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# RISE UP SINGING:

## A MODEL FOR CONSCIOUSNESS

## THROUGH THE THERAPIST'S REFLECTIONS

## ON AN IMPROVISATIONAL MUSIC THERAPY GROUP

## FOR PERSONS WITH END STAGE DEMENTIA

by

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B.M.T., Open University, 1996

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## ABSTRACT

This thesis is an inquiry into consciousness through the therapist's reflections on the improvised music generated from within a group of women with advanced dementia. The inquiry engages a "Free Phantasy Variation" (Husserl, 1965; Reeder, 1986; Kenny, 1989; Moustakas, 1994) in search of essences of the experience for group members. A parallel Heuristic Inquiry (Moustakas 1990 ) uses the tacit intersubjectivity in the intramusical relationship to illuminate the meaning of the exprience for the therapist. Further, the interpretive analysis (hermeneutic) offers findings through a theoretical framework or model for consciousness: "Modes of Consciousness observed in Persons with Dementia through improvised music".

The emergent essences or 'themes' are revealed through variations on the sessional experience in the form of language, metaphor, exemplary stories, free association, poetry, and the creation and interpretation of mandalas

The research and the discussion following, is grounded in two schools of music therapy thought: The Nordoff-Robbins Creative Music Therapy and Kenny's 'Field of Play' theory. Creative Music Therapy provided the point of departure for the clinical approach. The Field of Play provided a theoretical doorway into the inquiry which followed.

Salient to this study are the 'reflective abilities of the therapist' which are called forth in an attempt to distill the experience of sharing improvised music with severely cognitively impaired, nonverbal persons. Through the analyses of these reflections, at least seven apparent modes of consciousness

were observed.

Among the findings: SILENCE and ANAESTHESIA are identified as salient features of the experience of Persons with dementia. REACTIVITY is presented as a transitional mode of consciousness, a path which, when attended to, can assist a Person with dementia to a place of silence, or toward an experience of memory. MEMORY is seen as reflective of the personal context of the individual, but also in the phenomenon of new learning. Finally, CREATIVITY is demonstrated through the ability of group members to generate new musical motifs, new behaviours, and the attribution of meaning to improvised music.

## *SOMETHING WHOLE*

*Sometimes I think I'm simple,*
*A single-celled animal,*
*semi-permeable membrane thick,*
*round as the rim on a bumper car.*
*Resilient, so it can pinball off experience.*
*And does, until that moment when something,*
*misery or happiness, ruptures.*
*Something whole happens*
*and I'm flooded with it.*
*Like the shock the T.V. gave,*
*shoved me across the room.*
*Or the long day, blue and white,*
*in the November snow of the mountains,*
*high above anything human, silent.,*
*day I can still step into, any time,*
*the way I can take in the wind*
*that cut the girl who held the steel*
*of monkeybars to watch other*
*children play distantly below. Brief and sudden*
*as the arched back and dorsal fin*
*of the minke whale in the Saguenay*
*whose leap left a mirror of oil*
*and blackness, stillness,*
*on the water, it makes you simple,*
*unitary and solid, indivisible.*
*Makes you full, the way the wheat is full*
*when it's taken in sun*
*until its being is gold. Full as the hawk balancing the air,*
*the drunk balancing the street,*
*which may tip and tipping,*
*draw the world with it.*

*Rhea Tregebov*

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I aspire to contribute even a fraction of what you both have given the world through your work. I am grateful you are in my life.

# TABLE OF CONTENTS

## Part Five: Conclusion

# SELF HERMENEUTICS

## MUSIC AND SOUL

Some of my earliest memories, the ones that have to do with developing a sense of self, had to do with an inner life and with music. I began improvising music at age three. I remember doing so on a small piano, and on a xylophone. I made up little songs which told the stories of my young concerns. My earliest aspiration was to be a composer. They were my heroes, creating sounds which mobilized crowds of people or quietly comforted aching hearts. By age six, I was playing the music I heard on television and radio and was learning to read music. Shortly thereafter, I began a career as a child soloist. I played the marimba and vibes in a stage band. I learned the jazz standards early and began to structure my improvisations according to the rules of jazz. I can remember feeling a general sense of unease with these rules of improvisation. I remember feeling more at ease when I could 'just play' my feelings. And I had many 'feelings' as a child. I experienced isolation as a child performer. Rehearsals and performances kept me from interacting with my peers in traditional ways, and the secrets in my family left me further isolated with only the piano providing the safe place for anger, sadness, and confusion.

Through these years, I began to develop a spirituality. This spirituality was held within the parameters of my faith of origin: Roman Catholicism. What appealed to me about Catholicism then, and in some respects still does, is

the sense of inner life, of Soul. We were taught that there were mysteries of the soul...things which could not be reduced to terms defined. I was taught that a human being was greater than the sum of its parts, and the stuff in between, the glue, was Soul. I reveled in the stories of the lives of the saints and their mystical experiences, and read and re-read their attempts to describe their spiritual experiences. I learned early that through the arts, visual art and sculpture, poetry, prose, and music, one could enter into a dialogue with ones own soul, perhaps even with God.

By the time I was seventeen, I worked in a Catholic nursing hospital on the Oregon coast. My first experience of institutional life was profound. Though our care was medieval by today's standards, it was delivered with a sense of regard for the divinity of human life.

Inwardly, my sense of spirituality expanded to include the natural world. On the beaches and in the rainforests of Oregon I found solitude and the fodder for art. My poetic style and free verse emerged and my musical improvisations became more complex compositions. I auditioned for music schools having prepared only original compositions and proudly announced that I did not play traditional repertoire, but would be happy to improvise.

By the time I was seventeen, it was easy to believe the nursing sisters in the hospital when they told me I was nursing souls as well as bodies. To the nuns, the patients were souls first, persons with disabilities second. Each person had a piece of the divinity of God in them, and in caring for them we cared for a suffering Christ. Our own faith was inextricably linked to the

moment to moment care we gave. This was an important lesson I have never forgotten.

Although my spiritual paradigm has changed in substance, in principle it is as it has always been: clear on the subject of inner-life, on Soul. Now I use the words consciousness and sentience to describe 'being' inside disability. Not surprisingly, I employ improvisational models of music therapy, and the spiritual underpinnings of the Nordoff-Robbins Creative Music Therapy have played particular roles in this work. In my heuristic and phenomenological search for essential meaning, I employ Free Phantasy Variation (Husserl 1931) through free verse and art. Not unlike the mystics and composers I revered in my youth, I attempt to describe my experiences in the music. Field of Play (Kenny, 1989) theory and its emphasis on elaboration of qualities also informs my research. For me, the elaboration of qualities is a little like walking the same path in the rainforest repeatedly, and noticing something each time that one did not notice before, a mushroom, a fiddlehead fern, a sense of softness under the feet, and a teeming life force.

## BACKGROUND

The 'Rise Up Singing' program began with a personal experience. Frustrated and 'burned out' with my clinical practice with Persons[1] with dementia, I attended the Canadian Association for Music Therapy National Conference in Vancouver in May, 1994. Among others, Kenneth Aigen presented his research: "Here We Are in Music". This qualitative study was conducted with a group of adolescents who attended music therapy sessions at the Nordoff-Robbins Centre for Music Therapy in New York. I was impressed by several aspects of this presentation. The qualitative methods truly illuminated the music therapy experience. This was, for me an oasis. Long interested in research, I had made and abandoned several attempts to do research into the effects of the music therapy programs I was running. Dr. Aigen seemed to have language to describe his work and did so without compromising the music therapy context. Finally, the videotape he presented illuminated the *Creative Music Therapy* clinical model, founded by Paul Nordoff and Clive Robbins, and further developed after the death of Dr. Nordoff by Clive and Carol Robbins. I had been exposed to the Creative Music Therapy model in my undergraduate music therapy training but it had been several years since I had seen the work in action. Not only was I reminded of the beauty and efficacy of this work, but I saw clearly in the experience of the developmentally handicapped adolescents a similarity of experience with my

[1] The use of the capital P throughout this document reflects the philosophy of the author. It is intended to represent a Person/Client centered philosophical approach. The lower case word 'client' is also used, but refes to the client in broader, less specific terms.

own clients with dementias of varying kinds. Both had difficulty staying focused for long periods of time, both were challenged when it came to communicating something about their state of mind, both experienced what I call behavioural eruptions. I began to think that there might be something I could change in my clinical approach which might allow more space for spontaneous creativity among my clients.

Nordoff and Robbins' early work was focused on children with autism. Nordoff was a composer and pianist, Robbins a special educator. Together they intervened with the child/client musically, through free improvisation. Influenced by Anthroposophy, they believed that at the moment a child entered into 'the creative now' with them in the music, the child was exercising his or her will and intent to be in the world, and engaged with an 'other' in a meaningful way. Further, they believed that within every child existed a musical sensitivity. They personified this idea with 'The Music Child' theoretical construct. I always imagined the music child to be an inner child, free from disability, sensitive, sentient, with agency. My interpretation of the spiritual groundings of their work was that the music child and the music the child created, represented a piece of the whole, a piece of divinity which is present in all life. When the music engaged the child, the 'music child' would emerge, sometimes only momentarily, but one could always tell, when listening, when that happened.

Watching the work again in 1994, I was reminded of the conditions of autism, and likened them in many respects to that of dementia. I experienced a

deep knowing that though traditionally used with children, Creative Music Therapy would be appropriate for Persons with Dementia. Further, its grounding in personhood was consistent with my own beliefs.

In practice, Creative Music Therapy is implemented by two therapists. The primary therapist plays the piano and sings and is the musical connector to the client. The co-therapist is a partner to the primary therapist, in direct physical contact with the client, facilitating physically the use of instruments, and functioning as a second pair of eyes, ears, and hands. Much of the early stages of therapy is focused on eliciting responses, utilizing reflection, and provocative, attractive musical motifs and idioms. These improvisations often lead to spontaneous compositions which reflect something of the quality of the interaction musically. I was supervising a music therapist intern in 1994, and invited her to join me in the attempt to design a creative music therapy program with my client group. She accepted. Nordoff-Robbins music therapists are specifically trained in the use of clinical improvisation and analysis according to their tradition. Neither of us had that training, yet my background in jazz and my training in other styles of clinical improvisation led me to believe I had something to offer these clients musically: an albeit rudimentary version of Creative Music Therapy. Thus began the 'Rise Up Singing' program.

The group was comprised of three group members and two therapists as previously described (See Appendix A for group member profiles).

I had known from my research into the Creative Music Therapy method,

that sessions were recorded and then painstakingly analyzed in post sessionals. I began to engage in these post sessionals, beginning a practice which remains an integral part of my practice today: verbatim and/or representational transcripts including a rough manuscript of the spontaneous music generated during the session. In theory, this original musical material can then be used again as contact songs, creating a sense of the familiar which is unique to the individual.

The 'Rise up Singing' group met weekly for approximately two years. Another music therapist intern became co-therapist during the second year of the program. This document presents the findings of a phenomenological and heuristic inquiry which utilized sessional material chosen from within this two year time span.

## THESIS STATEMENT

This thesis explores a model of consciousness for Persons with end stage dementia which can be accessed through clinical improvisation. This model is illuminated through the reflective abilities of the therapist and has emerged from parallel phenomenological and heuristic research processes.

It proposes that something of the subjective experience of dementia can be experienced by the music therapist clinician through sharing music generated from within the client, and through reflective post- sessional, heuristic processes. With respect to dementia, it finds and proposes that Persons with dementia exist in fluid, dynamic, and altered states of consciousness, able to access varying states in an uncontrolled, perhaps involuntary manner. This thesis speculates that this experience can be accessed and ordered through the form, structure, and metaphor inherent in musical language such that excess disability diminishes, and the Person with dementia emerges as a sentient being, with agency. Further, the individual is able to communicate through the symbolic nature of music the essences of their experience in the moment.

It reviews a limited history of published thought on dementia care from an interdisciplinary and multinational point of view.

From the perspective of research, this thesis, by its design, openly addresses and engages the phenomena of intersubjectivity and clinical intuition, and illuminates the need for developing reflective abilities within the therapist. Ultimately, this thesis proposes a model for practice which is

client centered, music centered, one which presumes a shared consciousness, and can be described in language consistent with the context of music therapy.

## RATIONALE FOR THE STUDY

In Canada, there are an estimated 252,600 individuals suffering varying forms of Dementia. Approximately 50% of these individuals live in residential care settings (McDowell, Hill, Lindsay, & Helliwell, 1994). It is estimated that, due to the increasing number of individuals reaching the age of 65, by the year 2021, the incidence of dementia will rise to approximately 592,000 cases (Mc Dowell et.al, 1994).

The Canadian Association for Music Therapy Employment Information Survey indicates that approximately 74% of music therapists in Canada are employed in long term care organizations. Further, approximately 70 % of music therapists in long term care organizations report working with Persons with dementia (1995).

Prior to the fall of 1997, music therapy research for Persons with dementia was completely absent in recent editions of the Journal of the Canadian Association for Music Therapy. The proceedings from conferences[2] however, reveal that Canadians have long held humanist views and used co-creative models of practice for this population. Internationally, music therapists have made significant contributions in both quantitative and qualitative research literature. Most relevant to this thesis are those few studies which seek to explore the meaning of the shared musical experience, and to extrapolate that meaning through the lens of consciousness (Amir 1992,

[2] In the early years of music therapy in Canada, the proceedings from conferences served as the professional journal. I have drawn my literature review from this source.

Bonny 1975, Bruscia 1995, Forinash 1992, Kenny 1982, 1989).

The related disciplines of Social Psychology and Nursing have made the greatest contributions, to date, in research into the lived experience, the shared experience, and consciousness for Persons with dementia and the implications for care (Kitwood 1990, 1993, Bredin and Kitwood 1992, Brown, 1996) .

Despite the dearth of literature within our own research journal, Canadian music therapists share anecdotal data and case stories among themselves which tell of meaningful moments in music with their clients with dementia. Though approaches may vary, one point geriatric music therapists seem to agree upon is that the work, as a lived experience, with Persons with dementia is rich. Still this work, done by Canadians and within a Canadian context, has yet to find its place within the pages of our national research journal. One possible reason for this is the unfamiliarity Canadian music therapists have with research methods which illuminate experience. It is only in the advent of advanced music therapy training in Canada that qualitative methods have been brought into focus. Qualitative research methods have long been practised by other disciplines concerned with care for Persons with Dementia (nursing, occupational therapy, psychology, and social work). The issue, therefore, is not that good work is not being done in the field of geriatrics (dementia care in particular) in Canada, but that it has not been presented within the framework of research or has been denied publication for some other reason.

Another less attractive possibility for the lack of emphasis on geriatric

care and dementia care in particular in the Canadian journal is what I term a 'crisis of professional self concept' among geriatric music therapists. Unlike the nursing profession who have honoured the uniqueness of geriatric practice through the development of a specialty field ( The Gerontological Nurse), geriatric music therapists report, at times, feeling incidental in their work settings. Some music therapists report experiencing a lack of control of practice, and at times are required to abandon their professional identities in order to maintain employment. Other therapists report being asked to change their professional titles, adopting instead names such as 'Music Activity Specialist', 'Activity Worker', or 'Music Consultant'. The message this sends to the therapist is that the geriatric music therapist is not valued, that the modality is not seen as the powerful agent for change and healing that it is. It would require a special kind of confidence, indeed, to continually uplift one's work, and present it to their colleagues in the face of seemingly unrelenting devaluation.

Apart from providing a voice for the work of geriatric music therapists, and illuminating the experience of working with Persons with dementia, this research seeks to contextualize clinical experience through phenomenology, to explore the notion of intersubjectivity and a shared consciousness, and to explore the impact of the work on the writer through Heuristic inquiry. The questions which informed my study were born of this dilemma: How shall I work with clients in this population when my viewpoint bends toward consciousness? And how then, shall I process and extrapolate meaning:

meaning which is relevant, drawn from our direct experience with the client? Meaning which honours our tacit knowledge, and the intuitive process inherent in a reciprocal method such as music therapy. Meaning which presumes and then illuminates consciousness on the part of both client and therapist. I believe this research presents a method and model for practice music therapists can truly call their own: music centred, committed to our direct experience with the client, creatively permissive, and respectful of the integrity of the souls with whom we work.

# PART TWO

# LITERATURE

# CHAPTER 2

## MUSIC THERAPY AND DEMENTIA

Dementia is characterized by the development of multiple cognitive deficits including memory impairment that are due to direct physiological effects of pathological changes in the brain, as a result of multiple potential etiologies . More than 55 illnesses can cause dementia (Geldmacher and Whitehouse, 1996). The group members represented in my study had diagnoses of Alzheimer's type Dementia, Parkinson's related Dementia, and Organic Brain Syndrome.

Individuals with dementia are thought to become impaired in their ability to learn new material and retrieve previously learned material. Dementias are diagnosed by the presentation of a memory impairment plus the presence of aphasia, apraxia, and alterations of executive functioning (abstract thinking, planning, initiation, sequencing etc. (American Psychiatric Association, 1994).

Dementia can be progressive as in the Alzheimer's type. Alzheimer's Disease is the most common form of dementia and, in industrial countries, accounts for approximately 70% of cases of dementia (Geldmacher et al, 1996). Conservative estimates show that more that 50% of individuals living in residential care suffer from dementia (Herman cited in Dawson, Wells, and Kline, 1993). Dementia can present in both static and remitting forms (APA,

1994).

As previously mentioned, there is a dearth of literature as regards music therapy for Persons with dementia. What is present in the journals is representative of an evolution in philosophy and clinical approaches. Interestingly, there appear to be subtle nationalistic differences as well.

Articles on music therapy for Persons with dementia (in this case Alzheimer's Disease) does not make an appearance in the Canadian Music Therapy literature until 1990 (though one reference to 'psychogeriatric confusion' was made in 1986). The Journal of the Canadian Association for Music Therapy, only recently published its first article (by an American) in the Fall, 1997 issue. As noted on page 13 of this document, the literature representing the Canadian context in this review comes directly from archival material from the proceedings of national conferences.

In the United States, articles regarding Alzheimer's Disease began to appear in the journal of the American Association for Music Therapy in 1986 and in the journal of the National Association for Music Therapy in 1989. The British Journal of Music Therapy did not begin printing material about music therapy and dementia until 1991.

Since 1977, eight dementia specific articles appear in the collective professional journals of England, Canada and the United States. Four brief articles appear in the proceedings of the conferences of the Canadian Association for Music Therapy dating as early as 1988. One of these articles reflected preliminary research (Izenberg-Grezeda and Milgram-Luterman,

1988), the others were discussions about music therapy techniques.

In terms of clinical approaches discussed in the literature, the most common music therapy approach is the use of familiar song material. It is thought to stimulate memories and aid reality orientation and sensory stimulation, decrease undesirable behaviours and improve client self esteem ( Bright, 1972, 1981; Palmer, 1977 & 1989; Allen, 1977; Riegler, 1980; Shively & Henkin, 1986; Smith,1986; James-Nicol, 1990; Clair,1991; Lipe, 1991; Pollack & Namazi, 1992; Fitzgerald-Clouthier, 1993; Groene,1993 ; Kirkland & Munroe, 1996).

Co-Creative clinical approaches such as free movement to music, songwriting and clinical improvisation appear less frequently in the literature, and most often in the Canadian context (Thompson & Greenwood,1983 ; Isenberg-Grezeda & Milgram-Luterman, 1988 ; James- Nicol, 1990 ; Kirkland & Munroe, 1996). They speak or allude to the creative and emotional life of the person with dementia and give voice to the unique experience of sharing music:

> We value the quality of the moment and the connections we make with another human spirit. Something of the quality of the interaction carries over to the next session even though it is not consciously remembered (Thompson and Greenwood, 1983 p 98).

In their 1986 article, Music and Movement Therapy with Alzheimer's Victims, Shively and Henkin introduce the idea of 'free expression' though they refer to it solely within the context of improvised movement (p.57). In 1988, Canadians Isenberg-Grezeda and Milgram-Luterman comment on their use of spontaneous rhythm with 'Alzheimer's patients', " Music Therapists often feel

privileged to be involved in a therapeutic practice that engages the seemingly spared musical functions of otherwise mentally impaired elderly" (p.63-64).

Music Therapists Silber and Ph.Hes (1995) note that the ability or the human impetus to express emotions exists in spite of cognitive impairments. Their work in songwriting with persons with Alzheimer's Disease is grounded in 'free expression and creativity' (pg. 31).

Ruth Bright (1972, 1981, 1988), who is a pioneer in Music Therapy in Geriatric care, perhaps best chronicles the evolution of our field with respect to theory and practice for Persons with dementia although her clinical approach does not change over time. Her first publication, Music Therapy in Geriatric Care (1972), devotes only 1 paragraph to dementia, combining it with psychosis. By 1981, her second publication, Practical Planning in Music Therapy for the Aged, integrated both frail and cognitively impaired persons under the same clinical umbrella, advocating the same treatment approaches (activities, familiar songs, and games with an emphasis on physical functioning). However, she asks the question, " Is the session any less valuable for that reason (memory loss), so long as it brings even temporarily a sense of pleasure and self esteem, and a capacity to relate to others in a group?" (p.48). Further,

> We must never lose sight of the fact that music is concerned with the emotions and not the pulse rate, with self esteem and not the posture, with communication and not handwriting. All of these concrete, measurable items may be an indication of how our therapy is progressing, but they are not the stuff of which therapy is made. (p.48).

Just two years later, in 1986, Bright published an entire book, Music Therapy and the Dementias. In the span of fourteen years, music therapy in

dementia care had come out from the shadows. As more music therapists became employed in geriatric settings, our concern about the dearth of printed material, and approaches was paramount. Our collective curiosity turned toward the effects of music on the physiology of the Person with dementia. It is understandable that researchers might begin their journey with the most obvious question, is there a unique effect of music on this disease? But as quantitative data kept turning up mostly insignificant or marginal results, a few music therapy researchers began to look toward the 'social' arena, unofficially creating what has come to be two distinct 'schools' of clinical thought. For purposes of this study, I use the term 'waves' of thought. I use the term to denote the powerful, sweeping, cleansing action of waves. When one is riding a wave, it is all encompassing. It is only in the wake of such an experience that one becomes aware of the existence of other waves. After riding a few, one becomes aware of their predictability, and their role in the life of the sea. Finally, as in the ocean, discreet and isolated waves are rare. The backflow of one becomes the crest of the next and so on.

## THE FIRST WAVE

The first wave of music therapy thought was disease centered. It concerned itself with understanding the group of conditions which later came to be classified as the Dementias (Chronic Brain Syndrome, Korsakoff's Syndrome, Parkinson's related Dementia, Organic Brain Syndrome, Senility, Senile Dementia, and Alzheimer's Disease).

The literature indicates two trends in this wave of research and writing: Behaviourism and Cognitivism. Behaviourism is concerned with the amelioration of 'undesirable behaviours'. These behaviours generally involve wandering, repetitive vocalizations, and agitation ( Bright, 1972 &1981; Allen, 1977; Groene, 1993; Fitzgerald Clouthier, 1993; Claire & Bernstein, 1993). Behavioural research views these behaviours as problems and seeks to reduce or eliminate them through the use of music. An example of behaviourist music therapy research is the 1993 study by Groene. Wandering behaviour in residents of a care facility was measured by affixing the 'resident subjects' with pedometers, mercury counters, and cyclometers. The study measured the frequency and distance wandered by residents during large group music making, and compared the results with the same measurements obtained during a large group reading program. Results showed that the wandering 'resident subjects' wandered in closer proximity to the music source than to the reading source, but that no significant difference in frequency of wandering could be demonstrated. In the discussion section of this research article, the author articulates his rationale for the study by citing several reasons why control of wandering behaviour is important: "Interference with daily activities and therapies, decreased participation in programs and treatments, increased staff time and effort correcting behaviour, potential property / equipment damage, potential avoidance by staff, resulting in decreased medical monitoring and social interaction; potential lower staff morale and higher turnover rates" (Groene, 1993 p. 155). These rationales unquestionably

represent a 'provider centered' paradigm. Foci of this nature are being revolutionized in several professional circles today who believe they are on the crest of a new wave of thought. This interdisciplinary matrix will be discussed later.

The Cognitive trend, philosophically, can best be described by quoting music therapist Georgia Smith: "The very essence of being human rests on the ability to retain, retrieve, and use memories" (1986 p. 42). It is not surprising that the first wave of music therapists focused on issues of behaviour and cognitive disability given the medical definitions and diagnostic criteria. In view of the scientific climate created by medicine, it made sense to search for answers to why music therapy clients seemed to function at a higher level in the music therapy session, and they began by studying the effects of music on cognition. These studies were designed with mental status examinations as diagnostic tools and music/ non music settings as variables ( Maziotta, 1982; Smith, 1986; Riegler, 1980 ). Indicators such as Orientation, Attention, and Language as measured by the Folstein Mini Mental Status Examination were used without significant results. Music therapy researchers took pains to attempt to describe the benefit they felt their clients did receive outside the parameters of their research and called for others to investigate. Both behaviourism and cognitivism view the Person with dementia as 'patient', and therapist as healer.

In his 1989 book, Defining Music Therapy, Bruscia describes music therapy as an art, a science, and an interpersonal process (p. 8). I like to

think that there is a little of the artist, scientist, and sociologist in each music therapist. With respect to our views on Dementia, if the behavioural scientists among us held sway in the first wave, the second wave brought forth the social scientists.

## THE SECOND WAVE

The second wave of music therapy thought is concerned with the Person with dementia as a member of a social structure. Researchers seemed to be trying to address the common phenomenon of spared social function in the face of severe impairments in cognition. The literature turned to studies and discussions of the Person with dementia in relation to others (Clair, 1991; Smith & Lipe, 1991; Pollack & Namazi, 1992; Christie, 1995). Bright (1988) writes of the social realm, "Encouraging our clients to look at each other, to smile, to touch or hold hands- these basic social interactions are all facilitated by our music sessions. They have enormous value in keeping alive or rekindling a sense of belonging, being loved and quite literally of being in touch with each other, even when speech and general cognition have almost disappeared" (p. 35).

This shift both in focus and language was an important one. Most important was the appearance of social research in the music therapy journals, though, by and large, the research was quantitative. Still, empirical data supported our tacit knowledge based in direct experience, that our clients seemed to have spared social sensitivity that was particularly evident in the

music therapy session. The Cognitive-Behavioural work did not adequately reflect what seemed important to many humanist music therapists with sociological biases, and the language of 'Quality of Life' emerged with both dignity and legitimacy. The Person with dementia is most often referred to as 'victim' or 'sufferer' in this wave, I believe indicating an awakening compassion and a shift toward acknowledgment of interdependence. This language places value on the experience of the person in the context of the family and society. If somewhat tragic, they serve to humanize the impact of the disease on real people. The therapist's role is seen as facilitative of the group member's interactions.

## INTERDISCIPLINARY CONNECTIONS

It would be simplistic and inaccurate to believe that music therapy thought evolved in isolation. Music therapists are members of teams of other caring professionals with different perspectives. In the day to day workings of institutions, music therapists influence and are influenced by the trends of complimentary disciplines.

The nursing profession has a wide perspective on Persons with dementia, concerning itself with all aspects of care. Nurses become the primary caregivers in residential settings and bear legal responsibility for that care. Nursing theory has undergone significant change over its long history. In the 1970's, nursing theorists and educators battled for the ground of control of

practice. Nurses had for many years been viewed as handmaidens to physicians (1976), and nursing theory adopted mainly curative, medical foci. The nursing process mirrored the scientific method. By the early 1980's, however, indigenous theories emerged from these years of dialogue and development which placed nurses in facilitative roles with clients at the centre. This shift was critical to the nursing profession as it laid the foundation for a conceptual framework of personhood. Persons/ Patients were now seen in the context of their whole lives. The 'unit of care' is a term which is now commonly understood to refer to patient and family.

In institutional practice and dementia care, these theories were more difficult to operationalize. Only recently have conceptual frameworks emerged for nursing practice in the care of Persons with dementia in institutional settings. One such framework is offered by Canadians Dawson, Kline, and Wells (1993). Their 'abilities-enhancing framework' offers individualized assessment and care based on personal competence and takes into account those social and environmental factors which compromise competence. The Person with dementia is viewed as a person within an environment. Of particular significance to music therapists are the authors' integration of the concepts of 'Environmental Press ' ( Lawton & Nahemow, 1973), and 'enablement' (Dawson et al,1993).

Environmental Press refers to the degree of demand placed on the individual from all environmental stimuli: interpersonal, extrapersonal, and physical. This demand is evaluated against the individual' competence. In the

context of environmental press, music therapy interventions involve each of these identified factors.

Enablement assists the Person with dementia to "use his or her resources and to foster meaningful life experiences...despite the presence of cognitive impairment" (Dawson et al. 1993, p.2).

As previously noted, music therapists find resonance in this concept. Canadian music therapists, in particular, have concerned themselves with quality of life issues and meaningful experiences in music. Finally, Nordoff and Robbins, whose method is strongly represented herein, refer to the 'place' within each person where lives an inborn musicality and musical sensitivity. They developed the construct of the 'music child' where each child/person's musical expressions and responses, however restricted, are accepted as meaningful (Nordoff & Robbins, 1977; Forinash, 1992).

In 1989, social psychologist Tom Kitwood published an indictment of the 'standard paradigm' underlying the thinking of the times in the *Ageing and Society* journal. He called for a new conceptualization of the major dementias and Alzheimer's disease in particular. Kitwood used strong, passionate language, asserting that the 'medical model' of care for Persons with dementia deprived the individual of their personhood. Further, he presents a harsh view of the environmental press present in institutional settings in his term 'malignant social psychology'. In a later article, he elaborates on his assertion:

> " each aspect of the malignant social psychology is, in some way, damaging to self esteem, and tends to diminish personhood; that is why it merits the epithet 'malignant'. When a person has been subjected to a predominantly malignant social psychology for several

years, the effects may indeed be devastating" ( 1990, p.181)

He presents ten aspects of this 'malignancy' with examples based in daily experiences of: treachery, disempowerment, labelling, stigmatisation, outpacing, and invalidation. He concludes with a challenge to researchers to abandon research methods which perpetuate the malignancy in favour of ethnological studies of lived experiences of Persons with dementia. His subsequent work on Personhood and Well-being (1992) , Interpersonal Process (1993), and Intrapersonal Process (1993) both scandalized and inspired gerontologists and geriatric ethicists. His theories impacted philosophies and care quickly, for it was in 1994 I heard his work referred to in a symposium on the ethics of dementia care. Within months I had integrated his 'indicators of relative well-being' (1992) into my own practice and shared them with members of my interdisciplinary team.

The mutual development of this matrix of caring professions has evolved in the nineties to a third wave I refer to as 'The New Paradigm'.

## THE NEW PARADIGM

I believe The New Paradigm in care for persons with Dementia to be characterized by three key concepts: Clientcentrism, Interdependence, and Consciousness.

**Clientcentrism** has to do with a trend toward individualized care planning and implementation (Dawson et.al, 1993; Kidd (1996); In practice, it is about knowing one's client well as a Person: their particular preferences,

aversions, social histories, favourite songs, colours, style of music, preferential instruments. Knowing comes as a result of 'being with'. Paradoxically, 'being with' is primarily about the therapist /caregiver. It is about intent. In an improvisational music therapy session, the therapist's intent is to listen deeply, and to reflect musically the vocalisations, utterances, movements, pace, and affect of the client. In doing so we learn a little bit about the client's experience of life in that moment. As moments are strung together into a session, the therapist is truly 'with' the client...I believe, experiencing all the elements of a 'new paradigmatic' relationship in the session.

**Interdependence** is the notion that in every regard, our experience of this moment would not be as it is were it not for the other. Further, the client's experience of the moment is very much dependent on what the therapist /caregiver brings to it, and the moments themselves unfold in unique ways depending upon what the client brings. Interdependence is therefore about relationship. The new paradigm of nursing research into care of Persons with Dementia is concerned with the quality of the personal interaction ( Brown, 1995; Kidd, 1996). Brown (1995) seeks to determine the effects of caregiver's soothing behaviour for Persons with dementia who are experiencing agitation. Further, in identifying qualities of these behaviours, she draws parallels to Winnicott's work on the maternal-child relationship. She identifies strong similarities between the soothing behaviour of caregivers, and maternal nurturing behaviour identified by Winnicott. Applicable to the present study, is Brown's identification of 'mirroring' as a behaviour which tends to soothe

agitated Persons with dementia.

Social psychologist Kitwood states that Interdependence is a necessary condition of being human (1993). Gerontologist Dr. Gerald Hickey, in a personal conversation after viewing a music therapy session, commented..."Its all about human to human, soul to soul connection, isn't it?" (personal communication 1997). In an unpublished presentation for The Canadian Gerontological Nursing Association, I wrote:

> Interdependence is a concept we must 'get'. 'Getting it' takes place on many levels: cognitive, operational, emotional, philosophical, and finally spiritual. As interdependence seeps more fully into our consciousness, we experience a deeper sense of 'the other'; and we understand that there is no turning back. Something shifts within us when we peek into the portal that is another person's experience...another person perhaps dehumanized by an inaccessible social world. Without this shift, true meeting cannot occur (Merrill, 1997).

In improvisational music therapy sessions with Persons with dementia, clients and therapists share what I call 'moments of meeting'. Nursing researcher Maryanne Brown (1996) uses similar language to describe 'moments of connection' in the caregiving process. These moments are what clinicians of any discipline in the new paradigm work toward.

**Consciousness** is about the inner person...the essential human inside disability. 'Personhood' is another word used in the new paradigm to describe this key concept. It stands in direct opposition to cognitivism which presumes the essence of being human to be only in the ability to learn, store, and retrieve information (Smith, 1986). Kitwood's great contribution to this area was the identification of four global sentient states in Persons with dementia: Personal

Worth, Personal Agency, Being at ease with others, and Hope. He proposes that persons with any stage of dementia are capable of experiencing these sentient states. Implicit in all Kitwood's work is that Persons with dementia are dependent on caregivers and caring social structures to create environments where these states can be experienced. The absence of these states in his view, is an indictment of the 'malignant social psychology' ( 1990, p. 184-185), not the Person with dementia. Consciousness in the new paradigm is also about the intent, the consciousness of the caregiver, nurse, therapist. Moreover, each key concept is dependent upon the consciousness of the caregiver. Consciousness and Interdependence are very much interwoven in this regard.

Finally, I believe that Persons with advanced dementia experience spontaneous shifts in modes of consciousness. I believe we see these shifts as individuals 'fade in and out' of contact with us. I believe we see them in 'regressed' behaviours such as rocking and sucking, or reflected in what I call the 'serene affect' of an individual gazing into a garden, or at the blue sky, or in the rare insightful comment made by an individual who appears unresponsive. The concept of shifts in modes of consciousness will be discussed further throughout this study.

The view of the Person with dementia in this new paradigmatic wave is of a Person in the fullest possible sense: beautiful, with agency, creative and relational; a sentient being.

In recalling Bruscia's definition of music therapy as an art, a science, and an interpersonal process, I believe the new paradigm calls forth the artists

among us. The paradigm shift requires music therapists to hold paradoxes, feel comfortable in the ambiguities of a disease characterized by spontaneous shifts in modes of consciousness, to experience abstraction moment to moment, to employ creative methods to illuminate and describe experience, and to feel comfortable with the idea of beholding human unfolding in the face of, at times, devastating human suffering.

# CHAPTER THREE
# CONSCIOUSNESS

## CONSCIOUSNESS IN DEMENTIA RESEARCH

The concept of Interdependence illuminates the idea that in moments of meeting, there are at least two unique experiences to be understood: the client's and therapist's. Theories of consciousness and field theory suggest that when we meet, my consciousness and yours create a kind of shared territory. In the music therapy context, Kenny calls this the 'Field of Play' (1989). She presents phenomenology as a reflection on consciousness. 'Pure phenomenology' with its emphasis on a subject's personal reflection on the meaning of an experience, is limited as a method in its applicability to Persons with dementia. Persons with dementia live much of their lives in, I believe, 'altered states of consciousness'. Their abilities to communicate the complexities of their experiences are limited by cognitive, and language impairments. The focus, then, of research into an interwoven consciousness must be dependent upon the reflective abilities of the therapist.

The concept of an interwoven consciousness dependent upon the reflective abilities of the therapist, and the 'new paradigmatic' themes of personhood and interdependence places this work face to face with the dialogue on intersubjectivity. As Kitwood and Bredin (1992) point out, "the encounter with dementia is deeply paradoxical". To philosophically come down on the

side of personhood, and to inquire after the subjective experience of *being* in dementia will quite naturally brings us to the context of the person in relation. The reason for this is that humans are innately social beings. As children, we learn about who we are through our interface with others and the environment. Kitwood presents an interesting notion, that relationship comes first and with it comes intersubjectivity. The knowledge of a subjective experience comes later. He believes that the lifestyle we consider 'normal' or 'well' is actually one made rigid and frozen through an anorexic subjectivity. He feels that the beauty for us of working with Persons with dementia, has to do with the fact that most individuals with dementia are already well adjusted to being interdependent. Like the child's experience, he seems to be saying that Persons with dementia are highly intersubjective by virtue of the declining cognizance of their subjective experience. The 'malignant social psychology' which operates on Persons with dementia in both institutions and in society has its roots in *being* a highly intersubjective being in unsupportive, social institutions highly invested in maintaining their own subjective myth. So it is that to pursue the subjective experience of Persons with dementia we come full circle to the shared space, the shared consciousness. I agree with Kitwood and further believe that research into a consciousness of dementia then, must be necessarily highly intersubjective. I believe that the hybrid research method I offer later in this document calls forth the most relevant aspects of both phenomenology and heuristic inquiry in aid of understanding something of the

shared experience with Persons with dementia.

## ASPECTS OF CONSCIOUSNESS

*"We come to know the meaning of consciousness intuitively, through experience," (Farthing, 1992 p. 6).*

*"Through the senses, we perceive beauty and the doors of perception open into the development of consciousness. Thus there is an intimate link between sensation and consciousness, the space between self and healing, consciousness is the gateway to change." (Kenny, 1989, p 55).*

To reflect on consciousness, music and Persons with dementia is to truly walk the road less travelled. Yet consciousness begs both inquiry and speculation. Farthing points out, "no account of human life can be complete if it ignores consciousness" (1992 p. 1).

Human consciousness has been avoided by psychology and related fields through most of the twentieth century due to the complexities of studying and defining it (Farthing, 1992 p.2). The strongly subjective nature of consciousness, its foundation in direct, individual experience, and its slippery conceptual quality has led to what I call 'leap of faith' models offered by theorists whose own experiences have led them to those particular crossroads (Bonny, 1975; Bruscia, 1994; Farthing, 1992; Jung, 1956; Kenny,1989; Vaughan, 1986; Wilbur, 1981).

Each theory reflects something of the direct experience of the theorist. The 'leap of faith', from my perspective has to do with the act of stepping forward, of bringing forth a model in spite of the temptation to take the path of least resistance and ignore the implications for consciousness in their work. There is a story which tells of a number of village warriors who venture out to attempt

to understand the large elephant which has wandered into a nearby grove of trees. One warrior returns with a description of the hard, hairy hide of the elephant, another with a description of its foot, another with a description of its ivory tusk, still another with colourful descriptions of the movements of the elephant's trunk. The message of the story is that we can see and describe what we directly experience, but our experience is not necessarily reflective of the whole picture. Our perspective is, however, necessary to the understanding of the whole as a reflection of one of its parts. So, I believe, is the role of models of consciousness which emerge from the direct experience of clinician/theorists.

The 'leap of faith' model I present in this study is reflective of my clinical and personal experiences with music, art, metaphor, and my direct experience in improvising music with Persons with Dementia.

"Scientists cannot directly observe other people's conscious experience" (Farthing, 1992). As previously mentioned, there are people whose quality of life is dependent upon clinicians and caregiver's *inferences* with regard to their conscious experience. Within varied traditions of music therapy is a common belief in the intersubjective qualities of improvisational music therapy. It seems that most music therapy authors have the sense that there is something in a shared experience which can inform us about the experience of an 'other'. Still, each author brings their own unique voice to the dialogue.

Aigen (in Langenberg, Aigen, and Frommer, 1996) discusses the use of 'narrative constructs' (Ely, Anzul, Friedman, Garner, McCormack Steinmetz,

1991 in Aigen , 1995). Ely defines a narrative construct as "...an inferred soliloquy based on the content of repeated observation and an interpretive composite of one child's seemingly characteristic thought and behavior. The construct contains statements which are considered central to the way the child perceives his or her experience". Writes Aigen (1996), "These constructs can consist of either direct quotes or thoughts, feelings, and statements which the researcher believes are typical of the participant" (p.19). Aigen's participants were a group of developmentally delayed adolescents with disabilities which limited their ability to 'participate in a meaningful way in the interview process'. He notes that in a limited way, the *construct* brings the client's perspective to the report. The construct method has potential particularly as a tool for attempting to understand the subjective experience of a person unable to communicate due to impairments in language and cognition. It is also respectful of tacit knowing, and implies that there is something in a shared experience and in knowing one's client well which informs the therapist. As in the maternal-child relationship, some kind of nonverbal communication passes between the parties, and the therapist can have a sense of what might be at work in the client.

Kenny, an existential music therapist, (in Langenberg et al., 1996), reflects on her own experience based theory *The Field of Play:*

'Can I comment on the worldview of the patient with any confidence? The answer is no. In Debbie's case, she only began to speak after two years of music therapy. For two years, the musical language was what we had. We also

had a relationship which embraced both our world views. I could articulate mine. I had to sense hers. Debbie communicated her worldview to me non-verbally, through her music, her presence, her many forms of communication, through her heart" (p. 63).

The Analytical Music Therapy tradition (also improvisational), developed by Priestley (1975, 1994), uses the language of psychoanalysis to describe a shared consciousness in the experience of countertransference. Priestley says of the countertransference,

> I think it is fair to say that the psychotherapist has to learn to use the feelings, emotional reactions and even the instinctual impulses which he finds himself experiencing in relation to the patient, in the further understanding of his patient... The music therapist experiences feelings and emotions, sometimes of a quite specific and detailed sort, through the music she finds herself playing, and should try to make sense of them as part of the data she is accumulating about the patient" (1994, p. xi).

Langenberg, also an analytical music therapist uses the term' resonator function' to describe to qualities of personal resonance which inform the therapist / listener about the shared musical improvisation. (Langenberg, 1996).

McMaster (1996), a Nordoff-Robbins trained music therapist speaks of a *resonance of being* and describes expressive improvisation in this way:

> Expressive improvisation, like speaking, can involve an intention to externalize an internal experience. The qualities of sound can provide a match for our experience" (p.32)... " during a joint improvisation, this physicality (referring to the physical act of improvising and what it calls forth from within the person) can intensify and clarify nuances of responsiveness and congruence beyond the scope of a verbal dialogue. Unlike verbal dialogue, joint improvisations between two or more people also allow a simultaneity of expression to occur. Where there is a shared intent to be enriched by the

improvisational experience, there can be a constant interplay between the qualities and states of being of the improvisers (p.33).

She elaborates in a description of the aesthetics of improvisation,

Such improvisations can nonetheless be experienced as having an undeniable, exquisitely meaningful coherence of form which is based on the organization, be it conscious or subliminal, of the current and/or emergent Being of the improviser (p. 34).

Finally, as regards a shared consciousness between client and music therapist, Bruscia describes three experiential spaces he has observed as a practitioner of Guided Imagery and Music (GIM) : the client's world, the therapist's personal world, and finally, the space which is the therapists' persona as 'therapist'. (in Kenny, 1995. p 169). He further elaborates the idea that a music therapist can have a shared experience of a client's world "A basic and inescapable fact of being a therapist is that sometimes I can enter the client's world and sometimes I cannot" (p. 179). He takes this theory in a direction which is noteworthy with regard to this study. He describes five positions a therapist can take within the client's world:

*Fusion:* The therapist experiences the client's experience and his/her own as identical. Moving toward the client is moving toward the therapist's self. Boundaries and structures are united.

*Accommodation:* The therapist experiences what the client experiences by adapting his/her boundaries and structures to accommodate their experience. Moving toward the client is moving away from the self. Client's world takes precedence over the therapist's.

*Assimilation:* The therapist experiences what the client experiences by

assimilating it into existing boundaries and structures already within them. The therapist experiences the client's experience as similar to their own experiences of the same thing. To experience the client, the therapist moves toward his/her self...the therapist's personal world leads him/her into the client's world.

*Differentiation:* The therapist does not experience the client's experience because it is substantially different from their own. Rather than moving toward the client, the therapist moves away from the client and more toward themselves. The therapist establishes their own boundaries and structures and consciously keeps them separate from the client's.

*Objectification:* The therapist is in the client's experience as an object. The therapist does not experience what the client is being or doing, rather as the receiver of the client's actions.

Within this theoretical construct, the clinical approach represented in this study adopts the stance of assimilation. I experience the client's experience of silence, for example, by exploring my own experience of the silence. I infer from my own experience of mirroring the movements or pitched sighing of a group member something about their subjective experience of that movement or sigh.

Bruscia also reflects of altered states of consciousness as experienced within the context of GIM, "An ASC ( altered state of consciousness) occurs whenever a person leaves any part of here/ now reality and moves to a different space and time" (p. 181). By this operational definition, Persons with

dementia (particularly Alzheimer's Disease) appear to experience ASC's spontaneously. It is an observation of this study that within the container of a shared musical experience, those shifts are accommodated and brought into context...'ordered', if you will (see pg. 79 this document).

Helen L. Bonny, a longtime music therapy researcher in the field of consciousness , and developer of the Guided Imagery and Music clinical model, proposes that through the experience of music, specifically, listening, one can access alternate states of consciousness and bring forth the experiences found there into the conscious awareness ( 1975 p 128). In this article, she presents a 'cut log' diagram. This diagram represents modes of consciousness accessible through music (and other means such as exhaustion, drugs, hypnosis, biofeedback, aesthetics and others) ( p. 125). At the centre of her diagram is ego. Radiating from the centre in concentric circles are states such as daydreams, fantasy, prayer, imagination, memories, anesthesia, bliss, sensory bombardment, regression to childhood, creativity, mystical experiences, unity etc. This diagram provides a point of departure for my own diagram of modes of consciousness experienced by Persons with dementia through clinical improvisation.

Finally, the notion of art functioning as a conduit from the inner state to conscious awareness is one shared by Jung (in Kenny, 1988 ) who says " The inner state finds its entrance into consciousness through art" (p.58). I have chosen artistic media to access my own layers of consciousness in an attempt to further distill the experience of improvising music with my client group.

To summarize, consciousness is address by this study in two ways.

*A shared consciousness* : Proposes that in sharing clinically improvised music, client and therapist can experience a shared consciousness which informs each about the subjective experience of the other to a certain extent. Though this concept is not novel (it is found both explicitly and implicitly presented in several models of music therapy practice), it has not been elaborated upon nor related to music therapy for persons with dementia.

*Within the reflective process of the therapist:* Proposes that through a process of elaboration involving repeated listening to recorded sessions, a therapist is able to pursue essences and meaning as they are reflected, like shadow, on their own consciousness. I have chosen the aesthetic methods and media which emerge from my stance as observer...my personal repertoire of expressive modalities which have meaning for me.

Both concepts are accessible to researchers through established qualitative research methods such as phenomenology and heuristic inquiry.

# PART THREE

# CHAPTER 4

# RESEARCH METHODS

## *TO LOOK AT ANY THING*

*TO LOOK AT ANY THING*
*IF YOU WOULD KNOW THAT THING,*
*YOU MUST LOOK AT IT LONG:*
*TO LOOK AT THIS GREEN AND SAY*
*"I HAVE SEEN SPRING IN THESE*
*WOODS" WILL NOT DO - YOU MUST*
*BE THE THING YOU SEE:*
*YOU MUST BE THE DARK SNAKES OF*
*STEMS AND FERNY PLUMES OF LEAVES,*
*YOU MUST ENTER IN*
*TO THE SMALL SILENCES BETWEEN*
*THE LEAVES,*
*YOU MUST TAKE YOUR TIME*
*AND TOUCH THE VERY PLACE*
*THEY ISSUE FROM*

*Moffitt in Moustakas*

# METHODS

This study draws from two qualitative cultures of inquiry, Phenomenology and Heuristics.

## PHENOMENOLOGY

Phenomenology, founded by Edmund Husserl, is concerned with illuminating direct experience, with uncovering essences. Grossman defined phenomenology as the study of the essence of consciousness (1984). Kenny points out that phenomenology is concerned with a reflection on the consciousness which informs ordinary mental acts of perception and experience rather than with the more abstract views (Kenny, 1989). Kenny investigates the use of phenomenology from the viewpoint of music therapy and the arts and submits that the method provides for more than the elucidation of concrete events and observations. Husserl (1965) introduced a vehicle to study essences which was not purely inductive nor deductive, but involves the use of intuition. He called it 'Free Phantasy Variation'. Kenny explains that free phantasy variation examines various pictures, or images of the phenomenon in order to determine its essential elements (p.58). The variations may be purely imaginative or represent pure perception of the part of the observer (Hegel, 1977; Husserl, 1965 in Kenny 1989 ; Reeder, 1986). Moustakas (1994) describes Free Phantasy Variation as a type of research which freely considers the possible structural qualities or

dynamics that evoke the textural qualities. He describes a three step process:

1) Construction of a list of structural qualities of the experience.
2) Development of structural themes through the process of clustering qualities.

3) Employment of universal structures as themes: time, space, relationship to self, to others, bodily concerns, etc.

Again, as Kenny pointed out, the purpose of such a process is to illuminate experience through delving deeply into phenomena in a free, imaginative manner, accessing impressions which may lie beneath the surface of the researcher. Reeder, describes Free Phantasy Variation as "a process of eidetic reduction necessary before an essence can be intuitively grasped" (p.96). He identifies three stages in the eidetic reduction:

1) Exemplary intuition: where the founding may be sensory or imaginative.
2) Imaginative repetition: holding the intuition is retention, one or more of the aspects is varied prodicing a chain of imaginative intuitions which are similar images or copies of the original.
3) Synthesis: the act of retaining the variations in grasp, and grasping in an 'over-reaching act of identification'. Thus is an essence uncovered.

Tesch ( 1980) groups qualitative research types into three categories: discovering language, discovering regularities, and discovering meaning in data. Both phenomenology and heuristics fall into the last category but differ slightly in that as phenomenology leads the researcher to discern themes and seeks to extrapolate meaning based on the experience of an 'other' (traditionally explicated by them), heuristic inquiry seeks to interpret and extrapolate meaning for one's self as the researcher.

# HEURISTIC INQUIRY

Heuristic Inquiry, developed by Clarke Moustakas, seeks meaning in subjective experience. The root meaning of *heuristic* comes from the Greek word *heuriskein* meaning to discover or to find. Moustakas defines heuristic inquiry as follows: "It refers to a process of internal search through which one discovers the nature and meaning of experience and develops methods and procedures for further investigation and analysis" (Moustakas, 1990 p. 9). Heuristic Inquiry investigates the internal processes of the researcher. "The self of the researcher is present throughout the process and while understanding the phenomenon with increasing depth, the researcher also experiences growing self awareness" (p.9).

Heuristics elevate the tacit and the intuitive. Moustakas submits that the bridge between the explicit and the tacit is in the realm of the intuitive. He further asserts that the intuitive draws on clues, senses patterns the underlie a condition and enables one to imagine and then characterize the condition.

Moustakas (1990) presents a six phase model of the heuristic process:

1) Initial Engagement: The researcher discovers the topic, the area of interest, what it is which calls out to her.

2) Immersion: The researcher enters fully into the theme.

   a) Indwelling- the researcher turns inward to seek a deeper, more extended comprehension of the nature of the experience.

   b) Focusing: enables the researcher to identify the core themes that constitute an experience.

   c) Internal frame of reference: the researcher re examines their personal context, understanding that human

experience is dependent upon our internal frame of reference.

3) Incubation: A retreat from intense, concentrated focus on the theme.

4) Illumination: A breakthrough into conscious awareness of qualities and the clustering of qualities into themes.

5) Explication: The researcher fully examines what has awakened in the consciousness in order to understand its various layers of meaning, paying attention to their own awareness, feelings, thoughts, etc. Utilizes tacit knowing, intuition, inference, symbolic representations

6) Creative Synthesis: Through tacit knowledge, a creative depiction utilizing verbatim material and examples, poetry, story, drawing, painting, music or other creative form.

## Rationale for Phenomenology and Heuristic Inquiry

Apart from their theoretical links to music therapy, my choice of methods was based on both my knowledge of my study group and myself. I was interested both in illuminating the essences of my experiences with this group, and in the search for the meaning of these essences. Like the story of the elephant, I believe that a truth can be had through multiple perspectives. Since the client group was unable to describe their experience formally, due to language impairments, I needed to rely on my own repeated reflection and elaboration of sessional material, tacit knowledge, intuition, and consciousness. Through the sharing of improvised music, I believed I was experiencing something of the experience of the client, and that elaborating those qualities could deepen my understanding of their experience. I came to understand that both phenomenology and heuristics shone light not only on those areas of interest, but allowed me to fully utilize alternative, artistic representations in the process. All artistic expression is, in a sense, interpretive; therefore, when music therapists use their reflective abilities to express their experiences with clients, these expressions can also be considered hermeneutic. In this regard, my study is also a hermeneutic one. To my way of thinking, the territory between expression and interpretation is the realm of meaning. As both phenomenology and heuristic inquiry seek meaning in direct experience, I believe the hermeneutic is tacit.

Finally, the 'hybrid design' emerged from within the process of listening

to sessional recordings repeatedly for purposes of formal presentations, individual case presentations, and article writing. The process began formally in 1995 and concludes with this document, representing nearly three years of study.

Figure 1 is a visual representation of my research process. I am unable to graphically represent how the process represents itself to me imaginally. I have represented the parallel nature of the two research methods as they emerged through the use of columns and numbers, and my application of those methods in italics. However, in practice it was not a linear process at all. The double helix spiral is a more appropriate symbol for this process. The fulcrum around which the two methods spiral is the sessional experience represented by the repeated listening to selected session recordings. At times, the methods are synchronos, but mostly seem to be moving at different rates.

I have often reflected that this process is symbolic for me of the sessional experiences themselves. Phenomenology is about the client's experience, Heuristics about the therapist's, yet they intertwine and are similar in quality. There seems to be more bubbling and brewing in the 'therapist's spiral' while the 'client's spiral' seems more concrete, and simple.

| HEURISTICS | FREE PHANTASY VARIATION |
| --- | --- |
| 1. Initial Engagement<br>*What speaks to me and why*<br>*(Listening)* | |
| 2. Immersion<br>Indwelling: *Stream of Consciousness, Elaboration of Qualities*<br>*(Listening)* | 1. Exemplary Intuition:<br>*Listening, Reflecting, making session notes* |
| 3. Focussing:<br>*Poetry to the sessions, Free Art, Images representive of the qualities*<br>*(Listening)* | 2. Imaginative Repetition:<br>*The Variations* |
| 4. Internal Frame of Reference:<br>*Self Hermeneutics, Examination, Journal* | |
| 5. Incubation:<br>*Rest, Journal, Time* | |
| 6. Illumination<br>*Dreams, The emerging of the Mandala as an image of wholeness*<br>*(Listening)* | |
| 7. Explication/ Creative Synthesis:<br>*The writing, presentations, creation of mandalas, choice of media*<br>*(Listening)* | 3. Synthesis:<br>*Expositions, consciousness model, emergent essences called 'themes'.* |

# PART FOUR
# PRESENTATION OF FINDINGS:

# THEME WITH VARIATIONS

# CHAPTER FIVE

We shall not cease from exploration
And the end of all our exploring
Will be to arrive where we started
And know the place for the first time

T.S. Eliot
excerpted from Little Gidding

# PRELUDE

A theme with variations is an important musical form. The principle is to present a melody called a theme, then a number of modifications, each of which is a variation. In musical composition themes are often simple tunes or, in the case of twentieth century music, a rhythmic or harmonic motif. A variation contains fixed and variable elements. It always has something in common with the theme and always deviates in some way according to the creative intent of the composer. In twentieth century music, the term 'free variation' is used to describe a type of variation which emerges from the realm of the implied. The fixed element of the variation is less explicit, often an impression, an intuition of the composer, or reflective of some implied musical motif. The 1899 Theme with Variations for Orchestra of Edward Elgar is such a composition. Later named the 'Enigma Variations', musicologists still speculate on the enigmatic theme of the work. One feels and hears a theme upon listening, but is unable to reduce and define its elements. I have chosen this musical form as a framework for the presentation of the findings of this study. Conceptually, Theme with Variations resonates with Husserl's Free Phantasy Variation, yet they differ in one fundamental regard. While the musical form varies a given theme or motif, the Free Phantasy Variation enables themes to emerge from within the creative variations, not unlike a twentieth century 'free variation' musical form. I will, therefore, present the sessions I chose for analysis as if they were movements of music. The

variations, in poetry, stories, art, and reflective prose will follow.

I have chosen to use the term 'exposition' rather than 'interpretation' (from the hermeneutic culture of inquiry) to title the sections following the variations. The purpose of the 'exposition' is synthesis and the uncovering or 'exposing' of emergent essences or 'themes'. I have chosen musical terms in order to remain consistent with my chosen musical model. In a musical composition, the exposition is the place where the theme is directly stated or implied. Because of the emergent quality of Free Phantasy Variation and my research, I have chosen to place the exposition at the end of each movement in the interest of the integrity and consistency with my research process. Each movement will conclude with a statement (recapitulation) of the emergent theme(s).

The heuristic journey will be imbedded in the exposition not unlike a composer uses timbre and tone colour, or as an artist uses movement, space, and brushstroke to convey personal perspective. Addressing heuristics in this fashion captures and reflects the spirit of the creative process of this work and continues to lift it out of the realm of hard categories into the more ambiguous territory of consciousness.

The group represented in this study met for over two years. Early in my engagement with the data (sessional recordings) I came upon the dilemma of selection. I had previously analyzed each recording in post-sessionals and notated the emerging musical motifs, but as I engaged the research process I endeavored to view each session with new eyes, at a distance. Such distance in

the phenomenological context is referred to as 'epoche' (Moustakas, 1994; Aigen, 1996; Wheeler, 1995). The fact that there had been the passage of time, in some cases over a year, between the actual session and my subsequent analyses facilitated this distance. I have later come to view my variations, the poetry and artwork as a part of this epoche. While the variations moved me closer to what I perceive as essential experience, they paradoxically succeeded in providing even more distance from the participants. Aigen discusses both the selection process and the stance of the observer in his article, The Role of Values in Qualitative Music Therapy Research (in Langenberg, et.al, 1996). He believes that qualitative research is an interactive process where the process of research always impacts the researcher. He believes that every scientist creates their data in the sense that they extrapolate what is visible or important to them. He further believes that the stance of the observer and their particular world view should be articulated within qualitative research documents.

It was my experience that engaging epoche was a process. I began the process of listening to sessional recordings with a notably critical and judgmental ear. The first set of values I brought to the analysis were those of a music therapist who frequently observed students and interns for supervision of clinical skills. I was therefore critical of my voice, my pedaling technique, and noted every missed opportunity to intervene. As I moved into deeper analysis through subsequent listening experiences, I experienced a shift both toward self acceptance and away from myself as the centre of the session. When I began to engage in post-sessionals in 1994, I used a simple two-column technique for

analysis. The left side of the page recorded what I did, said and played. The right side recorded what the individuals did, said and played. When we 'met in the music' I drew a large circle in the middle of the page connecting both columns. This method is not unlike the two column technique presented by Bruscia in Kenny (1995).

It was at this time in the research process that certain sessions emerged to me as significant. These sessions stirred me in one way or another. In each, I experienced a loss of perception of time. I became engrossed in listening to the sessions. Though I was hearing them for the fourth or fifth time, I felt myself hanging on each note, each silence, simultaneously reliving the experience and hearing it for the first time. I selected sessions which both had meaning for me and were representative of what I felt were pivotal moments in the overall process of the group. I am also aware that I chose sessions (save one) which underscored interpersonal relationship. There were sessions whose music was interesting and engaging that were not selected. I am aware that it is not so much the intricacies or harmonic cleverness of the music which draws my attention, but the quality of the engagement, the interactions in the music. I am reminded of my own choice of music therapy as a career rather than continuing to pursue a solo stage career and see that it is another expression of my values as a person and a researcher.

Subsequent to choosing the sessions, I listened to them in their entirety again, only rather than analyzing structure or content, I sought to illuminate qualities or images which emerged through the session. As the sessions

progressed, I used free association to notate those impressions. I did not intend to make art initially, but many of the impressions stimulated by the music presented themselves to me as visual image, and the drawing of symbols was spontaneous. I specifically remember during the first session analysis saying aloud "It's as if it were a circle, with everyone having equal shares of it". Thus, the circle became the mandala, the symbol for the container of experience. Apart from a rough pencil sketch, each mandala is a first attempt. There are no 'draft copies'.

I chose the mandala as an artistic representation for several reasons. Superficially, it is a container I feel comfortable working within. I have drawn mandalas for several years in personal work, spiritual practice, and in Guided Imagery and Music (GIM) training. They have great personal significance for me as a symbol for growth and transformation. In a mandala there is no entry or exit, no beginning or end. It seems to me to be an existentialist symbol of eternity in the present moment. A cross-section of experience, yet whole in and of itself. The mandala as a symbol has a significant history in cultures and religious traditions which concern themselves with consciousness. They are found in the art of Tibetan Buddhists, the healing rituals of the Navaho, the art depicting the visions of the Benedictine mystic Hidegard von Bingen, and in the personal journals of psychoanalyst Carl Jung. In terms of this study, they symbolize a gestalt, something whole.

I chose black charcoal paper and pastel pencils as media. I sought a paper quality which would offer texture when the pastels were run across

it. The amount of resistance the paper offered would enable me to achieve a broader spectrum of colour and light. I chose the colour black for several reasons. I had created a mandala on black background several years ago on retreat and was fascinated by the use of white pastel to allude to light. I knew that colours seem more vivid against black, and I simply have an aesthetic preference for that sort of contrast. As I began the art work, I began to feel that it was exactly the correct choice as symbol and metaphor. So much of the music emerged from within a background of silence, I felt the background itself needed emphasis. Like the role of silence in relation to sound, the colour black absorbs light, it is the antithesis, the shadow of light. It is empty, a resting place, a blank slate, it is space, infinity. One work uses collage as media. The session itself differs in several ways from the other sessions in that the body of the session was verbal. It is the only work which finds music on the outside of the mandala, and it is the only session from the second year included in the study. The images which came to mind came in collage form. Fortunately, I was able to find photos which captured my mental image.

Thus, in the following pages I present my aesthetic interpretations, my free phantasy variations based on the improvisational music therapy sessions I experienced with a group of Persons with end stage dementia.

## FIRST MOVEMENT

PLAYERS: T.- The Author *Piano, Voice*
N.- The Music Therapist Intern *Voice*
M.- Group Member *Windchimes*
A.- Group Member *Silence*
Ma.- Group Member *Temple Blocks, Voice*

BACKGROUND: Our first session together. Recorded on 19 July, 1994

VARIATION 1

FREE ASSOCIATION

*"COME PLAY, AND SHOW ME WHO YOU ARE"*
*15 May, 1997*

Background Music Playing
That is very nice...very polite...we orbit
"Good Morning"
Tinkling
Major Triad
Right On!!
M. is tinkling...Sounds happy
There's time for everyone
Time to play...time to explore
Ma's exploring the temple blocks...taking turns
M's exploring the wind chimes
Gliss Gliss Reflections of Glissandi

A New place now
Will you play?
YES!!!
But not for long
You play
Fill in the blanks
Your turn
Fairies dancing
M's sound now...Yes there's time for you too

A New land
Wait for it
M. 1,2,3
Gliss...Gliss...Gliss
Calling your name
Gliss,Gliss

My turn says Ma.
OK
Lets play fast
Don't stop!
Don't stop now!

Play with me
Where's A in all this?
Is it sad being you?
Will you tell me?
Will you show me?
Tell me who you are
Show me who you are

Gliss Gliss

VARIATION 2

FREE VERSE

*TRIPTYCH*
*June 21, 1997*

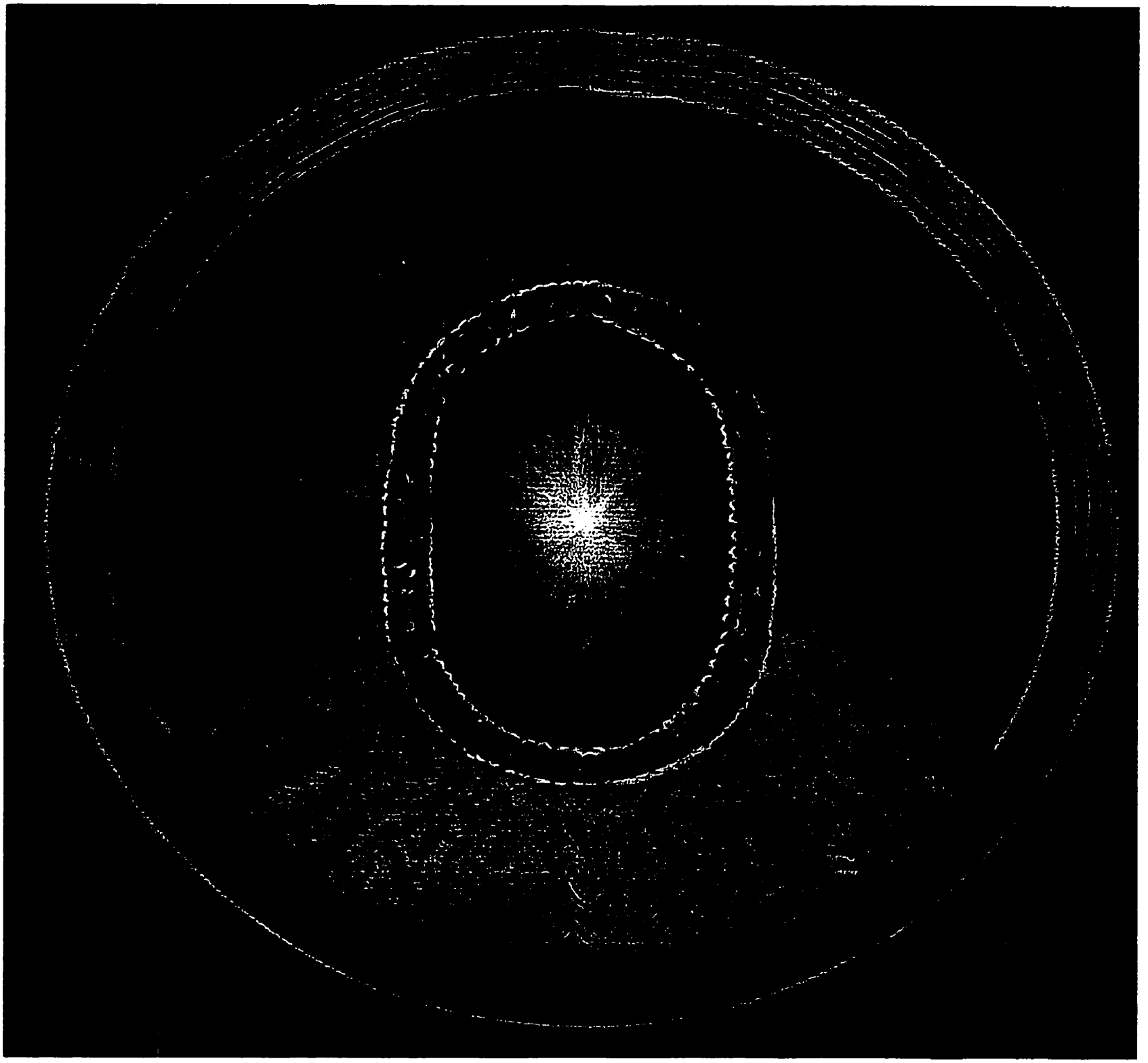
M.
Shimmering
A sense of shimmering
Like the play of light on changing currents at sea
At sunset
Shimmery blue and grey
Silver silken Ribbons
shining in the setting sun

A.
Silent, watching
mystery of mysteries, amorphous you
Who are you? Silent, Miserable, trapped
Do you have an interior life?

Ma.
Primary Colours
What you see is what you get
Child's play
Red light Green light
Come play with me and I will you
I will show you the bubbling joy I see

# VARIATION 3

# THE MANDALA



COME PLAY...AND SHOW ME WHO YOU ARE

## VARIATION 4

## REFLECTIONS ON THE MANDALA

### *COME PLAY... AND SHOW ME WHO YOU ARE*

The Circle, the border of the mandala is a staff...a blank staff on which to write. It is our first session. So much is unknown. Even the music is unknown. Will they improvise with me? Will I be able to respond to them in the music? The blank staff represents a blank slate, waiting to be written.

The Mirror

It's purpose is to ..."Hold, as 'twere the mirror up to nature, to show virtue her feature, scorn her own image, and the very age and body of time, his form and pressure" - Hamlet III.ii

Central to the mandala is an ornate mirror. I hear my improvisations at the piano and they seem to be more ornate than simple. Reflection is very strong in this first session. That reflection is a primary intent is audible. Within the mirror is the unknowable, the life force, the central part of humanity, consciousness, spirit , soul. In a way representing my belief that in music, we can reflect back to a person their highest selves.

The mandala is divided in three equal parts. "There's time for everyone here"

Each section represents a group member:

Beginning at 12:00: is Ma. Red light green light. This section represents the reciprocal qualities in Ma's playing. Responsive, Social, Playful, the use of red and green in alternating patterns represents this. The street lights are shadowy

circles like a forgotten child's game.

5:00- 7:00 is M. I attempted to represent the shimmering quality of her wind chime playing. The constancy of it, and her frequent glissandi are reflected by faint S Curves.

8:00- 12:00 is A. Silent, mysterious... not blank, merely undeclared. There are inner workings here, patterns in this section that I sense rather than know empirically are there. The use of several colours represents the potential and choice I believe are available to A.

## EXPOSITION

I believe that three themes emerge from within these variations. The final theme is, for me, essential.

EXPLORATION: There is an exploratory quality to the music and to my reflective sentiments. I explore the potential of myself at the piano as I reflect the physical movements of M. as well as her grand glissandi. There is a quality of invitation in the exploration. "Come...play". There is a playful quality to the imagery and music. 'Red light, Green light' the child's game of stop and go. We are not taking ourselves too seriously in this session.

SILENCE: A.'s silence figures strongly. It is as if she is embodying the feature of silence for us all. There are profound silences in the session. Long periods of waiting for a group member to initiate some sound or movement. Sometimes the session recording is so silent I wondered what was going on. I remember how difficult it was to not interrupt or direct the silence. So often I thought I would despair if another second of silence went by. But my commitment to reflect the moment to moment state of the group members overcame my discomfort with their silences. Thus it happened that my timing became more finely tuned to the timing of the group members. I learned to feel more comfortable with those silences. I had the sense that something was happening in the inner experience of the group during those silences.

REFLECTION: I believe the essence of this session was reflection. I played nothing that was not first generated by the group members in music, in body movements, pitched sighing, rate of breath, or through an intuition on

my part. The mirror is at the centre of the mandala, symbolizing the primary focal point of the piece. Interestingly, I am aware that at the most central point of the piece is what I call the 'unknowable, the life force, the central part of humanity, consciousness, spirit, soul'. It is not in fact the *reflector* which is at the centre of this session, but the *reflection*. Jung felt that the centre point of a mandala represented the marriage of opposites, the central path or issue , the transcendence of duality ( Jung, 1961). Though I am not certain what this may say about the other pieces of art in this study, I believe his theory is true of this piece.

Reflection is a central technique in many improvisational models of music therapy. It is considered a beginning point in the therapeutic relationship. Some training centres call this 'matching', or 'mirroring'. In this teaching 'matching' is felt to be a technique which parallels reflecting practices found in Rogerian client- centered therapy. I, however, believe that reflection and matching differ substantially both in philosophy and practice and discuss these differences more fully in chapter 6. Reflection is thought to convey a sense of validation to the client, that they are being heard, accepted, and accompanied. I remember using reflection for two primary reasons in that first session, as a method of synchronizing myself to the state of the group members, and as a means of eliciting engagement. Reflection became a standard feature of all our sessions. It established a kind of common language between us all.

The Emergent themes of this session were:

*Exploration- Come Play, and show me who you are. We are , all of us blank slates, a blank staff waiting to be written upon.*

*Silence- Silent, Watching, mystery of mysteries. A New land...wait for it. Silence is space, as black absorbs light, so silence absorbs sound. Are the silences periods of absorption?*

*Reflection- I will show you the bubbling joy I see. In music, we can reflect back to a person their highest selves.*

SECOND MOVEMENT

PLAYERS: T.- Author, *Piano, Voice*
N.- Music Therapist Intern, *Voice, Tambourine*
Ma.- Group Member, *Verbal, Temple Blocks, Tambourine, Dance,*
M.- Group Member, *Wind Chimes*
A.- Group Member, *Vocalizations, Tambourine, Verbalizations*
C.- A comment/note from the July 1 review made by the author

BACKGROUND: One Month into the program. Recorded on August, 16, 1994

VARIATION 1

TRANSCRIPT

*REACH OUT AND TOUCH*

*1 July, 1997*

Background Music- Very Calm
Getting Ready to Play

*Good Morning...* (The Song)
Ma- Yeah
*Good Morning...*
Ma- "Good Morning"
*Good Morning...M.*
M- Silence...pause..."Hello?"
(The music has more energy now)
*Good Morning...A.*
A.- some connection...eye contact?
Ma- That's Good!
M- Glissandi
T- Reflecting on piano
Ma- "I'll play"
T & N- We are vocalizing our speech
N- Where's that bell I saw before?
(We are improvising...We are playful..on the rhythm of N's statement)
C- *Now we are all there...Moment of meeting...silence first, then engagement...then we are all together.*
(This goes on for a while)

Ma- "No More"
(We stop and move onto the next segment...working with the last comment of Ma. We try to engage her in playing the tambourine.)
Ma- (Tambourine experimentation, she appears to be rubbing her hand around the jingles for next is...)
T & N- *The music goes round in a circle*
C- *Write this one down!!! Yeah, there it is, we're all there again*
(Music takes on a ragtime feel. Continues for a while)
Ma- "Too Hot!"
C- *We're in a groove :) Taking a little time with Ma. Same tune, Ma and N are dancing...things get a little silly and we all laugh.*

M- (Solo)
C- *dipping in her toe*

Ma- (Solo)
C- *trading 4's, and M is coming in..M is heard from*
(The music has moved into the pentatonic idiom)
A- (playing tambourine)
M- (playing windchimes)
Ma- (Voice and temple blocks)
C- *An Island of Engagement...Here we all are...voice too! A moment of musical meeting*
( This goes on for some time)

C- *Moving away now...to silence...unknown...No*
M- (Playing the windchimes)
Ma- (quiet)
A- (quiet)
C- *All's quiet now...Where do we go from here? Dither, Dither...Now spontaneously familiar...Octaves bringing us back to the music*
T- (slowly and gently plays the tune of Loch Lomond)
C- *seems so spontaneous..as if it emerged from the improvisation...M's there...Where's A?...There's Ma.*
T- (The music moves imperceptibly into another 'familiar tune'...)
T & N- *My Bonnie lies over the ocean...My bonnie lies over the sea...My Bonnie lies over the ocean...O bring back my bonnie*
Ma, M- "To Me"
A- (vocalizing on pitch)
C- *Trying to find an island...experimenting with the familiar...still, our 'familiar' is so inclusive and responsive...these are both good excerpts*
*Now Sweeping sounds.*
Ma- "Oh Yeah" (more verbal responses...unable to transcribe)
(Silence for some time. A. finally breaks the silence)

A.- (playing tambourine) "Yeah"
C- *She's there*
M.- (She is reaching out)
C- *The familiar excerpt.* ( The Reach out and Touch Song) *Goes on for several minutes...finally*
A- Ah!
C- *I don't remember A. doing that!!"*

Ma- "Where do you want to go?"
M- (still playing)
(The music has moved back into a more improvisational feel...pentatonic)
C- *Exploring...amorphous...we're in no man's land again...stronger now. We are very connected in this improvisation...Big relating going on!! This is a working session, sharing our environment and creating a mutual space...so reciprocal)*
(Silence)
M- (playing again)
T- *trying to elicit engagement with M again...there it is...but only for the moment*

Ma- " I'm getting so tired"
T- ( To "So Long, my Friends").

Total time: 30 minutes

## VARIATION 2

## THE STORY OF REACH OUT AND TOUCH

M. had a habit of reaching out and grabbing anything within the reach of her long arms. A tall, olive skinned woman, she immigrated to Canada from Poland with her husband in the nineteen thirties. Her husband tells of the hard times, of getting started in Canada. They lived for a while on the banks of the Fraser river until their house was built. Her daughter tells of her mother's warm nature, of a woman who raised her family in the toughest of conditions, yet managed to take good care of everyone and maintain a sense of humour.

Her arms were long enough to stretch clear across the table she sat at for meals. Clear across to her neighbor's place where she was sure to find sweets, or soft fabric for dusting. And then she would dust rapidly, cleaning and clearing, and munching, until the table was free of clutter, or until someone rushed over to take the cloth away and move her back. Far enough back so as to not be able to reach out and touch anything important. Sometimes when the nursing assistants were turning her from side to side in bed, she would reach out and hold onto the shiny steel rails that kept her from falling onto the floor. They kept wanting her to let go of the rails, but she could not quite release her hands. It was strange that once she got ahold of something, she just couldn't seem to let go. This reaching out was a problem in the world of the dining room, and it was a problem in the world of caregiving. In the world of her music however, reaching out became her trademark...her voice. M. was drawn

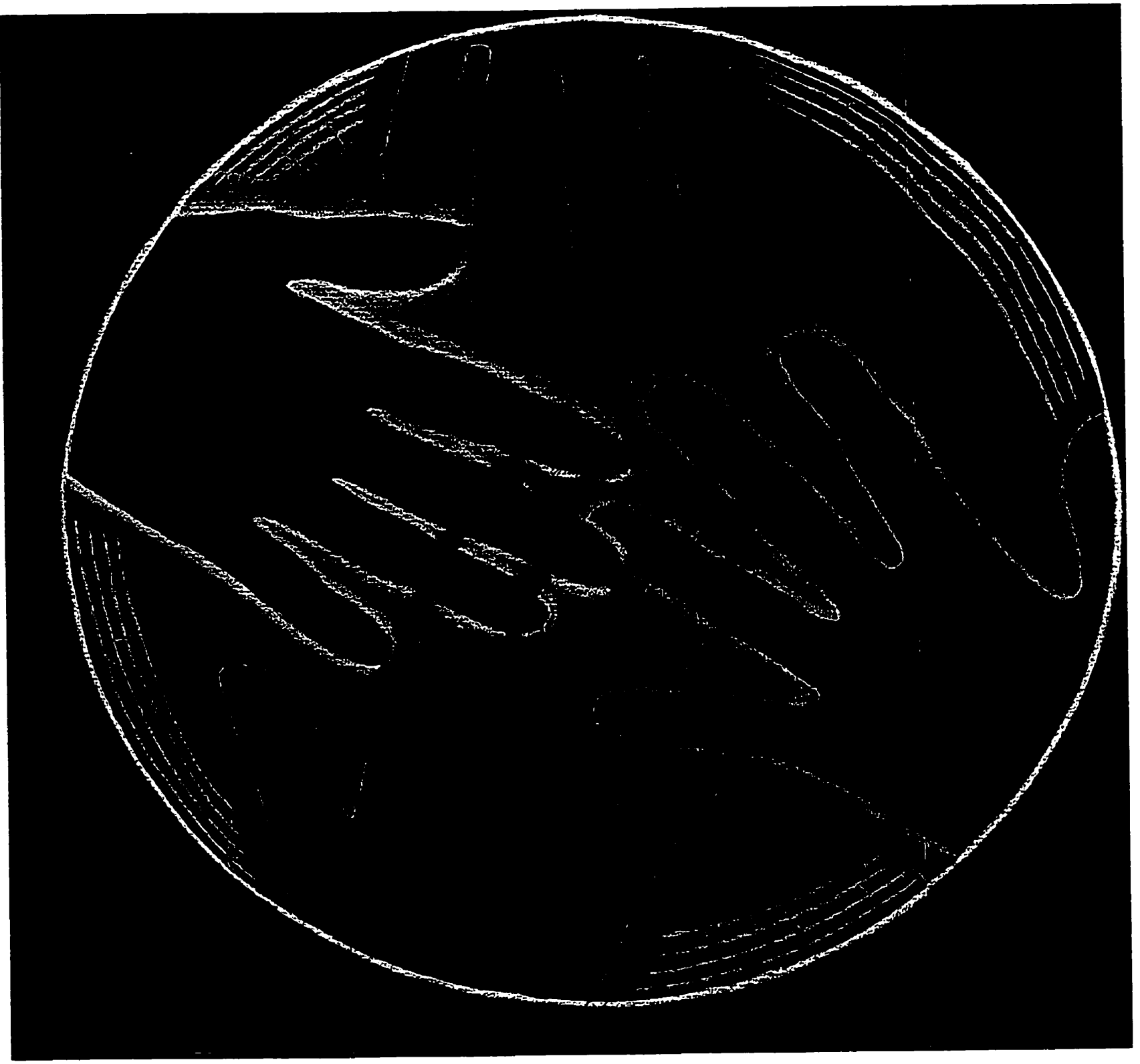
to the windchimes. She would hold them, reach out with them, listen to their sound, and then find me with her eyes and beam a transforming smile.

We began by singing a reflection of M's reaching out movement, *"Reaching Out"*, we sang in gentle jazzy major sevenths. *"Reaching Out"*. This was quickly followed by an extension of this theme to a spontaneous composition "Reach out and Touch...M". In this world, one could reach out with something that made a beautiful, tinkling sound, one could reach out and touch other people and not be pulled away, one could reach out and touch and be touched in return. This made M very happy. She smiled broadly, her mouth wide open, eyes dancing...she tried to let us know how she was feeling in words...we think we understood. We felt the same way.

Over a period of months, "Reach out and Touch" became a kind of theme song. Our group members seemed to recognize the song, for as soon as I played the first three chords, M and Ma began reaching out to each other and to A. (who could not reach out with her arms but smiled when she saw others reaching out to her).

# VARIATION 3

# THE MANDALA



REACH OUT AND TOUCH

## VARIATION 4

## REFLECTIONS ON THE MANDALA

This mandala seems to reach in from darkness... in from the silence and blankness the colour black represents. The musical notation is part of the larger container but is also inside it ; more emergent than imposed as structure. Notated upon the staff is the composition itself...the 'Reach Out and Touch' song.

The hands emerge from both blankness and the composition to touch the other hands. Each hand is a unique colour and the outline extends forth from the fingers like life energy emanating from within. Three of the hands connect directly. The fourth hand seems to be more transparent. I have always felt this to be my hand in the mandala. This transparent effect seemed important to create, though I did not know why. Initially I was attempting to create a sense of intertwining fingers, but transparency emerged instead.

Finally, there are only four hands, though there were five people involved in the group. I believe my first sketch of this mandala did contain five hands, but I found the overall appearance of the mandala crowded. As I view the piece now, I feel this to be a very subjective work. Though I shared the group with two co-therapists in two years, this mandala is really about the session as *I* experienced it.

## VARIATION 5

### EXPOSITION

Reaching out, reaching within. Meeting, connecting, engagement...Here we all are. This session seems to be about making CONNECTION. Unlike session #1, where it seemed as though three 1:1's were in progress, this is definitely a group session. Members are interconnecting with one other, with me and N and with the music. Not only are they 'in' the music we improvise, they are fully co-creative.

When I first began to write about this group, it was this particular session which emerged as a pivotal representation of group process. All the parts seemed clear, particularly the roles of silence, reflection, and their cyclic nature ( See Figure 2 'The Sessional Experience'). Through the engagement emerged the moments of meeting, where we were transparent to one another...the masks of disability, of habitual behaviour were dissolved. My transparent hand in the mandala could be reflective of the constant relinquishing of my own musical will, my sense of timing in the silences, and the presence of the strong intuition to follow rather than lead, to create containers which would musicalize the experience. Though reflection was still a feature, it seemed to take a step in the direction of creativity. In other words, reflection became art. Not big A "Art", but 'making special' art (Dissanayake, 1992). Dissanayake gropes for language and offers us the phrase, 'making special' to denote extra-ordinariness, outside of daily routines, not strictly utilitarian, care-ful, with concern for detail, appealing to emotional as well as

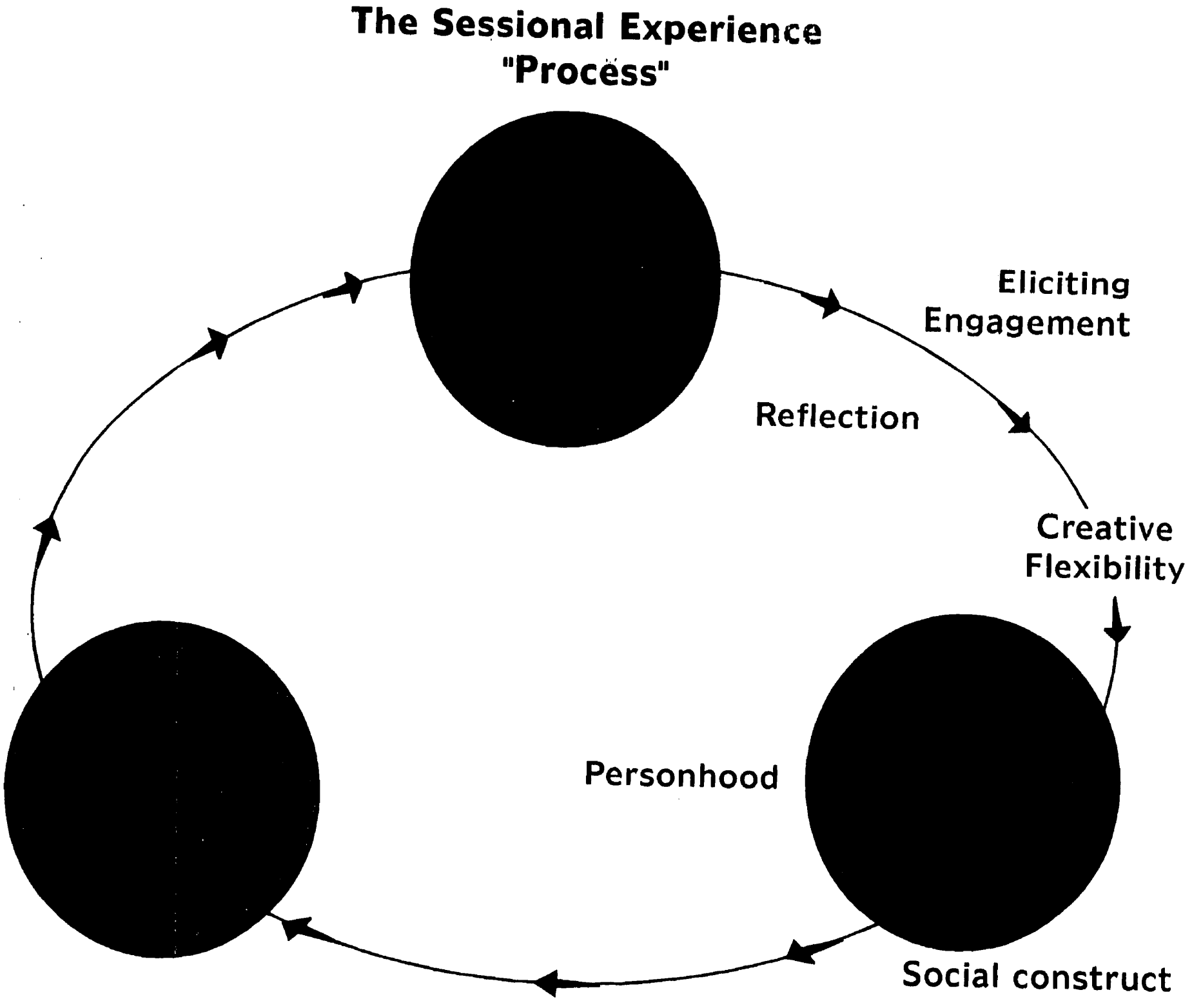



Figure 2: Diagramatic representation of the sessional experience

perceptual and cognitive factors. "Hence, 'special' can indicate that not only are our senses arrested by a thing's perceptual strikingness (specialness), and our intellects intrigued by its uncommonness (specialness), but that we make something special because doing so gives us a way of expressing its positive emotional valence for us, and the ways in which we accomplish this specialness not only reflect but give unusual or special gratification and pleasure (i.e. aesthetic)" ( p. 54).

My diagram of the sessional experience (Figure 2) submits that it as a result of 'meeting in the music', the individual's personhood emerges in the fullest possible sense: creative, whole, sentient, and relational. The recognition of others and the desire and will to reach out and touch another human being emerges as represented by my phrase, 'social construct'. The phrase 'creative flexibility' is used both to represent the ability of the individuals to 'make special' and to generalize the creative impulse in such a way as to present a psychologically flexible face to novel experiences such as improvisation.

Viewing this session from the perspective of methodology, 'reflection becoming art' seems consistent with the Nordoff-Robbins clinical model. The critical difference between Nordoff-Robbins' more intentional model and the emergent form which characterizes the 'Rise up Singing' program seems to be in the realm of the therapist's intent. I view this session and the group members' creative emergence in much the same way I view gardening. The cottage I come to each weekend has a large, organic garden. This fall

I gathered seeds from last year's crop of vegetables and flowers. I have treated the soil, mulched my roses, rhododendrons and hydrangeas. I have checked their drainage and created the kind of environment I believe will support them through the winter. I know that when nature calls to them, their sap will rise, they will awaken and begin the process of coming into the fullness of bloom. After a few years of gardening a space, one gets to know one's plants, and can anticipate their needs. In the group, I was a virgin gardener. I did not know what to expect, but intuited that as in my garden, I would need to prepare the ground, feed the creative potential of the group members through reflection, then wait for the natural creative forces within them to emerge...if they ever would. I did not know. I believe we know very little about creative functions in the brain, or about how creativity changes in a person with Alzheimer's Disease. My intention was to explore, to see what might emerge. I did not have a preconceived agenda. Hopes? Certainly.

Emergent Themes from this session are:

*CONNECTION and CREATIVITY*

## THIRD MOVEMENT

PLAYERS: T. - The Author *Piano, Voice*
N.- The Music Therapist Intern *Voice*
M.- Group Member *Silence*
A.- Group Member *Silence*
Ma.- Group Member *Silence*

BACKGROUND: Four Months into the program. Recorded 15 November, 1994

## VARIATION 1

## FREE ASSOCIATION

### *RESISTANCE*

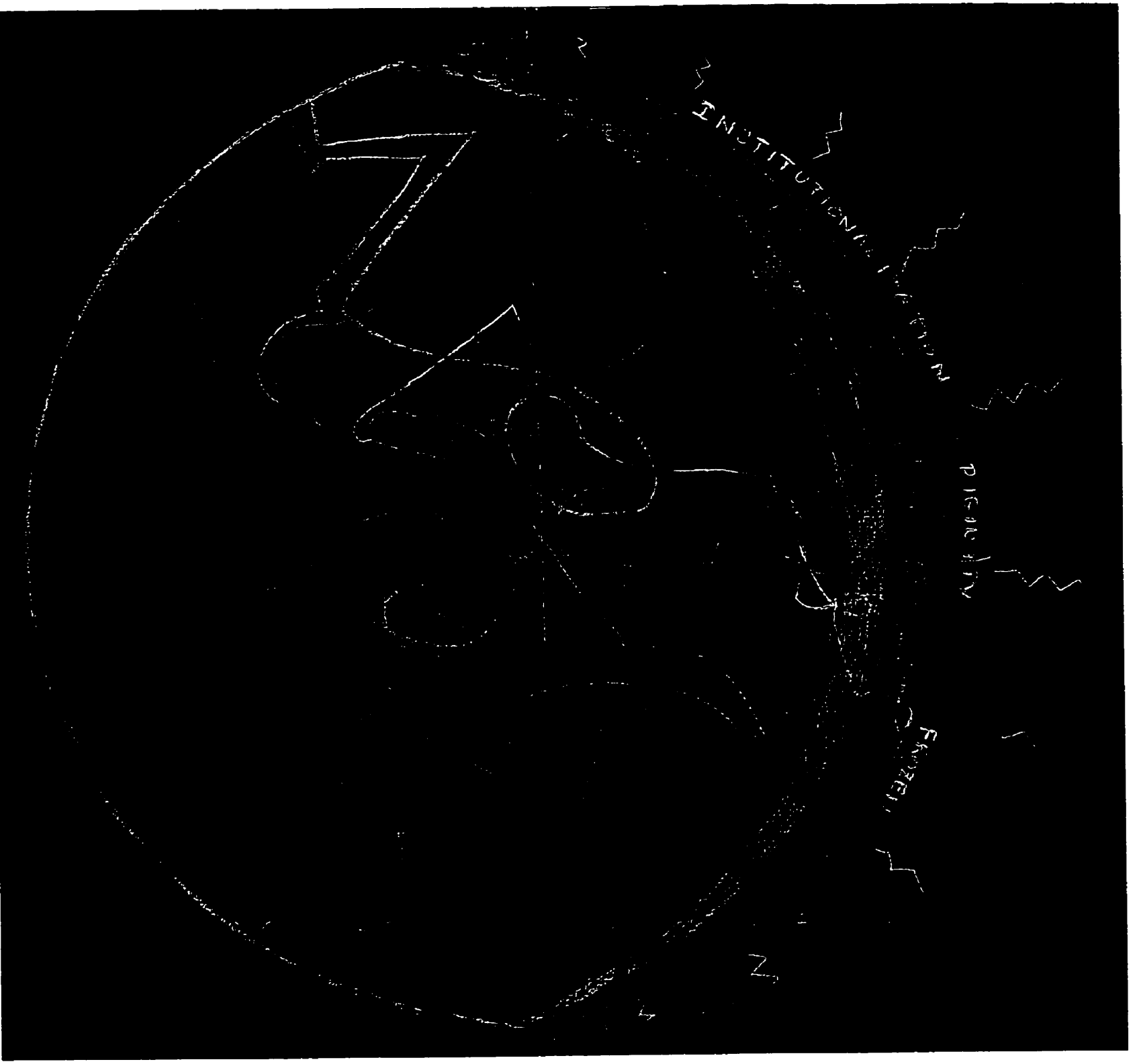
*18 July, 1997*

This is so hard. It is hard even to listen.
Hello--Hello--Hello
No one home
Over and over again
Is anyone there?
No
Try gentle prodding
Try lightening bolts of sound
Try infusing with beauty
Hello? Anyone Home?
No
It feels so much like work
This heavy somnolent lethargy
Like I'm the only one who gives a damn about this moment together
Calling
I'm calling
The Music is calling
Calling to blankness
Heavy, treacle-like anaesthesia
I can feel layers and layers of muddy consciousness
Maybe its institutionalization
You don't wanna eat...we'll feed you
You can't walk..we'll put you in a chair
You can't get to the bathroom? We'll change you
You can't sleep, well give you a pill
Fix Fix Fix...Like we think we can actually fix this damned disease,
Unravel the knot, I think not.
Maybe in their deeper souls
they just want to die.
To be done with it
To rest from trying to figure everything out
To rest from having to cope with not figuring anything out
Hello Hello? Anyone home?
Why am I doing this?
What sort of person am I to keep changing chords, scales, rhythm, timbre, voice? To keep looking for the key.

Two steps forward, one step back. Like pulling teeth...
Beyond the pulling of teeth.
I feel so small and impotent
My music insignificant
I'm knocking on the drawbridge door
No one hears me
What's going on in there?

# VARIATION 2

# THE MANDALA



RESISTANCE - BEYOND THE PULLING OF TEETH

## VARIATION 3

## REFLECTIONS ON THE MANDALA

This Mandala is representative of Resistance. I use this word because it is the most acceptable word I can think of. A stronger, more indicting word might be irrelevance. This period, these sessions, and they came my way occasionally, are characterized by frustration and self doubt. Questioning the relevance of music. I am aware of my own need for linear progress and process, even though I intellectually resist it. In the throes of a non- productive session...one which like pulling teeth...I can no longer muster the enthusiasm to continue. The futility is overwhelming. This is a painful mandala.

Our shared circle is still encapsulated by the same music. But the music contains very separate experiences. The larger experience is the client's...Though I am aware only of my own. The mandala itself is my experience...The client 's confused state looms over the mandala, overpowering the balance. The non-participation limits what I as therapist can do. I try Gentle prodding represented by the chartreuse arrows. These are not powerful arrows, but slender and fragile. I try extreme shifts in dynamics, tempo, idiom, and timbre represented by the lightening bolts in yellow, and along the way, I try infusing the session with beauty as represented by the bands of multicoloured wave forms. But alas I meet bands of resistance.

First, I want to blame...blame the community. I want to blame institutions for creating such passivity and apathy... this is a heavy band in

silver and gold. "All that glitters is not gold". In many facilities, keeping Persons with dementia quiet is of prime concern. I would prefer agitation to this intractable somnolence. It is the surface resistance, learned helplessness...abdicating life because it is the path of least resistance. It is excess disability.

The second band represents the disease. The disease itself is a strong block to interaction. Confusion, disorientation, agitation, still the music has cut through all this before.

Finally, the innermost band represents longing for death. I have failed to engage the will of the person for living, for interacting, for creating. When we do not move toward life, do we then move toward death? This is not bad, just another piece of the resistance..a reason to resist consciousness.

The perceived inner experience of the client I have represented with tangles in different colours. Within the 'ball of string' are familiar symbols, but they exist independent of context, disconnected, as it were, from meaning. There are amorphous clouds of foggy colour, 'clouding' the experience of being fully creative.

## EXPOSITION

Both in the free association and the reflections on the mandala, I write of difficulty. "This is so hard", "This is a painful mandala". This session stood out to me because of its seeming futility. It was a shadow session I was unable to ignore. In my experience, it is typical of a certain percentage ( I could not begin to guess how many) of sessions over the span of my music therapy career working with Persons with dementia. These are the sort of sessions both students and seasoned professionals bring for supervision.

In processing the material, I had the sense of moving into the shadowlands, into a place without ground, an unknown, indefinable melee of sound and feeling.

ANXIETY AND FRUSTRATION were paramount sensations for me. It was very hard to continue listening to my struggle with the session. I drew this mandala angrily at first, with strong, almost violent strokes. Conceptually, it was a quick mandala. I felt angry at the bands of resistance...the blockages between us. So many things seemed to be between me and them, blocking the interactions. It did not matter what I did, I could not get through.

Then, as I was working with the blockages in the art, it seemed as if I were moving closer to the individual's experience...from the outside in, through the effects of institutionalization to the disease-through the disease to the deep fatigue which is the end of long term suffering-the fatigue which longs for death and release-through all that to the *tangles*.

The reflections on the mandala note that "the client's confused state

looms over the mandala, overpowering the balance". I spent a tremendous amount of time creating the tangles. Unlike the anxious and angry strokes I used at the beginning of the mandala, the tangles were calming to me. I imagined I was rendering the inner experience of the clients with reverence and care. I write this not from arrogance. I know I cannot possibly know the totality of the experience of an other. Still I remember feeling an irresistible urge to attempt such a transcription. I believe this attempt rested on the assumption that there was something in the shared musical experience like a shared consciousness that I could trust. The disconnected symbols of knowledge were spontaneous, as if they bubbled up out of an amorphous cloud and then retreated back into it. I am reminded of the first stage of Arieti's three-fold creative process. He uses the term primary creativity to describe this first stage. It is characterized by the need for disorder. It is non judgmental, there is no censorship. There is a play with images, symbols, the expression of our inner life. Such images are, says Arieti (1976), connectors, rapidly associating with other images, "in a state of constant becoming" (1976 pp. 48-50).

It seems to be a challenge to reduce this experience to one word, but one word continues to present itself to me...it is compassion.

COMPASSION- I choose to seek the words of mystics to describe compassion. Pity and mercy seem inadequate descriptors ( Merriam-Webster and Oxford dictionaries) for a concept which fuels at least two major religions. For Tibetan Buddhists, compassion is interdependence in action, and is one of

the four noble virtues (Smith, 1991). In his groundbreaking work A Spirituality named Compassion, Roman Catholic theologian Matthew Fox quotes Thomas Merton, " The whole idea of compassion is based on a keen awareness of the interdependence of all living beings which are all part of one another and all involved in one another" ( 1981, p 30). Fox goes on to say, " To develop compassion, then, means to develop an even keener awareness of the interdependence of all living things. But to develop such an awareness implies deep study, not only of books, of course, but of nature itself" (1990, p. 24). So I spiral around again to the notion of interdependence and its presence in the 'New Paradigm' in care for Persons with dementia. Further, this idea seems to deepen the underpinnings in phenomenology and other qualitative research methods which help us describe and elaborate direct experience.

To conclude, I notice that compassion was born only after several confrontations with the 'painful session'. Could the intention to elaborate the experience have catalyzed my angry and frustrated state to the degree that compassion became the essence of the experience? I am impressed that through the elaboration of qualities, the variations on the experience, we are able to shift our own consciousness from a reactive mode to a reflective one. With this in mind, how might this knowledge have changed my response in the moment? Rather than abdicating the session, convinced of my own irrelevance, I might have chosen to contain the somnolence in music. Not making that choice, however, gave me this fruitful, if difficult, piece of learning.

## FOURTH MOVEMENT

PLAYERS: T. *The Author, Piano, Voice, Verbal Interactions*
H. *Music Therapist Intern, Verbal Interactions*
Ma. *Group Member, Drums, Windchimes, Rainstick*

BACKGROUND: Well into the second year of the program.
Recorded 17 October, 1995
EMERGENT MUSICAL MOTIFS: Ma.- Thunder
EMERGENT COMPOSITIONS: None
GUIDE TO THE TRANSCRIPT:
*Italics* - Everything musicalized
"regular print" - Everything spoken, thought, or observed...not in musical context.

## VARIATION 1

## SESSION TRANSCRIPT

*"THEY'RE ALL GROWING UP"*
*-Ma-*

*17 October, 1995*

Amorphous nothing
So directive
we have changed so much
this is not like it used to be
all these words, words, words
my music lacks form
that's what it needs.

Ma is all over this excerpt
playing drums
playing windchimes
playing the rainstick
talking
Is anyone else in the room?

No...there's M.
But it's all Ma
She's different today
She's a bit of a problem
she's loud, directive,
she tells us when to start and stop
We are playing the rain outside,
She is thunder
then...

"I wanna go out"
"I wanna be on time"
She punctuates her lyrics with music from the shrill windchimes
"Too much"
H. & I play rhythm only. I move from the piano
"That's good", says Ma

We play...We sing tones...single, simple tones
It's Ma again, on the wind chimes
Gliss...Gliss... Gliss
It's me at the piano again

Chord, Chord, Chord
They are plaintive chords...did I see something in her face?

Ma: " They're all growing up"
T: *"They're all growing up"*
*"They're all growing up...like children"*
*"They're all growing up...like children"*
Ma: *gliss, strike, strike* ( she is engaged)
"Yes"
T: "Yes"
Ma: *playing windchimes*
T: *"Growing up...growing up...like children*
Ma: "I can't find my children"
_____ (can't make out)
T: "It's hard to watch your children go"
Ma: Mmm Mmm (silence)
T: "Hard to let go of them Ma?,
Is it hard to let go of your children?"
Ma: "Mmm Mmm... very low"
T.: "You're feeling very low?"
Ma: ( Ma speaks four unintelligible sentences ending in what sounds like "first thing you know")
T: "First thing ya know..." pause

T: "Do you wonder if you were a good mother?" (gently)
Ma: "YEAH" (with greater volume)
T: "Yeah"... pause...

T: "I've met your son"
Ma: "Yeah"...pause...

T: "I think you were a very good mother"
Ma: "I hope so"
T: "Yeah...cuz he loves you very much...
he's so devoted...
you did a good job, Ma"
Ma: silence
( Ma speaks another sentence I cannot understand in listening)
T: "But you'd like to see them closer together?"
Ma: "hmm hmm" ( in an affirmative style)
T: "I can understand that
Ma: ( Ma says seven distinct syllables ending in what sounds like "public")
T: "Can't go out into public?"
Ma: (Ma speaks for a long time now...I am unable to understand anything she says...but it is spoken with sincerity, at great effort, with fluctuations in

pitch..its as if her mouth can't keep up with the thoughts and feelings she is expressing)

T: Hmm Hmmm

Ma: (Ma speaks again...as above) then silence.

Ma: *Windchimes- gentle*

Ma: "They are pretty"

H: "They sound like butterfly kisses"

T: "What do they sound like to you?"

Ma: "Like Love"

T: "Like Love?"

Ma: *(Plays solo for quite some time...until she is finished)*

Ma: "Love.....Sing"

Ma: "On holidays"

T: "Are they on holidays?...Your family?

Ma: "Yeah"

T: "We just had a big family holiday last week...Thanksgiving"

Ma: "Thanksgiving"

T: "Yeah.....Sometimes if we're not with our families, we end up missing them because we're used to being around them"

Ma: "I can't feel my_____"

T: "You can't feel your feelings?"

Ma: *(To H.)* Are you better?
*playing windchimes*

H: "I feel better" pause.
*Ma plays the windchimes for awhile. She seems changed.*

T: "You said a little while ago you were feeling pretty low."

T: "What do you usually do when you feel low Ma? Do you try to feel better?....(pause) or do you just feel low until it passes?

Ma: "Yeah" (with spirit..seemingly to the second option)

T: Yeah...just wait for it to pass"

Ma: *plays windchimes*

T: "Shall we make a little Music?"

Ma: ( three unintelligible words then "the presents")

Ma: "Play something good"

T: *( The piano music is brighter, more rhythmic, diatonic, formed into phrases )*

Ma: "Right"

T: *"That's how it goes" "Ya get to laugh'in and ya get on with it"*

Ma: "Yeah....Right..." *(In rhythm to the song...like a lyric)*

*end excerpt*

# VARIATION 2

# THE MANDALA

THEY'RE ALL GROWING UP

## VARIATION 3

## REFLECTIONS ON THE MANDALA

### *THEY'RE ALL GROWING UP*

Ma was in the role of mother from the beginning. I didn't see that until well into the dialogue on missing her family.

It seemed as though she did not want us to play too loud, to go on too long, she needed to tell us when to stop and go. And when it seemed too much, she wanted to go. I think the control she was trying to exert was getting away from her...like her role. Now *she* was the one to require loving care from her son. *She* had to be taken care of. My sense that she was a bit of a problem....that I couldn't see or hear any of the other group members...I was playing mother too...trying to be fair, to not shut anyone out. But Ma was in need and so we went there.

This mandala felt like it needed to be a collage. There are so many aspects to growing up...to growing old. Sometimes we only perceive our own growing like snapshots in a photo album. Then "first thing you know"...we look in a mirror, or we see our children as middle aged adults...or become aware for a moment of how it was and how it is: that "they're all grown up" and that "I can't go into public any more".

The musical staff is notated with glyphs. Disorganized sound. Exclamations. It leads to the mandala where there is a containment. This sessions feels different from the others also because there is no music during the deeper work of the session. Ma uses the music more to punctuate the

silences, still, the music reflected the state of consciousness at the beginning and then was changed significantly as we left the space that was Ma's. Ordered phrases. Call and Response. Playing together. A symbol of the shared consciousness? She...We seemed resolved.

The pictures I chose reflect something of my view of Ma. To look at her now, one sees only a shadow of the grace I know must have been there. She is too relational, too loving, ever in touch with the feelings of others. I chose pictures of sons...and of mothers and sons. To my knowledge, Ma's son is the only one to visit her, and he does so regularly. I don't know if there are other children. He seems central to her life.

## VARIATION FOUR

### EXPOSITION

This session is reflective of the shifting modes of consciousness referred to earlier in this study. Ma began the session in the here/ now reality of the improvisation. "We are playing the rain outside, she is thunder ". Her conscious experience then shifted abruptly, "I wanna go out...I wanna be on time". She was in a different place... no longer playing the rain outside. Her state now had a sense of urgency to it. She seemed to be experiencing sensory bombardment as she exclaimed, "Too much". Then as abruptly she returned to the music, this time playing a different instrument within her reach. As observer, I sensed an affective shift "did I see something in her face?" because my musical reflection changed to plaintive chords on the piano.

"They're all growing up" says Ma. She seems to speak as a woman many years younger than she is. She seems to be speaking the words of a woman watching her children individuating from her...leaving the nest. The image of children comes directly to my mind, almost immediately upon hearing her statement; the tone of her voice framed in the plaintive tones of music, and her windchime glissandi. "They're all growing up.... pause....like children", I reflect.

The urgency returns as Ma expresses concern about not being able to find her children. This is both a memory and a fantasy. She is no longer 85 year old Ma. She could be 28 year old Ma, and she is in the fear of losing her children. She may have experienced being separated from her children at one time. Most

certainly she has experienced the deep parental fear of losing her children. I do not have children of my own, but I have experienced the deep fear of some evil befalling nieces and nephews in my care. There is a sense of hypervigilence, of desperation. All forms of horror must run through a parent's mind when unable to find one's children. I try to bring her back from the fear just a little. I try to move to the conceptual, out of the real. Perhaps my own boundaries of comfort were stretched...perhaps I was trying to avoid a catastrophic reaction. At any rate, In my role as therapist, I purposely attempt to shift her consciousness from the feeling state to a cognitive one. " It's hard to watch your children go...Hard to let go of them Ma?...Is it hard to let go of your children?". I notice my voice seems to blend in with the music we have just played. It is soft, slow, paced like an adagio. I have an intent to enter her world. The music, my words, which are more like spoken music, and the resonant pace are the bridge to her experience. We are on an island of engagement...we are meeting.

It is as if I am carrying on a supportive therapy session with anyone of any age dealing with a changing role, reflecting on their success of their life. I have the strong sense that she is reflecting on her present state of health...demonstrating insight to her condition. I interpret her garbled sentence to be saying " I can't go into public". She seems to expound for some time on this then moves into silence. She breaks her own silence with a beautiful solo on the windchimes. She is definitely in the present, "they are pretty". They sound like "Love". After another bridging statement, we move back into the music which, by this time, has become ordered and formed.

Using Bonny's cut-log diagram of modes of consciousness accessible through music ( Bonny, 1975 p. 125) , Ma experienced:

Ego: she had of sense of who she was in the here and now of the session.

Memories: of being a young mother, of losing her children

Emotion: the fear of losing her children.

Fantasy: The perception that she had lost her children.

Sensory bombardment: "Too much".

Creativity: She created the music that sounded like "Love".

Using Bruscia's modes of consciousness (in Kenny, 1995 pp. 169-170) , I experienced:

The client's world: through *assimilation* ( p.180) , I experience Ma's experience as similar to my own. I feel her agitation initially, I feel her plaintive tone later.

My personal world: I remember what is like to worry about the safety of my niece. I fear her being lost, abducted, or hurt while in my care.

My world as a therapist: I make a conscious choice about proceeding verbally, about attempting to shift Ma from her feeling state which I fear will cause her to leave the group or experience a catastrophic reaction.

The emergent themes of this session are:

*Shifting Modes of Consciousness*
*Role*
*Caring and needing to be cared for*

*POSTLUDE*

*12/10/97*
*REFLECTIONS ON THE DEATH OF MA*

I've only just discovered: Ma died yesterday at 2 PM. I feel shocked- as though I've experienced a personal loss. The beauty of her spirit shone forth so brightly just two weeks ago as I immersed myself yet again in 'her' session and created the mandala honouring the passing of time and her changing roles.

Her music, always, was representive of her nature: relational. I have the strong memory of Ma in her wheelchair in the communal lounge, reaching out to passersby in greeting, saying 'something' always to them. Something like 'hello' or 'good morning'- she would sit up straight in her chair and reach both arms out, as if poised for hugging, or dancing. And at the table, she would observe her neighbors closely, then lean toward them conspiratorially whispering in her own language.

I wonder if she was lonely in the moments she was not in relation to others - if despair was a chill fog which crept upon her in the moments of disconnection, if the alone moments and the lost memory of being seen and heard and touched and loved imploded with such force as to propel her toward others. Her reaching out always had a convulsive quality to it, like a piece of a gross motor tremor. I wonder if she <u>needed</u> to touch others in order to touch down...to ground herself, or if she needed it in a deeper way than to be merely relational in the superficial/social sense. Kitwood's (1992) words, "a necessary condition of being human". A necessary condition of being Ma.

I think these sentences are also about me and the difference I feel

between doing the deeply personal work with this group (really touching, really hearing and seeing) and the 'old paradigm work' I feel so superficial and frankly dishonest doing. I wonder if this work -this way of being with clients: reflective, open, resonant, is not a necessary condition of being Terra.

Feelings of loss are infinitely personal. They are about our loss. If it is true that other humans are our mirrors, then Ma's loss is all the greater to me as something in her reflected a part of me, just as I strove to reflect those essences of her character which emerged in her music. I think, now, that when we become reflective, we share the intimacy of space and time, of consciousness. In so doing we risk our own undoing. It is , after all, safer to be at a distance. But I see how much it is my choice to embrace this kind of risk in life, one cannot skim off suffering like cream from milk. It is as rich as cream, yielding to us what is unknowable without it.

# FIFTH MOVEMENT

## VARIATIONS ON A THEME OF CONSCIOUSNESS

## TRANSITION

Earlier in this document I propose that Persons with dementia, particularly dementia of the Alzheimer's type, experience spontaneous shifts in consciousness due to the pathophysiology of the disease. Time travel is a popular theme in science fiction literature, and it is such imagery which comes to mind when I grapple with the task of creating a portrait of spontaneous shifts in consciousness.

Part of the 'personal context' (Lawrence-Lightfoot & Hoffmann Davis, 1997) I bring to this topic is that I have worked with Persons with dementia for many years, first from a nursing context, then as a music therapist. Exploring the nature of the human spirit in the face of disease has characterized a life's work for me. This section, therefore inevitably draws from a broader canvas than this study alone. This being the case, I have chosen to include exemplary stories from that broader canvas, both to acknowledge my particular 'perch and perspective' ( Lawrence-Lightfoot et al, 1997 p.50), and to add examples of generalization and the multicultural context.

I have the imaginative sense that like stories of time travel where characters are hurtled through time to new and unfamiliar places, then are suddenly 'beamed off' somewhere else ad infinitum, Persons with dementia move in and out of modes or experiences of consciousness in an unpredictable fashion. From moment to moment, they might experience a memory, then a resultant feeling, then a sensation of physical discomfort, then an image, then a sense of being lost leading to a verbalization or vocalization followed by a

period of rest or silence.

I believe that this kind of experience can cycle on until an internal or external phenomenon emerges which engages both the senses and the inner person and facilitates a 'dwelling' in one of the modes. The improvisational music therapy sessions, described previously, revealed that music could contain these shifts through modes of consciousness. Further, the music seemed to both contextualize and order those experiences.

After an island of musical engagement characterized by shifts through modes of memory and fantasy, Ma reflected on her role as mother. Subsequently, her music changed from the disjointed blurts of sound and verbalizations to ordered, formed improvisation to which she ascribed meaning, "like love".

As previously noted, many theorists avoid attempts to define consciousness, for as quickly as it is defined, it then defies that definition. Others maintain that consciousness is so slippery and dynamic that only very loose, flexible terms should be used to describe its essences. Definitions can be hard-edged and rigid. My sentiments are consistent with this view. The very word *definition* is about defining boundaries. When a thing is defined it becomes this and not that, as it were. My experience with consciousness is that it has no boundary. The word is commonly used in medical, psychological, sociological, philosophical, ecological and religious contexts. It would seem that diverse cultures of study concern themselves with consciousness, or perhaps it is that consciousness concerns itself with all aspects of life.

With these thoughts in mind, I shall offer a description of consciousness in four variations. The first variation consists of selections and quotes from various cultures of thought. This is by no means exhaustive. I offer them as a piece of a larger portrait much like the story of the village warriors describing the elephant. The second variation consists of my own thoughts set in free verse. The third variation attempts to portray in art some of the states/ modes of consciousness I believe Persons with dementia are able to access through improvisational / Creative Music Therapy. The fourth variation departs from the pattern I have established in previous movements. I do not reflect upon the art in the same free manner but rather expound upon it, offering a more formal diagram describing and contextualizing the modes of consciousness I have observed through this process.

VARIATION 1

## TOWARD A DEFINITION OF CONSCIOUSNESS

"adj. with mental faculties, awake, aware, intentional"
— Oxford Dictionary

"adj. 1: aware 2: known or felt by one's inner self"
— The New Merriam Webster Dictionary

" the experience of being, an awareness of being. Momentary, and dynamic...flowing. Integrated, holistic and yet greater that the whole simultaneously, instantaneously. Immediate, momentary, and apart from time"
—Theresa Merrill in Generalization, Specialization, and Music as Integrator

" a spectrum- a rainbow like affair composed of numerous bands or levels of self identity"
— Ken Wilbur in No Boundary

"the subjective state of being currently aware of something, either within oneself or outside of oneself" and

" is always about something- can include awarenesses of immediate environment or of body sensations: pain, hunger, memories, imaginary scenes, daydreams, feelings, thoughts. consciousness is momentary "
— G. William Farthing in The Psychology of Consciousness

" what we call matter is mostly emptiness, proportionately as void as intergalactic space...a vacuum. We could postulate...that what occupies this vacuum is consciousness and psyche. What we call consciousness, then might be the fundamental stuff of reality. Rather than seeing consciousness as a secondary epiphenomenon derived from a particular arrangement of particles and atoms, we might say instead that time, space, particles and atoms are spun out of consciousness. We might then see high creative experience or experience of mystical insight as one of moving from particles to background-thus the mystic's experience of an unfathomable oceanic feeling of depth beyond depth."
— Jean Houston in The Search for the Beloved

" the journey of awakening"
— Frances Vaughan in The Inward Arc

" creation begins with the activity of consciousness...sound gives to the consciousness an evidence of its existence"

—Hazrat Inayat-Khan in The Mysticism of Sound ; Music ; The Power of the Word ; Cosmic Language

" The universe is laced with mystery, undulating in rhythms of novelty and unity. Its self-organizing, self-regulating magnificence is informed by diffuse powers of subjectivity we call by various names: Cosmic Consciousness, Ultimate Mystery, the divine, God, or Goddess. When one experiences consciousness of the exquisite interrelatedness and subtle vibratory flux of the life of the material world- a perception that extends our understanding of 'sentient' beyond the animal kingdom- one is filled with awe. One has experienced immersion in ultimate value, the sacred totality. Hence one has known grace" and

" Native peoples, in general, perceive 'the environment' as a sensate, conscious entity suffused with spiritual powers"

—Charlene Spretnak in States of Grace

" This we know. The earth does not belong to man; man belongs to the earth. This we know. All things are connected like the blood which unites one family. All things are connected"

—Chief Sealth (Seattle) in Chief Seattle's Message

" Art is a function of energy. Given the unity of mankind as a single planetary organism, art is the expressive connective tissue binding together the individual organisms through energy transformations focused in the emotional centres of those organisms. Properly catalyzed through form, rhythm, color, light, sound and movement, emotional energy is directly related to the establishment of a dynamic equilibrium with the other forces of the phenomenal world "

—Jose Arguelles in Earth Ascending: An Illustrated Treatise on the Law Governing Whole Systems

## VARIATION 2

I sit in silence punctuated
by falling rain and
the cracking of burning cedar
in the stove

Veriditas, life force,
quantum intelligence,
amoebic, dynamic, elemental cornerstone
of life
awareness and unawareness,
ambiguous paradox,
You live...
just beyond the corner of the eye
just over the shoulder
in the blind spot

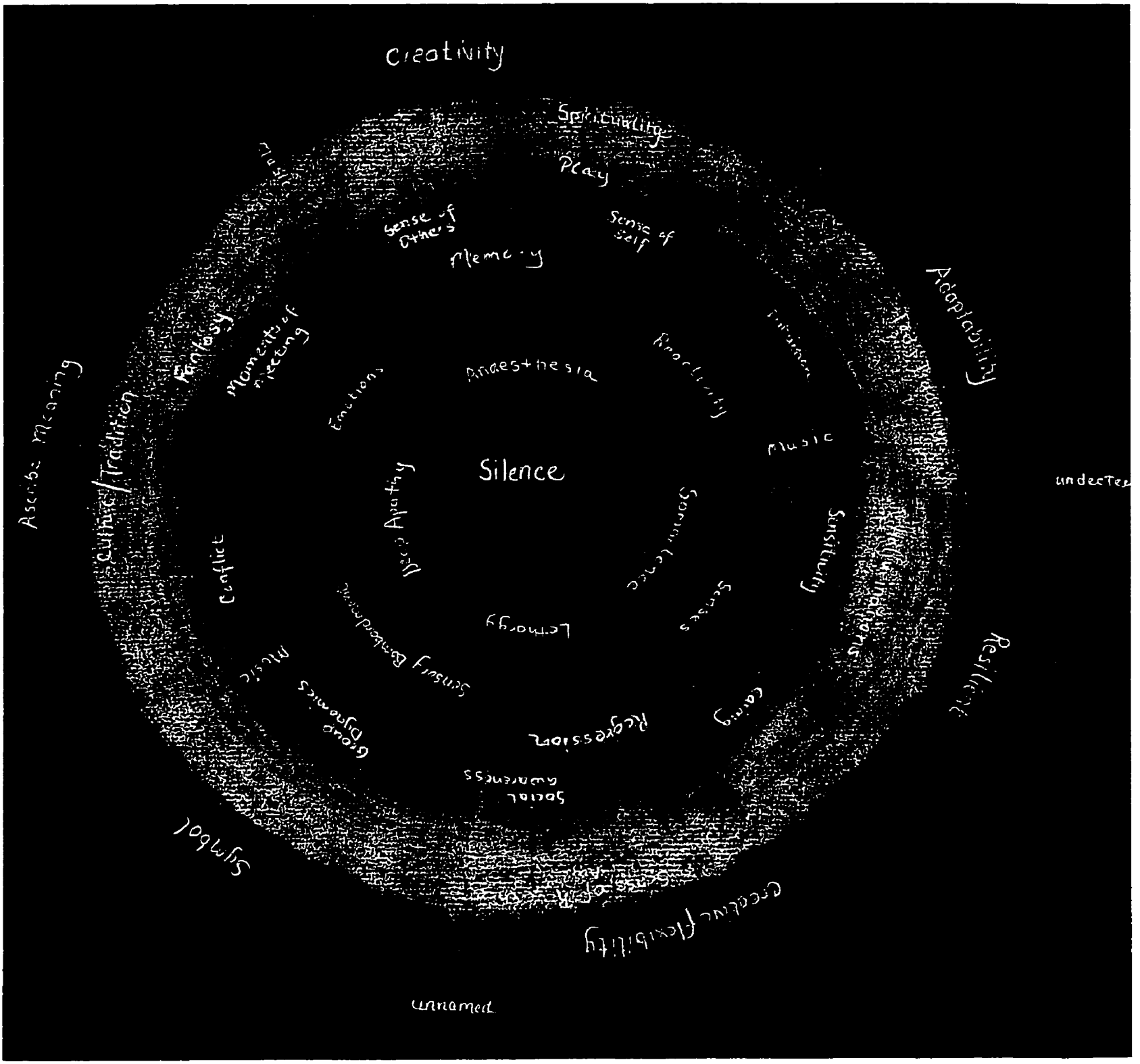
You are
my shadow beckoning
'catch me if you can'.
You are
play and the impetus to play
You are
you and me and what's in between
You are
what fill my being to weeping,
what takes my breath away to hear
'For unto us a child is born' I want to
cry out at the agonizing beauty
of life and breath and human voices
becoming one in song

Experience
The language of experience and
of prana
the way life speaks to life
great and silent communicator
song of soul
and body
and garden

We call you by many names
Intuition
Awareness
Being
God
You are
subject and object,
the observer and the observed
You are
in the eye of the beholder
You are
something whole

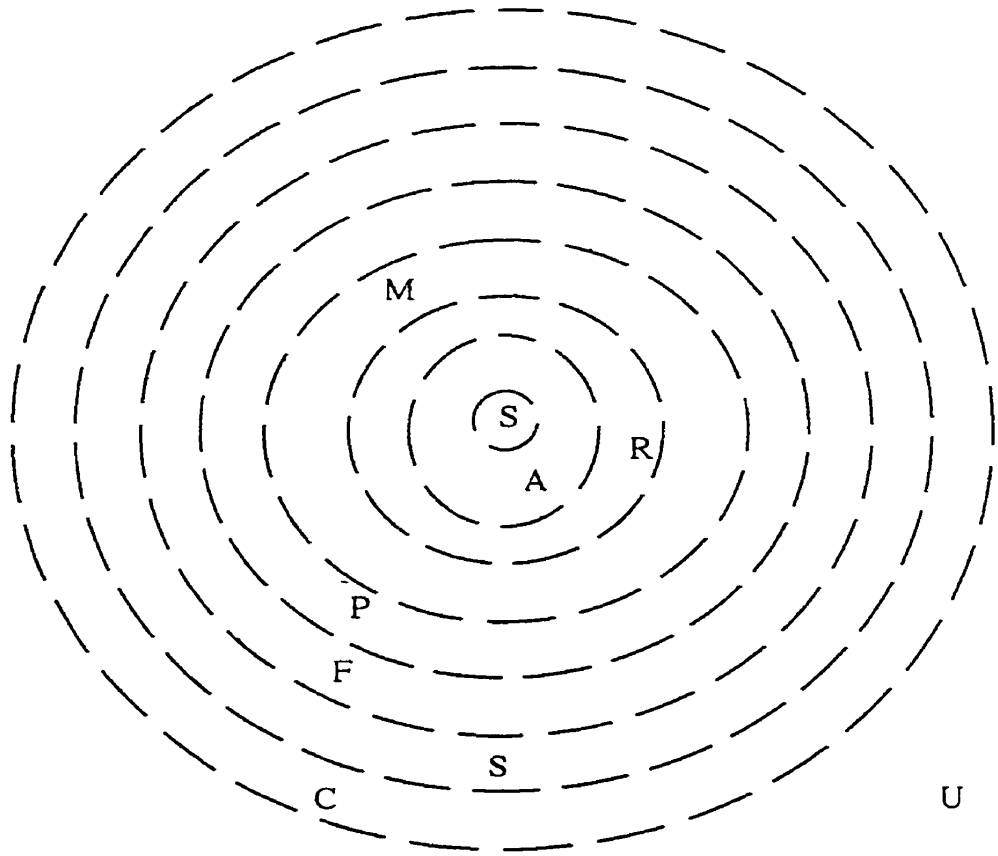
# VARIATION THREE

# THE MANDALA




MODES OF CONSCIOUSNESS

Modes of Consciousness
observed in Persons with dementia
through improvised music




Legend
S - Silence
A - Anaesthesia, Somnolence, Deep Apathy
R - Reactivity, Senses, Emotion, Sensory Bombardment
M - Memory, Regression
P - Personhood i.e. sense of self and others, moments of meeting, intuition, social sensitivity, caring, conflict, group dynamics, role
F- Fantasy, Hallucinations
S - Spiritual, Religious practice, Traditions, Ritual, Sense of reverence / awe, Culture
C - Creativity, Adaptibility, Creative flexibility, Use of symbol, Ascribes Meaning
U - Unnamed, Undetected modes of consciousness available to the Person

**Figure 3: Modes of Consciousness observed in Persons with dementia through improvised music**

## VARIATION FOUR

## MODES OF CONSCIOUSNESS

The Mandala and diagram on the previous pages are reminiscent of Bonny's 'cut-log' diagram illustrating altered states of consciousness accessible to the conscious mind through means such as Guided Imagery and Music (GIM) (Bonny, 1975, pp 124-125). Unlike the mandalas previously presented in this study, 'Modes of Consciousness' had several phases in its' evolution. I finally became satisfied with the cut-log design because of it's qualities of emanation and permeability.

I have designed the figures in such a way as to allude to process. It is an example of my values as a therapist and researcher that I designed these bands progressively. Those bands nearest the centre represent states which are more internal, self focused. Layers which are further out are more outward focused, concerned with the persons in relation to the environment and others. The most outward layers represent more abstract modes of consciousness. There is a transpersonal band I have called Spirituality but include as descriptors a recognition of the sacred, a demonstrated sense of reverence, responsiveness to ritual. Finally there is a band called creativity. Again, it is a reflection of my stance as observer that I place what appears to be the highest value on the development of creativity. Another researcher from a different discipline might process these in a different way. It is not my intention to create hard and fast categories. I believe to attempt such a thing is inconsistent with the character of consciousness. I attempted to create soft boundaries in the art,

though each colour, each quality is substantively different from the others. Emanating from the centre of silence are soft, silken-like wisps of light. This is meant to represent music, which I feel connects, transcends and creates conduits between the modes. I believe that it was through the improvised music that the individuals in the Rise up Singing group were able to both access and dwell within the modes of consciousness. By way of further explanation, I will discuss each mode beginning at the centre of the mandala.

SILENCE was an essential feature of the Rise up Singing group. Further I believe silence to be a feature of the experience of life for many Persons with end stage dementia. As previously noted, much of the musical contact emerged from a background of silence. It was also a place of return. I had the sense that the individuals were having an inner experience during the periods of silence, but I am unable and unwilling to speculate on what that experience might have been. Because music therapists work within the domain of sound, there is always a temptation to fill silences with music, or words. For some reason I am unable to articulate, I feel silence as a feature should be honoured and protected as a part of the phenomena. I have placed silence at the centre of the mandala/ diagram. It is a beginning.

ANAESTHESIA: also described as somnolence and deep apathy. This is a state many practitioners confront in work with Persons in end stage dementia. I have heard the word lethargic used to describe this state. Lethargy implies some attempt on the part of the person to engage their environment to no avail. It's literal meaning is 'lack of vitality' (Oxford dictionary). Somnolence

and anaesthesia are words which I use to describe the state the group was experiencing in the third movement of these findings. Deeper than lethargy, the therapist has no indication they are being heard. The individual is unresponsive, asleep. It is the mode of consciousness represented in the movement 'Resistance...beyond the pulling of teeth'. This implies an 'unconscious' state. When I have been anaesthetized, I have been unaware of the passing of time. At certain points I have heard nurses and doctors addressing me, or speaking around me, but I have been unwilling or unable to respond. I lapsed back into deep sleep rapidly. This is how I imagine this state of consciousness is experienced by individuals with dementia. Emergence from this state can be stimulated by sensory stimulation, but it is unlikely to produce lasting attention. In the mandala, I have chosen to paint this state the colour grey. Reactivity, sensory bombardment and emotions lie directly beside it. In my work with persons with dementia it is often experiences with one or all of these types of consciousness which most successfully stimulates emergence from the somnolent mode. In more recent practice however, I am developing a bias to resist the temptation to seek emergence from somnolence too aggressively. Currently I am advocating an approach which 'accompanies' the state with improvised or familiar music. This approach has developed through my heuristic recollections of being anaesthetized myself. I have experienced more gentle recovery periods and general senses of well-being when I have not been forced into responding more quickly than I was able. I have experienced no change in responses from individuals in this state, it is an intuitive shift in

practice on my part.

There is a state more like lethargy where individuals come in and out of 'awakeness'. In this case, music is often an effective bridge between that state and other modes of consciousness.

REACTIVITY : Also described with the terms sensory bombardment, senses, and emotions. This state is characterized by heightened sensitivity to sensory stimulation. It is in this state that Persons with dementia are at risk of over-stimulation, agitation from physical or emotional sources, and catastrophic reactions. I believe this mode can effect states of anaesthesia. I also believe that reactivity can be fed by the next mode, memory; and can precipitate experiences of regression into childlike states. This is the mode of consciousness which has inspired behavioural research in the 'first wave' of thought. It has been my experience that improvised music can be effective for a person in this state, but that it is a double-edged sword. It is possible to be overly stimulative and bring about a catastrophic reaction, however, just as often, sensitively chosen rhythms, timbres, and the use of voice can assist an individual to a place of silence and rest. From nursing (Brown 1996) we find the connections drawn between managing this state in persons in residential care and the maternal-child relationship discussed by Winnicott.

MEMORY: This is the place of the familiar. It reflects moments in the 'Reach out and Touch' movement where Ma finds the ending phrase of the familiar song 'My bonnie lies over the Ocean'. Familiar/ traditional song material found its way into sessions occasionally, mostly by way of therapist intuition.

In an excerpt which was not chosen for this study, A. presented as being very sad. This was unusual for her, for though her contributions were subtle, she usually demonstrated a positive and responsive affect. My knowledge of the faith tradition she adhered to most of her life and her strong personal belief in God, prompted me to spontaneously play two sacred songs gently...without lyrics. I believe the music created a bridge from an emotional state to modes of both memory and spirituality. As she gazed out the window, her expression changed almost imperceptibly to one of reflective peace.

It is also the place of Ma's memory (and fear) of not being able to find her children. It is where music therapists become sisters, brothers, friends, and relatives. Where caregivers personify persons from the past. There are countless examples of spontaneous memory from the cognitive research of the 'first wave' of thought. I believe viewing memory as a mode of consciousness more accurately reflects how memory presents itself within the whole person, and from the context of the individual's whole life.

SENSE OF SELF/ PERSONHOOD: I believe this band and the next, fantasy and hallucination, could be interchanged depending upon the individual. Personhood has already been articulated with some emphasis earlier in this document. Within this mode, I perceive both the sense of self as Self, and the sense of self in relation to others as salient features. The sense of self as Self includes intuition, role, moments of being and the expression of preferences. The sense of self in relation to others refers to moments of meeting, social awareness, sensitivity to others, caring for self and others, engagement in

conflict and group dynamics. This mode of consciousness has been studied extensively by ethnographic researchers such as social psychologist Tom Kitwood and previously cited in this work. Easily fed by memory, the sense of self for persons with end stage dementia can be subtle. Kitwood speaks of what I have interpreted as caring for appearance, which may be reflected in behaviours as innocuous as smoothing the lines of ones skirt or a clearer, happier affect following a visit to the hairdresser. Within the music therapy setting, I interpret resistance/ reluctance to participate as an indicator of the sense of self. One must be aware of one's preferences to actively refuse or choose something. It is this mode's strong connection to memory which causes me to place them in direct relation in the mandala.

FANTASY/ HALLUCINATIONS: The benefit of a model which is dynamic and flowing is the implication that states can order themselves as they will depending upon the individual. In persons with a tendency toward hallucinations, I have seen this mode of consciousness sit in more direct relation to Reactivity, and Memory. I have chosen to place this mode here for purposes of reflecting phenomena from this group of individuals. I am referring to a creative form of fantasy rather than hallucinations associated with psychosis. In "They're all growing up" the group was 'playing the rain outside'. It is the realm of play. It is the state of consciousness where given a scarf and Spanish idiom improvisations, a person can become a Spanish dancer. Fantasy refers to an awakening imagination, the presence of imagery.

I use the term hallucination in this mode to reflect a state of alertness

where the individual appears to be interacting with something unseen taking into account the presence of other animate objects. There were occasions when M. would reach for something unseen by me, grab hold of 'it' and then continue making music. Rather than the sort of hallucination which obstructs contact with the animate world, these hallucinations seem to be a part of it. I am not prepared to discount this phenomena as psychotic but rather as a lesser understood part of the experience of dementia.

REVERENCE/ SENSE OF THE SPIRITUAL: This refers to a mode of consciousness which is responsive to ritual, which imbues sacredness. This is closely connected to culture and all the manifestation of culture. I am reminded of the story of a Sikh gentleman with end stage dementia who was referred to music therapy for 'calling out behaviour'. His calling out seemed chant-like to me...like a mantra. He was unresponsive to the music I brought to the situation, but almost every waking moment was spent engaged in what seemed like perseverative vocalizations. Upon investigation, this man had been the equivalent of a high priest of the Sikh religion. When I asked a Punjabi speaking occupational therapist to translate his words, she said in astonishment, "He is praying...he is in constant prayer". Viewing the priest's vocalizations as prayer and not 'calling out behaviour' did not change the fact that it was disruptive to others, but it changed the caregivers perspective on him and of his behaviour. He was given privacy...not banishment, and I was able to obtain the teachings of Guru Nanak as well as Sikh sacred songs of life after death as alternate forms of worship. They were eventually used during

mealtimes to facilitate feeding. The phenomena of the 'Reach out and Touch' song can be an example of new learning. It can also exemplify a responsiveness to ritual. It came to be that whenever the first three chords of the reach out and touch song began, group members began to reach out to one another...before the words were sung. Elements of ritual were used in the creation of hello and goodbye songs which remained constants throughout the duration of the group. Ritual can create a container for content. Kenny (1989) defines ritual as constituting "sounds and behaviour which are repeated over the course of the session", and that ritual "interplays with a particular state of consciousness to create a feeling of existential time, so that all which can emerge, does emerge" (p. 86). I believe persons with dementia to be capable of appreciating and participating in ritual and of having spiritual experiences.

CREATIVITY: The notion of creativity as a mode of consciousness for persons with dementia is ripe for study. Some theories of creativity define it as the generation of something new. As regards dementia, I contextualize it by saying that it is the ability to generate something new. As in M's case, perhaps a new form of expressive behaviour. Dissanayake tells us that art *is* behaviour (1992). In this context, to be creative is to demonstrate psychological flexibility in new situations, and a willingness to try new things. In illuminating the concept of well-being for person with dementia, Kitwood presents a continuum of psychic flexibility. He sees the person with dementia's psyche as being frozen, rigid, at risk for shattering. The degree to which their competencies are supported by the environment determines whether they remain frozen,

regress to a shattered, depressed, psychotic state, or progress toward a state of fluidity, flexibility, and resilience (1992 p. 277). In addition, he notes that a high degree of intersubjectivity is required to facilitate experiences of high fluidity. It is in this highly fluid state that Ma imbues her improvisation with meaning. It sounds "like love". It is from 'being thunder' on the drums that she moves easily and effortlessly between modes of consciousness to deal with grief over her losses. It is from this state that nonverbal A. sighs in pitch with the piano in order to participate and be a co-creator of the music, or makes the Herculean effort to shake the wrist bells with arms frozen in contractures. And it is M. who alters her habitual behaviour by reaching out with the wind chimes, creating a soundscape which becomes a piece of music for us all.

UNNAMED: Refers to other modes of consciousness which may be accessible which have yet to be detected or named.

# CHAPTER SIX

# CONCLUSION

## RECAPITULATION

This thesis has reviewed the literature with regard to music therapy for Persons with dementia and classified it according to 'waves' of thought. "New Paradigmatic" trends were identified through a review of the literature from the related disciplines of nursing and social psychology. It was noted that there appears to be a dearth of research literature reflective of the depth and scope of music therapy practice for Persons with dementia in Canada.

Qualitative research methods, namely phenomenology (free phantasy variation) and heuristic inquiry, were introduced from the perspective of music therapy research. The hybrid method used in this study was presented and elaborated upon.

Using the musical form , theme with variations, four discreet improvisational music therapy sessions were presented. They were then elaborated upon through several variations using free association, free verse, narrative stories, session transcripts, and art. Essences of the sessions were extrapolated and reflected upon in expositions and recapitulated in closing.

The intersubjective nature of this study created resultant themes which spiraled between the observer and the observed, client and therapist. Client themes of Silence, Exploration and Play, Creativity, Interpersonal Connection, Resistance, Role, and Shifting Modes of Consciousness led to the development of a proposed model for consciousness for Persons with dementia. Therapist themes of Reflection, Creativity, Frustration, Compassion, and Shifting Modes of Consciousness have implications for music therapy practice for Persons with

dementia.

Finally, the fifth movement presents Consciousness in Persons with dementia through the concept of dynamic, interrelated modes. The aesthetic whole of this concept is one which acknowledges the contributions made in all 'waves' of thought and research, but views each wave as part of a larger ocean which is consciousness.

# IMPLICATIONS AND RECOMMENDATIONS

Aspects of this work have implications for music therapy in the arenas of theory, practice, and research. It is my hope that related professionals who concern themselves with the care of Persons with dementia will also be served by these illuminations (from the German word meaning 'to shed light on').

THEORY: In his 1989 work Defining Music Therapy , Bruscia writes "As a young field, it (music therapy) is still in the process of becoming" (p.7). As a profession, part of this 'becoming', is about the development of theory. Later in the same work Bruscia reflects on the challenge of creating theory noting that music therapy practice is broad and diverse, and therefore difficult to be restricted by or in a single theory. The uniqueness of the marriage of music and therapy combined with the universality of the musical experience for humans makes this a daunting task, indeed.

In her 1989 work The Field of Play: A Guide for the Theory and Practice of Music Therapy, Kenny embraces this challenge with a discerning glance backward to the theoretical roots of music therapy. She identifies four elements of experience from this study: 1) Conditions: referring to the conditions the *therapist* and *client* place into the field by being who they are. 2) Fields /Environments: Many early models use language describing a therapeutic 'space', 'environment', or 'field'. Kenny expands this notion in her work developing the theoretical seeds planted earlier by therapists in diverse areas of practice. 3) Relationships: In the context of theory, relationship refers

to person to music and person to person relationships. 4) Organization/Self-organization: Refers to the trends in the music therapy literature to focus on the tendency of music to encourage a person, as a whole system, to organize. The organization/self-organization dialogue emerged as a reflection of differences in orientations. Music therapists in the behaviourist tradition for example, say that it is the therapist who chooses the music which will 'organize' the client. Other music therapy traditions hold that the human system is capable of self-organization, and that certain elements of music facilitate this. As Kenny writes, " it touches on questions of intervention versus the right to express" (p. 37).

I believe there are aspects of my study which inform each of these areas and may contribute both to reinforcing existing theories and to the development of new theories. Within the area of 'Conditions', this study is rooted in what I have referred to as *'the reflective abilities of the therapist'*. Earlier in this document, I propose that phenomenological research, research which seeks to illuminate the subjective experience of Persons with dementia through a shared consciousness, is dependent upon such reflective abilities. This research is a study in reflection: of being a reflector of the client in the music, of repeatedly reflecting on the sessions as a whole, and the elaboration and reflection upon ones' subjective impressions and processes. Paradoxically, I am persuaded that it is through such reflective exercise, through such elaboration and variation that we develop and hone our reflective abilities as therapists.

Though I have used the symbol of the mirror to visually represent reflection, I believe there to be a great difference in practice between a therapist *being* a mirror, matching a client move for move, note for note, and *reflecting*. It is perhaps a subtle difference, but I use the term to refer to the experience of *perceiving* a client's music (be it sounds, rhythms, or movements). To allow their music to move through me and return to them musicalized; elaborated if you will. For example, reflecting M's glissandi in the 'Reach out and Touch' movement was a process. I played piano, not windchimes, so my glissandi were materially different from hers. When I perceived that her 'music' was both a soundscape and a move toward the social context, I broadened the musical reflection to include bass notes and rather than continuing to play glissandi, I elaborated on both the sound and the movement through thick ascending chords followed by a similar descending motif. It was a reflection of her music, her movement, her rhythm, and finally her intent: to 'reach out and touch'. It was not a literal repetition of any part of her music.

As a segue to the next of Kenny's salient areas grounding theories of music therapy, I am reminded of a concept which emerged from my reflections on the death of Ma, "I think, now, that when we become reflective, we share the intimacy of space and time, of consciousness..."

In addressing the theoretical theme of space/ environment, Kenny presents the essential work of Sears who placed certain emphasis on the idea that music therapy is experience within structure ( p.27). In the 'Rise up Singing' research I use the word 'container' repeatedly. It is a metaphor for what Kenny calls a

'ritual space' (1985, p.8). I elaborate on the 'container' through the structure and shape of the mandala, and my use of meta-structure ( the musical form 'theme with variations'), creates an environment, a container for the presentation of the experiences from the sessions.

Finally, the notion of a shared consciousness implies a shared field in the music. This is supportive of Kenny's view of the musical environment created within clinical improvisation . She calls this the 'musical space', where the client and therapist, as separate aesthetics, meet. Within this trusting musical space, a 'field of play' can emerge, a place of expression, expansion, creativity, and consciousness. Though explained to a lesser degree, my observation and identification of 'islands of engagement' and 'moments of meeting' are, I feel, corroborative of Kenny's 'field of play' theory.

With regard to the area of 'relationship', I believe this study contributes to music therapy theory through its implications about the use of clinical improvisation for Persons with dementia and emergent creativity. This work clearly illuminates a creative potential for individuals with severely dementing disabilities. It indicates that a creative relationship to music can both exist and flourish in spite of cognitive deficits. Further it implies that within this creative 'space', interpersonal relationships can form. Relationships characterized by the awareness of self as Self, demonstrated awareness of and caring for others, and conflict.

Finally, I feel that the reflections on consciousness can contribute to the dialogue on organization/self-organization. I proposed that music can help

order experiences of spontaneous shifts in consciousness in Persons with dementia. Implicit in this, however, is my oft-repeated stance of therapist as reflector. I am not of the camp which believes in the use of musical prescriptives to facilitate an ordered experience of life. At true ground zero of this work is my deep belief that it is through the client's indigenous music that we are able to hear their unique voice and perspective. Further, I believe it is of critical clinical value as we come to know our clients well and become more client centered in our approaches.

CLINICAL PRACTICE: I believe this study has implications for the practice of music therapy for Person with dementia in two fundamental regards. The Nordoff- Robbins 'Creative Music Therapy' is a discreet clinical approach traditionally used with children and young adults with physical, emotional, and developmental disabilities. Within recent years, therapists trained in the method have applied it to their work with adults (Andsell, 1995 ; Lee, 1996). To my knowledge, there is only one Nordoff-Robbins trained music therapist who has used the approach with persons with dementia, and she has yet to publish. To critically examine my own work, I am aware that were I Nordoff- Robbins trained, there would undoubtedly be differences in how I worked with these individuals, perhaps even in the methods of research I chose to illuminate the experience. However, I believe that enough fundamental aspects of the Creative Music Therapy philosophy emerged through my rudimentary treatment of it to warrant deeper examination into its effectiveness for this population. Simply put, I feel the model to be a good

match for the population.

More potent than methods or models, the findings of this study could, I believe, alter the perceptions of Persons with dementia by music therapists and other health care professionals. If the implications of this model of consciousness were even marginally entertained as being within the realm of possibility, the quality of life of Persons afflicted with this disease could be significantly altered. Within the domain of music therapy, a deep apprehension of my research findings could encourage music therapists to allow silences to be honoured and protected; anaesthesia to be seen as a state from which one must be gently aroused and, in so doing, perhaps avoiding catastrophic behaviours and reactive responses such as agitation. Members of the interdisciplinary teams in institutions could view sensory bombardment and reactivity as a path which, when appropriately responded to, can assist the Person with dementia to a place of silence and rest, or to a more regressed state to be attended by soothing, person to person connections. Further, that memory can, indeed, be accessed through the familiar, but that new learning and memory was demonstrated in the musical context through ritual (the 'reach out and touch' song). Finally, by perceiving resistance and reluctance as an indicator of a thriving sense of self we can come to understand the true meaning of 'locus of control' and return it to the individual. If hallucinations and fantasy were considered to be a face of an active and creative imagination, one which can be used to facilitate contact with the animate world, how might the lives of Persons with dementia change? How might the lives of caregivers

and health care professionals change? I can personally attest to the fact that when one's consciousness shifts in this regard, there is no turning back. We are changed. The point is that the essence of shifting one's consciousness, one's being *with* Persons with dementia is applicable to all caregivers, regardless of discipline, level of education, or relationship to the individual.

The demographics presented at the beginning of this document indicate that as more 'baby boomers' reach retirement age, incidences of dementia (particularly Alzheimer's disease) will also increase. Health care which facilitates greater self esteem and quality of life will be in even greater demand. For a generation characterized by creative social change, an improvisational model such as Creative Music Therapy could be a fundament of geriatric practice in the new millennium.

Finally, I believe that any music therapy research which illuminates the direct experiences of Persons with dementia elevates the image of both Persons with dementia and geriatric music therapists. In my rationale for this study, I briefly address the issue of professional self-concept. I have always held the belief that depth work in music therapy was both possible and necessary in geriatric residential settings. However, few settings share that belief to the extent that they would finance a full time music therapist to do such depth work. Most music therapists in geriatric residential settings work part time hours, piece-mealing together a practice where between individual, small and large groups, they could conceivably see over 100 clients per week. Many therapists describe work environments where they have little or no control of

practice: their client case loads determined by full time staff of different disciplines, and the type, size and focus of their client groups predetermined. I have heard of music therapists who work for years in facilities where they are repeatedly denied budgets for instruments, music, and other supplies necessary to the practice of their profession. Or they are expected to provide their own equipment and supplies. Still we manage to do the beautiful work of enriching lives in spite of these circumstances. But the price for many geriatric music therapists is burnout, stress related disorders, and low professional self-esteem. I believe that conducting and publishing geriatric music therapy research is one way to uplift the image of our specialization.

It has been my observation that geriatric music therapists are very interested and open to new ideas which may influence or impact their practice. I feel that there are concepts presented in this study which could influence music therapy practice for Persons with dementia. The notion of improvisational music therapy as a primary modality versus the 'familiar song material' or 'activity' approach is one which is somewhat controversial. I believe this study goes a long way toward documenting and advocating a return to an improvisational approach. I say 'return' because in my search through the proceedings of the conferences of the Canadian Association for Music Therapy, I was gratified to be reminded that improvisation, as an approach, has deep roots in the Canadian context and that 'activity-based' models actually come to us from the strong influence of certain training centres in the United States.

RESEARCH: There is a need for music therapy research which illuminates direct experience and explores the impact of the work on music therapists. As previously noted, music therapy is a field in the process of 'becoming' (Bruscia, 1989). Aigen (1995), calls music therapists toward indigenous theory. He challenges us to find language which describes our direct experience and to look toward the aesthetic groundings of our media as the bases for research and subsequent theories. He reminds us that we have been seeking ourselves where we are not, and have been looking for validation from 'extrinsic bodies, particularly the medical profession '(p. 236). It is conceivable that this study may contribute to the increasing numbers of qualitative studies which lead toward indigenous theory. The potential of this study as I see it is in its design. The hybridization of Husserl's Free Phantasy Variation and Moustakis' Heuristic Inquiry creates a research climate rich in intersubjectivity. As Kitwood implies in his 1992 work, the presence of intersubjectivity thrives in environments where nonduality is aspired to. Where the distance between well and unwell, me and you, nurse and patient, therapist and client, us and them is acknowledged and kept to a minimum. He maintains that in such environments, Persona with dementia experience high levels of relative well-being, and psychological flexibility. I believe that engaging heuristics and phenomenology simultaneously calls forth an active kind of compassion and elevates the 'new paradigmatic' theme of interdependence.

Finally, the model for consciousness presented here is a way of

perceiving a wholeness of experience , and once perceiving, our way of being with Persons with dementia shifts. Away from the tendency to 'manage' toward a tendency to 'be with' and to 'dwell'. This model stimulates a kind of readiness, an alertness which is poised to respond as opposed to a style which is planning the next step. It is a way of viewing the relatedness of things as soft and dynamic, not hard edged and absolute. It views behaviour in such a way as to acknowledge it as part of the larger context of consciousness. It implies a deep, primal intelligence which is creative and seemingly alive and thriving in the chaos of dementia.

*It makes you simple, unitary and solid...*
*It makes you full, like the wheat is full*
*when its taken in sun until its being is gold*
*Full as the hawk balancing the air,*
*the drunk balancing the street,*
*which may tip, and tipping,*
*draw the world with it.*

*Rhea Tregebo*
*from* Mapping the Chaos

# APPENDIX A- GROUP MEMBER PROFILES

GROUP MEMBER PROFILES

A.

- Medical Diagnosis: Parkinson's related dementia. Old Cerebral Vascular Accident (stroke)

- She has flexor tone in both arms and sometimes wears splints to prevent further contractures

- She is only able to play the 'jingle' bells with a large wooden handle

- She became vocal over time. Her sighing provided the pitches and her timbre the tone for several sessions

- She is dependent for all movement, though she has made great effort to life her arm to play bells

- She is often deeply congested due to limited respiratory ability secondary to Parkinson's disease. This made her vocalisations all the more important

M.

- Medical diagnosis: Alzheimer's Disease

- English is a second language for M. Her receptive ability of English varies

- She plays the LP windchimes. They are on a stand. Sometimes she strikes them with a drumstick. Other times, she moves the whole apparatus, reaching out to others with it.

-M's habitual behaviour is reaching out. This behaviour became the thematic material for the composition "Reach out and Touch"

- She frequently demonstrated pleasure with a transforming smile. This smile was reflected in another composition titled "You got a smile that lights a million lights"

Ma.

-Medical diagnosis: Alzheimer's Disease with Organic Brain Syndrome

-Ma's verbal ability increased over time. She has very dysarthric speech

-She prefers to play the temple blocks, but has tried all instruments

-She is often in constant motion from prolonged use of anti-psychotic drugs

-She is able to attend for various periods of time.

-She loves to 'trade fours' of the temple blocks

-Ma is very relational, and also very dependent. She 'requests' much attention.

## DEFINITION OF TERMS

AGENCY: The ability to accomplish something. Effectiveness.

CONSCIOUSNESS: The experience of being, an awareness of being (see also movement five of this document).

ENABLEMENT: A 'way of being' which assists a Person with dementia to 'use his or her resources to foster meaningful life experiences...despite the presence of cognitive impairment" (Dawson, Kline, & Wells, 1993)

ENVIRONMENTAL PRESS: A term 'coined' by Lawton and Nahemow (1973), which refers to the degree of demand placed on the individual from all environmental stimuli: interpersonal, extrapersonal, and physical. Demand is evaluated against the individual's competence.

EXCESS DISABILITY: "A reversible deficit that occurs when the magnitude of the dysfunction is greater than that accounted for by the underlying pathology" (Dawson et al, 1986).

ILLUMINATION: From the German root word which means "to shed light on".

ISLANDS OF ENGAGEMENT: A field, a period of time during an improvisation when the music therapist is aware of musical engagement. Can contain 'moments' of interpersonal connection between client-therapist or between group members, spontaneous compositions, and the generation of creative expressions on the parts of both client and therapist.

MOMENTS OF MEETING: 'Moments'- denotes the moment to moment experience of a Person with severe short term memory loss. 'Meeting' refers to an interpersonal connection perceived by the music therapist (in this case). Moments may occur in isolation, or within an 'island of engagement'. In the context of this document, it most often refers to the intramusical experience, however the salient quality of this term is in the human to human, intersubjective connection.

NEW PARADIGM: 'pattern' (Merriam-Webster). In this document, refers to a concept or idea which by its magnitude and implication shifts the consciousness (ways of being and thinking) of large, discreet groups of people (in this case persons concerned with the care of individuals with dementia).

PRANA: Breath- A sanskrit term also interpreted as life force.

'REFLECTIVE ABILITIES OF THE THERAPIST': Refers to: 1. the extent to which a music therapist is able to 'perceive' a client's music (sounds, rhythms, movements, affective changes, intuited shifts in modes of consciousness) and subsequently reproduce them further musicalized or elaborated; and 2.

the extent to which a music therapist is able to reflect upon, elaborate, or have personal insight to the experience of 'being with' a client.

SENTIENCE: (also sentient) Capable of feeling, having perception, a characteristic of being a person.

VIRIDITAS: A term 'coined' by the medieval mystic Hildegard von Bingen describing the divine life force as it manifests in the natural world.

WAVES: In this work, defined as a trend of thought with particular reference to dementia care. The word denotes the powerful, sweeping, cleansing action of waves, and places them in a greater context of an 'ocean' which is consciousness.

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