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Remembering through Music: Music Therapy and Dementia

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Case Study

Remembering through Music: Music Therapy and Dementia

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Educational Objectives

1. Define music therapy and its benefits with older adults with dementia and related disorders/diseases.
2. Describe active and passive music therapy interventions and strategies for older adult populations.
3. Identify the ways a non-musician can use music to engage older adults and mitigate some symptoms of dementia.

Background

For centuries, music has been recognized for its powerful effects on mood and emotion and its importance and many uses during celebrations, rituals, holidays, religious rites, cultural events, and the many stages of life. In its various forms, music can be simple or extremely

complex, improvised or highly structured, sophisticated or rudimentary. Whether vocal or instrumental, enjoyed as a performer, listener or audience member, music roots itself deeply within the brain and is retained even when memories begin to fade with time, illness or disease. During the past decade, advances in neuroscience and brain imaging have helped to create better understanding of music's effect on the mind, body, and human condition. The many facets of our functioning as individuals are directed by and engaged within various regions of the brain.

It would likely be easy for most of us to create a list of the songs that mean the most to us, bring us joy, spiritual support, or comfort and serve as a reminder of relationships, who we are as individuals, and our connection to the world through music (Levitin, 2008). Because musical information is stored and travels throughout the brain, rather than being solely a left- or right-brained activity, musical stimuli affect emotion, cognition, and other areas even when disease, injury or disability are present. Most individuals associate particular musical

genres, artists, and specific songs with life events, milestones or experiences in such a way that they serve as a soundtrack for their lives. As the aging population grows, so does the number of older adults needing leisure activities, social engagement, and continued opportunities for participation in enjoyable programs relevant to their cohort. For adults with memory impairment, music may serve as a link to their past, allowing them to recall their youth, life experiences, and loved ones, and may enable them to connect with others in a significant and meaningful way.

An increasing number of healthcare centers, rehabilitation facilities, and adult day programs recognize music therapy as a necessary and beneficial intervention and employ board-certified music therapists to work with their patients and participants to provide goal-oriented programming. The American Music Therapy Association (AMTA) defines music therapy as "The clinical and evidenced-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has com-

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pleted an approved music therapy program. Music therapy interventions can be designed to promote wellness, manage stress, alleviate pain, express feelings, enhance memory, improve communication and promote physical rehabilitation” (AMTA, n.d.). While not all elders have memory impairment, the case studies that follow relate specifically to those who do, and how the use of music therapy interventions may be used to address the needs of impaired elderly. It is not uncommon for those with mild to moderate dementia to sing. This is true even when recall does not occur within the context of conversation. Singing and actively participating in other structured musical activities, such as live music making and movement, lend themselves well to group settings, such as those in which older adults are brought together to encourage and support socialization and physical activity.

Music has the ability to cut across religious and cultural boundaries, creating a connection between individuals and among groups of people who may not otherwise find commonalities with one another. While the manner in which music is created, performed, and delivered continues to evolve, most often our relationship to it is unchanging. Many of us tend to rely on music, have grown to expect it, long for it, and need it in our daily lives. For these reasons, music therapy can uncover lost or forgotten memories, provide an outlet for self-expression, and create environments conducive to maintaining and improving physical and cognitive ability.

Music Therapy Treatment and Interventions

In the early stages of dementia, singing familiar songs can fully engage the older adult population. Although some may have inhibitions about singing in the presence of others, as the dementia process progresses, such concerns fall away and individuals are able to engage more fully in the music-making process (Clair, 2000). Music therapists working with the geriatric population are trained to use the many qualities of music to help those with memory impairment, dementia, Alzheimer’s and related diseases unlock memories, connect with their past, and continue to live with music as part of their lives.

Music therapy interventions enable older adults to be part of the creative process at any level of functioning; these interventions can help them to be present, utilize their existing skills, and use music as a springboard for reminiscence. If through observation and assessment, it is determined that music elicits responses that are not otherwise observed regularly, an individual’s care plan may be written to include music therapy for the implementation of goals related to communication, movement, reduction of anxiety, and other areas of need. One desired outcome of music therapy is to show measurable improvements through participation in individual or group sessions. Other outcomes may include maintaining cognitive functioning, reducing agitation or slowing the progression of symptoms related to dementia (Baker, et al., 2006). Music therapy interventions include singing, listening to live music,

playing drums and other percussion instruments, and movement. No musical skill is required for participants to benefit from music therapy. For this reason, activities within the music therapy session are designed to stimulate participation, regardless of the level of cognitive or physical function. Even in late stage dementia, music can still be enjoyed in a more passive manner through music listening and other interventions focused on reducing stress, agitation, and confusion (Sacks, 2007). This may be especially helpful while staff, family members, or caregivers are administering medication, assisting with bathing and dressing, or other daily routines. During such instances, music can also become a source of comfort and stress-relief for caregivers performing tasks for the adult with dementia, bringing full-circle the experience of music therapy.

Suggestions for Incorporating Music into Caregiving

There are many ways the non-musician can incorporate music into daily routines, creating a more calming environment and using music to create connections with those for whom they provide care. Even so, not all music elicits pleasant recollection. It is important that family members, caregivers, and healthcare providers take the time to learn and understand an individual’s musical preferences and personal history. This can be done simply by observing an individual’s responses to specific music, thereby determining which songs, performers, and genres he/she is most familiar with. This first step to providing meaningful musical experi-

ences will be the foundation in building the relationship between the individual and the music. Being mindful of chronological age, cognitive level, and musical preferences is key to creating positive interaction during participation in musical activities and experiences. Music need not be performed live by a musician to be enjoyed by older adults. Something as simple as a melody sung by a caregiver may prompt feelings of comfort and familiarity.

Slow and soothing music can reduce feelings of frustration and agitation. Songs with a more stimulative rhythm can be used to facilitate movement and awaken one who may be lost in the isolation of dementia. Providing favorite recorded music for listening throughout the day can help establish routines and be used to reinforce schedules and create a relaxing environment when performing activities of daily living. Being mindful of religious preference and being sensitive to how music is viewed from a person's cultural background are also of utmost importance.

The layperson should remember that it is not necessary to be a skilled musician to reach someone through music. When songs are sung by those with the desire to comfort and meet the needs of those with dementia, the importance of musicality becomes secondary to meeting the basic need for human connection, something which endures regardless of memory impairment.

Case Study #1

Mrs. A is an 82-year old widow with cognitive impairment and depression, attending a center-based community program for older adults. Prior to joining the program, she lived at home with her spouse where she enjoyed working in her garden and socializing with friends and neighbors. Following her husband's very sudden and unexpected death, she moved into her daughter's home, at which time she began attending the center three times a week. After her first few weeks in the program, the director noticed that, when certain types of music were played during the day, Mrs. A would sing along and engage with her peers and staff in conversations about music and musicians.

Because of the consistent connections she made with music, the program director requested that music therapy services be provided at the center, with the hope that the music therapist might be able to create interventions that would improve spontaneous communication, encourage reminiscence, create an opportunity for self-expression, and provide an outlet for what appeared to be an untapped or under-utilized talent. Once the center implemented a weekly music therapy group, Mrs. A was one of the first to express her interest. She often would be sitting quietly in a chair when the music therapist entered the room. When Mrs. A saw the female therapist walk toward her with a guitar, she raised her head, sat up tall, and greeted the therapist verbally and with a smile. She often said, "Hello, guitar lady!" or "Music lady is here!" While Mrs. A's peers and their families were

very forthcoming with information about any prior musical experiences or abilities, she appeared somewhat hesitant to discuss her history or interest in music. Although her family had not identified music as one of her interests or abilities when enrolling her in the day support program, she exhibited both musical skill and extensive knowledge about musicians in her preferred genre during each music therapy group session. During the first group, the therapist noticed Mrs. A's beautiful voice and her ability not only to sing, but also to recall lyrics and historical facts about the artists who recorded the music she knew and loved.

After several weeks of music therapy sessions, Mrs. A began to speak more frequently and openly about her love of music and the fact that she regretted not using her musical gifts prior to her participation in groups at the center. As she and the music therapist developed a rapport, she continued to share stories about her life and expressed the sadness that she felt because her family did not support her interest in music or acknowledge her musical ability. At that time, the music therapist and the program director agreed that the most important goal of therapy was to provide Mrs. A with a safe and supportive environment in which to use her voice, both literally and figuratively. With staff and peer encouragement, a transformation began to take place, as the woman who previously exhibited depression and a reluctance to share her gift of music assumed a leading role in the music therapy sessions. She was unable to name her peers or the day program staff; yet she would sing entire

songs with full voice, enthusiasm, and with great emotion appropriate to each song's lyrical content. She often made lists of song requests and presented them to the music therapist prior to a weekly session. As self-confidence in her singing increased with encouragement and praise from her peers and staff at the day center, Mrs. A began to improvise a song about her life. After several weeks of doing so, the inspiration for the lyrical content of her song became clear to the program director. It was a song about her husband, who had died the previous year very suddenly. Through the song, she was able to express not only her continued love and devotion to him, but also to work through the grief process with the music therapist. The words of her song beautifully conveyed both the depth of her loss and her belief that she would one day be reunited with her beloved husband in heaven. Music therapy assisted Mrs. A in moving from depression to self-expression in such a way that her desire and ability to continue to utilize and nurture her musical skills grew and made more precious the relationships with those she loved and shared friendship.

Case Study #2

Mr. K is a 71-year-old medical patient in a hospital where music therapy is provided by referral. He had a diagnosis of moderate memory impairment, but was hospitalized for treatment of a complex cardiac condition. Prior to his admission, he lived at home with his wife, enjoyed regular visits with their children and was a member of his church choir. While hospitalized, he had the continued support of family

members who visited him often but he was restless and exhibited confusion and anxiety. His nurses and care partners reported that he often attempted to get out of his bed or chair and had daily incidents of agitation, which would require significant attention from his nurse and other staff. His agitation made it difficult for staff to attend to his frequent attempts to leave his room. A unit nurse made an initial referral for music therapy, noting that Mr. K constantly sang along with the radio and did not exhibit the same degree of agitation when music was present. The music therapist met Mr. K and performed an informal assessment to gain an understanding of his musical preferences, personality, cognitive ability, communication skills, etc. Based on the assessment, the music therapist determined that the focus of sessions would be to reduce aggression, provide an opportunity for self-expression, and encourage communication. Family members were able to provide the music therapist with a list of his favorite songs and singers; they also committed to helping reduce his agitation by carrying out suggestions for daily music listening when the music therapist was not present. Mr. K received music therapy a minimum of two and a maximum of four times a week. During music therapy sessions, he made and maintained eye-contact with the music therapist as she sang his favorite hymns and sang with her with a smile on his face. After the first three sessions, he began singing words of his favorite hymns, strumming the guitar, and tapping a drum with assistance.

As music therapy became a regular and familiar part of his daily rou-

tine, his nurses and family members learned the importance of using music before the onset of agitation to create a calming environment and reduce his feelings of confusion and anxiety. The patient's wife commented on the considerable difference she saw in her husband's demeanor and said that she and her two adult children felt less stress and worry after seeing his positive responses to music therapy. She also expressed that she felt a sense of relief knowing that she would be able to use music to help bring a sense of calm to her loved one beyond the walls of the hospital. As Mr. K's physical condition improved, his participation in music therapy increased and he began responding musically and verbally. On one such occasion, the music therapist asked him if he would like to hear some music. An enthusiastic "Oh, yes!" followed, with his spontaneous singing of his favorite hymn. The enriching relationship between therapist and patient continued for four months until Mr. K's discharge from the hospital.

Conclusion

When faces and places are no longer familiar and the names of loved ones are long forgotten, music has the ability to remain as a familiar friend, source of comfort, and trigger of beloved memories. Regardless of the level of one's cognitive functioning, music therapy can be useful for a number of beneficial outcomes, such as encouraging communication, facilitating movement, initiating interpersonal interaction, stimulating memory, and reducing agitation, anxiety, and confusion. As the population ages, music will continue to

serve as a familiar source of comfort, one that may help carry older adults through the processes of growing older and the changes that may occur cognitively, physically and emotionally. Music therapy can be a valuable agent. The more familiar family caregivers and healthcare staff become with the benefits of music with the aged, the more meaningful will be the interpersonal connections they establish with their participants and patients.

Study Questions

1. When an individual is unable to communicate his/her musical preferences, what actions might help to determine the most potentially beneficial or enjoyable musical experiences?
2. How can caregivers use music to calm, engage, and create relationships with older adults?
3. How does music provided by a family member, staff person or musician differ from music therapy interventions provided by a board-certified music therapist?
4. How can music be used throughout the day to create structure?

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