

*Music, perception and
altered states of
consciousness*

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A lecture series at the Chair of
Qualitative Research in Medicine
and the Institute of Music Therapy

**Thursdays 5.30 – 7.00 p.m.,
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2.316**

„Our normal waking consciousness, rational consciousness as we call it, is but one special type of consciousness, whilst all about it, parted from the filmiest of screens, there lies potential forms of consciousness entirely different“ (James, 1902, p.228)

The subject of this lecture series is the therapeutic, ritual, hedonistic and spiritual use of music, and related aspects of alterations in perception and consciousness. How does music effect patients in persistent vegetative state, or persons whose self-perception is impaired by pathological processes? How can a song from an early period in life trigger spiritual questions in a person at the end of his or her life, and give consolation and hope? How does music perception change, at a rave party for example, under the influence of psychoactive drugs? What is the role of music itself, and what is the role of the context where music is heard or produced?

Sensual perception

Altered states of consciousness appear attractive when we feel burdened down by all the routines, the haggling and tedious details of everyday life. We want to “Get away from it all”, lie on a beach, let the sun warm us after a swim. The music drifting over from the beach bar sounds alive and real. Maybe a few drinks help and companions too can be a distraction. What changes then my normal state of consciousness? The music, the drinks, the company or the sunshine?

In 1966, in the „Archives of General Psychiatry“, Ludwig described altered states of consciousness as changes in thinking, time perception, loss of control, changes in emotionality, body scheme, perception, experience of meaning; a feeling of the unexpressable, of renewal and rebirth and hyper-suggestibility. Music and intoxication appear to have the same forms of emotional processing, at least with regard to the processing in the limbic system. Everybody has musical preferences, and there are those very special pieces of music that make us shiver. Based on such musical favorites, Blood and Zatorre demonstrated that musical informa-

tion reaches brain structures that are involved in conveying emotions. Test persons listening to favorite music revealed changes not only in the activity of the autonomous nerve system, as demonstrated by changes in cardiac beat, muscle tone, skin resistance and depth of breath, but also in blood flow in brain structures that are involved in processing emotional stimuli according to latest research. The activation pattern (blood flow) of regions in the brain closely resembles activation patterns induced by drugs that have a primarily euphorising effect, like cocaine for example. This indicates that the perception of favorite music directly interacts with structures associated with emotions (Blood & Zatorre, 2001).

Music and consciousness as performance

“Music and consciousness are things we do”, as David Aldridge writes in his book on which this lecture series is based (Aldridge & Fachner, 2006). What we do, we do in a context that is experienced in time and space, where our attention is directed selectively to those matters which we can perceive and which are significant in specific situations. On a day at the seaside, the beautiful beach and the deep-blue sea are not simply an aesthetic background to perception but are essential dynamic elements of that consciousness.

Deliberate processual changes in the perception of one's own person, own self and body through music, meditation, hypnosis and psychoactive substances etc. have been used for therapeutic purposes in many ways. For a long time therapists have attempted to change the (usual) focus of perception. William James experimented already with nitrous oxide or laughing gas when he explored the limits of our sensory perception and the selective processes of a deliberately perceived world marked by socialization and enculturation.

When music is used in medical settings of neurological rehabilitation, as we will see in some lectures during this series, we are concerned with returning people to those performances of their bodies within which they can dwell and recognise ourselves. People are encouraged to fit into an ecological niche that is performed. Rehabilitation is a process refitting us to a set of habits that make living sense. Sense in a neurological way of feeling and sense as understanding. Fitting into an ecology is a continuing performance that we have with others; it is dynamic not fixed - like making music, like achieving consciousness, like performing health (Aldridge 2005b). The weak, the sick and the needy - the people we will hear about in some parts of this seminar series - also are part of that performance we have as a communal life. Not only are we challenged to help them fit into living life to the full, they challenge us to perform compassion.

Borderline experience

Art, as therapy, seeks to transcend the limitations of illness by dynamically altering the aesthetics of perception. 'Guided Imagery in Music', was a product of psychedelic therapy in the early sixties, where psychoactive substances were used under the supervision of psychotherapists. The therapeutic purpose was to weaken psychological defenses and produce, combined with a programmatic use of classical and modern music, an unhampered flow of associations for psychotherapy (Bonny & Savary, 1973). After the wave of drug prohibition, only music was left for therapeutic journeys of imagination. Psychedelic therapy research in this area was restricted. Currently we see a renaissance of research with psychedelics, and some of the research protocols discussed by health authorities even mention the application of music (Horgan, 2005).

Studies addressing state-specific memories in the sense of psychiatric 'model psychosis' promise interesting results for an understanding and explanation of music therapy processes in Alzheimer and dementia patients (Thaut & de l'Etoile, 1993). State-specific processes may be triggered by the singing of songs and help to create a present time structured by music through intensive memories of the past, of youth and health. In contrast, music therapy appears to remind drug addicts of drug-induced states (Horesh, 2003).

Ethnic healing rituals frequently use monochromatic sounds and pulsation instruments. Many instruments used for such purposes, drums, wind or stringed instruments, have their specific function within the ritual, stemming from tradition, myths, cosmologies and corresponding musical practice. There is an on-going argument between researchers and clinicians which aspects are really significant: the sound characteristics of instruments, their symbolism, the context and procedures, or the mental intention between the activities. We shall critically review studies from anthropology and ethnomusic science that provide details on healing rituals and describe the use of music therein.

But we do not have to go far; in our local hospitals and therapeutic living communities we find approaches to change consciousness and perception with therapeutic interventions. We know that coma patients are well able to hear something; but what their brain makes of this is not necessarily what we construct in the so-called 'normal state'. In music therapy interaction, we learn of other states of consciousness. Every person has the potential to make his or her state of consciousness audible, no matter the source of their disability. The immediacy of music helps open the doors of perception.

This seminar series will illustrate through a number of varying presentations how music researchers and therapists are working in varying settings where consciousness is changed. We will see how the University meets the community. Many of the presenters have completed their doctoral studies through the Chair of Qualitative Research in Medicine. Our academic studies have relevance in daily practice, as they also arise from that daily practice, thus completing the circle of the reflective practitioner in the community of inquiry (Aldridge 2005a,b). The majority of presenters in this series are trained musicians as well as having recognised qualifications as scientists. Therefore, the music and music therapy perspectives become truly inter-disciplinary.

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