



*Sidney De Haan*   
*Research Centre for Arts and Health*

***Making Singing  
for Health Happen***

*Reflections on a 'Singing for the Brain'  
Training Course*

*Alistair Bamford and Stephen Clift*



Canterbury  
Christ Church  
University



## ***Sidney De Haan Research Centre for Arts and Health***

The Sidney De Haan Research Centre for Arts and Health is committed to researching the contribution of music and other participative arts activities in promoting the wellbeing and health of individuals and communities.

Current objectives include:

- Undertaking scientific research and evaluation on the potential benefits for wellbeing and health of active engagement in music making.
- Documenting and providing the research evidence base for establishing 'Singing on Prescription' for its wellbeing and health benefits
- Working in partnership with health and social care agencies and service users in the South East to promote the role of music and arts in healthcare and health promotion
- Contributing to the wider development of the field of Arts and Health research and practice through membership of national and regional networks, publications and educational activities

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*Sidney De Haan*   
**Research Centre for Arts and Health**

*In association with*  
*West Berkshire Alzheimer's Society*

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## ***Explanatory note on this report***

Singing for the Brain is a pioneering project developed by Chreanne Montgomery-Smith, West Berkshire Alzheimer's Society, to provide opportunities for people with Alzheimer's disease and their family carers to come together and sing. Making Singing for the Brain Happen was a training course devised by West Berkshire Alzheimer's Society for volunteers who wished to organise and run Singing for the Brain groups. Alistair Bamford was invited by Chreanne to attend the course and write an account of personal reflections based on his observations and the documentary and feedback processes set in place by West Berkshire Alzheimer's Society. The work undertaken for this report is part of a project to develop a resource package on music and older people funded by Arts Council England South East.

## ***Acknowledgements***

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## SUMMARY

Singing for the Brain is an arts and health project that offers people with dementia and their carers the opportunity to participate in group singing. A successful pilot project led to the identification of the potential for further such projects, as a result of which the training programme Singing for the Brain: Making Singing for Health Happen was set up. Volunteers were invited to attend five training days held between October and December 2005, led by creative music practitioners. Each training day looked from different perspectives at issues relating to using the voice, making music, and the challenges of dementia. The volunteers were encouraged to identify their own strengths and areas of interest, in order to form teams that could then set up new Singing for the Brain projects. Some decided to focus on music and leadership skills and ideas, others felt able to offer a supporting role as singers, and others had administrative, financial and other experience necessary to the running of projects. As a result of the training programme these volunteer teams aimed to set up at least five and possibly as many as ten new projects.

Singing for the Brain invites participation in an activity that has physiological, emotional and social benefits. This includes not only fulfilling expectations (i.e. singing), but opportunities for habitual behaviours to be adjusted to meet wider expectations (e.g. silence, stillness). In addition to acknowledging participants' rights to an aesthetic experience, provision of regular structured opportunities to sing, as part of a care plan, may have a potential economic benefit through delaying or ameliorating the condition of dementia. While research has yet to show conclusively that such activity can delay mental deterioration, the simple act of participation in a group activity will tend to break down isolation and help with depression. The training project Making Singing for Health Happen lays the groundwork for such benefits through investment in the volunteer trainees, and gives them the opportunity to explore and develop new roles in person-centred dementia care.

This report refers briefly to the phenomenon of music and the voice, both culturally and in the context of dementia. It gives an overview and assessment of Singing for the Brain and the training programme Making Singing for Health Happen, and identifies key issues for those interested in this work. It is not intended as a survey of the field of music and dementia, but rather as a commentary on Singing for the Brain, Making Singing for Health Happen and directly related issues. It is therefore relevant primarily to those involved in this work, and may also contain observations of interest to musicians, researchers, funders and others with a more general concern with creative music work in the community.



## INTRODUCTION

### *The Nature of Music*

There is no simple or single way to define music. It is simultaneously about both performance and listening, or active and (supposedly) passive participation. It holds in balance physical, psychological and emotional processes, and cultural and historical issues and values. In addition to the familiar models of music as performance and music as therapy, a 'third way' is emerging in which music fills an uncertain but definite middle ground allied to a wider Arts and Health agenda: Singing for the Brain is a part of this. It is notable that although this third way has grown out of the limitations and frustrations felt with the more familiar models of performance and therapy, it may be subject to more scrutiny than those models (1).

### *Music as Product and Process*

Music is readily viewed as a product relating to economic and social activity (2), rather than as a vehicle for active participation whether as listener, performer or, as with Singing for the Brain, in some other way. There is pressure for performers, from rock musicians to orchestral players, to have a parallel view: the process of rehearsal is geared towards a finished and polished product (i.e. a performance or recording) sometime in the future (3), with any frisson from music-making in rehearsal being an incidental bonus. Even so, the rehearsal is also in itself a manifestation of music as a communal or shared activity, in the present, and this perhaps comes as close as any musical experience to the nature of Singing for the Brain.

Music is difficult to define, but at a fundamental level music clearly involves the processing of sound through time, and time through sound, in such a way as to invest it with emotional and associative values. As an active experience (whether as engaged listener or performer) it stimulates brain activity and, as performance, physical (muscular and aerobic) involvement. Music

can mirror and amplify the feelings we have within us, it can lead us through feelings that we may not be able (and may never have been able) to put into words, and it does not demand an outward response from us (4). In addition to considering the differences between the experience of recorded and of live music, there is an important distinction to be made, particularly in the context of dementia-related memory loss, between music as a vehicle for memory (e.g. songs from the past, with associated memories), and music as a phenomenon in the present. The modern world is increasingly disconnected from the process of making music, and therefore from the core nature of music. As Rosen (2005) notes:

*Before 1900 in Europe and America, it was at home that music was most often experienced, by family members who played some instrument or sang, and by, willingly or unwillingly, the rest of the family and friends... More exceptionally, music could be heard in some public places - concert hall, opera house, or church. The public realm was essentially a complement to the private. It set standards and added glamour. By the twenty-first century, all this had changed. Both private and public music are being displaced by recordings. Few people make music at home anymore... (Charles Rosen 'Playing music: the lost freedom', New York Review of Books 3/11/05)*

### *The Case for Music and Dementia*

It is felt generally that musical awareness, and the potential to respond to music, survives when other faculties for communication, self-expression and physical activity have been diminished or seemingly lost in people with dementia (5). As with the wider question of how music works, there are theories and research but limited useful

conclusions as yet. This is a growing area for qualitative and quantitative research, but those with experience of practical music-making in this field would generally agree that it has clear short-term effects (perhaps analogous for more able people with concert-going, sitting down to listen to a recording, or rehearsing/performing), and less clearly definable but definite longer-term potential. For example, participants demonstrate a capacity to remember or re-enter the atmosphere of one session in subsequent sessions, to respond more quickly and with greater understanding from one session to the next, and to learn by retaining and adding to material taught from session to session. It is characteristic of this work that it offers participants a musical experience that is valuable in itself, and also allows people with dementia to demonstrate abilities and to build new relationships:

*He seemed to be able to slowly learn things again. I would take the song sheets home after the sessions and we would sing them at home. It enlivened him and he really enjoyed doing it. (From transcript of BBC News item on Singing for the Brain, quoting Jean Bundock's experience with her husband Bill)(6)*

## **The Phenomenon of the Voice**

Using instruments places the experience of music making in the most literal sense outside the body. This has positive aspects to it, ranging from the fun of seeing how objects can make sounds, to a sense of making a musical contribution in a group (7). However, there are distinct physiological and psychological benefits to using the voice, which may be greater than the benefits of using instruments, or even unique to the phenomenon of the voice. These include:

- physical relaxation
- improved breathing and posture
- facial and other musculature activity
- shared activity
- cultural, social, emotional and spiritual associations, and
- benefits for the heart, immune system and other physical functions (8).

More immediate outcomes can include reducing agitated behaviour, increasing communication, and stimulation through participation in an activity.

## **Sharing Experience**

Music and dementia activity focuses predominantly on the direct experience of the person affected by dementia. However, crucial secondary benefits of music-making shared by carers and cared for include the respite offered to the carer; the potential for the carer to see the cared for in a different light; the degree of time and interest invested in the carer him or herself; and the wider social experience of meeting other people outside the home who have parallel experiences. In this sense the music is a pretext for respite, relaxation and social interaction (9).

## SINGING FOR THE BRAIN

### How it Began

Singing for the Brain began in Spring 2003, as the brainchild of Chreanne Montgomery-Smith. As a keen amateur singer, working with elderly people and with family experience of dementia, she sensed the potential of singing to enhance the wellbeing of dementia sufferers in ways described in this report. She organised a pilot project of three sessions led by Professor Nicholas Bannan, former Director of Music Teaching in Professional Practice at Reading University and now at the University of Western Australia. This pilot led to an ongoing project directed by freelance voice specialist Liz McNaughton (10).

*It all began with Gladys, an 85 year-old in residential care. She often could not remember her name and lived in a fog. I was the activities person (amongst other things) and had borrowed a poor quality music quiz. I tried this out on three successive Wednesday afternoons. In the first session there was bewildered attention with some smiles and very little participation. The second time there was recognition, more smiling and still only a little participation. The third session everyone sang! Gladys knew the words to every song and beamed from ear to ear, continuing to beam every time we met. She was very proud! I was thrilled!*

*(Chreanne Montgomery-Smith, article for Journal of Dementia Care, February 2006)*

### A Model Project

Liz McNaughton's group has been running for over two years, meeting weekly in a church hall in Newbury. Average attendance is about 35 people, consisting of approximately 20 people with dementia, plus carers and volunteers. This is approaching the maximum number that can be accommodated in the hall, and with whom the leader can be expected to maintain immediate

personal contact. It is funded through the West Berkshire branch of the Alzheimer's Society, of which Chreanne Montgomery-Smith is Support & Development Officer. As a result of the success of this project as judged by the numbers attending, the feedback received, and suggestions and requests from others who had heard about the project, it was felt that there was considerable scope for further groups.

### Who Singing for the Brain is for

For this model project participants live within ten to fifteen miles of Newbury. Most come independently with a friend, family or professional carer, although one group is collected by minibus. There is no set age or ability range, but a group will to some extent be self-selecting and defining. For example, while dementia can affect younger people and some younger people do attend, the average age of the people with dementia involved with this project is probably around 65; a degree of physical mobility is required; for some new members there may be a barrier to overcome with the perceived stigma of being 'like that'; and some potential participants may feel uncomfortable with their expectations of what a session might demand of them (11).

### ***Singing for the Brain's Stated Aims***

In an unpublished article co-written with Nick Bannan (see note 3) Chreanne Montgomery-Smith identifies Singing for the Brain's aims as:

- To improve and maintain neurological pathways through gentle aerobic activity;
- To help carers and persons with dementia see each other in happy circumstances where both have been stimulated to enjoy communication;
- To lift or prevent depression through the use of elements which will surprise, reassure, support, inspire and mediate reframing a negative life viewpoint into a positive one;
- To become something GPs can recommend to patients, as they do exercise, and thus help them to feel diagnosis is worth doing;
- To help families with dementia 'come out' and feel part of society where they have a right to artistic and social stimulation;
- To encourage carers and people with dementia to be pro-active in looking after themselves, to network with others in the same boat who might exchange help;
- To give families a view of themselves as managers of their life not victims of fate.

### ***Some General Principles***

Singing for the Brain sessions are guided by the following general principles:

- Sessions take place weekly during term time, in order to be perceived and remembered as regular events;
- Participants are asked to attend at least three sessions, in order to have time to become familiarised with what goes on;
- The actual session is preceded by a personal welcome, with tea or coffee and biscuits to be enjoyed for settling in and as a social occasion (12);
- Participants are given name labels (while this may not be ideal, given the size of groups it is probably necessary);
- Carers usually sit next to the person they have brought. This is understandable, although there is potential value in altering peoples' perceptions of themselves and each other by separating them for some of the time;
- Each session includes a range of activities including vocal warm-ups, discussion and requests, and singing a variety of familiar and new songs covering a wide emotional range. There may be a theme or other way of linking material. While looking for a degree of variety, consistency and fluency is nevertheless important;
- The leader stands in the middle of a circle, possibly supported by volunteers either standing or placed strategically around the circle to reinforce activities and support participants (particularly with a large group);
- The songs are generally unaccompanied, although there is scope for using hand percussion and perhaps a guitar or ukulele (13);
- Particular characteristics of songs give scope for particular treatments. There may be rounds, partner songs or other characteristics of the chosen material; there may be scope for actions reflecting lyrics, or dancing, or a sequence of related gestures; call and response or echoes; word changes to reflect issues and individuals connected to the group; pertinent discussion; and so on;
- Word sheets are likely to be used at least some of the time (14);
- Sessions need to be imaginatively and sensitively constructed, ending in a 'cooling down' song (15)(16).

## **MAKING SINGING FOR HEALTH HAPPEN**

### **Introduction**

Singing for the Brain and the training project Making Singing for Health Happen have come about through the awareness, imagination and determination of one person, but it coincides with comparable projects elsewhere in the country (17), and with a general move in favour of person-centred, non-drug-based initiatives to ameliorate and enhance the lives of people with dementia and their carers. While it should retain and develop its own distinctive character, there is scope for sharing experiences and ideas with other projects (18).

### **The Need for such a Training Programme**

The idea for this course came from the success of the Newbury Singing for the Brain programme. As a result there was an interest in setting up further groups in the area, with the associated question of how they should work, and the plan was devised of inviting volunteers to a series of five day-long workshops, held fortnightly from 12 October to 7 December 2005. Funders for the initial pilot and for this training programme included the Berkshire Foundation, Newbury PCT Health Promotion and the Anne McCulloch Fund, Newbury Working Arts Trust, the West Berkshire Community Education Fund and a major private contribution. Potential participants were invited via the tutors' personal contacts, targetted emails, production of a flier and mailings, local press, word of mouth, local choral societies and doctors' surgeries.

The course was intended to equip participants with an idea of what roles they feel they could play in new Singing for the Brain programmes, such as leading, supporting the musical content, or facilitating in other ways such as helping with refreshments, publicity, funding and financial management, and administration. It was hoped that groups interested in working together would

emerge during the course, and then be given support in developing programmes in West Berkshire and beyond. This reflective report was commissioned as an integral part of the training programme. In addition to offering a constructive look at philosophical and practical matters it summarises what took place in the training programme, and pulls together key issues to inform future practice.

### **Course Participants**

The number of participants varied between 25 and 31 people per session. Given the difficulty of managing to get to all sessions, the open nature of the sessions in terms of content and potential outcomes, and the intensity and challenges of the project as a whole, this is in itself an indicator of the course's value as a training opportunity, and as an experience in its own right, offering participants new perspectives on music, on themselves, and on the people they care for (19). The gender breakdown was approximately four-fifths female/one fifth male. The average age was perhaps 50 from a range of approximately 30-60 years old, with a cross-section of social and professional backgrounds: current and retired teachers; personal and professional carers; two choral conductors; an IT consultant; a linguistic analyst and a clergyman. Most completed a Tutor's Information Sheet before the course and common motivations for attending the course included a concern for, and usually direct contact with, people with dementia, a determination and desire to make a difference, and a belief in and experience of singing, generally with local choral societies. Despite a love of music, and sometimes significant experience of leading in other walks of life, there was on the whole a very limited understanding and experience among the participants of leading music-making activities.

*...I thus gave a lot of thought as to whether to embark on the scheme initially. The brochure...seemed well-produced, carefully thought out, and gave information that 'recognised' people were involved. I was also impressed by the rapid response to my application, the clear instructions to the venue and the request to complete a tutor's information form. All of this implied both efficiency and serious intent; I was very motivated to sign up. (Participant's Course Evaluation)*

*I'm from a day centre and I used to work in a residential home and I have had experience of people with Alzheimer's and dementia. I would just like to learn a bit more about what Singing for the Brain does, I'm interested. Obviously I need you to teach me to sing [laughter]. (Participant, Session 2, 26/10/05)*

*I passionately believe in the value of singing for well-being.  
(Participant's Tutor's Information Sheet)*

## The Sessions

The intention of the course was not to offer a single viewpoint, but rather to stimulate and challenge participants by looking at music and dementia issues from different perspectives. While this is not the shortest route to clarity and confidence, it seems important as a way of empowering participants to develop their own personal perspectives in the medium to longer term. Different practitioners led each of the five sessions, with visitors making some additional brief presentations addressing relevant personal, medical and practical matters. Participants were given files containing brief introductory notes, plus information about the Sidney de Haan Research Centre, consent forms for videoing the sessions, and blank paper for notes (20). All the proceedings were filmed using one fixed and one hand-held video camera, and there is also some additional recording on video and DAT. Brief interviews with participants were videoed during the course of the project.

The first two sessions were held in the Green Room at New Greenham Arts Centre (which was cramped and acoustically poor), the third and fifth sessions in the main theatre there (acoustically fairly neutral but with much better physical space), and the fourth session in a recital hall-type theatre at Reading University (acoustically better but very cold). Refreshments and lunch were provided. There was no charge to participants: while it would have been possible to recover some costs by charging, or for costs to have been less by providing less, this seemed an important gesture of appreciation for the participants' willingness to give up a lot of time for this project, and it also meant that a lot of informal but invaluable talk and team-building took place during breaks. Brief descriptions of each session are given in Appendix 1.

*We're not trying to make people do things in the same way, we're just trying to provide props for them that will allow them to participate. (Nick Bannan, Session 1, 12/10/05)*

*What we need to produce the voice is really basic breathing, and I'm actually very keen on people getting the whole, it's not just diaphragm and lungs it's the whole of the body from top to toe going, it's the vocal folds...and the resonances, and it's also the articulators, so it's jaw, tongue, teeth...  
(Liz McNaughton, Session 2, 26/10/05)*

## Participants' Feedback

At the end of each session a Feedback Sheet was distributed for completing and handing back before leaving. At the end of the project an overall Course Evaluation was distributed to be returned by mail or email. A breakdown of information provided by these means is given in Appendix 2. The responses demonstrate both the strengths and the weaknesses of using questionnaires to try and quantify the success or otherwise of a project (21). For the individual sessions they are consistent enough to seem representative of participants' views as a whole, but this is less certain with only four Course Evaluations returned. The responses are overwhelmingly positive, with the following words (and synonyms) recurring: confidence,

enthusiasm, privileged, fun, fulfilment, animation, safe environment, excellent, inspiring. This reflects the value of the course for the participants themselves, with words such as - watching, experiencing, trying out, thinking, listening, and making connections - also indicating the participants' seriousness in learning about and preparing to take part in future Singing for the Brain projects.

Participants were appreciative of the short talks, which helped to break up the days and offer different perspectives. This may also reflect at least in part that the information about dementia was tangible and controllable in a way that the experiential musical agenda was not, and to some extent the desire for such knowledge may mask understandable musical insecurities. It was hard to tell how far participants felt confident or knowledgeable enough to express more critical comments that may have occurred to them, and this may partly explain the lower number of responses to the later sessions after efforts by Angela Turton to ensure that people did provide feedback for the second and subsequent sessions. As the feedback that was received indicates, there were mixed feelings about aspects of the third session, and the experiential nature of the fourth session was also more difficult to respond to. For the final session the lower number of responses may reflect the following:

- the session was in itself a review
- there was some anxiety about what had not been learned by the end of the course
- people were already thinking and planning ahead rather than thinking about what had been, and
- there was an overall Course Evaluation to be completed

(see Appendix 1 for more details of each session).

The low number of responses to the overall Course Evaluation was disappointing, and the nearest to a generalised conclusion that seemed to emerge is that overall the course was more effective at developing an awareness of issues than in developing skills. A broad conclusion regarding feedback is to consider ways of

incorporating it more fully into the sessions themselves. This might include:

- inviting participants to keep a journal;
- including feedback sheets in the files given to all the participants
- a mail box at sessions to leave anonymous comments in
- discussing the previous session at the beginning of the following one, and
- inviting discussion on the actual nature of feeding back

The value of feedback is, after all, an appropriate issue in the context of leading Singing for the Brain sessions. It might have been interesting to have offered a more flexible rating scale of 1-10 rather than 1-5, and to have used this rather than a 'poor-excellent' verbal scale on the Feedback Sheets. The Course Evaluation form could have been better laid out, and perhaps a small incentive such as CD vouchers for a winner picked at random could have been offered to encourage responses.

*Michael's day [Session 4] was wonderful for us, but much of his approach would take too long to implement in a session where I feel that variety and relatively short items are needed. The instruments sounded lovely, but looked expensive, particularly the harps... (Comment from a Course Evaluation, December 2005)*

## What Happens Next?

In the course of the training programme groups were formed that allowed for a balance of aims among the people taking part (e.g. administration, supporting activities, leading activities), together with geographical proximity to each other and a host day centre. Since the training project ended participants have been visiting and taking part in the Newbury Singing for the Brain project, and funding has now been secured for a further five half-day mentoring sessions in which to explore specific skills and activities prior to leading or supporting new projects. These mentoring sessions took place in March 2006, with new projects due to begin at the Ormonde Centre

## **Section 4**

(Newbury) and in Purley, Hungerford, Hook, Basingstoke, Wokingham and Tilehurst in April or shortly after. There are also due to be projects starting shortly in at least two residential homes and one nursing home, including one in Warwickshire.

A handbook/songbook and CD of suggested songs to use is being produced to support these sessions and projects. A 15-minute DVD drawn from video footage of the Making Singing for Health Happen training project is also in the final stages of production and should be available in April. In edited form this DVD cannot be a valid document of the whole training course, but it will be a useful summary, reminder and inspiration for course participants.

Media interest has included BBC and French television, and while this risks being an unnecessary distraction it could also be an incentive for potential funders. One significant funding organisation has already approached Singing for the Brain as a result of this publicity. A balance needs to be maintained between allowing Singing for the Brain to grow in response to need and funding possibilities, and consolidating a methodology and nurturing the new projects.

## **ADDITIONAL OBSERVATIONS**

In the course of the training programme a wide range of practical queries arose. Key issues are reviewed below, together with some additional comments.

### **Legal Issues**

In the context of standard Singing for the Brain sessions activities are in full view of a large group and no personal care should be involved, and therefore Criminal Record Bureau checks are not necessary. However, several participants on the training programme are interested in Singing for the Brain in the context of their professional or personal involvement with residential homes where circumstances may be different, in which case further advice may be needed.

As there is no performance or recording aspect to Singing for the Brain there is no need to be concerned with the Performing Rights Society and copyright in songs used, assuming that they have been taken in the first place from legitimate (i.e. published or copyright-cleared) sources.

The Alzheimer's Society and/or other sponsoring bodies can provide model forms for Risk Assessments, and also advice about Volunteer Agreements to help protect team members. Fire regulations require knowing who is present; and keeping a register covers this, as well as helping monitor the effectiveness of a project. It should be noted that before any filming or photography can take place for any reason (including press coverage), there are strict ethical rules requiring written prior permission from or on behalf of the participants.

### **Physical Facilities and Resources**

While acknowledging that it may be hard to meet all requirements in full, venues should have parking, disabled access and toilets, effective heating, facilities for offering refreshments, floor space for perhaps 30 people in a circle, room for observers to sit outside the circle, and reasonably comfortable and appropriate seating. The dementia clients will usually have a carer with them who is responsible for physical needs, but it makes sense to have a team member with a mobile phone and first aid knowledge, and to know what first aid and other medical resources are on hand or nearby.

Good acoustics can make an immense difference to the success of a session, providing an encouraging bloom for the sound of singing.

Transportation is a crucial issue: in addition to people coming independently with carers, the West Berkshire Alzheimer's Society should shortly have a new worker with a role in helping to arrange this, and care homes and local authorities usually have existing systems for transporting older people.

### **Volunteers' Roles**

Issues that need to be covered include: general administration, co-ordination, point of contact and financial management; fundraising; publicity; representing the project to potential funders, potential participants, the press etc; setting up, decorating and tidying the hall; keeping a register; preparing and issuing name labels; providing refreshments; leading activities; supporting activities; and deputising for each other in the case of lateness, illness etc.

Qualities that volunteers can bring to a project include a willingness to take on tasks; team building and teamwork; relevant professional and

personal experience (e.g. financial, caring); appreciation of dementia; musical experience; enthusiasm; humour; flexibility; and confidence.

### **Role Models**

The session leaders demonstrated great strengths and abilities, which will have informed and inspired participants. However, it is a very great step for participants to make to lead their own activities, in terms of developing and linking ideas, and presenting and sustaining activities across a session, and from one session to the next. It was this fluency that marked all the leaders' work. Coupled with this, leaders showed a clear, confident and consistent understanding of their own perspectives on creative music making with groups.

It was notable that when participants were invited to lead activities they almost without exception tried to go too far, and too fast, rather than understanding or trusting through experience that in many respects more profound results are achieved through simpler approaches. This raises a major question as to whether Singing for the Brain is in fact an appropriate activity to be led by volunteers, but at the same time it will be by actually leading sessions (singly or jointly) that the volunteers discover their own ideas, preferences and confidence (22). The model for the way ahead that Singing for the Brain is suggesting, using the groups of volunteers brought together through Making Singing for Health Happen to set up and run new projects, is facing this question head-on:

*Leaders, in my view, should be identified in their role as people who are responsible, committed and trained in skills required for the professional job they do. I think quality of provision is very important; not only could a failure in this be detrimental to the organisation behind the scheme, and potentially very damaging to the vulnerable client group; I also feel volunteering would fall away if groups are not managed with some concern for quality...  
(Comment from a Course Evaluation, December 2005)*

### **Opportunities to Experiment**

On balance, and despite some concern among participants that this should not be the case, the emphasis of the training course was on seeing practitioners unfolding their own ideas, rather than creating opportunities for potential leaders to try things out. Each prospective leader will need to develop his or her own way of working, ranging from planning repertoire that feels comfortable and appropriate, by way of exploring the bravura necessary to 'front' a session, to gaining vocal confidence, and a flexibility of approach that can contain the unexpected challenges that sessions will throw up. The mentoring sessions in March were a belated opportunity to address this, and future training programmes need to incorporate more opportunities from the beginning for participants to try things out, and to begin building their own repertoires of ideas. Liz McNaughton should be credited for inviting participants to observe and take part in her Newbury group, and this sort of practical exposure should be a more integral part of future training programmes. This need could be addressed in part by showing film of actual sessions in progress.

*Big gesture for everyone joining in at the end...responses can be by half the group, a small group or an individual, easy to make up words as there are just four beats you've got to fill...making up words makes the song personal for the group, talking about the type of week they've had provides you with fresh subject knowledge about the people in the group...  
(Angela Turton, Session 3, 9/11/05)*

## ***Instruments and Improvisation***

Use of the voice demands particular physiological and emotional capacities, with associated possible complications. These range from issues relating to memory, pitch and articulation, to assumptions that singing must be equated directly with songs rather than as one among a number of possible elements involved in making music. In contrast, using instruments offers a way of placing music making outside the physical body, through 'doing to' rather than 'being' the instrument (23). They also offer ways to develop songs, such as supporting harmonies, articulating accompanying rhythms, and building textures. Use of instruments was a significant element within the training course, but participants could have been offered more models for their integration with the voice. Similarly, improvisation was a thread that ran through the training course, but more clear-cut models could have been offered for facilitating this.

*Imagine a radio broadcast - let's have about five or ten seconds of complete silence before things happen so that we can really enter the world the group's going to create.*

*(Nick Bannan, Session 1, 12/10/05)*



## **APPENDIX 1: Session outlines**

### **Session 1**

Nick Bannan was leader of the original pilot project. As a university professor specialising in music education he offered an appropriately fluent, engaging and challenging session, combining background and theoretical issues with practical music-making exercises and ideas. His presentation and practical work were (rightly) geared towards the participants here rather than towards a possible client group, although as an ideal it might have been helpful if he had been able to return towards the end of the course to run a complementary session focusing on client group needs. He noted a major distinction to be drawn between goal-orientated projects looking to the future for fulfilment (e.g. a choral society rehearsal), and a principle of participatory music-making in the present that is embodied in Singing for the Brain (24). He also raised the question of whether participants would, by the end of this training course, feel armed with ideas, inspiration, and confidence.

### **Session 2**

Liz McNaughton is the other practitioner with long-term experience, as leader of the Newbury programme, of Singing for the Brain. She has summarised her rationale for this work in an unpublished article 'Singing for the brain - workshops for those with neurological diseases and their carers', that formed a basis for her presentation, and otherwise she demonstrated the sort of work she does. This is closely focused on the voice, including vocal health, warm-ups, and different types and treatments (25) of song repertoire. Like Nick Bannan she showed a perhaps deceptive fluency and ease with her material: while this was closer to what participants might aspire to achieve than some of Nick's practical work - partly because she worked from a narrower range of musical ideas and treatments - it will be very difficult for someone who does not have a deep understanding of his or her beliefs and methods to aspire to replicate such a session. Nevertheless, again like Nick Bannan she did create some opportunities for participants to begin trying out ideas, such as leading warm-ups, for themselves. There was also a brief but relevant

presentation by Angela Kerr, Education & Training Officer for the Parkinson's Disease Society, who suggested that music is an ideal way to help co-ordination, confidence and expression.

### **Session 3**

Angela Turton's background is as a teacher training specialist and freelance musician. She also provides administrative support for Singing for the Brain, offering a particular awareness of funding, media and technology. As a competent guitarist she offered a different model for leading a session (26). She suggested a more contemporary repertoire embracing not only contemporary Christian songs but rock, pop and rap, and alternative approaches such as exploring use of microphones and introducing elements of theatre and performance. She drew repeatedly on teaching ideas, and made many valid points - for example with a thoroughly prepared hand-out with song texts and suggestions for how they might be used; about the wide age range of people with dementia and the need for a continually evolving and relevant repertoire; and trying new approaches to music and performance. Nevertheless their value was at times obscured by her presentation, which projected a degree of personal discomfort that interfered with conveying her message successfully, tended to be instructional rather than collaborative, was at times inconsistent with her message, and was not always sensitive to learning speeds, or to musical or personal uncertainties. Situations were set up in which participants felt vulnerable to failure, and participants were not helped to believe that the ideas being offered would be appropriate to use with people affected by dementia. Comments overheard included 'It makes people feel vulnerable' and 'I don't like getting it wrong, making mistakes'. The Feedback Sheets (see Appendix 2) indicate participants' anxieties, but almost half rated her as 'Excellent'. A brief talk by Helen Finch, Age Concern Information Officer, about her mother's love of music continuing to be expressed through her dementia, offered a pertinent and moving reminder of why the course was taking place.

### **Session 4:**

Michael Deason-Barrow is a former professional singer whose explorations of music have been

increasingly concerned with its spiritual capacity. A specific outcome of this is the Tonalis Music Centre (27), of which he is founder, and he also has a particular interest in music therapy. He has a strong, clear, gentle authority that seems appropriate to working with dementia clients, despite not having personal experience of working with this group. The idea of music as a vehicle for the spiritual was a courageous and justified issue to include within this training project, although it came into some conflict with the limited time available. Michael brought up issues of Self, Identity and Personhood as affected by dementia, and offered different ways to think about and experience music, and different ways to make music, with a particular focus on the use of instruments. Nevertheless, a lot of the music resulting from his approaches was slow and weighty rather than energising, and while this may be appropriate to developing and deepening connections through music it requires a spirit of trust and openness that may be difficult to realise with a group of the size and frailness characterised by Singing for the Brain. The session was therefore ultimately an experience for the participants rather than direct preparation for leading a Singing for the Brain project (28), and this perhaps gave rise to a limited degree of frustration as participants were beginning to feel that their learning time on this course was rapidly running out. Michael brought a lot of books, music and instruments for participants to look at (and in some cases buy), which was greatly valued.

### **Session 5**

This was the final session, led by choral conductor and amateur Norman Morris. Norman's opening question was 'Where do we go from here?' He began with a series of activities coupled with the demand to decide which activities would be appropriate for a Singing for the Brain group, or how exercises might be adapted. Both the quality of his direction and the pressure to extrapolate from these activities created a very positive group dynamic, coupled with participants' knowledge that they needed to begin focusing very strongly on what happens after this training programme. Stuart Brown of Making Music South East gave a presentation on the work of Silver Song Clubs and Sing for your Life Ltd (29), and on related health

services and funding issues, and offered practical assistance towards the funding of future Singing for the Brain groups. There were further presentations by Judy King (Family Support Worker, Stroke Care Newbury) and Ros Edwards (Community MS Occupational Therapist, West Berkshire) that reiterated the positive potential of music to alleviate the condition of their clients. For the second half of the day participants were invited to lead the whole group in activities. Norman then made a very cogent and positive summary of each of the five training sessions, and concluded with the thought that 'having been given to by the course, it is up to us now to give back to the community'.

## **APPENDIX 2: Session Feedback Sheets and Course Evaluation Questionnaire**

### **Session feedback sheets asked:**

- What was most useful?
- What was least useful?
- What else would you have liked in the day?
- What is the most important thing you will take away with you after today?
- Any other comments or suggestions?
- How do you rate the day? poor, satisfactory, good, very good, excellent (please circle)

#### Session 1:

out of 6 returns 3 rated it 'very good' and 3 'excellent'

#### Session 2:

out of 24 returns 4 rated it 'very good' and 19 'excellent' (1 gave no rating)

#### Session 3:

out of 16 returns 1 rated it 'poor', 1 rated it 'satisfactory', 4 rated it 'good', 3 rated it 'very good' and 7 rated it 'excellent'

#### Session 4:

out of 7 returns 2 rated it 'very good' and 5 rated it 'excellent'

#### Session 5:

out of 16 returns 1 rated it 'good', 6 rated it 'very good' and 7 rated it 'excellent' (2 gave no rating)

### **The Course Evaluation asked questions and invited comments as follows:**

1. Has your understanding grown of the
  - a) therapeutic social needs of the long-term neurologically impaired?
  - b) the therapeutic social needs of carers?
  - c) the aims of Singing for the Brain?
2. Has the presentation of differing styles added to your knowledge of possible models?
3. Have your skills improved (by):
  - a) vocal care warming up participants?
  - b) using movement?
  - c) planning variety - emotional and musical?
  - d) ways of harmonising?
  - e) ways of energising and cooling down?
  - f) engaging, leading, supporting?
  - g) team working and building? Can you see yourself as a team member?
4. How do you rate your confidence development over the course? Has it grown a little, moderately, or a lot?
5. Has your enthusiasm for Singing for the Brain grown as a result of the course?
6. Would you be interested in helping the spread of Singing for the Brain in non-musical ways - eg publicity, research, resource-building, booking instruments out, running a library etc?
7. Have you set a date with a team to meet and plan to go forward?
8. Have you got enough information to proceed? If not what else do you require?
9. Would weekend courses have been helpful?
10. Would you have been put off by a charge to cover food and consumables?
11. Do you know of any venues that might be more suitable?
12. Would you like to talk to Chreanne?

### ***APPENDIX 3: Supporting Documentation and Reference Materials***

This report is an analysis of the training project rather than the wider field of music and dementia. A wealth of information was offered during the course, in the form of handouts, recommendations for further reading, sources for music and instruments, relevant websites and contacts etc. Some of the suggestions are touched on in this report but no survey is offered of relevant literature on singing and dementia. Bannan and Montgomery-Smith (see note (3) below) offer a good list of sources cited in their article. Chreanne Montgomery-Smith is the best initial point of contact for course documents (e.g. copies of handouts, questionnaires) and for tracking down other literature. Her contact address is **alz.support@pop3.hiway.co.uk**.

The whole course was videoed, on one fixed and one hand-held camera, and there are also a considerable number of brief interviews with participants recorded during the course of the project. There is also some additional footage on video and DAT. At the end of each session feedback sheets were distributed, with some pressure to return them; and a course evaluation form to assess the whole project was distributed at the end of the final session. A brief DVD drawing on this footage is available from Chreanne Montgomery-Smith, offering a reminder of the training course as participants prepare to embark on their own Singing for the Brain projects.



## Notes

### Introduction

(1) What sort of scrutiny, funding strictures and justifications would be applied if a particular initiative took place with healthy and able participants? For example, how do the costs and outcomes of Singing for the Brain compare with those for a choral society, or a school educational project, or with the investment required for one-to-one music therapy? The emergence of Community Music Therapy (see Pavlicevic and Ansdell Community Music Therapy 2004) is one manifestation of an appropriate response to this third way, somewhere between performance and formal therapy, as is the work of programmes such as the Arts & Health initiatives at Canterbury Christ Church University, the presence of musicians in hospitals (e.g. Chelsea & Westminster Hospital, St Mary's Hospital Paddington), and the development of specialist disability music posts at arts funders (e.g. Arts Council England) and organisations (e.g. the London Symphony Orchestra). The core issue, however, is perhaps money: the concern is not whether music can or cannot achieve certain outcomes, but that one set of agendas (e.g. performance training, or capital costs for arts venues) has to compete with another (e.g. providing access to music for those who are isolated through lack of health or wealth) for limited funds.

(2) The Independent carried a supplement recently (3 February 2006) called simply 'Music', in which the music covered represented an economically and socially powerful but stylistically relatively narrow spectrum. The dominant themes were the balance between major and independent labels, with some parallel coverage of legal matters, the internet, dance, and recorded versus live performance. In writing that 'The Nationwide Mercury Prize celebrates the wealth and breadth of British music' Alexia Loundras demonstrates how easily a core sense of what music is about risks being usurped, even though it is not the role of commercial music to stand aside for a more academic or empathetic understanding of what music is or means. Even the process of creativity is corralled into a straightjacket of product: 'The great thing about the Mercury Prize is that it's

based on creative not commercial criteria' says Beggars Group boss Martin Mills... 'We at independents have the luxury of releasing music we love and then seeing how we can reach the public with it' (quoted by Alexia Loundras). Contemporary Western society contains pressures to commodify music, shifting it from being an active and involving process (whether as listener and/or as performer) to a product that is consumed in effect passively. Classic FM is one good example of this, and there is a wider general phenomenon of background music whether as muzak in a shopping mall, or having television and radio playing constantly in a residential home. There has been commentary but far less research into the negative effects of this, although there are plenty of examples of it being exploited to achieve particular ends such as speeding up workers ('music while you work'), encouraging faster eating in restaurants, or selling more groceries.

(3) Nick Bannan, as leader of the first training session, gave significant emphasis in the session to: 'The different goal orientation that Singing for the Brain involves in comparison with conventional choral work. In singing with people with Alzheimer's, every session is a performance; progress from one week to another takes place against the background of potential deterioration in faculty; the singing happens for its own sake, in the moment, rather than as a preparation for a subsequent event.' (Unpublished article 'Singing for the Brain': reflections on the human capacity for music arising from a pilot study of group singing with Alzheimer's patients and carers', Nicholas Bannan and Chreanne Montgomery-Smith, February 2006)

(4) Among the challenges for a workshop leader working with people with dementia is coping with the possible lack of apparent response from some participants. Strokes and Parkinson's Disease are among the many conditions that can impair powers of facial expression, speech, or physical responses such as applause.

(5) There are many terms that may seem interchangeable or ambiguous, and others that are not wholly satisfactory. The phrase 'people with dementia' is used to distinguish the participants whose condition makes them potentially suitable

candidates to take part in Singing for the Brain. The question of appropriate terms is a general issue for people working in this area. Other examples include: Patient; Resident (when in residential care); Service User; Client; Participant; Member. The way 'Them' can be used, as opposed to 'Us', is sometimes troubling: while it is often understandable, as a general principle efforts should be made to emphasize similarity rather than difference.

(6) As quoted in Bannan and Montgomery-Smith (see note (3) above).

(7) Among the greatest challenges for some participants is getting beyond the self-judgement that they can't sing. This may arise from a sense of deteriorated or damaged vocal abilities as a result of age or physical incapacity, or it may have roots as long ago as being told at school, by parents or by friends not to sing. With the increasing dominance of recordings as the primary form of musical experience, rather than practical music-making at school, in the home or elsewhere, this is likely to become a greater challenge in the years ahead as people have less sense of themselves as music makers, and as recordings offer their highly polished representation of what music is.

(8) The ideal music and dementia activity may be a combination of vocal and instrumental activity, with scope to listen, to participate, to create, and perhaps even to dance.

(9) Singing for the Brain also sees the potential for ideas such as Drama for the Brain, Art for the Brain, Cooking for the Brain, Walking for the Brain, and so on. Nevertheless, music and the voice have uniquely rich connections with the human psyche and with the capacities of people with dementia, and Singing for the Brain therefore offers a very distinctive experience.

### ***Singing for the Brain***

(10) The pilot project and, to a lesser extent, Liz McNaughton's Newbury group are described in Bannan & Montgomery-Smith's article cited in note (3) above. Chreanne Montgomery-Smith is also preparing an article on Singing for the Brain for the Journal of Dementia Care.

(11) It is chastening to find how hard it can be sometimes to distinguish between people with dementia and carers on first meeting. This is essentially a criticism of negative expectations, but it does reflect not only the strength of the surviving capabilities of people with dementia but also the frequent closeness in age of carer and cared for, and the general vulnerability and uncertainty of embarking on new experiences after perhaps lengthy and increasing isolation.

(12) The session I attended was scheduled to begin at 11, but 'formal' proceedings (i.e. joining the circle to begin the singing activities) didn't begin until 11.25.

(13) Some songs in Nick Bannan's pilot project were accompanied by Nick on an electric piano at the side of the group, and there is clearly scope for leaders to develop and vary their ways of working in line with their own musical strengths.

(14) The issue of words and memory is a difficult one, and as with a lot of the challenging issues within this work the answer is probably with the sensitive application of common sense. For example, some people simply won't know the words to some songs, and it can be distressing and deflating to feel expected to join in something unfamiliar. One mantra for workshop leaders might be 'put yourself in a participant's position'.

(15) Principles such as cooling down songs are important aspects of such a project. However, such principles are there in part to be contradicted if it feels right to do so, if it is not cutting across someone else's plans, and if the leader trusts his or her own judgement to carry off something different (for example, ending with a celebration song).

(16) The social aspect of a session takes place at the beginning as part of familiarisation. With sessions in the morning it is likely that people will leave fairly promptly for lunch. If the session was to be in the afternoon it may be worth rethinking this, for example by providing tea after the session.

## ***Making Singing for Health Happen***

(17) Silver Song Clubs (South East England), Singing for Health (Midlothian), Sing Your Heart Out (Norwich).

(18) For example, mirroring many of the aims of Singing for the Brain each Silver Song Club session aims to include songs or activities intended to:

- initiate one-to-one welcoming;
- invoke memories;
- stimulate fine motor skills;
- stimulate grand motor skills;
- encourage social interaction;
- encourage client leadership;
- provide progressive learning outcomes;
- provide platforms for reminiscence dialogue;
- give free choice;
- cover multicultural material;
- encourage shared performance.

(19) It is worth bearing in mind a hidden justification for training courses in many walks of life. This may not be the actual course content so much as the principle of investment in the participants, leading to an enhanced sense of self-worth. In the context of creative work, volunteering, and the difficulties associated with caring for people with dementia, this is in itself a significant reason to support a training project such as Making Singing for Health Happen.

(20) Some people used these files but otherwise people used their own notebooks. A4 soft-backed files are unwieldy, and another time it might be worth thinking about A5 files instead.

(21) The most obvious weakness is that not everyone returned the questionnaires. The principal and self-evident strength is that the participants were given an opportunity to comment on the course. Bearing in mind how positive most feedback was, choosing not to comment can perhaps be accepted as a positive endorsement.

## ***Additional Observations***

(22) In an informal report on a Silver Song Club session, which was led by a professional facilitator with the support of volunteers, Robin Simpson (18 August 2005) expresses concern about finding 'enough facilitators capable of working to this high standard as the scheme expands', and makes a number of comments about the challenges of sustaining the volunteers' involvement. However, it should be noted that these volunteers tend to be participating primarily as representatives of their choral societies, and only secondarily as an expression of commitment to music making with people affected by dementia.

(23) There is a self-evident cost issue with using instruments. A relatively affordable package including instruments such as tambourines, claves, bells and various types of shakers may offer wide-ranging opportunities, but some of the most effective instruments such as bell-chimes, bass bars, gongs and lyres can be expensive.

## **APPENDIX 1: Session outlines**

(24) It is a feature of modern life that a musical experience is predicated on an idea of perfection, and that this is channelled through a finished or resolved musical product that is prepared for 'consumption' (eg a recording, or concert following extensive rehearsal). An alternative view is that music is essentially about process - about being taken through time in the moment. This suggests an intriguing parallel with the perception of dementia as a destroyer of remembered or anticipated experience, versus the capacity to experience things in a continuing present.

(25) By 'treatment' I mean the various ways a particular piece of musical material might be used to involve participants. It may be inherent in the musical material itself, as with rounds, partner songs and call & response songs; or it may be a way of developing a song such as using a vocal or instrumental ostinato for accompaniment, clapping, physical gestures, singing or devising some other form of accompanying material.

(26) There is in the end a limited value in having session leaders whose focus is on what they can do, as distinct from offering ideas and models for participants to experience and explore. This comes back to the need for a balance between new input, and 'putting yourself in a participant's position'.

(27) See [www.tonalismusic.co.uk](http://www.tonalismusic.co.uk).

(28) Michael tended to impose a language of spirituality on the physical phenomenon of music, as distinct from allowing participants to experience transcendent or transfigurative (i.e. spiritual) feelings on their own terms through their participation, whether as listeners or as players and singers. This does not in itself diminish his perspective on music, or what he feels music has to offer people with dementia. However, language should not act as a shortcut to the spiritual, or risk short-circuiting spiritual experiences by explaining music's power too readily as 'spiritual'. This is a rich and complex issue in exploring music generally, and particularly so for people, like many of the course participants, who are at early stages of their musical journeys.

(29) See [www.singforyourlife.org.uk](http://www.singforyourlife.org.uk)



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