Music and Wellbeing

Kassandra: Laura can you tell me about a client that you worked with where music had a positive effect on their wellbeing?

Laura: Certainly, thanks Kassandra. So I was referred a lady who was living in a care home. She had very advanced dementia, and at this point she was spending quite a lot of time just sitting by herself within a quiet room within the home, not really interacting with anybody. She was recovering from a period of quite extreme ill health. Now when she was referred, I knew that she had previously played the piano so it was hoped that music therapy might be an appropriate way to encourage some stimulation and interaction with this lady.

Kassandra: Right so, what happened in your initial sessions together?

Laura: So, there was a keyboard in the home in a separate room that we used as a therapy room. So initially we would sit side by side at the piano exchanging short phrases on the piano, taking it in turns - I would play phrase, she would play a phrase – and initially she was keen to do so but she seemed to find these interactions quite exhausting to start with, she would kind of sit back and in her chair afterwards as if she was very tired. During these sessions I noticed that her conversation was not very spontaneous, she would respond to questions usually with a yes or no answer, but there was enough there to try and develop as the sessions continued.

Kassandra: Right so, it sounds like it started quite slowly but with clear opportunities for development. So, how did you build on those initial response?

Laura: Music began to take a bigger and bigger role in these sessions, often starting even before we arrived at the therapy room. This lady was independently mobile but a little bit unsteady on her feet, needed a wee bit of support as we walked together, and to give her stride more purpose and confidence, we’d often sing a song together as we walked, and it was often Mairi’s Wedding. So we’d walk together “Step we gaily on we go” and we found very quickly that this music carried over into the therapy room. As soon as she sat down at the keyboard, she would automatically start to play the song that we had been singing together. So I discovered that she could play very well by ear, and as sessions went on we discovered she could still read sheet music – and this was all through trial and error, tried different things, putting music down – so these skills were still there though they hadn’t been used for several years, she could still access these things. And through this sort of general stimulation, and through the singing of songs, her speech became more fluent and more spontaneous, and she started to instigate conversations herself, and was also able to tell me a little bit more about her background. So I found out, she came from a very musical family, she often used to play music with her parents at home, that performing was something that she loved, and that she also used to accompany church choirs, for example.

Now because I knew she loved performing, occasionally other residents from the care home would come and listen to her play, with the activities coordinator perhaps, so more and more people were starting to see how she could still access these amazing skills. But I think it really took a shift when this lady started participating in a large music therapy group that took place in the home.

Kassandra: Right, that sounds like it happened quite quickly, but I’m sure this happened over time and quite gradually as you learned more about who she was and what was important to her. So how, did things shift when the music therapy group was introduced into the home?

Laura: We started putting aside time for this lady to play the keyboard and really support the music of the group which was really playing to her strengths. Because she could still play by ear, we also discovered that she was tremendously creative. She could still develop her own accompaniments to different songs, so she got lots of positive feedback, so it supported her enjoyment of performing as other group members and staff members really gave her praise for what she was still able to do. She really seemed to enjoy that because it supported her self-esteem and also a sense of identity, it was something she had done all her life. It also increased the interactions between her and the other group members, as group members would request her to play other songs. And I think it was quite motivating for staff as well to see what abilities this lady still had and could access, and it really affected her environment and the atmosphere in the home.

Kassandra: That’s amazing, so really clear ripple effects into the community of the home and supporting her wellbeing and in this way, some of the residents wellbeing as well.

Laura: That’s right, and I think another key element of this was sharing this information with staff. It meant that inbetween times when the therapist wasn’t there, this lady could be supported to access the keyboard, she could be given sheet music to read, as well as encouraging people to sing with her. Because she could play by ear, she could play almost anything that anybody put to her. So yeah, sharing of information was really important to this work as well.

Kassandra: That’s brilliant, thank you Laura.

Laura: Thanks, Kassandra