

# Rhône-Alpes: when music soothes the pain

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Through the emotion of pleasure that it provides, music can reduce the sensation of pain in certain patients. Dr Gérard Mick, neurologist at the Voiron hospital in Isère and neurobiologist, discusses the virtues of music therapy.

## **How did you become interested in the links between music and the brain?**

I myself am a music lover and musician. Music, which conveys incredibly strong emotions, occupies a fundamental place in human life. It is capable of bringing people together, of giving them thrills in relation to the pleasure induced by listening, can lead them towards a common feeling, and even unite them for a common goal: music thus exerts a force of social cohesion, and it is not for nothing that all the dictators of the world have always used music to lead the crowds!

## **Does music really influence pain?**

It has been clearly demonstrated that music can help some patients fight their pain. For some people suffering from chronic pain, regular listening can provide real windows of calm, possibly leading to behavioural changes, such as moving around when you have back pain. If, in reality, medication provides fairly good relief, often in the short term, music has the advantage of acting without any side effects: it is ecological and comes in addition to the medication.

## ***Distracting the patient to reduce the perception of pain***

### **What is the mechanism for this influence?**

Pain is both an aversive bodily sensation and a sensation of unpleasantness, two sensory dimensions that the brain is able to differentiate. It is possible to distract an individual and refocus their attention to reduce their pain awareness, much more by having them listen to pleasant music than by having them think about anything else. Another effect is emotional: inducing a positive emotion, for example by playing music that gives you a chill, can counteract the negative feeling of pain.



*Dr Gérard Mick with pianist Florian Caroubi, during a conference organised on 11 October 2016 in Lyon, on the initiative of the APICIL Foundation .Philippe Friehe*

## **How do we move from theory to practice?**

In an emergency department, for example, a person suffering from trauma may find their stress and pain reduced if they are placed in a soothing musical environment. This is obvious, but it requires a minimum of organisation, as not all patients are sensitive to the same music. In some hospitals, such as the Montpellier University Hospital, patients are already given the benefit of listening to music "à la carte": the style they like, when they want, in their room. This technique, known as receptive music therapy, is also used in intensive care units and palliative care.

## ***30-60% fewer drugs thanks to music***

### **Is music a serious alternative to medication?**

Depending on the individual, it is now known that the consumption of analgesics can be reduced by 30 to 60% by listening to pleasant music. Numerous scientific studies have shown that half of the patients who listen to music experience a significant reduction in pain, with the pleasure associated with listening to it: as many patients will therefore consume less medication.

### **Why do you feel that you are still preaching in the desert?**

Because money is always the sinews of war, setting up music therapy has a cost, even if it is much less than some of the care techniques used in hospitals today: listening to music remains for many a leisure activity and not a therapeutic tool. Imagine the benefit of a real cello in a hospital room, in palliative care, as is done in a well-known department in Paris, an experience that the patient will remember as an ultimate gift given by life. But who will pay the professional musician? The other treatment. The subjectivity of the process: the effects differ according to each individual, and this does not suit our highly formatted Anglo-Saxon medicine. In Asia, however, these are long-established principles of