

## **Music Therapy: Empowering People Living with Alzheimer's Disease**

*Please note that audio/video excerpts and transcripts presented at the 2005 Alzheimer's Australia conference have been removed from this version of the paper in the interests of client confidentiality.*

*[ audio excerpt ]*

You have just heard an excerpt from the beginning of a group music therapy session led by my co-author, Alison Ledger. I will be presenting today on how music therapy empowers people living with dementia. I will share with you some examples from my own clinical work in dementia care at several Brisbane nursing homes and I am privileged to also present some qualitative outcomes of Master's research undertaken by Alison.

Most of the examples we will be referring to are from long term group music therapy programs in aged care facilities. These are structured sessions, led by a Registered Music Therapist, between 30 minutes and 1 hour in duration. Attendance may vary from two up to ten participants per session. A typical session would include music listening and discussion, singing and instrumental play.

Alison Ledger's research tested to see whether a year-long group music therapy program, early in the dementia progression, could minimize the degree of agitation shown by people with Alzheimer's disease. Her rationale relied on Cohen-Mansfield and Martin's (1999) understanding of agitation as a form of communication, resulting from unmet needs and frustration at being unable to fulfill these needs. Alison proposed that if group music therapy addressed participants' needs for self-expression, achievement, control, belonging, and purpose, then they would display less agitation over time, than if they were not receiving music therapy. The full results of this study will be presented by Alison at the World Congress on Music Therapy in Brisbane this July.

In his book *Music therapy: Improvisation, communication and culture*, Even Ruud (1998) identified music as a potential resource for addressing needs across four areas essential to maintaining quality of life:

- Affective awareness
- Agency
- Belonging
- Meaning

Today's presentation will outline how music therapy assists people with Alzheimer's disease to attain these four quality of life components, thus enabling them to combat feelings of discomfort, fear, loneliness, frustration, sadness, or boredom.

## **AFFECTIVE AWARENESS**

Affective awareness is knowledge of emotion both in oneself and in others, as well as having the ability and opportunity to express it. Ruud stated that music contributes greatly to an increased awareness of feelings and this ability to become aware of one's self and to reflect on and express emotions may help people to not "close down" (p.58). People with Alzheimer's disease have limited opportunities for self-expression as their communication abilities diminish. However, countless anecdotal reports and case studies have shown that music participation can stimulate self-expression in those with limited communication skills. A reference list will be available following the presentation for those interested in this literature.

In Alison's research, participants voiced concerns regarding ageing and losses in health, beauty, abilities, independence and possessions during music therapy sessions. Some also spoke of anger towards family members and nursing staff. Enjoyment of sessions was frequently expressed through smiling, laughing, joking, applauding or making comments such as "nice", "lovely" or "beautiful".

Other comments such as "to have you playing is a good life" and "I'm happy when I'm with you" indicate that participants were even able to reflect on and express their feelings about attending group music therapy.

In the following audio examples you will hear a Chinese resident with Alzheimer's disease, whose loud behaviour was extremely disruptive on the dementia unit. She regularly demanded the attention of others, calling out while nurses were attending to other residents. It appeared that she was reliving earlier experiences of discrimination, as she yelled "you don't care about me, I'm just a ching chong chinaman". This behaviour was not only distressing to staff, but seemed to heighten other residents' agitation levels too.

*[audio excerpt]*

Group music therapy sessions offered this resident a chance to express herself and be heard. During the next excerpt, we hear the resident playing xylophone appropriately and being appreciated by the therapist and another resident who says "yes, yes, lovely".

*[audio excerpt]*

The resident is expressing herself appropriately, and, rather than rejection, she is experiencing success.

## **AGENCY**

Ruud's term agency refers to "those aspects of our conduct related to achievement, competency, mastery, and empowerment". Despite other cognitive and communicative losses, musical functioning often remains intact in people with dementia and can be the last faculty to deteriorate (Odell-Miller, 2002).

*[audio excerpt]*

In these examples we hear a resident initiating the singing of positive, familiar songs, and once again the therapist, and the other group members provide validation through singing along, instrumental accompaniment and verbal praise.

*[audio excerpt]*

Music is something people with Alzheimer's disease are capable of participating in, whether through singing or humming, movement or instrument playing, or simply listening. Prickett and Moore (1991) found that Alzheimer's patients recalled words to songs better than spoken information and could ***learn new material when it was presented in the context of a song***. Singing has been noted in people with Alzheimer's disease who have impaired verbal communication skills (Clair, 2000; Fitzgerald-Cloutier, 1993; Olderog Millard & Smith, 1989).

Clair and Bernstein (1990a; 1990b) observed that people with Alzheimer's disease continued to participate in structured instrumental playing activities while other cognitive, physical, and social capacities were deteriorating. Rhythmic activities may be particularly accessible to people with cognitive and communicative impairments, as these involve nonverbal musical interactions, rely on simple visual cues, and require minimal verbal instruction (Ebberts, 1994; Pollack & Namazi, 1992).

In the following excerpt you will hear a resident with Alzheimer's disease playing the xylophone. A former school teacher, this resident was particularly distressed at her declining ability to express herself in words. She shook her head and made negative statements about herself when she could not find the correct words to say. Improvisation on the xylophone offered this lady a means of communicating successfully – an accomplishment which was acknowledged by other group members.

*[audio excerpt]*

Further responses during Alison's research support the notion that music participation, specifically song singing and instrument playing, promoted feelings of success among participants. Statements such as "I've never sung so many old songs" or "I know all the old songs" were common among participants, as were comments regarding their achievements in xylophone improvisation. Upon finishing her improvisation, one participant said proudly, "I made that up!" and another proposed, "we're good, aren't we?"

These examples indicate that involvement in music can provide people with experiences of success that are so rare within the progression of Alzheimer's disease.

## **BELONGING**

Ruud (1998) also highlighted the value of music in promoting feelings of belonging: “being with others through music may provide intense experiences of involvement, a heightened feeling of being included, a deep relationship with others”.

Participants in Alison’s research appeared to see themselves as belonging to their group. As the year progressed, they showed increasing awareness of each other. Music therapy participants greeted each other, waved goodbye before leaving sessions, complimented, commented on and showed concern for each other. One spoke of the “club” another the “crowd” and another participant talked of being “part and parcel of a family”. Some participants seemed to recognise the social benefits of music therapy groups, as they commented “it’s nice to get together, to see and hear everyone”, “you’re never alone”, and “it includes all the various people”. A participant who was German thanked other participants “for accepting me”.

One of my music therapy clients struggles to integrate into group activities because she repeatedly insists that she needs to get home, do some shopping or see someone. However, her behaviour changes when we engage her using percussion instruments such as a drum, clapsticks, or even a table-top in front of her. She smiles, keeps a beat, and watches the therapist or other members of the group. She makes eye contact and laughs as she realises that her playing is part of a conversation with those around her. She notices when someone mimics her playing and she adapts her playing to match that of others. She is able to exist in the present as part of a group of people rather than insisting on leaving to be somewhere other than where she is.

The following excerpt demonstrates participants interacting with one another in ways that are caring and helpful.

*[video excerpt]*

In another group programme that I run on a dementia wing, it is typical for residents to stand up and dance with either myself, another staff member assisting in the session, or even other residents. Non-ambulant residents are included in the dancing through holding hands, swaying and performing dance steps while sitting together. In this way residents reconnect with past social experiences of dance balls that were an important place of belonging for them earlier in their lives.

These studies and case examples indicate that participation in a music therapy group may lessen feelings of isolation. Sharing musical experiences with others may allow people with Alzheimer’s disease to feel included, as expressed by this resident.

*[audio excerpt]*

## **MEANING**

Ruud’s (1998) concept of meaning “includes a sense of wholeness and purpose in life despite a subjective state of feeling or suffering” (p. 65).

When conducting an individual session with a man with Alzheimer's disease, he made this statement: "I like the music because it gives me sense in the background, and without that sense it all gets lost". Music gave him something stable to rely on when his cognitive processes were confused and it helped him experience meaning.

I always open group sessions with a medley of popular old time songs and a norm has developed that the group members try to anticipate what the next song will be. I always use the same song order and I have found that most of the residents (including those with dementia) have learned the order of the songs and it is quite a game to begin the next song before I start singing it.

*[video excerpt]*

The residents have constructed their own meaningful aspect to the music therapy activity provided by the therapist.

One of Alison's research participants commented on the importance of music therapy in enabling her to reminisce and connect with her earlier life. During the course of the research she stated:

"Thank you for thinking of my husband"

"music takes me back to the beach"

"music takes you back more than activities"

Participants in Alison's research began to "look forward" to sessions, saying "see you next week" or commenting they'd been "expecting" the therapist. They became familiar with the routine of music therapy sessions, commenting on things that "always" happened, requesting the "usual" song or even mentioning the day of the week that sessions occurred on.

It is Ruud's argument that music can be a resource to increase the "possibility of action" – to empower people in improving their quality of life. Music therapy offers a positive strategy for people with Alzheimer's disease to combat feelings of discomfort, fear, loneliness, frustration, sadness and boredom. People with Alzheimer's disease are capable of participating in music, even during the later stages of the illness. The examples we have seen today show the impact of music therapy on the four key components of quality of life outlined by Ruud.

Participants demonstrate emotional awareness and express themselves in more appropriate and successful ways.

Participants experience success and mastery, despite the loss and frustration associated with Alzheimer's disease.

Participants connect with each other and experience a sense of belonging that can in many cases be sustained over time.

Music therapy can foster a sense of purpose in life and affirm a sense of identity for persons experiencing Alzheimer's disease.

I would like to finish with one last example from Alison's research. There was a strong sense of what Kitwood (1997) termed "personhood" in this residents' participation in music therapy. Within groups, she expressed her individual identity and feelings, succeeded in singing harmonies, gained support from others in the singing and commented on the importance of the songs to her.

*[audio excerpt]*

Alison was unable to come over from Limerick to be with us today, but her email address is available for anyone who would like to make any further enquiries regarding her research that I am unable to address today. Alison will be presenting the final results of her masters research at the World Congress on Music Therapy in Brisbane this July.

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