

A Different Tune

For anyone who has visited a care setting for those suffering from Dementia, it is an experience that remains long in the memory. Such settings can have an air of unreality about them in that although there may be many people present and sharing the same physical space, there is often a noticeable lack of communication and interaction amongst the group. It can seem each individual exists only in his own individual world and disconnected from those in close proximity. One of the most distressing elements of degenerative brain diseases such as Dementia is the loss of the individual's command of verbal communication, thus increasing the isolation and withdrawal from social contact that accompanies such conditions.

Take a moment to consider the story of Pat, a man in his 60s who suffers from Alzheimer's disease, and now resident in a long stay hospital ward. He spends his days isolated in his own world with little or no interaction with others. His incessant rocking in his chair and other repetitive actions, such as continually examining the fabric material of the chair, are accompanied by a stream of nonsense sounding syllables. It distresses Pat's family to see this image replace the memory of the man they knew as a loving family member and a man of many talents, which now seem to have deserted him. To such a family any moment of communication or connection that is possible is precious beyond words and through the medium of music it is possible to achieve such moments.

During last week's music session Pat's family were astounded to see him responding to some music and songs that still seemed to have meaning for him, in a way that spoken words do not.

Not only did his distressing bodily motions decrease, but Pat was making eye contact and smiling at the musicians present. When Pat started to sing the words of “Danny Boy” and comment afterwards that “it is a beautiful song,” Pat’s family, the musicians and nurses present realized that they were experiencing something remarkable. The neurologist and author Oliver Sacks has witnessed many such events, and writes in the opening to *Awakenings* “Music has been the profoundest non-chemical medication for our patients.” It is both remarkable and mysterious how, through the medium of music, a person appears to regain, momentarily, aspects of his personality that may have been altered or lost due to an illness process such as Dementia. Yet, based on my recent experience working as a musician in the area of Music in Healthcare (MiH) in collaboration with the Waterford Healing Arts Trust, Pat’s story can be replicated many times over.

MiH is an approach to using music in healthcare settings which involves collaboration between the disciplines of music and health. It is part of the wider arts and health movement and, in recent years, has seen significant growth in Ireland and internationally. Research to date indicates that the arts contribute to holistic health in terms of improving quality of life, sense of well being and social inclusion. While there is no standard accepted definition of MiH, one approach comprises of music as an intervention with a focus on participation and creative self-expression in health care settings. There is now an increasing demand from service users for alternative creative therapies in healthcare and such interventions work best when delivered as a collaboration involving the nurse, service user and musician. MiH is one of the many art forms that contribute to the practice of Arts and Health, which has been described as “the point where

the interests, resources and expertise of the arts and health sectors intersect “(The Arts Council 2003).

Arts and Health interventions generally follow a participative model, a person-centred artistic collaboration between artists and groups of individuals in health and community settings with both artistic and health-related aims. In contrast Art Therapy focuses on effecting change and growth on a personal level through the therapeutic relationship between an art therapist and client.¹ Likewise, differences exist between the practice of Music Therapy and MiH. MiH programmes are delivered by musicians, not therapists and MiH is generally *offered* to clients, who have the option of attending, rather than their being *directed* to attend as part of their treatment plan. While both of these approaches involve elements of participative, rather than passive participation or listening, a key function of Music Therapy is clinically to change the state of the client. MiH focuses more on creative self expression and participation and clinical based goals and change to the client’s health status or functioning are not a priority. Despite this, research points to significant therapeutic benefit for participants in MiH projects, such as a positive impact on physical, and psychological, functioning.

One of the aims of this article is to highlight the potential of MiH and inform musicians who may be interested in another approach involving the use of Music in Healthcare in addition to the more established practice of Music Therapy.² Consider the case of Frank a resident in a

¹ The American Music Therapy Association (1999) defines Music Therapy as “The prescribed use of music by a qualified person (registered music therapist) to effect changes in the psychological, physical, cognitive (behavioural) or social functioning of individuals with health or educational problems.”

² As David Aldridge pointed out at the inaugural meeting of the International Association for Music in Medicine conference at the University of Limerick in June, the approach or the title of the musical intervention is irrelevant once it is delivered appropriately and it provides patients with something they need and benefit from

community hostel for individuals suffering from enduring mental health problems. Diagnosed with schizophrenia and finding difficulty in communicating with other people, Frank by his own choice spends the majority of his days alone. We first met three years ago, where he sat outside a music group that was in progress. As I offered him a percussion instrument one member of staff commented “that fellow will do nothing for you,” which at that time was the case! As the weeks progressed, Frank began to sit with the group, and to the staff’s surprise, after two weeks, took a percussion instrument when offered. When Irish folk songs were being sung his response to the music was indicated by increased eye contact, smiling and tapping of his feet. Later, Frank began to mouth and then quietly hum along to certain songs. This progressed to singing and Frank regularly sings “Spencil Hill” during current music sessions. He has also displayed a flair for improvising with tuned and un-tuned percussion instruments and his delight and enthusiasm in attending the music sessions-is considered remarkable by the nursing staff. This transformation of Frank from a silent, solitary client, who usually sat in the corner and never spoke, to a participating member of the group appears to have given Frank a new role in addition to that of patient.

The scholar and art critic Ellen Dissanayake has written about the arts being a fundamental human need, as opposed to being merely a source of entertainment. Dissanayake coined the phrase “making special” to describe how artistic activities concentrate emotional responses and make us feel different, and be seen by others to be different, for the duration of this activity. Dr. Darina Sloane, Consultant Psychiatrist in St. Otterans Hospital, comments “I see the patients in a different light during the music sessions. They express themselves in a way that they do not outside of the music group. If I see them in a different light, then they must see themselves in a

different light, so that can only be a good thing.” This is interesting in that it poses the question as to the purpose of the arts, including music: are they a source of entertainment or a set of performance-based skills? Does creativity and access to the arts make one feel special? Or do the arts fulfill a more innate human need?

We will now turn our attention to the question of the type of musician who may be both interested and suited to working in MiH settings. Musicians may be interested in using their music in a therapeutic manner but do not necessarily want to train as a therapist and engage in the formal analytical and in-depth personal reflective work that this process requires; MiH may offer these musicians a way of using their musical expertise therapeutically. Many talented performing musicians feel there is more to their musical life than public performance and wish to use their musical gifts in a way that benefits not just themselves but also fellow human beings. This willingness of to share their music in a way that connects with others and creates a bond or a community, is an important attribute in MiH settings. While working in healthcare contexts does provide specific challenges, it is also a very rewarding experience to witness the mystery of music at work. For some musicians the idea of performing music in health care settings, particularly in mental health care settings, can appear daunting. Pre-conceived ideas about working with people suffering from psychiatric or medical conditions, or a lack of knowledge about the nature such illnesses may prove to be a barrier. On the other hand it is a truly inspiring and rewarding experience to be part of an occasion where all present share free self expression and joy in the making of music.

The musician working on MiH projects needs to be motivated by a passion to share the power of music as a source of therapeutic renewal. For many it has been their own experience of the healing potential inherent in music that has inspired them to want to share this gift with others. This wish to share and to reach out and connect to an audience, which in this context is in a healthcare environment, is very important. An audience in hospital settings is very sensitive and aware of musicians who truly wish to share their music. When this “connection” occurs it seems the warmth and personality of the performer along with the music create moments in life that are more emotionally charged and so more memorable.

In the Journal of Music of June/July 2009 reference is made to Kevin Burke’s sleeve notes on the “Toss the Feathers” recording, where he contrasts the “element of fun, pure fun” in the playing of the older generation of Irish traditional musicians with “traditional music in Ireland that sometimes suffers from an overdose of severity.” When this element of fun is present in MiH sessions, there is also an atmosphere of creativity and connection between the musician and the participants. Similarly if the attitude of the musicians is overtly “severe” with regard to their musical performance, then it appears difficult for this connection with others to be made. A sense of fun and enjoyment enhances, rather than devalues, the standard of music – be it classical, jazz or traditional.

In conclusion MiH is an emerging practice that involves collaboration between the worlds of art, music and health. The developing music programme in Waterford Healing Arts Trust is based on the French model of *Musique et Santé*, an organization which delivers MiH programmes in all types of health settings from Neonatology to Geriatric. Significant strategic support exists at

governmental level in France, where the Ministry of Culture recognises the creative and therapeutic value of MiH initiatives and provides regular financial support for arts organizations to partner health organizations for the delivery of creative programmes. This contrasts with the situation in Ireland at present where musicians or organisations such as WHAT often must negotiate funding partnerships with the HSE, the Arts Council and others and deliver programmes in a manner that does not allow for continuity from year to year.

This article has been based on my experience of working in Mental health settings in collaboration with WHAT, who also deliver MiH activities in other medical settings such as Renal Dialysis. *Musique et Santé* deliver MiH programmes in all types of medical settings and for all ages from Neonatology to Elderly care settings both in hospital and community health settings. Undoubtedly one of the key challenges facing the practice of MiH in the years ahead will be the necessity of obtaining adequate support, financial and administrative, to develop a practice that has been shown to be of therapeutic value and has proven valuable with both patients and staff in a wide variety of health care settings.

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