

## Singing with old People and those afflicted with dementia

My name is S.B., I'm married and I live in the region near Zurich.

From my early youth I grew up with church music, it has accompanied me all my life. Our parents taught us three sisters to love music and in this they were role models. My father – he is here, too, - played the organ in the Reformed Church for many years; as a family we enjoyed performing music together. I myself play the cello and various recorders.

For 23 years I worked as a trained cook – a job which I enjoyed. Often we organized special project weeks. We chose a topic on which we read texts to the participants, organized suitable occasions with speakers from outside. We created specialties which we cooked and at the end there was an afternoon as a conclusion. On such occasions I was able to get in contact with residents. I appreciated this very much and found it rewarding. Hence I developed a desire to look for a different type of work in which all these elements would converge. Looking at career options I decided on the work of a qualified expert for activation (?). In the autumn of 2017 I will have completed the three-years' training. During my training I have come into contact with the subject of dementia. I gathered valuable experience with people suffering from dementia. I have always worked in geriatric institutions – also as a cook. At present I am working in a home for people with brain injuries.

### Dementia

We encounter the term dementia frequently – in the media, in specialist books, but mainly in old people's homes. Many of these have special sections reserved for people with dementia. Such people live with us.

The word dementia frightens us. What exactly does it imply? Why do people we know suddenly behave differently from what we are used to? They can no longer carry out everyday actions. Emotions play roller coaster. Those affected as well as their families are almost always helpless. People afflicted by dementia (from now I, the translator, will always use the term "patient") often live in a world of their own and they need respectful support in coping with their lives.

Dementia is a general term for a variety of afflictions. There are 55 different types of dementia – common to them all is the loss of cognitive and mental abilities. Typically memory gradually fails, so does the capacity of rational thinking, language and practical abilities are lost. In consequence, patients can no longer cope with everyday tasks. Definitely, dementia is not a normal aspect of old age affecting everyone more or less. It is, however, an affliction which appears typically in old age.

Dementia leads to a loss of skills and abilities – they vary from person to person:

There may be great absent-mindedness,

a disturbance of rational thinking, inability to give connected answers or to find the correct word for certain things,

loss of one's bearings in place and time (where am I? what time is it?...),

slower or indistinct speech, difficulty in the pronunciation of words or letters,

limited capacity of judgment, inability to act rationally and to understand the consequences of one's actions,

a change in personality and character (who am I?) and behavior,

disturbed recognition or action (what's this brush for? ), no longer able to recognize relatives....,

depression, loss of initiative.

It is important to understand that all those afflicted still have emotions and consciousness, they can perceive the world around them with all their senses, they will always remain adult persons with a personality of their own.

Others will never understand the feelings of persons with dementia. But we should realize that such people are able to cope with their lives and we can connect with them - no matter whether in our reality or in their world. It's important to understand their world, the here and now, to support them in the strengths they still have and to help them where they need our help. Accompanying people with dementia (= patients) is an ever challenging task. It often takes us to our limits, since these patients

most often react unexpectedly. What has worked well one day may have disappeared completely the next day. Every day is different and this challenge never becomes less. To sum up: dementia does not concern only the person afflicted but all those around him.

### Relation between man and music

Generally speaking: music can exercise influence on a psychic, social, mental and physical level. This applies to the active performance (singing, playing an instrument) as well as the passive consumption (listening to music). For many people, music has a strong emotional quality which is almost always beneficial. It influences one's mood and can have an effect on one's general emotional well-being. A musical biography (?) can help to establish a connection to the biography of a person's life, triggering memories and thus helping them to find their bearings. Singing, making music or listening to music together with others gets social significance and offers a level of communication independent from language.

### Performing and experiencing music

According to the theory of "activation" music as a medium can often reach and activate persons who do not respond to other means and methods – as an emotional ice-breaker, so to speak. Music helps to find access to the world of patients, it calls on memories, activates existing abilities, strengthens self-confidence. With the use of musical instruments or material, other capacities can be trained, such as concentration, body feeling, mobility on a smaller or a larger scale.

Examples:

Singing popular songs, evergreens etc.,... seasonal songs, children's songs...

Performing music: use of rhythm or sound instrument while singing

Combining music with motion: sitting-down -dances, use of scarves, ribbons, string, etc.

Listening to music and speaking about it – various styles or epochs, church music, songs...

In short: music is an important medium for people with limited abilities, it can help to discover hidden skills in each person and to develop cognitive, social, emotional and creative structures.

### Transfer and experience

The people at present in geriatric institutions belong to a generation that used to practice music widely. Many of our patients were in singing groups or a church choir, they used to sing in the family or at school more often than is the case today.

Now, as a leader of a group, I need to find out which type of songs the individual members of a group used to sing. It's like a treasure hunt; I find a colorful bunch of old, melodic songs, long forgotten lyrics and tunes. Personal initiative helps to lift this treasure – by leafing through old songbooks, trying out and practicing unfamiliar songs, transposing songs to a lower register for patients unable to sing at a high pitch, trying to find out in talks with patients what they would like to sing or are able to sing, seeking exchange with other people, with experts,; learning through trying things out with the clients, etc.,

### Some experiences

At the beginning of my training in the singing group, a woman who was unable to express herself verbally, sang complete songs along with the group. Another woman with difficulties in finding words, recited complete stanzas without interruption. Many patients even in advanced stages of the disease remember texts and verses.

Sometimes they sing jumbled versions. Every epoch has its so-called "mangled" songs. In one case, an old lady always sang in a loud voice her own mangled version. On my asking about this, she smiled mischievously and said she used to sing this as a young girl together with friends – to the displeasure of their teacher. (song cannot be translated)

For me as the leader of a singing group it is important to sing in a clear and decisive way no matter if some clients sing the wrong notes or jumbled texts or go against the rhythm or abbreviate the text. It doesn't help for me to get angry or confused or uncertain. I never correct patients – they wouldn't understand, would get confused or unsure, the group would get restless or even angry. I observe and then tell the group what I noticed.

In my singing group there was an Italian who had come to Switzerland as a guest worker and worked in the building trade till his retirement. He spoke hardly any German. He attended the group regularly and sang along with his whole heart – but always in his own way. He used only 5 to 7 notes, the volume ranged between mezzoforte and fortissimo, the words were lalala, fariaho, nanana etc. That was difficult for me, for his voice drowned out my own. I tried to find a solution by talking to him and we agreed on a hand signal - a downward move of my hand meant: sing more softly. It worked – mostly. But sometimes he would close his eyes and sing at full volume – in this case our agreement was useless. Others complained about his loud and wrong singing. Again I tried to solve the problem by talking to him. I asked him questions like “what does singing mean to you? What does the singing group include? We sing together because...”

It is always amazing to note how generous and understanding the clients are with each other. Similar situations can occur in any singing group, that is part of the everyday work with old people. Especially with patients I have to find spontaneous solutions every day, I have to repeat myself constantly when talking to them, even if solutions are often quite similar.

Singing appeals to the senses and familiar songs recall memories. Folksongs, children's songs, pop songs are suitable. Hiking songs can have a stimulating character. Here, motions can accompany the singing or rhythm instruments can be used. It's amazing how patients can move following their own rhythm and focus their attention on this activity for minutes.

In a group of patients in various stages of the affliction I saw them sway their bodies in keeping with the music, using rattles, beakers, scarves etc., feet marking the beat, arms swinging, hands slapping the knees. Here I was able to experiment and gain experience. A range of mimicry, gestures and emotions were to be observed, there was joy in the eyes, astonishment, curiosity.

This method with accompanying instruments is very suitable for patients with an almost complete loss of language skills. I discover new resources of the clients and am fascinated with the creativity of their life strategy. Not all patients enjoy this “noise making” but others are fascinated.

In every household cans, plastic bottles, etc., can be found; wash them and decorate them with the patients, fill them with various materials – sand, colored beads, buttons, paper clips – it's an affordable alternative. Be careful about the weight – many clients cannot lift or shake anything heavy.

There are songs that convey consolation and hope. Many hymns fall into this category. Sometimes this will lead to tears when emotions become overwhelming – evoked by memories, or because it's so beautiful. In this case slow movements are best, perhaps scarves, to underline the tunes. I noticed one client cover her head with a scarf, swaying her body as if looking for protection, safety, consolation. One of the men regularly begins to weep when hearing emotional songs, when I ask him about this he says they are tears of joy because the songs are so beautiful and moving.

In Sw. we have songs in our four languages as well as in dialect. There's a great variety, so I need to find out where the clients are from. So I can improve the choice of songs, make use of what the clients know and let them share their knowledge with others.

As you may have noticed, I chose songs as my examples which are typical of Sw.. The first three are songs we learn at school in the German speaking part, “La haut ...” represents the French speaking part, “Wem Gott will...” the German, “L'inverno...” is a typical spring son from the Ticino, “Coral...” is a hymn from the “rumantsch” region where it is usually sung as the second song in a church service. As to church services, finding out about the church-going tradition and the church music plays a role, too. Is the choice of hymns varied? What expectations do the clients have of church and music? Which songs did they learn at Sunday school? In my geriatric institution weekly devotions or services are offered. I observed that most clients sang familiar hymns without using hymn books

(“Großer Gott...” : all stanzas by heart!), but when the pastor chose newer songs, only few clients joined the singing, or they just moved their lips so as not to be noticed. I had the impression that they were unable to decipher the lines or read, the unfamiliar tune and rhythm were too fast.

This generation is too well-bred and polite to tell the pastor that his choice of hymns is not fitting, too modern.

Our regional dialects play a role. Each region has a wealth of songs. They feature towns or landmarks, for example... (not translatable). Often, interesting conversations develop around the varying pronunciation of our dialects. All these songs can well evoke old memories. In addition, a feeling of community can be strengthened. For my last song I have chosen one in Swiss-German dialect. (...)

As the “activator expert “ (?) I

Lead the singing clearly. I hand out copies of the text in enlarged print.

Some patients in advanced stages of dementia are confused by printed texts, so I leave them out. Hymnals are often useless because of small print and because they are too large and confusing – which will lead to every individual singing something different. Therefore I use enlarged copies or sing without printed musical notes.

One man with almost complete loss of bearings and verbal communication always turned to the same song in the hymnal and sang it fluently. I turned to another page – then he leafed through the book aimlessly, turned to his song and sang it again. He was unable to cope with the wide choice. The confusion affected the group. When I handed him only the one sheet, he was able to join the singing. Not always, though – sometimes he became confused when I had printed the wrong song. Without sheets he was able to concentrate without being distracted by notes and text. His repertoire was amazing, often with many stanzas. Even I don't know them all by heart.

Concluding thoughts.

The clients in our institutions at present are from the 1920's – 1930's, they are 80-97 years old. This generation was used to singing a lot – in the families, at school. In the next 20-30 years we will have a totally different clientele, the 1950's-1960's.

What will we sing with them?

Which songs did they learn by heart when they were young?

How can we make use of modern media or technology?

I want to pass on a last question to you:

What is going to happen in

the coming decades when people will have no longer sung in their youth in families or at school?

Thank you for your attention.