicians have. Furthermore, for an accurate assessment of uptake, it is important to investigate whether musicians actually engage with what they say they would engage with.

A report of the task force on the undergraduate music major published by The College Music Society argued that in order to prepare musicians for the 21st century, slight amendments to the music curriculum are no longer sufficient. Instead, a paradigm shift is warranted (Campbell et al., 2014). Part I has argued that the training of critical thinking will require questioning not just health-related assumptions, but also conceptualisations around success, talent, practice, musicianship, and performance. Furthermore, the present paper

suggests that we need to question how we train music educators, identity, but also the purpose of the conservatoire, the role of its management, and the entire conservatoire culture. It has already been argued that this paradigm shift should also include challenging the current norms and ideology around musicianship and performance (Leech-Wilkinson, 2016, 2018). In fact, Leech-Wilkinson (2020) unearths quite a few misconceptions that classical musicians seem to adhere to, despite little justification. These include the assumption that the performer can know the intentions of the dead composer and thus make efforts to represent them as accurately as possible, and that the performer is merely a slave to both the dead composer as well as to the score. Even further, the need to diversify the workforce in classical music has also been raised (Cox & Kilshaw, 2021).

As can be seen, health education and promotion cannot be approached without referring to relevant cultural, ideological, and political actions which may be difficult to implement in the absence of the relevant political willpower. As for the health education curriculum itself, and in the absence of a discussion around priority, many elements could be included, as our participants mentioned, from critical thinking and appraisal tools to performance/mental skills and everything related to physical and mental health. Of course, this provision will vary depending on local resources and people and this is perhaps the best we can do. It is hard to imagine we would reach consensus on such a complex matter that is inevitably infused with subjectivity. However, raising the question as to what ought to be included in a health education programme is important, if only to distance ourselves from the other extreme of the continuum whereby the implementation of health education content is based on arbitrary decisions. In addition to discussions around what ought to be included in a health education programme and what ought to be prioritised, how we deliver this content in a manner that suits musicians thereby maximising engagement may be as important as the content itself. As such, future research should hone in on the format of health education programmes. Finally, our findings highlight (if it had to be repeated once more) the importance of systemic, multi-level changes when talking about health education.

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Table 1

Health topics

Mental health: Anxiety and depression; music performance anxiety (MPA)	✓ Biological basis & the nervous system ✓ Prevalence and epidemiological data; ✓ Risk factors (physical, psychosocial, occupational, etc.) ✓ Preventative and management strategies (both recommended and not recommended strategies: counselling and psychotherapy, beta-blockers, relaxation, imagery, breathing, behavioural exposure, virtual reality; psychotherapy: Acceptance and Commitment Therapy (ACT), Cognitive Behavioural Therapy (CBT) (e.g. cognitive restructuring), meditation; yoga; substance and alcohol abuse; social support, physical activity ✓ Practical familiarity with and learning of selected method (applied skills): imagery, relaxation, exposure, breathing, cognitive reframing
Physical health	✓ Principles of construction of the human body; anatomy and physiology ✓ The musculoskeletal system; playing vs postural muscles; spinal column, ribs, muscles of the upper part of the body ✓ Upper and lower extremities and their structural and functional connections with each other; ✓ Introduction to the nervous system; ✓ Sensorimotor coordination; ✓ Physiology of breathing, windpipe, mechanics of breathing
Performance-related musculoskeletal problems and disorders (PRMDs)	✓ Pain (acute vs chronic; pain as normal); ✓ Specific types of PRMDs ✓ The psychology of pain (beliefs, catastrophizing, self-efficacy, etc.) ✓ Prevalence rates and epidemiological data; Site-specific pain across the different instrument groups as the basis for understanding similarities and differences across instruments ✓ Risk factors (physical, psychosocial, occupational, etc.) ✓ Preventative and management strategies (physical fitness, muscle strengthening, resistance, endurance (e.g. biceps curl, reverse fly, lateral raise, triceps extension, shoulder forward flexion, bent-over row, back extension, shoulder extension, opposite shoulder and hip extension, and sit-ups and push-ups); lower extremities, upper extremities and whole body; warming up which included mobilization, traction, self-massage, friction, trigger points, ice massage, and stretching, strengthening exercises, endurance, resistance; tailored exercise programme (for the neck, shoulders, abdomen, spine and hips), Pilates ✓ Practical familiarity with and learning of selected methods (applied skills): progressive muscle relaxation procedures (during performance or otherwise), warming up and cooling down; body and postural awareness; postural regulation; autogenic training (a sensitization-relaxation technique); warming up and cooling down exercises; exercises specific to the instrument; instrument-specific risk areas; ✓ Relationship between anxiety and muscular tension ✓ Instrument-specific biomechanics and ergonomics
Performance-related hearing loss	Prevalence rates and epidemiological data, description, risk factors, preventative and management strategies; recommended standard for hearing conservation/safety; threshold criteria for recommended daily exposure; discussions centred on the content of hearing health information

	that is widely disseminated to ensemble faculty within the college of music and how these future teachers might apply this information in their own lessons.
Preventative health	Lifestyle management, nutrition, sleep, leisure activities, physical activity, stress management/coping with stress; personality psychology (related to stress management) and implications for one's music making and daily occupations; behaviour change techniques (e.g. self-monitoring, implementation intentions/planning, goal setting, etc.)
Everyday music study routine & performance preparation and enhancement	✓ Pre-performance routines and performance planning, performance enhancement; stage presence ✓ Coping with performance situations ✓ Effective practicing and rehearsing strategies: e.g. deliberate vs mindless practice; planning; taking breaks ✓ Effective memorization strategies: instrument specific implications ✓ Effective time management ✓ Systematic training of key mental skills that are relevant for performance preparation, such as goal-setting, relaxation, arousal control (e.g. through cognitive restructuring), imagery and mental rehearsal, focus and concentration; ✓ Performance preparation and analysis (e.g. postural awareness and relaxation during practice/performance; awareness of physical and mental processes involved in studying and performing music (e.g. through discussions); ✓ Feedback on one's preparation/self-monitoring (illustrated, for example, with diary entries): practicing behaviour, preparation for performance (preparation and post-preparation of performance situations, discussion of live performances by means of video and sound analysis), active improvement of instrument-specific situations, such as before examinations, preparation for the transition to professional life, etc.; bodily awareness and paying attention to one's body while playing
Information on where to get help	Associations, organisations, health services in house; reliable web sources
Peer support in an applied manner	Through organizing informal sessions; the promotion of communication and solidarity among students, liberation of health problems from taboos while retaining protection of the private sphere; normalising problems such as pain, anxiety, 'negative' emotions, stress, struggling, feeling lost;
Perspectives on and beliefs about health as a music student: comprehension and personal experience	
Role models & examples of authority-invested figures struggling and/or overcoming similar issues and sharing their own experience	
Successful musicians' methods of coping with crises as a model, knowledge regarding the psychological and physical achievement spectrum while making music as a part of the professional identity of performing artists and pedagogues.	
Continuously connecting health and wellbeing to performing and practicing	
Factors influencing behaviour	Social influences (norms, modelling, pressure), awareness, capability, opportunity, motivation, implementation (e.g. informal discussions encouraging reflection); introduction to basic relevant concepts from psychology and behavioural sciences.
New item added	Differences between complementary and alternative medicine (CAM) and evidence-based medicine (EBM) (e.g. cognitive biases, basic health literacy skills such as key concepts to understand and assess claims about treatment effects; critical thinking)

Excluded	Feldenkrais Method; Alexander relaxation technique (due to insufficient evidence)

Table 2

Themes and verbatim quotes

Theme	Sub-theme	Sub-sub-theme	Examples of quotes
Theme 1. Critical thinking in health education focuses on the critical thinking content that could be integrated as part of an ideal health education course.	Cognitive biases (subtheme 1.1)		"students latch on to personal advice as opposed to evidence-based" "whereas musicians are grounded in cynicism" "with a need to bow to authority for work" "descend into a spiral of self-doubt 'He's looking at his phone. I knew I was rubbish'" "and judgement and the impact of anxiety on perception, e.g. a millisecond mistake feels like 5 seconds and 'everyone heard it'". "personality profiles of artists – more prone to quackery? Would we be having this discussion in a science faculty?" "even when there is effort, there is also often a discounting of one's performance, regardless of how hard people have worked"
	logical fallacies (1.2)		"disorganized nature of conservatoire students (e.g. essay-phobia and self-management issues)"
	critical appraisal tools (1.3)		"earlier is not necessarily better" "the disease model is problematic" "earlier IS better in almost every case" "Hope may lead to unrealistic expectations" "anecdotes can be relatable and if they are chosen right they could also help the program along (e.g. search for evidence-based anecdotes)." "common practice not always good, but what if it helps? Placebo effect can be very beneficial. If I experience it as beneficial, who is to say it isn't beneficial?"
	the issue of evidence (1.4)		"RCT and systematic review leaves very little – treatment groups might include people who are harmed/no benefit" "systematic reviews imply that a lot of studies have happened in a particular area so that systematic reviews can be possible. However, if one strong study exists, this should be enough to base good practice on until better evidence comes up. Lots of studies are not necessarily better than having a handful of rigorous ones" "educate people to not assume that evidence base means treatment will suit individual" "anecdotes, hunches, intuitions not always bad guys"

			"Acupuncture is [Complementary and alternative medicine] CAM or mainstream? Fluid definitions, as some became mainstream" "Physio is supposed to be evidence-based". "issues with uncritical adherence to [evidence-based medicine] EBM" "wrong to exclude Feldenkrais, Alexander", especially when such interventions "depend on how taught" "no evidence for 'posture norms'" "Placebos can be effective as people believe in them"
Theme 2) Misconceptions focuses on misconceptions that may be prevalent among musicians and which may stop them from being able to think critically.	Success and "How many hours are you practicing?" (2.1)		"If I'm not practicing this much, someone else will" "the need to go above and beyond" "you should always be doing music" "if you're not always performing, you're a poor musician" "how many hours are you practicing?" 'you have to be perfect or no solution'. "technique + effort = guaranteed outcome" "if I play for more hours I become better musician" "to link success with social media profile" "experts in performing arts are not necessarily able to articulate what 'successful' means"
	Stigma / "No pain, no gain" (2.2)		"musicians' collective confidence and their worry that speaking about performance anxiety might break the spell" "If I was good enough, I wouldn't be getting nervous" "secrecy of suffering" "stay silent about difficulties" "If I talk about it, I'll make it worse" "somebody else worse implies I am not as bad so don't need help" "perception that pain means doing something wrong – many problems are preventable, very few have underlying causes"
		Suffering for art / "They aren't suffering, they're talented" (2.2.1)	"they aren't suffering, they're talented" "the mental health problems-creativity association" "myths of suffering for your art" "I am my instrument, therefore I primarily need to care for myself in the musical domain" "music making isn't physical"
	Musicians' bubble / "If my teacher says it, it must be right" (2.3)		"musicians aren't like other people" "health practitioner has 'magic hand' and no work required from them" "unrealistic expectations contribute to mistrust of health professionals" "expect the experts to 'fix the problems' for them" "science cannot measure/capture art" "anyone in my industry knows better than very knowledgeable people outside my industry" "what works for me must work for you (e.g. conservatoire teachers for whom nothing ever went wrong)"

		"if my teacher says it, it must be right" "If deliverer of health advice isn't a musician (embedded in the field), they might be dismissed" "in your field bias" "science students have issues too"
Theme 3) The health education curriculum focuses on discussion around both content and the implications of health education as part of health promotion	health topics (subtheme 3.1)	mental health and warning signs; mindfulness and yoga; physical activity; injury management; practice skills and memorization; use of electronics; burnout; social determinants of health; managing relationships (and notably recognizing toxic relationships); eating disorders; substance abuse; recreation and play; financial education; loneliness and fear; emotional regulation; behaviour change; dealing with the media; time management and irregular schedules.
	functions of the course and delivery such as signposting, scope, relevance, pragmatism, and knowledge (3.2)	"health course for all" "Delivery strategy impact[s] behavioural change" "frame fitness in terms of goals for musicians" "how music practice is done – a marathon not a sprint – should be ingrained" "be clear that health-related issues resolved serve the music" "delayed gratification, so health education might not benefit you now, but it will later" "musicians like practical" "to prioritise and find a balance: Knowing what would be "ideal" but also being realistic about what is possible within their lifestyle" "people anxious they are not meeting ideal" "Will musicians want to learn about biases?" "Evaluation of scenarios might be more appropriate" "Careful that information doesn't lead to over-analysis" "inferred determinism – could they develop problems by learning about them?" "Implicit learning is facilitated by analogy"
Theme 4) A settings-based approach to health focuses on a broader discussion of health promotion that took into consideration more systemic factors	the conservatoire culture and aims (4.1)	"bubble of music institution" "study with musicians, live with musicians, socialize with musicians, do extra-curricular activities with musicians" "the institution's resources reinforce musical activities" "need culture change to allow for wellbeing within wider performance practice time" […] not just provide information" "hothouse for pressure, competition and perfectionism" "there are more people graduating from top conservatoire than there are jobs available in performance" "in what way is the educational establishment responsible for issues regarding this, e.g. job

		prospects, career worries, disappointment, overtraining, etc." "no guarantee that hard work will pay off or that it is even relevant in 2018". "conservatoire sector based on tradition – historically endorsed practices in tension with institutions as creative places"
	identity (4.2)	"single identity" "when the instrument is taken away…who am I?" "if you're not a performer, who are you?" "to separate their self from their instrument". "'performer' role could be widened to a more holistic idea of identity" which would also be "more robust if injury impacts one part". "people are something beyond their instrument; sometimes people need to be enabled to find themselves – empower life beyond music". "strict narrow self-definition can cause stress" "health professionals might see music as a 'hobby'" "taught by people who are married to the job"
	pressure (4.3)	"vulnerability is seen as weakness" "as a performer you're always looking to be better" "board members of conservatoires look at figures"
	the need to train the trainers (4.4)	"Tutors never go to health-oriented offerings – just 'jet into' their lectures". "hard to understand demands on freelancers' time" "Online courses tailored to needs" "Online courses done as tick-box" "Annual music teacher awards, incentivizing measures 'shine a light on good practice'" "need to develop teachers to learn pedagogy & best practices". For example "MPA needs addressing as current instructors don't have experience of being taught about it – urgent". "mental health first aid" "so teacher can make appropriate referrals when students are struggling" "Teacher could stop RSI by teaching time-management, stress reduction, etc" "would be most useful if teachers were taught about logical fallacies and biases so they understand the strategies for their own self-awareness and decision-making" "finger-pointing at music teachers" "work with them rather than brow-beat" "With regards to conservatoire the question arises: who reviews the 'experts'? [. . .] If they were once experts, how do we know they still are currently?"
	the role of management and environmental restructuring (4.5)	"how much time we can devote to health education and who is ultimately responsible for delivering this" "set expectations of health as a priority" "Good health literacy among students one thing but if directors don't know, working conditions suffer. [. . .] How many choral conductors know about posture?"

	“Reinforcing messages with structural changes to environment, e.g. Can’t book practice rooms for 6 hours” “can students afford gym?”