

Programming live classical music concerts in elderly homes

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I. Research question

What are the factors that determine an optimal live (classical music) concert programme in elderly homes?

This question breaks down into two areas of research:

- 1- The elderly (age 75 and above) as a distinct and separate category of audience (how are they similar or different from others) and within-group differences (e.g. normal to heavy sufferers of dementia/alzheimers).
- 2- Programming of concert music: guidelines, criteria for the selection and ordering of music, optimal length of the concert, optimal length of each piece, whether and how to talk between pieces, communication with the audience, etc.

II. Literature review

Desk research (see references at the end) gave the following findings on music preferences of the elderly and positive effects of music (copied nearly verbatim from the researched articles)

- Passive involvement (listening to music) was preferred over active participation
- Live music increases the level of engagement and well-being of those with dementia
- Live music by trained musicians is more accessible and easily implementable than music therapy
- Music can unlock memories when recollections appear locked away, temporarily helping to reconnect people suffering from dementia while the music is playing
- The calming effect of music makes it an effective tool for reducing agitation, increasing attention span, and even decreasing disruptive behaviors
- Music facilitates communication in residents whose speaking ability is limited by dementias or verbal aphasia
- Music elicits responses from beyond the physiological, into the psychological and spiritual realm. It may be that music taps into a different part of the brain
- Music is used for pain management
- Elderly persons prefer popular music from their early adult years rather than popular music beyond young adulthood
- Slow and moderate tempos were preferred to fast tempos to a significant degree by elderly persons
- Patients receiving live music were significantly more likely to report an increase in vigor as well as decreased tension and anxiety than those individuals receiving taped music
- Music provided the participants with ways of knowing, understanding emotions, self, others, and expressing their spirituality
- Many older people use music as a way of measuring and maintaining their sense of well-being. Music contributed to their daily physical and psychological health and informants cited examples of how music can provide them with hope for everyday living

Nothing was mentioned about how to program live concerts in elderly homes, however.

III Interview findings

We conducted interviews with three different sets of people:

- Janneke van den Dool (age 70) of the anthroposophic elderly home in Zeist
 - She spoke of her experience conducting choir and teaching violin for 23 years
 - Although inspiring, this was not useful to us since it was a very specific audience and not about live concerts
- Nico de Gier and Mirsa Adami of Stichting Muziek in Huis (SMIH) in Amsterdam
 - Very useful 2 hours which formed most of the research report

- This led us to break the research into two parts: the elderly and concert programming
- Vitaly Pisarenko, winner of the recent International Liszt Competition on programming his concerts
 - He makes his own programmes, and above all, he constructs one that's interesting
 - The first piece is one he is very sure of. He may begin with a polonaise because it is traditionally a dance at the beginning of a ceremony
 - The piece before the break is bright and good --- something popular with the public
 - The piece after the intermission is the most important for him, and he chooses what he wants and likes to play --- his favourite but not necessarily for audience
 - The last piece is the brightest piece
 - The encore is a sharp contrast to the last piece of the programme
 - A programme is like a story with a beginning and an end, especially the first half. He chooses pieces that go together

Main findings from SMIH interviews

The elderly as a distinct group of listeners:

We think of the elderly (age 75 and over) as though they have always been old. They have, in fact, lived entire lives, loved and lost, like the rest of us, only reaching this age when they may no longer live independently because they are too sick or frail to take care of themselves. While they may be hard of hearing, slow in movement, and slow to respond, they are not children and should not be treated as such. Compared to younger people, they have the following common characteristics:

- 1- They are less able to endure high tones (such as the sound of the piccolo, high notes produced by the flute and soprano voice). This condition is found to be worse in people with dementia who get restless and irritated by such sound. (Many wear hearing aids which have their own implications.)
- 2- Most suffer from pain and loss (of friends and family – and also of motoric ability). Those with dementia cannot concentrate as long as those without (i.e. shorter attention spans), cannot decide or be selective

Definition of dementia from <http://www.nhsdirect.nhs.uk/articles/article.aspx?ArticleID=124#>
Dementia is not a disease but a group of symptoms that may accompany some diseases or conditions affecting the brain. There are many different types of dementia, each with their own causes. The most common dementia symptoms include loss of memory, confusion, and changes in personality, mood and behaviour. Dementia usually affects older people and becomes more common with age. About 6 in 100 of those over the age of 65 will develop some degree of dementia, increasing to about 20 in 100 of those over the age of 85. Dementia can develop in younger people but is less common, affecting about 1 in 1,000 of those under 65. Although most of the people who develop dementia are over the age of 60, it's important to remember that dementia is not a normal part of growing old, and most older people never develop dementia.

Within the elderly audience, SMIH has identified three categories of listeners, as a guide, which they programme either one hour concerts with no intermission or 2 x 30 (half hour of music, intermission, half hour of music).

- Category 1: severe dementia. Shorter pieces (5 to 6 minutes maximum length), very varied programmes, performer(s) talk between pieces, no high pitched, disturbing or piercing sounds, music must have pulse (something to hang onto, not music of Arvo Part). Music that are based on silence does not work here.
- Category 2: between categories 1 and 3.
- Category 3: normal listener. Full sonata's are fine. Intellectual audience who know not to applaud between movements.

Programming of live concerts

Making the concert programme (also called **program making**, **concert programming**, or simply, **programming**) for a specific audience requires knowing and understanding their preferences and tolerances. People feel at home if you understand their taste and appreciation. As mentioned earlier, category one listeners have shorter concentration durations (than normal audiences) and react negatively to high piercing sounds. Thus a good concert programme for audience with dementia is more likely to consist of (many) shorter pieces than one for a normal concert (fewer but longer pieces).

One goal of concert programming is to achieve a *balance between tension and relaxation*. When an elderly person hears a piece he recognises, he leans back and feels relaxed. An unfamiliar work causes the listener to lean forward to hear it, and he may grow tense. Too much of one kind of music is not ideal either. A programme with only familiar works soon becomes easy-listening background music. A programme with only unfamiliar pieces tires the listener.

To reach as many people in the audience as possible, plan a *varied programme*. Think not in terms of genre but mood: happy, sad, pensive, festive, etc. In fact, mood is more important than style. [Performers often think in terms of genre or style while it's the mood that is conveyed to the audience.]

The *order (sequence) of pieces* is very important, particularly the first, the one before the intermission, and the last piece. The most important piece is the first one to get listeners to like you (the performers) immediately. The first piece should not be dramatic, melancholy, or long, but short, neutral and cheerful (uplifting). Think of the order as a bow not a zig zag, that is, not merely alternating fast, slow, fast, slow.... or familiar, unfamiliar, familiar, etc. It is not necessarily chronological according to the date composed. Planning a programme is like planning a meal --- begin with the appetizer (a small dish --- a short piece to whet your appetite and prepare you for what is to come.)

The perfect programme is one that you cannot change anymore. For good examples, listen to the old CD's of Haifetz and Gil Shaham.

What else besides the concert programme?

Besides, the concert programme itself, a successful concert depends a lot *on the person behind the musician*. Musicians are *communicators*. "Listening to a stranger is difficult, to someone you don't like even worse." You will forgive someone you like. Use your intuition to sense the audience. If you lose the interest of the audience, it will be difficult to get it back. If you want to play an unfamiliar piece that is not easily appreciated, introduce it to prepare the listener.

Whether you should talk before playing the first piece or dive into the first piece depends on the situation --- whether the audience is ready for you or not. During a concert you are building up a relationship with the audience. It is a kind of *nonverbal feedback*. Their first impression is loaded with your mood, especially in demented people and psychiatric patients where this effect is magnified.

The audience likes to see the performer as the artist portraying all the beautiful things in life. Present yourself as the artist. Yet at the same time, you can get close to people by sharing some private information about yourself.

Interviews (2 hours) on 14 May 2008 in Amsterdam with Nico de Gier, founder and director of Stichting Muziek in Huis (SMIH), oboist and Mirsa Adami, secretary of SMIH, concert pianist

Both interviewees have extensive experience performing and programming live concerts in elderly homes, psychiatric hospitals, as well as normal concert venues.

Background of SMIH (taken nearly directly from their website at <http://www.smih.nl>)

SMIH (translated: Foundation Music In Home) brings the concert hall to people who can not go there themselves anymore. "We bring classical chamber music concerts in care-taking institutes on an equal level to the regular concert halls."

Stichting Muziek In Huis (SMIH) is a foundation that organises professional chamber music concerts in care-taking institutes. It was initiated and founded by oboist Nico de Gier in 1999. The foundation has been growing ever since, and at the moment SMIH organises about 550 concerts a year, which is equivalent to about 15% of the total number of classical chamber music concerts in The Netherlands. The 3,000th concert took place in September 2007.

SMIH brings high-quality classical chamber music to people who no longer have the ability (or mobility) to go to concerts themselves. For the musicians SMIH can offer a unique opportunity to get substantial playing experience on the stage. They will also learn how to communicate and program so that they meet the specific requirements of the audiences. The ensembles that SMIH selects in the annual auditions get offered a tour with 20-30 concerts. The locations are mainly in the Randstad-area (in the provinces of North Holland, South Holland and Utrecht) and in Zeeland. In the future SMIH will also expand to the eastern parts of Holland.

SMIH have talked with a research group about conducting a study on the effects of live music concerts on the elderly (audience). The research would require a control group to compare against the group under study on what happens during the concert (such as eating during the concert) and after the concert (such as sleeping patterns and eating habits). Since it was not clear whether the results would be useful or conclusive, this research was never commissioned.

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About the authors, at time of writing (May/June 2008)

Anne Ku, pianist, will obtain her Bachelor of Music in Composition from the Utrecht Conservatory in 2008. She has regular concerts with her piano guitar duo throughout the Netherlands. She holds a PhD in Decision Sciences from the London Business School, MSc in Operations Research from London School of Economics, and B.S.E. in Electrical Engineering from Duke University where she also studied piano and gave her senior recital of Debussy, Ravel, and Poulenc.

Karin Frisk, violinist, is pursuing her Master’s degree at the Utrecht Conservatory. She worked eight consecutive summers at a nursing home in Sweden during vacation periods while at high school and conservatory in Norway. Karin is the concert master of the 17-member ensemble of Anne Ku’s chamber opera “Culture Shock!” which premieres on 2 June 2008 in Utrecht. This summer she will be touring with a singer in festivals throughout Sweden.

This research report was written for the master’s elective course “Music and Special Education” at the Utrecht Conservatory. Other topics included “music for very young children” and “music for disadvantaged youths.”