



Contents lists available at ScienceDirect

Journal of Aging Studies

journal homepage: www.elsevier.com/locate/jaging

Rethinking musicality in dementia as embodied and relational

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ARTICLE INFO

Keywords:

Embodied selfhood
Citizenship
Relationality
Dementia care
Music

ABSTRACT

With the biomedicalisation and the pharmaceuticalisation of dementia, music programs, as with other arts- and leisure-based programs, have primarily been implemented as non-pharmacological means to generate social and behavioural changes. We argue that understanding and fully supporting the musicality of persons living with dementia requires engagement with citizenship discourse. Specifically we draw on a model of relational citizenship that recognizes that corporeality is a fundamental source of self-expression, interdependence, and reciprocal engagement. We articulate this argument with reference to the musicality of two residents living with dementia in long-term residential care; one example is drawn from an ethnographic study of selfhood in dementia and the other is from a study of elder-clowning. Relational citizenship brings a new and critical dimension to the discourse on music, ageing, and the body in contemporary society. It further highlights the ethical imperative to fully support musicality through institutional policies, structures and practices.

Introduction

Dementia care is dominated by the biomedicalisation and the pharmaceuticalisation (Abraham, 2011; Coveney, Gabe, & Williams, 2011) of behavioural and psychological symptoms. This approach reduces the person with dementia to his/her neuropathology (Behuniak, 2011; Cuijpers & van Lente, 2015). Consequently the care of persons living with dementia is restricted to attending to basic bodily needs and the management of “challenging behaviours” using high levels of psychotropic medications (Daly & Szebehely, 2012; Lucas et al., 2014; Twigg, 2000). This has received international critique given evidence of significant harms and deleterious consequences of inappropriate psychotropic use (Schneider, Dagerman, & Insel, 2006; Simoni-Wastila et al., 2009). Additionally, this approach to care overlooks how the actions of persons living with dementia are not always symptomatic of dementia itself, but may be indicative of purposeful and meaningful communication (Kitwood, 1997; Kovach, Kelber, Simpson, & Wells, 2006; Rader et al., 2006).

In response to critique regarding the overreliance on pharmacotherapies, non-pharmacological approaches are now recommended as an alternative to psychotropic medication (Fossey et al., 2006; Moniz-Cook, Woods, & Richards, 2001). The standard approach is behavioural therapy, which involves assessing behavioural triggers and implementing interventions to modify the behaviour, such as implementing in-bed towel baths rather than forced showering (Douglas, James, & Ballard, 2004; Rader et al., 2006). Arts-based programs, such

as music therapy, have also been adopted as a non-pharmacological means to improve ‘behaviour’, cognition, and emotional states (Petrovsky, Cacchione, & George, 2015). Such programs have been shown to have positive clinical outcomes (Beard, 2011; Cohen-Mansfield, Libin, & Marx, 2007).

Research on the impact of music programs is dominated by studies that evaluate music as a therapeutic tool to achieve instrumental outcomes (DeNora & Ansdell, 2014). Evidence supporting the beneficial effects of music on cognitive and behavioural function has been demonstrated (Chang et al., 2015; Vasionyté & Madison, 2013). Specifically, music therapy has been found to significantly improve neuropsychiatric symptoms, mood, and memory recall (Chang et al., 2015). However, it remains unclear what therapies are most efficacious, and there is little consensus on the generative mechanisms that account for the impact that music has on targeted outcomes (Chang et al., 2015; DeNora & Ansdell, 2014; Spiro, 2010). Further, with the biomedicalisation of dementia care, music programs, as with other arts- and leisure-based programs, have been primarily implemented as a non-pharmacological means to generate social and behavioural changes (Genoe & Dupuis, 2014; Sylvester, 1996) and improve “hedonic” conceptions of quality of life (Jennings, 2009).

To better understand and to more fully support musicality (i.e. musical perception and engagement) of persons living with dementia requires engagement with citizenship discourse. Specifically, we argue it requires a model of relational citizenship that recognizes that embodiment is a fundamental source of self-expression, interdependence,

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and reciprocal engagement. We articulate this argument by drawing on the musicality of two residents living with dementia in long-term care; one example is drawn from an ethnographic study of selfhood in dementia and the other is from a study of elder-clowning, both of which were conducted by Kontos (Kontos, 2004b, 2006, 2012; Kontos, Miller, & Kontos, 2017; Kontos, Miller, Mitchell, & Stirling-Twist, 2017; Miller & Kontos, 2016). We argue that relational citizenship brings a new and critical dimension to the discourse on music, ageing, and the body in contemporary society. It further highlights the ethical imperative to fully support musicality through institutional policies, structures and practices.

Approaches to understanding musicality

Dominant approaches to understanding musicality in dementia have focused on theorizing music perception with reference to the cerebral cortex such as ‘cortical sparing’ and distributed neural pathways hypotheses (Cuddy, Sikka, & Vanstone, 2015; Hsieh, Hornberger, Piguët, & Hodges, 2011; Peck, Girard, Russo, & Fiocco, 2016). These theories are largely premised upon information-processing models that rely on a sophisticated stimulus–response system whereby music is perceived with mental manipulation of lower-order stimuli (Bowman, 2004). The implicit assumption is that music perception is cognitive. Without such cognitive intervention – transformation, processing, representation of lower-order stimuli and auditory sense data – music is thought to be little more than “a booming, buzzing confusion” (2004, p. 9). This theory has influenced understandings of musicality in dementia, whereby the persistence of musicality is regarded as evidence of cortical sparing, or the activation of neural mechanisms thought to be less impaired in dementia such as the neural pathways in the right temporal lobes (Cuddy & Duffin, 2005; Hsieh et al., 2011; Johnson, 2013).

Understandings about musical perception implicit in these accounts derive from a presumed dichotomy between mind and body, and an inherent inferiority of bodily-constituted knowledge (Bowman, 2004). Theorists have sought to locate music’s value in its abstract, mindful, and cognitively distinguished benefits to which bodily perception and production are jettisoned as distraction or contaminants (Bowman, 1998). Where music’s distinctive origin in bodily experience is explicitly acknowledged (i.e. physiological arousal), such experience is reduced to low-level auditory processing and is of interest only to the extent it feeds into and enables higher-level, language-like, rational/inferential processes (Peck et al., 2016; Simmons-Stern, Budson, & Ally, 2010). For example, high arousal music (e.g. fast tempo, loud) has been found to activate sympathetic activity of the autonomic nervous system, as evidenced by increasing skin conductance, rate of respiration, and blood pressure. Low arousal music on the other hand is thought to activate parasympathetic activity, as manifest in the attenuation of skin conductance, respiration and blood pressure (Peck et al., 2016). In this way, music is thought to regulate autonomic function, which in turn has been found to influence cognition; arousal levels are said to modulate memory and support encoding, consolidation, and retrieval of information (Peck et al., 2016; Simmons-Stern et al., 2010).

With an interest in granting something more to the body in music perception, music scholars have turned to embodied cognition, a cognitive science theory that ascribes a physically constitutive role to the body, thus marking a departure from dualistic approaches that distinguish mental processing from physiological arousal (Perlovsky, 2015; Sedlmeier, Weigelt, & Walther, 2011). The mind in the theory of embodied cognition is conceptualized as being distributed throughout the body as an elaborate network of interconnections (Iyer, 2002; Schiavio, Menin, & Matyja, 2014). While this theory has gained traction in the field of music studies, critiques have focused on the lack of empirical support for this theory across cognitive science and neuroscience (Adams, 2010; Mahon & Caramazza, 2008). Further, it has not yet been taken up in the context of musical perception and cognitive impairment, such as in the case of persons living with dementia. Neuroscience

researchers exploring this theory of music perception have focused on healthy adults and infants, and individuals with sensorimotor based disorders such as Parkinson’s without dementia (Schiavio & Altenmüller, 2015).

Embodied cognition grants a dynamism to the body, however that dynamism is conceptualized solely in relation to cognitive processes (Iyer, 2002; Schiavio et al., 2014). Further, bodily movements and gestures are reduced to sympathetic reaction to music. In dominant theories of music perception, corporeality, as a potential source of agency, has largely been neglected (Bowman & Powell, 2007). The habit of treating the body as the subordinated counterpart of mind is difficult to change. However, there have been important strides made in linking music and human embodiment with notable inspiration taken from fields as diverse as sociology (Crossley, 2015; DeNora, 2003), philosophy (Downey, 2002), and cultural theory (Driver & Bennett, 2015). Driver and Bennett (2015) in drawing on empirical data generated through research on the punk scene in Southeast Queensland, Australia, retheorize the concept of ‘music scene’ to highlight the critically important role of embodiment for how music scenes are constructed, enacted, and maintained. Focus is on the affective attachment of participants and the visceral nature of that participation. Crossley (2015) takes up this theme in his exploration of the links between body techniques and music scenes, or what he refers to as ‘music worlds’, focusing on early UK punk in London. His work signals an important conceptual shift from music as an object or noun to ‘musicking’ as an activity or verb. Downey’s (2002) work too is noteworthy in his analysis of the Afro-Brazilian martial dance, *capoeira*, where he conceptualizes the perception of capoeira music as a cultural accomplishment but not because “a semiotic web of meaning” informs perception after “visceral sensing”, but rather because bodily patterns of responsiveness and attentiveness are instilled through habituation (2002 p. 503–4). Here he emphasizes cultural patterns of embodiment that are acquired through an “apprenticeship in listening”. An important thread in all of this work is the aim to link embodiment and music, and to highlight how bodies and culture are co-implicated in musicality.

While this research importantly broadens current conceptions of musicality and underscores the imperative of an embodiment perspective in understanding musicality, bodily-constituted knowledge continues to be largely cast in terms of cognition (Davis et al., 2012; Iyer, 2002; Perlovsky, 2015). Reference to the mind in studies of musicality effectively reproduces the dichotomous structure that such analyses are intended to transcend. A further limitation is that even where bodily roots of musical experience are theorized more fully in terms of their non-representational nature (Andrews, Chen, & Myers, 2014), further theoretical articulation of the interrelationship between pre-reflective intentionality, the socio-cultural environment, and the musical self is needed.

We argue that understanding the musicality of persons living with dementia requires engagement with critical and cultural gerontology’s subfield of embodiment and dementia (Kontos & Martin, 2013). Of particular relevance here is ‘embodied selfhood’ (Kontos, 2004a, 2006) wherein primordial and socio-cultural dispositions of the body are recognized as pre-reflective sources of perception that persist despite even severe cognitive impairment. Lack of engagement with this subfield has not only impoverished understandings of musicality, but has also restricted music in dementia care to its application as a therapeutic tool to achieve instrumental outcomes such as improving cognitive functioning. Further, to more fully support the musicality of persons living with dementia requires engagement with the fields of citizenship and human rights, fields of study that focus on social entitlements and state responsibility to support citizens’ participation in social life (Somers & Roberts, 2008; Turner, 2006). Insights from these respective fields have been integrated in a model of relational citizenship (Kontos, Miller, & Kontos, 2017; Kontos, Grigorovich, Kontos, & Miller, 2016; Miller & Kontos, 2016) that, as we argue here, is particularly pertinent for both understanding and more fully supporting the musicality of

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