Singing and laughing with those who have advanced dementia: Songsconnect Archie & Ethel

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ABSTRACT

The purpose of this study was to find ways of making those with dementia happier and to make a DVD based on those findings for use in training programmes with care staff and families. With financial help from the U.K. UnLtd Organisation in London, Le Messurier, a Dementia Activity organiser, was able to produce this DVD showing how singing and laughing benefits those with advanced dementia. The animation in the DVD is about two ficticious characters, Archie & Ethel, who struggle with their dementia but then find peace and happiness through belonging to a Care Home Choir and being cared for by care assistants who give them the respect they deserve. Le Messurier bases this DVD on her experience working in Care Homes. The DVD shows that singing and laughing can be hugely important to those with advanced dementia and is an important form of communication which can break down the barriers of isolation experienced by those individuals. In addition, laughing and singing seemed to improve them physically, emotionally and socially leading to a happy state and a reduction in anti-depressant drug taking for many of the residents.

I. INTRODUCTION

I found that when I visited Care Homes, many elderly residents with advanced dementia seemed to spend much of their day without communicating to other residents or staff and were slumped in chairs and withdrawn. The carers were very busy doing 'personal hygiene' care of those with dementia but saw spending time physically near those with advanced dementia either as impossible due to time constraints and lack of available staff or as not very important. I tried to understand why those with advanced dementia felt so isolated and looked at five areas:

a) visual impairment
b) auditory problems
c) problems with speech
d) physical closeness of Carer
e) singing and laughing as an important exercise

I noted down improvements in social interaction, laughing (natural not manic) and general happiness.

II. METHOD USED

The various techniques I used to encourage those with advanced dementia to all sing and laugh together are given in the Songsconnect DVD: Archie & Ethel (1). For example, in the animation, Ethel and her daughter were able to have an improved social relationship during singing sessions. Also Archie's depression, confusion and agitation improved when he became an important member of his Care Home Choir. Singing can be used as a non-pharmaceutical tool to help reduce aggression and this in accordance with NICE guidelines (2).

Ethel improved physically when she was laughing and singing and remembered happy times of her childhood. The animation is based on my experiences working with those who have advanced dementia.

III. RESULTS

I noticed during my visits to Residential Care Homes in the U.K. that residents still enjoyed the Sing-a-longs when they were visually impaired and they especially appreciated being part of an 'Entertainment evening' and seeing a smiling face near them, even if only one metre away, prior to or during the singing. I let them touch the fabric on my dress (silk or embroidery) and described what I was wearing. Some of them were able to see the bright colours of my dress or jacket.

Residents who had impaired hearing still enjoyed the sessions and appreciated being involved in the loud sounds of choral singing. They also enjoyed being handed the microphone to sing a solo. Many would start to smile and laugh when they saw other residents smiling and laughing and enjoying themselves.

Many residents who did not speak all day could sing words they could not say during singing sessions. After the singing session finished, there was a noticable increase in speech in residents who had advanced dementia.

Many residents sat up straight when laughing or singing, breathed more easily, moved their legs and arms and even danced on occasions, greatly improving their blood flow, alertness and improving their mood. After singing and laughing, they seemed to be much more physically mobile than before.

My observations are also backed up by Dr. Gotell's research on Care-Giver singing (3).

I noticed that when laughter was shared during these singing sessions it bonded people together and increased intimacy between residents. Laughter and singing made them more alert. When laughter was heard, others would move into the room and join in. Sometimes the residents would share a story of a funny event in their lives and it gave them the opportunity to laugh easily about it again. I encouraged this behaviour and would laugh at myself and mention any situations that day which seemed absurd or funny. They would then recall a funny event which happened during the sad times during the war or when they were children. Sometimes they would even laugh at their own situation at being in a Care Home not knowing why they were there.
IV. SUMMARY

Singing and laughing helps those with advanced dementia feel socially bonded with others and reinforces the belief that they function as successful adults. It is increasingly important to mention the power of singing and laughing in training courses for nurses and home carers working with those who have advanced dementia. There is a lot of research on the negative side of looking after those with dementia and there needs to be more research on positive activities. My DVD is a useful additional tool to dementia care training during this time of credit crunch. Financial resources in Care Homes and families are stretched, and many institutions cannot afford extra staff to run activity singing events for their residents. Family carers could also benefit from the DVD which clearly shows how laughing and singing can greatly improve the relationship between carer and those with advanced dementia, especially useful if the family cannot get to a local Day Care Centre where they run Sing-a-Longs.

V. REFERENCES

(2) NICE-SCIE. 2007 Guidance. UK. ‘The Guideline states that antipsychotic drugs should only be used in the first instance, if the individual is severely distressed or if there is immediate risk of harm to others. In less severe cases, non-pharmacological interventions must be pursued before medication is considered’.