

THE FLORIDA STATE UNIVERSITY

COLLEGE OF MUSIC

THE EFFECT OF MUSIC THERAPY SONGWRITING ON  
THE IDENTIFICATION AND UTILIZATION OF  
SHORT-TERM COPING STRATEGIES BY CAREGIVERS OF  
LOVED ONES WITH ALZHEIMER'S DISEASE

By

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Dad, you were taken away from us far too early... I miss you more than words can ever say. There was more we were supposed to do and many more happy occasions to spend together. I love you very much, and am so thankful for the example you gave me for a lifetime of joy and satisfaction. Thank you for everything... this one is for you.

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## ABSTRACT

The purpose of present study was to examine the effect of a music therapy songwriting intervention on the identification and utilization of short-term coping strategies by caregivers of loved ones with Alzheimer's disease. Participants were referred by social workers at the Alzheimer's Project of Tallahassee, and then randomly assigned to either a control group or an experimental group. Participants in both groups received individual music therapy sessions. The control group (N=12) received music therapy/counseling sessions, and the experimental group (N=12) received music therapy sessions during which individualized songs were composed and recorded for participants. Participants were pre- and posttested using the Short-Term Coping Strategies Questionnaire. Pre- to posttest data indicated that both groups were able to identify and utilize more coping strategies at the posttest, although participants in the experimental group were able to identify and reported utilizing significantly more coping strategies pre- to posttest. However, when control and experimental group data were compared, there was no significant difference between the two groups' identification and utilization of coping strategies. In addition to the Short-Term Coping Strategies Questionnaire, participants in the experimental group completed the Music Therapy Songwriting Questionnaire. Data from this Questionnaire indicated that participants listened to their songs at least "once," and reviewed the lyrics to their songs "more than once" during a week period. Results of the present study indicate that individualized songwriting has promise as a useful music therapy intervention for individuals who are dealing with the stress of caring for loved ones with Alzheimer's disease.

## INTRODUCTION

Be it a retired teacher who has suffered a series of small strokes and finds himself in a nursing home with Alzheimer's related dementia or a homemaker in her golden years stricken with Parkinson's disease and the dementia that accompanies it, when Alzheimer's disease and related dementias set in, lives are altered forever. The lives of patients are not the only ones to change; also affected are their spouses, children, loved ones and friends. When the tumultuous road that caregivers travel is observed, it becomes clear that in instances of providing care to loved ones with dementia, the patient with the diagnosis is not the only person in the household who is struggling with issues regarding physical and emotional health. The caregiver is the hidden patient; perhaps dealing with health problems of his own, and bearing the emotional strain of losing a lifelong partner to a long, harsh disease. A dramatic role shift, conflicting feelings, and a myriad of uncertainties can be the basis of a difficult journey for caregivers of loved ones with Alzheimer's disease.

### Alzheimer's disease

Since 1980, the number of Americans with Alzheimer's disease has more than doubled. The Alzheimer's Association of America estimates that 4.5 million Americans have Alzheimer's disease and anticipates that the number of those with Alzheimer's disease will continue to grow. Currently, one in ten individuals over age sixty-five, and approximately half of the individuals over age eighty-five have Alzheimer's disease.

Increasing age is the greatest risk factor associated with Alzheimer's disease, and America is aging. The baby boomer population is creeping into their fifties and sixties and medical science continues to advance average life expectancy. As there is no treatment at this time to delay the onset of the disease or to reverse its effects, the projections are that by 2050 Alzheimer's disease will affect between 11.3 million to 16 million people (Alzheimer's Association, 2006).

Forgetfulness, communication difficulties, agitation, mood swings, and depression are some of the hallmark characteristics associated with Alzheimer's disease and dementia. Other characteristics of AD include disorientation and wandering behavior. Wandering is especially distressing to in-home caregivers of

a loved one because of the dangers it presents (Brotons & Pricket-Cooper, 1996; CNN Healthwatch; Groene, 1993; Olderog-Millard & Smith, 1989).

Alzheimer's disease and related dementias are cruel diseases that separate people from the ones they have known and loved. While AD is terminal, one who has been diagnosed can continue to live for as long as twenty years after diagnosis. The quality of life diminishes for those with Alzheimer's disease, as does their ability to communicate and relate to the world around them, but their heart continues beating. Nancy Reagan termed AD as "the long good-bye." The disease poses unique difficulties for caregivers as well.

### Caregivers

Caregivers are a special group of people; a group that is difficult to define. They span a large range in ages and can be male or female. Typically, family caregivers are from the immediate family, but it is not uncommon for caregivers to be members of the extended family. Perhaps the most common type of caregivers are the spouses who find themselves the primary care provider for a partner who has been diagnosed with Alzheimer's disease. Adult children may also find themselves thrust into the caregiver role when their aging parents begin to require assistance with daily activities, need in-home care but are not yet ready to transition to an assisted living facility or a nursing care facility. Regardless of age or circumstance, there are common challenges faced by all caregivers.

It is not unusual for caregivers to become so immersed in the needs of their loved one that they neglect their own physical and emotional health. Health problems and depression are commonly associated with caregivers of loved ones with Alzheimer's disease (Baumgarten, Hanley, Ingante-Rivarrd, Battista, Beckner, & Gauthier, 1994; Cohen & Eisdorfer, 1988; Pearlin, Mullan, Semple, & Skaff, 1990; Schulz, Burgio, Burns, Eisdorfer, Gallagher-Thompson, Gitlin, & Mahoney, 1995).

A factor key to the continued health and productivity of caregivers is their social support. Because it is relatively easy for caregivers to become socially isolated in caring for their loved one, the last decade has seen a growth in support groups and networking resources available to caregivers. In addition to becoming involved in a support group, caregivers should do their best to have

healthy relationships with other family members who are not the primary caregivers. Research has shown that caregivers' relationships with family members strongly influence the way they perceive their role as caregiver (Bergman-Evans, 1994; Gubrium, 1988; Karlin, Bell, & Noah, 2001).

The caregiver role is intensive and ongoing. It is difficult for caregivers to take time for themselves or to nurture their own health and interests. Music therapy has provided a means for caregivers to interact with their loved ones, and is now seeking to equip caregivers with tools that will enable them to experience greater satisfaction and relaxation within the confines of their caregiver responsibilities (Clair, 1996; Clair & Bernstein, 1990; Clair & Ebberts, 1997; Groene, 1993; Prickett & Moore, 1997).

### Songwriting

In music therapy, music applications such as: listening, performing, song writing and lyric analysis (among others) are used to achieve non-musical goals. Non-musical goals may include but are not limited to: identification of emotions, reality orientation, improvement in communication, increased movement, and development and application of coping strategies.

Several studies have been performed to examine the impact of music therapy on individuals with Alzheimer's disease. Brotons and Prickett-Cooper (1994) found that patients with AD are able to participate in and enjoy music activities at varying levels. In programming for patients with AD, the factor that most influences the success of the Music Therapy application is utilization of patients' preferred music. Although the patient may not be able to communicate a preference, family interviews and knowledge of the music during the patients' youth will give the clearest indication of appropriate music. When a program is designed with the patients' strengths and weaknesses in mind, music therapy is a very effective tool (Groene, Zapchenk, Marble & Kantar, 1998; Hanson, Gfeller, Woodworth, Swanson, & Garand, 1996; Moore, Staum, & Brotons, 1992; Otto, Cochran, & Johnson, 1999; Vanderark, Newman, & Bell, 1983).

Other studies have centered on identifying ways for caregivers to maintain a relationship with their loved one. Often there is a disconnection between caregiver and loved one as AD progresses and the patient is unable to recall

people or to communicate. These Alzheimer's disease symptoms can be discouraging to the caregiver, as they are forced to remember life with their loved one as it was while faced with the grim reality of ongoing loss. Music therapy involving one-on-one activities, singing together and movement activities has been suggested as effective tools for creating more positive and meaningful interactions between caregivers and their loved ones (Clair, 1996; Clair & Bernstein, 1990; Clair & Ebberts, 1997; Groene, 1993; Pricket & Moore, 1997).

The therapeutic tool, songwriting, has been used in a variety of settings with numerous populations. Songwriting has been effective with troubled youth, adults with substance abuse issues, with cancer patients, in psychiatric settings, and hospice programs. It is a tool that functions well with individuals, or as a group activity. Songwriting can be structured in many different ways so that the participants' level of involvement is appropriately matched to their capabilities. The types of songwriting applications range from lyric substitution and song parody to creation of original melodic and lyrical material (Cermak, 2005; Edgerton, 1990; Ficken, 1976; Freed, 1987; Goldstein, 1990; Nguyen, 2003; O'Callaghan, 1996; Silber & Hes, 1995).

The present study utilizes songwriting as the therapeutic tool for caregivers of loved ones with Alzheimer's disease. Caregivers are in need of an intervention that allows them to reflect on their interests and life memories, but that will not occupy so much of their time that they feel conflicted with their other responsibilities. With the help of a music therapist, caregivers can express their emotions through their own original lyrics, and have a visual and auditory method for positive reflections. The purpose of this study was to determine whether music therapy songwriting is a useful short-term coping strategy for caregivers of loved ones with Alzheimer's disease.

## CHAPTER I

### Review of Literature

This study examines the music therapy application of songwriting with caregivers of loved ones with Alzheimer's disease or dementia. In order to understand the need for music therapy intervention with the caregiver population, the reader must be familiar with the following: the nature of Alzheimer's disease and treatment, the role of the caregiver and the challenges that he or she faces, and songwriting as a therapeutic application. Special attention will be given to music therapy literature in the aforementioned areas.

#### Alzheimer's disease and Dementia

Alzheimer's disease is a progressive, degenerative disorder of the brain that over time destroys a person's memory, ability to learn, reason, make judgments, communicate, and to carry out activities. Although there is no cure at this time, medications do exist that slow the progression of the disease in some patients. Alzheimer's disease is a terminal diagnosis that progresses differently in every patient. Regardless of the length of time a person lives with Alzheimer's disease, the impact is often devastating for both the patients and their families (Alzheimer's Association, 2006).

*Characteristics.* Forgetfulness is a primary characteristic of Alzheimer's disease. In the early stages of the disease, periods of forgetfulness may be short and easy to overlook, but as the disease progresses, so do problems with memory. The person with Alzheimer's disease may misplace objects, forget names (in some cases, even the names of family members and close friends), or frequently repeat things as they forget conversations that have recently taken place. In many cases, the Alzheimer's patients may have conversational difficulties as they struggle to find the words to express themselves. They may lose their ability to identify and communicate their thoughts and may not be able to follow conversations. Over time, their ability to read and write may also diminish (CNN Healthwatch, 2006).

Difficulties in performing activities that require planning, insight, or judgment fall in line as a characteristic of the Alzheimer's patient. Those with Alzheimer's disease may develop difficulties with abstract thinking or demonstrate lack of judgment, such as inability to perform such tasks as

balancing a checkbook, cooking, or performing any other activity that requires following sequential steps.

A characteristic of the disease that is particularly disturbing to caregivers of loved ones with Alzheimer's are the personality changes and mood swings the patients often experience. Early in the disease, frustration may be due to the patients' awareness that they are not performing as they used to and they may become angry or depressed at this realization and withdraw socially. Depression in patients with Alzheimer's disease is not uncommon as they notice changes in their memory and abilities over which they have no control.

Agitation and restlessness are common characteristics of those diagnosed with Alzheimer's disease or dementia. As the disease progresses, patients may become anxious or aggressive in unfamiliar situations and may act out inappropriately. In 1996, Brotons and Prickett-Cooper studied the effects of a music therapy intervention on the agitation behaviors of AD patients. Results of the study showed that participants were significantly less agitated during music therapy and after music therapy than before music therapy. Certified nurse assistants noticed that patients returning from music therapy were much more calm, cooperative, and responsive than they had been prior to music therapy.

As the Alzheimer's disease progresses, patients may experience disorientation. They may become lost in the past, or unable to recall recent events; in many cases, they may become unable to recognize the long familiar faces of those around them. Although reality orientation is a struggle, and diminished capacity a reality in dealing with AD, there is evidence to suggest that music therapy interventions such as group singing, can help AD patients center in the present. Olderog-Millard and Smith (1989) said:

During the course of the study, nursing staff often reported that music seemed to calm patients and increase their orientation to the present. Nursing staff also expressed surprise and pleasure at seeing some of the patients singing. They were especially surprised to see some of the more regressed patients, who rarely spoke, singing. (p. 67)

Wandering is a common and dangerous behavior of many AD patients that occurs when they become disoriented and are feeling lost. Unsupervised, patients can potentially wander miles away from their point of origin, leaving no trail for searchers to follow. In institutions, sedation and restraint are often used to treat such problems (Groene, 1993), but in the home environment, this is not necessarily a practical or appealing choice. Research on the effectiveness of music therapy with wanderers living at home could be valuable to both patients and caregivers and could help relieve (caregiver) stress.

*Music Therapy Interventions.* The musical preferences of patients with dementia or Alzheimer's disease are varied, but in general, patients enjoy music activities, and on some level, are capable of participating (Brotons & Prickett-Cooper). Vanderark, Newman, and Bell (1983) studied the effects of music participation on quality of life of the elderly. Their findings were that life satisfaction, music attitude, and self-concept in music were significantly improved in the experimental group receiving music therapy sessions.

In programming for any population, consideration of client/patient preferences is of primary importance to the music therapist. In programming for the Alzheimer's disease population, preference considerations are vital. Despite similar diagnoses across the population, patients are individuals with their own history and musical preferences. As much as possible, individual music preference, as well as the strengths and weaknesses of all patients should be identified and taken into consideration when programming for this population (Groene, Zapchenk, Marble & Kantar, 1998; Hanson, Gfeller, Woodworth, Swanson, & Garand, 1996; Moore, Staum, & Brotons, 1992; Otto, Cochran, & Johnson, 1999). Hanser (1990) states. "The ability of music to provide a meaningful and positive stimulus for changing one's own mood, cognitions, and behavior, while at the same time offering a means of expression and nonverbal communication, may be significant to the older adult." (p. 295)

Clair, Bernstein, and Johnson (1995) studied rhythm playing characteristics in persons with severe dementia and found the most responsive behaviors were when patients' had one-to-one contact with the music therapist and when rhythm instruments providing vibrotactile feedback were used. They

documented the success of Alzheimer's patients participating in rhythm applications, and also found that the level of success depended on the structure and modeling provided by the music therapist. They stated, "Rhythm applications which are adjusted for the decreasing response levels of persons with progressive dementias can serve to engage residents of care homes in activities that are suited to their individual needs and abilities." (p. 130)

In an earlier study, Clair and Bernstein (1990) found that subjects participated more in activities which provided vibrotactile stimulation than in activities that did not provide this stimulation. The resulting suggestion from this study was that in programming for persons with severely regressed dementia of the Alzheimer's type, singing is appropriate only until it deteriorates and ceases. However, vibrotactile music experiences which incorporate basic rhythmic responses can be maintained throughout the later stages of dementia.

Taking into account the individual strengths and weaknesses of each patient, as previously discussed, is of importance when designing a music therapy intervention. In some cases, singing may not be the appropriate activity and a rhythmic or movement application may function more effectively. But in other cases, singing may be patients' preferred form of therapy.

According to Prickett and Moore (1991, p. 101), "It would appear that patients diagnosed with probable Alzheimer's disease can be stimulated to responsive participation with the use of long-familiar songs." Clair (1996) also states that singing may be used as a stimulus to elicit a response from a patient severely regressed in dementia who is unresponsive to other situations.

*Families and Alzheimer's disease.* Whether loved ones with Alzheimer's disease are at home or institutionalized, their families face many challenges. These challenges may include remaining active in their loved one's treatment and maintaining meaningful interactions with their loved one. Clair and Bernstein (1990) recommend incorporating family members into music therapy programming for person's with Alzheimer's type dementia. Music therapy can provide avenues for family interactions when other venues may no longer be available. A 2002 study by Clair indicated that with music applications, mutual engagements between caregivers and care receivers increased over time.

Singing is an application that may hold many benefits for the families of loved ones with Alzheimer's disease, particularly interactions with their loved ones. Singing activities offers opportunities to structure duets or trios with caregivers and family members, thus providing an avenue for interpersonal interaction (Prickett & Moore, 1991). Connecting with an afflicted loved one is often a difficult task for family members. Clair (1996) suggests that family members and residential care staff may find that singing engages interaction on some level with a loved one or patient who is in late stage dementia.

### Caregivers

*Defining Caregivers.* Caregivers of loved ones with Alzheimer's disease are a varied and diverse group. They come in a variety of ages, and can be any gender. In some cases, caregivers are spouses; in other cases, caregivers are children or other family members. Regardless of the role caregivers have played previously in their loved one's life or whether their loved one is in the home or in an extended care facility, caregivers face a variety of challenges when given the task of caring for their loved one.

Children who find themselves providing care to an ailing parent are faced with additional issues not tied directly to their care giving responsibilities. First, there is the issue of the parental-child relationship. The quality of the relationship prior to the parent's illness can impact how the child feels about providing care. Second, the child must address the role reversal in the family; the child caregiver must take on the 'parental' role making decisions, guiding, directing, and ultimately assisting in the most basic activities of daily living for the parent. Additionally, the child caregivers must also maintain their role in their own family as spouse or parent. One caregiver stated it as the "challenge of taking on multiple roles" (McCarty, 1996, p. 796). Finally, the child faces the issue of addressing the living death of a parent with Alzheimer's disease, the sense of loss, and grieving the imminent death of a parent.

Elderly caregivers are also faced with many challenges. As they go through life, they may look toward their golden years as a time to relax, and to enjoy with their spouse things such as retirement, travel, children, and grandchildren. Instead, they are called upon to care for their partner, while experiencing

loneliness at the loss of a cherished friend and confidante, feeling stressed by the challenge of day-to-day life, and perhaps coping with health issues of their own. Elderly caregivers relate that one of the primary downsides of providing care is having no time to relax (Wallsten, 1993). Activities enjoyed by their peers, such as hobbies, going out to eat with friends, or exercising are not as readily available or are not engaged in as regularly by elderly caregivers.

The support caregivers receive has a considerable impact on how they perceive providing long-term care for their loved one. The support, or lack thereof, from children, siblings, or spouses can influence how caregivers feel about their role (Gubrium, 1988). Perry and Olshansky (1996) found that, family members were interested in providing care for the member with AD at the highest level without overwhelming the primary caregiver. However, each family member had a different view of their loved one with Alzheimer's disease and how to best provide and manage care. Different views on caring for a loved one can lead to additional turmoil in the family; thus, it is important for professionals to be aware of such situations and help guide the family to decisions that are acceptable to all concerned.

A variety of studies have been carried out that examine other issues faced by caregivers. These range from the impact of dementia symptoms on caregivers to finding meaning in other areas of life, or addressing the positive aspects of care giving (Browning & Schwirian, 1994; Chang, 1999; Donaldson, Tarrier, & Burns, 1997; Farran, Keane-Hagerty, Salloway, Kupferer, & Wilken, 1991; Kuhlman, Wilson, Hutchinson, & Wallhagen, 1991; Langner, 1995; Sanders, 2005).

*Health.* Longitudinal studies of caregiver health seem to hold the most promise for accurately charting the health of caregivers. Baumgarten, Hanley, Ingante-Rivarrrd, Battista, Beckner, and Gauthier (1994) found that there was not a significant difference in caregivers' and comparison subjects' health over a year. It is possible that with declining health of a loved one, caregivers abandon their role as primary caregiver and turn to other care options. It is also a possibility that caregivers simply deal with the decline of their loved one and the additional care needs as part of their responsibility to their loved one. In 2000, Braithwaite found that the most predictive measure for the avoidance of minor psychiatric

symptoms was caregiver resiliency. Caregivers with lower resiliency did not have the personal resources for dealing with the stressful situation of being a caregiver.

*Depression and Burden.* Individuals experience the stressors of their caregiving role in different ways. Just as Alzheimer's disease is experienced differently by each patient, the experience of providing care for a loved one is not the same for any two people. Thus, addressing the needs of caregivers can not be done successfully without meeting and treating caregivers on an individual basis (Pearlin, Mullan, Semple, & Skaff, 1990; Schulz, Burgio, Burns, Eisdorfer, Gallagher-Thompson, Gitlin, & Mahoney, 1995). Shulz et al. (1995) discuss the importance of developing interventions that empower the caregiver. Likewise, in the present study the researcher seeks to equip caregivers with a personally tailored, positive, short-term coping strategy for the challenges associated with providing care for a loved one.

When studying depression in caregivers, Cohen and Eisdorfer (1988) found a significant degree of clinical depression in more than half of the caregivers sampled, who were primarily spouses. The prevalence of depression and other physical symptoms among caregivers as a result of their responsibilities to the loved one with AD leads them to become the 'hidden patient.' Caregivers may become so consumed with the needs of their loved one, that they neglect their own needs. Common signs of caregiver stress may include: depressed mood, more frequent crying, lack of energy, changes in sleep patterns, changes in weight, and moodiness (CNN Healthwatch, 2006). Needs of caregivers are real and must be addressed.

According to Schulz, O'Brien, Bookwala, & Fleissner (1995):

The evidence linking psychiatric health effects and dementia caregiving is robust. [Studies] report elevated levels of depressive symptomatology among caregivers, and... higher prevalence of clinical depression and anxiety among caregivers when compared to population norms or control groups. (p. 787)

Studies show that caregivers experience various levels of burden throughout the course of their loved one's illness. The sense of burden is not due entirely to the severity of their loved one's symptoms; other factors, such as

coping strategies and tolerance may affect how much or how little the caregiver experiences burden (Akkerman & Ostwald, 2004; Boss, Caron, Horbal & Mortimer, 1990; Wood & Parham, 1990; Zarit, Todd, & Zarit, 1986). Similarly, whether or not a patient with Alzheimer's disease is institutionalized is predicted more by the characteristics of the caregiver than by the illness characteristics of the patient (Gwyther & George, 1986).

A lesser known phenomenon experienced by caregivers, and closely related to depression and grief due to the affliction of a loved one, is chronic sorrow (Burke, Hainsworth, Eakes, & Lindgren, 1992). Chronic sorrow is a form of grief that is associated with an ongoing sense of loss. First studied in parents of children with disabilities, it is experienced by many groups including caregivers of loved ones with Alzheimer's disease/dementia. Chronic sorrow is defined as, "a normal reaction to the significant loss of normality in the affected individual or the caregiver" (p. 232). The differentiation from acute grief is that it is time-limited and has a resolution, whereas chronic sorrow is ongoing.

Chronic sorrow does not impede one's ability to meet the challenges associated with caregiving. It is distinguished from depression in that it does not impede the ability to experience grief - depression sometimes does. Lindgren, Connelly, and Gaspar (1999) studied the grief responses of spouse and children caregivers of dementia patients and found that "grief was a part of the emotional experiences of spouse and children caregivers of family members with dementia." (p. 530)

*Social Support.* The Alzheimer's Project of Tallahassee provides social support to caregivers in addition to educational venues and respite care. Similar programs exist nationwide to offer caregivers assistance. However, in some situations, caregivers do not take advantage of the advice given them by case managers, and do not fully utilize the resources available. Caregivers are often reluctant to make changes in how they provide care to their loved ones because of the pride associated with being a caregiver, and the sense of responsibility and/or personal meaning that accompanies that role. They prefer to do the work themselves as opposed to bringing in outside help, and prefer to spend their 'free

time' with their loved one instead of in an independent activity (Farran, 1997; Martin-Cook, Trimmer, Svetlik, & Weiner, 2000).

Studies indicate that social support, coupled with the interest and care of health care providers and family, positively affect the physical and emotional health of caregivers (Bergman-Evans, 1994; Karlin, Bell, & Noah, 2001). Karlin, et al. (2001) identified several recurring themes in caregivers' concerns over the course of their study: role issues/reversal; problems of being a caregiver; support services/resources; support group issues; protection of loved one/nursing home placement and the guilt associated with it; research awareness and participation; and additional contributions as caregiver. The caregiver's job does not end once the decision to institutionalize their loved one has been made. "In clinical settings, the nursing staff must encourage caregivers to express their feelings and concerns regarding their caregiving experience and must not assume that caregivers suffer less with time" (Lévesque, Ducharme, & Lachance, 2000, p. 236). Given these identified areas of concern, it is necessary to define strategies that address these caregiver issues.

Social support becomes increasingly important to caregivers as their loved ones' Alzheimer's disease or dementia progresses and the maintenance of a meaningful relationship with their loved one becomes more difficult (Lynch-Suaer, 1990). Over time, as the disease progresses spouse caregivers become increasingly separated from the marital relationship they once shared (Bauer, Maddox, Kirk, Burns, & Kuskowski, 2001). As caregivers experience this disconnect from their loved one, it is important that they are able to identify short-term, meaningful strategies to cope with their loss and to remember their loved one in a positive light (Bauer, et. al, 2001).

In 1991, Wright explored the impact of Alzheimer's disease on the marital relationship. Wright found that caregivers experience less satisfaction with their marital relationship as their loved one's disease progresses and stated that, "The task for healthcare professionals is to support both the afflicted and the caregiver" (p. 236). The results of Wright's study indicated that caregivers often are not aware of, or do not employ, effective coping strategies when dealing with the frustrations presented by providing care for their spouse. A recurring theme

in interviews of caregivers was a need for escape; thus, respite services such as adult day care functioned well for them.

Clair and Ebberts (1997) addressed the disconnect felt between caregivers and their spouses with Alzheimer's disease. Although caregivers remain involved in the care of their loved one and continue to interact with them, they (caregivers) still have a need to interact with their loved one on a personal and intimate level. Clair and Ebberts developed music therapy strategies designed to increase meaningful interactions between caregivers and their loved ones, and found that there are strong indications that music therapy applications are important to the quality of life for family caregivers and their care receivers, and that music can allow for purposeful joint participation in meaningful activities. Music therapy interventions have had positive effects in the treatment of those who have been diagnosed with Alzheimer's disease and other dementias. In numerous studies, it has been suggested that music therapy sessions and one-on-one activities would be an effective means for creating meaningful interactions between Alzheimer's disease patients and their loved ones (Clair, 1996; Clair & Bernstein, 1990; Clair & Ebberts, 1997; Groene, 1993; Prickett & Moore, 1997).

### Songwriting

Song writing as a music therapy application has been used to address therapeutic goals with many populations. Edgerton (1990) studied creative group songwriting with emotionally impaired adolescents. In 1990, Goldstein used songwriting as an assessment for hopelessness in depressed adolescents. Songwriting has also been used in the following areas: palliative care, psychiatric settings, chemical dependency, with cancer patients and their families, and with patients diagnosed with Alzheimer's disease (Cermak, 2005; Ficken, 1976; Freed, 1987; Nguyen, 2003; O'Callaghan, 1996; Silber & Hes, 1995).

*Songwriting and Self-Expression.* Songwriting is successful as a therapeutic procedure because it allows for self-expression and personal growth in a structured and non-threatening environment (Cordobés, 1997; Edgerton, 1990; Freed, 1987; O'Callaghan, 1997). In 1996, O'Callaghan examined the lyrical themes in songs written by palliative care patients and the following themes emerged: messages, self-reflections, compliments, memories, reflections upon

significant others (including pets), self-expression of adversity, imagery, and prayers.

A comparison of these themes with the aims of palliative care suggested that songwriting in music therapy can be a worthwhile experience for some patients dealing with degenerative illnesses. The messages included in the patients' songs may also ease the suffering of their loved ones.  
(p. 89)

Songwriting offers opportunities for clients to creatively express their interests and life experiences. Issue-based songwriting allows for examination of current stressors for clients, by helping them utilize time efficiently and by the ability to engage in the activity immediately. Songwriting provides palliative care patients a means to be productive and to avoid simply existing until death. With others, songwriting enables continuing personal growth (Cordobés, 1997; Freed, 1987; O'Callaghan, 1996, 1997).

Silber and Hes (1995) used songwriting as an intervention with patients diagnosed with Alzheimer's disease, stating that songwriting was a non-threatening activity based on free expression and creativity that gives patients the opportunity to counteract some of the negative emotional, social, and cognitive aspects of their disease. The goals of their music therapy sessions involving songwriting were to increase verbal communication, increase socialization, and to increase communication. "Songwriting is an activity in which patients with Alzheimer's disease partially and temporarily overcome their apparent cognitive, memory, and language deficiencies. For the patients who are emotionally withdrawn, songwriting provides the opportunity to express deep and repressed emotional feelings." (p. 33)

*Songwriting Techniques.* Songwriting is a versatile therapeutic tool that can be altered depending on the goals and objectives for a client. Prior to the commencement of a songwriting application, it is important for music therapists to first assess the comfort level and musical skill of the client or group. After noting these issues, music therapists can begin to modify applications to best serve their clients.

Edgerton (1990) developed a protocol for songwriting in a group setting. The development of creative group songwriting came from a need to provide troubled adolescent group members with a success-oriented activity focused on self-expression. Over the course of several sessions, the adolescents created their own songs, following the six-step process implemented by Edgerton: lyric analysis and interpretation, music analysis, theme and style selection, lyric writing, music composition, and culmination. Edgerton concluded that “creative group songwriting seems to be especially effective in... increasing self-esteem and providing an outlet for self-expression” (p. 19). This multi-step approach may be ideal for clients or groups who will see a music therapist on an ongoing basis, but for others, more basic songwriting techniques may be more appropriate.

In a discussion of songwriting as a therapeutic procedure, Schmidt (1983) suggested that “at first, it would probably be wise to work from pre-existent melodies or to have the therapist suggest melodic material” (p. 5), because of participants’ varied levels of comfort and expertise at manipulating musical and melodic material. Suggestions for working within the boundaries of pre-existing melodies include fill-in-the-blank, a song collage, or a song parody. Fill-in-the-blank allows clients to substitute their own words or phrases into the song. A song collage is for use in a group in which every member writes down a favorite phrase from a song, and then manipulates each of the favorite phrases into a new song. A song parody encourages the creation of all new words to accompany a pre-existing melody. Each of these techniques can be employed to create a complete songwriting experience in a single session.

When Ficken (1976) used songwriting in a psychiatric setting, the techniques employed for lyric writing included substituting new words for specific words in popular songs, and producing a song parody. Song parody allows for clients to create a new song reflecting their thoughts, feelings, and interests within the confines of a single session. At the conclusion of the session, the therapist may make a recording of the song or give clients a written copy of the new lyrics. Freed (1987) noted the advantages of such strategies: The technique does not require extensive compositional skills, songs can be written within a single session, and songs written to familiar tunes can easily be

performed by the group members or music therapist for immediate reinforcement. Freed also noted the importance of providing individuals with copies of the lyrics they have just written because it serves as reinforcement and as a source for future reference.

Other researchers have found other therapeutic uses for songwriting. Cermak (2005) used song parody with cancer patients and their families to reduce anxiety and depression and to increase quality of life. Nguyen (2003) used the song parody technique working with end-of-life patients to create a song for a life review and celebration of life with their families. The present study uses song parody with caregivers of loved ones with Alzheimer's disease. The purpose of this study was to examine the utility of songwriting as a short-term coping strategy for caregivers of loved ones with Alzheimer's disease.

## CHAPTER II

### Method

#### Participants

Participants in this study were clients of the Alzheimer's Project of Tallahassee, or were referred to the researcher from professionals in the community. Participants' caseworkers presented them the option of receiving music therapy services in addition to other services provided by APT. On the basis of participants' affirmative responses, they were referred to the music therapist to take part in the study. Of the twenty-four participants, three were male and twenty-one were female, with ages ranging from thirty to ninety-one years.

Table 1

#### *Participant Demographics*

Group	Sex	Age range	Cares/cared for?	In home?	Loved one still living?
Cont.1	Male	70's	wife	no	no
Cont. 2	Female	70's	husband	yes	yes
Cont. 3	Female	70's	husband	yes	no
Cont. 4	Female	60's	mother	yes	yes
Cont.5	Male	70's	wife	yes	no
Cont.6	Female	50's	mother	yes	yes
Cont.7	Female	70's	husband	yes	yes
Cont.8	Female	60's	mother	no	yes
Cont.9	Male	40's	mother-in-law	no	yes
Cont.10	Female	70's	husband	yes	yes
Cont.11	Female	70's	husband	yes	yes
Cont.12	Female	60's	parents	yes	yes
Exp. 1	Female	90's	husband	yes	yes
Exp. 2	Female	60's	husband	no	yes
Exp. 3	Female	70's	husband	yes	yes
Exp. 4	Female	40's	mother	no	yes
Exp. 5	Male	80's	wife	no	yes
Exp. 6	Female	60's	husband	yes	yes
Exp. 7	Female	50's	mother	no	yes
Exp. 8	Female	60's	mother	no	yes

Table 1 - Continued

Exp. 9	Female	70's	husband	yes	no
Exp. 10	Female	50's	father	no	yes
Exp. 11	Female	30's	mother	no	yes
Exp. 12	Female	60's	mother	no	yes

### Materials

Instruments used in music therapy sessions included an Alvarez classical guitar and various rhythm instruments such as a hand drum, rhythm sticks, shakers, and egg shakers. A Dell Inspiron 1100, Dell AIO Printer A920, and embellished paper were used to produce copies of song lyrics for participants in the experimental group. A Sony V-O-R cassette recorder was used by the therapist to make recordings of songs written by participants in the experimental group.

### Design

The design included music therapy songwriting and music therapy counseling groups with pre-test and post-test data collection. The independent variable was the music therapy songwriting intervention. The dependent variable was the identification and utilization of short-term coping strategies.

### Procedures

After a referral was made for music therapy services, the music therapist worked with participants to schedule a convenient session time. At the pre-determined time and place, the music therapist met with the participant. After the participant signed an informed consent form and completed the pre-test Short-Term Coping Strategy Questionnaire, the music therapy session commenced.

The participants were randomly assigned to one of two conditions: music therapy counseling or music therapy songwriting. The songwriting group participants (N=12) received one music therapy session. The session began with the music therapist playing the participant's preferred music. After an initial period of time for developing rapport with the participant, the music therapist began to lead participant through reminiscence discussions. Topics discussed

included growing up, memories with their loved one, hobbies, etc. Next, the music therapist asked that the participant to identify a favorite song. Together, the music therapist and participant began to transform the memories and stories the participant had recalled into new lyrics to accompany the melody of the favorite song. After the song was revised with new lyrics, the music therapist presented the participant with a hand-written copy of the new lyrics, sang the new song, and made an audio recording for the participant. At the conclusion of the session, the music therapist arranged a time to meet participants again in order to present them with a printed copy of the lyrics on embellished paper and to collect the completed post-test Questionnaires. One week after the songwriting session, the music therapist presented the participant with a printed copy of the lyrics on embellished paper and collected the completed post-test Short-Term Coping Strategy Questionnaire (see Appendix D) and Music Therapy Songwriting Questionnaire (see Appendix E).

The music therapy counseling participants (N=12) also received one music therapy session. The session began with the music therapist playing the participant's preferred music. After an initial period of time for developing rapport with the participant, the music therapist began to lead participant through reminiscence discussions about life with their loved one. The music therapist then led a discussion about coping strategies and dealing with the highs and lows of the participant's current situation of providing care for their loved one. Coping strategies discussed included but were not limited to: engaging in pleasurable activities, continuing to participate in a support group, and making plans for the future. The session concluded with the music therapist playing what the participant identified to be his/her favorite song. One week after the session, the music therapist collected the completed post-test Short-Term Coping Strategy Questionnaire (see Appendix D).

## CHAPTER III

### Results

This study employed the use of two measurement tools: the Short-Term Coping Strategy Questionnaire which was used as pre- and posttest for the experimental and control groups, and the Songwriting Questionnaire which was used as a posttest for the experimental group only. The scores for participants' Short-Term Coping Strategies Questionnaires were calculated after numbers were assigned to the specific responses. The response "I have no strategies," was scored as a 1; "I could use more strategies," was scored as a 3; "I am satisfied with my available strategies," was scored as a 5. The numbers assigned to the response for each question were added together to yield a sum score for the questionnaire.

Table 2

*Sum of Control Participants' Scores from Pre- and Posttest Questionnaires*

Control Group	Pre Test	Post Test
Participant 1	17	17
Participant 2	15	19
Participant 3	25	25
Participant 4	19	19
Participant 5	21	19
Participant 6	11	17
Participant 7	25	25
Participant 8	23	25
Participant 9	13	21
Participant 10	5	5
Participant 11	15	15
Participant 12	19	21

*Note.* Higher scores are better

Table 3

*Sum of Experimental Participants' Scores from Pre- and Posttest Questionnaires*

Experimental Group	Pre Test	Post Test
Participant 1	23	25
Participant 2	23	25
Participant 3	23	23
Participant 4	15	21
Participant 5	21	21
Participant 6	17	17
Participant 7	25	25
Participant 8	17	19
Participant 9	25	25
Participant 10	19	21
Participant 11	23	25
Participant 12	19	19

*Note.* Higher scores are better

The results of a One-Sided Signed Rank Test for significance between the control group's pre- and posttest scores yielded a  $\rho$  value of .10. Because the  $\rho$  value was greater than the chosen alpha level of .05, there was not a significant difference in the pre- and posttest scores.

The results of a One-Sided Signed Rank Test for significance between the songwriting group's pre- and posttest scores yielded a  $\rho$  value of .01. Because the  $\rho$  value was less than the chosen alpha level of .05 there was a significant difference in the pre- and posttest scores.

A Wilcoxon Two-Sample test was performed to determine whether there was a significant difference when the results of the control group and songwriting groups were compared. The  $t$  value was .38. Because the  $\rho$  value was greater than the chosen alpha level of .05, there was not a statistically significant difference in the groups' pre- to posttest scores.

Songwriting participants completed an additional posttest questionnaire, The Music Therapy Songwriting Questionnaire, to identify how often they had listened to the recording of their song over the past week, and how often they had reviewed the lyrics of their song over the past week. Responses were scored one

to five, with one representing “never” and five representing “frequently.” The mean score for the songwriting group on how often they had listened to their songs was 2.66, which indicated that the group listened to their songs at least “once.” The mean score for how often the group reviewed the lyrics to their songs was 3.58, which indicated that the group reviewed the lyrics to their songs “more than once.” Table 2 demonstrates each participant’s individual responses.

**Table 4**

*Music Therapy Songwriting Questionnaire*

How often did you listen to the recording of your song over the past week?	
Responses	Number of Participants
Never	4
Once	0
More than once	5
Occasionally	2
Frequently	1

  

How often did you review the lyrics of your song over that past week?	
Responses	Number of Participants
Never	1
Once	1
More than once	4
Occasionally	2
Frequently	4

## CHAPTER IV

### Discussion

Pre- to posttest data indicated that both groups were able to identify and utilize more coping strategies at the posttest, although participants in the experimental group were able to identify and reported utilizing significantly more coping strategies pre- to posttest. However, when control and experimental group data were compared, there was no significant difference between the two groups' identification and utilization of coping strategies. In addition to the Short-Term Coping Strategies Questionnaire, participants in the experimental group completed the Music Therapy Songwriting Questionnaire. Data from this Questionnaire indicated that participants listened to their songs at least "once," and reviewed the lyrics to their songs "more than once" during a week period.

#### Limitations

The sample for this study was relatively small. Caregivers are busy taking care of their loved one and often do not take time for themselves. Thus, even when a referral was made for the study, not all potential participants were eager to sacrifice an hour of their time. A small sample size limits the opportunities for significant differences. For future studies, arrangements should be made for potential participants to be referred through multiple support groups.

This study was also limited by time. Each participant had only a week from pre- to posttest. More time between meetings might have given a better idea of how the music therapy sessions and songs functioned for participants over the long term.

Finally, the study was limited in how much time the researcher was able to spend with each participant. Each participant received, at most, one hour with the researcher. Although much can be accomplished in an hour, participants might have benefited from additional sessions, or combined sessions with their loved ones. Multiple counseling sessions might yield more significant difference in the pre- to posttest scores of the control group as well as the experimental group.

### Suggestions for Future Research

An explanation for the lack of significant difference between the experimental and control groups is the data itself. There was more variance in the control group than the experimental group. Standard deviation for the control group was 3.20, compared to 1.77 for the experimental group. Suggestions for future research include: a larger sample and a revised pre- and posttest. A revised Short-Term Coping Strategy Questionnaire should utilize a ten-point Likert scale on which participants would have more options for their responses. Instead of having only three choices to represent their feelings, they would be able to more accurately communicate their responses. The questions could also be worded differently as some participants reported the questions were confusing.

Nevertheless, there was improvement in both groups, with the songwriting group improving significantly. This finding suggests that music therapy songwriting was an identifiable and useful short term coping strategy for the caregivers. Additionally, there was an overwhelmingly positive response from the participants on the songwriting questionnaire. Although the songs were listened to or reviewed on average only “once” and “more than once,” respectively, the personal comments of the participants spoke to the positive influence of the music therapy songwriting experience.

#### Table 5

##### *Music Therapy Songwriting Questionnaire – Personal Responses*

In your own words, how did this recording of your song and the printed lyrics function for you over the past week?

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The time we spent talking about music has given me great pleasure...This remembering has brought to me time and time again how fortunate I have been in my life.

The music therapy session was fun. In thinking back over the years, music was always important to me.

Cheered me. Made me relive wonderful memories of my son as a small child, my deceased parents, my courtship and a happy marriage with a wonderful guy.

### Table 5 - Continued

They (the song lyrics) were a big help in resolving my anxiety over my wife's illness.

It was nice, very heartwarming.

I liked the song very much because it brought back so many memories.

It gives me a warm, comforting feeling to sing about personal memories. The experience of creating a personal song was joyful and uplifting!

It helped me to soak in the memories I shared with my mom before her Alzheimer's. It's so easy to just see her in her illness but that's not really the mom I grew up with and admired...I want to hold onto the lives and memories we shared.

Have played it (the tape) to my son here in town and will play it again when my other children visit.

I played it for my husband, my sister, and my best friend. It brought tears to their eyes. It made me happy and proud of my relationship with my mother... I told Mom I wrote her a song. Haven't played it for her yet.

I feel good about creating a song in honor of my mother at this time in her life."

I found myself adding to or changing lyrics to other songs. I think making music helps caregivers: relax, think, sleep, or even cry and lets us relieve STRESS!!!!

I sang it to myself many times.

I re-read the lyrics often and soon the familiar tune with my words were running through my mind during much of my leisure time. Additional verses are coming to mind.

Although I listened to the tape and looked at the printed lyrics only a few times (mostly to remind myself of the tune and words) I found myself frequently singing the song to myself.

### Table 5 - Continued

I know that the song and lyrics will even become dearer to me with time! I hope I will create more opportunities like this or write future songs to share with my mom or to help me cope.

This experience brought home to me the fact that I am somewhat depressed... music doesn't always lift my spirits, but it does take my mind off my situation.

---

Several themes emerged in the comments as participants explained how the songs they wrote served as a source of pride; they enjoyed sharing the recordings and lyrics with their family and friends. Another theme that emerged from participants' comments was the ongoing impact of the songwriting experience. For the most part, the comments written by the caregivers on the Songwriting Questionnaire were positive. Most participants seemed to be encouraged by the song they wrote and the experience of creation. However, some comments reflect that music therapy and songwriting did not function as a short-term coping strategy for all caregivers; instead, the process offered personal insight. In future implementation of this study, the researcher should be prepared for the different reactions participants may have to the music and the therapeutic applications such as songwriting. Some may laugh, others may cry. In some cases, participants may not interact much and prefer to simply relax and listen to music.

As indicated by the results, the mean score for lyric review was higher than the mean score for listening to the recording. It is possible that for some participants, the lyrics served as a reminder of both the tune and the words so that they could sing the song themselves, without the help of the tape. Also, as revealed later, not all participants had access to a tape deck to play the recording. In future studies, a CD or tape could be used for the recording, depending on the participant's preference.

Effective coping strategies seem to be a key for the long-term health and effectiveness of caregivers. Future researchers may focus on group sessions using a variety of music therapy applications or case studies of the effectiveness of

music therapy over a period of time with individual caregivers. A replica of this study should be performed using a larger sample. Another interesting direction to look would be a songwriting study in which the caregiver and their loved one participated together.

### Implications for Practice

Both the control and experimental groups seemed to benefit from the experience of participating in a music therapy session. For many participants, music therapy was an unfamiliar field, but one which made a memorable impression. Several participants recognized the benefits they felt from the session and began to make inquiries about how music therapy could function for their loved one with Alzheimer's disease. Such inquiries are a testament to the selflessness of many caregivers. Caregivers are typically thinking about what will help their loved one, and thus, have some difficulty in concentrating on what might help them personally.

As music therapists begin to work more closely with the caregiver population, several things may be addressed. It will be important for therapists to use the session as a time to teach caregivers to take time for themselves and to focus on their own needs. In addition to songwriting, guided imagery and relaxation exercises may be beneficial to caregivers, and future studies could look to these other applications.

### Conclusion

The purpose of the current study was to determine whether music therapy songwriting could be an identifiable and useful short term coping strategy for caregivers of loved ones with Alzheimer's disease. Based on the results of the present study and the personal comments of the songwriting participants, it can be suggested that music therapy songwriting has promise as a useful music therapy intervention for caregivers of loved ones with Alzheimer's disease.

**APPENDIX A**  
**HUMAN SUBJECTS COMMITTEE APPROVAL**



Office of the Vice President For Research  
Human Subjects Committee  
Tallahassee, Florida 32306-2763  
(850) 644-8673 · FAX (850) 644-4392

## APPROVAL MEMORANDUM

Date: 1/9/2006

To:

**Rachel Mitchell**  
1447 Stone Road # 54  
Tallahassee, FL 32303

Dept.: **MUSIC THERAPY**

From: **Thomas L. Jacobson, Chair**

Re: **Use of Human Subjects in Research**

**The effect of music therapy songwriting on the identification and utilization of short term coping strategies by in-home caregivers of loved ones diagnosed with Alzheimer's Disease/Dementia**

The forms that you submitted to this office in regard to the use of human subjects in the proposal referenced above have been reviewed by the Secretary, the Chair, and two members of the Human Subjects Committee. Your project is determined to be Exempt per 45 CFR § 46.101(b) 2 and has been approved by an accelerated review process.

**The Human Subjects Committee has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval does not replace any departmental or other approvals, which may be required.**

If the project has not been completed by **1/5/2007** you must request renewed approval for continuation of the project.

You are advised that any change in protocol in this project must be approved by resubmission of the project to the Committee for approval. Also, the principal investigator must promptly report, in writing, any unexpected problems causing risks to research subjects or others.

By copy of this memorandum, the chairman of your department and/or your major professor is reminded that he/she is responsible for being informed concerning research projects involving human subjects in the department, and should review protocols of such investigations as often as needed to insure that the project is being conducted in compliance with our institution and with DHHS regulations.

This institution has an Assurance on file with the Office for Protection from Research Risks. The Assurance Number is IRB00000446.

Cc: Alice-Ann Darrow  
HSC No. 2005.963

**APPENDIX B**  
**ALZHEIMER'S PROJECT OF TALLAHASSEE LETTER OF SUPPORT**

October 19, 2005

Dear Sir or Madam,

On behalf of the Alzheimer's Project of Tallahassee, I am very pleased to offer our full support and cooperation to Rachel Mitchell in her endeavor to research the benefits of music therapy on caregivers of persons with Alzheimer's disease.

It will be our pleasure to work with Rachel during the coming months to assist her in working with our caregivers. Her enthusiasm and interest in caregivers is refreshing, and I look forward to reviewing her research.

If you should require additional information, please do not hesitate to contact me personally.

Sincerely,

**Catherine R. Jones**

Catherine R. Jones  
Executive Director

**APPENDIX C**  
**INFORMED CONSENT FORM**

Informed consent form

**THE EFFECT OF MUSIC THERAPY SONGWRITING ON CAREGIVERS OF LOVED  
ONES DIAGNOSED WITH ALZHEIMER'S DISEASE/DEMENTIA**

I have been informed that Rachel Mitchell who is a candidate for the master of music degree in music therapy at the Florida State University has requested my participation in a research study at this institution.

The purpose of the research is to explore the effect of music therapy songwriting on in-home caregivers of loved ones diagnosed with Alzheimer's Disease/Dementia.

My participation will involve the completion of a pre- and post-test questionnaire and three meetings with the researcher in my home; I understand that the first of session will be a forty-five minute music therapy session and that on the second meeting I will be presented with lyrics and or an audio recording, and that on the third meeting I will turn in a final questionnaire to the researcher. I understand that non-participation or withdrawal from this study will not affect the services and care that I receive from the Alzheimer's Project of Tallahassee, Inc.

I understand that the researcher will write a song or poem for me based on the information I give the researcher in the initial session. I understand that I may not like the final product and will not hold the researcher responsible if I do not like the song/poem.

The possible benefits of my participation in this research study are a coping tool for myself and my family, and the identification of a therapeutic option/coping mechanism for individuals who are in-home caregivers of loved ones with Alzheimer's Disease/Dementia.

I understand that the results of this research study may be published but my name and identity will not be revealed. The researcher will do the following to maintain my confidentiality; Rachel Mitchell will be the only person with access to confidential

**information and at the conclusion of the study, any and all confidential information and/or personal notes/documentation will be destroyed.**

**Personal injury is not anticipated in this study, however in case of injury I expect to receive treatment or care which will be provided at my expense.**

**I understand that I will not be paid for my participation.**

**Any questions I have concerning the research study or my participation in it, before or after my consent, will be answered by Rachel Mitchell, 1447 Stone Rd. Tallahassee, FL 32303, 205-305-9979 or by Dr. Alice-Ann Darrow, School of Music, FSU, 850-645-1438.**

**If I have questions about my rights as a subject/participant in this research, or feel I have been placed at risk, I can contact the Chair of the Human Subjects Committee, Institutional Review Board, through the Office of the Vice President for Research, at 850-644-8633.**

**I have read the above consent form. I understand that I may withdraw my consent and discontinue participation at any time without penalty or loss of benefits to which I may otherwise be entitled. In signing this consent form, I am not waiving any legal claims, rights, or remedies. A copy of this consent form will be given to me upon request.**

**Subjects signature \_\_\_\_\_ Date \_\_\_\_\_**

**APPENDIX D**  
**SHORT-TERM COPING STRATEGY QUESTIONNAIRE**

## SHORT-TERM COPING STRATEGIES QUESTIONNAIRE

Please answer the following questions by circling the response that most accurately reflects your feelings.

**1) Do you have convenient strategies for short-term stress relief?**

I have no strategies      I could use more strategies      I am satisfied with my available strategies

**2) Do you feel that you have convenient strategies for spending purposeful time with your loved one without having conversation? (If not applicable, see 2a)**

I have no strategies      I could use more strategies      I am satisfied with my available strategies

**2a. Do you feel that you have convenient strategies for coping with the loss of your loved one?**

I have no strategies      I could use more strategies      I am satisfied with my available strategies

**3) Do you feel that you have convenient strategies for reliving positive memories with/of your loved one?**

I have no strategies      I could use more strategies      I am satisfied with my available strategies

**4) Do you feel that you have convenient strategies for finding comfort in time spent alone?**

I have no strategies      I could use more strategies      I am satisfied with my available strategies

**5) Do you feel that you have convenient strategies for taking brief respites from your role as caregiver?**

I have no strategies      I could use more strategies      I am satisfied with my available strategies

**APPENDIX E**  
**SONGWRITING QUESTIONNAIRE**

**MUSIC THERAPY SONGWRITING QUESTIONNAIRE**  
(Experimental)

Please respond to the following questions regarding your experience with music therapy.

**1) How often did you listen to the recording of your song over the past week?**

Never                  Once                  More than once                  Occasionally                  Frequently

**2) How often did you review the lyrics to your song over the past week?**

Never                  Once                  More than once                  Occasionally                  Frequently

**3) In your own words, how did this recording of your song and the printed lyrics function for you over the past week?**

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**APPENDIX F**  
**EXPERIMENTAL GROUP COMPOSITIONS**

# **MEMORIES**

To the Tune of "Wonderful Guy"

We sure had a wonderful time!

Music brings back wonderful memories

Marching band fun on the fourth of July

Popcorn parties and lots of noise making

"Sweet Lailane" in the jungle

Listening to records and playing Mah-Jung

The "Beer Barrel Polka" and forming a conga line

The first Christmas and "Silent Night"

Using music to teach students reading

Johnny Cash was a favorite choice

"How Great Thou Art" and the songs of the forest

Give my Spirit a Voice!

All the songs and the years and the joys and the tears,

These are music memories!

## **THINK IT OVER**

To the tune of "Stop! In the Name of Love"

Stop! For in the years of life  
And let's have fun tonight

Stop! Being down and out  
And let's go give a shout!

Think it over! Think it over!

Stop! What do you do for fun?  
Is there anything you've left undone?

Stop! Being oh so glum  
Because there's more to come!

Think it over! Think it over!

Stop! You just think you're through  
But there's still more to do!

Stop! These past fifty years  
You may have shed some tears;

Now! Is the time to live  
We've got much more to give!

Think it over! Think it over!

## **TALLAHASSEE**

To the tune of "Camelot"

A trip was made a long long time ago here  
Tallahassee was just small enough for me  
On board the Silver Meteor to Jacksonville;  
So much to see!

I took my little boy swimming at  
Wakulla Springs  
With Grandma and Grandpa we did many things  
We were so footloose and fancy free;  
In Tallahassee!

Tallahassee! Tallahassee! We swam a lot;  
It was so hot!

But when autumn came, in Tallahassee;  
A warm weather reprieve!

Then \_\_\_\_\_ came along to hear my LP's  
We dated three long years 'til I said "Yes"  
Through life we float along,  
with happiness our song  
In Tallahassee to this day,  
our love keeps going strong!

# Memory

To the tune of "Memory" from Cats

Midnight, not a sound from the pavement.  
Have I lost my memory? I am feeling alone.  
In my memory, the days gone by are fading away  
And my heart begins to moan.

Memory, all alone in the moonlight;  
How I long for the old days, when I functioned so well.  
I am yearning for the time I knew what happiness was  
Let the memories live again.

Now my future seems to beat a fatalistic warning.  
A helpless burden, I'm so tired and weary;  
Can anything fill this void?

Daylight, I will meet with my Savior.  
I will start life eternal, where I know no more pain.  
Through the valley, Your comfort will bring peace to my soul;  
And I'll dwell in your house forever.  
Look a new day has begun.

# Rock Around the House

To the tune of "Rock Around the Clock"

Moved in here just three months ago  
Lots going on here on Thoreau!  
Sometimes I feel like saying, "Whoa"  
We're gonna rock around the house tonight!

We've got a new telephone and DSL  
Some dish technology as well;

**Chorus: We're gonna rock around the house tonight  
We're gonna rock rock rock till the broad daylight,  
We're gonna rock gonna rock around the house tonight!**

There's a satellite on my TV  
Sometimes it's just too much for me;

Chorus

The aunts came to town, saw Mr. \_\_\_\_\_  
Had birthday parties all around;

Chorus

Hid the boxes away for another day  
We like to entertain and sometimes play!

Chorus

Now we're working hard both day and night,  
\_\_\_\_\_ does design and \_\_\_\_ likes to write,  
Chorus

\_\_\_\_\_ moved in too, and marked his spot,  
He likes to sniff and walk and bark a lot!  
Chorus

When evening comes we cool off then,  
We're reading on the porch again!  
Chorus

## Summertime

To the tune of "Summertime" from Porgy and Bess

Summertime, and the garden is blooming  
Impatiens everywhere, and the weeds are high.  
Lost my yardman, he's left me for the pool hall;  
So chin up momma, don't you cry!

One of these mornin's, gonna take off to Georgia!  
The mountains are calling, can't wait to be there.  
Cool summer evenings, sitting there by the fire;  
It's almost heaven, that's no lie!

## What a Wonderful You

To the tune of "What a Wonderful World"

I see eyes of blue, hair snow white  
A beautiful smile, what a lovely sight  
And I think to myself, what a wonderful you.

I remember all the laughter, and how much fun we had  
You were always there to help me, never said if you were sad.  
The children and the grandkids are always with you too.  
And what I really want to say is,  
I love you.

I see eyes of blue, hair snow white  
A beautiful smile, what a lovely sight  
And I think to myself, what a wonderful you.

## Memories of Mother

To the tune of "My Favorite Things" from The Sound of Music

Learning to sew with mother was fun,  
She showed such patience and pride when well-done!  
Getting the fabric and notions for work,  
Mother could always help us make a skirt!

Practicing anthems for church Sunday morning  
Mother, Dad, sisters, together performing.  
We practiced our parts as she played them all through,  
Making music together we all liked to do!

Family dinners; home-made projects; outdoor farm chores  
too...

We shared happy days doing things families do;  
Mother, remember that I love you!

# Happy Memories

To the tune of "Oh How I Love Jesus"

Oh I have happy memories  
From childhood to old age  
I'll soon celebrate eighty years old  
Oh how the time does go!

I remember Momma and time with Dad  
As I grew up in this house  
Singing, working, with time to play  
And loved it all the way!

I married \_\_\_\_\_ just six months,  
After we first met.  
We had four children, two boys, two girls,  
And I think they're the best!

My children grew up in the house  
Where I lived as a little girl.  
Since Dad was gone Momma spoiled them all –  
She thought they ruled the world.

Oh I have happy memories  
With new ones every day.  
With now eleven grandchildren,  
Oh what a special place!

# Butterflies

To the tune of "San Fransisco"

If you're going to Colorado  
Try to see a Magdalena Alpine.  
It's a black butterfly that lives above the tree line.

We went to Loveland Pass,  
And finally saw one there!

For those who go to Colorado,  
You must find all the coppers there...  
In fields of wild flowers on the mountain slopes  
Ruddy, Lilac, and Blue Coppers too!

Mom first had the interest, and now I continue,  
Ooh, fluttering motion...  
Now \_\_\_\_\_ and I travel, to so many places,  
Ooh, fluttering motion, colors in motion...

For those who live in Tallahassee  
NABA is a very special group!  
So much to see and to discover  
Butterflies open a whole new world to me!

## Such a Gift to Me

To the tune of "Lord I lift Your name on High"

Mom you mean so much to me

You have always been there for me.

A loving mother of four and wife,

You brought music to our lives...

You played the organ at church

But wouldn't give me lessons!

We went shopping instead, what fun we had!

You gave your life to loving kids,

What a blessing they received,

Mom you're such a gift to me!

# Going to the Farm

To the tune of "I will call upon the Lord"

I like going to the farm

Our little house is so relaxing.

My husband and I have fun and laugh like children

I'm lucky to still be so in love.

The Grandkids love it!

We plan picnics and hayrides;

And lots of get-togethers for our family.

Taking long walks,

And golf cart rides.

Checking out the pond,

It's all so peaceful.

**APPENDIX G**  
**RAW DATA**

**Raw Data from Pretest Questionnaire (Exp.= Songwriting participants, Cont.= Counseling participants)**  
**1 = I have no strategies, 3 = I could use more strategies, 5 = I am satisfied with my strategies**

<b>1) Do you have convenient strategies for short-term stress relief?</b>	
Exp. 1	5
Exp. 2	3
Cont. 3	5
Cont. 4	3
Cont. 5	5
Cont. 6	3
Exp. 7	5
Exp. 8	3
Cont. 9	3
Cont. 10	1
Exp. 11	1
Cont. 12	5
Exp. 13	3
Exp. 14	5
Exp. 15	3
Cont. 16	3
Cont. 17	3
Cont. 18	1
Exp. 19	5
Cont. 20	3
Exp. 21	3
Cont. 22	3
Exp. 23	5
Exp. 24	3
<b>2) Do you feel you have strategies for spending purposeful time with your loved one?</b>	
Exp. 1	5
Exp. 2	5
Cont. 3	5
Cont. 4	3
Cont. 5	5
Cont. 6	5
Exp. 7	3
Exp. 8	3
Cont. 9	3
Cont. 10	5
Exp. 11	5
Cont. 12	5
Exp. 13	3
Exp. 14	5
Exp. 15	3
Cont. 16	5
Cont. 17	3
Cont. 18	1
Exp. 19	5
Cont. 20	3

Exp. 21	3
Cont. 22	3
Exp. 23	3
Exp. 24	3
<b>3) Do you feel you have strategies for reliving positive memories with/of your loved one?</b>	
Exp. 1	5
Exp. 2	5
Cont. 3	1
Cont. 4	3
Cont. 5	5
Cont. 6	5
Exp. 7	5
Exp. 8	3
Cont. 9	5
Cont. 10	1
Exp. 11	5
Cont. 12	5
Exp. 13	3
Exp. 14	5
Exp. 15	3
Cont. 16	5
Cont. 17	1
Cont. 18	1
Exp. 19	5
Cont. 20	3
Exp. 21	3
Cont. 22	5
Exp. 23	5
Exp. 24	5
<b>4) Do you feel you have strategies for finding comfort in time spent alone?</b>	
Exp. 1	3
Exp. 2	5
Cont. 3	3
Cont. 4	3
Cont. 5	5
Cont. 6	3
Exp. 7	5
Exp. 8	3
Cont. 9	5
Cont. 10	3
Exp. 11	5
Cont. 12	5
Exp. 13	5
Exp. 14	5
Exp. 15	5
Cont. 16	5
Cont. 17	3
Cont. 18	1

Exp. 19	5
Cont. 20	3
Exp. 21	5
Cont. 22	5
Exp. 23	5
Exp. 24	3
<b>5) Do you feel you have strategies for taking brief respites from you role as caregiver?</b>	
Exp. 1	5
Exp. 2	5
Cont.3	3
Cont. 4	3
Cont. 5	5
Cont. 6	3
Exp. 7	5
Exp. 8	3
Cont. 9	5
Cont. 10	1
Exp. 11	5
Cont. 12	5
Exp. 13	3
Exp. 14	5
Exp. 15	3
Cont. 16	5
Cont. 17	3
Cont. 18	1
Exp. 19	5
Cont. 20	3
Exp. 21	5
Cont. 22	3
Exp. 23	5
Exp. 24	5

**Raw Data from Posttest Questionnaire** (*Exp.=Songwriting participants, Cont.=Counseling participants*)  
**1 = I have no strategies, 3 = I could use more strategies, 5 = I am satisfied with my strategies**

<b>1) Do you have convenient strategies for short-term stress relief?</b>	
Exp. 1	5
Exp. 2	5
Cont. 3	3
Cont. 4	3
Cont. 5	5
Cont. 6	3
Exp. 7	5
Exp. 8	3
Cont. 9	3
Cont. 10	5
Exp. 11	1
Cont. 12	5
Exp. 13	3
Exp. 14	5
Exp. 15	3
Cont. 16	5
Cont. 17	5
Cont. 18	1
Exp. 19	5
Cont. 20	3
Exp. 21	5
Cont. 22	5
Exp. 23	5
Exp. 24	3
<b>2) Do you feel you have convenient strategies for spending purposeful time with your loved one?</b>	
Exp. 1	5
Exp. 2	5
Cont. 3	3
Cont.4	3
Cont. 5	5
Cont. 6	5
Exp. 7	3
Exp. 8	5
Cont. 9	3
Cont. 10	3
Exp. 11	5
Cont. 12	5
Exp. 13	3
Exp. 14	5
Exp. 15	3
Cont. 16	5
Cont. 17	3
Cont. 18	1
Exp. 19	5
Cont. 20	3

Exp. 21	3
Cont. 22	3
Exp. 23	5
Exp. 24	3
<b>3) Do you feel you have strategies for reliving positive memories with/of your loved one?</b>	
Exp. 1	5
Exp. 2	5
Cont. 3	3
Cont. 4	5
Cont. 5	5
Cont. 6	5
Exp. 7	5
Exp. 8	5
Cont. 9	3
Cont. 10	3
Exp. 11	5
Cont. 12	5
Exp. 13	3
Exp. 14	5
Exp. 15	5
Cont. 16	5
Cont. 17	5
Cont. 18	1
Exp. 19	5
Cont. 20	3
Exp. 21	3
Cont. 22	3
Exp. 23	5
Exp. 24	5
<b>4) Do you feel you have strategies for finding comfort in time spent alone?</b>	
Exp. 1	3
Exp. 2	5
Cont. 3	3
Cont. 4	5
Cont. 5	5
Cont. 6	3
Exp. 7	5
Exp. 8	5
Cont. 9	5
Cont. 10	3
Exp. 11	5
Cont. 12	5
Exp. 13	5
Exp. 14	5
Exp. 15	5
Cont. 16	5
Cont. 17	5
Cont. 18	1

Exp. 19	5
Cont. 20	3
Exp. 21	5
Cont. 22	5
Exp. 23	5
Exp. 24	3
<b>5) Do you feel you have strategies for taking brief respites from you role as caregiver?</b>	
Exp. 1	5
Exp. 2	5
Cont.3	5
Cont. 4	3
Cont. 5	5
Cont. 6	3
Exp. 7	5
Exp. 8	3
Cont. 9	5
Cont. 10	3
Exp. 11	5
Cont. 12	5
Exp. 13	3
Exp. 14	5
Exp. 15	3
Cont. 16	5
Cont. 17	3
Cont. 18	1
Exp. 19	5
Cont. 20	3
Exp. 21	5
Cont. 22	5
Exp. 23	5
Exp. 24	5

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