Tapping the Power of Music

By Alicia Ann Clair, Ph.D., MT-BC

Doris Tanner* was frustrated every time she visited her husband, Mitch, in the dementia unit of a long-term care facility. Like clockwork, he would consistently walk away from her and pace. A music therapist suggested that they try dancing together, and, with a little instruction, Doris took Mitch to a quiet room, turned on the music and opened her arms. He embraced her and kissed her. He held her close, and they danced the two-step throughout several familiar tunes. Thereafter, every visit was a “dance visit.”

As the Tanners happily discovered, music has power—especially for individuals with Alzheimer’s disease and related dementias. And it can spark compelling outcomes even in the very late stages of the disease. When used appropriately, music can shift mood, manage stress-induced agitation, stimulate positive interactions, facilitate cognitive function, and coordinate motor movements.

These results stem from an individual’s prior associations with music, its stimulative and sedative qualities, and the ability of rhythm to provoke arousal and subsequent cognitive function, and to cue repetitive movements.

When individuals with dementia experience music therapy, their responses occur quickly and patterns of engagement tend to endure over time. This happens because rhythmic and other well-rehearsed responses require little to no cognitive or mental processing. They are influenced by the motor center of the brain that responds directly to auditory rhythmic cues.

Music provides opportunities to maintain cognitive functions, such as sequencing, decision making and problem solving, which are required in activities of daily living. Sequencing is a natural component of music: one beat follows another and sounds occur in a certain order to make a melody. In music therapy, individuals decide how and to what extent they participate, and they problem solve when they interpret instructions and cues.

Their ability to engage in music, particularly rhythm playing and singing, remains intact late into the disease process because, again, these activities do not mandate cognitive functioning for success. Music responses are ingrained in past experiences and are easily triggered in a music context.

* Name changed to protect confidentiality.
Tapping the Power of Music

speculated that this music is significantly associated with a time when someone develops as an individual, establishes meaningful relationships outside the family and often becomes romantically involved for the first time.

Unfamiliar music can also be beneficial because it carries no memories or emotions. This may be the best choice when developing new responses, such as physical relaxation designed to manage stress or enhance sleep. Within a relaxation protocol, the new music is paired with physical relaxation and becomes linked with the relaxation experience. After some practice with the paired music and relaxation, the tunes alone can trigger the relaxation response. As individuals progress into late-stage dementia, music from their childhood, such as folk songs, is most likely to prompt a response. Singing these songs in the language in which they were learned sparks the greatest involvement. This regression can even evoke arousal in late-stage dementia, long after all other music seems to have little to no effect. Consider one woman who had not spoken in weeks and seemed unaware of her surroundings; when her husband hummed the melody of a Croatian love song, she spontaneously sang along in her native tongue.

Sound of Music

Music has a wide range of characteristics that can be employed to provoke calmness, alertness or physical activity. It is essential to be aware of these qualities in order to use music effectively.

Typically, "stimulative music" activates, while "sedative music" quiets. Stimulative music tends to naturally promote movement, such as toe taps. It is described as music that has accented beat and syncopation, with percussive sounds and fairly quick tempos. Look to dance tunes of any era for examples. Slightly stimulative music can assist with activities of daily living; for example, at mealtime to rouse individuals who tend to fall asleep at the table, or during bathing to prompt cooperation when movement from one room to another and clothing removal are required.

On the other hand, sedative music has unaccented beats, no syncopation, smooth and legato melodies, slow tempos, and little percussive sound. Ballads and sounds resembling lullabies fit this description. Sedative music is the best choice when preparing for bed or any change in routine that

A Point

One-quarter of the members of the American Music Therapy Association (AMTA) have the expertise to work with individuals with dementia, and do so either at geriatric facilities (16 percent) or in private practice (9 percent). Individual sessions average $41 to $64 per hour, based on geographic region. To locate a music therapist, call the AMTA at 301-589-3300.

According to the American Music Therapy Association

Top Ten Picks

A rule of thumb for choosing appropriate music is to pick selections from the individual's young adult years—ages 18 to 25. Such music—typically popular music—is often what the individual prefers throughout his or her lifetime, and is most likely to have the strongest responses and the most potential for engagement.

Although it is not known why young adult music is so influential, it is
Music Associations

Most people associate music with important events and a wide array of emotions. The music is perceived throughout the brain, and becomes paired with memories and emotions triggered by an event. The connection can be so strong that hearing a tune long after the occurrence evokes a memory of it and the positive or negative feelings with which it was “hooked,” even for individuals with mental impairment.

While this phenomenon occurs in most people, the associations and the feelings with certain music are quite individualized. Prior experience with the piece is the greatest indicator of the likely response. A melody that is soothing for one person may remind another of the loss of a loved one and be tragically sad. For example, the song “Embraceable You” may inspire smiles, hugs or other overt gestures in one person while another may respond with tears or sobs, and yet someone else may become angry because of the memory of an abusive relationship or a jilted romance.

If the links with the music are unknown, it is difficult to predict an individual’s responses to it. Therefore, it is important to carefully observe a person’s reaction to a particular arrangement, and to discontinue it if it evokes distress, such as agitation, facial grimaces or increasing muscular tension.