An approach to introducing music therapy to the elderly with dementia in small-scale, multi-functional facilities

— Aiming to practice empowerment —

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Key words : elderly with dementia, music therapy, empowerment, small-sized facility with multi-functions

Abstract

In this study, we provided music therapy to elderly individuals with dementia in a small-scale, multi-functional facility to improve their health and well-being, maintain physical and respiratory functions, and to build their sense of empowerment. A total of 10 elderly individuals participated in weekly 30-minute sessions for a duration of 9 months. We evaluated the participants' attitudes, responses, and behavior at 3, 6, and 9 months after initiating the music therapy sessions. During the course of their participation, dementia symptoms, such as wandering around during class and general disorientation, decreased and, at the same time, the elderly became much more expressive. Furthermore, they became increasingly active physically by incorporating the use of percussion instruments, which they routinely played along to the music. Based on these results, we believe that music therapy can reduce ill-health among the elderly with dementia, which is a cause of dementia-related behavior disorders. We also believe that music therapy can improve their well-being, in areas such as creative self-expression, maintain physical and respiratory functions, and build their sense of empowerment.

Introduction

Many patients with dementia exhibit varying degrees of memory disorder, disorientation, cognitive disorder, hallucinations, delusions, wandering, insomnia, and unsanitary behavior.[1] However, it is not possible to treat dementia symptoms with only drugs at this stage. Moreover, the number of elderly with dementia in Japan is estimated to reach 3,760,000 by 2035.[2] Small-scale, community-based, multi-functional facilities that include daycare, visitations, and stayovers were newly licensed in April 2006 by the revised long-term care insurance law to assist elderly individuals with dementia to live in their resident communities for as long as possible. In recent years, reports have described the efficacy of music therapy for elderly individuals with dementia.[3-4] Music therapy has been actively incorporated as one possible approach for maintaining and improving the quality of life of patients in such facilities and hospitals.

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Music therapy is the use of music to help the mind and body recover from impairment, maintain and improve function, improve quality of life, and change behavior by utilizing the physiological, psychological and social effects of music.[5] There is a large body of research on music therapy for the elderly with dementia.[6] In particular, Hall and Buckwalter proposed and tested the theory that listening to music reduces stress and disruptive behaviors. However, the quality of music therapy has been questioned and there is little research available on nursing interventions that use music therapy for patients with dementia.[4] Mihara et al.[3] conducted a comparative study on the efficacy of music therapy according to group size. They reported that the "facial expression," "activeness," "cooperativeness," and "affectiveness" of the small group of 5-7 elderly persons improved compared to the large group of 20-30 elderly in their study. Furthermore, they recognized improvements in depression symptoms, activity level, and emotional stability. These results suggest that the small music therapy class was more effective and should be considered more useful for elderly individuals with dementia.

In this present study, we introduced music therapy to a small group of elderly individuals with dementia to reduce ill-health, which is a cause of behavioral disorders associated with dementia, improve their well-being, maintain physical function and respiratory function, and build their sense of empowerment.

Methods

Ten elderly individuals with dementia who use a small-scale, multi-functional facility underwent music therapy from April to December 2007. These individuals participated in regularly scheduled classes for 30-40 minutes per week. We selected songs that were easy to understand and sing along with, focusing on seasonal music with simple sounds. The aim was to help patients use simple percussion instruments to participate in musical performance after the seventh class session. For the song lyrics, we created a lyric sheet and pasted it onto a whiteboard. We also prepared large lyric cards so that the lyrics could be viewed from one song to another in each person's hands. Musical accompaniment was provided using live performance on a keyboard or playing a CD. After the third or fourth class session, we started taking song requests from participants to be used in the next class.

The music therapy sessions were tailored so that participants could sing along to the songs and be aware of their own participation. We purposefully ended the sessions with the same song and clearly announced the place and time of the next session. We also arranged the sessions so that a qualified music therapy specialist could effectively intervene after the third and six months of classes. After each session, we studied the participants' responses to questions about reducing ill-health, improving well-being, such as creative self-expression, maintaining physical and respiratory functions, and developing a sense of empowerment. In this study, the term "empowerment" refers to discovering the potential capacity and power in people who are susceptible to a powerless condition due to sickness, medical disorder, or old age. We analyzed the data obtained 3, 6, and 9 months after the class was first introduced and utilized proper methods to ensure its reliability and validity.

With the help of the facility supervisor, we explained in writing the purpose, content, and methods of our research, as well as its voluntary and confidential nature, to the participants. Only those individuals for whom we received consent participated in this study.

Results

During the first class session, few participants volunteered to sing. However, they were not as hesitant to sing together as a group. There were a total of 17 participants (3 males, 14females), with an average age of 81.41(SD±11.28). The average time a patient had been at the facility was 1 month at the beginning of the music therapy. We analyzed the data when there was a large change in reduction of ill-health, improvement in well-being, maintenance of physical and respiratory functions, and development of a sense of empowerment.

3 months post-music therapy introduction (April-June 2007)

Some individuals hummed the nursery rhymes with live keyboard accompaniment without even looking at the lyric sheet, and others shouted it out in a loud voice. Few responded when asked their names, while other participants announced that "I'm Mr. No-Name." After the third class session, we played one song from the collected song requests. One participant who had been sitting in the back decided to sit in the seat nearest to the keyboard and whiteboard, and the participant named "I'm Mr. No-Name" volunteered his name. At the same time, those who had a strong desire to return home got up from their seats during the middle of the session, acted disruptively, and shouted "stop it."

6 months post-music therapy introduction (July-September 2007)

By announcing the beginning of class right before it started, the elderly seemed more relaxed about participating in class. We used 6-7 songs, including seasonal songs and familiar popular songs, and then started taking song requests thereafter. As we sang the songs together, some participants recalled and shared their personal experiences from the song lyrics. The participants also began talking about games and experiences from childhood, which naturally gave rise to more conversation among the participants themselves. They also started to follow the lyrics with their eyes and sang to themselves. We used simple percussion instruments for the summer festival and incorporated singing and instrumental performance. The facial expressions of the participants changed to smiles and the satisfaction level went up. The performances using percussion instruments helped increase the activeness of the participants and enhanced their physical function. At the same time, those individuals who had been disruptive started to settle down and even began singing with the rest of the participants.

9 months post-music therapy introduction (October-December 2007)

As winter approached, it became clearly evident that the participants eagerly looked forward to the weekly music therapy sessions. When we called out to the participants who were napping, they got up with a smile and gathered in the hall. The care staff also became involved by singing along and getting everyone excited in class. Some participants wanted to practice singing songs for the Christmas party. The Christmas party was a success, and was attended by volunteers and participants' family members, who all had a lively time together. We sang a total of 52 songs, all practiced since the very beginning of the class sessions.

Discussion

In this study, we provided music therapy for 9 months to maintain and improve the quality of life of the elderly with dementia. Music therapy for these individuals included both passive music therapy, in which they listened and enjoyed music, and active music therapy, in which they sang and played instruments. In many cases, music therapy is practiced by combining both passive and active types of therapy.[7]

It was clear that music therapy in a small group setting, rather than in a larger group, could more easily build up an individual's sense of empowerment. Music therapy is considered effective in improving the quality of life of the elderly, including their emotional stability, rather than directly affecting their dementia.[8] In other words, individuals whose dementia-related behavior was emotionally affected by music were able to participate in the class sessions with others, which led to a reduction in their ill-health. Furthermore, we believe that taking every song request from the participants enhanced their self-expression and singing with others improved their well-being. We also believe that singing and playing musical instruments enhanced the participants' physical activities, such as their physical function and respiratory function, and contributed to improvements in both mind and body, including better sociability by interacting with others.

Fujino[9] reported that music therapy can be used as one way to improve the quality of care in the future. Since the level of dementia varies from person to person, we want to develop individualized treatments in a larger setting to enhance patients' experience. We also want to revise the names and contents of the songs, as well as incorporate them into activities that will build more targeted empowerment and contribute to improved sessions. At the same time, we believe that it is important to develop activities that have a continued impact by considering not only participant feedback, but also objective assessment methods. To this end, we want to use appropriate methods that will enable more cooperation with care staff so that musical activities can be developed in close alignment with class objectives.

Conclusion

In this study, we provided music therapy to elderly individuals with dementia in a small-scale, multi-functional facility to improve their health and well-being, maintain physical and respiratory functions, and to build their sense of empowerment. The result revealed three findings.

1. It was clear that music therapy in a small group setting, rather than in a larger group, could more easily build up an individual's sense of empowerment.
2. Individuals whose dementia-related behavior was emotionally affected by music were able to participate in the class sessions with others, which led to a reduction in their ill-health.
3. We believe that taking every song request from the participants enhanced their self-expression and singing with others improved their well-being.

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