

**Manchester Camerata's
Music in Mind project**

Interim report

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Project partners and funders



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I. Introduction

I.1 Dementia

Life expectancy significantly increased during the twentieth century (World Health Organization [WHO] 2011a) and it is rising rapidly in the twenty-first. Hallam et al (2011) note that:

- The number of people over 65 is projected to double by 2071, reaching 21.3 million
- By 2020 there will be a quarter more people in the UK over the age of 80 rising to 9.5 million by 2071
- The 'oldest old' comprise the fastest growing group. The number of centenarians in England and Wales is rising by 8% per year.

(Hallam et al 2011, p.11)

Given that the older population is most at risk from developing dementia (Burns, Howard & Pettit 1995), it follows that the number of those with dementia is also rising. There are currently 800,000 people with dementia in the UK; almost as numerous are the carers and family members who help to support them (Alzheimer's Society 2012). It is estimated that by 2021 1 million people in the UK will have dementia (Alzheimer's Society 2012).

Alzheimer's Dementia is a progressive disease. Amongst the symptoms of dementia, that gradually get worse over time, are: memory loss, mood changes, and problems with communication and reasoning. These symptoms may also have significant psychological impacts, such as depression, loss of self-esteem, self-confidence and loneliness. The symptoms of dementia and day-to-day living with the disease can also place enormous physical and psychological strain on those caring for the person with dementia, adding to caregiver burden.

I.2 Music and music therapy

In recent years the use of participatory arts projects to help alleviate some of the symptoms of dementia and enhance the quality of life for people with dementia have grown. The three following examples highlight the variety of music-based projects in particular:

- Music for Life www.wigmore-hall.org.uk/learning/in-the-community/music-for-life
- Singing for the Brain www.alzheimers.org.uk/site/scripts/documents_info.php?documentID=760
- MindSong www.mindsong.org.uk

The current clinical guidance on dementia recommends the “therapeutic use of music and/or dancing” (National Institute of Clinical Excellence [NICE] 2011) for non-cognitive symptoms and behaviour that challenges. One modality for such provision is music therapy, a state-registered profession that is regulated by HCPC (Health Care Professions Council).

The evidence-base for music therapy and dementia is broad and varied (Aldridge 2000; Nordoff-Robbins 2012) and relates the effectiveness of music therapy for symptoms such as disruptive behaviour (Han et al 2010) and anxiety and depression (Guétin et al 2009). Music therapy has also been shown to improve memory and communication (Koger & Brotons 2000) as well as mood (McDermott et al 2012). Clair (2000, 2002) and (Simpson 2000) also note the benefits for caregivers who accompany people with dementia to music therapy sessions.

1.3 Music in Mind

Manchester Camerata's Music in Mind project was launched in 2012 to provide group music therapy for people living with dementia in the community as well as for their carers, family and partners. It was conceived as a 'Phase I pilot', which could lead to further similar provision. It sits within the context of learning and participation work that is provided by many arts organisations around the UK, as well as the ageing and music-health-wellbeing contexts outlined above. Furthermore, Manchester was the first UK city to be designated as an Age-friendly City by WHO (WHO 2011b), so this project also aligns itself with a swathe of Manchester-based practice, research and resources that focuses on the older population.

The project ran from April to June 2012. The morning group met at a city-centre venue and the afternoon group at a day centre for people with dementia, just outside the city centre. In both cases carers and/or family members accompanied the people with dementia to the sessions and were integrated into the activities. The two groups met once a week and each had ten sessions of music therapy.

Before Music in Mind started six half-day training sessions were offered to the orchestral musicians. This included dementia awareness training, provided by Alzheimer's Society and an Admiral Nurse, as well as training in music therapy techniques, theory and improvisation, provided by the project music therapist (John Habron). The format of the training was influenced by one of the few studies undertaken to explore how music therapy techniques and approaches could be useful to musicians working in healthcare settings. Lander (2009) writes: 'Three key areas of training were identified [by musicians]...[the first] area included preparing for the environment, building relationships with staff and understanding how music could complement their practice. Two additional key areas related to adapting musical skills and applying them in context along with dealing with the emotional aspects of engaging with vulnerable patients' (Lander 2009, pp.59-60).

It should be noted that more Manchester Camerata musicians than were able to take part in the project attended the training. The four who did take part all had experience working on learning and participation projects or arts for health schemes. The contexts in which they had worked ranged from mainstream and special needs schools, to healthcare settings such as hospitals and mental health units.

The musicians and therapist had time before each session to review the previous one and to share observations and feelings that had surfaced during the intervening week. There was a similar time afterwards to discuss the content of the session, highlight any areas of need that the clients might have expressed, and to discuss practical issues, such as the need for a different instrument to facilitate a particular client's access to music making.

In this way, Music in Mind combined the expertise of a music therapist and orchestral musicians in co-facilitating group music therapy sessions for people with dementia and their carers in community settings. This appears to make the project unique. Other related ventures have focused on collaboration between the music therapy unit in a paediatric hospital and a symphony orchestra (Kildea 2007) and a follow-on project on the neonatal ward (Shoemark 2009), as well as the collaboration of student music therapists and orchestral musicians working in adult palliative care (Curtis 2011).

1.4 Evaluation and research questions

The evaluation of Music in Mind was integral to the project and the Music Therapy Charity, as well as Manchester City Council Valuing Older People, awarded funding specifically for this element of the project. The evaluation personnel were:

Principal investigator: John Habron BA, MA, PhD, FHEA, MA Music Therapy
Senior Lecturer in Music, Coventry University / Music Therapist

Co-investigator: Jana Lloyd (nee Jesuthasan) BSc, MSc
Guy's and St Thomas' NHS Foundation Trust / trainee Health Psychologist

The main research questions of this study were:

1. What are the impacts of group music therapy sessions, with orchestral co-facilitators, on people living with dementia and their carers, family and partners?
2. How do the participating musicians experience these sessions?
3. What are the implications for future work of this kind?

Research findings have already been disseminated in several forms: an editorial in an leading international dementia journal (Habron 2013), papers at two international peer-reviewed conferences (Habron & Jesuthasan 2012; Habron & Lloyd 2013), and presentations at the Age-Friendly Manchester launch 2012 and the Dalcroze International Summer School 2012. See reference list and Appendix for more details.¹

¹ This report contains data that is being prepared for submission to peer-reviewed journals. Due to the ethical guidelines, prior publication of research data may jeopardize the authors' chances of being published in a peer-reviewed journal, depending on the context. Please contact the author if you have any questions about this.

2. Methodology

2.1 Ethics

Any research must proceed with good ethics. In the Music in Mind project, this process began with informing participants of the research's aims, why they had been asked to take part, what the risks and potential benefits were, what would be asked of them, and the fact that refusing to take part in the research would not affect their involvement in the project. However, as Pratt (2002) asserts, there is no way of judging whether anyone, with or without dementia, is 100% informed and the goal should therefore be to try to ensure 'maximally informed consent'.

Before the project began, the principal investigator, with the help of the recruiters (see below), explained to the participants the nature of the research. Participants were allowed to ask questions and given sufficient time to respond, according to their individual needs. Carers, family and partners were invited to help if, for example, someone did not understand and preferred to seek clarification via the carer, family member or partner, or if he/she wished to communicate using a behavioural cue. We reviewed consent procedures during the project and asked for consent again before the interviews took place because more than 10 weeks had elapsed since the initial consent. We thus adopted an 'ethics as process' model in line with recommendations on the ethics of research with dementia patients (Hellström et al 2007).

Coventry University's Ethics Committee granted ethics approval for the research on 13 February 2012.

2.2 Participants

The Advanced Nurse Practitioner, Admiral Nurse and representative from the Alzheimer's Society who undertook recruitment had an intimate working knowledge and professional experience of the needs of people with dementia. They explained the research process clearly and used appropriate means to communicate effectively. The project was also advertised on the Manchester Camerata website and interested parties could contact the orchestra by email or phone. In the case of the community centre, the staff also helped to recruit participants; they facilitated conversations about the project with service users and staff in order to gauge the level of interest. Those involved in recruitment showed a high degree of sensitivity and reflexivity in working with carers, family and partners to ensure that the interests and wishes of those with dementia were fully understood and taken into account.

Out of those who participated in the project, 6 people with dementia, 7 carers/family/partners and 4 Manchester Camerata musicians gave informed consent to take part in the research.

2.3 Music therapy approach

One of the most prominent models of music therapy is improvisational music therapy (Bruscia 1987), in which client and therapist use voices and instruments freely to create unique musical interactions (Ruud 1998). Work with people with dementia, however, often includes structured song (Clair 1996, 2000). The approach in the Music in Mind project focused on improvisation and offered access to simple percussion instruments. The incorporation of song was generally as a result of requests from the group members, or when it arose spontaneously within the improvisation. In such cases the orchestral musicians

and the music therapist added harmonic support. However, besides adding elite skills on their instruments, the orchestral musicians would often make music using percussion and voice, or facilitate others in doing so. Occasionally, participants expressed a wish to dance, and this was integrated into the ongoing music making. Improvisations were sometimes followed by discussions. In some sessions, more structured activities such as conducting or call-and-response games were included.

The approach taken by the music therapist and co-facilitators was humanistic, focusing on the relationships between people, self-expression through music and words, and the provision of a safe, holding environment in which people could be themselves. The approach was also based in person-centred (Kitwood 1997; Rogers 1961) and resource-centred (Rolvsjord 2004) philosophies of therapy. Respectively, these emphasise the innate human qualities of individuals (that which transcends diagnosis and labeling), as well as the psychological and practical resources that a person already has (such as resilience or the ability to whistle), and how these can be developed. In such a way, the team's working assumption was that it is possible 'to escape the medical confines of *disease* and to assemble a new humanity in the loss [brought about by dementia]' (Shenk 2003, p.93).

2.4 Data collection and analysis

During the days immediately after the project, the co-investigator carried out semi-structured interviews with the participants with dementia, the carers, family and partners who had accompanied them to the sessions, as well as the orchestral musicians. The researchers discussed the best way to set up the interviews. They decided that the participants with dementia would be interviewed alongside their carers, family or partners. This was in order to reduce the potential for disorientation, to allow for discussion of potentially shared experiences, and to provide the opportunity for the carer and/or family member to interpret individual linguistic expressions, if necessary. This method is not without its potential pitfalls, however. The researchers did experience the case of one respondent who seemed to want to guide his partner in certain directions when they disagreed. In this case the interviewer had to take a politely firm approach and remind him that he should let his partner speak, even if she was saying something different to the day before. The verbal responses were recorded on a Zoom H2 audio device and transcribed.

The researchers analysed the transcripts thematically according to the principles laid out by Braun & Clarke (2006). Initially the scripts were read and potential themes noted. When themes recurred, they were grouped together. Each quote was linked to a theme. Once all the transcripts had been read, the themes were organised into higher-level groups (super-ordinate themes), a further level of analysis. Finally, the transcripts were re-read to ensure that the super-ordinate themes represented the data accurately and there were no themes that had been missed. Names were removed to protect anonymity, in line with the wishes of participants.

The trainee health psychologist worked with the principal investigator to reduce bias as far as possible and to ensure that results were presented faithfully. Both sets of results – (i) people with dementia and carers, family and partners, and (ii) orchestral musicians – have been presented at peer-reviewed conferences, where they were open to academic scrutiny. This has further reduced the potential for bias.

3. Impact on people with dementia and their carers

3.1 Results

The super-ordinate themes and sub-themes are shown below. In this section quotes will be used to illustrate the sub-themes.

Super-ordinate themes	Sub-themes
Experience overall	Enjoyment
	Group dynamic
	Choice
	Discovery
	Therapeutic approach
Impacts on person living with dementia	Communication
	Feelings
	Quality of life
	Mind and body
Impacts on carers, family and partners	Care-giver burden
	Awareness
	Learning
Relationships	Immediate relationships
	Wider relationships
Implications for the future	Recommendations
	Constructive criticism

Table 1: Themes from data analysis: people with dementia and carers, family and partners

Experience overall

All those living with dementia reported having enjoyed the project. Group activity and meeting other people were major factors in this enjoyment.

‘Rather do this with people than alone’

For carers, family and partners too, the group dynamic was valued.

'I just like the community feel of it...it comes back to what activities you can do that are shared activities...it involved the carers...I think the clients certainly built a rapport with those musicians'.

Furthermore, those with dementia said that having choice, going at a suitable pace, and having a variety of experiences within the sessions all added to the enjoyment of the experience.

'[There was] chance to try different ones [instruments]'

'You can do it peacefully...not be overrun'

This theme also includes comments from carers, family and partners who reported that they had discovered things about service users or members of their family, which they never knew.

'I had no idea he could make tunes out of simple instruments...didn't realise he had this musical side to him'

The following comments from carers, family and partners relate to the therapeutic approach:

'Quite gentle, but also persuasive...he [the therapist] was able to encourage you'

'[Staff were] very friendly, very sincere...genuinely interested in the person and the individual and not just the dementia patient'

Impacts on person living with dementia

In terms of communication, one family member noted the potential of non-verbal communication.

'It was interesting to see yesterday the communication between the group and it's not all about verbal communication. You've got a group of people working together and looking around to see what each other was doing and it's a very important part of that.'

Some people living with dementia reported feeling happier, more relaxed and more confident. Other positive outcomes included improved quality of life, maintenance of a secure sense of dignity, the development of musicality or musical skills (including specific motor skills), and the stimulation of long-term memory (cognitive skills).

'It's made me feel that I was nearer to normal...I'm perhaps not doing it [worrying] quite so much'.

'[I'm] not quite as withdrawn...it's giving you confidence...I felt I was an equal' [i.e. felt more able to be an equal than in other 'crowds']

'[I've] grown deeper into music...as I've never played them [instruments] before, yes [I feel more creative]'

One man with dementia said 'It [music therapy] does help, yeah'. His daughter added: 'Helped you bring back some nice memories...John [the therapist] was asking where did you

learn to twirl and drum like that and in the end we all picked it up and we thought it was the scouts. Then it brought back some more memories of the scouts.'

Impacts on carers, family and partners

Many of the outcomes expressed by those living with dementia are shared by carers, family and partners. However, this group identified some different positive impacts. One family member highlighted that Music in Mind had impacted positively on care-giver burden:

'I think it has taken some of stress away from [my sister] and I'

Others reported impacts on communication.

'You do that more now, that communication, you say I don't get it...whereas before you thought I'd better not say' (daughter talking to father with dementia)

Music in Mind had beneficial impacts on immediate relationships, between those in the sessions, as well as on people who had never been in the music therapy room.

'It did make us closer...he wanted us – me and him – to get involved in other things' (son talking about father with dementia)

'Instead of watching the telly on a Sunday morning not talking to each other, we [my husband and I] put some music on and we actually talk to each other now. So it's changed me...It's good for relationships' (professional carer)

The same carer also said she would be able to transfer newly acquired skills elsewhere:

'I'm not musically minded at all...but I will join in...I can take this back to the day centre, 'cos we have musical instruments down there...I have learnt something and it does help in more ways than one...It's been an experience for me'

Implications for the future

Participants recommended that the project continue and some were keen to join it again.

'Surprised to see what the next movement is'

Constructive criticism related to having too many gaps in the schedule, the difficulty of parking at the city centre venue and the need for more or clearer information upfront about the music therapy sessions.

'I didn't know what it [music therapy] meant really'

'We didn't have a lot of information about what it was, but seemed like a good one to get involved with'

3.2 Discussion

The valuation of the group dynamic highlights the project's role in overcoming potential isolation and the very real nature of musical companionship (Ansdell & Pavlicevic 2005). The level of enjoyment finds support in existing research that demonstrates the high levels of enjoyment reported by older people in group music making (Hallam et al 2011). Comments about the therapeutic approach, as well as the level of autonomy and choice afforded,

indicate that the person-centred model of therapy (Rogers 1961) and the 'positive person work' (Kitwood 1996) that formed the basis for the project were both realised. Similarly, the beneficial impacts on relationships may be as a result of the relationality that was modelled by the therapist and orchestral musicians. As Fazio puts it: "the end result is no longer as important as the process; presence means everything" (Fazio 2008, p.107).

Musical activity is inherently communicative, just as human communication is inherently musical (Malloch and Trevarthen 2009; Miell, MacDonald and Hargreaves 2005). This may help to explain some of the feelings of self-confidence and happiness that arose from taking part in group music therapy. It may be that the potential for communication remained, or was increased, when the pressure to speak and to remember words was laid to one side and voices and instruments could take over. Stern (2010) notes that moments of synchrony and flow between infant and caregiver help to form the self in early infancy. Furthermore, 'interactional synchrony' (Sawyer 2005), which is common in many different musical contexts, offers a means and basis for musical communication in music therapy. For those living with dementia, it may be that the group music therapy helped to foster momentary self-coherence and generated connections with others, within an otherwise fragmentary experience of self and the world. As Hayes puts it: "when we consider dementia and gradual fall into the abyss of memory loss, we may need the creative arts to help us in this drifting state, to anchor us to some depth in ourselves, even when we cannot remember how things fit together in the outside world" (Hayes 2011, p.37).

Through the group music therapy process and through mobilising their own energy in new ways, it appears that participants made the most of the opportunity to improve their quality of life through music. Music therapy provided, for the majority of participants, a meaningful and enjoyable group experience that had several positive impacts: on them as individuals, on their relationships with their carers and on their wider family relationships.

4. Impact on orchestral musicians

4.1 Results

The super-ordinate themes and sub-themes are shown below. In this section a quote will be used to illustrate each sub-theme.

Super-ordinate themes	Sub-themes
Reasons for getting involved	Previous experience
	Interest
Benefits of training	Dementia awareness
	Modeling improvisation
	Link to practice
Experience of music therapy	Enjoyment
	Client-centred
	Roles
	Group work
	Improvisation
	Support MT in the future
Challenges	Musical
	Emotional
	Professional roles
Impacts	Personal
	Learning
	Musical / professional
Recommendations	Training
	Support
	Project organisation
	Potential

Table 2: Themes from data analysis: orchestral musicians

Previous experience

Some of the musicians had experience of working in related contexts, such as special needs schools.

'I suppose I've always been interested in doing education work and it's just a branch from there, it just seemed the next step and it was something different from going into primary schools.'

The musicians were interested in the project, one of them from personal experience.

'I thought it sounded like an interesting project.'

Benefits of training

Three of the musicians said that the presence of an Admiral Nurse in the early part of the training had developed their knowledge of dementia.

'I particularly enjoyed the...ward sister...they came in and explained what dementia is and I found that fascinating. That's something that you don't know.'

The training sessions also included discussions of set readings, which one participant mentioned as being interesting and helpful.

'The case studies that John gave us to read they were really interesting.'

The musicians stated that they found the modeling of improvisation skills for therapeutic ends to be valuable.

'Improvising has been a big part of it and it's something I've always been quite nervous about...So it was brilliant to have different sessions structured around different approaches to improvising and specifically improvising in a way that facilitates somebody else to take centre stage.'

The musicians noted that there was a clear link from the training sessions to the practice of music therapy. The training helped to prepare the musicians for the therapy context.

'This [the idea that everyone in a music therapy group has something to offer] makes perfect sense now that I have experienced it in action.'

One musician also noted that training carried on throughout the project.

'I don't think training can prepare you...we used to stay behind [after the sessions] and have a debrief, which was really good actually. I thought that was almost the best training you could have, discussing what's happened. We did that for 20 minutes more or less at the end of each week, which was really good.'

Experience of music therapy

All the musicians enjoyed taking part in music therapy provision. Two musicians in particular stated that they were aware of being client-centred in their approach. One of these also emphasised process over product.

'It was completely up to them, it wasn't us that led the sessions at all.'

'I think that just the process within that hour that is just the most important thing. We are not working towards a performance or a set thing at the end of each session or at the end of 10 sessions, it's just what they experience during the time that we are with them. Just the conversation that we have.'

The musicians reported carrying out several roles within the sessions: listening, supporting, explaining, being aware, and facilitating.

'It's really good actually to listen in different...parts of the circle and channel in and out of things.'

'I was mainly there to support, both supporting John and to support the service-users...musically and socially'

'We all developed a basic understanding of how to play each [percussion instrument] so we could explain to somebody how it's played, because some of the instruments are very simple, some are a bit more complicated.'

Another musician described her role more in specifically musical terms.

'I fairly naturally played a bass line quite often...finding harmonies that go with what other people were doing'

All the musicians said that they had liked the group aspect of the work. One also reported this as personally beneficial and another linked it to existing beliefs about the aims of group music making.

'I really enjoyed it, it was really good for me.'

'[It felt] good, that's what music's for.'

One also noted the role of improvisation in helping to foster group experience.

'It's my favourite thing about music that you can experience something as a sort a body of people experiencing one thing, by all contributing little different things, I love that...but to do that improvising in a setting like this is really powerful as well, it's very personal and it's very much a shared experience...and you can see people glowing from it.'

The musicians reported their awareness of improvisation as a fundamental element of the music therapy sessions.

'That's the whole thing about improvisation it unravels its self doesn't it. You can prepare but you can't plan 100% what's going to happen.'

Within the improvisational music therapy approach, one musician commented on the balance between structure and freedom.

'Yes, there's definitely structure in here, but it's much looser than what we have formally trained for. Obviously there are other things that need to be prioritised, there's the healthcare issues, the fragility of that situation. The musical freedom is great, mainly because the people we are working with can set the tone they don't need to feel inhibited that they are not proficient at an instrument. It's a really lovely experience as it is really organic.'

All the musicians said that they would support music therapy in the future.

Challenges

The challenges that the musicians reported included multi-tasking, not playing and playing percussion instruments that were unfamiliar to them.

'The biggest musical challenge was probably not to play...our comfort zone is to sit there and play and [here] it's to not play or to play a different instrument. You know the listening is something we're tuned into, but just to sit back and not to play, not to use our instruments, maybe do something else, to sing.'

The musicians identified some emotional challenges during the process.

'At times there has been some upsetting things that have happened. It's been tough watching [one of the group members] and so much wanting her to be involved but she gets anxious...also getting so close to these people and building up this environment of trust. It's a very personal thing for a lot of people and knowing that they're almost certainly going to get worse, you're not going to see them again, all these kind of things are quite tough.'

The musicians generally found it difficult to end the work. Some said they were sad, and others said they felt that they had taken on a large responsibility.

'It's just devastating that it's had to stop. Now because I was a complete novice to music therapy and dementia, as a practitioner and a musician, I'm seeing as of the last couple of weeks and today how much further it could go and it's a shame it's had to stop.'

One musician perceived a difference in status between herself and the music therapist. She also questioned her role in a music therapy context per se.

'I was wondering if we should be coming to the sessions when we're not trained therapists...I felt that John had been training us and [was] the trained therapist. I very much took my cue from what he was doing.'

Conversely, the other three musicians, whilst acknowledging their professional skill, reported a kind of leveling between themselves and the people in the group who were living with dementia.

'It [felt] very much like a level playing field, like we're all learning and all making mistakes, but that kind of idea that there aren't any really and it's all contributing and all good. It's nice to have that kind of environment to practice those skills because it was very supportive in every direction for us as well as them.'

Impacts

The musicians reported some nervousness before taking part, but also strong positive feelings as a result of working in the music therapy space.

'I was quite excited about it. I suppose a little bit nervous because it was very new territory...I am more considered.'

The musicians also noted beneficial impacts on behaviour outside the sessions.

'It made me a better listener and more patient I think...It's made me feel more content, content in the things I'm able to do to help others.'

Aspects of learning were also reported and the project confirmed the motivation that some of the musicians had to make music.

'One thing I picked up in particular about working with [the therapist] is having the confidence to not be too fixed on what you are going to do in the session and to be open to be more flexible or trusting that something will come out of what the clients do...'

'I think the way the music making has happened, because of the freedom of it and the acutely expressive things we do and the communication and engagement, it's just another reiteration of why I do music in the first place.'

Recommendations

Whilst some musicians felt supported, others stated a need for more ongoing opportunities to process difficult issues.

'It would have been really useful to have a meeting with [the therapist] one-on-one halfway through to talk about what has been happening. Because it has been quite tough in lots of ways, but also really exciting, so there's mixed emotions.'

'I felt supported the whole time.'

The musicians made several comments regarding the project's organisation, in particular to do with recruitment, group size, duration, and timings:

'With being freelance musicians there's the problem of being free on every Wednesday afternoon and I think that would be a challenge being able to deal with that.'

The musicians all recommended music therapy for those living with dementia. They stated that the project had potential and should continue. They saw benefits not just for those with dementia, but also the professionals working with them.

'If she [the carer] did have the confidence she could facilitate a certain amount of musical exploring or interaction herself with clients, perhaps not from cold, but from doing a little bit of what we've been doing with those two clients. I suppose it would be a wonderful outcome.'

'[Music therapy] is drawing on something...which people have got inside them, so if you can draw that out and make it creative...it's such an open thing it can go anywhere...It can transform a space really easily.'

4.2 Discussion

There was a desire amongst these orchestral players to get involved in music therapy, which indicates openness towards to working in unfamiliar settings and flexibility within their musicianship. Related qualities of creativity, inventiveness and being less bound by constraints have been found in orchestral musicians in previous studies such as Kemp (1996). The musicians enjoyed the project and the role of group dynamic in this enjoyment is supported by Brodsky who found that "the chief incentives for an orchestral career are:

socializing with like minded people, camaraderie, teamwork, solidarity and friendship” (Brodsky 2006, p.687).

As is commonplace in music therapy, this project aroused strong emotions, some of which were difficult to manage for some participating musicians. This finding echoes Lander (2009), who identified support in this area as being one of the musicians’ most important needs in her research into orchestral musicians’ experiences in healthcare settings. Stewart (2000) has also noted that individual supervision was the highest-ranked support network out of eight put forward by music therapists. However, the musicians were affected emotionally in positive ways by witnessing the beneficial impacts of music therapy on service users. This highlights the complexity and variety of psychological impacts that can arise in music therapy.

Although they were not conceived as ‘clients’ of music therapy in this project, the musicians nevertheless reported personal impacts including strong positive feelings and altered ways of relating socially. As with the results in section 3, this may have been due to behaviour modelled by the therapist, weekly time set aside for group reflection, or a group dynamic that led to a gradually increasing ‘working alliance’ (Bunt & Hoskyns, 2002, p.37).

As one might expect with orchestral musicians of this calibre, they had a high level of awareness of their musical roles and were able to monitor their musical contributions extremely carefully. One questioned her therapeutic role and this indicates that the Music in Mind project has led to reflective thought processes around professional boundaries and competencies. The last quote above also shows that some of the musicians came to identify with the resource-oriented principles that the project sought to enact (Rolvjord 2004). The musicians valued the training for being interesting and helpful, and all of them learnt music therapy techniques as a result of the project. This indicates that an evidence-based training, with the input of several professional staff, as well as ongoing reflective practice provided a context for significant professional development.

For some of the participating musicians, Music in Mind reinforced the value of music as communication. This finding is supported by Brodsky (2006) who noted that “For the majority of musicians in the current sample, love for music and the music profession are *the* reasons why playing with a British symphony orchestra is cherished and gratifying” (Brodsky 2006, p.668, italics in original). That other professional impacts included altered responses to improvisation and teaching, and even consideration of music therapy training, show that Music in Mind has had several unexpected and potentially career-changing outcomes for the orchestral musicians involved.

5. Implications and recommendations

Music in Mind was a dynamic and innovative project. First, it engaged with the opportunities and complexities of the music, health and wellbeing agenda within the wider context of dementia care. Second, it showed a specific commitment on behalf of a leading orchestral ensemble to take music therapy into its learning and participation provision. Third, in bringing together music therapists and orchestral musicians to facilitate group music therapy for people living with dementia and their carers, family and partners, it seems to be unique.

This study set out to investigate the impacts of group music therapy sessions, with orchestral co-facilitators, on people living with dementia and their carers, family and partners. The elements of group work, improvisation, choice, freedom to express emotions verbally and non-verbally as well as the music therapy principles adopted were particularly strong factors in the beneficial impacts noted by participants during Music in Mind. The results, although from a small sample size (6 people living with dementia, 7 carers, 4 Manchester Camerata musicians), would support a continuation of the project. There are also sufficient grounds, given that one group took place successfully in a day centre, for a second phase of Music in Mind to explore taking the model into residential settings.

The results also show where improvements can be made to processes of communication before the project and in its early stages, and to consistency of provision.

From the investigation into the experiences of the Manchester Camerata musicians who took part, it is clear that human and cultural resources within professional orchestras can successfully be channelled into group music therapy provision for people with dementia, their carers, family and partners. The results also highlight that training, with input from various experts, is beneficial for project work of this sort. More supervisory support during and after the work is recommended. Although the work presented challenges to the musicians, these were not insuperable. Furthermore, their experiences during Music in Mind may contain the potential to impact on rehearsal and performance within the orchestra, and even on audiences, especially when values of group music making and musical communication are taken into account.

Appendix: related publications, conference papers, presentations and links

Publications

Habron, J. (2013) Editorial: 'A conversation without words' – reflections on music therapy and dementia'. *Dementia: The International Journal of Social Research and Practice* 12/1, 3-6.

The clinical material in this article is taken from Music in Mind.

Alzheimer's Society (2012) *Dementia 2012: A national challenge*. London: Alzheimer's Society.

Music in Mind is mentioned in a case study box on p.53.

Conference papers

Habron, J. & Lloyd, J. (2013) 'Orchestral musicians' experiences of co-facilitating music therapy: Manchester Camerata's Music in Mind project'. Paper presentation at SEMPRES Conference, 'Setting the Tempo': The need for a progressive research programme on Music, Health and Wellbeing. Canterbury Christchurch University, 19-20 April.

Habron, J. & Jesuthasan, J. (2012) 'Music in Mind: Manchester Camerata's music therapy project for people with dementia and their carers'. Paper presentation at The Arts in a Time of Crisis – Living and Dying Creatively in a Changing World. St Christopher's Hospice, London, 03 November.

Presentations

'Making care settings places of creativity: Manchester Camerata's Music in Mind project', presentation by Nick Ponsillo and John Habron at Age-Friendly Manchester Launch, Manchester Town Hall (24/10/2012)

'Composition and Improvisation for Older People', presentation by John Habron at Dalcroze International Summer School, Canterbury Christchurch University (2012)

Links

Music in Mind project video <http://vimeo.com/50074284>

Music in Mind webpage <http://www.manchestercamerata.co.uk/news/music-in-mind>

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