

# CEED

*Creative Expression, Communication and Dementia*

NEWSLETTER NO.2 MARCH 2008

## Hello & Welcome!

An introduction by **Hilary Lee**,  
Chair of The Society for the Arts in Dementia Care (Australia) Inc.



**A warm welcome to our second newsletter! This newsletter is emailed to members of the Society and to people who have expressed interest in the Society, and is also posted on our website [www.cecd-society.org](http://www.cecd-society.org)**

Our society continues to attract interest from people around Australia. It has taken a lot of time and energy to lift this new society off the ground, but we are making progress and I would like to express my

thanks to my executive board and to Dr Dalia Gottlieb-Tanaka who has been giving me much needed practical advice and support. I'd also like to express my gratitude to Maree Maclachlan, one of our members who has been assisting me with some of the mountains of paperwork involved in setting up a Society.

This year we have invited some new Australian members to the international advisory board that we share with the Canadian society. Dr Ruth Bright (music therapist), Dr Patricia Baines (art therapist) and Dr Peter Spitzer (Medical director and Co-Founder of the Humour Foundation).

We also welcome John Killick, writer and dementia consultant from the UK to the international advisory board. Please refer to the website to see details of the other members of the advisory board.



*"I can sing better than I can speak."*

*Person with dementia.*

Photo by  
Kirstin Robertson-Gillam

Theme of the  
March 2008  
Newsletter

*Enabling creative  
expression  
through music*

The theme of this edition is the use of music and music therapy in dementia care. Our guest editor, is Dr Ruth Bright, Past President of the Australian National Music Therapy Association and the World Federation of Music Therapy and Adjunct Lecturer at the University of New England's School of Health. A pioneer music therapist since 1960, Ruth Bright is well-known for her work and writings on music therapy; she is the author of 12 books, 3 of which have been published in translation - one each in German and Spanish, and two in Japanese. written about music therapy in psychiatry, geriatric rehabilitation, dementia and grief resolution; and is on the state committee of the Australian Music Therapy Association. Ruth has served two terms as National President of that association and has also served a three-year term as President of the World Federation of Music Therapy.

I'd like to take this opportunity of thanking Dr Bright for her time to review the articles submitted for this newsletter. ■

*Hilary*

## Invitation to Mindscapes Conference in Beautiful British Columbia

By **Dr. Dalia Gottlieb-Tanaka**, Chair



**Here in Vancouver, we are deep in preparations for Mindscape 2008 and the Third International Conference on Creative Expression, Communication and Dementia, scheduled for June 2008. We have learned a tremendous amount from organizing the last two conferences and we intend to apply those lessons this year. For instance, we intend to leave more time for participants to interact during the two days and in the evening of the first day of the conference.**

In 2007, we lobbied the medical profession in Vancouver intensely and as a result, Dr. Howard Feldman, Co-chair, invited us to present our art show of work by seniors with dementia at the Canadian Colloquium on Dementia 2007 in Vancouver. Dr. Bruce Miller gave the keynote speech on the Arts and Dementia there. With two of our advisory board members (Dr. Feldman and Dr. Miller) and two of our executive board (Dr. Gottlieb-Tanaka and Jeanne Sommerfeld) attending the colloquium, you can imagine our delight as we were acknowledged for our contribution before 500 medical doctors who came from all over North America. For more information on our art display, log on to [www.ccd2007.ca](http://www.ccd2007.ca)

Recently, Pfizer Canada Inc., an internationally known pharmaceutical company, contributed a generous grant in support of the conference. Corporate sponsors help us keep fees low and they provide some reinforcement of the importance of our work to the general community.

We are already working on the setup of the Mindscape art exhibition, gathering the



*Beautiful scenery on the way to Whistler Mountain where the 2010 winter Olympics will take place.*

artwork and background stories about the seniors who prepared it. Most of the artwork submissions have arrived and we are expecting more from Australia, Canada, the United States and Israel. As exhibits at our earlier conferences revealed, the general public welcomes this evidence of the seniors' continuing creative abilities.

Together with our Board of Directors in Canada, I look forward to welcoming the delegation from Australia and hosting our Australian colleagues.

*Dr. Dalia Gottlieb-Tanaka*

### New Research

Dr. Dalia Gottlieb-Tanaka, Hilary Lee and Dr. Peter Graf, Members of the Australian and Canadian Societies have been collaborating on new research to develop an assessment tool on creative expression abilities of seniors with dementia (CEA Tool). They intend to present their exciting findings at the CECD Conference 2008 in Vancouver. Working closely together they were amazed at how similar the issues are. The researchers hope that such a tool would help understand people with dementia better and assist in finding better ways to provide the kind of creative expression programs that increase the quality of life for people with dementia wherever they live. ■



*Venue for the Mindscapes Conference: The Emily Carr Institute of Art and Design (left building is the North Building and the right photo is the interior of the South Building.)*



## Editorial by Dr Ruth Bright, AM, DMus. RMY



*This group of questions and answers may help you to appreciate the moving vignettes described by Alkeiya Brown, Kirstin Robertson-Gillam and Gail Penny in this issue of the newsletter.*

- **Is all dementia the same - is it all Alzheimer's?** The answer is no. Dementia is not a single illness but a group of symptoms, signs, behaviours, which are found in over 100 conditions: after strokes (vascular dementia), Pick's Disease, HIV-AIDS, Lewy body dementia (the person often has hallucinations and delusions), brain damage after car accidents, Alzheimer's disease, many cases of Multiple Sclerosis or Parkinson's disease, Progressive Supranuclear Palsy, Huntington's Disease, and so on. We must know about the actual condition if we are to understand - and meet - the client's needs.

- **Are all people with dementia elderly?** No. There are, for instance, two variants of Alzheimer's: early onset (starting in middle age) and late onset. The rate of deterioration also differs markedly, (early onset gets worse more quickly). And people with ADC (AIDS Dementia Complex) are usually young.
- **How do you know what music to play?** In the early stages, someone may be able to ask you for a favourite song. In later stages, one occasionally meets a person who asks for a song – but it may be the same one, and often the request comes as soon as we have finished singing it! But generally in later stages one has to either ask relatives about favourite types of music and particular items, or – if this is impossible – one selects music on the basis of the person's age (people are always familiar

with music popular when they were around 16 - 22 years old) and on their cultural background – different music for people from Japan and from Italy!

- **How do you present the music?** One may occasionally use a tape but, if so, only a single item is played, with some conversation after it is over. Ideally music is presented 'live'. Pianos in nursing homes or hospitals are best not positioned against the wall as one has no eye-contact with participants. Also group work is more effective in the early stages of dementia while people are aware of those sitting next to them to enable a sense of sharing. Talking about the colours people are wearing, asking them to look around to see what someone else is wearing, and then playing music which mention those colours, may help temporarily, if the people can still speak.
- **What instrument do you use to accompany the singing?** All Registered Music Therapists are required to play a portable instrument, and this is ideal for work in dementia. I myself play a piano accordion, sitting at the same level as the individual, making direct eye contact and playing appropriate music for each in turn. (I got an accordion originally for work in a Children's Ward of a big hospital, and the two situations are not dissimilar – each child wanted different music, played to him or her personally.) One needs a huge repertoire of music 'from memory' – saying 'I'll bring it next time' is no use! ■

## Glimpses of Other Worlds by Alkeiya Brown, music therapist (Canberra)



### BIOGRAPHY

Alkeiya Brown, as a registered music therapist, works in aged care facilities in Canberra and with Alzheimers ACT. Her particular interest is people who are living with dementia, much of her work being in secured dementia wards. Alkeiya spent twenty years as a preschool music and piano teacher. Her love of improvising and creating music with others led her to study the Nordoff-Robbins Creative Music Therapy approach at the University of Western Sydney. As well as working with dementia, she is involved in community music therapy and plans to study wellness through music in Brazil.

Marie laughs as she is escorted down the corridor towards the room set aside for music making. Her laughing is a continuous tinkling cascade with intermittent 'yes-yes'. As she enters the room our eyes meet and her face breaks into a huge smile as she yes yeses and tinkle laughs. She looks directly at me as I sing hello to everyone, continuing to tinkle laugh and 'yes yes'. There are more yes yeses and a big smile, as I sing hello to her. As we sing together our first song, 'Music Music Music', she sings the melody, at first with many extra sounds, and waves of tinkling sounds to the music. After several songs, Marie at times 'scat' singing with me, she becomes quiet. A short time later tears are cascading down her face. After more songs including 'My Blue Heaven' and 'Pearly Shells', and some hugging and reassurance from those around her, Marie's tears have subsided and she sings again with the melody. She leaves quieter, than when she arrived with some yes yeses.

We are all drawn into her world: in joy with her as she sings, and sad for her when she cries. We are all richer for the experience.

Julia spends her time sitting in a world of tunes she hums to herself. She delights when others sing, then makes remarks such as 'that was a good one' or 'you know, it's his socks' or 'it's the colour that turns the thing' or 'he's very big, you know'. She often laughs after making her observations

and enjoys a 'joke with others'. She is delusional, with ready comments, accepting any one's mood as OK. She is a pleasure to sing with, coming out with words, melodies and the melody lines of other instruments. After a stirring rendition of 'la cucaracha' she called out 'That was fun', and then said, before covering her face with her jumper, 'And that's not all!' Julia is not fazed by other's agitation; she is a sort after companion by some of the most agitated residents.

Herbert can be heard outside the secure dementia ward, yelling angrily. He says the same thing many times. 'Why can't I go home?' or 'When is my wife coming?' or 'This is a bad place!' At these times, his favourite place to stand is inside the door. Meeting him there, I stand with him, agreeing with all his reasons for being angry. After several minutes he may have calmed enough for me to say; 'would you like to come to music today?' He loves music and whistles along to the tunes either joining us or standing in the corridor so he can see the entrance as well as hear the music and listen or join in. At times when I arrive he is lost in a memory, raving incoherently and waiting. When I approach him his face will break into a broad grin and he will say how wonderful the music is. ■

## *Flying Away Like a Bird in the Sky: Bert's Story*

by **Kirstin Robertson-Gillam** RMT RN BA(Psych) MCouns Candidate MAHonours



### **BIOGRAPHY**

Kirstin Robertson-Gillam is one of the pioneers of Music Therapy in New South Wales with 26 years experience behind her. She was the first full-time music therapist in the NSW Public Service and has subsequently gone on to lecture in music therapy at Sydney University, University of Technology Sydney and, more recently, the University of Western Sydney. She helped establish a music therapy course in Nara, Japan, and wrote a text book for their course which was published in Japanese. Her research interests are in music therapy counselling and she is currently completing a Masters Degree in that area. Her latest research work is into the usefulness of vocal improvisation and choir therapy in depression and dementia, and she hopes to take this work on to a PhD. This research brings Kirstin once again to the pioneering end of music therapy. She is very interested in making contact with people around the world who are also interested in this work. Her email is [kirstin@optusnet.com.au](mailto:kirstin@optusnet.com.au)

Bert was in the last stages of Alzheimer's Disease. As his illness progressed, Bert's behaviours became difficult to manage. He was constantly calling out and whistling.

In our first session, I held his hand and breathed in sync with his breathing. He began to whistle and call out, saying "c'mon, c'mon". Bert's previous occupation had been that of a taxi driver which, to me, explained the whistling and his comments of "c'mon". I echoed his whistling phrases back to him in song. He turned to me and listened carefully. He began to extemporize

on his whistling phrases; each time waiting for my response. Then, he turned to me and said "yes, that's right. You're doing very well" and laughed. It seemed as if I had connected with him through a musical conversation that made more sense than words. He fell asleep peacefully for the first time after that session, much to the amazement of the care staff.

We spent six months together in weekly sessions. During some of these sessions, I would take Bert out under the trees in the garden where he whistled with the birds.

Each week, he knew who I was as soon as I came to him and waited expectantly for the music. I used the autoharp and often sang spiritually-based Celtic songs as well as some popular songs from his era. Each time I sang to him, a tear would drop from his eye that was nearest to where I was sitting. I changed sides each week and it was always a tear from the eye on the side on which I was sitting. Was Bert's body expressing his emotions for him?

Because Bert whistled to the birds, I composed a song for him about flying away like a bird in the sky. The words and the music reassured Bert that I was there to support him. Every time I sang this song, Bert would look up to the ceiling or out the window with a tear in his eye. His attention to me and the relationship which we built up transcended his cognitive impairments. It seemed to me that he presented his whole self; a beautiful soul who was preparing to take his journey to the next world.

Whenever I sang the Bird in the Sky, Bert always became calm and settled. It was like a gentle reassurance that he would be safe. During our last session, six days before he died, Bert desperately grasped my hand; looked deeply into my eyes, and, asked for "up". I intuited that he wanted to hear the Bird in the Sky. A transcendent peace descended into his room as I sang his song. I remained with him for a long while, holding his hand and breathing in sync with his breathing patterns. I left him asleep. When I heard that he had died six days later, I felt privileged to have been there for him and grateful for what he gave me in return. ■

### **Words of Bert's Song –**

*De, de, de, de, Oh, sing, bonny bird,  
Like a bird on the wing.  
Carry precious gold through the rainbow of  
colours,  
Sleep, bonny bird in the sky.  
Fly away, fly away,  
Aah, aah, aah,  
You and I, we are singing,*

*We are singing a song,  
Just being, just being,  
Just being.  
We are soaring above,  
Like a bird in the sky,  
Like a bird,  
We're two birds in the sky.*

### **Three poems composed by seniors with dementia at Hollyburn Care Centre in West Vancouver, BC.**

These poems were produced during the Creative Expression Activities Program that was developed by Dr. Dalia Gottlieb Tanaka. These poems were then collected in a booklet and were given to the families of the residents.

#### **Beautiful Friendship**

*There are many kinds of friendships  
What about sad friendships?  
Someone to confide in  
To love and share with  
Being close and reacting to each other  
The life-long friendship that never ends*

#### **I Would Like...**

*I would like many things  
I would like to leave behind me kindly memories  
I would like to have my cake and eat it too  
I would like to have it all; you only live once  
I would like to have my husband back again  
I would like to hike and sail  
I would like to meet my friends up above  
when I go  
I would like to have my friends around  
I hope they all go to heaven*

#### **The Waltz You Saved For Me**

*A beautiful twosome  
To the rhythm of 1-2-3  
Romantic  
Amazing  
Graceful  
It's so nice to be with you*

## Personal Philosophical Approach to Music Therapy at a Seniors Dementia Care Centre in Vancouver BC.

**Gail Penny, B.Ed., BMT., MTA.**



### BIOGRAPHY

Gail Penny was born in just outside Vancouver in New Westminster, British Columbia. After finishing High School she went on to achieve a Bachelor of Education (Music major) from the University of Victoria. Instead of teaching she decided to sing for a living and never looked back. Gail traveled the world singing and playing on cruise ships and in Hotels around Canada but finally became weary of the lounge circuit and found her way to Music Therapy at Capilano College in North Vancouver. Through Open University, Gail was granted a Bachelor of Music Therapy degree and has been practicing Music Therapy full time since 2002.

Music has been my only career. I have been singing professionally since I was 19. After finishing my Bachelor of Education I decided to pursue my singing career and eventually, after 20 years of singing professionally, made my way to Music Therapy as a mature student, and now a mature Music therapist. I have been working full-time at a Dementia Care Centre for the last six years.

My personal philosophy as a Music Therapist is humanistic and client-centred with a keen interest in the psychodynamic method of processing unconscious material. I believe there is nothing more human than the voice, especially the singing voice.

Singing is a universal, cross-cultural symbol or archetype of true connection. A simple example of this is singing, when used in a lullaby. There are examples of lullabies in every culture and their themes are quite similar. They are the simplest and oldest form of song and the voice inherently soothing to a child.

Myths are stories that were used by Shamans and other spiritual leaders to explain certain moral concepts. The ancients Greeks believed in the Gods of Olympus as surely as Christians believe in Jesus. These stories, or parables or fables, allowed people to relate their personal struggle and journey to that of the heroes in the stories. These stories still hold us in fascination. Mythology is one of the most central and universal aspects of all cultures and societies. It seems that, even before we had an organized, written language, we acted out our stories around fires and drew pictures on cave walls depicting spiritual, mythical events.

The qualities and themes of these stories are mysteriously similar throughout the centuries and across all cultures, and these similarities spurred Jung (cited by Kast, 1992) into devising his theory of a 'collective unconscious' among humanity. To explain the parallels between mythological, religious, artistic, and poetic motifs, Jung suggested there existed a collection of archetypes that formed a basic, structural element in the human psyche.

**"Human potential, personal growth, and self-actualization are powerful phrases, and the very fact that we, as music therapists, are artists creates in us an affinity to these terms."**

In symbolic or allegorical terms myths, or carefully chosen songs, speak of universal truths. (Campbell, 1988). There are many examples in my everyday work with people living with dementia, where song lyrics are employed to relate directly to the client's journey or, as Laura Beers (1990) described it, 'personal myth'.

There was the instance where a client related on a deeply personal level to the lyrics of the song "Que Sera, Sera", specifically "whatever will be, will be. The future's not ours to see." This simple song facilitated the client's awareness of how uncertain life can be. More importantly, she was able to relate or associate her problems with the rest of humanity, thereby reducing her feelings of isolation.

In my Choir group, I use the song "Alice Blue Gown" to discuss being young and the dresses my clients loved to wear. This sweet little song evokes a surprising array of memories and emotions. This type of interaction promotes feelings of success and a sense of individuality in the client, which should be two of our main objectives in Music Therapy. (Bright, 1997). People with dementia are often able to relate to words when combined with music, in a way that is impossible in their daily lives. The words paint

a vivid picture of a young girl wearing a lovely dress that makes her feel absolutely gorgeous. Some of the ladies were able to describe, in detail, the taffeta dress that they loved. The fact that the ladies shared a similar experience created a lovely emotional connection between them.

Several of my clients and even co-workers have commented on the song "My Way" (Claude Francois, Paul Anka, 1969) as popularized by Frank Sinatra, even stating their desire to have it sung at their funeral. This song has a deeply personal message that many relate to in a startling emotional way. Music represents the symbols that are the most powerful and meaningful in the client's story. Songs stimulate one to reflect on one's life. "Regrets, I've had a few, but then again, too few to mention." Music provides the client's life experience, or personal myth with substance and gives a voice to the story.

In conclusion, my most powerful therapeutic tool is my voice. Human potential, personal growth, and self-actualization are powerful phrases, and the very fact that we, as music therapists, are artists creates in us an affinity to these terms. Empowering the client with the access to his/her own voice and his/her own story, is a consistent long-term goal in my therapeutic approach. ■



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