

MUSIC THERAPY

In Aged Care

VERSATILE AND EFFECTIVE, PROMOTING HEALTH AND WELL BEING

*"I regard Music Therapy
as a tool of great power
in many neurological disorders...
because of its unique capacity
to organize or re-organize cerebral function
when it has been damaged"*

-Oliver Sacks M.D
Professor of Neurology,
Albert Einstein College of Medicine



Music Therapy in Aged Care

Music Therapy

Music therapy is a world-wide allied health profession. It is a goal-directed therapeutic intervention founded on the practical philosophy and clinical demonstration that every person is uniquely responsive to music despite illness, impairment or disability in any sphere of personal functioning.

Music therapy can be defined as the planned use of music for health and well being. No musical background or prior skill is necessary to benefit from music therapy.

Music can be used to engage and mobilise all aspects of human functioning:

- From music's appeal to the inner person - the source of motivation and commitment - other faculties such as speech, song, memory, cognition, intellect, creative imagination and expressive motoric responses can be activated and developed in therapy, both as a new means of self-expression and as a therapeutic goal.
- Successful involvement in music not only awakens motivation and morale, but also acts to co-ordinate the use of existing abilities, and provides the means for either maintaining these or rehabilitating damaged function.



Clinical Music Therapy

Clinical music therapy is the use of music within a therapeutic relationship with a music therapist that involves the client(s) in such a way that, through their response to music, problematic aspects of their health and well-being can be directly accessed, and addressed with benefit.



A **music therapist** has completed either a four-year undergraduate or two-year postgraduate university course in music therapy, accredited by the Australian Music Therapy Association (**AMTA**), and is registered as a Music Therapist (**RMT**) with the AMTA. The training of the RMT includes, amongst other areas, expert musicianship and clinical knowledge in such fields of health care as dementia and frail aged care, neurological rehabilitation, psychiatry, and palliative care. RMTs are trained to implement and assess music therapy interventions to meet identified health and well-being concerns. The discipline of music therapy is informed by an established international body of research and case study literature. Its standards of practice are regulated in Australia by the AMTA, and internationally by the World Federation of Music Therapy.

Music Therapy in Aged Care

The benefits of music therapy have been substantiated in a number of crucial areas of clinical intervention:

- For those with **Dementing illnesses**
- For those with **Neurological damage or disease**
- For those with **Depression and Psychogeriatric illness**
- For those receiving **Palliative care**

Music therapy can work with other therapeutic interventions to assist clients achieve maximum independence as well as optimum levels of mobility and dexterity.



The Dementias

Individuals living with a dementing illness can suffer firstly from a disabling neuropathology, and often secondarily from the accumulated experiences of confusion, failure, helplessness and loss of effective communication. Often the person's growing agitation and confusion have negatively impacted on their immediate social environment, creating a cycle of despair and accelerating the decline of well being. (1)

Music-therapeutic approaches

To reverse the cycle of despair music therapists draw on different approaches to successfully engage their client's intact musicality and the inherent abilities that underpin musicality. This can be in individual or group therapy (2,3,4,5,6).

Singing

For the person living with dementia, singing allows for a crucial area of competence - long-term memory - to be activated. Music therapists are trained to use familiar repertoire flexibly and creatively, enabling clients to achieve successful and emotionally skilful acts through singing. Singing becomes a means for restoring relationship and emotional communication.

Instrumental ensemble

Music therapists use small group instrumental arrangements in varied formats according to the needs and abilities of the group members. By tailoring parts and instruments to individual ability, clinical music therapy aims to facilitate the individual's optimum participation and the experience of skilful interaction.

Improvisation

An important dimension of individual and group music therapy is the clinical use of improvisation, vocally or with instruments. This approach has been found successful engaging and stimulating positive interactions with non-verbal clients or clients too disturbed to participate in groups.

Therapeutic outcomes

- Reduced anxiety and agitation
- Amelioration of challenging behaviour patterns
- Increased interaction instead of isolation.
- Maintenance and often improvement of cognitive skills
- Improved morale and restoration of well being.



Case vignettes

- 'Denise', mid 80s, with severe dementia and no meaningful speech, would loudly vocalise as she wandered, creating a stressful atmosphere. The therapist decided to engage her in improvised vocal repartee rather than suppress or distract her. She responded saying: "yes, yes" and would reply with another vocalised phrase. After 15 minutes of these interactions she became calmer and would not sing again until the next day.
- 'Anne', late 70s, non ambulant, confused, constantly anxious and often tearful requiring frequent re-assurance. She was included in a weekly group to develop interactivity through participation in instrumental arrangements. Anne was helped to beat a cymbal while the therapist improvised to and supported her hesitant responses. Over some sessions this gradually developed her confidence and increased the range of her responses. She began to independently play the cymbal in group arrangements and show delight and humour in her achievements.
- 'John', 82, since the onset of his dementia was withdrawn and isolated, and aggressively rebuffed social overtures. This was stressful to residents and staff. However, John enjoyed music and agreed to try a daily music therapy program that addressed individual needs in a group setting. In participating, he began to experience successful interactions as well as contribute musically, especially in song repertoire. John attended the group for a number of years. It was recorded that he could interact more frequently in this session than elsewhere.

Neurological injury and disease

Music therapists are trained to seek out and engage the musical responsiveness of individuals with a broad spectrum of impairments arising from neurological injury and disease syndromes. Addressing depression and despair is vitally important for successful rehabilitation. After finding an enjoyable successful point of contact in music, the clinical expertise of the music therapist, often working together with other therapies, is aimed to further build on the individual's existing skills while strengthening morale (7).

Music-therapeutic approaches

Singing

Many brain injured persons, while severely speech impaired, are still able to sing both melody and words of songs. Music therapists together with speech pathologists have developed techniques such as 'Melodic Intonation' as a means of retraining speech through song.

Instrumental work

Music therapists use instruments as a means of promoting rehabilitation and re-training of movement, co-ordination and cognitive skills.

Movement to music

Skilful use of music, either composed or improvised, can re-frame therapeutic exercise as a creative, self-expressive activity and build morale. Importantly, those with gait impairment from brain injury or disease can be directly helped through exercising to live improvisation or familiar music that is clinically aimed to support and promote flexibility and co-ordination of movement.

Therapeutic outcomes

- Conversational phrases can often be learnt through being sung to familiar songs
- Improved quality of verbal communication skills
- Increased neuromuscular control and co-ordination
- Improved cognitive-perceptual skills
- Rehabilitation of morale and motivation.



Case vignettes

- 'Alan', 22, a university student suffered a cerebellar haemorrhage, severely disrupting flow of speech and movement. Initially dismissive of music therapy, Alan later approached the therapist "to help me speak properly through singing". Alan first re-learned how to pitch notes and then gradually to sing again. The rhythmical metre of limericks put to music helped to promote his intonation and flow of speech. After a year of therapy, Alan said he now felt less disabled with his speaking and he continued his singing with a private teacher.
- 'Elsa', 75, her left side partially paralysed by a stroke, spent the first year at nursing home in complete withdrawal, refusing to respond, only allowing herself to be fed. As she had been an accomplished pianist, the therapist played classical repertoire at her bedside and talked to her about the music. After some weeks she began to interact and joke with the staff. The RMT encouraged Elsa to improvise with her right hand at the piano together, something she had never previously done. These sessions now are the highlight of her week. She is now learning to walk with assistance.
- 'Colin', mid 70s, following a stroke was left depressed and withdrawn with speech impairment and severe lateral neglect. The therapist encouraged him to use his neglected arm to improvise on a keyboard. Gradually he learnt to do this spontaneously without prompting and can now use both arms purposefully to engage in improvisations with the therapist. He now interacts with others and has developed a positive outlook to cope with his disabilities.

Depression and psychogeriatric illness

Music therapists have worked successfully with residents who are alienated from healthy interactions with staff and other residents because of their antisocial behaviour patterns. Such persons may bring with them unresolved or conflictual life issues and the transition to institutional life is a crippling blow to self-esteem. There is concern for their quality of life and well being.

Music therapists have enabled depressed and 'acting out' residents to be reintegrated into a sense of community and mutually satisfying relationships with others, reducing stress and occupational risk to staff (8).

Music-therapeutic approaches

Music-based life review

This method is a non-threatening way of opening up communication. Through recalling and sharing of significant music, songs and significant life events, issues can be explored. This approach identifies and builds on strengths, nurturing self-esteem.

Music Psychotherapy

Music therapists with specialist training in *GIM* (Guided Imagery in Music), and music-psychotherapy engage clients in musical experiences to address and resolve unconscious conflict and trauma (9,10).

Instrumental ensemble

Instrumental parts can be chosen for their clinical potential to give corrective experiences. For instance some instruments can be chosen for the responsibility and power that they confer on the player. Tuned instruments can be used to present an enjoyable challenge. Arrangements can be made to suit individual capabilities and potential.

Singing

Music therapists are trained to facilitate singing through skilful attention to the singer's voice pitch, tempo and singing style. Such experiences enable successful interaction and enhanced emotional communication.

Therapeutic outcomes

- Improved communication skills
- Improved coping skills
- Decrease attention-seeking and/or self-destructive behaviour.

Case vignettes

- 'Anna', Slovenian, in mid 80s with conversational English, following the loss of her husband had a stroke, losing her home and independence. Grief and helplessness seemed to underlie her frustration with nursing home life and her constant demands made nursing her very difficult. The RMT coaxed Anna to teach him some Slovenian folk songs. At first hesitantly, but gradually with more confidence she found her voice with the therapist's support. She then wanted to go to the lounge, something she had until then refused to do and sing to other residents. The songs were sung often in the group drawing much appreciation from residents and staff. Staff reported that her vexatious behaviour had greatly decreased, her manner softer and more content.
- 'Ruth', 85, confused and with a history of depression with psychotic features alternated between periods of quiet solitude listening to classical music in her room, and intense outbursts of distress at the staff whom she accused of keeping her away from her husband and baby. The RMT felt Ruth was reliving unresolved past trauma. As Ruth already enjoyed classical music the RMT decided to use *GIM*, a specialised technique involving dialogue whilst listening to classical music in a deeply relaxed state, to help Ruth resolve her anguish. During the sessions Ruth was able to grieve about the loss of her husband during the war, and her child to him who was stillborn. This greatly helped staff to respond more insightfully to her distress which became less frequent and intense.
- 'Jenny', 54, was admitted to an aged care hostel following a severe nervous breakdown and numerous stays in hospitals and community mental health facilities. The RMT began to support and mobilise Jenny's self-confidence through vocalising and drumming together. Over 3 years Jenny began to find a new confidence of self-expression through improvisation with the RMT, journaling and counselling and was able to go off all medications. She has since been able to live independently again.



Palliative care

Music therapy has been playing an increasingly important role in the care of those coming to terms with a life threatening illness. Music therapists bring two essential skills to palliative care - the clinical skill needed to support and accompany an individual in their journey with their illness; and the musical artistic skill to give this inner work authentic, satisfying form and voice (11, 12). Music therapy in this setting can make the difference between well being or not.

Music-therapeutic approaches

Song writing

In palliative care, it is well documented that song composition has a uniquely helpful role in enabling patients to either struggle with, or resolve, unfinished emotional issues that overshadow well being. For others, song writing can be a means of authentic self-communication as a legacy for loved ones. RMTs can skilfully assist the patient to compose music that faithfully reflects what they want to convey through their words.

Improvisation

Self-communication need not necessarily be verbally expressed. Improvising either as a group or individually with the therapist can provide a safe way of experiencing and communicating the intensities and delicacies of shared feeling.

Listening and GIM

The use of music and relaxation techniques can be used to reduce pain and anxiety. GIM has also been used to explore and resolve conflictual emotional states.

Entrainment

A specialised technique wherein the therapist improvises music to match and slow a patient's breathing rate, reducing anxiety and the need for pharmacological intervention.



Therapeutic outcomes

Well being at the end of life through:

- Reduction of anxiety
- Amelioration of pain
- The possibility of authentically exploring and communicating core personal values and experience.

Case vignettes

- 'Bob', an elderly man with end state lung cancer, was unconscious and referred to the RMT because of his restlessness and agitation. The RMT began to play a selection of classical music pieces, manipulating tempo and rhythm to contain and gradually calm Bob's erratic breathing. Bob responded by becoming more settled and his breathing becoming calmer. After an hour he was sleeping peacefully whilst his wife massaged his hands. He died peacefully 3 hours later.
- 'Rita', 40, had been referred to music therapy to facilitate emotional expression because of concerns about her withdrawn state. She agreed on the condition that no active participation was required or expected. As the therapist began playing for her she began crying. Afterwards, she was able to share with the therapist, for the first time with anyone, her fear of death and dying. Her catharsis enabled her to unburden herself of this fear and the nursing staff reported positive changes in her attitude and outlook.



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