

“DON’T LET ME GO”. A CASE STUDY ON MUSIC THERAPY IN EARLY-STAGE DEMENTIA

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SUMMARY. This case study presents the process of music therapy in a clinical setting, under the professional supervision of Dr. Catherine Warner, a music therapist with over 25 years of experience in this field. The music therapy sessions were conducted with a client displaying early-stage dementia symptoms. Over twelve weeks, with an eight-week hiatus due to the Covid-19 Pandemic lockdown, the client benefited from music therapy sessions which helped her navigate through the challenges of the disease, as well as providing a safe environment to express feelings and emotions. This case study presents the main themes of the work, such as combining poetry with singing, and listening to soothing music. This paper also illustrates the challenges of the sessions, especially in relation to memory loss and anxiety. Lastly, the therapist's reflections are presented to complete the overview of the work.

Keywords: music therapy, dementia, trauma, singing

1. Introduction and Context

In Romania, music therapy is not yet a recognized and established profession, so there are few music therapists in medical or therapeutic settings. However, there are several valuable initiatives in which psychologists and musicians work to help children and adults with special needs through therapeutic music activities. Given the necessity for such services, there are several initiatives to include music therapy in the national job listings and to start more formal training programs. For example, in Brasov, at the Transilvania University, there is a Master level program in Music Therapy.

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Also, in Romania, there are few institutions that provide support for people who experience issues related to mental health or chronic illnesses.³ In these situations, the family is expected to provide the necessary help, which often places an unrealistic burden on the family.⁴ There are situations in which children or adults with special needs are hospitalized for prolonged periods because the family has a difficult situation and cannot provide the necessary assistance. There is also a stigma related to people with special needs, so families usually prefer not to be seen in public with them.⁵ As a result, children and adults with special needs frequently feel abandoned and socially unaccepted. Mental health is another domain in which Romania does not provide many supportive services.⁶ For example, a person displaying symptoms of dementia might not receive a precise diagnosis for an extended period and would not be referred for alternative therapies. In Oradea, the institutional alternative for families who have a member diagnosed with dementia is to commit them to a nursing home, providing that they accept the situation. In most cases, the family must find alternatives to provide full-term care at home, which generates financial, social, and emotional challenges.

2. Background of the client and reason for referral

Ana⁷ is a lady in her 70s who has displayed symptoms of early Dementia in the last couple of years. She has trouble with short-term memory and is easily confused. The family started getting worried when, on several occasions, Ana got lost on her way home and had a hard time remembering how to find her address. This aspect prompted the family to seek professional help, but after several doctors' appointments and tests, they did not get a precise diagnosis, just the conclusion that memory issues are a common aging symptom. In practice, the diagnosis of dementia is not often carried out in depth, and if a family pursues additional screenings,

³ Tătaru, Nicoleta. "Psychiatry and Geriatric Psychiatry in Romania." *International Psychiatry*, vol. 2, no. 7, 2005, pp. 12-15.

⁴ Fitzek, Sebastian. "The Difficulties of Romanian Families with Elderly People in Care (a Diagnosis of the Romanian Elderly Who Are at Risk)." *Jurnalul Practicilor Comunitare Pozitive [The Journal of Positive Community Practice]*, vol. 19, no. 4, 2019, pp. 11-27.

⁵ Dlouhy, Martin. "Mental Health Policy in Eastern Europe: A Comparative Analysis of Seven Mental Health Systems." *BMC Health Services Research*, vol. 14, no. 1, 2014, pp. 1-8.

⁶ Sfetcu, Raluca and Marius Ungureanu. "An Overview of Mental Health in Romania." *World Scientific Book Chapters*, 2020, pp. 141-174

⁷ The name has been changes to protect the client's identity.

these can be costly and difficult to follow.⁸ In Ana's case, the neurologist prescribed vitamins but did not offer any other information or support to the family. Subsequently, the family reached out to the local Hospice Center, who works mainly with people diagnosed with life-threatening illnesses, but on occasion try to help people who are struggling with types of dementia such as Alzheimer's Disease, by providing medical home care. The director of the Center, being aware of the music therapy initiatives at Emanuel University of Oradea, referred Ana for music therapy sessions, which she believed could be of help, as it seems that the whole brain is engaged during a musical response.⁹ As a result, starting on the 15th of January 2020, Ana began a weekly music therapy session with Dr. Lois Vaduva, a trainee in Music Therapy at The University of West of England, Bristol, UK, and the supervision was received online from England. The therapy sessions were provided at the client's home.

3. Main themes of the therapy

Ana was very cooperative during the music therapy sessions and seemed progressively more relaxed around the therapist. She did seem to struggle with memory issues, but the structure and predictability of the music therapy sessions appeared to have a positive impact on her, as noticed by her family. When Ana showed signs of confusion or disorientation during the session, the therapist did not bring attention to those aspects, as she did not wish for Ana to feel anxious. As the therapeutic relationship deepened, Ana opened about a traumatic event in her life, when one of her daughters passed away from an aggressive illness. She died within a year, and from what Ana recalled, it was a harrowing event. What Ana experienced was an emotional trauma, which can leave people vulnerable to severe illness.¹⁰ It was a very significant moment, which may have precipitated her symptoms. Even though the most significant symptoms of trauma are felt within the first 48-hour period after a traumatic event,¹¹ for some people, there are still lingering effects

⁸ Onetiu, Vlad et al. "Cost of Dementia in Romania: A Cross-Sectional Cost-of-Illness Study Undertaken in Bucharest." *Zeszyty Naukowe Ochrony Zdrowia, Zdrowie Publiczne i Zarządzanie [Scientific Journal of Healthcare, Public Health and Management]*, vol. 14, no. 3, 2016.

⁹ Durham, Cathy. "Music Therapy and Neurology." *The Handbook of Music Therapy*, Routledge, 2013, pp. 135-151.

¹⁰ Sutton, Julie P. *Music, Music Therapy and Trauma: International Perspectives*. Jessica Kingsley Publishers, 2002.

¹¹ Idem.

even years after the event. This aspect is also illustrated in case studies, where a person facing Dementia also struggled with depression from losing a child.¹² It seemed that for Ana, her daughter's passing evoked strong emotions, which is why it was a central subject during the sessions.

Over twelve weeks, with an eight-week hiatus due to the Covid-19 Pandemic lockdown, the therapist provided Ana with music therapy sessions. The first eight sessions took place during eight consecutive weeks, and after the lockdown the session continued for another four consecutive weeks. The music therapy sessions aimed to provide a safe environment for her to express her feelings of loss, but also to feel comfortable and emotionally shielded. When the client appeared withdrawn, the therapist made efforts to listen attentively and creatively for anything that revealed the client's inner world, as this information could be useful to the continuous improvement of the sessions.¹³

The sessions had a stable framework, which was crystallized within the first weeks. Ana enjoyed reciting and listening to poetry or calming meditations, so this focus occupied the first part of the sessions. Since poetry has been proven to be a useful tool in working with people with symptoms of dementia¹⁴ the therapist encouraged this activity. Ana usually recited the same few poems that she had learned as a child and did not appear to remember saying them in previous sessions. She also had a difficult time continuing the poem if she stopped at some point and had to start over to finish saying it. During some sessions, the therapist played pre-recorded soothing music in the background, such as piano medleys, or Edvard Grieg's *Peer Gynt* Suite no. 1. However, Ana preferred to have a quieter environment, which is not surprising given that overstimulation for people with Dementia can cause impairment in concentration¹⁵. Therefore, the therapist tried to separate the reading and poetry reciting moments from the musical elements of the sessions.

During the second part of the session, the therapist encouraged the client to share her favorite kinds of music, and Ana showed both a preference for hymns that she had learned as a child and songs that had a smooth and clear structure, such as alternating stanzas with the chorus.

¹² Bruscia, Kenneth E. *Case Studies in Music Therapy*. Barcelona Pub, 1991.

¹³ Ronse, Lieselotte and Rita Maes. "The Walking Bass." *The Music in Music Therapy: Psychodynamic Music Therapy in Europe: Clinical, Theoretical and Research Approaches*, 2014, p. 200.

¹⁴ Swinnen, Aagje MC. "Healing Words: A Study of Poetry Interventions in Dementia Care." *Dementia*, vol. 15, no. 6, 2016, pp. 1377-1404.

¹⁵ Day, Kristen et al. "The Therapeutic Design of Environments for People with Dementia: A Review of the Empirical Research." *The Gerontologist*, vol. 40, no. 4, 2000, pp. 397-416.

Ana had strong religious beliefs, and her faith had been a source of comfort during her daughter's illness and passing. As a result, it was not surprising that Ana preferred hymns with positive and uplifting messages. Studies have shown that for some people with symptoms of dementia, listening to religious songs can decrease anxiety and offer a sense of self-esteem.¹⁶

Ana had a favorite hymnal at home, from which she remembered several songs, and would ask the therapist to sing together. Familiar music facilitates engagement and singing generates a feeling of comfort.¹⁷ This aspect was visible in the sessions with Ana, as her family reported positive outcomes regarding her emotional state. For example, they noticed a slight cognitive improvement and an enhanced mood, which were significant changes. The therapist frequently used the Autoharp to accompany the hymns but was careful not to overwhelm the client, as it is essential to offer activities that place little demand and that offer validity.¹⁸ In this sense, the therapist observed that Ana showed particular adversity to incorporating instruments within the sessions, especially when encouraged to play them herself. She would always wave them away, saying that she was not musically inclined and would instead just sing. A certain degree of resistance is a normal part of the therapeutic process¹⁹ so the therapist was mindful of encouraging musical engagement while not being assertive. One potential explanation for Ana's reaction towards playing instruments is the possible identification with an instrument and feeling vulnerable as a result, especially if the person's self-worth is tied to that performance.²⁰ An alternative explanation is that Ana was experiencing perceptual or other cognitive disturbances due to dementia and could no longer work out how to play the unfamiliar instrument. Correspondingly, the therapist decided to focus more on vocal singing, as that seemed to be Ana's preferred musical engagement. Even without the instrumental accompaniment, Ana sometimes had a difficult time following the music, but in these situations, the therapist tried to help, while also keeping the atmosphere lighthearted and jovial.

¹⁶ Bradshaw, Matt et al. "Listening to Religious Music and Mental Health in Later Life." *The Gerontologist*, vol. 55, no. 6, 2015, pp. 961-971

¹⁷ Clair, Alicia Ann. "Music Therapy for People Who Have Alzheimer's." *The Oxford handbook of music therapy*, 2016, p. 384.

¹⁸ Tamplin, Jeanette and Felicity Baker. *Music Therapy Methods in Neurorehabilitation: A Clinician's Manual*. Jessica Kingsley Publishers, 2006

¹⁹ Austin, Diane Snow and Janice M Dvorkin. "Resistance in Individual Music Therapy." *The Arts in Psychotherapy*, vol. 20, no. 5, 1993, pp. 423-429.

²⁰ Idem.

Some hymns appeared to bring back precious memories of her daughter and the family. One particular hymn was evocative because it had been her daughter's favorite during her illness and treatment. In this context, Ana opened about her family, the daughter that had passed away, and her grandchildren. Observing the importance of family in the client's life, the therapist proposed writing a poem about her family and possibly putting it to music. The idea of initiating songwriting in the context of dementia seemed beneficial, as it can help a person connect with positive aspects from their lives, such as family members, or loved ones.²¹ One of the challenges of songwriting while dealing with short-term memory loss is that the client may forget the information from the previous session. This challenge proved to be especially pertinent, as, during the songwriting process, the Covid-19 Pandemic was declared, and Romania went into national lockdown for two months. Before the pandemic, the client and therapist had worked on the words of the poem, but not the music. During the two-month hiatus, even though the therapist tried to stay in touch with the client and her family through phone calls, there was a concern that Ana would forget most of the work.

When the lockdown was partially lifted, the therapist resumed the sessions. Being warned by the family, the therapist knew that Ana was struggling with the new reality imposed after the lockdown, such as staying at a safe distance and wearing facemasks. Ana showed resistance to such measures and struggled when her family insisted on compliance. The therapist thought that Ana's attitude might be exacerbated by an increasing sense of losing everything comforting and familiar. The short-term memory loss was already provoking grief due to feeling a loss of self.²² Added to this loss was the destruction of social engagements, which had been valuable to Ana. The social distancing meant that she could no longer spend time with loved ones in proximity; given her age, she was placed in the high-risk category, meaning that she was advised not to leave home, and the facemask robbed her of seeing other people's smiles and expressions.

Considering these circumstances, the therapist decided to create a familiar and safe atmosphere in the music therapy sessions, so that Ana could feel a sense of normalcy and familiarity. Ana had forgotten about the songwriting process, so the therapist gave her the lyrics to read. At first, the client read monotonously, not seeming to grasp the meaning behind the verses. After struggling through the first verse, Ana realized that the poem

²¹ Tamplin, Jeanette and Felicity Baker. *op.cit.*, 2006.

²² Hampson, Caroline and Karen Morris. "Dementia: Sustaining Self in the Face of Cognitive Decline." *Geriatrics*, vol. 1, no. 4, 2016, p. 25.

was about her family, and she started smiling and laughing. The work continued in the following weeks, using the song parody technique, through which the new lyrics were set to a hymn that Ana knew and loved. The reason for this decision was not to overwhelm the client with too much new information, which might be too challenging. Ana loved her song, and according to her family, she was proud of her accomplishment. She showed the song to the members of her family and put it on display in her room.

When this case study was being written, the therapeutic music therapy work was both positive for Ana and rewarding for the therapist. However, since the work with Ana is ongoing and given, her progressing symptoms, the situation might change anytime.

4. Challenges throughout the work

During the twelve weeks, the main challenge was battling helplessness or meaninglessness, which can be present when working with people diagnosed with progressive illnesses.²³ When the client often forgot what had happened in the previous sessions, the therapist had to remind herself that the goal was not to obtain clear and palpable results but to be there for the client in a useful way.

Another challenge was providing the session in the client's home, which limited the number of resources that the therapist had to hand. It also had the potential to create an uncomfortable situation or feeling of invasiveness, since the therapy took place in a personal space. However, in Ana's case, it might have been a helpful aspect, as her home offered a familiar and comfortable space, while a strange office or building might have provoked anxiety.

The work was complicated by the Covid-19 pandemic, which caused a two-month lockdown, ending the work abruptly for a while. This ending was not prepared, and had the potential of causing the client anxiety, for ending the therapy too soon.²⁴ This break in the sessions meant that some of the progress in the development of the therapeutic alliance was lost, especially given the client's struggle with memory. As a result, the first sessions after lockdown were used to help the client remember the previous work as far as possible and to try and help her manage the post lockdown reality.

²³ Priestley, Mary. *Music therapy in action*, 2nd edition, Barcelona, Gilsum, N.H, 2012.

²⁴ Holmes, Jeremy. "'Too Early, Too Late': Endings in Psychotherapy-an Attachment Perspective." *British Journal of Psychotherapy*, vol. 14, no. 2, 1997, pp. 159-171.

5. Therapist's Reflection on the work

Before working with Ana, the therapist had only been involved in therapeutic music activities with children, so she felt apprehensive about working with adults. Also, given the scarcity of music therapy activities in Romania, there was a concern about how the client might react with lack of cultural familiarity. These concerns were alleviated after the first session, which felt to be a positive experience. After a few weeks, the therapist found that she enjoyed working with Ana, and was looking forward to their sessions. However, it seemed essential to be aware of the tension between the familiar and known aspects and those that remained unknown.²⁵ This mindset was necessary for keeping an open mind and not jumping to preconceived notions about the client and her family.

During the work, the therapist learned the importance of keeping a slower pace within the sessions, not to overwhelm the client. Another important lesson was not to view the client through their illness or affliction, but as a significant person²⁶, whose personality shines through in moments of lucidity. Despite the moments of forgetfulness, or repetitiveness, Ana's humor and pleasant charisma were visible, proving that a person is more than a diagnosis.

6. Brief conclusion

Working with people who are showing signs of dementia can be an emotionally challenging task. When music, which is the most emotionally poignant art, is added into the practice, the work becomes even more sensitive. Given that music is one of the last abilities that people with Dementia lose²⁷ it is also one of the most significant ways to connect with the person beyond their illness.

An anonymous poem about dementia has the following verses: "I have Dementia./My eyes do see,/My ears do hear./I am me,/So let's be clear/My memory may fade,/My walk may slow./I am M.E. inside,/Don't let me go."²⁸ Ultimately, the music therapist can be the person who does not

²⁵ Casement, Patrick. "Learning from the Patient New York." Guilford Press, 1991.

²⁶ Rogers, Carl Rogers. Client-centered approach to therapy, 1986 In I. L. Kutash & A. Wolf (Eds.), *Psychotherapist's casebook: Theory and technique in practice*. Jossey-Bass, San Francisco, 1986.

²⁷ Swartz, Kenneth P et al. "Does the Melody Linger On? Music Cognition in Alzheimer's Disease." *Seminars in neurology*, vol. 9, © 1989 by Thieme Medical Publishers, Inc., 1989, pp. 152-158.

²⁸ www.keepinmindinc.com.

let go but uses music as a means to forge a secure connection with a person who is feeling increasingly lost. Music therapy offers a sense of hope and meaning, giving a purpose to those experiencing profound change.²⁹

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²⁹ Aldridge, David. "Spirituality, Hope and Music Therapy in Palliative Care." *The Arts in Psychotherapy*, vol. 22, no. 2, 1995, pp. 103-109, doi: [https://doi.org/10.1016/0197-4556\(95\)00009-T](https://doi.org/10.1016/0197-4556(95)00009-T).

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