Use of Music in Personal Care

Laura: Hi Kassandra, so you’re going to tell us about a piece of work that you did where you used music in a really practical way.

Kc: Thank yes, Laura, I’m going to speak about a young man who had young onset dementia. He also had a pre-existing health condition, but he was in this hospital based ward for men with dementia. There was music therapy on the ward, it was really well integrated. There was a long-standing music therapy group there and the staff always joined in that group, and I noticed over time their interventions became much more purposeful and therapeutic, so they really learned a lot about music therapy and how it works just by being in that group. He was really activated by the music, he loved to sing, loved to use the instruments and really engaged positively with the other groups, which was important for him – because of his youth, sometimes if he was feeling quite distressed, he could be perceived as quite um, people were very wary of him or worried about what his impact might be – so this was a really positive way for him to relate to everyone in the ward and for staff to relate with him as well.

Laura: So it sounds like the staff really understood how music could be used to interact positively with this gentleman as well as the other patients in the ward.

Kc: Definitely. And that was really important because one morning I came into the ward and this gentleman was sort of “stuck” in the bath. I had seen some staff members sort of standing around the bathroom door, they looked quite worried and when I asked what was going on they let me know that he’d been in there for 4 hours and they’d been unable to get him out. The bath had been empty since his bath had finished, but he just was unable to come out. And the next step would have been to put hands on to physically remove him from the bath and they really wanted to avoid that.

Laura: That could be very distressing for everybody.

Kc: Definitely, and I think they were a ward that wanted to avoid any restraint or hands on methods at all costs if possible. Obviously there are times when maybe it’s not, but they hoped it wouldn’t be necessary. So I asked if I could try, if I could help. And I think because of their understanding of the effect music had on this gentlemen and because of their trust in me as the music therapist on the ward, they let me try.

So what I did was, I approached with my guitar. His eyes were tightly screwed shut so he wasn’t really aware that I was there, but I began to sing a very well known song, one that I knew he responded to- it was My Bonny Lies over the ocean. So we began to sing, and he immediately began singing along. His eyes were closed but he was singing, and then I gradually began to tap out the rhythm on his leg as I sang. A clinical support worker came in and she began to sing as well, and she imitated some of what I was doing – sort of rubbed his arm in a rhythmical way to the music.

Laura: So the music was really being used to connect him to you both, and connect him to the environment.

Kc: Exactly right, I wanted to slowly integrate more of his sensory awareness of where he was, starting with sound and then touch and then sort of speaking to him about where he was, gently reminding him that he was in the bath. And then after about 25 minutes of this I turned the tap on, very slowly and he felt the cold water on his toes, and he went “ah that’s brutal” and we quickly turned it off, and we said, “yes, yes, you’re in the bath.” And just reminding him where he was because perhaps he didn’t know that that’s where he’d been all this time.

We carried on singing and he became more and more active, trying to open his eyes more regularly though that was still a lot to perceive for him, and about 10 minutes after that we turned the tap on again very slowly and he had the same response, “that’s cold, that’s brutal” and we said “yes, you’re in the bath” and he got up and we put his robe on him and we sang and went back to his room together.

Laura: That’s fantastic. So what happened after that?

Kc: So that process took about 40 minutes. What happened was, it happened again the next week. He was stuck in the bath for a few hours and when I came into work about 08:30 in the morning, there was an email waiting saying the gentlemen was in the bath unable to get out again and could I come and help. So I went through to the ward and we did the same process again – it took around the same time 35/40 minutes – and it worked again: that slowly singing, and then tapping and then talking and changing the music. I think that’s also what did the music became more activating – faster songs and rock music and things from where we started with the gentle My Bonny Lies Over the Ocean.

Laura: So more stimulating movement in him as well?

Kc: Exactly that, and as I say it worked it took the same amount of time, so we put it into his care plan. About a month later, I got some feedback from the ward saying that they had tried it themselves, and the first time they tried it didn’t work – I think they spent about half an hour doing it and it wasn’t successful. So they all took a breather, and about 20 minutes later they went back and they tried again and it was successful, and they were able to support him from the bath with no restraint, in much less time than they had previously.

Laura: So that’s fantastic. You shared the information in the care plan, staff were able to implement it themselves without you being present, but they weren’t discouraged by the fact that it didn’t work straight away the first time, they continued trying until there was an effective response and he could come out of the bath.

Kc: That’s exactly right, because it might not work the first time, or the second time. I think what’s heartening there was the trust that they had in the process, and the trust in the fact that music in this way had worked before and so could work again and they weren’t discouraged.

Laura: That’s fantastic, thank you so much for sharing that Kassandra