

Caregiver-assisted music events in psychogeriatric care

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An ethnographic approach to the study of caregiver-assisted music events was employed with patients suffering from dementia or suspected dementia. The aim of this study was to illuminate the importance of music events and the reactions and social interactions of patients with dementia or suspected dementia and their caregivers before, during and after such events, including the remainder of the day. The results showed that the patients experienced an ability to sing, play instruments, perform body movements, and make puns during such music events. While singing familiar songs, some patients experienced the return of distant memories, which they seemed to find very pleasurable. During and after the music events, the personnel experienced bonding with the patients, who seemed easier to care for. Caregiver-assisted music events show a great potential for use in dementia care.

Keywords: caregiver, dementia, music, psychogeriatric care, singing

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Introduction

The use of music in patient care can take several forms, the major ones being in-hospital cultural events and music therapy. In the first case, professional or non-professional musicians come to the ward to entertain the patients. This can occur on either a regular or an occasional basis. In the second case, professional music therapists come to the ward on a regular, usually weekly, basis to perform therapeutic interventions involving music. In neither situation does the caregiver have anything but a passive role to play.

Music is particularly effective in the care of patients with dementia in hospital settings, and is recommended in special care units (SCU) for persons with dementia. It can be useful for: calming patients to enable them to fall asleep (Prinsley 1986); reducing agitated and confused behaviours (Hamer 1991, Gerdner & Swanson 1993, Covington & Crosby 1997); reducing restlessness and depression, and increasing eating during meal times (Ragneskog *et al.* 1996a, Ragneskog *et al.* 1996b, Ragneskog & Kihlgren

1997); and raising the morale of patients through singing (Häggström *et al.* 1997).

However, all this research has focused on the effects of music in the form of music therapy or nursing interventions and not as cultural events. The aim of this study was to illuminate the importance of music events for the reactions and social interactions of the patients with dementia or suspected dementia and their caregivers before, during, and after such events, including the remainder of the day. It is the first study to look at the combined issue of patients and caregivers. This approach is reasonable given the fact that many studies have now shown that persons with dementia not only show a high level of responsiveness to music (Brotons *et al.* 1997) but are able to sing songs as well as move their bodies and dance to music (Swartz *et al.* 1989, Aldridge 1993, Palo-Bengtsson *et al.* 1998). Thus, there is ample opportunity for meaningful interactions between patients and caregivers during in-hospital music events in the form of group singing, instrument playing, and dancing. Our results show that caregiver-assisted music events not only have positive effects on patient mood

and memory but lead to long-term improvements in the interactions between patients and personnel.

The study

Research field

The study was carried out in the Stockholm area of Sweden in a geriatric clinic for the purpose of investigating persons with dementia or suspected dementia. The ward was organized as an SCU, and had a staff specially trained in dementia care as well as an environment furnished in the style of the 1940s and 1950s. Music events, which occurred two mornings per week, had been an ongoing cultural activity in the geriatric clinic for the eight years preceding the study. They took place in the dining/living room of the ward. The music leaders consisted of a sociotherapist and an occupational therapist assistant, both of whom were trained in the music-event method of Bunne (1986). The registered nurses (RN) in charge of the ward decided, along with the rest of the personnel, who would participate in these music events. Four to eight patients were invited to participate in each event, together with the same number of personnel. The group sat on chairs in a circle, with personnel and patients sitting alternately. The music leaders played the guitar and, together with the personnel, sang songs while assisting the patients in moving to the music and in making music on instruments that were designed to be played by the patients.

Participants

As shown in Table 1, 48 patients between 43 and 90 years of age participated. Thirty-five were women and thirteen were men. One man, who was a day-care patient diagnosed with moderate Alzheimer's disease, participated 17 times. Most of the others participated once or a couple of times. Among the personnel, thirty-three women and two men participated. Their professions included: RN, enrolled nurse, nurse's aid, physiotherapist, occupational therapist, RNT, and students of these professions. Most of them participated once or a couple of times. There is no information regarding the age of the personnel.

Table 1
Participants in the music events

	Women	Men	Total	Age
Patients	35	13	48	43–90
Personnel	33	2	35	
Total	68	15	83	

Data collection

The study began with 2 months of observation at the ward by the first author. This was done in order to examine the structure of the reactions and social interactions of the patients and the personnel before, during, and after the music events, including the remainder of the day. These observations grew into an understanding that the observed phenomenon was a subculture in dementia care. Data were collected according to the ethnographic method, and 'participating observations' were chosen. This scientific perspective precludes preconceived hypotheses and fixed theories (Lincoln & Guba 1985). In the nursing literature, ethnography is defined as a systematic process of observing, detailing, describing, documenting, and analysing the 'lifeways' or particular patterns of a culture or subculture (Aamodt 1991), and the holism of nursing is emphasized (Brandriet 1994). In this study, the first author carried out 35 participating observations, including informal interviews with patients and personnel before, during and after the music events over a period of 9 months. The observations occurred in the ward and started in the morning, about 1 hour before the music event took place, continued during the music event, and were extended after the music event for about 1 hour. This made the total observation period on a given day between 4 and 5 hours. Four hundred and seventy-four hand-written pages from those observations were analyzed.

To deepen her understanding of the music events and the caring philosophy of the geriatric clinic, the first author also interviewed the chief physician to understand how she became interested in offering patients with suspected dementia participation in music events during medical treatment. A second interview was conducted with the head nurse to understand how the SCU was run and how the personnel managed to incorporate music events into their caring activities. A third interview was done with the sociotherapist in order to understand how she developed arts-in-hospital activities and music events in the SCU for patients with dementia or suspected dementia. Each interview lasted between 40 and 60 minutes and was later transcribed verbatim. Furthermore, the first author read about 50 pages of unpublished and published documents from the SCU concerning dementia care and music events at the ward, and participated for two days in in-service education in the music-event method.

Through detailed analysis of the data, we noted recurrent patterns which became major themes of the different parts of the music event. These themes were identified in terms of the reactions and social interactions experienced by the patients and personnel before, during and after the music event, including the remainder of the day. The results

were described using the language of the participants. From the perspective of an outsider (i.e. an 'etic' view; Kauffman 1994), the first author endeavoured to describe and interpret how the music events were carried out. From the perspective of an insider (i.e. an 'emic' view; Kauffman 1994), she wrote down as precisely as possible the sayings narrated by the patients and personnel while they were experiencing the music events. These testimonies cover the time period before, during, and after the music events. During the period of analysis and writing, the participating personnel discussed the results with the first author and gave her valuable opinions about their interpretation.

Ethical considerations

People with dementia or suspected dementia are vulnerable human beings. In this study, patients were invited by the personnel to participate. The first author explained that a study was taking place and that participation could be discontinued at any time. Patients and personnel participated of their own free will, and were guaranteed anonymity as well as freedom from harm.

Results

Warm-up songs

It happened on almost every occasion that patients who in the morning had consented to participate in the music event did not want to do so at the time when it began. Respecting the decisions of the patients, the personnel never forced any patient to participate. On almost every occasion, one or two of the invited patients left just before or during the music event. Occasionally other patients joined in. They seemed to be attracted by the music, which could be heard in the corridor of the ward. When seated, many of the patients did not seem to understand that a music event was about to take place, and the task of the personnel was to help the patients understand the situation. They helped create a trusting and comfortable atmosphere by conversing with the patients in an involved manner.

As a form of warm-up activity, the patients sang 'name songs' as a way of introducing themselves. If dementia can be regarded as a regressive process that affects more recent memories before earlier memories, one can understand why it was that married women could remember their maiden name but forget their married name. Sometimes the personnel helped women to remember and say her married name. Persons with dementia who had memories of earlier participation in the music events could show and articu-

late their sense of enjoyment during the warm-up session. The man who participated 17 times during the study and who suffered from AD said, on many events, 'This is a boost!' and 'Wow, we are good!'

The personnel also assisted the patients in playing instruments as they all sang together. For many patients it seemed to be the first time that they were playing a musical instrument and they needed guidance from the personnel to do this. When playing an instrument, the patients often seemed to react with joy, commenting on how beautiful the music sounded to them. Patients who normally seemed to be serious and/or confused could smile warmly during the singing and instrument playing.

Familiar songs

After the warm-up songs, familiar songs were sung. The music leaders initiated the first song while encouraging the patients to suggest other songs they wanted to sing. The song most often sung was 'We Walk Over Dewy Mountains' (*Vi gå över daggstänkta berg* in Swedish). They sang it in different ways, sometimes with gestures, sometimes with musical instruments, and sometimes just singing alone. Most of the patients sang the words. Usually a music leader initiated the song, but it sometimes happened that a patient would propose it again, often immediately after it had just been sung. They all then sang it again. During each music event, participants sang four to seven songs. During the course of one month, they sang 22–34 songs.

When singing familiar songs, many of the patients seemed to show increased attention and joy. After the singing and playing had gone on for a while, the participants often laughed and were full of fun. Many of the patients joked and made puns. Several reported the return of distant memories or a memory for the song being sung. The man suffering from AD, who participated the most, said:

'When one hears such a thing, it flickers in the mind and one remembers. This song I have not heard in 50 years.' [Said after the song 'Out in Nature We Go', *I naturen ut vi gå* in Swedish.]

'I must change my mind. I am like the village fool. I do remember. Yes, it's strange what one remembers.' [Said after the song 'Hear the West Wind Blowing', *Hör hur västan vinden brusar* in Swedish.]

'It's strange what one remembers. That song I have not sung in 50 years. It just falls from oneself. One is not quite empty in the head.' [Said after singing the song 'The Chanterelle Song', *Kantarellvisan* in Swedish.]

A woman with suspected dementia who had participated ten times said:

'It's strange. It remains since school.' [Said after singing the song 'The Winter is Gone', *Vintern rasat* in Swedish.]

Patients and personnel who had been raised in foreign countries participated many times. They seemed to delight in the music but could not sing along. On one occasion, when they were all singing 'My Hat Has Three Corners' (*Min hatt den har tre kanter* in Swedish), two German-born patients sang the song in German, after which they were given warm applause by the rest of the group.

During the music events, a certain amount of time was devoted to talking. During these conversations the personnel asked the patients about their life stories. The women narrated with pleasure about how they used to sing to their small children. The men talked about their military service. Everyone talked about what fun they used to have when they danced in their youth.

During the music events, the personnel attempted to focus the conversation on the current season. For this purpose the music leaders brought in materials to help the patients remember the season, such things as illustrations, photos, flowers, leaves, and berries. When talking about, looking at, touching, and/or smelling these materials, the patients were encouraged to suggest appropriate songs to sing. These suggestions did not always correspond with the season; however, the group always sang the proposed song. This was made possible by the vast song repertoire of the music leaders. Some of the songs requested by the patients the music leaders did not know in their entirety. They therefore learned these songs for the following session.

Exercises and the concluding song

Each music event included movements, which many of the patients seemed to experience as exercises. When doing the exercises, many of them said that the movements were pleasant and fun. The participants often laughed and showed their sense of humour while performing these movements. Many times the patients had difficulties in understanding how to do the movements, and the personnel assisted them. Often when such assistance was given, the participants became frolicsome and even flirtatious: 'Now we must do some "leg-flirting"', said a female caregiver to a man when he needed help to lift his leg. He laughed boisterously when she used her leg to lift his leg.

Sometimes dancing was included in the exercise movements, and patients and personnel danced as partners in a waltz or foxtrot. There was much smiling and laughing during the dancing. Patients who did not want to dance declined by saying that they felt dizziness or pain.

For the singing of the concluding song, the participants sat in their chairs, rocking in time to the music while at the

same time looking happy and spontaneously touching each other's hands or arms. The music events were planned as 40-minute sessions, as the music leaders believed that this was all that the patients had strength for. Some of the patients seemed to be too weary to finish the music event, and simply fell asleep. Other patients seemed quite cheered up by the music event, looking happy and showing increased attention. The man who was helped by 'leg-flirting' claimed that he never wanted to stop. When the music event ended, the patients hugged the personnel and expressed appreciation.

Reactions and experiences afterwards

Immediately after the music events, some of the patients seemed to show increased attention and to be being full of vitality and fun. They were quite talkative, and attempted to converse with one another. But because of their dementia symptoms as well as hearing problems, they were frequently unable to communicate effectively. Thus, the first author very often acted as an intermediary in these conversations between the patients. They mostly spoke about their early life experiences. Sometimes the first author contacted patients who did not participate in these conversations 15 minutes after the music event had ended. When she did so, many of them had already forgotten participating in the music event or were resting or sleeping in their beds.

Regarding the personnel's perception of the patients, all of them witnessed the patients becoming happier and calmer, moods which lasted for several hours or even the rest of the day. The patients became easier to care for. In addition, the personnel experienced something happening within themselves. They said that they experienced a deepening of feelings for the patients while interacting with them during the music events. They also said that the dividing line between themselves and the patients was eliminated and that a spirit of togetherness and bonding developed with the patients. This led to feelings of having something special in common with the patients, which the personnel were able to capitalize on in other contexts. The personnel dared to take risks a bit more and were not afraid to make fools of themselves. The music events created connections and new dimensions in the relationship with the patients, which lasted long after the music event.

Discussion

The aim of this study was to illuminate the importance of music events and the reactions and social interactions of patients with dementia or suspected dementia and their

caregivers before, during, and after such events. In discussing the results, the following topics will be addressed: reactions and mood of the patients; patient memory; mood of the personnel and interactions with patients; methodological issues; and, finally, a comparison between caregiver-mediated music events and music-therapist-mediated music events.

Reactions and mood of the patients

When assembling for the music event, some of the invited patients did not want to participate and others left during the event. This reaction can be interpreted as a mood of uneasiness. Among persons with dementia, this mood can be manifested in the form of wandering (Norberg *et al.* 1994), and can reflect an inability to understand the music event situation, or a way of declining participation in the music event without have the verbal skills to express oneself. This is consistent with results in the music therapy literature in which people with suspected or severe dementia dropped out, seemed disturbed, indicated a desire to discontinue, became ill, or were unable to participate in music therapy sessions (Clair *et al.* 1995).

In the current study, other (uninvited) patients joined in. This can be interpreted as a reaction of increased attention when hearing the music, indicating the ability to locate the room where the music event was taking place and a desire to participate. These reactions support findings showing that people with dementia are often quite responsive to music (Swartz *et al.* 1989, Aldridge 1993). While listening to the sounds of music, the patients seemed to experience a mood of joy, and verbally indicated that the music sounded beautiful to them. When communicating non-verbally, patients who had shown moods of confusion and seriousness before the music event changed their facial expressions to moods of joy, such as smiles and laughs. This supports previous findings with dementia patients who show positive facial expressions, including frequent smiling, while listening to music (Jansson *et al.* 1993). When performing body movements and dancing, the patients continued to show moods of joy by smiling and laughing. Also, the patients seemed to express feelings of satisfaction in their competence at activities such as instrument playing, singing, doing body movements, and dancing.

Patient memory

Some of the married women could only remember their maiden name at the beginning of the music event. Later, under the influence of the music, they showed increased

attention and, with the help of the personnel, were able to express more of their memories, including their married name. Further on in the session, while singing familiar songs, increased attention seemed to lead to a recollection and expression of some of their episodic memories, such as events from their early life. When induced to dance in pairs, the patients seemed to remember how to dance. These findings support results (Palo-Bengtsson *et al.* 1998) demonstrating the utility of social dancing in reinforcing previously trained motor patterns in dementia patients. Immediately after the music event, the major effect seemed to be an increase in attention and excitement as shown by some of the patients being energetic, fun, and quite talkative. Some of the patients did not seem to remember anything of the music event as early as 15 minutes after the event had finished. However, according to the testimonies of the personnel, these patients were easier to care for. It is probable that the music events had a positive influence on the mood but not the memory of these patients.

Mood of the personnel and interactions with patients

During the music event the patients hugged the personnel. This hugging can be interpreted as a reaction of joy during the music event, but can also be interpreted as experiencing and showing feelings of appreciation and love for the personnel. There seemed to be new dimensions of joy and sharing while playing instruments, singing, doing body movements, and dancing.

The personnel seemed to experience and share some of the same moods as the patients. They seemed to experienced joy when smiling and laughing together with the patients. Thus, the effects of the music event were reciprocal between the patients and the caregivers. A sentiment only recounted by the staff was that they experienced a feeling of greater equality with the patients while participating in music events. They experienced something happening inside them. They felt a bond between themselves and the patients. The personnel dared to express more of their warm side in their caring activities during and after the music events. This condition has the potential to lead to genuine 'grooming' (Eriksson 1987), when the personnel give 'a little extra'. In this study, the music events created a long-term change in the care for the patients, and the moods described probably led to a general improvement in the quality of care. A good relationship in dementia care is found when caregivers communicate in the mother tongue of the patient (Ekman 1993). The results of this study indicate that the common language of music can help to evoke a good relationship in dementia care.

Methodological issues

An important role in the ethnographic method is that of the researcher (Lipson 1991). In this study, the researchers consisted of two RNs and a biomusicologist. The RNs were able to recognize the communication displayed by the patients and personnel in everyday dementia care. However, they had no previous experience with music events and no formal music education. This probably helped them to focus their attention on the caring aspect of the situation but gave them a limited knowledge with regard to the specifics of the music-making. The biomusicologist had no previous experience with music events but contributed his knowledge on the effects of music on human behaviour.

The first author spent nine months in the ward conducting this ethnographic study. Such a long stay gave the authors a sense of confidence when analysing the collected data. Upon reading the data many times, recurrent patterns appeared, which emerged as major themes of the music events. We consider that the method used was suitable for the qualitative paradigm chosen in order to understand what was going on before, during and after the music events. The results can probably be transferred to other nursing contexts.

Comparison of caregiver-assisted music events and music-therapist-mediated music events

This is the first study to describe what happens when patients with dementia or suspected dementia are assisted by their caregiver during group music events. The use of music with these patients occurred in the form of music events assisted by the personnel. They took place within a caring context. While the caregivers in this study were not trained as music therapists, the effects observed during the music event are probably quite comparable to the effects seen on dementia patients in group music therapy. Music therapy sessions occur outside the ward, and positive effects of music on persons with dementia are therefore not integrated directly into dementia care (e.g. Brotons *et al.* 1997, Groene *et al.* 1998). Caregiver-assisted music events provide the distinct advantage of allowing an integration of music's positive effects into caring situations.

An even more direct use of music in a caring context would occur in a situation that we call 'music-therapeutic nursing' in which caregiver singing is incorporated directly into caring activities with patients, and not restricted to specialized music events. We plan to analyse such a method in future studies (Götell, Brown & Ekman, in preparation). In any case, we suspect that caregiver-mediated music use will have a comparable efficacy to conventional music

therapy techniques for dementia-patient behaviour, mood, memory and compliance. It is hoped that future research in dementia care will address this issue more fully.

In conclusion, caregiver-assisted music events with patients suffering from dementia or suspected dementia provide an effective means of improving patient mood and memory as well as the social interactions between patients and caregivers. While caregivers are not typically trained in the techniques of music therapy, caregiver-assisted music events probably produce many of the same cognitive and emotive effects as sessions conducted by music therapists. Active music-making has the potential to be used in two different ways in nursing care: first, in the type of caregiver-assisted group music events described in this paper, and second, as a type of 'music-therapeutic nursing' in which music-making gets integrated into the very act of caregiving. Both types of caregiver-mediated music making should prove quite valuable in dementia care.

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