London Landscape

Bach and clinical care: a proposition

John Edmund Spicer

Associate Editor and South London Liaison

My purpose in this short piece is to suggest that, just possibly, listening to Bach can make you a better clinician. Arguably, listening to any music might make you a better clinician, but perhaps Bach has the edge.¹ One doctor, for example, alluded powerfully to the role of Bach, and only Bach, in stilling the various conflicted thoughts crowding his head, when he wanted to think.² No doubt others would offer similar sentiments.

To do this I want to consider the *Chaconne* in D minor (from the 2nd violin partita), written for solo violin but often performed and recorded these days on the guitar. Johannes Brahms wrote that the *Chaconne* contained ‘a whole world of deepest thoughts and most powerful feelings’, on its face a pretty good statement of the material offered to us as general practitioners in long term relationships with patients.

It is thought that Bach wrote the *Chaconne* as a response to the death of his first wife, a sombre expression of the grief he experienced. To most ears the music reveals love, anguish, death and fear: it is rich, clearly, in emotion.

Thus to understand and reflect on the piece it is necessary to listen to it, quite evidently, and if listened to, what is heard?

It is about 15 minutes long, just the same as an average sort of patient interaction in UK primary care, perhaps a little longer. It is more or less structured as a ‘passacaglia’ wherein the same sequence of notes is repeated; in this case about 70 times, and within a complicated series of variations. That sequence of notes is constructed into harmonies (where several notes are sounded together) which progress and change over time. It would be tempting to say that anything repeated 70 times may turn out to be tiring, taxing or uninventive. Of course, in Bach’s hands this is never so: what we hear is an innovative and constantly renewed musical structure, simple in appearance but complex in its final presentation.

Ask yourself what you hear in a consultation with a ‘complicated’ patient. There will be experiences, feelings, symptoms, reports of life events and relationships, among other things. It takes sensitivity to help the patient discuss all of this; and the skills of listening, clarifying and perhaps advising. Of these we might say

that the listening is the most important of these skills: these aspects have been examined elsewhere in great detail and I suggest it is accepted *prima facie*. Various sources could amplify this area if the reader wishes it.³

Over time our conversations with patients like this can have a variable though repetitive structure, as the life events they encounter and their responses to them are rehearsed over and over with us. Helping such patients is often helping them to make sense of the connections between these events and their own responses, demanding an interpretive and listening skill.

Learning to listen well can take many forms, and listening to music clearly offers a very different experience from listening to patients. Listening to music does not offer a concrete version of the world: it is an abstracted, intangible form, much dependent on cultural determinants. John Sloboda, a noted author in this field, wonderfully articulates the psychological mechanisms we use to interpret musical structure as we listen to it.⁴

Bach’s *Chaconne*, as stated, is a powerful description of grief and it usually brings about similar emotional responses in people who listen to it. As such it can articulate emotions in those listeners that are of value in interpreting stories of emotions in our patients.

Clearly there are degrees of skill in the construction of the music we choose to listen to, and I suppose it is part of my argument that listening to the *Chaconne* brings that emotional arousal about in a deeper or profound manner, than the cold emotions of a shimmering balladeer.

So, in summary, when we as clinicians listen to something as profound as the *Chaconne* we are hearing the transmuted emotions of a great composer to which we respond emotionally and interpretively: we have two ways of responding. And that is just the same sort of task we face when listening to the stories of our patients, particularly the complex patients. I suggest the two areas of activity help each other.

In putting these thoughts together I am indebted to Mike Lasserson, a long serving RCGP member and faculty officer in London, who powerfully described his inspiration in Bach and the *Chaconne* in particular.⁵ I share his enthusiasms, though not his skills, and hope at least some of the former have been articulated

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ADDRESS FOR CORRESPONDENCE

Email: jspicer@sgul.ac.uk