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ARTICLE

“When the music is on, she is there” – Professional caregivers’ perspectives and use of musical interactions in caring for the person with dementia

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ABSTRACT

Music therapy and musical interventions are increasingly used in dementia care to support embodied nonverbal interaction. In this study, six professional caregivers and a music therapist collaborate to explore and understand how musical interactions can be used in the daily interactions between the caregiver and the person with dementia. The caregivers contributed to the generation of qualitative data, including narratives describing musical interactions in their work. Data were analysed by applying a hermeneutic ethnographic approach with the music therapist in the role of researcher. The analysis illuminated the four following themes describing how the caregivers use and understand musical interactions in dementia care: 1) vitality and communication, 2) connectedness through attunement, 3) a life story soundtrack, 4) from anxiety to reassurance. Musical interactions such as music listening, dancing, singing, and playing instruments provided the caregivers with new approaches to meeting the psychosocial needs of persons with dementia. The four themes were discussed using practice theory. The results integrate the perspective of the caregivers and exemplify how caregivers can take active part in research processes.

KEYWORDS

dementia care,
care work,
nonverbal interaction,
musical interaction,
attunement,
hermeneutic
ethnography,
collaborative learning

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INTRODUCTION

The World Health Organization (2021) estimates that the number of people living with dementia worldwide is currently 55 million and will almost triple by 2050. This immense health challenge calls for an increased workforce in dementia care (Warshaw & Bragg, 2014). Conditions in dementia care

have caused concern (Biggs & Haapala, 2010; Quince, 2013), and with an increased awareness on inadequate practice, there is a demand for supporting caregivers and exploring how they understand their practice (Lloyd et al., 2014; Wu et al., 2020). Greater insight into caregivers' practice and understanding of nonverbal interactions may improve future interventions and promote sensitive and responsible dementia care that also supports the psychological health of the caregivers (Coates & Fossey, 2016).

Taking care of persons with advanced dementia is a complex task and requires physical, social, and psychological competence of the caregivers (Windle et al., 2020). The job can be emotionally draining, as responses from the person with advanced dementia sometimes are difficult for the caregivers to interpret (Ekman et al., 1991). One of the main challenges in dementia care is caused by behavioural and psychological symptoms of dementia (Haak, 2002; WHO, 2021). According to Ballard et al. (2018), person-centred care has a positive effect on treating these symptoms, but studies also demonstrate that caregivers need to be emotionally involved and attuned to the person with dementia for person-centred care to be successful (Coates & Fossey, 2016; Ward et al., 2008). Art based interventions are increasingly recognised in dementia care (Broome et al., 2017; van der Steen; Windle et al., 2020), and according to a WHO report (Fancourt & Finn, 2019), the arts show positive effects on various outcomes for persons with dementia; music in particular supports cognition, speech, embodied nonverbal communication and reduces anxiety and agitation. The benefits from music-based interventions may be transferred to care settings, where the caregiver interacts musically with the person with dementia (Bunt & Stige, 2014; Hsu et al., 2015; McDermott et al., 2018). The use of music in dementia care is often described as an activity or an intervention, but in the current study, we use the term musical interaction to emphasise the relational, reciprocal aspect of the use of music. Where earlier studies have focused on singing in dementia care (Götell et al., 2009; Hammar et al., 2011), this study includes a wide application of musical interactions such as singing, dancing, listening, and playing instruments. When musical interactions are sensitively performed and attuned, they can help the person with dementia express themselves to caregivers (Baird & Thompson, 2018; Jost & Himmelmann, 2010; Krøier et al., 2020).

The caregivers in the present study participated in a collaborative learning program focusing on the application of musical interaction. The learning program was led by the first author, Krøier who is a qualified music therapist and designed to enrich the quality of the communication between the caregivers and the person with dementia by applying musical interactions. In the collaborative learning program, Krøier facilitated workshops and collected data that were later analysed, with Krøier in the role of researcher. The interplay between care practice and the understanding of musical interactions with persons with dementia were thus elucidated with the direct participation of the caregivers.

AIM

With this study, we aimed to explore caregivers' use and understanding of musical interactions in their work with persons with advanced dementia in a care home setting. Greater insight into how the caregivers use and understand musical interaction can bring relevant information on how to apply musical interaction in dementia care in an applicable and sustainable way.

METHODOLOGY

The current study is based on practice theory, viewing practical knowledge, bodily interactions, and objects as central in human perception (Bourdieu, 1977; Giddens, 2013; Nicolini, 2012; Stige 2015). Practice theory can be traced back to the early Heidegger (1927/2004) and Wittgenstein (1967), who stressed how actions and practices depend on the social and relational contexts that they take place in. The interest in practice and the formulation of a practice theory continued in the 1970s with Bourdieu (1977) and Giddens (2013), who requested ways of overcoming dualisms such as qualitative vs. quantitative research, and individualistic vs. collective cultures. According to Nicolini (2012), practice theory is a set of conceptual approaches that can be used for investigating and representing everyday practices. Complex phenomena such as power, science, meaning, and sociality are in practice theory assumed to be rooted in practice. Practice theory explores social and situated processes, and human agency and subjectivity are understood as emerging from practice (Stige, 2015). This way of understanding humans is compatible with influential ways of understanding music in contemporary music studies, where music is understood as a social activity facilitating human interaction and participation (Small, 1998; Stige, 2015). We see a need for creative, communicative, and embodied components of care work to be accounted for in dementia care and research. In this study, we will, therefore, explore musical interactions as a social practice, and in the discussion relate the findings to relevant aspects of practice theory.

We apply an understanding of learning as collectively constructed by the learners and dependent on the environments in which the learners engage themselves according to their zone of proximal development (Gokhale, 1995; Laal & Ghodsi, 2012; Lewis, 1998; Vygotsky, 1978). This approach was chosen to explore the research topic *together* with the caregivers, hereby allowing knowledge sharing and generation in a dynamic and non-hierarchical way.

Epistemologically, this study is situated within the hermeneutic tradition. We applied hermeneutic ethnography, developed by the American anthropologist Clifford Geertz. Hermeneutic ethnography is an ethno-methodology where “thick descriptions” are constructed when studying cultures (Geertz, 1973/2000), and where contexts and inner, meaningful aspects are considered. “Thick descriptions” are contrasted with “thin descriptions” that are necessary in behavioural research where external aspects of an action are considered (Alvesson & Sköldberg, 2018). Ethno-methodologies such as hermeneutic ethnography aims “to treat practical activities, practical circumstances and practical sociological reasoning as topics of empirical study” (Garfinkel, 1967, p. 1), and hermeneutic ethnography corresponds thus well with practice theory.

To explore musical interactions as understood by caregivers, we chose to analyse different sorts of data and relate them in the analysis. Thus, knowledge involved in practice was generated in different ways (Pink, 2015). Data consist of narratives describing musical interactions between caregivers and residents and transcripts from the training workshop. The narratives were collaboratively constructed by the music therapist and the caregivers to strengthen the perspective of the caregivers.

METHOD

The research study was a collaboration between Aalborg University, Krøier and a local care home, Egebjerg.¹ The study was a part of an ongoing four-year study: Person Attuned Musical Interaction in Dementia Care funded by the Velux foundation and aimed to explore and conceptualise nonverbal communication in dementia care.

Preunderstandings

The first and second author are both clinical music therapists, music therapy researchers and music therapy educators. We both have long experience working with musical interactions with persons with dementia and as such we have a positive preunderstanding of the subject. The first author has worked as a caregiver in dementia care for several years and has first-hand experience with the challenges of conducting care work in terms of stressful working conditions, cross pressure, and lack of acknowledgement. We both endeavoured to create a collaborative learning program that was implementable and meaningful for the caregivers, the managers, and the persons with dementia.

Recruitment

Four care homes that the researcher had collaborated with earlier as clinical music therapist were sent an invitation with an introduction to the research project. Two care homes were interested in participating and Krøier was chosen because of the opportunity to conduct group music therapy sessions prior to the research project and in this way become acquainted with the caregivers and the residents.

Participants

The managers asked the group of caregivers if they would be interested in participating in the project and six caregivers volunteered. The six participants had worked as caregivers for at least five years. They were between 29-60 years of age and from different ethnic backgrounds, but all spoke Danish fluently. Two of the caregivers worked evening shifts, and the rest worked day shifts.

The research context

The study took place at a care home ward for four months. The care home, Egebjerg is situated in a suburb of Copenhagen, Denmark and has a capacity of 70 residents. The specific ward involved in this study has a capacity of 18 residents. The ward is divided into two wings with two corridors with eight apartments each. The daily routine at the care home includes meals, activities, medication, and hygiene. The care ward employees are caregivers, nurses, and cleaning staff. This study targeted caregivers, as they have the primary contact with the residents.

¹ The manager of Egebjerg and the municipality of Gentofte have given permission to refer to the care home by its' real name.

Ethics

Ethics exemption was granted from Den Videnskabsetiske Komité for Region Nordjylland, Denmark, and the study was registered at the Danish Data Protection Agency through Aalborg University. Throughout the process, we followed and integrated the ethical principles from The Danish Music Therapist Association and The Danish Code of Conduct for Research Integrity. All participants signed an agreement on the terms of participating in the study, based on written and oral information provided by the researchers. The agreement included anonymisation of the caregivers and residents and the possibility of withdrawing from the study at any time. The agreement was then signed by the managers of the care home and the project was presented to the head of the municipality.

Data collection

Data was collected in the framework of a collaborative learning program conducted by the first author.² Krøier had worked at the care home conducting group music therapy weekly three months prior to the study and knew most of the caregivers and the residents. Through this work, she had a preunderstanding of the organisational structure and the daily routines at Egebjerg.

The collaborative learning program contained three parts: 1) Initial participant observation, 2) Workshops and 3) Informal training.

In the *initial participant observation* Krøier led group music therapy sessions and after this took part in the care tasks together with the caregivers. *The three workshops* were led by Krøier and consisted of presentations with video examples of how to apply music in care situations, exercises with role-play, musical improvisations, songs, group discussions and reflections. The caregivers were introduced to various ways of applying musical interaction, and to the importance of attuning their interactions to the person with dementia. *Informal training* took place as in vivo supervision by Krøier in between the workshops. Krøier participated in the care work together with the caregivers, where they together explored ways to apply musical interactions in practice. Table 1 outlines timeline and structure of the researcher's engagement with the ward.

The knowledge and reflections from the workshops were transformed into practice by planning musical interactions and evaluating them together. Workshops 2 and 3 were audio recorded and transcribed. Furthermore, Krøier kept a diary with field notes from time spent on the ward either observing or taking part in care work and leading the workshops. In the role as music therapist, she wrote narratives about musical interactions based on her experiences when she participated in the care work. During the workshops, the music therapist presented these narratives to the caregivers and asked them to comment and/or augment additional dimensions that they found important and relevant. Together they discussed which musical interactions had taken place and how the caregivers understood these. This led to the remembrance of other musical interactions that turned into new narratives. These narratives served as thick descriptions elucidating the musical interactions between the caregivers and the person with dementia. An overview of data is available in Table 2.

² The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy and ethical restrictions.

Activity	Date	Participants	Hours
Weekly group music therapy	October-December 2019	Residents: 10-12 Caregivers: 4-6 Music therapist	12 hours (8 x 1.5)
Participant observation	Start January 2020	Residents: about 10 Caregivers: 6 Music therapist	16 hours (2 x 8)
Workshop 1	Mid-January 2020	Caregivers: 6 Music therapist	3 hours
Informal training	End January 2020	Residents: 10 Caregivers: 6 Music therapist	20 hours (10: day shift 10: evening shift)
Workshop 2	Mid-February 2020	Caregivers: 6 Music therapist	3 hours
Informal training	End February 2020	Residents: 10 Caregivers: 6 Music therapist	20 hours (10: day shift 10: evening shift)
Workshop 3	Start March 2020	Caregivers: 6 Music therapist	20 hours (10: day shift 10: evening shift)
Final evaluation	June 2020	Caregivers: 6 Music therapist Managers: 2	1 hour

Table 1: The structure and activities of the collaborative learning programme

Data source	Amount of data	Data processing
Field notes	13 pages	Important parts were highlighted.
Narratives	13 pages	Each narrative was discussed and summarised by readings and re-readings.
Audio recordings	2 x 2 hours (16 pages of transcripts)	Elements concerning the caregivers' experiences and understandings of musical interactions were identified and transcribed.

Table 2: Overview of data

Data analysis

A total of nine narratives were produced in the research process (see Appendix). The validated narratives and the transcripts from the workshops were analysed according to Geertz's hermeneutic ethnography. The following example from a care situation with Katrine (person with dementia) and Marie (caregiver) exemplifies the narratives that were written by the music therapist and validated by the caregivers. All names are anonymized.

"Katrine does not like to be showered. She resists and tries to hold on to Marie. When the time has come to help Katrine to sit down, Marie begins to sing a little louder and firmer. Katrine again

resists sitting down and instead leans towards Marie. For a few seconds they stand still in an embrace, while Marie sings and slowly cradles Katrine. Then Katrine gently lets go and sits down. Marie soaps her and washes her hair while humming simple melodies from children's songs. Katrine is completely relaxed and seems to enjoy the shower. A few times she opens her eyes, looks at Marie and makes some noises. Marie mirrors her sounds in her singing as if she speaks and understands Katrine's language" (Appendix, narrative 9).

The structure of the analysis process was as follows:

1. Themes in the narratives constructed by Krøier were identified and validated by the caregivers. Criteria for themes: They should be directly traceable in the text and describe how the dynamic musical interaction between the caregiver and the person with dementia is applied. The interaction should be meaningful and make a difference for both the caregiver and the person with dementia. When the initial theme was found, a short summary of each theme was created.
2. Themes from the different narratives were matched and three themes were defined across the narratives.
3. Krøier listened to the recordings and transcribed the dialogical elements where the caregivers commented on the narratives and described their experiences and understandings of musical interactions.
4. The transcripts were carefully read, additional aspects of the themes identified, and a new theme developed.
5. The themes were redefined. This process took place repeatedly until a sufficient interpretation was found, and four coherent themes were constructed.
6. The themes were presented to a group of peer researchers and scholars of music therapy.
7. The narratives were translated into English by the authors.

In the data analysis process, we alternated between focusing on the whole text material and the different data types to reach a coherent and convincing analysis consistent with both internal and external facts (Loewy & Paulander, 2016). Krøier conducted the first part of the analysis, and every sub-interpretation and definition of themes was compared to her preconceptions and expectations, which she had initially written down in the field notes. The types of data and their transition to themes is illustrated in figure 1.

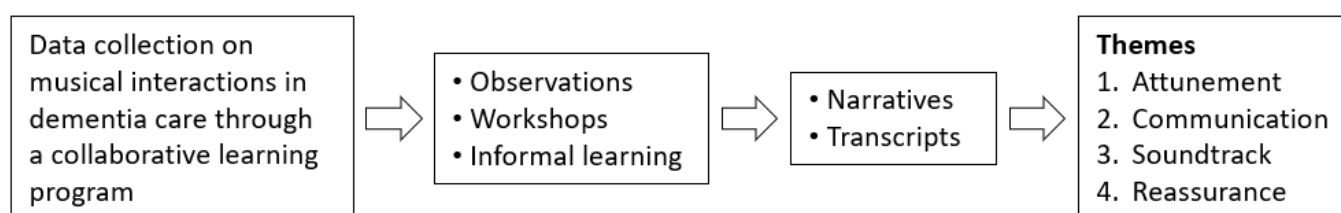


Figure 1: The process of analysis

Quality measures

Given the hermeneutic ethnographic approach, in this study we relied on first-person interpretations produced by the researchers and caregivers. Therefore, several steps were taken to make the research process transparent to ensure validity. The narratives were based on lived experiences and presented to the caregivers who were part of these experiences. They had the opportunity to comment and validate the observations made. The data material was then presented to a peer group of music therapy researchers and discussions regarding the interpretations of data served to ensure the rigor and credibility of the study. The presentation and discussion were moderated by the Principal Investigator of the four-year study *Person Attuned Musical Interaction* and lasted 150 minutes. Furthermore, the reflexive field notes that Krøier took throughout the field work helped to acknowledge the impact of the researcher's feelings and preunderstandings about the data.

FINDINGS

The findings of the study are presented as four themes. Together, the themes aim to provide a nuanced perspective on how caregivers use and understand musical interactions with persons with dementia. The narratives covered the following types of musical interactions between caregivers and person with dementia: Singing, humming, dancing, or listening to music during care tasks or activities. The four themes are presented as, vitality and communication, connectedness through attunement, a life story soundtrack and from anxiety to reassurance.

Theme 1: Vitality and communication

Singing, humming, listening to music or playing an instrument can have an encouraging, affirmative impact on the trusting relationship between the caregivers and the person with dementia, make care tasks easier and give the caregivers new insights about the person. Musical interactions often bring a positive sense of vitality to the relationship between the caregiver and the person with dementia. One caregiver describes how she appreciates drumming with one of the residents, because it enables her to communicate with the person, which was otherwise difficult: "It's lovely (the drumming). Because it is a positive connection. All the rest is more basic. To get food and meds. And I can't talk with him otherwise. It is all just guessing." Playing instruments together can also have a contagious, vitalizing influence on the relationship between residents (Emil and Frank) and help them connect and communicate:

The music catches Emil's attention, and he turns his upper body towards Frank, looks at him and tries to imitate his drumming. Emil glows, he plays enthusiastically after the song has come to an end and with steady, precise beats. The caregivers and Emil are infected by Frank's liveliness and smile, and the mood is lifted and lightened. (Appendix, narrative 1)

The caregivers describe that the possibility of improving communication in a care situation motivates them to use music. The care tasks can become easier to complete and the person with

dementia sometimes becomes more communicative. However, the caregivers also stated in the workshop that musical interactions can sometimes be overstimulating if they are for instance too long or loud.

In the use of musical interaction, the caregivers describe that they themselves become vital in another way than when only using verbal language. When singing, dancing and thereby opening themselves to the person with dementia, they experience that the person becomes more physically active and communicative with their surroundings. The caregivers see the increased vitality as positive, even though it is difficult to be sure of the nonverbal interactions of the residents: "When the music is on, she is there. I hope it is positive and that she is in touch with herself. That she feels that we are there and something else is happening around her."

For the musical interaction to be successful, it is essential that the caregivers can follow the initiative and interest of the person with dementia and that they have the courage to use their voice, body, and the music. The caregivers find comfort in using precomposed music or songs that they know very well. This music has a vitalizing effect that the person with dementia might sense. "I might also be in a good mood then! It also brings him something good."

Theme 2: Connectedness through attunement

Musical interactions can create a feeling of connectedness between the caregiver and the person with dementia. Feeling connected makes it possible to meet basic psychosocial needs of being seen and met. In the workshops, the caregivers emphasise that it is not always possible to create this connectedness using music, but that it is very rewarding when this happens. The caregivers experience that the musical interactions sometimes show them new ways to connect to the person, as music is a resource for many persons with dementia. For the musical interaction to be successful, it is essential that the caregiver knows the person well and can decode their nonverbal signs of comfort or discomfort. As one of the caregivers describes the reactions of one of the residents when she sings: "It's always like he just has to reach out ... So, I sense he's there, even though he's not doing well now."

Musical interaction can potentially create situations where the person with dementia and the caregiver are aware of and attuned to one another by watching, listening, and touching throughout the care task. The caregiver feels the presence of the person with dementia, while at every moment being ready to adjust her movements and singing. The following narrative with Lisa (person with dementia) and Gerda (caregiver) illustrates how attuned musical interaction can be integrated into a care situation.

Lisa is going to have a shower. Gerda smiles at Lisa. The atmosphere in the bathroom is calm. Lisa seems to feel safe and smiles at Gerda. Gerda turns on the water and starts showering Lisa while she softly hums "Den glade enke"³. The water flowing down over the Lisa's body seems like a part of the singing. Lisa joins the humming and looks at Gerda attentively and confidently. (Appendix, narrative 6)

³ Die lustige Witwe. Operette by Franz Lehár.

The application of musical interactions can sometimes create connectedness, not only between the caregiver and the person with dementia, but also between the persons living on the ward. With rhythmical support from Susan, the caregiver, Rita (the person with dementia) can take part in a small jam session with instruments on the ward. Susan helps Rita to attune her playing to the music of the group.

The caregivers, Alice and Susan, have suggested having a music session after lunch to create a feeling of community on the ward. Susan has picked up a basket full of various instruments and sits close to Rita with a tambourine. Around them sit three other residents. Rita starts singing "I know a garden so beautiful"⁴ very loudly and the caregivers accompany her gently. Rita plays hectically, unevenly, and out of time. Susan moves closer to Rita and plays marked 1-beats. When Susan plays, Rita adjusts her rhythm to Susan's and her playing becomes less tense and part of the group's common pulse. (Appendix, narrative 5)

Musical interaction can create synchronicity between interacting persons and improve collaboration between them. In this case the rhythmical support from Susan contributed to a more coherent group experience. It does, however, require that the caregiver is highly attentive and able to attune to the person with dementia.

Theme 3: A life story soundtrack

The caregivers understand music as a soundtrack to the life story of the person with dementia, and they purposely use music that they know is important for the person with dementia. Certain songs or music that have had special meaning for the person might still evoke responses and memories and can support their social identity.

Betty's mother is Italian, and Betty's birthday is on the same day as Pavarotti's, Betty loves his voice, opera and in general everything about Pavarotti. She tells with sparkling eyes of the encounters with the big star and the significance his music has to her. One late night, when most residents have gone to bed, Betty stays up with three caregivers. One of the caregivers finds a song with Pavarotti on the phone and turns it on. Betty smiles. The music listening continues with "Für Elise." A caregiver mentions that she often cries when she listens to classical music, but that it is ok, a kind of self-therapy. Betty nods. (Appendix, narrative 4)

Some of the residents were very attracted to drumming and told how they had played drums earlier in their life. For the caregivers, it was important to realise how flexible and diverse the use of musical interaction could be to match the needs and interest of each unique person. Some persons with dementia talk of and miss their parents as the dementia progresses. If the parent listened to certain kinds of music or sang special songs, the caregivers experience that these songs or music still have a certain meaning for the person with dementia. "Then I know that her mother was Swedish, and

⁴ Old Danish folk tune.

I have been to choir and have sung Swedish melodies, and then I tried it out with her (person with dementia), and it was so fun to see how she (person with dementia) reacted”

The caregivers express great curiosity about exploring which music the different residents like and how it can be used intentionally in the daily life of the care home. When the caregivers heard the narratives Krøier wrote, they were touched and surprised about the impact that listening to, singing, or playing certain music can have for the person with dementia. “It also makes you think a lot when you read it aloud...about how important it is for Conny (person with dementia) to hear that music, in order to be involved and be understood.”

To know the musical preferences of the persons with dementia helps the caregivers to navigate in using musical interactions. It provides them with certain songs and a feeling of bringing meaning to the life of the person with dementia and strengthening their feeling of being themselves. However, it may be difficult for the caregivers to know exactly which music the person with dementia likes if the person has no relatives. It then requires creativity, ingenuity, and courage to explore different styles, songs, and artists.

Theme 4: From anxiety to reassurance

Musical interactions can be relevant when reassuring a person with dementia. The examples from the care situations illustrate how singing, humming, dancing, or listening to music can transform anxiety and fear of into confidence and comfort. The caregivers understand musical interaction as something that is often more effective than talking to the person with dementia when the person is agitated. Very simple interactions can transform unease: “She’s really shaking all over and I’m just around her in there and start to make her bed. Then I start singing “Kom maj du søde milde”⁵. And I hear her breathing becoming calmer. And then she says to me: “Ihh it’s nice what you do” and I just sing quietly on and clean up and go to the bathroom: We have eye contact, and I can feel that it is something that makes her relax.”

The caregivers see music as something that can distract the person with dementia when caught in their own thoughts, fears, and confusion. They observe that music sometimes has the same effect as *pro re nata* prescriptions for agitation. When the music is used for reassurance, the caregivers often combine singing and humming with touch and movement to help the person move through the anxiety and feel safe. The musical interaction can also guide the person with dementia in a care situation, so it becomes easier for the person to cooperate (see Appendix). The caregivers are aware of the relational aspect of musical interaction and of the fact that they must regulate their own arousal level to be able to calm and reassure the person with dementia. Singing and listening to music can sometimes help the caregiver to feel safer in the situation, but working in dementia care also requires personal, reflexive work to be able to regulate their own arousal level and help the person with dementia in the best possible way: “It’s a damn art... Because you always have something you are better at. Some of us have naturally a slightly higher arousal level and some have a very low. Like introverted, extroverted. So, then you really work a lot with yourself, you sometimes go completely

⁵ Kom, maj, du søde milde! Lyrics: C. A. Overbeck, Melody: W. A. Mozart, 1791.

against what is natural for you. I must at least work really hard with that, I can feel..." Theme 4 illustrates the important regulating and reassuring role the caregiver can have in the life of a person with dementia.

DISCUSSION

The aim of this study was to explore how six caregivers in a ward for persons with dementia use and understand musical interactions. By interpreting narratives with thick descriptions of musical interactions and transcripts from workshops, we constructed an understanding of musical interaction incorporating the perspective of the participating caregivers. In the discussion we will illuminate musical interactions in conjunction with care tasks and relate the results to practice theory.

The dynamic choreography of musical interaction in conjunction with care tasks

The four themes describe musical interactions as bodily, social, and intersubjective experiences taking place when bathing, dressing, feeding, and communicating with persons with advanced dementia. The themes are overlapping and interrelated but provide different perspectives and understandings of musical interactions. The themes exemplify how the musical interactions used in the care home are related to the specific person or group of persons and can fulfil psychosocial needs. Musical interactions are understood as flexible, multisensorial ways of interaction involving voice, movement, touch, music instruments and assistive technologies such as iPads and loudspeakers when providing care. Furthermore, the four themes demonstrate that musical interactions can be applied in innumerable ways and that even small interactions can contribute with relational and communicative affordances for the person with dementia.

The musical interactions are naturally integrated in the daily care tasks. Even though the caregivers in this study were very open to exploring musical interaction, their focus and priority was on completing the care task in the best possible way. When doing care work, bodily movement and touch are intrinsic in the interaction that contributes to the overall pacing and performance of the care (Kelly et al., 2018; Puurveen, 2017). The musical interaction can, as demonstrated in previous studies, support the timing and synchronicity between the bodies and actions of the caregiver and the person with dementia, but it requires that the caregiver can attune to the person and is open to involving melody and rhythm in the communication (Hammar et al., 2011., Jost et al., 2010; Krøier et al. 2020).

We find it important to acknowledge that it might be challenging for caregivers who are not used to singing or not familiar with the songs of a certain cultural context to apply musical interactions, and that supervision and support is needed (Whitehead-Pleaux & Tan, 2017). However, the present study demonstrated that musical interaction, the bodily movements of care work and the concrete task can be integrated and create a supportive, dynamic situation for both caregiver and person with dementia.

For the musical interactions to be successfully integrated into care, the caregivers need to be acknowledged and reinforced when performing their work (Ward et al., 2008). As care work is practical, and physically and mentally demanding, there may be a danger of objectivizing the person with dementia and acting in anger, as reports of poor practice illustrate (Lloyd et al., 2014). Respectfully

supporting the caregivers in how to apply nonverbal and aesthetic approaches in the interaction with the person with dementia might potentially enrich practice and prevent burnout (Duffy et al., 2009; Figley, 2002).

The results in relation to practice theory

Several features concerning the musical interactions in the current study are related to practice theory as described by Nicolini (2012) and Stige (2015). According to Nicolini (2012), practices are contextual and relational. The caregivers sing to calm or guide the person with dementia and in this way a safe relationship is created between them. The musical interactions can possibly support the feeling of subjectivity for the person with dementia, thus preventing objectivization (Mondaca et al., 2018). Stressing the relational aspects of care work that is intensified when applying musical interactions serves to clarify the hyper complexity of the care profession. The caregivers need to be very alert and adjust to the smallest changes of the residents, to build trust and compliance in care situations that are highly unpredictable.

The musical interactions are embodied and exist in relation to the person with dementia, the caregiver, and the objects and persons surrounding them in the situation. The care home was equipped with percussion instruments and a loudspeaker, which made it possible to listen to music. If these objects had not been in the care home, the musical interactions would have been different, which again underscores the context sensitivity of practice and the necessity to explore, research and disseminate practice. Similarly, the researcher's participation in the care work created reciprocity, trust and understanding between the caregivers and the researcher. Krøier had been in the care situations and part of the embodied musical interaction, and the research practice was thus also a relational practice between the music therapist/researcher and the caregivers.

The workshops where the caregivers presented their experiences and understandings of using music created a common discourse on musical interactions among the caregivers. Simultaneously, Krøier was affected by the comments, feedback, and narratives of the caregivers, and a common understanding of the research phenomenon was achieved.

A relevant perspective to recognise is the notion of power in social reality and health care (Nicolini 2012; Rolvsjord, 2010). An institutional setting where the persons living there are dependent on help from the caregivers calls for extra attention to power dynamics and which practice types are performed to benefit whom. In that context, it is also important to stress the fact that the application of musical interactions is not always beneficial. In the workshops, the music therapist therefore emphasised that music could induce harm by causing overstimulation and the recalling of painful memories (Silverman et al., 2020). The caregivers were also asked to reflect upon situations where musical interactions were not appropriate. These reflections served to enhance the sensitivity to judge when musical interactions could be relevant and when not.

Care work is often provided by women, some from marginalised groups in the society and with little power, respect, and recognition in the health care system (Banerjee et al., 2015). However, the caregivers are often the ones who know the residents, their needs, and preferences best and have important tacit knowledge in how to care (Coates & Fossey, 2016). In this study, we intentionally aimed at giving a voice to the caregivers, by examining their perspective on musical interactions with persons

with advanced dementia. The stories, observations, songs, and dances of the caregivers were validated by themselves and included to emphasise their perspective. The study offers a relational and aesthetic understanding of dementia care as a contrast to stories of mistreatment and disintegration that often characterise the discourse on dementia care (Hughes, 2014). The themes interpreted in the narratives and the transcripts from the workshops are stories of mutuality and creativity, illuminating the intersubjective qualities of work and life in a care home.

Strengths and limitations

Studies of nonverbal interaction between caregivers and persons with advanced dementia requires consideration of the vulnerability of the caregivers and residents (Puurveen, 2017). The collaborative approach in this study was chosen to prevent potential misrepresentation and misinterpretation. However, the dissemination and analysis of musical interactions is challenging when it comes to the use of text. Other participatory approaches, for example video, could have shed light on additional perspectives. Furthermore, we might as researchers have influenced the findings and interpreted the interactions more positively than the caregivers, due to our preunderstanding, experience, and level of comfort with musical interactions in dementia care.

Krøier had several roles in the study. She knew the caregivers and the residents from group music therapy, she conducted the workshops, and collected, produced, and analysed the data. The rich knowledge gathered through the field work, workshops and the relationships that evolved through the collaboration with the caregivers and the residents may have served to achieve a trustworthy understanding of the caregivers' work. We regard it as a strength that Krøier who had considerable experience in working in dementia care, and awareness of both the caregivers' work situation and the internal culture of the care home, conducted the workshops and participated in the care work. This added trust between the researcher and the caregivers and depth to the data. However, the close collaboration with the caregivers might also have put the caregivers in a conflict of loyalty with the researcher, where they wanted to produce "fruitful" results and make the researcher satisfied. We tried to avoid this risk by encouraging the caregivers to give their honest opinions about working in this way.

Only women participated in the study. There is a complex set of reinforcing influences that together construct care work as female (Twigg, 2000), and it is not unusual that there is an uneven gender distribution in care work (Erol et al., 2016). Male caregivers might have had different experiences and understanding of musical interaction in dementia care and could have contributed relevantly to the analysis. At Egebjerg very few men are employed, and none of them volunteered to participate in the study, and it was therefore not possible to include their experiences in the analysis.

Future implications

To examine the full potential of working with musical interactions in care homes, more studies giving a voice to the caregivers and the persons with dementia are needed. Future studies should preferably include caregivers of all genders to explore the understanding of and discourse on musical interactions between caregivers and persons with dementia. The caregivers found it relevant to work

with arts in the workshops and it supported their use of musical interactions with the persons with dementia. This statement aligns with previous studies, but needs further exploration (Windle et al., 2020). The discourse about musical interactions that emerged from this study can serve to inform practice and future research about the caregiver perspective on music-based interactions. This knowledge is relevant for developing clear guidelines on music-based interventions in dementia care in the future.

The caregivers reported that they found the combination of formal training (the workshops) and informal training (Krøier participating in the care work) positive and beneficial for implementation in their daily tasks. Future research could therefore focus on collaborating with the caregivers on how to implement new knowledge in daily tasks and how it can be meaningful for the persons with dementia. Interdisciplinary apprenticeship can be a relevant approach in implementing new knowledge, but it requires that the professionals are open to collaborating in new ways, different from their primary professionalism (Stige, 2002).

CONCLUSION

A hermeneutic analysis of various types of ethnographical data revealed four themes describing six caregivers' understanding and use of musical interaction. The analysis of the data illuminated how the musical interactions can create 1) vitality and communication, and 2) connectedness through attunement. They served as 3) a soundtrack of the person's life story and could 4) transform anxiety into reassurance. Musical interactions such as listening to music, dancing, singing, playing instruments, and paying attention to musical parameters such as tempo and timing of movements, provide caregivers with new approaches to meet the psychosocial needs of the person with dementia. The study elucidates the quality of integrating musical interaction to enhance the nonverbal interaction between the caregiver and the person with dementia. By incorporating practice theory, the study reveals that the musical interactions taking place between the caregiver and the person with dementia is inseparable from the context and from objects (such as instruments and loudspeaker).

The knowledge gained through this qualitative study exemplifies how caregivers can inform research in dementia care. Engaging caregivers in future research is important for developing relevant and sensitive psychosocial interventions beneficial for the person with dementia and for understanding care work.

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APPENDIX: LIVED EXPERIENCE DESCRIPTION (KRØIER & RIDDER, 2021)

Narrative 1: Emil and Frank

It's a little past 11 Friday morning. The staff and I have agreed to have a music session with the residents who are interested. After workshop 1, employees are particularly curious about playing drums with Emil, as he has previously shown interest in drumming. Emil has very little language and is isolated on the ward. He originally comes from an African country and even though he has lived in Denmark for several years, he stays to himself and finds it difficult to have contact with and receive help from female caregivers. The caregivers really want to get to know Emil better and be able to understand him more easily.

Right now, it looks like it's a great day for Emil. He has eaten, read the newspaper and I ask him if he would like to do some music. Emil seeks eye contact, says Mmm and nods. Together, four residents walk together down the long corridor with the large windows where the January light shines in. Chairs have been set up around the piano and several other residents are sitting in a semicircle. There is a box with various percussion instruments and hand drums on the floor. Emil immediately shows interest and motivation to drum, and I give him a tambourine-like drum and feel a joy inside and a relief at experiencing his immediate motivation to play and be together in the music. As if playing the drum could allow Emil to communicate without words. Here and now. We play and sing different songs and Emil plays. Concentrated and relaxed at the same time.

Next to Emil sits Frank. Frank wants to play drums too. On his own initiative, he takes a drum and begins enthusiastically by playing small repetitive rhythmic figures. The music catches Emil's attention, and he turns his upper body towards Frank, looks at him and tries to imitate his drumming. Emil glows, he plays enthusiastically after the song has come to an end and with steady, precise beats. The caregivers and Emil are infected by Frank's liveliness and smile, and the mood is lifted and lightened.

When we have finished the music session, Frank and Emil continue the drumming. I also play on sound sticks and try to tie their rhythms and musical expressions together to prolong the meeting between them. Frank and Emil play and play even though the other residents are slowly leaving. It's as if they could go on and on.

Narrative 2: Karen and Else

Karen is getting up. She is lying in her bed; half awake. We ask her how she is doing? Karen replies: "I was a little lonely, but now I feel good when you are here." We start the morning care. Karen must wear compression stockings. We sing an old folk dance. First one leg and then the other leg while the compression stockings get on the legs. Karen smiles, she has a bit of a hard time hearing what we sing, but it's still as if she thinks it's nice.... She smiles, looks at us, she comes present, ready to wake up.

Karen gets up to sit, puts on her shoes and walks out to the bathroom with the walker. We hum "vi skal gå hand i hånd" and are a little unsure if Karen knows the song, but at the same time think that it cannot hurt to hum it gently. In the bathroom, Karen is sitting on the toilet and while she is being

washed, Else sings about how she is washing Karen. Karen smiles and has eye contact with Else. Their gazes meet.

Narrative 3: Axel in the group with tambourine

Spontaneously, the residents have gathered in the living room, which faces the gas station. It started with just being Axel sitting at the table facing the windows and flipping through the newspaper. The employees had talked about that Axel loves drums and that they would spontaneously offer him drumming with one of them a few times a day. There are tambourines and drums in the room. First Axel and I play, a little later 4-5 of the other residents join. It is as if the sound captures their interest. My [employee] sits down from time to time with the residents and smiles at Axel. When Axel plays, he straightens up, his energy is lifted, and intensity comes into his eyes. He is the one in control. He plays loudest, most intense and with greater variety than some of the other residents.

Later in the evening, three residents sit with two staff members listening to opera with Parvarotti and Edith Piaf songs in French. Axel again gets the same lively expression. Music is something he enjoys.

Narrative 4: Betty and music listening

In her everyday life, Betty is social and wants to talk to the other residents, which can be difficult, as their dementia often is advanced, and some have limited verbal language. "Betty's mother is Italian, and Betty's birthday is on the same day as Parvarotti's, Betty loves his voice, opera and in general everything about Parvarotti. She tells with sparkling eyes of the encounters with the big star and the significance his music has to her. One late night, when most residents have gone to bed, Betty stays up with three caregivers. One of the caregivers finds a song with Parvarotti on the phone and turns it on. Betty smiles. The music listening continues with "Für Elise." A caregiver mentions that she often cries when she listens to classical music, but that it is ok, a kind of self-therapy. Betty nods.

Narrative 5: Alice and Rita

Lunch is over and some of the residents are resting after the meal. The sun shines. Alice has just given Rita a head massage in her room. They have prayed, said the creed, and read the book of Psalms. It's a difficult period for Rita. She walks a lot back and forth, cannot find peace and cannot control her voice when talking to the staff. She speaks enormously loudly, shrills and screams and it is hard to understand what she wants to say. There are also very few of the other residents she can talk to, and the days are lonely. Furthermore, in recent times there has been a lot of replacement among the staff and the remaining caregivers are fighting hard to maintain the ward calm and made the days stick together.

The caregivers, Alice and Susan, have suggested having a music session after lunch to create a feeling of community on the ward. Susan has picked up a basket full of various instruments and sits close to Rita with a tambourine. Around them sit three other residents. Rita starts singing "I know a

garden so beautiful"⁶ very loudly and the caregivers accompany her gently. Rita plays hectically, unevenly and out of time. Susan moves closer to Rita and plays marked 1-beats. When Susan plays, Rita adjusts her rhythm to Susan's and her playing becomes less tense and part of the group's common pulse.

Narrative 6: Gerda and Lisa: Breakfast and singing

1st visit:

Gerda is sitting next to Lisa and is offering her breakfast and medicine. Lisa looks focused on Gerda with big, warm eyes. They smile at each other. Gerda radiates calmness and care. She wants to give Lisa all the best, but at the same time does not demand anything from her. Gerda gives Lisa a spoonful of yoghurt with medicine and while Lisa slowly eats it she sings "Ut I vor haga." Completely gentle, slow and present. "Kom roser." There is energy and power in the song's three-part rhythm. Lisa looks at Gerda completely focused.

Gerda finishes singing, looks at Lisa and says: "It was for you." Lisa smiles and says calmly: "Thank you very much." The two women smile at each other and talk a little about Lisa's Swedish mother, who loved music. The day has begun.

2nd visit: In the bath.

Lisa is going to have a shower. Gerda smiles at Lisa. The atmosphere in the bathroom is calm. Lisa seems to feel safe and smiles at Gerda. Gerda turns on the water and starts showering Lisa while she softly hums "Den glade enke"⁷. The water flowing down over the Lisa's body seems like a part of the singing. Lisa joins the humming and looks at Gerda attentively and confidently. The water flowing down over Lisa's body is part of the music. The shower continues, Lisa babbles and Gerda meets her sounds. We attune to each other. Lisa to Gerda and me, while Gerda and I have Lisa in the center. We pay attention to all Lisa's movements, her gaze, sounds. We will do everything we can to help Lisa and made her day nice.

Narrative 7: Elna

Elna moved into the third floor three weeks ago. She has not had a good time. She comes from Jutland, where she lived in a nursing home close to her boyfriend and friends. Everything here is new. The last time I was on the night shift, Elna wandered around uninterrupted for four hours with a trolley as she drove into whoever or whatever blocked her way.

This afternoon is completely different. Elna has attached herself to Peter with the strong brown hair. She is seated by her new friend, smiling and seems calm and happy. In connection with a small music session, we will play instruments. Elna is initially reluctant and says "oh, I cannot figure that out." With encouragement and enthusiasm, Birgitte still manages to offer Elna a drum which she

⁶ Old Danish folk tune

⁷ Die lustige Witwe. Operette by Franz Lehár

accepts on condition that she can play with Peter. While we play the blues, Elna and Peter sit in front of the instrument and play with the same club. Elna smiles gently and looks down.

Narrative 8: Lili and dance with Vera

Vera is a certain lady. She has been chief physician and fought hard for her job and for recognition in a male-dominated world at the time. Vera often thinks she is still at work. There are decisions to be made, processes to be evaluated and she is the one in charge! She has favours among the employees. There are employees she loves very much and there are some she really does not like. Lili has talked about that music and dance could be exciting to try out with Vera to see if it could alleviate her tension. Vera has previously participated in group music therapy on the ward and to the staff's surprise she seemed to enjoy the music and playing instruments.

This evening, Lili has found the speaker and put Elvis on. After she has been in the office, she moves dancing down towards Vera, raises her arms, twists and smiles at Vera. It is as if the music and Lili's looseness appeal to Vera. As if it speaks to a side of her that she has hidden away for a very long time and perhaps completely forgotten she contained. Vera looks at Lili, smiles with her mouth closed and starts dancing slowly with the same movements as Lili. Lili laughs.

Narrative 9: Katrine in the bathroom

The time is 7.14 and Katrine has been up early. She is an observer of things, the location of things in space, their shape, surface, weight. Katrine explores her fellow residents' homes and moves things around. This morning has started early, and Katrine has already been in full vigour for many hours before Marie enters her room. Marie says good morning, hugs Katrine, kisses her on the hair and smiles at her. Katrine smiles again. "You are going to have a shower today, Katrine" says Marie and holds Katrine's gaze. While Marie finds the things, she needs for Katrine's shower she hums gently. Katrine allows Marie to be there and allows her to help. "Now you have to take a shower" says Marie. Katrine does not like to be showered. She resists and tries to hold on to Marie. When the time has come to help Katrine to sit down, Marie begins to sing a little louder and firmer. Katrine again resists sitting down and instead leans towards Marie. For a few seconds they stand still in an embrace, while Marie sings and slowly cradles Katrine. Then Katrine gently lets go and sits down. Marie soaps her and washes her hair while humming simple melodies from children's songs. Katrine is completely relaxed and seems to enjoy the shower. A few times she opens her eyes, looks at Marie and makes some noises. Marie mirrors her sounds in her singing as if she speaks and understands Katrine's language.

Ελληνική περίληψη | Greek abstract

«Όταν παίζει η μουσική, εκείνη είναι παρούσα» – Οι απόψεις επαγγελματιών φροντιστών και η χρήση μουσικών αλληλεπιδράσεων στη φροντίδα ατόμων με άνοια

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ΠΕΡΙΛΗΨΗ

Η μουσικοθεραπεία και οι μουσικές παρεμβάσεις χρησιμοποιούνται όλο και περισσότερο στην φροντίδα της άνοιας για να στηρίξουν την ενσώματη μη λεκτική διάδραση. Στην παρούσα μελέτη, έξι επαγγελματίες φροντιστές και μία μουσικοθεραπεύτρια συνεργάστηκαν για να διερευνήσουν και να κατανοήσουν πώς οι μουσικές αλληλεπιδράσεις μπορούν να χρησιμοποιηθούν στην καθημερινή διάδραση των φροντιστών και των ατόμων με άνοια. Οι φροντιστές συνεισέφεραν στην παραγωγή ποιοτικών δεδομένων, συμπεριλαμβανομένων των αφηγήσεών τους όπου περιγράφουν τις μουσικές αλληλεπιδράσεις στην δουλειά τους. Τα δεδομένα αναλύθηκαν εφαρμόζοντας μια ερμηνευτική εθνογραφική προσέγγιση με την μουσικοθεραπεύτρια στο ρόλο της ερευνήτριας. Από την ανάλυση αναδύθηκαν οι ακόλουθες τέσσερις θεματικές κατηγορίες οι οποίες περιγράφουν το πώς οι φροντιστές χρησιμοποιούν και κατανοούν τις μουσικές αλληλεπιδράσεις στο πλαίσιο φροντίδας ατόμων με άνοια: 1) ζωτικότητα και επικοινωνία, 2) συνδεσιμότητα μέσω συντονισμού, 3) μια μουσική επένδυση [soundtrack] της ιστορίας της ζωής, 4) από το άγχος στην επαναβεβαίωση. Οι μουσικές αλληλεπιδράσεις όπως η ακρόαση μουσικής, ο χορός, το τραγούδι και το παίξιμο μουσικών οργάνων παρείχε στους φροντιστές νέους τρόπους προσέγγισης για την κάλυψη των ψυχοκοινωνικών αναγκών των ατόμων με άνοια. Οι τέσσερις θεματικές κατηγορίες αναπτύσσονται χρησιμοποιώντας τη θεωρία της πρακτικής. Τα αποτελέσματα ενσωματώνουν την προοπτική των φροντιστών και υποδεικνύουν πώς οι φροντιστές μπορούν να συμμετέχουν ενεργά στις ερευνητικές διαδικασίες.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

φροντίδα της άνοιας, εργασία φροντίδας, μη λεκτική διάδραση, μουσική αλληλεπίδραση, συντονισμός, ερμηνευτική εθνογραφία, συνεργατική μάθηση