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Music as Therapy: Treating the Effects of Alzheimer's Disease

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Music as Therapy: Treating the Effects of Alzheimer's Disease

by

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a BA Project
Submitted to the
Faculty of the Music and Art Department
in Partial Fulfillment of
the Requirements for the Degree
of
Bachelor of Arts

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Music as Therapy: Treating the Effects of Alzheimer's Disease

A lecture presented to the faculty of the Music and Art Department of Cedarville University in partial fulfillment of the requirements for the degree of Bachelor of Arts

By

Christina Sidaras

Chair of Faculty Committee:
Dr. Sandra Yang

April 2010

Includes two DVD's and one mini DVD

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Abstract

Music as Therapy: Treating the Effects of Alzheimer's Disease

Christina Sidaras, Bachelor of Arts in Music

Cedarville University, April 2010

Chair: Dr. Sandra Young

This senior project deals with music therapy and methods used especially with Alzheimer's patients. Topics concerning music therapy include definitions of music therapy, the history of music therapy, and the training necessary to become a licensed music therapist. The research includes general information concerning Alzheimer's disease as well as its history and symptoms. In addition to conducting research, the music therapy methods were employed with Alzheimer's patients at the Brookhaven Retirement Community's Alzheimer's Unit in Brookville, Ohio. With the guidance of research, professional music therapists, and medical personnel, positive feedback was observed in the patients' responses.

Music as Therapy: Treating the Effects of Alzheimer's Disease

I met Edna the first time I walked into the back sunroom. Several of the ladies sat on the white wicker chairs chatting or dozing after lunch. Edna sat in the middle loveseat. She wore a mauve monochrome jogging suit, white Dr. Scholl's, and a cropped gray hairdo. Her nails matched her outfit perfectly. Despite her outward collectedness, her face expressed an inner uncertainty. She squinted in my direction and stated, "I see music."

Later that week, during our first session, Edna volunteered to play the piano. Her eyesight was poor and she again squinted at me. She grimaced at the exercise I had ignorantly placed before her. After some "I can't's" from Edna I suggested she play anything she liked. "All I know is..." her voice trailed off as her fingers felt for a familiar tune. After a few moments, energy surged into her fingers and she began a fully chorded arrangement of "Jesus Loves Me." All the ladies boldly sang along. When she finished, she turned and told us about how she had taught Sunday School for many years. Her countenance had changed and a confident smile erased her look of confusion.

Since October, I have had the privilege of working with the Alzheimer's Unit of the Brookhaven Retirement Community in Brookville, Ohio. Most weeks, I prepare a forty-five minute general music lesson covering a variety of musical periods and styles. The residents engage in the lesson by improvising, singing, playing instruments, moving, and discussing. I began the project expecting to teach basic keyboard skills to the residents. After two awkward lessons, I realized I needed to look for an approach that would best benefit the residents at their varying stages of Alzheimer's disease. The further I studied, the more I began to realize that music is more than just a way to pass the time on a Sunday afternoon. Music makes a solid difference in the life of Edna and the other members of the

Brookhaven Alzheimer's Unit. Research indicates that music therapy techniques effectively alleviate the symptoms of Alzheimer's disease.

Because music therapy covers a wide range of therapeutic activities, arriving at a definition of music therapy begins with the consideration of three aspects. First, one must evaluate the "professional background of the practitioners."¹ Historically, concerned musicians or talented medical personnel performed music for therapeutic reasons. Today, music therapists must first obtain a license after extensive coursework in both music and psychology. Secondly, when considering a definition of music therapy, one must consider "the needs of the clients."² Music therapy deals with both the sick and the well, the young and the old around the world. The uses of music therapy continue to stretch and bend, reaching out to new populations. Finally, when considering a definition of music therapy, one must consider "the approaches used in treatment."³ The music therapist may jump around a room of preschoolers with a hand drum or play softly in the corner of a hospice room on a harp. Therapies both stimulate and soothe individuals and new therapies continue to be discovered to impact a great variety of clients.

Keeping all these aspects in mind, one can now examine various definitions of music therapy. The American Music Therapy Association defines music therapy as "the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved

¹ Tony Wigram, Inge Nygaard Pedersen and Lars Ole Bonde, *A Comprehensive Guide to Music Therapy*. (London: Jessica Kingsley Publishers Ltd., 2002): 29.

² Ibid.

³ Ibid.

music therapy program.”⁴ The U. K. defines music therapy as “a planned and intentional use of music to meet an individual’s social, psychological, physical, and spiritual needs within an evolving therapeutic relationship.”⁵ The Nordoff-Robbins organization is a highly respected charity in England which provides music therapy services and conducts research. Their website suggests that music therapy “provides strategies for helping people cope with their difficulties, and for cultivating their existing or latent abilities and strengths. In this sense, music therapy is often said to work with the part of a person that is *well*, rather than the part that is ill or disabled.”⁶ Experts in music therapy give various models to define music therapy in terms of the clientele, their needs, the techniques involved, and even the kinds of music utilized.⁷ Therapists can generally agree on the definition given by Kenneth Bruscia in his book *Defining Music Therapy*. Bruscia defines the practice as

the systematic process of intervention wherein the therapist helps the client to achieve health, using musical experiences and the relationships that develop through them as dynamic forces of change.⁸

Although various definitions abound, all describe music therapy as a respected and effective practice, using music to impact individuals with various needs.

⁴ American Music Therapy Association, “What is Music Therapy?,” Frequently Asked Questions. http://www.musictherapy.org/faqs.html#WHAT_IS_MUSIC_THERAPY (accessed March 11, 2010).

⁵ Wendy Magee, “Music Therapy with Patients in Low Awareness States,” *Neuropsychological Rehabilitation* 15 (July/ September 2005): 523.

⁶ Nordoff-Robbins, “In What Kinds of Ways Can Music Therapy Help?” Frequently Asked Questions. <http://www.nordoff-robbins.org.uk/musicTherapy/whatIsMusicTherapy/index.html#InWhatKindsOfWaysCanMTHelp> (accessed March 10, 2010).

⁷ Tony Wigram, Inge Nygaard Pedersen and Lars Ole Bonde, *A Comprehensive Guide to Music Therapy*. 41.

⁸ *Ibid*, 31.

Ancient history provides further understanding of music therapy. In her work *Music and Soul Making*, music therapist Barbara Crowe expresses how music fulfilled three roles in ancient times. One role of music was to serve as “a direct healing tool and support for general well-being.”⁹ Plato believed that music facilitated *harmonia*, an individual’s balanced state. Mathematics produced *harmonia*, but because music reflected numerical values, “music could penetrate the soul and restore its inner harmony.”¹⁰ The Old Testament provides examples of early music therapy. In I Samuel 16:14-23, King Saul suffered from the torment of an evil spirit. David was summoned to play his lyre, and the Bible states that the music “would bring relief to Saul and make him feel better.”¹¹ Music in this instance was used to alter King Saul’s mood. Psalm 45:8 indicates that music can “make [one] happy.” The Hebrews saw music as a means to indicate and foster joy, whereas the absence of music expressed sorrow. When the people of Jerusalem cried out to God in Lamentations, their destitution was described in many ways, including that “their young men have stopped playing...music.”¹² Ancient civilizations viewed music as both a means to alter and express moods.

In the 1700’s, physicians who were also trained in music began writing literature concerning music and medicine. In 1621, *The Anatomy for Melancholy* discussed music. Richard Brown produced the book *Medicina Musica* in 1729. This publication proved to be a valuable source for the modern profession of music therapy. According to Alicia Ann Clair, Director of Music Therapy at the University of Kansas, Lawrence Brown’s principles

⁹ Crowe, Barbara, *Music and Soul Making*. (Lanham: Scarecrow Press, Inc., 2004), 3-4.

¹⁰ J. Peter Burkholder, Donald J. Grout, and Claude V. Palisca, *A History of Western Music* (New York: W. W. Norton and Company, 2006), 14.

¹¹ New English Translation.

¹² Lamentations 5:14, NET.

are still used today by music therapists.¹³ About twenty years later, in 1748, Louis Roger wrote about music psychology, acoustics, and the possibility of music vibrations used medicinally.¹⁴ The link between music and its ability to heal was slowly gaining clinical acceptance.

Music therapy as a profession began during the World Wars. As veterans entered hospitals for various ailments and injuries, musicians visited these hospitals to play for the wounded soldiers. Nurses and doctors observed how the soldiers healed faster when exposed to the music. The hospitals began hiring musicians for the purpose of contributing to the recovery of the soldiers. This use of music in the hospitals may have been linked to the increased use of occupational therapies among patients.¹⁵ In 1944, Michigan State University developed the first degree program to train music therapists. Eventually the Certification Board for Music Therapists was created to meet the need for professional credentialing. In 1981, shortly after the creation of the board, the American Music Therapy Association was established from two independent associations (the National Association for Music Therapy and the American Association of Music Therapy). Music therapy as a profession has existed longer in England. The British Society for Music Therapy was formed in 1958. Other countries, including France, Germany, Denmark, Austria, Switzerland, Belgium, Canada, Australia, Japan, Brazil, Korea, Israel, Turkey, and South Africa continue to develop music therapy as an established profession.¹⁶

¹³ Alicia Ann Clair, *Therapeutic Uses of Music with Older Adults*. (Baltimore: Health Professions Press, Inc., 1996), 3.

¹⁴ Crowe, *Music and Soul Making*, 9.

¹⁵ *Ibid.*, 10.

¹⁶ Crowe, *Music and Soul Making*, 11.

Music therapists can be found in diverse medical settings such as hospitals, nursing care facilities, rehabilitation programs, and neonatal care units. Instrumentalists and vocalists serenade the suffering in hospice facilities. Music therapists visit preschools and help to establish community skills such as sharing and taking turns. Music therapists can permeate their community, offering a variety of services to address different populations. Leslie Blunt, a music therapist and researcher, is the director of the Music Space Trust, an organization in England providing community centers for adults with learning disabilities.¹⁷ In South Africa, The Music Therapy Community Clinic is a traveling group of music therapists that primarily serves children who have experienced trauma.¹⁸ Being a relatively new branch of occupational therapy, music therapists continue to find new venues where individuals can benefit from music's healing effects.

Alzheimer's disease facilities are among many venues which have experienced success with music therapy programs. Alois Alzheimer first described the disease in 1907 after observing a fifty-one year old woman with impaired memory, thinking, language, and judgment. According to the Alzheimer's Association, a non-profit organization offering a variety of resources and services for victims and their families, Alzheimer's disease kills brain cells, and is ultimately fatal.¹⁹ After diagnosis, the individual will live an average of nine more years.²⁰ During this time, patients may experience a variety of alterations to their general health and personality.

¹⁷ Music Space Trust. "About Us." Music Space Trust.

<http://www.music-space.org/1aboutus.aspx> (accessed March 9, 2010).

¹⁸ The Music Therapy Community Clinic. "Music Therapy Projects," The Music Therapy Community Clinic. <http://music-therapy.co.za/projects.htm> (accessed March 9, 2010).

¹⁹ Alzheimer's Association, "Depression and Alzheimer's," Living with Alzheimer's http://www.alz.org/living_with_alzheimers_depression.asp#top (accessed March 9, 2010).

²⁰ William Molloy and Paul Caldwell, *Alzheimer's Disease*. (Buffalo: Simon

Alzheimer's disease encompasses a variety of symptoms. Difficulties with memory are one of the earliest signs of the disease. Agitation creeps into the lives of Alzheimer's patients and can manifest itself in numerous uncomfortable behaviors such as repetition, socially inappropriate actions, aggression, frustration, despair, boredom or loneliness.²¹ Anxiety and problems with self-concept arise. Alzheimer's disease creates confusion and patients are known to wander. According to the Alzheimer's Association, 40% of individuals with Alzheimer's disease also suffer from depression.²² Patients can experience all or some of these symptoms in varying degrees.

Music therapy for Alzheimer's patients often takes place in a group setting. Group sessions are usually held at least once a week. Conducting sessions more frequently is considered more effective. They can include just two patients or a small group of twelve to twenty members. To accommodate for shorter attention spans, sessions should be confined to thirty or forty-five minutes. Having assistants or the nursing staff present allows for individual attention during the session if modifications become necessary. Research indicates that group therapy meets specific needs of Alzheimer patients. In a study conducted by Alison J. Ledger and Felicity A. Baker on the long-term effects of music therapy on the agitation level of people with Alzheimer's disease, group therapy was said to "promote feelings of belonging among participants with dementia."²³ The study also concluded that music therapy did decrease levels of agitation on a short term basis, but in

and Schuster, 1998): 15.

²¹ Alison J. Ledger and Felicity A. Baker, "An Investigation of Long-Term Effects of Group Music Therapy on Agitation Levels of People with Alzheimer's Disease," *Aging and Mental Health* 11 (May 2007): 330.

²² "Alzheimer's Association, "Depression and Alzheimer's," Living with Alzheimer's http://www.alz.org/living_with_alzheimers_depression.asp#top (accessed March 9, 2010).

²³ Alison J. Ledger and Felicity A. Baker, "An Investigation of Long-Term Effects of Group Music Therapy on Agitation Levels," 330.

addition to relieving agitation temporarily, the subjects exposed to music therapy showed no decline in verbal communication for that year and improved in their language skills.²⁴ Group therapy encourages social interaction and provides an opportunity for exploration and success.

Music therapy sessions can also be constructed for an individual. One-on-one interaction with the music therapist allows for a more targeted approach. Dr. Deforia Lane of University Hospitals of Cleveland uses individual therapy sessions to assess patients after interacting with them in musical ways. She suggests using prompting questions such as, "What is your favorite music memory?" "Have you ever played an instrument?" "Were you ever in a band?" "Do you remember your first lullaby?" These kinds of questions may encourage a musical response from the patient. Patients may begin to sing the lullaby or discuss their experiences in the band. If patients are not responding to the questions, Dr. Lane suggests singing a tune for them that would be from the time they were in their teens or twenties. For example, an eighty-year-old may like something from 1950 (the ladies at the Brookhaven Alzheimer's Unit love Elvis). Sometimes patients will respond to the singing because it connects with a memory. They may finish the tune the therapist began. After the session, the patient tends to be more energetic and talkative. This, Dr. Lane states, is a good time to evaluate them because they are more capable of things they would not have been able to do without the musical intervention.

Research indicates listening to music can impact many symptoms of Alzheimer's disease in a positive way. Music listening can take place passively, such as playing relaxing music during patients' baths, during mealtimes, or while they sleep. This kind of listening

²⁴ Ibid.

can reduce stress when music is chosen that the patient finds relaxing. Passive listening of this kind has also been found to improve sleep patterns, help nutritional intake²⁵, and reduce wandering behavior.²⁶ A study by Foster and Valentine in 1998 showed how patients could recall more from their long-term memories while music was playing than when no background sounds were present.²⁷ Music listening can also take place actively. Music therapists may ask the patients to listen for specific elements while the music plays or they may ask them to consider the mood of the piece. Patients may be asked to think about a memory that corresponds with the music. Felicity Baker of the University of Queensland, Australia found that listening to “familiar music may serve to regulate a person’s arousal to a moderate level.”²⁸ Listening to music can also alleviate confusion by bringing order to something misunderstood. This lowers agitation levels, allowing the patient to engage in an enjoyable activity or to think more clearly. Foster and Valentine concluded in 2001 that “music can block out/mask distractions that decrease attention and thus facilitates performance.”²⁹ Other studies have shown that music “improves speech

²⁵ Mizue Suzuki, et al., “Behavioral and Endocrinological Evaluation of Music Therapy for Elderly Patients with Dementia,” *Nursing and Health Sciences* 6 (February 2004): 11.

²⁶ Murieann Irish, et. al, “Investigating the Enhancing Effect of Music on Autobiographical Memory in Mild Alzheimer’s Disease,” *Dementia and Geriatric Cognitive Disorders* 22 (November 2006): 109.

²⁷ R. G. Thompson et al., “Music Enhances Category Fluency In Healthy Older Adults And Alzheimer’s Disease Patients.” *Experimental Aging Research* 31 (January 2005): 93.

²⁸ Alison J. Ledger and Felicity A. Baker, “An Investigation of Long-Term Effects of Group Music Therapy on Agitation Levels,” 330.

²⁹ R. G. Thompson et al., “Music Enhances Category Fluency In Healthy Older Adults And Alzheimer’s Disease Patients.” 93

content and fluency.”³⁰ Increasing positive performances and coherent speech fosters confidence, bringing much needed stability to Alzheimer’s patients.

Throughout my experiences with the ladies of Brookhaven, I can count on two activities always being a hit: listening and sing-a-longs. Singing quickly gets the patients involved. The greatest difficulty is choosing the music. Among Protestants, hymn singing tends to spark interest quickly. Many Americans (especially in Northwest Ohio) grew up singing hymns in church. In addition to hymns, patriotic songs tend to be universal favorites. Songs like “America the Beautiful” and “My Country ‘Tis of Thee” are still sung in grade schools today and were part of aging Americans’ standard curriculum. Alzheimer’s patients often remember folk songs such as “Home on the Range” or “My Bonnie Lies Over the Ocean.” If a music therapist knows a patient is from a different country, they could search for folk tunes of the patient’s native country, even in their native tongue. Holiday songs can also create a fun sing-a-long, but the therapist should be aware that not everyone celebrates the same holidays. While working with the Brookhaven group, all of the ladies enjoyed Christmas carols; however, when I volunteered as a teenager at Memorial Manor, a care facility in South Florida, the (mostly Jewish) residents made it pretty clear they were tired of Christmas literature. If the therapist is unsure the patients will know all the lyrics to a particular song, lyrics (in large font) can be brought in. Patients can often remember a tune, but may not know all the words. Therapists should stay away from songs that may be considered childish such as “Mary Had a Little Lamb” or “Twinkle, Twinkle Little Star.” Although most will know these songs, the therapist will appear to be patronizing the patients.

³⁰ Ibid, 97.

The ultimate goal of sing-a-longs is to present songs the residents will know by heart. This will tap into their long-term memories, exercising important mental muscles. Singing prompts Alzheimer patients to engage and remember.

In addition to sing-a-longs, singing can encourage other aspects of a therapy session. “Hello Songs” draw patients into the session and give opportunities for the therapist to work one-on-one with a patient during a group session. One commonly used song is sung to the tune of “Goodnight Ladies.” At Brookhaven, I ask the patient her name or I say, “Carol is here today. Let’s sing to Carol.” Then we begin singing to Carol:

“Hello, Carol.

Hello, Carol.

Hello, Carol.

We’re so glad you’re here today.”

Dr. Lane uses the same song in her group therapy sessions. Research conducted in Japan to evaluate the behavior and endocrinology of music therapy for elderly patients with dementia began each session with a song that would incorporate the patients’ names and would also end with a similar song.³¹ Interactive songs like “Hello Songs” that give special attention to each patient enhance therapy sessions by helping each person feel valued as an individual.

Singing to Alzheimer’s patients is yet another way a music therapist can reduce the severity of the symptoms of Alzheimer’s disease. Singing to a patient may prompt a response or create the desire to discuss and reminisce. Singing to late-stage Alzheimer’s patients, especially by caregivers, has been known to increase awareness. Patients will sit

³¹ Suzuki, et al., “Behavioral and Endocrinological Evaluation of Music Therapy for Elderly Patients with Dementia,” 12.

up straighter and move with more strength. It is also recorded that patients will communicate more, be less aggressive, and be less likely to scream.³²

Improvisation serves as another tool for ameliorating the effects of Alzheimer's disease. A patient's own voice can be used to create melodies. Stuart Wood's article "Music Therapy: Striking a Chord with Care Home Residents," provides an example of how improvising with the voice can be done through therapy sessions. Wood describes a timid elderly woman named Rose who suffered from dementia. Her individual therapy sessions began with a familiar tune. She had difficulty remembering the tune and sang weakly. Eventually, she began improvising. She allowed her voice to explore many sounds and ranges. The therapist accompanied her initial attempts at improvising, but eventually Rose gained confidence to improvise on her own. Her improvising resulted in an overall better mood. She was reported to experience less tearfulness and confusion³³.

Instruments provide an excellent tool for improvisation. Drums allow patients to improvise without the restriction of producing specific tonal combinations. Handbells can be used. The music therapist can "direct" patients with bells to create something that sounds like structured music, bringing a sense of accomplishment to the patients. Small keyboards allow the patients to stay in their seats if it is difficult to walk to a piano. They can improvise on color-coded notes, chords, or even just the black keys. Patients can experiment with the different sounds or drum beats offered on most electronic keyboards. The added bonus of using instruments in improvising occurs when patients who have played an instrument earlier in life discover they still possess their "chops," as in the case of

³² "The emotional side of Alzheimer's disease." *Harvard Health Letter* 30 (December 2004): 5.

³³ Stuart Wood, "Music Therapy: Striking a Chord with Care Home Residents," *Nurs Older People* 16 (October 2004): 4.

Edna who delighted the audience and herself with the skills she rediscovered. Mary Grant, a clinical nurse specialist for geriatric long-term care, discussed a similar situation in her guest editorial for the *Journal of Rehabilitation Research and Development*. After a trumpet demonstration, an elderly man who normally slept and rarely spoke, excitedly discussed musical experiences and later played a few notes on the trumpet for his peers. Instruments not only work well with improvisation activities, but may also evoke memories in patients of previous musical abilities.

Other than improvising, instruments can contribute to other aspects of a therapy session. Providing instruments further engages patients by fostering curiosity and bringing enjoyment. Instruments facilitate many music therapy methods. One common approach is for the therapist to hold some kind of hand drum. The therapist plays a rhythm and then has the patient repeat the pattern. The therapist may also incorporate a song that welcomes the individual to the session. The therapist plays a rhythm while singing and then lets the patient play freely after their name is mentioned. The simple act of reaching for the drum when it is handed to a patient can be a large step for someone with a later stage of Alzheimer's disease. The planned use of music, including having the resident play drums or bells can provide important sensory experiences even for hearing impaired individuals. Music therapy prevents further deterioration through strengthening motor skills and mental processes. In addition, playing instruments may also meet a person's unmet needs for self-expression, achievement, and meaning in life.

Some individuals may be physically unable to participate with instruments and must instead improvise with their voice. This becomes a useful skill for patients who have become nonverbal. Nonverbal adults often resort to expressing their emotions through

crying, screaming or shouting, sounds the nursing staff begins to resent and ignore. They become rejected and isolated which can contribute to their depression and feelings of confusion. A music therapist can evaluate the sounds a client makes (even if it is just shouting and crying) and search for musical aspects of their voice. In an individual music therapy session, the therapist will try communicating with the patient using some of her own (less offensive) sounds. The therapist embellishes the client's sounds and then encourages the client to do likewise. The client learns to communicate more effectively and express herself more adequately than she had when shouting and screaming.³⁴

A method not widely used with Alzheimer's patients involves writing original songs. Songwriting in a music therapy sense involves "creating, notating, and/or recording lyrics and music by the client to clients and therapist within a therapeutic relationship to address psychosocial, emotional, cognitive, and communication needs of the clients."³⁵ Songwriting provides a way to work through feelings towards a situation or disease. This method is often used with cancer patients, victims of trauma, rehabilitation units, and psychosis. In Baker's study entitled "Therapeutic Songwriting in Music Therapy", therapists ranked the uses of songwriting in therapy:

1. Enhance self-esteem
2. Choice and decision making
3. Develop a sense of self
4. Externalizing thoughts, fantasies, and emotions
5. Telling the client's story

³⁴ Janet Graham, "Communicating with the Uncommunicative: Music Therapy with Pre-verbal Adults," *British Journal of Learning Disabilities*, 32 (February 2004): 24-29.

³⁵ Felicity Baker, et al., "Therapeutic Songwriting in Music Therapy," *Nordic Journal of Music Therapy* 17 (July 2008): 106

6. Gaining insight or clarifying thoughts and feelings.

Although there is little literature concerning the effects songwriting would have on Alzheimer's disease, therapist Stuart Wood has used the method while caring for nursing home residents. He describes a specific case with a man named Pete who suffered from dementia and other physical ailments. Song-writing became an excellent way to "use the parts of himself which were still active, able, and in need of use." Pete composed the following song in a rock ballade style:

I'll agree we're living,
So bugger off death.
We're stuck here to get old
But we're not that old yet.

Putting words to his experiences helped him gain insight into his life. He increased his determination to carry through life by humorously standing up to fears. In addition, Wood reports that Pete's attention span increased as well ability to remember words and music.³⁶ Song-writing with Alzheimer's patients probably works best within individual settings. Although song-writing is not a commonly used practice among music therapists working with Alzheimer's patients, it still can be an effective method for addressing the symptoms of Alzheimer's disease.

Movement can be used in a variety of music therapy situations. In group music therapy sessions, Alzheimer's patients can participate in "wheelchair aroebics" or choreography. Patients can clap rhythmically to music, tap their feet, or dance in their seats. In individual sessions, the music therapist may encourage a spouse or loved one to dance with the patient. The patient will be placed in a position to dance. This positioning

³⁶ Stuart Wood, "Music Therapy: Striking a Chord with Care Home Residents," 3.

serves as prompting. With everything in its place, the patient recalls the dance. These moments not only exercise long-term and motor memory and provide physical exercise, but also can be a special time for caregivers as they enjoy closeness with a loved one they may feel has been distant since the onslaught of the disease. Research in the area of dance and Alzheimer's disease is relatively new, but studies so far have indicated that dancing, especially dances with specific steps or choreography, can contribute to the prevention of Alzheimer's disease.³⁷

When constructing music therapy sessions with the various methods, certain practical elements should be considered. In a group of elderly patients, several may have hearing or vision problems. Adjustments must be made so that they too can benefit from therapy sessions. For hearing impairments, the therapist could simply speak louder or place those with hearing difficulties closer to the speaker or music. Whenever visuals are used, the therapist could make them larger with bold print. Songs can be taught by rote or only familiar songs can be sung to insure the patient does not have to read anything. The time chosen for therapy sessions may affect how the session flows, and this may be different for different patients. Some patients may be energetic in the afternoon, but others may be ready for a nap. The general health of the patients may also interfere with their ability to benefit from a session. One week, most of the Brookhaven Alzheimer's unit had the flu. Attendance was low and those who did attend, seemed too weak to concentrate or were noticeably more irritable. Lastly, live music is preferred over recorded music. This is mostly because live music offers flexibility to both the therapist and patients. Studies have

³⁷ American Association of Retired Persons, "Let's Dance to Health." Getting Motivated. http://www.aarp.org/health/fitness/get_motivated/lets_dance_to_health.html (accessed March 9, 2010).

shown that patients actually exhibit less anxiety when music sessions contain live music compared to sessions with recorded music.³⁸

Music therapy should be provided by a licensed music therapist. Music therapists train at AMTA (American Music Therapy Association)-approved colleges and universities. Their coursework encompasses a thorough knowledge of music including courses in music theory and music history as well as psychology courses such as abnormal psychology and child development. In addition to extended training on their principal instrument, music therapists take lessons in voice, guitar, and functional keyboarding that focuses on improvisation, transposition, and other skills that may be used in therapy sessions. After receiving a Bachelor's degree in music therapy, the graduate must then take a thorough examination of the coursework administered by the Certification Board for Music Therapists, Inc. Passing the examination allows the graduate to become Board Certified and apply the initials MT-BC (Music Therapist Board Certified). Individuals with degrees in other disciplines may apply to an equivalency program. Equivalency programs fill in the gaps of their education in order to prepare them for board certification. Graduate programs are offered for music therapy throughout the country and contain coursework in research and extensive clinical, professional, and academic issues in music therapy.

Ideally, anyone working with Alzheimer's patients in a music therapy situation should have music therapy education, but if the desire to reach out to this niche in the community compels an individual and a license has not yet been obtained there are ways to become involved without formal training. The American Music Therapist Association

³⁸ Robert Groene, "The Effect of Presentation and Accompaniment Styles on Attentional and Responsive Behaviors of Participants with Dementia Diagnoses," *Journal of Music Therapy* 38 (Spring 2001) 37.

encourages those interested in pursuing music therapy training “to gain experience through volunteer opportunities or summer work in nursing homes, camps for children with disabilities, and other settings which serve the needs of people with disabilities.”³⁹

Even non-musicians can facilitate musical experiences for Alzheimer patients. “Activities organizers do not have to be musicians. Rather, they are experts in knowing their residents’ interests and needs and in coordinating events effectively. They become adept at using diverse resources like recorded music, local musicians, and the media to create opportunities for socializing and being creative.”⁴⁰

Music therapy for Alzheimer’s patients seeks to tap into long-term memory, engage individuals, provide socialization, create sensory stimulation and strengthen self-esteem. These goals can be met in a variety of ways and do not require the skills of a concert pianist, although ease with musical instruments and one’s own singing voice are necessary. When asked what lay people should focus on if they just want to help Alzheimer’s patients, Dr. Lane affirmed that musicians should not be concerned about how they perform, but rather should search for ways to engage the patients. She emphasized the importance of prompting and adapting. Some ways to prompt include bringing in artifacts such as records, a wedding veil, old radios, or even a handkerchief sprayed with lavender. Lay-music therapists adapt to their audience by learning their recreational interests, their previous professions, and their musical preferences. With these tools, the music session can be carefully crafted to engage the specific patients .

³⁹ American Music Therapy Association, “Personal Qualifications,” A Career in Music Therapy. http://www.musictherapy.org/handbook/career.html#PERSONAL_QUALIFICATIONS (accessed March 9, 2010).

⁴⁰ Stuart Wood, “Music Therapy: Striking a Chord with Care Home Residents,” 2.

Although music therapy sessions do provide entertainment and can be a pleasant distraction for the patient, music therapy has many practical uses. "Music therapy is not about teaching people to play an instrument or sing, or about having a recreational time (although this often happens and cannot be overlooked). It is not solely a means of occupying people for a short time with music as a diversionary and entertaining activity."⁴¹ Music continues to hold a legitimate place in the medical profession and should be viewed as a valid alternative treatment for Alzheimer's disease.

Music can facilitate routine medical procedures. Dr. Lane describes a time when a physician needed an elderly patient to breathe deeply and cough-up phlegm. The patient would not comply with the request. Dr. Lane asked the patient to sing with her. She had the patient sing for a prolonged amount of time so that she had to breath deeply (and thus cough up phlegm) when she was through. In many ways, music therapists may assist medical doctors in bringing patients to optimal health.

Music therapy provides a means of more accurately assessing individuals concerning their progression in the disease. Dr. Lane evaluates patients after music therapy sessions. The music tends to encourage the patients to be more willing to talk or recall. Even patients who appear incapable of speech may sing along with Dr. Lane. Music, according to R. G. Thompson et al., "can promote spontaneous speech, which leads to enhanced communication between the patient and caregiver."⁴² Studies have shown that music can cause a biochemical release of neurotransmitters such as melatonin, serotonin,

⁴¹ Leslie Bunt, *Music Therapy: An Art Beyond Words*. (New York: Routledge, 1994): 9.

⁴² R. G. Thompson C. J. A. Moulin, S. Hayre and R. W. Jones, "Music Enhances Category Fluency in Healthy Older Adults and Alzheimer's Disease Patients," 92.

and prolactin, chemicals that improve sleep and reduce stress.⁴³ Music when combined with memory activities can facilitate an individual's "sense of self" by nurturing autobiographical memories.

Exposure to music has resulted in patients being more alert, happy, and "having a higher recall of past personal history."⁴⁴ Audun Myskja and Pål G. Nord of Norway conducted a study of a care facility. The music therapist had taken a leave of absence. While the therapist was gone, depression rates increased. After his return, the depression rates of the patients dropped.⁴⁵ In some respects, music can be more efficient than prescription drugs in combating depression because specific activities can pinpoint specific elements of depression. Depressed individuals feel isolated; group music therapy restores connectivity. Depression in Alzheimer's patients can be caused by sensory deprivation; music provides sensory stimulation. Exercise through musical movement combats depression. Positive thoughts produced by the musical stimuli as well as moments of reminiscence combat the negative self-talk of depression. Hopelessness meets its match with the empowerment of playing an instrument or recalling previous musical skills. Music therapy can thus be tailored to meet the direct clinical needs of patients.

Although Alzheimer's disease has no cure, complications of the disease can be greatly minimized. Individuals of all ages have experienced anxiety and depression and many overcome these psychological struggles through various medically proven methods. By addressing the treatable aspects of Alzheimer's disease, patients increase their quality of life. They cannot stop the deterioration of Alzheimer's disease, but they can lessen its

⁴³ Ibid, 93.

⁴⁴ Ibid, 91.

⁴⁵ Audun Myskja and Pål G. Nord, "The Day the Music Died," *Nordic Journal of Music Therapy*, 17(January, 2008): 30.

severity and even hamper its progression. Although this conclusion requires more research and investigation, current research suggests that alleviating the symptoms of Alzheimer's disease allows patients to live happier, longer lives. This is why music therapy for Alzheimer's disease is vital. According to Sato Ashida, a music therapist from Florida State University, "various studies indicate that elderly people with dementia respond remarkably well to music intervention compared to other means of intervention."⁴⁶ A study conducted by Susan M. Koger of Willamette University, concluded that Alzheimer's patients with language dysfunction showed more improvement after music therapy than with conversational therapy.⁴⁷ Music therapy can reach individuals in ways that other treatments cannot.

Even for practical reasons, music therapy can be preferred to other therapies. For example, music therapy is preferred over animal-assisted therapy in adult day care and dementia programs partially because of the difficulties found in maintaining the animals and controlling disease. In addition, some patients may dislike or fear animals, which negate the ability of the animal to serve as a therapeutic tool.⁴⁸ Additionally, medication can produce a number of damaging side effects, especially since many drug therapies for Alzheimer's disease are still in the experimental stage. In contrast, music therapy provides a safe, enjoyable alternative to medication. In some cases, such as in the case of antidepressants, therapy may enhance the effectiveness of the drugs; however, more research

⁴⁶ Sato Ashida, "The Effect of Reminiscence Music Therapy Sessions on Changes in Depressive Symptoms in Elderly Patients with Dementia," *Journal of Music Therapy* 27 (Fall 2000), 171

⁴⁷ Koger, Susan M. PhD, "The Impact of Music Therapy on Language Functioning in Dementia," *Journal of Music Therapy* 27 (Fall 2000), 190.

⁴⁸ Suzuki, et al., "Behavioral and Endocrinological Evaluation of Music Therapy for Elderly Patients with Dementia," 12.

must be done in this area. Music therapy both abstractly and in tangible, observable ways, may be one of the best methods for combating the effects of Alzheimer's disease.

In addition to helping the individual afflicted with Alzheimer's disease to reduce symptoms and possibly slow down the process of the disease, music therapy also serves the family of the patient. In the later stages of Alzheimer's, music can become a way to communicate with the loved one. Patients may not respond to speech or may be unable to recognize family members, but they may remember a tune. The family can sing with them and share in communication. In addition, the patient may appear more aware and talkative after the experience, and be more like the individual the family remembers. As mentioned earlier, dancing can also provide a means of closeness, especially for spouses. The prompt of being in the correct position of a dance can remind the patient of earlier social experiences with a spouse. "Music therapy seems to engender hope for the family, the team caring for the patient, and possibly for the patient [in a low-awareness state] . . . hope might be the most important thing that the music therapist has to offer."⁴⁹ Music therapy can help patients improve in their physical and mental processes which other therapies may not be able to address. In this process, family members are encouraged and are given the gift of spending carefree time with a loved one, as they are able to remember and interact.

Last Sunday, I brought in a small electronic keyboard. Small scarecrow stickers marked the first four notes of "When the Saints Go Marching In." This phrase is repeated three times in a consecutive order from left to right. I walked around the room allowing each patient to play through those first three phrases as everyone else sang along and

⁴⁹ Janet Graham "Communicating with the Uncommunicative: Music Therapy with Pre-verbal Adults," 533.

finished off the song. When I got to Edna, she fumbled on the small keys. She didn't quite understand the directions, but after she played the scarecrows a couple of times, she finished off the rest of the song by ear. The ladies clapped wildly for her. That confident smile reappeared and I smiled back, grateful to see Edna inspired once again to reach inside and bring out that beautiful person she is.

Conclusion:

Working with the Alzheimer patients of Brookhaven provided an introduction for experiencing the work of music therapists. Preparation appeared to be a key element. Almost regardless of the content of the lesson, the patients were more responsive when I came prepared with smooth transitions between activities and topics. In addition to preparation, developing relationships also appeared to encourage engagement in the lessons. At first, I had to introduce myself to them at each lesson and they were apprehensive, but soon, I became part of their routine and they at least appeared to recognize me and trust my intentions. Being a music therapist requires careful planning and a genuine care for individuals.

In addition to learning a great deal about music therapy and its specific uses with Alzheimer's patients, the patients taught me a few things about life. There is a greater value placed on the present and the distant past. I came to understand that my time spent with them provided a moment away from the confusion, anxiety, and depression of Alzheimer's disease. I knew I could not provide them with music therapy in a clinical sense, but I could help them remember better times, forgotten loved ones, and cherished memories. At times, I felt a sense of desperation in the small task I performed on Sundays.

Those moments were powerful. They were moments Alzheimer's disease was conquered as the individual reclaimed herself.

I believe strongly in "music for music's sake," but after this project, I also acknowledge the practical and medical uses of music. Music is a gift of God in its beauty alone, but one should also recognize its intrinsic qualities of healing. Most musicians, when asked why they play music, would not discuss theory, technique, structure, or the history of music. Rather, they would offer a memory of a family member that introduced them to the instrument, or maybe they would describe a feeling. The elements of music are important and make for a better understanding of this wonderful expressive art form, but at heart, musicians are no different than the Alzheimer's patients. They play music because it reminds them of great experiences and because it makes them whole.

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Appendix A

Appendix B: Sample Lesson Plans

Christina Sidaras
 Group Lesson 1- Brookhaven Alzheimer's Unit
 October 3, 2009

Introduce Myself

- I was born in South Florida to two Spanish parents. My mother is from Cuba and my father is from the Dominican Republic.
- When I was twenty, I got married to Brad Alan Sidaras.
- We had a roadtrip honeymoon to Springfield, Missouri.
- We lived there for four years. During that time I studied Music Education with a vocal emphasis at Baptist Bible College. I wanted to be a choir director.
- In 2005, I had my first daughter Grace and took the year off from school.
- In 2006, my husband, who is a pastor, felt called to come to Ohio and help with a youth group at Crestview Baptist church.
- We moved to Brookville and lived with my in-laws for a while. That was interesting....
- I sold coffee at the Dayton airport while my husband looked for a full-time job.
- Then I began teaching piano in the area. It was fun and I traveled to people's houses to teach. (Did any of you have a teacher that came to your house?)
- After teaching a while, I felt like I needed to finish my degree to really be a professional. So I resigned from my studio and started school full-time.
- But first I had John Thomas, my rambunctious red head.
- And this year, just four weeks ago, I had Hope Marie, our third beautiful child.
- This is my senior year at Cedarville. I will be completing a Bachelor of Arts in Music and then I can return to my piano studio and be a more attentive mom to my three kids.
- After graduation, I will be looking into getting board certified as a Music Therapist.
- By allowing me to teach you about the piano, you are helping me achieve this goal and be a better teacher, parent, and person.
- Thank you for letting me be here.

It's your turn-

I need to get to know you, so let's hear your names, where you are from, and if your life could be a song, which song would it be?

New skill- Black keys, high and low, finger numbers

So, first things first:

Someone come to the keyboard- ask we have two kinds of keys on the piano, what are they? (blacks and whites)

If you notice, they are in sets of twos and threes. Can you play all the sets of two going up the keyboard? Can you play all the sets of three coming down?

New volunteer- Let's talk about finger numbers. Everyone hands in the air. Thumbs are always 1, then 2, 3, 4, 5. Let's all do it together again. Ok, so let's test _____ can you play Left hand 1, etc. OK, my turn. You tell me if I am doing it right or not.

OK so we have talked about black keys and finger numbers. I have heard you guys like to sing. How many of you know "Amazing Grace?" Let's sing it together.

Did you know that song is entirely on the black keys? (play on black keys, then lead in finger numbers). Everyone hands up, let's play Amazing Grace in the air. Would anyone like to try it on the piano (choose a volunteer).

Teach you a new song- Close your eyes a second here. Imagine a huge blue mountain and a lush valley at its feet. There are tulips everywhere and every other kind of flower that reminds you of spring. There is a crystal clear stream. Fish are swimming in it, no, it looks like they are playing in it. They jump in and out of the water in a game of tag or follow the leader. You are the queen of this beautiful place. And when you go there, you breath deeply and can smell the sweet flowers, hear the flowing stream, and relax. Sing on the foot of yonder mountain.

Open eyes. OK, now lets learn it together. The motions are ridiculous, but it helps everyone remember.

So why are we learning this, it is a black key song. Do you remember how the black keys are set up? (2 and 3). OK, so lets pretend you are the twos and you are the threes and you are the twos again. Can you remember your finger numbers. (2 is 2, 3,; 3 is 2, 3, 4,; 2-5).

One more time, on the foot of yonder mountain (with motions speaking) with the piano part.

The black keys are a pentatonic scale. That means it has five (set of 2 and 3) notes. So you can't mess up. Many folk tunes, hymns and patriotic music are built on the pentatonic scale. Asian music also is built on these notes. Volunteer. Put right pedal down and play two of the black notes at a time. Would someone else like to try? (Play harp-like glissandos). These are called glissandos. They're pretty. Just hold the pedal down and play up or down as if the piano was a big harp. Volunteer.

Many kids songs are on the sets of twos and threes. Mary had a little lamb. Let's play it in the air. Linus and Lucy is also on the set of three. (Play Linus and Lucy)

Closing-

If you get a chance this week to play the piano, try out the different things you've learned today on the black keys and remember your finger numbers☺

Composer moment- George Gershwin, name that tune, prizes

Brookhaven Lesson 11/1/09

- November Birthdays
- Music and Moods
 - Intermezzo
 - Songs from kids' book
 - Canon in D
- Row, row, row your boat
- Music and Stories
 - Homecoming
 - Anne's Song
- Veteran's day
 - Marine's Song
 - America the Beautiful
 - Our Country Tis of thee

- Individual Lessons

Brookhaven – 21 February 2010

Hello song – Goodnight Ladies

Improv/ song creation/ socialization- Demonstrate improv. Give a little story and explain how you were trying to capture the mood. Have them partner with the person next to them and brainstorm a scenario. Then pass around keyboard. Have residents improvise on black keys on the piano in the mood of their scenario. Each group gets a turn. Encourage applause for each other.

Performance- Perform works of Debussy and Chopin. Explain mood and intention of each piece.

Singing- Let them choose hymns to sing. Sing first verse. Suggest familiar hymns if needed.

Brookhaven Lesson 3/28/10

Music Listening Active/Passive:

Debussy- Reverie, Little Negro

Fun Songs- Pink book

Big Band Music- Talk about WWII

Wedding March (171) talk about weddings

Pomp and Circumstance (56)
Dixie (244 home songs)
Battle Hymn (hymnal 569)

Singing

Happy Birthday for April Birthdays
“Are you sleeping?” Round

Improv

Pass around keyboard try frère jaques on keyboard or piano
Pass around guitar turn on Elvis

Movement

Pass around teddy-bear for teddy bear
Jailhouse rock – encourage them to dance

Listening/ Discussion:

Handel (140-144) white book
Hallelujah chorus Hymn book (37)
Lord’s Prayer Hymnal (426)