

# Music, medicine and embodiment

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[Appeared in *Lancet* 375, March 13 2010; 886-7]

I strongly suspect that the consolations of music are more apparent, and to overwhelmingly more people, than are those of any other form of art. This is reflected in the fact that in daily life one is vastly more aware of people voluntarily and habitually accessing music than any other art form. Then why is music so overwhelmingly popular? The explanation is, I suspect, less a matter of neuroscience, evolutionary theory or palaeo-anthropology than of a partly-philosophical account of human nature. The relevance of this to health and illness might not immediately be apparent but, as I shall argue, both the fact of music's enormous hold on us, and the kind of explanation we might give for it, are actually important for clinical medicine. Why this should be so is the subject of this article.

A particular focus is the question of why music can have a therapeutic effect. This is distinct from the question of *how* it works therapeutically, because 'how' questions tend to invite answers that identify mechanisms, usually physical ones. By contrast, 'why' questions invite answers that involve meaning and significance in people's experience (including the reasons for choosing or deciding to do something). There may be astounding physical mechanisms implicated in music's therapeutic effects (including those employed in formal musical therapy) but, since listening to music is first and foremost an experience, then music's therapeutic potential must principally involve other things characteristic of experience – attitudes, expectations, affects, the imagination, memory, bodily self-awareness – that cannot be reduced to physical mechanisms alone.

Let me forestall one distracting source of objection at this point. In talking of music's therapeutic effect or potential I am not specifically referring to technical practices employed by professional music-therapists (though nor am I excluding these). I am concerned simply with the power of music to make people feel better, whether this be formalised within a technical clinical procedure or, alternatively, pursued individually as a source of fulfilment, consolation or refreshment – such as is compellingly described by physician and cellist Danielle Ofri in a previous contribution to this series. So let me use the expression 'music-as-therapy' to cover all instances of specifically therapeutic musical benefit, be they accidental or intended, informal or tightly professional.

*Why* then does such benefit arise? If we enjoy music at all then there is obviously what one might colloquially term a 'feel-good factor' involved but this, too, requires explanation. *Why* does music make us feel good, and why might that feeling-good have therapeutic value? Folk wisdom has it that 'a little of what you fancy does you

good,' and feeling good doubtless in itself *does* you good. But medical science seems unwilling to let things rest there (hence the enormous interest in musical experience within neuroscience) so if we can be more specific about why music as therapy works then we might expect to secure its benefits more reliably and deliver them more effectively to the most responsive audience.

One route to music-as-therapy's appeal – which is presumably a part of its effectiveness – might lie in understanding music's overwhelming popularity. Of course, *some* art form or other had to be the most popular, so perhaps it merely happens to be music. But this is puzzling when we set music's popularity alongside the recognition that, in and of itself, music doesn't portray or depict or represent anything. Instrumental music (sometimes tendentiously called 'absolute music' or 'pure music') in particular is standardly an abstract art-form, not a representational one – unlike virtually all other art forms which standardly *are* representational. Generally people strongly prefer visual and dramatic and literary art in their representational forms, and they dislike (or are at best mystified by) abstract painting, sculpture, dance, or surreal or expressionist literature or theatre. Yet (song lyrics and libretti apart) this general aversion to the abstract in art is frequently set aside in the case of the single overwhelmingly most popular art form, where the abstract is central.

In art, one plausible way of specifying 'the abstract' is as a recognisable concern with forms rather than with representational content – a concern with the way things are put together rather than what they might be taken to depict. Instrumental music is characteristically like this: it is a kind of structured playfulness in sound, an experiment in combining its own materials. And what are those materials?

In school-book isolation, they are principally its tones, intervals, rhythms, melodic sequences, harmonic progressions, structures. But these dry notions come alive in *sound* – music has only a vestigial, ghostly existence on paper – and they come alive moreover in our recognitions and expectations of sound. This means that, in a wider context, music's own materials also include the forms taken by our experiences of listening and singing and playing. Music thus consists also in those expectations, in our sense of familiarity, of surprise, anticipation, tension, release, freedom, constraint and so on. As we will see, these are very much among the forms of embodied experience, and they suffuse the abstractions in which music deals.

Now there is an obvious objection which, if sustained, would have consequences not only for this account of music but also for the sort of 'explanation' one might give for why music can be therapeutic. The objection is that music is indeed 'about' something independent of itself, namely human emotions, both in general and also actual, specific, literal emotions supposedly endured by the composer and/or engendered in the performer and the listener. This objection arises from a quite general fixation with emotion as the 'object' represented in or expressed by music, a fixation that is as widespread as it is mistaken. If the 'emotion' account of music were correct, it would brand music as a representational art after all, and it would invite a merely cathartic explanation for the workings of music-as-therapy. But a widespread mistake is still a mistake, in this case perhaps part of a generally enduring hangover from the Romantic period in art. I think the reason for its grip upon us is that we are misled in two respects. First I suspect an uncritical attachment to representation elsewhere in art makes us subconsciously yearn for it also in

music, so that we (equally uncritically) attach to certain conventional forms and phrases a set vocabulary of usually dull and hackneyed specific emotions (happy, sad, tragic, triumphant, etc.), invariably attributing them literally to composers and listeners alike despite all evidence and reason to the contrary. But second, there is an important sense in which we are indeed *moved* by music, but much more literally, much less figuratively, than we suppose. The urges to tap along, or to dance, or to alternate muscular tension and relaxation, or to meter our breath, for instance, are certainly case of music's *moving* us. We have registered music's calling to a very physical sense of our own being, proprioception, willed movement and agency – in short, a sense of our own physical and sensory embodiment – but we seem collectively to have mistaken this for something much less interesting and far less plausible, a narrow and clichéd litany of emotion-terms.

Let us put all this in the context of what we might call the natural facts of life about music, sophisticated and complex social activity though it be. Music exhibits certain facts about our own embodiment – our size, the characteristic length of our limbs and vocal chords, the volume of our lungs and the chambers of our hearts – that make particular resonances natural and comfortable for us both tonally and rhythmically. And music also reflects natural facts in the universe around us, including the subdivision of tonal frequencies that produce harmonies of vibration for us as for all material objects. Tonal systems do vary around the world but less than the cultural relativist or the post-modernist might suppose: something close to the basic tonality of western music from Byrd to the Byrds may be recognised in at least three continents.

What I draw from this is that music expresses aspects of the *forms* of our embodied experience, forms that exhibit our natural physical state in its musculo-sensory reality. By this I mean those general forms of experience realised in rhythm, proprioception and kinaesthesia; in muscular agency with its characteristic dynamic tensions; in anticipation and resolution; in willed changes to amplitude of movement; in a sense of oneself located both in closely-cushioned immediacy and in vertiginous space; and no less in that sense of memory and identity that works alchemically upon sequence and repetition in music. Music stands in strongly natural relations to these fundamental facts about our shared embodied experience, though of course it is modulated, through socially-understood varietal forms, by the agency of individual imaginations (on the part of composer, performer *and listener* alike). In short, music expresses general forms of our experience, rather than specific emotional contents which must more plausibly be left to the literary and other representational arts. Musical experience is pre-organised in our nature, but transformed by socially-moderated imagination – as is all our experience, of course. And this takes us back, at length(!), to music-as-therapy which, as we noted at the outset, is first and foremost an experiential matter.

When music works upon us therapeutically, it expresses, recalls and even rekindles general features of our embodied experience and of our ordinary being. I am not suggesting that it *causes* a return to healthier or pre-morbid states in any mechanical sense, but rather that in recalling ordinary being it reinforces that being, and reinforces *us* – it inclines us in the direction of bodily and psychological fluency and vitality. The benefit may stop when the music stops, or it may persist – Oliver Sacks describes both outcomes – but in either case it arises, surely, out of a more

strongly resonant fit between the organic fabric of agency and the imagination, brought about by music's deep engagement with the sorts of creatures we are.

A final thought concerns another kind of philosophical 'deep engagement' – though one that we must here allow to remain at the level of conjecture. Schopenhauer thought that the sorts of creatures we are – material beings but with consciousness and a direct knowledge of ourselves – gave us a glimpse of reality beyond the world of perception. Intriguingly, he thought that *music* also gave us fundamental insights into the nature of reality, and so Schopenhauer's philosophy unites music with the human body in a radical way. Although such intimidating conjectures are not necessary for us to begin to understand music's therapeutic capabilities, they do hint that music might be an expression not merely of our ordinary being but of our place in the universal order of things. Were this so, it would invite a far more radical conception of why music can always console us and, sometimes, can heal us.

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## Suggestions for further reading...

Sacks O, *Awakenings*, London: Duckworth

Bunt L, *Music Therapy: an art beyond words*, London: Routledge, 1994

Zangwill N, 'Against emotion: Hanslick was right about music', *British Journal of Aesthetics* 2004; 44(1): 29-43

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Magee B, *Confessions of A Philosopher*, London: Weidenfeld & Nicolson, 1997; see especially chapters 20 & 21

Evans M, *Listening to Music*, London: Macmillan, 1990