

Music has Power

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. Page | 1

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. A person’s 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 Associations

Most people associate music with important events and a wide array of emotions. The connection can be so strong that hearing a tune long after the occurrence evokes a memory of it.

Prior experience with the piece is the greatest indicator of an individual’s likely response. A melody that is soothing for one person may remind another of the loss of a loved one and be tragically sad.

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

Top Ten Picks

Selections from the individual’s young adult years—ages 18 to 25—are most likely to have the strongest responses and the most potential for engagement.

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.

As individuals progress into late-stage dementia, music from their childhood, such as folk songs, work well. Singing these songs in the language in which they were learned sparks the greatest involvement.

Sound of Music

Typically, “stimulative music” activates, while “sedative music” quiets. Stimulative music, with percussive sounds and fairly quick tempos, tends to naturally promote

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movement, such as toe taps. 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 facilitate movement from one room to another.

On the other hand, the characteristics of sedative music—ballads and lullabies—include unaccented beats, no syncopation, slow tempos, and little percussive sound. This is the best choice when preparing for bed or any change in routine that might cause agitation.

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Responses that are opposite of those expected can occur and are likely due to a person's specific associations with the piece or style of music.

Agitation Management

Non-verbal individuals in late dementia often become agitated out of frustration and sensory overload from the inability to process environmental stimuli. Engaging them in singing, rhythm playing, dancing, physical exercise, and other structured music activities can diffuse this behavior and redirect their attention.

For best outcomes, carefully observe an individual's patterns in order to use music therapies just prior to the time of day when disruptive behaviors usually occur.

Emotional Closeness

As dementia progresses, individuals typically lose the ability to share thoughts and gestures of affection with their loved ones.

However, they retain their ability to move with the beat until very late in the disease process.

Ambulatory individuals can be easily directed to couple dance, which may evoke hugs, kisses or caresses; those who are no longer walking can follow cues to rhythmically swing their arms. They often allow gentle rocking or patting in beat to the music and may reciprocate with affection.

An alternative to moving or touching is singing, which is associated with safety and security from early life. Any reciprocal engagement provides an opportunity for caregivers and care receivers to connect with one another, even when the disease has deprived them of traditional forms of closeness.

How-to of music therapy:

Early stage

- Go out dancing or dance in the house.
- Listen to music that the person liked in the past—whether swing or Sinatra or salsa.

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Recognize that perceptual changes can alter the way individuals with dementia hear music. If they say it sounds horrible, turn it off; it may SOUND THAT WAY to them.

- Experiment with various types of concerts and venues, giving consideration to endurance and temperament.
- Encourage an individual who played an instrument to try it again.
- Compile a musical history of favorite recordings, which can be used to help in reminiscence and memory recall.

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Early and middle stages

- Use song sheets or a karaoke player so the individual can sing along with old-time favorites.

Middle stage

- Play music or sing as the individual is walking to improve balance or gait.
- Use background music to enhance mood.
- Opt for relaxing music—a familiar, non-rhythmic song—to reduce sundowning, or behavior problems at nighttime.

Late stage

- Utilize the music collection of old favorites that you made earlier.
- Do sing-alongs, with “When the Saints Go Marching In” or other tunes sung by rote in that person’s generation.
- Play soothing music to provide a sense of comfort.
- Exercise to music.
- Do drumming or other rhythm-based activities.
- Use facial expressions to communicate feelings when involved in these activities.

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