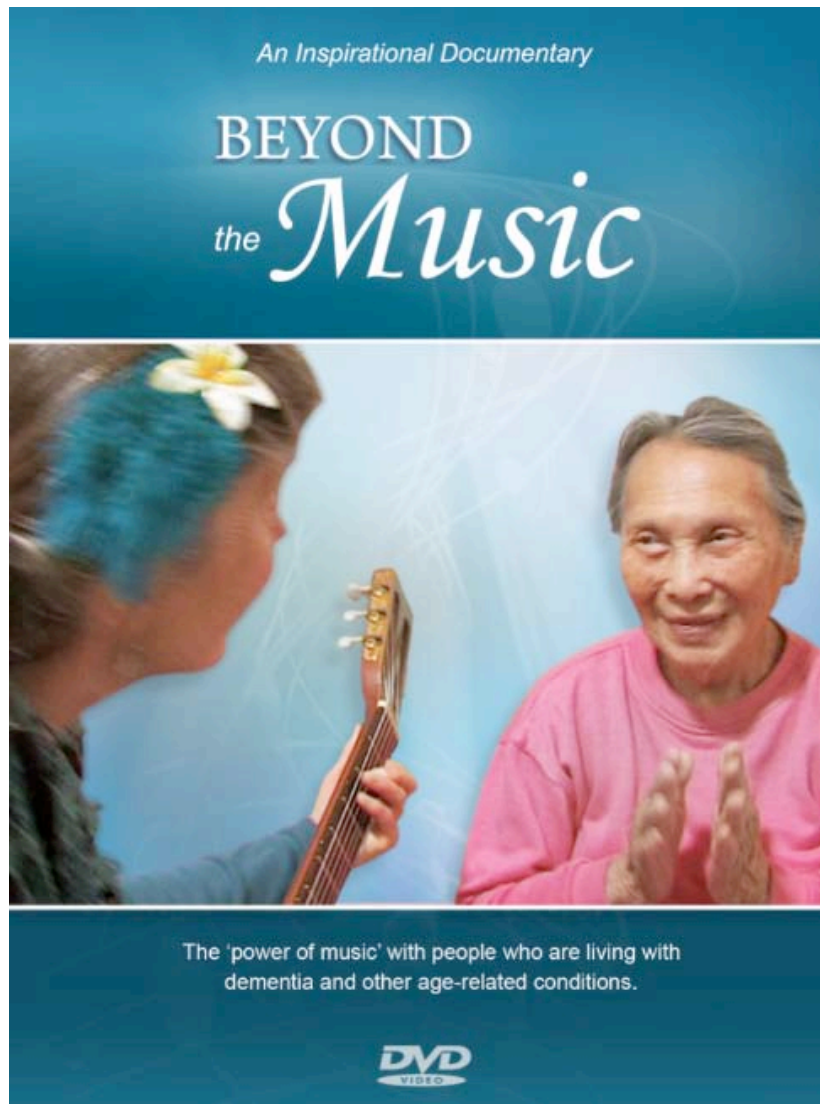


A STUDY GUIDE

for the film

BEYOND THE MUSIC



A documentary about the power of music with people who are living with dementia & other age-related conditions.

BEYOND THE MUSIC

As well as demystifying the condition of dementia, through the lives & stories of residents of Jindalee Aged Care Facility, this film shows the benefits of music-making, which

- * Stimulates social interaction,
- * Stimulates memory and clear thinking,
- * Increases the well being of participants by decreasing behavioural, social, cognitive & emotional problems.

The filming was done over a three-month period, mostly in the dementia specific wing at the 'sun-downing' hour. It shows some of the benefits that resulted from a music therapist setting in place a ritual of music-making as inspired by the 'Nordoff-Robbins' method of Creative Music Therapy.

The film shows people

- * singing when they can't string a sentence together or can't even remember any words to speak.
- * singing, laughing & crying as they make music together
- * greeting each other with huge smiles and a twinkle in their eye in the music sessions when they have been just sitting or wandering for hours at a time.
- * remembering the 'music lady' when they have difficulty remembering friends or family members.
- * changing from being frustrated because they don't understand where they are, where their family is, what they are supposed to be doing, to being happy and at peace in the moment.
- * sharing their stories from significant times in their lives as songs trigger memories.

A Study Guide:

Before viewing this film, we invite you to consider these questions:

- * Have you experienced hearing a song and being filled with memories of experiences from the past?
- * Have you listened to a song and had emotions stirring within?
- * Can you remember words to a song as you sing along?
- * Do you feel more at peace when you are listening to or have just listened to your favourite music?
- * Do you find making music or listening to musicians playing live uplifting?

Q1. YOUR ANSWERS?

Beyond The Music is divided into the following Chapters:

Part 1:

1. Introduction
2. **Barbara**
3. **Fred**
4. Structure of a Session
5. Interviews
6. **Maureen**
7. Some Benefits

Part 2:

1. **Robert**
2. More structure
3. **Suprati**
4. Joy of Music-making
5. More Benefits
6. **Dawn**
7. Music Therapy
8. Palliative care
9. More Benefits
10. **Couples**
11. **Harry**

Each of the residents: **Barbara, Fred, Maureen, Robert, Suprati, Dawn, Couples and Harry**, has a 'story'.

Q2. WHAT DO YOU RECALL OF EACH OF THEIR 'STORIES'?

NOTE: The following questions that relate to both the music-making process, and the condition of dementia, are offered as suggestions to facilitate greater understanding of the power of music therapy with people who are living with dementia & other aged related conditions.

Music Process:

It was possible to learn about the lives of these people through the connections that happened as a result of the music-making.

There are various ways of looking at the process of music-making. In this guide we offer a version of one developed by Carolyn Kenny and outlined in her book *Field of Play: A Guide for the Theory & Practice of Music Therapy*. (appendix 4) Aspects of this language offer some tools to understand the process of music-making for people who are living with dementia & other age-related conditions.

Consider:

1 What are the **ritual** elements : eg Music? Place? Behaviour? Some of these are mentioned in p1/4, structure of a session & p2/2, more structure.

2 What is the **State of consciousness** of all participants? This refers to everyone involved in the music sessions. In this guide the following section on dementia may be of some assistance.

3 What elements of **power & empowerment** are present? Or who makes the decisions initiating, continuing & finishing social interactions. P2/4 shows people experiencing some results of feeling empowered.

4 What aspects of **creativity** are evident? Eg singing, making music, moving, interacting

It has been suggested that these four elements interact with each other in the **Field of Play** and together influence the **aesthetics of the creative process**. Further it is suggested that engaging with these aesthetics with the intention of communicating is a catalyst for change.

**Q3 FOR ONE OR EACH OF THE RESIDENTS IN Q2,
WHAT ELEMENTS OF THE MUSIC PROCESS DID YOU
OBSERVE?**

DEMENTIA

As you isolate one or more of each of these four elements, consider any observable behavioural changes. The **4 A's of dementia** is one tool or way of recognising changes.

EMOTIONAL 4 A's of Dementia:

Agitation, Anxiety, Apathy, Aggression

***Q3 FOR ONE OR EACH OF THE RESIDENTS IN Q2,
ARE ANY OF THESE A'S OF DEMENTIA EVIDENT
BEFORE/DURING/AFTER THE MUSIC SESSION?***

MENTAL/PHYSICAL 4 A's of Dementia: not as easily observable

Amnesia, Aphasia, Agnosia, Apraxia (Appendix 1)

***Q4 FOR ONE OR EACH OF THE RESIDENTS IN Q2,
ARE ANY OF THESE A'S OF DEMENTIA EVIDENT
BEFORE/DURING/AFTER THE MUSIC***

4 S's of Music & Dementia: (coined by Music Therapist)

Smiling & other emotional responses to the music-making

Singing & other evidence of music-making

Swaying & other movements

Social interaction

***Q5 FOR ONE OR EACH OF THE RESIDENTS IN Q2,
ARE ANY OF THESE S'S OF DEMENTIA EVIDENT
BEFORE/DURING/AFTER THE MUSIC***

BENEFITS:

Q6 WHAT ARE THE MAIN BENEFITS AS OUTLINED IN CHAPTERS P1/5, P1/7, P2/4, P2/5, P2/8, P2/9?

Q7 WHAT BENEFITS DID YOU OBSERVE FOR ONE OR EACH OF THE RESIDENTS?

Appendix 1: Definitions of the 4 A's, (mental & physical)
(Tam Cummings, M.S. Gerontologist www.geriatriccc.com)

Amnesia – the inability to use or retain memory, including short term and long term memory.

The person may constantly repeat questions such as “Where am I?” and “Who are you?” and “When are we going to eat?” or accuse the caregiver of stealing or being an imposter. This type of behavior can continue for hours at a time. This process occurs from damage to the **Frontal lobes and the Hippocampus**. The Frontal lobes store memory, personality, cognition, impulse control, speech, attention, rational thought, imagination and judgment. The Hippocampus allows us to learn any new information, such as being able to remember the answer to the question “Where are we going.” This is usually the first area of change noticed by families and the “A” which has most likely caused verbal or physical abuse within the family structure. In this beginning level of Amnesia, the person with dementia does not look ill, so the confusion and inability to remember can appear to be purposeful and is often interpreted by us as just “annoying” behavior.

Aphasia – the inability to use or understand language.

The person will use the wrong word, or complete a story with phrases from another story, or provide a lengthy description of an item because he/she cannot find the right word. He/she may call family members by the wrong name, which increases the family’s anxiety and concern. This word finding difficulty will increase until all language use is lost. This is associated with damage to the **Temporal lobes and the Frontal lobes. The Temporal lobes control hearing, language and smell. The left lobe holds formal language and the right lobe controls automatic speech (yes and no), singing and cursing. The left lobe is generally destroyed first leaving the person with dementia the ability to communicate with swearing and singing.**

Agnosia – the inability to recognize or use common objects or people.

The person may become lost in a familiar place because he/she doesn’t recognize the items that alert us to our surroundings. He/she may confuse a fork with a spoon, a toothbrush with a hairbrush or toothpaste with denture cream. Eventually the ability to recognize objects is lost completely. The person may also confuse a son with a husband or a father or an uncle, or a daughter may be confused with a mother or an aunt or a grandmother. This process is associated with increased damage to the **Frontal lobes**, the

Occipital lobes (visual association, distance and depth perception) and the **Temporal lobes**.

Apraxia – the inability to use or coordinate purposeful muscle movement or coordination.

In the early stages the person may reach for an item and miss it. He/she may have difficulty catching a ball or clapping his/her hands. The floor may appear to be moving to this person and balance becomes affected, increasing the risk for falls and injury. In time, this loss of ability to move affects the Activities of Daily Living (sleeping, ambulating, toileting, grooming, hygiene, dressing and eating). In the end stage, the person is not able to properly chew or swallow food, increasing the risk of choking or aspiration. This is linked to damage to **Parietal lobes** (pain, touch, temperature and pressure, sensory perception) and the **Cortex** (skilled movement) and the **Occipital lobes**.

(TamCummings,M.S. Gerontologist www.geriatriccc.com)

Appendix 2: Websites with selections of songs; lyrics and chords .

<http://www.classic-country-song-lyrics.com/>

<http://www.azchords.com/m.html>

<http://www.ultimate-guitar.com/search>.

Appendix 3: Some references about the benefits of music.

For A number of you tube videos, see

<http://www.youtube.com/watch?v=6KjRD4ttqWM>

From the USA with Oliver Sacs

<http://abcnews.go.com/Health/video/dementia-patients-music-therapy-brings-thenm-back-life-16117287>

An article from the Australian Music Therapy Association

<http://www.austmta.org.au/wp/wp-content/uploads/aged-care-flyer-mono11.pdf>

another article from an aged care facility in the US:

<http://people.uwec.edu/rasarla/research/dementia/index.htm>

From Alzheimers Australia

<http://www.fightdementia.org.au/Search.aspx?usterm=music%20t>

Also books:

Musicophilia: Tales of Music and the Brain (2007) -- Revised & Expanded (2008) Paperback, Vintage Books, ISBN 1400033535 Hardcover, Alfred A. Knopf, by Oliver Sacs

The Brain that Changes Itself: Stories of Personal Triumph from the Frontiers of brain Science. (2008) Scribe Australia by Norman Doidge, MD

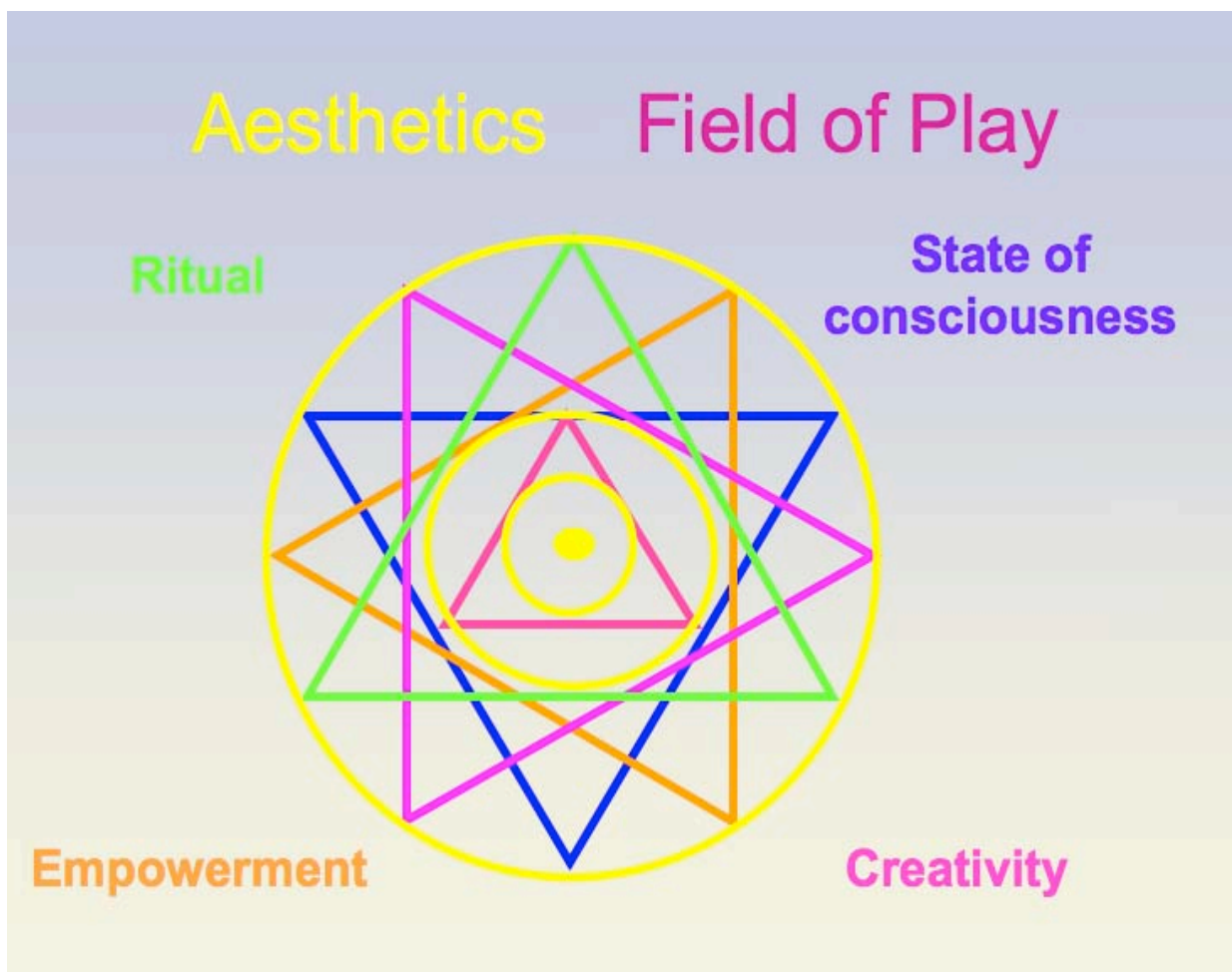
Taken from an Interview with Norman Doidge:

Natasha Mitchell: You refer to a dark age of plasticity when ---- the brain was thought to be very rigid. What allowed us to emerge from that dark age?

Norman Doidge: Well what allowed us to emerge from it was first of all was the fact that the brain is plastic and there were the occasional reminders. What kept us in it was we lacked the technology to view plastic change where it was happening, which was at a microscopic level. We had CT scans and all sorts of scans but they weren't microscopic and we had to be able to do a kind of movie of the brain over time. So that was important. And two, the mechanistic metaphor, the sense that the brain was like a machine—in some ways of course was quite odd, after all the brain is animate, it's not inanimate and there were all sorts of exceptions to the idea that the brain was like a machine. Occasionally there were examples where people had devastating strokes and would get over them and we tended to say, well they never really had strokes in the first place.

Once we had these movies and ways of examining the brain we could see no, some people had devastating, devastating strokes and if they got rehab that lasted longer than the typical 6 to 8 weeks, where people understood what they were doing and kept at it, the damage was still in the brain but the brain somehow reorganised around it.

Appendix 4: Diagram of 'Field of Play' & the Aesthetics in the Music Making Process, adapted from *Field of Play: A Guide for the Theory & Practice of Music Therapy* by Carolyn Kenny



Appendix 5: Evaluation & Feedback

Of this training:

1. Was the information clear?
2. Did this approach help you to have a clearer picture of music-making ?
3. Are you motivated to try making-music with others?
4. What would you like to have more of in this training?

Of Music-making with people who are living with dementia & other age-related conditions:

1. What do you understand as the key benefits of making- music with people challenged by dementia & other age related conditions?
2. How is music -making unique with this population?
3. In what ways can music-making be of benefit to everyone?

See also appendix 6----"observed happiness measure", a qualitative way of recording some behavioural changes.

Appendix 6: Happiness measure

Degree of behaviours exhibited from 0 (none) to 10 (lots)

Observed Before, During & After Music Therapy

Happiness factors:			
	BEFORE	DURING	AFTER
*Smiling			
*Agitation			
*Wandering			
Interaction/activities with others:			
*Music-making: Singing, Moving, Playing			
*Social exchanges			
*Reminiscing			

Any Other Observations:

Observer:

Time:

Date: