

It all began with Gladys, an 85-year-old woman in residential care. I was the activities officer (among other things) at the home where Gladys lived. Often she could not remember her name and seemed to me to live in a fog. One day I came across a music quiz and thought I would try it out on three successive Wednesday afternoons. In the first session there was bewildered attention – some smiles, but very little participation. In the second session, there was recognition, more smiling, and a little participation. But in the third session everyone sang! Gladys, in particular, knew the words to every song and beamed from ear to ear. She continued to beam every time we met. She was very proud, and I was thrilled!

I later became a support worker for the Alzheimer's Society. From my work, it seemed to me that people with dementia needed an opportunity early in the course of the illness to develop social networks. Carers wanted purposeful activities they could enjoy with other carers, yet carers-only activities provoked anxiety about leaving their loved ones alone or arranging respite care. Developing strong links with others in the same boat is well-recognised as a strategy for coping with difficulties. The traditional support group can work well, but it became clear that people didn't necessarily want to focus on their difficulties. These two strands of experience led to my searching for a collaborator to devise a music project, which came to be known as 'Singing for the brain'.

I initially approached Dr Nicholas Bannan, the past head of Music Education at Reading University (now at the University of Western Australia). He was intrigued and agreed to devise a program to see how music could help people with dementia. We had many discussions: about dementia, how to create the right format, and how to address emotional needs and issues about identity. I dis-

*Newbury, Berkshire*

# Musical exercises for the mind

It can be a joy to sing. It can also be a work-out for the mind: tempo, melody and rhythm all pose challenges. Chreanne Montgomery-Smith tells the story of 'Singing for the brain', a music programme for people with dementia and their carers.

cussed these issues with the families I worked with. Nicholas researched what information was available about the links between singing and dementia. Initially we made a budget for a huge scheme of 35 weeks per year. We soon realised that we needed to prove the efficacy of what we were doing, and instead decided on aiming for a pilot scheme of just three sessions. I made applications for grants (a fraction of the original budget) from the Berkshire Foundation, Newbury PCT Health Promotion, and the Anne McCulloch fund, which were all successful. They included money to pay to record the sessions on video and CD which, as well as helping with evaluation, provided participants with a tool for singing at home.

## The pilot begins

Our first session was in January 2003. We took care to promote social interaction, and to create a warm and friendly atmosphere with flowers, tablecloths, nice tea and coffee and biscuits. A team of volunteer greeters even met people out in the car park, and went on to introduce people to one another and serve refreshments. We made registration easy and gave everyone name badges. We told people not to worry about being late, and so found they arrived with less stress. We held the sessions in a drama studio with



Sessions were held in a drama studio with very resonant acoustics, which improved the sound quality and magnified tentative voices.

very resonant acoustics and found this was very important as it improved the sound quality and magnified tentative voices. We sat in a circle: carers and people with dementia sitting where they wished, undifferentiated for the facilitator.

The sessions began with warm-ups such as clapping and singing people's names. We sang songs chosen for a variety of qualities – some featuring repetition, others telling stories. Many of the songs were familiar, but one was a new composition by Nicholas: a complex 'round' (a song where different groups sing the same tune, but start one after another). Over the three sessions, the people with

dementia learned the round very well. We even heard that some people were using it in completely different surroundings (a day centre) to greet others who had been at the sessions. We distributed questionnaires for everyone to complete after each session and it was clear from these evaluations that we had every encouragement to continue.

## The ongoing project

By January 2004, we had a permanent home for the sessions, a new and inspiring facilitator and funding from Newbury Working Arts Trust (later also from a private donation). Our facilitator was and continues to be Liz MacNaughton – a freelance voice specialist in speech and singing who is passionate about what she does with our group in Newbury. Between 35 and 40 people have attended the weekly sessions held from September to April for the past two years. We have attracted volunteers and former carers to our team of helpers.

Interest in the course has grown so that in autumn 2005 we ran a five-day course on 'Singing for the brain: making singing for health happen', with funding from the Community Education Fund and help from West Berkshire Council staff. The course attracted over 30 people who now want to start six new singing groups. We are also working with other organisations – Making Music South East and the Sidney de Haan

Centre for Arts in Health, Christchurch University Canterbury – to develop a framework for expanding the programme, hopefully in the form of a not-for-profit company called ‘Sing for your life’. With centralised funding, ‘Sing for your life’ will be able to develop and monitor programmes, and offer services to groups via an interactive website.

**The therapeutic element**

But what is it that makes ‘Singing for the Brain’ a therapeutic social activity? I think there are seven therapeutic outcomes.

**Communication**

Liz does a systematic warm-up routine which exercises all the muscles involved in communication (neck, shoulders, whole body, face, jaw, lips, tongue and diaphragm) strengthening neural connections to the voice and breath mechanisms. Delivered one-to-one these exercises would make people self-conscious, but in a group they are fun.

**Cognition**

Concentration and attention are challenged through complex working with songs:

- using a ‘call and response’ style, led by the facilitator
- dividing the group to sing different verses or lines
- adding extra parts
- encouraging quick changes
- following instructions
- learning unknown songs in a step-by-step fashion
- building up complex rounds



*Chreanne Montgomery-Smith is a support and development officer with the West Berkshire branch of the Alzheimer’s Society.*

- using repetition of musical phrases or rhythms
- using mental substitution in songs
- combining songs with actions
- singing from memory.

**Engagement**

In the sessions the emotional content of songs is emphasised to make them more memorable. For example, making eye contact across the circle and singing to others the message of a song can lead to a powerful bond and sharing of emotions via the music.

**Confidence**

We’ve seen participants’ confidence grow from the gradual building of skills, vocal strength as well as the thrill of remembering so much. People become less fearful of failure: everyone makes mistakes and gentle laughter is initiated deliberately and frequently by the team.

**Relationships**

At home, people with dementia and their carers are often both aware of each other’s problems, but doing something positive together such as singing, and enjoying it, reduces this sense of burden. Coming to sessions encourages people to be pro-active – both the person with dementia and their carer feel they are doing something about their situation, which reduces feelings of depression and helplessness. There is respite from worry in a joyful focus outside the home. There are songs which express the frustrations and irritations of life with a partner (for example, ‘A fine romance’) in a safe way. There are opportunities for friendships to grow and later be supportive in difficult times. There is dignity in that no one is identified as being more competent than anyone else and people are relaxed about occasional odd moments. The tutor treats everyone equally.

**Empowerment**

People can exercise choice. Some participants lead sections in rounds. Some help set up and put away chairs and

tables, some help in devising alliterative name games, some devise lyrics for the group, some do a special part which enriches the harmony, some act as greeters, helping put people at ease. Many former carers become team members which gives them a role when they have lost a major one from life.

**Stress reduction and gentle aerobic exercise**

Learning to exhale is one of the best stress-busters and leads to increased circulation as the diaphragm massages the inner organs. There is evidence that immune responses are improved by group singing (Beck *et al* 2000) and that endorphins are released.

**Other thoughts**

We’ve noticed other benefits too: it heartens the mental health team to see such positive stimulation for their patients, especially those who live alone (several people attend alone, brought by CPNs, support workers, Crossroads)

and those ineligible for or unable to tolerate dementia drugs. Helping the newly diagnosed to see that they will be cared for holistically takes some of the dread from the diagnosis. Through regular advertising for ‘Singing for the brain’, we chip away at the prejudice that a diagnosis is tragic encouraging people to seek help earlier by showing there is purposeful supported self-help.

So many who have become involved with ‘Singing for the brain’ want it to thrive and spread and are willing to learn how to do it. In terms of life-long learning, this is a powerful access point to encouraging a rich enjoyable life despite difficulties.

**References**

- Beck RJ, Cesario TC, Yousefi A, Enamato H (2000) Choral singing, performance, perception, and immune system changes in salivary Immunoglobulin A and Cortisol. *Music Perception* 18(1) 87-106.  
 Mercedes Pavlicevic (2003) *Groups in music: Strategies from music therapy*. Jessica Kingsley, London.

## Home Manager

(RMN and/or RGN)

Brandon House Nursing Home

Bell Green, Coventry

Salary to be discussed at interview  
(private Healthcare/Pension Scheme/Bonus Scheme)

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- Evidence of post-basic clinical studies.
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For an application pack contact:  
 Sandra Grierson, Southern Cross Healthcare, Ravensbank House,  
 Ravensbank Drive, North Moons Moat, Redditch, Worcestershire, B98 9NA

For an informal discussion contact: Sandra Grierson, Operations Manager on

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Closing date: **7 May 2006**

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