The effect of music on wellbeing – case studies

Can personalised music lessen the sense of isolation sometimes felt in care homes and improve wellbeing? **Jill Conroy** and **Sue Faulkner** decided to find out

ou're never alone when you have music. It is a great comforter and companion, or, as the poet Robert Browning put it, "who hears music feels his solitude peopled at once". We decided to test these claims at Fremantle Trust, a medium sized care provider in Buckinghamshire, Bedfordshire and north London.

In particular, we wanted to look more closely at the value of music for people living with dementia in our care homes and find out if personalised music from an individual's playlist could reduce feelings of isolation and improve wellbeing

Research tells us about the value and impact of music therapy for people living with dementia (Sherratt *et al* 2004). It can help with problems of isolation, depression, anxiety (Ueda *et al* 2013) and agitation, as well as lifting mood, alertness and engagement (McDermott *et al* 2012). It was recommended as a psychosocial intervention in the National Dementia Strategy (Department of Health 2009).

Music therapy is of course an established psychological clinical intervention, delivered by registered music therapists, and is frequently a feature of one-to-one activity in care homes. Alongside this professional intervention, we wanted to offer a more informal option in which music would be made available to residents at the touch of a button.

To this end we collaborated with Unforgettable (now part of Live Better with Dementia), a company allied to the non-profit organisation Music & Memory which donates iPods to people living in care homes. Unforgettable offered us the use of three radio and music playing devices for our study, from which music could be downloaded on to a USB flash drive and the radio tuned to DAB or FM and pre-set to five stations.

These radio and music players are designed with coloured buttons, which can be easily used or hidden according to individual requirements. If a person can use the device independently, it is simple for them to trigger their playlist or chosen radio station. If not, a member of staff can identify the person's playlist choice easily.

Our study

In January 2019 we conducted a smallscale study of the impact of personalised music on our residents. We involved three care homes and nine people living with dementia over a period of two weeks. Care staff and activity organisers selected times of day (and night) to play music or a radio station with the resident.

Observations on residents' behaviour and demeanour were made prior to music being played and the Bradford Well-being Profile (2008) was completed as a record of positive and negative behavioural indicators. This sequence was repeated after music had been played, while at the same time noting any anecdotal comments and other relevant observations. In total there were 52 observations over the two-week period.

The prompts for playing music were varied: personal care interventions; when residents appeared to be without any meaningful activity; when they were experiencing agitation; when they were making vocal noise but not engaging in verbal communication; when they were getting ready for rest or sleep; and when they were restless and walking in the day or night.

Although the size of our sample did not yield conclusive results, we do think there were clear positive indications which merit further investigation.

Choice of music

Each person's playlist was compiled on the basis of their own recommendations where possible. Some songs had sentimental memories with huge personal resonance, especially a record that a couple had acknowledged as "their song". Others evoked an era or special, seasonal event such as a holiday – "I do like to be beside the seaside" - or



Jill Conroy (above right) is practice development lead (dementia) and Sue Faulkner is community and lifestyle manager, both at Fremantle Trust care homes

a wedding – "I'm getting married in the morning". We also took songs and tracks from collections of CDs residents already owned and adopted suggestions given by family and friends, which had been noted in a resident's personal profile.

Where residents had no obvious preferences for an artist, tune or genre, care staff used the activity organiser's tablet to search on apps such as Spotify for what would have been popular in the person's late adolescence and early adulthood. As is well documented, this is a time from which autobiographical memories are disproportionately recalled, a phenomenon known as the "reminiscence bump" (Krumhansi & Zupnick 2013).

In this way, staff could quickly locate and try out music that might have meaning for residents, the intention in all cases being to offer a person-centred musical selection responding to each resident's preferences and reinforcing the focus on the individual. If there were no cues as to what a person preferred, then the choice of music or a radio station was "trial and error".

Staff had to be flexible in what to offer and observe the response a person gave. When music was found to have a positive response, it was downloaded on to a USB stick to create a personalised playlist. Subsequent music was added to give a comprehensive but individualised choice of music to play. To show how this project worked and the effect on residents, we have taken two illustrative case studies from the larger group (names have been changed).

Case study: Helen

Helen was 70 years old and had Alzheimer's disease, arthritis, and blurred vision as a result of a head injury. She was unable to settle in her first care home and her personal care was compromised by the fact that she refused assistance. By the time relatives decided to try a Fremantle Trust home – Lewin House - her appearance was unkempt and her hair unwashed.

Helen walked all the time, grazing on food as she did so, and her diet consisted mainly of finger foods which had to be regularly replenished as she lost weight with the continuous exercise. Her day was very long; she barely rested and appeared exhausted.

We had a personal profile of her which captured information such as that she had a background in classical music, having worked as a secretary in a music centre. There was a collection of CDs in her room from which care staff could identify an appropriate music genre and specific composers and works.

At first, Helen continued to decline help with personal care. Different techniques and strategies were employed and staff took time to be with her, walk with her and try to help her feel safe and secure with them. They played a compilation of the classical music Helen had in her room. Initially, when the music was played in Helen's living area, it seemed to have little effect. Case notes recorded that she "listened to music for 20 minutes but walked out of her bedroom" and that she "would not stop in her room to listen to music".

Staff persisted with the offer of classical music and gradually change was apparent. Case notes now read: "22.00hrs - Helen was being changed out of dirty clothes. She sat up quietly in bed, was calm and talkative. At midnight, when agitated, the same music was played, Helen was calm and quiet."

It was the same the following day: "Appeared to be enjoying the music so was calm" when helped with personal care. Then a significant change was introduced when one member of staff took the device into the bathroom. Case note entries read: "Helen had personal care, dressings changed, was enjoying music sitting in the bathroom, listening" and "Helen was calmer and co-operated with personal care."

Over time, the more favourable pieces

were uploaded on to a USB flash drive as a personal playlist and played via the Unforgettable device. Next, an easy chair was moved into the bathroom. Helen began to actively seek to stay in the bathroom after personal care, wrapped in a dressing gown and listening to classical music. Anecdotal reports from staff were that she had "completely, 100%" changed, was more relaxed, accepting of help with personal care and better able to sit for longer periods and eat while sitting down, affording her more chance to eat well.

A senior member of the care staff team and dementia champion at Lewin House, Janet Hawkins, reported that the changes in Helen were "transformational". Personal care had always been a very difficult and distressing time for her, but when her favourite music was played in the bathroom she began to accept personal care and appeared to enjoy it. Eventually, personal care sessions were prolonged so that Helen could sit with a dressing gown on, listening to the music.

Helen's wellbeing score, as measured on the Bradford Well-being Profile, ranged from 4 before music to 15 after music had been played.

Case study: Anna

Anna was 86 years old and was in the middle stage of dementia. Activities organiser Michelle Dean from Lent Rise House care home, who conducted this part of the study, wrote: "Anna's mobility is limited and she needs to use a wheelchair. Anna recognises people and has developed a strong attraction to male colleagues. Anna is often confused as to her location and prefers to stay in one place. Anna tends to shout out to gain attention. However, she does like talking although the content can be confusing and incoherent at times."

Initially, music choices were a bit hit and miss. The iconography in her room – a cross on her bedroom table and images of the Virgin Mary on the wall suggested religious music may be preferred. When Anna heard "All Things Bright and Beautiful", she smiled. As more hymns were played her mood brightened and she cooperated with personal care. Hymns and gospel music were uploaded on to a USB to create Anna's personal playlist.

Although recorded music worked very well, the radio was for some reason rejected. When sitting in the lounge, Anna asked what the device was and, when told it was a radio, she said "No I don't want it". Later, in her bedroom where she was having a lie-in, the radio

Implications for practice

• Find the appropriate music – remember the "reminiscence bump"

• Involve family and friends so they can help and inform you about musical preferences

• Get a device with radio stations on which you can also store music

• Share the best method to trigger music for a resident – staff need to know to offer it when they are in contact with the person

- Locate a space to hear music well
- Locate a space to share music with others
- Offer music day or night
- Coordinate with care tasks such as personal care
- Keep going if at first music is rejected, but be careful not to cause distress
- If you have no device or radio, just sing!

was turned on, but she rejected it again. So the music was changed to hymns which had been placed on the USB flash drive

Some popular songs from Anna's younger days were also downloaded, again on a trial and error basis. On one occasion the USB was triggered and on came a Frank Sinatra track. Anna's mood lightened noticeably – she became talkative, repeating some of the lyrics, and anticipated what words came next. She named various music artists and became more animated and happy, while residents generally became more alert and either sang, tapped their feet to the rhythm or talked to other residents.

A few days later, the USB music was played while Anna was dozing on her bed. At the Frank Sinatra track, she began to move her head to the beat and sang a couple of verses. Later in the day, when eating lunch, Anna enquired what the "box" was, referring to the radio and music player.

The activity organiser recorded: "I began to play classical music (Strauss waltz) from the USB and this initiated pleasant conversation. Anna became noticeably more talkative, told me I was doing well. Anna's mood lifted and conversations with care staff who were told to bu**er off not long before the session were greeted and complimented.

"All staff present noticed the change in her mood and how friendly and chatty she had become. Each time when one of the songs were played that Anna liked, her mood changed instantly, she became calm and enjoyed chatting and laughing."

Anna's wellbeing score ranged from 2 before music to 14 after music was played.

General impact

Michelle Dean, as activities organiser, was impressed by how residents with dementia in general responded to the music we had introduced on the devices. She noted how residents in the early to mid-stage of dementia seemed to benefit almost straight away and displayed some memory of songs and verses.

It is worth quoting her comments at more length: "Conversations would be made and the residents' mood would change, become happier and more sociable. The later the stage of dementia, the longer it took before greater noticeable changes occurred. If personal care was introduced, and they became agitated, they would become calm and settled a lot quicker after personal care had finished if the music was playing. A personal playlist had the best results.

"On one occasion, the playlist was played in the lounge with other residents and carers in the same location. Well – it was amazing! From a quiet lounge with people dozing, Frank Sinatra started singing and all the residents started tapping their feet, shrugging their shoulders, singing or listening.

"Some of them even started a conversation with each other about the songs. It was a lovely social event as well as an observation for the study. Amazing as they all have different levels of dementia. One lady, who usually paces, stopped pacing, became calm, aware and spoke."

Findings

Qualitative statements from the care homes were invariably positive. Staff were surprised by what they were witnessing, many of them certainly feeling that personalised music had had a positive impact on each resident's mood and level of interaction with others. Residents responded with an alertness and recognition not usually visible when they heard a random piece of music played by chance in their hearing.

This study gained momentum because such positive results were seen. And since the end of the study, music has become a sustainable part of residents' daily lives as families and staff have seen the benefits for themselves and have gone on to create ways to make music happen.

Personalised music reduced agitation and improved mood, a phenomenon particularly noticeable at times when personal care was given. Not only was this a positive outcome for those residents but also for staff, whose stress levels dropped. Residents became less withdrawn and isolated, sharing music, songs and memories spontaneously.

Music also acted as a catalyst for making contact with others and a trigger for communication that was otherwise missing. One lady who never spoke used language coherently after hearing her music.

None of the people living with dementia in this study were able to initiate music by themselves, so it required either staff or visitors to play it. Some people were happy to listen on headphones, although others were not, but in all cases personal playlists could be captured and played not just on the



The Unforgettable music player and radio is designed with coloured buttons, which can be easily used or hidden according to individual requirements devices donated by Unforgettable, but also on other devices, allowing a degree of flexibility and choice. The radio function on the donated devices was often used successfully, especially because it could be pre-programmed with chosen stations.

Conclusion

In the majority of cases we observed positive mood changes as a result of the music. But this approach requires flexibility and analytical judgement on the part of staff. Staff should be sensitive to when the music is rejected, so that it does not impact negatively on the person.

When compiled in a person-centred way, music can be a source of comfort and calm. It can counter distressing events, alleviate anxiety, and increase sociability. Our study indicated just how a personal playlist, by responding intelligently to individual preferences, had the potential to call up memories and make a real difference to quality of life.

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References

Bradford Dementia Group (2008) Bradford Well-being Profile. University of Bradford. Department of Health (2009) *Living Well with Dementia: A National Dementia Strategy*. London: DH.

Krumhansi CL, Zupnick JA (2013). Cascading Reminiscence Bumps in Popular Music. *Journal of Psychological Science* 24(10) 2057-2068.

McDermott O, Crellin N, Ridder HM, Orrell M (2012) Music therapy in dementia: a narrative synthesis systematic review. *International Journal of Geriatric Psychiatry* 28(8) 781-794. Sherratt K, Thornton A, Hatton C (2004) Music Interventions for people with dementia: A review of the literature. *Aging and Mental Health* 8(1) 3-12.

Ueda T, Suzukamo Y, Sato M, Izumi S (2013) Effects of music therapy on behavioural and psychological symptoms of dementia. A systematic review and meta-analysis. *Ageing Research Reviews* 12(2) 628-641.