MUSIC AS THERAPY FOR DEMENTIA: THE INDIAN PERSPECTIVE

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Key Highlights:

- India has a long history of Music Therapy, and a vast reserve easily available to people and families with dementia. Yet, it is highly underutilized due to various barriers.
- Music acts as a powerful therapeutic resource in dementia, by helping people feel better, socialize more, and by stimulating cognition.
- It is rather simple to integrate this tool into dementia care across settings, if one knows how.

INDIA'S ANCIENT CONNECTION WITH MUSIC THERAPY

The benefits of music on the advancement of physical, mental, and spiritual processes have long been explored in India. The first mention of sound as a medium of transcendence was seen in the *Nada-Bindu Upanishad*, which forms a part of the *Vedas* (ancient Sanskrit spiritual texts written by *rishis* between 100 BCE to 300 CE). This form of metaphysical musical engagement was termed *Nada-Yoga* (*Nada-* sound; *Yoga-* the process of union of the individual with the supreme consciousness).

India constitutes more than 19,000 dialects, and music has evolved alongside language in India. From classical, to semi-classical, to folk, to ghazal, to movie songs, revolutionary songs, religious chants/songs, story-telling/proverbial songs; every region and culture of India has its own signature melodies and rhythms. For every life situation, the Indian people have a song. Indian classical music by itself is a diverse, complex, and scientifically designed repertoire (*Dhrupad* being the oldest form). Many studies talk of the effects of different *raga* on moods and mental states of a person¹.

The therapeutic benefits of music have also been studied for long in India. The '*Brhtrayyi*' which refers to the three seminal texts of *Ayurveda* which were first written around the 2nd century BCE, has elaborate recordings of the use of music for the treatment of various ailments ranging from tuberculosis, to alcoholism, to labour room usage, to coma, and post-coma recovery, amongst others.

DEMENTIA IN INDIA

With its growing prevalence, Dementia as a condition in India is gathering more and more awareness. Around 8.8 million people (7.4% of the people > 60 years of age) currently suffer from this condition, and the process of diagnosis and management has become more streamlined². Within the interventions comprising the gamut of dementia care, non-pharmacological ones such as Music Therapy, Cognitive Stimulation Therapy, Art Therapy, Reminiscence Therapy, Sensory Stimulation Therapy, are garnering more insightful use³.

MUSIC AS A BALM FOR DEMENTIA

Of these, it may be argued that music affords the most far-reaching benefits, especially for people with dementia (PwD). Research has shown that not only does music slow down the progression of cognitive decline⁴, it also helps in greatly enhancing the quality of life of the individual and their caregivers, by alleviating several behavioural and psychiatric symptoms^{5.}. Music is also by far the most cost-effective and non-invasive therapeutic device available for PwDs. One of the most important reasons why music stands out as a form of therapy is that people can relate to music long after the ability to comprehend or produce language is lost. Thus, making it the most vital bridge of communication and emotion, and hence socialisation for them.

MUSIC THERAPY IN INDIA- PREVELANCE AND BARRIERS

Despite its long and rich heritage, the use of Music Therapy in Dementia care in India is only now unravelling. A large chunk of this remarkable resource is utilised in independent residences, daycare centres, or dementia care homes, where the extent of its usage depends largely on the awareness, the bandwidth, and the personal preference of the caregivers. A few programs such as <u>TALA Sound Project</u>, <u>Music Helps</u>, and <u>Chennai School of Music Therapy</u> are trying to systematise its use in these spaces⁶. Community use is growing, and research in the area is now more robust.

Primary barriers for the limited use of Music Therapy in a country with such an inexhaustible repertoire are:

• Dearth of awareness about dementia, and about the multi-fold benefits of engagement with music

- Ignorance/hesitation amongst medical practitioners to promote non-pharmacological therapies
- A foreboding premise that having to facilitate therapy will add to the already immense caregiver burden
- Difficulty in standardising the use of music as a therapeutic method (because of the intricate interaction between several intervening variables like the therapeutic bond, mood and cognition of the PwD, unquantifiable cultural associations etc).

WHAT CAN CHANGE

Simple ways to incorporate music as therapy into individual/community dwellings are:

- Use of mobile phones/tablets where a repertoire of music can be found on Youtube, and playlists are easy to create. Headphones/speakers may benefit.
- Personalizing the music to what the PWD can remember and feels emotionally connected to. One of my Bengali clients, in her very advanced stages of dementia, completely aphasic and immobile, rarely expressing anything other than irritability, responded with a smile, and tears in her eyes, tightening of her grip, and maintained eye contact, when played music by the esteemed Nobel laureate Rabindranath Tagore- someone she had revered from her very early days.
- Modifying the manner of interaction of music through stages of cognitive decline. *Dr S, an eminent Indian microsurgeon, and my client since the last 7 years, is a connoisseur of older songs from the Bollywood film industry. His favorite part of our therapy sessions remains engaging with music. Over the course of his cognitive decline, we've moved across multiple stages of music use-*
 - Singing complete songs and accompanying instrumentals from memory, and then with karaoke
 - Singing songs consecutively starting with the last letter of the previous song sung (a game called Antakshari)
 - *Recollecting and singing songs with their first word*
 - Recollecting and singing songs with their first phrase
 - Client singing/drumming songs with instrumentals in bits, me filling in the rest
 - Currently Dr S loves to drum the rhythm of the song on any available surface, sings a few
 of the lyrics, and small parts of the instrumentals, as I play or sing the song along, or as
 we watch the music video together

- Chanting familiar religious/spiritual texts if the PWD has never enjoyed singing. Another client of mine was fast losing his speech because of the variant of dementia he had-Progressive Non-Fluent Aphasia. Singing would have benefitted him greatly, but he was quite non-musical. Instead, we spent the last ten minutes of each of our sessions chanting from the Vishnu Sahasranamam, an ancient Sanskrit religious text, that he was very familiar with.
- Making the musical experience interactive by encouraging eye contact, lip syncing, touch, claps, tapping the feet or hands, and any other non-verbal language as much as possible. This allows for PwDs to remain engaged even if they're unable to sing the song themselves.
- Weaving music/singing into different activities of daily living such as walking, bathing, eating, dressing.

It is rather simple to use music, albeit, not as simple to comprehend its extremely profound benefits at just face value; making its therapeutic use sound like mumbo-jumbo. It is a hope that India, like other parts of the world, slowly embraces this tool that has always been a part of its culture, and learns to utilize its bountiful reserve adequately. For, the transformation one witnesses in people struggling with Dementia and their families when engaging with music regularly, is proof enough that music works.

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