

### Old Musicians Never Die: Issues of Aging in Orchestral Musicians

Although in different contexts, many of us daily face aging-related issues that may concern ourselves, our families, or our patients, and all are complex. Issues of aging were the subject matter of three recent and very different conversations I had that were focused on a specific segment of the aging population, symphony musicians.

The first of these conversations was with a music critic, who was writing an article about musicians who were retiring from a major orchestra, each of them after many years of service. Another discussion was with an enterprising researcher, a high school student, who set about investigating differences in finger dexterity and speed in a group of older musicians compared with nonmusicians. The final talk was with the editor of a magazine published by a music support organization. On this occasion, the subject matter had to do with some orchestras whose members include a particularly high proportion of senior musicians and the possible consequences of retaining these musicians on the musical product (for better or worse) as well as on increasingly tenuous orchestral budgets.

A discussion of aging invokes many complex and often emotionally charged issues that are physiological, psychological, and socioeconomic, none of which lend themselves to accurate measurement. The law prohibits job discrimination based on age alone, yet in many fields there exist intrinsic limitations as well as those limitations imposed for the protection of others that in fact are based on age. Dancers and athletes have what might be called “natural” limitations that necessitate retirement while still in the chronological prime of life, because they are no

longer able to meet the physical requisites of those chosen professions. With few exceptions the body simply cannot continue past 40 at the high level of performance expected of ballet dancers and professional athletes. Even supermen such as Michael Jordan and Mikhail Baryshnikov were forced to retire due to the effects of aging added to their accumulated injuries, putting unacceptable limitations on their still remarkable performance skills.

Although physicians are urged to police themselves in these matters by bearing the responsibility for assessing their abilities as they age, many hospitals impose restrictions that prohibit surgeons past a certain age from operating, or at least without the assistance of another younger surgeon. It is assumed that manual dexterity as well as judgment will, to some extent, be compromised by age, and by arbitrarily selecting an age of enforced retirement (or modification on practice), it is hoped to avoid tragic problems. This type of policy is not limited to aging physicians; commercial airline pilots are prohibited to fly after age 60. Whatever the laws or social customs dictate regarding aging, one hopes that commonsense would prevail, so that all of us would be smart enough to “hang it up” when we no longer have the right stuff—and before the world knows that we have lost “it,” as we damage our own reputations or, much worse, cause damage to others.

However, classical symphony orchestra musicians are protected not only by the laws of the land but also by custom and by their union. As long as musicians in tenured positions want to continue playing, they can do so, unless their playing is challenged by a process that is painful to the musician and the

orchestra. This means essentially that if a tenured musician wants to keep playing in the orchestra, he or she can continue to do so for as long as they wish. The challenge process requires the orchestra to provide evidence that the musician’s playing no longer meets the standards of the orchestra, and it provides the musician with an extended opportunity to disprove the allegation.

The subject under discussion here is admittedly a veritable can of worms, which I take on fully recognizing that I am in dangerous territory. It is an area, however, with which many of our readers may be unfamiliar. In addition, I believe there are certain aspects of the controversy in which performing arts medicine could shed light and be of potential service to those on both sides of the controversy.

These are the issues, as I understand them, from the musicians’ point of view. A given senior member of the orchestra has presumably been a dues-paying member, contributing to the performances and musical life of a particular organization over a long period of time. They bring not only their ability to play expertly, but in addition they possess an accumulated musical experience and musicality which has accrued over time and cannot be matched by less experienced and mature musicians, no matter how well the younger members play. A good orchestra must play well as an ensemble, but diversity, including in age, may enrich the character and depth of their performance. In addition, the older musicians have been loyal to the organization and expect that same spirit in return.

There may be additional factors that are in play in the reluctance of some

orchestra musicians to retire at an age when those in other occupations are happy to move on. For some people in all fields of endeavor, retirement represents less an opportunity for greater leisure and an opportunity to indulge themselves than it does the end of the road and of useful life. It represents the need to confront threatening losses rather than welcomed gains in lifestyle.

Many musicians have been seriously involved in music-making to the neglect of other activities since they were very young. Their education and their time commitments have been 100% to music, preventing them in many instances from developing other interests, skills, and avocations. When they stop playing in the orchestra, as reported by Smith,<sup>1</sup> many cease playing entirely, even for their own enjoyment, and are faced with developing new outlets. The self-identity of many to most adults is firmly attached to their vocations, but in my experience nowhere is this true to the extent that it is for professional musicians. Therefore, the negative aspects of retirement are unduly threatening and potentially depressing.

I mention these factors not because I believe that this is an area where we as performing arts medicine practitioners can necessarily directly affect what goes on, but because I think it helps to explain the depth, emotional overlay, and complexity of the issues surrounding the aging of musicians over and above those of the general population. As was noted at the outset, this unique population is especially inviting to study because of their sensitivity to minute changes in neurophysiologic function and because of their proven occupational longevity. Much of what is learned about the aging process among musicians is likely to be readily

transferable to understanding similar issues in other populations.

One can legitimately question why someone involved in performing arts medicine should get seemingly so far afield from clinical issues. In fact, these are issues that are intrinsically interesting to debate, on a practical as well as a philosophical level. Indeed, there are questions here for which specialists in the medical problems of musicians may be able to provide pertinent data that will prove helpful to musicians and managements alike in arriving at more informed and less emotionally based resolutions to some of their thorny issues.

For example, the young researcher mentioned previously hypothesized that as musicians age they retain greater general digital dexterity and speed than do nonmusicians. If so, this would be important information for senior musicians wanting evidence on which to base prolonged careers. If true, would this extend to other kinds of vocational or avocational activities for improving life quality for seniors by encouraging training to prevent age-related functional degradation? If proven untrue, this might be an argument for use by orchestras in favor of retirement of older musicians.

Another neurophysiologic function that is affected by aging is hearing. Does musicians' hearing decrease more than it does in an age-matched group of nonmusicians, based on the additional risk of noise exposure over years? This issue is often raised in a charged atmosphere in orchestra negotiations, but never to my knowledge has it been proved other than anecdotally. While orchestra musicians have been concerned about their hearing, they are also often reluctant to have audiometric testing at frequent intervals. This is another area that demands investiga-

tion, not only in order to evaluate the hearing of aging musicians but, if proven once and for all that there is indeed greater hearing loss in musicians than in an age-matched group of nonmusicians, this is the evidence needed to demand proactive hearing protection of young musicians.

Given the need to memorize music over many years, is there any evidence that musicians' memories are any different from those in a matched nonmusical population? Do the kinds of activities musicians continue to do through the years preserve general intellectual function, or do they suffer loss to the same degree as others? Are musicians who continue to play in orchestras until an advanced age more upbeat and less depressed than their peers who retire at an earlier age or compared to nonmusicians? Is their general health better, perhaps in part because being active and doing what they want helps stave off aging-related disabilities?

I have listed all of these areas (and there are others) not with the expectation that they can be addressed adequately in a brief editorial. Rather, I raise them because I do believe this is a promising area for research and one in which specialists in performing arts medicine are uniquely qualified to delve. The understanding gained from this work stands to make a significant contribution to the welfare of musicians young and old, the organizations for which they work, and the wider and ever-enlarging aging population in general.

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## REFERENCE

1. Smith DWE: Aging and the careers of symphony orchestra musicians. *Med Probl Perform Art* 4:81-85, 1989.