

# When the music stops

Despite being at increased risk of addiction, depression and anxiety, there is little backstage mental health support for those who tour, says **Tamsin Embleton**

**S**ometime in October 2010 I found myself staring in desperation into a refrigerator in a German service station, with a van full of tired, hungry band members behind me. We were on tour and I was the designated parent - the tour manager. It was my job to co-ordinate the band's whereabouts, arrange accommodation, catering and travel, liaise with management, promoters, record label executives and journalists, manage the tour budget and try to maintain morale. The band was vegetarian and this service station stocked only meat sandwiches and hot dogs. I grabbed another multipack of croissants and hurried back. We set off on the six-hour drive to the next city, running on empty.

By this point the penny dropped and I realised that, despite years of booking venues and festivals and managing touring artists, I had underestimated the toll that touring could take. I was not the only one to make this mistake - in fact, I'd go as far as to say that it is fairly common, both inside and outside of the live music business.

Popular culture tends to focus on the 'glamorous' side of touring - the roaring crowds, the romanticism of the open road, the camaraderie and the adventures. Touring can be gratifying and exhilarating, but that's not the whole picture. As Nile Rodgers told me, "Typically at the beginning of your career, touring is really exciting because you get to go places you have probably never been. People come to see you perform and you have a connection to them in a way you didn't have prior to that. You return a sort of hero. This makes early touring wonderful. What people don't realise is that it can be very gruelling."<sup>1</sup> It's a high-stakes environment that few outsiders truly understand.

## Dysfunctional

In 2016, following a pivot into psychotherapy, I began to investigate the psychological impact of touring. I had been in training for several years by then, and I was building a language for what I had witnessed backstage - loneliness, anxiety, protest, withdrawal, submission, collapse, burnout, conflict, avoidance, inferiority, grandiosity, dependence and addiction, disordered eating, a culture of silence, dysfunctional group dynamics, coddling and enabling were all going on behind the scenes.

As a clinical population, musicians report formal diagnoses of anxiety at around four times the rate of the general population, and formal diagnoses of depression at two to three times the national average.<sup>2</sup> As Gross and Musgrave put it, 'Music making is therapeutic, but making a career out of music is destructive.'<sup>3</sup> In 2022, research into the mental health of touring musicians and road crew found that 50% of participants qualified as high risk for clinical depression, and 40% for suicidality.<sup>4</sup>

I was surprised to discover that there was a dearth of clinical advice or research into the psychological needs of touring musicians and personnel. In an attempt to fill this gap I interviewed more than 80 touring personnel and high-profile artists including Nile Rodgers, Katie Melua, Will Young, Pharoahe Monch and

Philip Selway of Radiohead, and used the interview material for my book, *Touring and Mental Health: the music industry manual*.<sup>5</sup>

So, what is it about the touring environment that can be undermining to mental health? Allow me to illustrate some of the issues through the fictionalised accounts of Amir, Ava and Grace. I will also suggest how psychotherapy can help to identify and address their problems. Let's start with Amir.

## Amir's story

Amir is a DJ who relishes performing and craves the buzz of it when he's not on tour. Underneath the warm glow of the lights, Amir feels like a better version of himself - Amir 2.0.

When the going is good, Amir enters a flow state and reaches a peak experience wherein he feels euphoria. Day-to-day stresses and insecurities melt away, leaving him blissfully free of inhibitions. The performance is co-created with the audience and acts like a positive feedback loop, reinforcing the message that Amir is good, and worthy of love.

Amir first came to therapy to address his growing reliance on alcohol. He found it difficult to move between the shifting states of soaring highs, dragging boredom, anxiety, loneliness and low mood. When he crawled into his bunk on the tour bus or to bed in his hotel room, the residual post-show hyperarousal left him agitated and unable to

drift off. Sleep quality was impaired due to the hormones and neurotransmitters stimulated by performance. He knew that the drop into hypoarousal was coming - perhaps tonight or tomorrow - when he'd face waking up with a combination of elevated cortisol and low mood. The following day there would be another show, and the day after that, until a travel day or day off gave his body a chance to recover. As a headline DJ, Amir's sets started late at night, and he often flew between

shows, so there was circadian rhythm disruption, fatigue and jet lag in the mix too. Stress accumulated, and as it built up Amir reached for something outside of himself to help him cope.

Alcohol is ubiquitous on tour. It's in dressing rooms, tour buses, hotel rooms, clubs, airport lounges and parties. Drinking is the primary method of celebration, relaxation and emotion regulation used by touring personnel. If you are high-functioning and

reasonably easy to work with, a problematic relationship with alcohol may be overlooked. No one on tour was concerned for Amir's welfare beyond what was needed to keep him content, compliant and performing. Support staff are often reluctant to challenge a performer's behaviour due to their own job insecurity, or a belief that it is not within their remit - or skill set - to do so.

Amir utilised alcohol's nervous system depressant quality to reduce anxiety before performances, to wind down post-show and to become the charismatic entertainer everyone expected him to be. Alcohol use deprived his body of important nutrients, compromised his immune system, increased his risk of multiple health problems and further impaired his sleep quality. Amir's workplace is most people's big night out and they want him to celebrate with them, but it was unsustainable for him to party every night. Promoters, fans, press and his entourage added peer pressure and reinforced the message that Amir was a special person working in a special industry, where the usual rules don't apply.

What might help Amir to cope and thrive? In therapy, Amir could explore the relationship between his 'ideal self' as experienced on stage, and other parts of himself that he has disowned. His therapist might help him to build an integrated, authentic sense of self, so he can let go of the protection of grandiosity. Amir could examine triggers for his drinking, and learn to contain and manage underlying feelings and physiological states, broadening his window of tolerance. He might discover how his drinking prevents him from accessing his full experience or how it compromises emotional intimacy by making him less available or reliable.

A therapist could help Amir figure out what behaviours and attitudes sustain his relationship with alcohol so that he can discard what no longer serves him. He might prepare for the next tour by developing skills to reduce performance anxiety and learn healthy decompression and self-soothing techniques. He might consider the role his entourage plays in enabling his addiction. He could aim to attend 12-step meetings on tour, and be accountable to a sponsor. He could also request a 'dry' dressing room or ask for hotel room minibars to be emptied before his ▶

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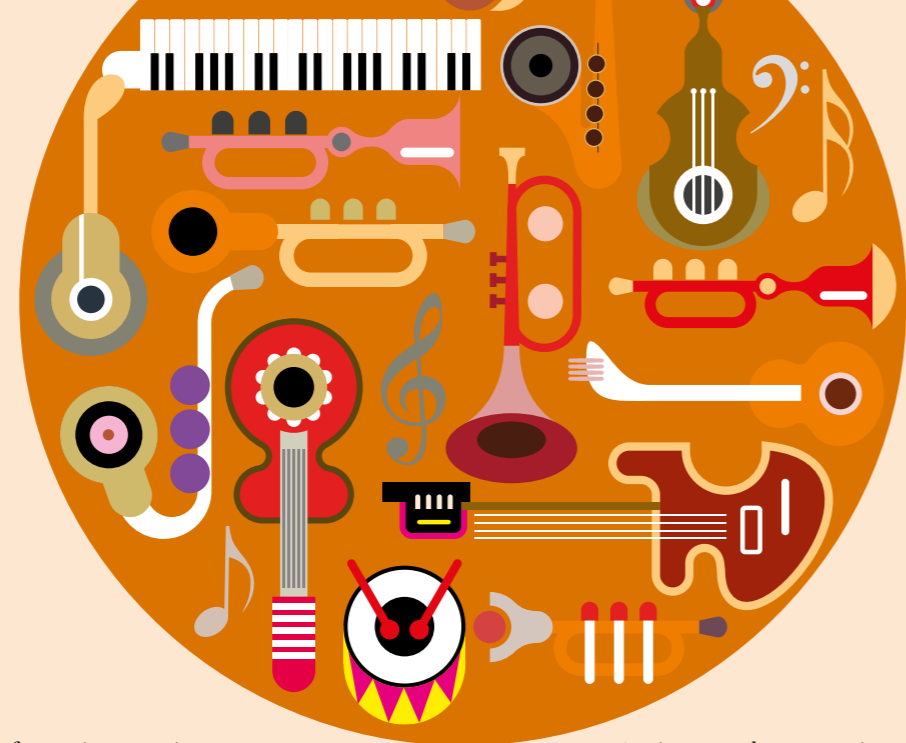
arrival, to reduce exposure and temptation. Through sobriety, Amir might be able to rediscover his purpose in life, and cultivate meaningful relationships with himself, his artistry and other people.

### Ava's story

Ava has been writing and performing since childhood as her parents had recognised and cultivated the green shoots of talent early on. After being spotted by a major label scout in her early teens she entered a development phase before launching a pop career in her teens. Nowadays, Ava's music is regularly played on mainstream radio.

Ava came to therapy feeling overwhelmed. From an early age, there was substantial attention paid to her as a performer, and so that part of her matured ahead of other parts of her, which felt younger and less equipped to cope with the stresses of fame. Management and family were excited when opportunities arose but also anxious to make sure she made the most of them. They pushed her hard to keep going. Ava felt increasingly out of touch with her internal voice, and she often confused what other people wanted for her with what she wanted for herself. She struggled to notice the signals her body sent to warn her when she was overloaded. When Ava felt out of control she found temporary relief through food restriction. This went unnoticed or overlooked, and instead she was praised for her slim physique.

Though Ava was skilled at expressing herself through performance and songwriting, she needed help learning to communicate her needs with authority. Therapeutic work might help her to identify barriers to self-expression and link present communication patterns to those within her family of origin. In therapy she might learn to increase her tolerance for discomfort when she expresses her needs in the event that she's met with disappointment,



frustration or resistance. Therapy might also develop her capacity for emotion regulation.

On tour, day-to-day chores were handled by a tour manager to allow time for Ava to prepare for performance, but this had the unwanted side effect of reducing choice and self-agency. As Ava often toured outside of the UK, she was away from the 'safe' foods that she felt comfortable eating. Not wanting to disappoint or seem ungrateful, Ava dismissed her feelings. As Ava was disciplined, polite and amiable, her mental state wasn't obvious to others until she reached crisis point.

Therapeutic work could guide Ava in reparenting her inner child, tackling socially prescribed perfectionism and cultivating greater self-compassion. It might also assist her in understanding the relationship between eating patterns, control, fear of failure and perfectionism. Perfectionism is a common trait in people with eating disorders, and eating disorders are common among musicians.<sup>6</sup>

When Ava feels out of control it's as if she's on a runaway train. At these times she slips into dissociation where she goes on autopilot, loses time and feels detached from her experience. Therapeutic work could help

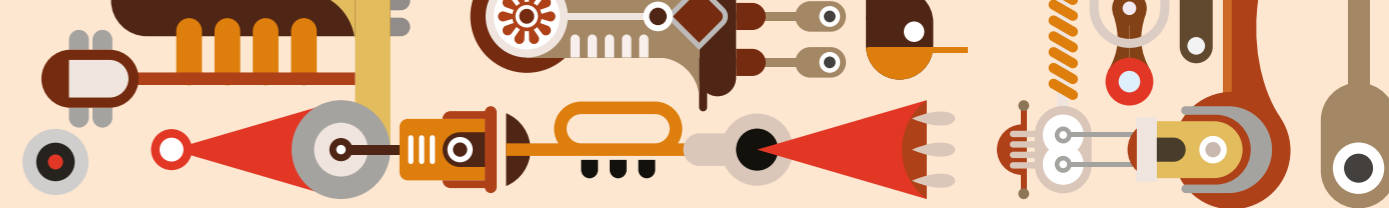
Ava improve the connection between body and mind, helping her to decipher early warning signs, ground herself in the present and regain a sense of safety in her body.

### Grace's story

Of course, it's not only artists who suffer when touring is intensive. Road crew suffer too - like Grace, a tour manager who sought therapy following the sudden death of her trusted confidante, Keith, without whom she felt untethered. Grace had felt seen by Keith - he had glimpsed beneath her high-functioning exterior to see her vulnerability. He also recognised her resourcefulness and determination. Keith acted as her mentor, guiding Grace, a young black woman, through an industry still dominated by older white men. With his support she pushed through glass ceilings, although she learned she was paid less than male counterparts and she often met resistance to her authority.

Grace told her therapist she feared she was losing her mind. Was she grieving, depressed, breaking down or burnt out? It was hard to tell while in the thick of touring - she just knew she needed help. The thought of 'not coping' on tour was terrifying as too much was at stake. It was this threat to her career and reputation that brought her to therapy.

In therapy Grace could explore the significance of Keith's death. His attentiveness and reliability led him to become an internal anchor for Grace, filling an unmet need. Therapy could also explore her relationship with her mother, Donna, a bold and brilliant



social activist. Though Grace admired her mother's tenacity, she found her hard to hold on to, feeling burdensome when reaching out. Donna sidestepped Grace's bids for reciprocal intimacy, avoiding meaningful enquiry into Grace's world. Feeling unable to protest, Grace stopped competing with her mother's interests. Instead, she accepted a place for herself in a role-reversal position, becoming a reliable sounding board. Tending to her mother's needs and foregoing her own became second nature to her. This proved beneficial when she became a tour manager.

When Grace started touring she enjoyed the immediacy and all-encompassing nature of it. It was unconventional, which suited her and felt like more of a lifestyle than a job. On tour she could utilise her caretaker skills, anticipating challenges in advance, problem-solving and responding to endless requests.

When Grace was stressed she over-functioned, ensuring her proximity to the artist - a strategy she learned to engage her primary attachment figure, Donna. She even described 'sleeping with one eye open', phone gripped tightly to her chest. Coping under pressure and being needed felt good, but she felt drained. Sometimes the demands of her job were a welcome distraction and at other times they were a hindrance, preventing her from grieving.

In therapy, Grace could explore what it means to be a young black woman in a position of power working in the live music industry. She could explore the impact of overt and covert racism, fee discrimination and the pressure to represent as well as the personal cost of adjusting or code switching when working in a majority white environment.

Grace said she would like to have a romantic relationship one day but acknowledged that establishing and maintaining one while touring was difficult. On tour her priority was the artist she was working for, which was hard for loved ones to accept. Her therapist could work with Grace to examine her attachment pattern, and what it would mean, and take, for her to establish a sense of self separate to caretaking for others.

### Good practice

It's now far less common to read the euphemism 'exhaustion' in media reports

of musicians cancelling shows or dropping out of whole tours. Artists including Lewis Capaldi, Billie Eilish, James Blake, Shawn Mendes, Arlo Parks and the band Wet Leg have talked about the impact of intensive touring on their own mental health. This critical shift locates the problem within the touring environment and structure rather than in personal failings of the individual. Improving individual resilience is important, but it will only scratch the surface if the system you work within remains dysfunctional.

In 2018 I set up the Music Industry Therapist Collective, a global network of psychotherapists and psychologists who deliver psychoeducation and psychological services to the music business. Each of our therapists has worked extensively in the music business prior to retraining. We believe this understanding provides a shared frame of reference with our clients, helping to build a swift rapport and improve treatment outcomes.<sup>7</sup> Each individual will find different aspects of touring challenging. Psychotherapy with a practitioner familiar with the culture of touring can eliminate the need to 'educate' the therapist about the challenges faced.

When out on the road, therapeutic work needs to be thoughtful, holding the client and maintaining wellbeing rather than being too ambitious and opening up topics with dysregulation potential. The work may need to focus on current experiences such as navigating group dynamics or the impact of distance to relationships at home. It can also focus on helping to identify and build on pre-existing strengths, and anticipate areas of difficulty, including psychological, biological and social stressors.

When travelling across time zones, clients may find attending sessions at fixed times difficult, and their schedule may change last minute. Also, the client may enter different modes of being while on the road, and feel less able to engage in therapeutic dialogue if stressed or distracted. It can also be hard to find personal space on the road to hold sessions. Continuity of care may only be achieved with a more flexible time frame.

Above all, it's helpful to bracket any preconceptions you, the therapist, may hold about how glamorous working in the music industry may be, as it may not be aligned with the client's experience. ■

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About the author

**Tamsin Embleton** is a specialist music industry psychotherapist and tour welfare consultant who previously worked as a venue and festival Booker, tour manager and artist manager. She is the founder of the Music Industry Therapist Collective ([www.musicindustrytherapists.com](http://www.musicindustrytherapists.com)) and the editor of *Touring and Mental Health: the music industry manual* (Omnibus Press), which explores the psychological, physiological and social problems pertinent to touring through a number of lenses including attachment theory, performing arts, medicine, the neurobiology of emotion regulation and stress management, organisational psychology and existential philosophy. [www.touringmanual.com](http://www.touringmanual.com)



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