

Awakening the Musical Memory of Seniors with Dementia in a Retirement Home

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Abstract

This paper describes a group music program facilitated for residents in memory care at an Ontario, Canada retirement home with the goal of awakening the musical memory of seniors with dementia. The program equated with the practices of evidence-based music therapy and the principles and psycho-social goals of Person-Centered Care and Adlerian group therapy. The quasi-mystical artistry involved and Adler's recommendations for facilitators and therapists were seen as integral to reinvigorating the individual self that has been hidden in those with dementia. Anecdotal evidence from this study confirms past findings of Oliver Sacks along with recent medical studies that music therapy should be considered an essential adjunct to other forms of therapy for memory care in both institutional and private settings.

Keywords: Facilitation, Music Therapy, Adlerian Group Therapy, Person-Centered Care, Seniors, Dementia

Réveiller la mémoire musicale de personnes âgées, atteintes de démence, dans une maison de retraite

Résumé

Cet article décrit un programme musical de groupe élaboré pour des résidents en soins de mémoire d'une maison de retraite de l'Ontario, au Canada, ayant pour but d'éveiller la mémoire musicale de personnes âgées atteintes de démence. Ce programme s'inscrit dans les pratiques de la musicothérapie fondée sur des données probantes, ainsi que dans les principes et les objectifs psychosociaux des soins centrés sur la personne et de la thérapie de groupe adlérienne. L'art quasi mystique impliqué et les recommandations d'Adler pour les animateurs et les thérapeutes sont considérés comme faisant partie intégrante de la revigoration du moi individuel, qui a été enfoui chez les personnes atteintes de démence. Les données anecdotiques de cette étude confirment les conclusions d'Oliver Sacks tout comme des études médicales récentes, selon lesquelles la musicothérapie devrait être considérée comme un complément essentiel à d'autres formes de thérapie pour les soins de la mémoire, tant dans les institutions que dans les établissements privés.

Mots clés : Facilitation, musicothérapie, thérapie de groupe adlérienne, soins centrés sur la personne, personnes âgées, démence.

Despertar a memória musical de idosos com demência num lar

Resumo

Este estudo descreve um programa de música de grupo facilitado junto dos residentes de cuidados de memória de um lar de idosos na cidade de Ontário, Canadá, com o objetivo de despertar a memória musical de pessoas da terceira idade que sofrem de demência. O programa foi desenvolvido em consonância com práticas comprovadas de musicoterapia e com os princípios e objetivos psicossociais dos Cuidados Centrados na Pessoa e da terapia de grupo adleriana. A arte quase mística envolvida e as recomendações de Adler para os facilitadores e terapeutas foram consideradas parte integrante do revigoramento do “eu” individual latente nas pessoas com demência. As provas testemunhais deste estudo confirmam descobertas prévias de Oliver Sacks, secundadas por estudos clínicos recentes, que sugerem que a musicoterapia deve ser considerada um complemento essencial de outras formas de terapia para os cuidados da memória em ambientes institucionais e privados.

Palavras-chave: facilitação, musicoterapia, terapia de grupo adleriana, cuidados centrados na pessoa, idosos, demência

Despertando a Memória Musical de Idosos com Demência em uma Casa de Repouso

Resumo

Este artigo descreve um programa de música em grupo, facilitado para residentes sob cuidados com a memória, em uma casa de repouso em Ontário, Canadá, com o objetivo de despertar a memória musical de idosos com demência. O programa equivale às práticas de musicoterapia baseada em evidências e aos princípios e objetivos psicossociais do Cuidado Centrado na Pessoa e da terapia de grupo Adleriana. A arte quase mística envolvida e as recomendações de Adler para facilitadores e terapeutas são vistas como essenciais para revigorar o eu individual que está escondido naqueles com demência. Evidências anedóticas deste estudo confirmam os achados anteriores de Oliver Sacks, juntamente com estudos médicos recentes de que a musicoterapia deve ser considerada um complemento essencial a outras formas de terapia para cuidados com a memória em ambientes institucionais e privados.

Palavras-chave: Facilitação, Musicoterapia, Terapia de Grupo Adleriana, Cuidados Centrados na Pessoa, Idosos, Demência.

Erwecken von Musik Erinnerungen bei Senioren mit Demenz in einem Seniorenheim

Zusammenfassung

Dieser Beitrag beschreibt ein zusammengestelltes Musikprogramm für Bewohner mit Gedächtnisschwierigkeiten in einem Seniorenheim in Ontario, Kanada. Ziel des Programms ist, musikalische Erinnerungen bei Senioren mit Demenz zu erwecken. Dieses Programm entspricht der wissensbasierten Musiktherapie und stimmt sowohl mit den Prinzipien und psychosozialen Ziele der personenbezogenen Betreuung als auch mit dem Gruppentherapieverfahren von Adler

überein. Die einhergehende quasi mystische Kunst und die Empfehlungen von Adler für Hilfskräfte und Therapeuten sind wesentlich, um das individuelle Selbst, das bei Patienten mit Demenz verschleiert ist, erneut zu beleben. In dieser Studie bestätigen Einzelberichte die ehemaligen Ergebnisse von Oliver Sacks. Auch neue medizinische Studien bekräftigen, dass Musiktherapie eine essenzielle Ergänzung zu anderen Behandlungsformen für Gedächtniskrankheiten sowohl im privaten als auch in institutionellen Bereich darstellt.

Schlüsselworte: Unterstützung, Musiktherapie, Gruppentherapie gemäß Adler, Personenorientierte Betreuung, Senioren, Demenz

Introduction

Evidence-based music therapy is used to treat a range of medical conditions. Such therapy directly or indirectly helps to improve mental health and social integration, including the neurologically impaired such as those with dementia (Wheeler 2015; Ridder and Wheeler 2015; Eriksson 2017).

According to neurologist and author Oliver Sacks, “music is no luxury to patients with dementia; it is a necessity” (Sacks 2007, 347).

In his popular book *Musicophilia*, Sacks (2007, 345) quotes an Australian musical therapist who worked in nursing homes and hospitals for ten years with dementia patients, and whose experience reflects the many letters that Sacks received on the power of music to move seniors with dementia. It is also typical of the Canadian seniors in memory care reported on here:

At first, I thought I was providing entertainment, but now I know that what I do is act as a can-opener for people’s memories.... There are listeners who come and stand beside me or in front of me, for the whole time. There are always people who cry. There are people who dance, and people who join in – for operetta or for Frank Sinatra songs (and Lieder in German). There are disturbed people who become calm, and silent people who give voice, frozen people who beat time. There are people who don’t know where they are, but who recognize me immediately, as “The Singing Lady.”

Sacks writes:

The response to music is preserved, even when dementia is very advanced. But the therapeutic role of music in dementia is quite different from what it is in patients with motor or speech disorders. Music that helps patients with Parkinsonism, for example, must have a firm rhythmic character, but it need not be familiar or evocative. With aphasics it is crucial to have songs with lyrics or intoned phrases, and interaction with a therapist.

The aim of music therapy in people with dementia is far broader than this – it seeks to address the emotions, cognitive powers, thoughts, and memories, the surviving “self” of the patient, to stimulate these and bring them to the fore. It aims to enrich and enlarge existence, to give freedom, stability, organization, and focus. This might seem a very tall order – nearly impossible, one would think, seeing patients with advanced dementia, who may sit in a seemingly mindless, vacant torpor or scream agitatedly in incommunicable distress. But music therapy with such patients is possible because musical perception,

musical sensibility, musical emotion, and musical memory can survive long after other forms of memory have disappeared. (345)

Yet, despite this professional recognition, music therapy is still not generally offered as a primary treatment in dementia care (Ridder and Wheeler 2015, 370).

More than half a century ago, Rudolph Dreikurs, who was a physician, musician, and Adlerian therapist, led the way in articulating the social and human benefits of music therapy (Dreikurs 1953, 19):

Music is a group phenomenon; it expresses group conventions. Its language and communication are nonverbal, but, nevertheless, definite.... Music links and does not divide. These qualities inherent in music make it an ideal medium for social integration.... The musical effect is two-fold: it unites the group, integrating each individual into the whole; and it sets an emotional tonus for the particular group activity. The net result of both aspects is not only a feeling of belonging in each member, but also, what is more important, a feeling of being alike. Music eliminates individual distinctions; it levels off inequalities in status. It has an equalizing effect on all those in its spell.

Music therapist Suzanne Hanser in *The New Music Therapist's Handbook* (1999, 142) acknowledged the social benefits of music as a group phenomenon, but added that music provides a structure within which there is individual freedom and creativity:

Music is organized sound in time (Bernstein and Picker 1966). While it is a highly structured art form, it accommodates individual interpretation and creativity. While an entire group of people are engaged in a musical activity, no two are expressing themselves in precisely the same way. Thus, it provides a format for learning about one's own unique manner of approaching the creative process, expressing oneself, interacting with others, and organizing and interpreting artistic material.

Individual freedom and creativity in group music therapy has been observed reinvigorating the perception of self in those with dementia or memory loss, as reported in the literature on music therapy (Ridder and Wheeler 2015, 367-378).

Music therapy in its various forms has been shown to promote communication between carers and patients with dementia, and to have a positive impact on reducing anxiety and aggressive behavior, restoring cognitive and motor function, and improving overall quality of life (Wall and Duffy 2010, 113; Ridder and Wheeler 2015, 370; Schafer et al. 2022; Paul 2022). In a metareview Hulme et al. (2010) found evidence that music interventions and music therapy contribute to improving food intake and to reducing behavioral and psychological symptoms of dementia, such as agitation, aggression, wandering, restlessness, irritability, and social and emotional difficulties. These authors emphasized using an individual's preferred music for lowering agitation.

Involvement in active music making or listening, along with social engagement and communication is known to be important to older adults who like music, are motivated by it, and desire a social life (Theorell and Kreutz 2012).

Expressing sounds with the voice in singing is a fundamental means of communication and is still present in individuals with severe dementia, even though they have lost the ability to communicate with words. Ridder and Wheeler's chapter "Music Therapy for Older Adults" in *The Music Therapy Handbook* (2015) reveals that an intense sharing of emotions can occur through the sharing of a simple melody, suggesting that the recognition of a familiar song brings safety and structure. Nevertheless, the intense emotions generated in response to music can also be upsetting, as has been witnessed in one resident in the present study.

Artistic Requirements for Facilitator-Therapists

Alfred Adler recommended that therapists should be striving themselves to gain some very definite abilities for their job at hand (Adler 1964; Holub 1935, 87; Eriksson 2018): "To be a therapist, artistic ability is required, which cannot be achieved without mature self-understanding, ready wit, the ability to convince, being convinced yourself, and to cooperate."

Acquiring this artistic ability and mature self-understanding with the practical ability to use it for the benefit of others, may be demanding, as Holub noted: "These are high requirements. But I believe that rather than be frightened by them, it is better to consider them as part of an endless task whose solution we never reach, but which we can, however, gradually approach" (1935).

Leonardo da Vinci demonstrated to the world the importance of artistic ability in addition to scientific knowledge (Isaacson 2017): "The artist sees what others only catch a glimpse of; learn how to see, realize that everything connects to everything else."

According to Shakespeare scholar Martin Lings (2006, 1-5): "The true and original purpose of art is to communicate secrets, not by blurting them out, but by offering them as it were with half-open hand, by bringing them near and inviting us to approach.... This casts a spell over us and momentarily changes us, doing as it were the impossible and making us quite literally excel ourselves, as if we were God's [the Divine's] spies."

According to Lings (2006), "musical memories are recovered almost magically as though we were spying for the Divine, leading to the amazing perception of self once again after being hidden." This idea connects well to the "music-centred expressive arts approach" of music therapy where music is seen as the portal into the therapeutic process, "speaking directly to feelings and the individual heart, to convey meaning, beauty, and mystery" (Wärja 2015, 246).

Beethoven may be viewed as a music therapist as well as a master artist (Eriksson 2017, 245). In *The Music Therapy Handbook* (Wheeler 2015, 126) the biographer André Maurois is quoted discussing Beethoven's nine symphonies: "Everything that I had thought and been unable to express was sung in the wordless phrases of these symphonies. When that mighty river of sound began to flow, I let myself be carried on its waters. My soul was bathed and purified.... Beethoven called me back to kindness, charity, and love."

Beethoven clearly understood this music-centered expressive arts approach. He lived it, as one of his biographers credited him with saying: "Music is the link between the spiritual and the sensual life" (Crowest 1899, 95).

This aesthetics approach and Lings's description of the original purpose of art bear similarities to the approach of the mystic, who is not necessarily religious, but where knowledge of reality and truth of that seen as beyond the limits of the material world, are seen as attainable by direct knowledge, through intuition or insight, and in a manner different from ordinary sense perception (Poole 1982, Chapter 1).

Beethoven's personal creed quoted below is a testament to his mystic-like approach and to his communion or attunement with the Divine as he envisaged it: "I am that which is, I am all that, that was, and that shall be. No mortal man hath lifted my veil. He is alone by Himself, and to Him alone do all things owe their being" (Crowest 1899, 117).

The Psychological Approach

Eriksson (2018) reported that when therapists and facilitators sincerely and humbly join with discouraged or overwhelmed special needs clients as equals, and, speaking from the heart, share with them their own weaknesses and imperfections and what they have found hard, at the same time that they are striving to improve themselves and gain artistic ability, their clients will naturally be encouraged to see and experience themselves afresh, more objectively, and will feel encouraged and desirous of getting to know themselves better.

This natural, sympathetic meeting of minds – a mutual communion or attunement – provides a framework for understanding and putting into practice Adler's concept of *gemeinschaftsgefühl*; taking an active interest in the interests of others, leading to a feeling of community, belonging, and of having one's place in life which, when developed, generates an ability to identify with others, to feel part of the whole, to be at home on this Earth, and to see the situation as others see it (Adler 1979, 43; Ansbacher 1968, 142; Eriksson 1992, 278). One example Adler gave of this concept is "to see with the eyes of another, to hear with the ears of another, and to feel with the heart of another" (Adler 1964; Ansbacher 1968, 134). This resembles what Oliver Sacks (2007, 344) observed regarding what music can do for those with dementia in a hospital or group setting: "'Together' is a crucial term, for a sense of community takes hold, and these patients who seemed incorrigibly isolated by their disease and dementia are able, at least for a while, to recognize and bond with others."

This togetherness is enhanced when the music therapy is facilitated in a group since it unites individuals into the group and eliminates individual distinctions (Dreikurs 1953; Eriksson 2017). This effect has been noticed in the present study as individuals let go and participate happily in the shared community feeling with singing, moving their feet, or speaking. In the language of Person-Centered Care, which is increasingly the standard of dementia care around the world (Edvarsson et al. 2013; Kitwood and Brooker 2019), the caregiver is to be "present" in the moment, in the sense of being psychologically available for joining with the client or clients with dementia. "Being present" entails the caregiver letting go of the much lauded need to be "doing," to develop instead the capacity for simply "being," that is, being available to commune with the client or clients when called upon.

If psychosocial needs of those with dementia such as comfort, attachment, inclusion, identity, and love are met, the individual with dementia may be enabled to move away from any fear, grief, or frustration, to a more positive experience (Edvarsson et al. 2013; Kitwood and Brooker 2019; Eriksson 2024). Recognized caregiver interactions that help to meet these needs include collaboration, play, and facilitation. Facilitating the music therapy program as reported here may therefore be seen as another example of a Person-Centered Care approach to meet residents' psychosocial needs and move them towards new and positive experiences. As Ridder and Wheeler (2015, 372) write in "Music Therapy for Older Adults": "Music therapy holds rich possibilities for applying these positive interactions or techniques with music as a meaningful media for exchange."

The Group Music Program

Facilitated sing-along sessions in this study have involved playing well-known, popular music songs available on YouTube with visible words on the TV screen to encourage and facilitate residents to participate and join in with singing themselves. The sessions were initially every two weeks then made weekly, and one hour to one hour and a half in length. Around twelve to fifteen residents were typically present, most of whom were women. Staff were often present too. The focus to date has been on using two of the four music therapy methods described in the literature, notably "receptive or listening" and "therapeutic singing or recreative performance" (Gardstrom and Sorel 2015; Ridder and Wheeler 2015).

Residents' musical favorites were ascertained from staff beforehand and included as much as possible in every session whether classical or pop, western, Italian opera, a religious hymn, or something else. As facilitator, I often danced or acted out the rhythm of the music and sang along in front of them. I pointed at my ear whilst moving or dancing, inviting the residents to join me at appropriate times, as for example with Julie Andrews from *The Sound of Music* singing, "doe a deer, a female deer, ray, a drop of golden sun..."; or with "Sweet Caroline" by Neil Diamond, or Elvis Presley's "Love Me Tender, Love Me Sweet," or Petula Clark singing "Downtown." While I paused, residents (who were able) filled in the missing word.

Some residents sang and tapped their feet, others swung from side to side, others just tapped their feet or moved their hands. Others might not have shown any movement or singing in the beginning, and they then suddenly got up and joined in dancing to the music. Nursing staff often walked in and joined with the residents in dancing to the rhythm of the music. Other residents said that they like a particular song as they walked in or out of the room while assisting another resident who liked to wander. After four sessions, the nursing manager told me the residents were beginning to trust me.

The ninth session in particular saw everybody participating in their own way and enthusiastically as a group. The staff and residents were waiting for me to arrive, whereupon I thanked them for allowing me to join their family in this musical way, and we discussed how sons are close to their mothers. Staff members came in to dance with the residents, to ask me about a particular piece of music, or just to stand there and enjoy the music, be it Italian opera with Maria Callas, or Neil Diamond, or Andrea Bocelli. An Italian woman who likes classical music started telling

me towards the end of the session stories of her youth as a young girl in Italy. This contrasted with the previous session when she was mostly trying to sleep. As I left, I said: “*Arrivederci*.”

A film clip from the popular movie, *The Sound of Music*, with Christopher Plummer and Julie Andrews, was shown in some early sessions to set the scene and illustrate the power of music to transform us through a celebrated film that nearly all had seen and recognized.

Specifically, the scene chosen for the residents showed the ability of music to alter agitated behavior. The clip depicts Christopher Plummer through his facial expression being transfixed by the sound of unexpected singing. The children’s singing grabs his attention and opens his closed-off heart so that he now wants to learn and experience more. On hearing his own children’s singing, he joins with them in their group singing, opens his heart to them, and becomes friendly and loving; this instead of being aloof and agitated a few minutes previously when he was ready to fire Julie Andrews and send her packing back to the abbey! I mentioned to the residents that these individual experiences are within us. Yes, there were physical strings being played on musical instruments that went to our ears. But we each have strings in our hearts and minds that were being sounded and played in response, and in accordance with the music-centered expressive arts approach to music therapy (Wärja 2015, 246). I shared with them my own favorite hymn from my schooldays which elicits even now a powerful and visible emotional response from me, “He Who Would Valiant Be,” from *Pilgrim’s Progress* by John Bunyan.

Recent Medical Findings on Musical Therapy and Suggestions for Future Studies

A review of the literature conducted by Melissa Leggieri et al. (2019) in *Frontiers of Neuroscience*, covering ten years of music therapy studies involving persons with dementia concluded: “Our analysis of these papers suggested that, regardless of the music intervention approach, individualized music regimens provided the best outcomes for the patient.... Our findings suggest that music techniques can be utilized in various ways to improve behavior and cognition.”

Short-term analysis also has shown the efficacy of music therapy as determined by Rebecca Dahms et al. (2021) in a medical gerontology research project. The researchers concluded that nursing homes should be striving for “long-term implementation of music within daily routines” (Dahms 2021, e12). Future studies using simple blood pressure measurements along with stress hormone levels in saliva could be used to validate the efficacy of music as a therapy, as Takahashi and Matsushita (2006) have shown regarding the lasting effect of once-a-week continuous music therapy over a two-year period.

As reported in the *Journal of Alzheimer’s Disease*, research conducted by Corinne E. Fisher et al. (2021) examined cognitive function in participants with early-stage cognitive decline. This study found that daily music therapy over three weeks improved memory as measured by the Montreal Cognitive Assessment test (MoCA), a cognitive screening tool for medical professionals designed to detect cognitive impairment.

Conclusion

Initial observations from this facilitated group music program for residents in memory care at a Canadian retirement home are in broad agreement with the literature on evidence-based music therapy for older adults with dementia and are consistent with the goals and observed practices of Person-Centered Care. The artistic and facilitating psychological approach used in this study bears similarities to that of the quasi-mystical music-centered expressive arts approach described in *The Music Therapy Handbook*.

Further similar studies would constitute additional evidence that music therapy is essential for seniors' well-being, quality of life, and ongoing sense of self and purpose, whether such therapy is conducted at home or in a group setting. Observations reported here suggest that many person-centered caregivers are well placed to facilitate these goals in seniors' retirement communities, whilst contributing to corroborating existing medical studies that involve simple blood pressure measurements and the like that validate the benefits of musical therapy.

Conflict of Interest

The author declares no conflict of interest.

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For more information about dementia, visit The Global Dementia Observatory:
<https://globaldementia.org/en>.