

MUSIC THERAPY – A CRITICAL DISCUSSION

“And perhaps we are most human, most what we are called to be, when we have one foot on the shore of what we know and one foot in the mysterious, unknown ocean. This is where the poet and the painter stand, together with the best scientist and the wisest theologians: exploring, probing, digging deeper; and sometimes breaking through to a fresh realisation of truth. Art, science and theology meet and flower at the boundary of the known and the hidden”. (Mayne 2002)

ABSTRACT:

This assignment explores music as a means of therapy for people living with dementia. Looking at the neurophysiological side of the disease, music therapy could be utilised as a way of changing behaviour that could be labelled as disruptive or unacceptable to the rest of society. Considering the important role that music plays in the lives of many people, cultures and societies and the need of people living with dementia to connect, engage, grow and flourish, music can and should play a much larger role in creating a life worth living for people with dementia. Music should be made part of the person-centred approach to care and not be simply used to entertain, distract or to blur out background sounds. The difficulty of capturing the true emotional spectrum of what music can do for and to the human soul is clear in the research. The practical implementation of music in the care setting should be carefully considered to take into consideration the individuality of each person living with dementia, as well as those who care for them.

INTRODUCTION:

The vastness of the musical repertoire through the ages bears testimony to the importance of the role of music in society. Throughout history and dating back to prehistoric times, music has been composed and performed by all cultures and on all continents. Music is performed to signify and celebrate our major life events - weddings and funerals, coronations, triumph over enemies, serenading our loved ones and lulling our babies to sleep.

Looking at the origins of music in the book “Music – Passion for an art” (1991) it states that “In ancient Egypt, the ‘song of the harpist’ exalted the quest for happiness in everyday life, a happiness to be seized in the midst of the frail certainties of earthly existence’. (p.12) “Musical instruments...revealed the hidden faculties of the human soul, whose meanders they have contributed to explore and to explain down to the subtlest variations of its moods”. (p.20)

“The art of music thus shows itself to be a participant in the fundamental conflicts which concern the manifestation of man in his archetypal relationship to creation”. (p.20) Music transcends science – it is indeed the “mysterious, unknown ocean” that Mayne refers to in the opening quote of this assignment.

The philosopher Boethius (early 6th century) distinguishes three categories of music, which he calls *Musica Munda* (the harmony of the universe), *Musica Humana* (the harmony of body and soul to its *being* in the world) and *Musica Instrumentalis* (man’s imitation of nature using musical instruments or other art forms). (Bosseur, J. 1991) It is my opinion that the efficacy of music therapy lies in combining these three categories, bringing a sense of complete harmony to the often troubled, anxious world of people living with dementia.

Oliver Sacks writes “...we have, as yet, scarcely touched the question of why music, for better or worse, has so much power. It is a question that goes to the heart of being human”. (2006, p. 2532)

MUSIC AS THERAPY – the neurophysiological perspective:

Science is hard at work trying to explain the transcendental qualities of music. Studies by Koelsch (2005) and Vickhoff et al (2012) indicate clearly that music has an impact on the brain that could lead to piloerection (goosebumps) and bring forth emotional responses. When considering the findings of the study by Hays and Minichiello (2005), older people clearly state the importance of music in effecting a sense of well-being on many different domains. However, measuring the actual emotional response for people living with dementia who cannot communicate verbally is difficult.

The biomedical approach to dementia has its focus on brain (dys)function and finding a cure for the disease. Therapy is used to alter behaviour that does not fit in with the norms of society. As such, music therapy is seen as “attempting to prove that it can restore a person’s behavior to socially acceptable levels”. (Innes & Hatfield, 2001, p. 81) This approach can lead to the person getting “lost” with all the focus on their diseased brain and the fact that the only purpose of therapy would be making them passive recipients of care in a realm of “therapeutic nihilism”. (Bartlett & O’Connor, 2010, p.18) This results in therapy being aimed purely at trying to alleviate the symptoms of the disease, not taking into consideration the ability of the person to actually live well with dementia. Innes and Hatfield (2004) warn against reducing music therapy – or rather music in itself as an art form – to merely a gimmick to change and manipulate the behaviour of people living with dementia.

This poses the risk that the deeper, emotional satisfaction that music can bring might be lost when the desired response is not forthcoming from the person living with dementia. Bartlett and O’Connor (2010) elaborate that the real power of something like music might be lost when it is regarded simply as a therapeutic tool to occupy or calm people down.

In his paper “Investigating emotion with music – Neuroscientific Approaches” (2005) Koelsch states that “Important advantages of music are (1) that music is capable of inducing emotions with a fairly strong intensity, (2) that such emotions can usually be induced quite consistently across subjects, and (3) that music can induce not only unpleasant, but also pleasant emotions (which are rather difficult to induce by static images)”. (p.1) In trying to understand emotion, PET and MRI scans are used to monitor brain activity while music (pleasant and unpleasant) are played to subjects. It is found that there is significant brain activity, especially in the amygdala. “The mentioned studies show that listening to music can elicit activity changes in limbic and paralimbic structures that have previously been implicated in emotion”. (Koelsch, S. 2005, p.3). Considering this, music therapy “is considered as an intervention whose efficacy is now one of the best established in the treatment of certain psychological and behavioural symptoms” (ANAES 2003 as quoted in Guetin et al, 2012).

Music – when confined to being a therapeutic activity or a course of treatment – might lose all impact when it does not deliver the empirical evidence that scientists are looking for. When a person living with dementia does not respond in a way that the therapist or staff envisaged, would that person be deprived of ever attending music sessions or hearing music again? Therapeutic interventions focused only on scientific outcomes that “can be observed and measured” (Innes & Hatfield, 2001, p.83) might exclude moments or feelings of intense connectedness that are not expressed overtly.

MUSIC AS AN EXPERIENCE – the psychological approach:

“Who hears music, feels his solitude

Peopled at once.”

(Browning, R. The Complete Poetical works of Browning)

When looking at video footage of people living with dementia who are reacting to music (like Henry in the film “Alive Inside”) it is clear that music can have a profound effect on people who have withdrawn inward and are not able to communicate verbally. Oliver Sacks comments on this in the film by saying that music has the power “to animate, organize, and bring a sense of identity back to people who are ‘out of it’ otherwise. Music will bring them back *into* it—into their personhood, their own memories, their autobiographies.”

Knowing the background to this film, it is intriguing that it is his favourite music, Cab Calloway, and not religious music as suggested by his Carer, that animates Henry and encourages him to sing and reminisce about his youth where he went to big dances, confirming the stories that his daughter tells about him.

The French expert group led by Guetin et al (2012) highlight research findings that although verbal acuity may deteriorate with disease progression, the ability to enjoy the experience of music remains into the late stages of the disease. Even though people living with dementia might have lost their ability to verbally express the pleasure they get from hearing music that they enjoy, it might often be evident in their body language – or not. Sometimes this can be seen in faces lighting up, smiles, eyes opening wide,

singing along, tapping their feet or hands to the sound of the music, relaxing tense muscles, improved gait and other physical signs of well-being. Sometimes it might not be visible at all, which may not mean that the person is not experiencing pleasure.

Sabat (2001) goes further to point out that “displays of love, affection, friendship and humor are far more complex than are many of the functions that are examined on neuropsychological tests.” (p. 269) He points out that in real interactions with people living with dementia, these attributes should be valued as highly as the cognitive abilities tested for in dementia screening. In the opinion of Sabat, people living with dementia do experience complex emotions and feelings of pride, dignity, shame, embarrassment, concern for others and spiritual awareness.

The findings of the group of French experts point to the fact that music therapy can bring back memories: childhood events that are connected to songs, reminding the person of good times that might alleviate depression and anxiety. It can “significantly improve mood, communication and the autonomy of patients”. (p. 629) The Eden Alternative refers to these emotions and feelings as the “Domains of well-being” that are growth, autonomy, connectedness, meaning and joy. Music – whether listening to or participating in creating it – will ensure that the person living with dementia will experience these domains.

Göttel et al (2009) quotes Magai et al (1996) in the statement that “Persons living with dementia are considered to have an intact functional emotional system, despite a host of other neurological, cognitive, and behavioural impairments”. They found that when Caregivers sing to the persons for whom they are caring during routine tasks, the co-operation would be much better and it would have a distinct positive effect on body posture, the movements of the body and that they “could perform tasks with intention, purpose, and competence”. (p. 423) Referring back to the domains of well-being, music (in this instance singing whilst performing routine tasks) will create a sense of autonomy, connectedness between the Caregiver and the person living with dementia, and by all accounts joy, judging by their willingness to get tasks done. In their findings it becomes clear that there is a greater sense of purpose and that they can actually enjoy routine tasks when accompanied by singing of the Caregiver.

“Awareness does not equate to cognitive functioning alone” according to Murna Downs (2005).

CONCLUSION:

Music should form an integral part of daily life for people living with dementia as it could bring positive experiences of feeling included, connected, joyful, autonomous as well as provide opportunities for growth and identity. However, music can provide more than just outcomes “that can be observed and measured”. (Innes & Hatfield, 2001) Hans Christian Andersen said that “Where words fail, music speaks”. Person centred care, even with music, shows that the person for whom music is played or performed should be at the centre of the exercise. Music is about culture. It is closely connected to our life experiences and as such should be explored to be appropriate and have meaning to the individual.

In South Africa, a country with eleven different languages and cultures, music is often at the heart of our cultural experiences. The African cultural groups in this country are defined by their diversity in cultural expressions of music, food, art and expressions of ethnicity. On a practical level, playing the songs of Vera Lyn will have very little emotional impact on older African people living with dementia. However, playing the indigenous Kwaito songs will trigger memories and connectedness to the past.

Hicks-Moore and Robinson (2008) find that playing an individual’s favourite music whilst massaging their hands, has a positive effect that lasts for up to an hour after the event, again emphasising the fact that music can calm, soothe and bring positive emotions as a result of stimulating parts of the brain that are able to process music. Kitwood (1997) refers to the higher needs of comfort, attachment, inclusion, identity and occupation which can all be addressed through music, and that addressing one of these needs might actually spill over in fulfilling some of the others. Again, as Henry in “Alive Inside” is played his favourite Cab Calloway music, he is given back his identity, which leads to a feeling of being included in the conversation and the environment. His interaction with the interviewer gives a sense of attachment and he is no longer simply a “patient in a ward of an old age home”. A small intervention leads to obvious positive emotions as well as enhanced physical activity.

Music therapy allows connectedness also with and through the therapist or person working with the individual living with dementia. The reaction of people living with dementia through their improved participation in routine tasks in the study by Göttel et al (2009) where Caregivers were singing whilst performing these tasks, gives very practical insight into the power of music to connect and engage. It is interesting to note that not only were tasks performed better, but that a general sense of “intention, purpose and competence” (p. 423) were also noted.

In South Africa, most Caregivers are of African descent and culture, whilst older people in residential homes are mostly European. When African Caregivers sing their traditional songs, it is often found that European residents do not relate to it, and would make comments about “the noise that African people make”. Again, this could be indicative of the cultural history of apartheid and how these songs might trigger memories. For the same token, many of the songs that white people sang traditionally, contained images, references to and stories of the apartheid era. Common ground must be found to find music that is specific to the individual for whom it is intended to bring back good memories. Sing-a-long sessions are very popular as well as performing artists, and gentle background music can have a calming effect for some.

In a person-centred approach, it is important that the story of the individual is discovered, whether through the family, friends, or from the person him/herself. In this discovery, asking about their favourite music should be included in order to know what music is of significance to the individual. Whilst some people may not be too interested in music, for many others music is a way of life and sustenance for the soul. Tapping into this part of the soul can be the most fulfilling engagement for someone living with dementia, regardless of whether science is able to measure it or not. True human fulfillment is a unique individual experience.

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