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**Songwriting in the Nursing Home:
Transcending the Boundaries of Institutionalization through Music**

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The Home, a 430-bed skilled nursing facility, includes a brightly lit group of buildings connected by glass-walled pathways, smelling ever so slightly of soap. White-haired men and women line the walkways, bundled up in coats, shawls and blankets, sitting in wheelchairs near the aviaries in the sunshine. A makeshift café has appeared in the library, displaced from its usual home during an ongoing construction project. More elders, using wheelchairs or walkers, order coffee, soup, cookies and tuna sandwiches at the café. With regularity, the staff members provide the orders without requests, knowing well that this person prefers only half a sugar packet in his coffee, or that person need to have her sandwiches cut in tiny pieces that will accommodate dentures and swallowing difficulties. Half a dozen people sit around small tables and chat. Others browse the Home's gift shop, also squeezed into temporary quarters in the library. Volunteers bustle about, residents entertain their visitors, and activities staff mingle with them all.

Among the four hundred and thirty elders who live at the Home, between thirty and forty, at any given time, participate in songwriting groups. They have been meeting regularly in small groups over the last decade in order to create original compositions. In some groups, elders write both sacred and secular music, in others, they write music based upon psalm study. The tangible results include a professional CD (*Island on a Hill*, 2002), an award-winning documentary (*A Specially Wonderful Affair*, 2002), and two additional CDs' worth of privately recorded songs that the Home uses for sing-along groups. The opus consists of over forty recorded songs and more that are still in development. The singer-songwriter groups receive rave reviews from their participants, and the songwriters eagerly anticipate the arrival of Judith-Kate Friedman, the composer who runs the groups.

Songwriting represents an unusual but highly successful activity within this nursing home and, as such, provides an opportunity to examine the role of creativity for elders who have been institutionalized. Songwriting groups involve a relatively small proportion of people who live at the Home, with less than 10% of the population participating at any given time. The resulting music, however, has become part of the institution's social fabric, recognized by its community and spoken of with pride by elders, volunteers and staff members alike. Two of the songs have entered the "central repertory" (Nettl, 1995:118) of the Home, sung even by people with advanced cognitive impairment. In this chapter, I would like to take an ethnomusicologist's approach to songwriting in the nursing home in order to address a basic research question. How does the creation and performance of music enable institutionalized elders to transcend their increasing physical, cognitive and social restrictions?

The Nursing Home as Cultural Space and the Role of Music in the Creation of Culture

In order to understand the role of songwriting in the nursing home, I would like to first describe the institution itself as a regulated space and constructed community. Nursing homes have grown increasingly important in the delivery of long-term custodial care since the 1960s. Half of all adults over the age of 65 will spend at least a short period of time in a skilled nursing facility, yet most people dread the prospect of nursing home placement. Skilled nursing facilities operate under federal and state legislation that mandates standards for every aspect of resident life. Regulations, known at nursing homes as “F-tags” provide legal requirements for every aspect of nursing home care, from the administration of appropriate medication to the maintenance of dignity for those who live there. Nursing home ethnographers have discussed how, in this institutional setting, food loses its social function and gustatory pleasure and becomes a mere “diet” ordered by physicians (see Diamond, 1992; Shields, 1988; Stafford, 2003, for detailed discussions of transformation of social processes to medical orders). As people grow more dependent upon others for help with feeding, bathing, dressing and transportation, the number of medical orders grows and the regulation-required care plan includes increasingly detailed information about how and when to assist with them with their care.

The nursing home model resembles the medical model associated with hospital care because it derives from the same system, incurs medico-legal risks, and involves many of the same trained professionals. Populated by nurses, nursing assistants, physical and occupational therapists, visited by doctors,¹ and regulated as tightly as a hospital, the nursing home can easily slip into a model more suitable to acute illness management than long term care. Moreover, the

¹ The Home differs from most other nursing homes in that it has on-site physicians present five days a week. Usually the primary physician is an occasional visitor, often difficult to reach even by phone.

complicated medical issues faced by those who live there reinforce patriarchal notions that they are simply patients who require medical treatment and safety protection.

In stark contrast to the regulatory and medical requirements of nursing homes, the men and women who live in nursing homes and many who work and visit them state strong preferences for a more homelike model of care. Many care recipients and providers, myself included, would eagerly trade a greater risk of falling for increased freedoms and mobility for those who live in nursing homes. A growing movement to “change the culture” of nursing homes aims to adapt the regulations in order to accommodate a more homelike environment (Barkan, 2003; Thomas, 2003). Positioned on the threshold between hospital and home, the nursing home becomes a contested cultural space, in which competing values play out in the events of daily life (Vesperi 1995). The nursing home has become, as Stafford puts it, a “crucible for meaning-making” (Stafford, 2003), as its inhabitants struggle to make sense of the ambiguity of the cultural space..

As they enter into the nursing home, *people* from the community become *residents*² of the institution, but they carry with them their belief systems, values and experiences as adults in society. Residents continue to behave first and foremost as men and women, refusing to yield passively to role thrust upon them by a medical model of care. Elders in nursing homes do not submit politely to new roles as voiceless compliant recipients of care. Nursing home ethnographers have found that elders living in nursing homes resist submission through techniques that range from the use of irony (Vesperi, 2003) to the refusal to eat intolerable food

² The term “resident” is the problematic term for a man or woman living in a nursing home or assisted living facility. It replaces the previous term “patient” and the even more problematic term “inmate,” but fails to overcome the fact that “resident” is a marker for “other,” or “them,” and remains a way to keep barriers in place. Not infrequently, I have heard people introduce themselves as “just a resident,” rather than by name or background. The term is used here for the sake of clarity only.

(Diamond, 1992) to the use of shouting to obtain assistance (Kayser-Jones 1981). At the Home, where the care is decent, the food is rather good, and the staffing is acceptable, residents actively partake of opportunities for community participation and individual growth. English-speaking residents submit poetry and articles to the monthly newsletter. Cognitively-intact residents participate in book clubs, a comedy workshop, political discussion groups, reminiscence activities, and Judaic studies with the Rabbi in residence. Scheduled activities such as bingo, black jack, afternoon “smoothie” breaks and an afternoon coffee bar take place regularly. Those who have cognitively impairment also receive opportunities to participate in sensory, creative and reminiscence activities, adapted to their varying abilities. And throughout all of these activities, music permeates the Home.

Unlike other facilities, the Home has over 60 hours of music and arts activities scheduled each week. More concert performances and studio time exist than any one resident could possibly attend. The music involves concerts given by and for the residents, chorus rehearsals, visiting musicians and, of course, sing-alongs. Some sing-alongs are sung *a cappella*, others are accompanied live with guitar or piano, and still others are carried out in accompaniment to recordings or video-karaoke. When residents are able to read, they are often provided with songbooks or lyric sheets in large print. At the Home, music plays an inordinately large role in residents’ spiritual lives, utilized in Shabbat services each Friday night, at the High Holy Days, and in celebrations of Sukkot, Channukah, Purim, Israel Independence Day, and all festivals. In addition, there is an annual resident show and a summer arts series. Classical music can always be heard in the art studio, open 30 hours a week, and even the cable television includes a music

channel. Nursing and activities staff create opportunities to dance with the residents on a daily basis, and musicians play frequently both as staff members and as visitors or volunteers.

In medicine, our interest lies in therapeutic interventions and their outcomes. In music therapy, similarly, the rehabilitative and habilitative aspects of music are stressed. Music therapy studies among geriatric populations frequently address aspects of a fundamental research question: can music make people healthier or happier? Studies in the medical and music therapy literatures suggest that music has a role to play in assisting with walking patterns (Clair, 2006) and eating habits (Nijs, de Graaf, Kok and Staveren, 2006), and plays a particularly important role for residents with dementia (Norberg, Melund and Asplund, 1986; Sixsmith and Gibson, 2007). The literature is advancing rapidly as researchers find new ways of examining the relationships between music, functional status and cognition.

In ethnomusicology, however, we have less interest, overall, in exploring outcomes (for example, weight gain, mortality or validated life satisfaction measures). Instead, we have more interest in the creation of meaning and with musical and cultural processes. In his classic study, *The Anthropology of Music*, Alan Merriam divided up music into three components, each essential to the understanding of the role of music in culture: the *sound* classified as music, the *behavior* associated with music-making, and the *concept* underlying the entire process (Merriam, 1964: 32-33). Though ethnomusicologists have since branched out into territory that is more typically held by linguists, social theorists, philosophers and other humanities disciplines, we nonetheless maintain an abiding interest in the music itself, its performance context and the ideas underpinning the musical processes (Nettl, 2005).

Forty years after publication, Merriam's tripartite division of music can be seen to work well as an analytic approach to music at the Home, where music functions as a central aspect of the community's social life, rather than as therapy for residents. At the Home, music is used as an opportunity to reach across the divide between those who live at the home, those who work there, and those who visit.³ Each of these groups consists of heterogenous populations, differing in functional and cognitive abilities, in ethnic heritage, in professional training, and in roles within the community. It is a nearly impossible situation in which to build a sense of community, and in many nursing homes, such a community is never found (Shields, 1988). I assert that it is through music performance that a sense of community, or of neighborhood (Appadurai, 1996), emerges. From this vantage point, songwriting offers a particularly rich vantage point from which to investigate the creation of meaning for elders living in institutional settings.

Behavior: Songwriting as Process

The songwriting process itself represents an unusual form of music composition. Brought to the Home by the founding director of Songwriting Works,™ Judith-Kate Friedman, in 1997, songwriting takes place as a “facilitated group process” (personal comm. Friedman, 2004). Here the Merriam model allows us to distinguish behavior from *concept*, as Friedman states explicitly, “The intention is always to write a good song. That's what's leveraging the empowerment of the participants” (pers. comm. Friedman, 2007). The concept does not differ particularly from the

³ Shields made the distinction between those “who live there” and those “who work there” (Shields, 1988: dedication) and this division, when expanded to include families, visitors, doctors and volunteers, who visit, makes for an inclusive way to think about the heterogenous members of this artificial community.

goals of most songwriters, “to write a good song” but the facilitated group process, or *behavior* in the Merriam model, differs greatly from normative American compositional techniques. In contrast to compositions written by lone composers, by groups of songwriters, or by members of a band, songs at the Home are created by non-musicians in collaboration with a facilitator.

Friedman enters into the groups as the facilitator, the member of the group who functions as an expert. She has extensive experience as a composer, bringing with her a good ear, solid piano and guitar technique, a lilting soprano voice, and a strong sense of humor. She utilizes a combination of intentional patterns and improvised responses to the participants. The participants bring to this partnership a lifetime of experience and memories, and a curiosity and interest in learning how to compose songs. The age of the group is well over 80, so each participant also brings a history of grief and loss. They have outlived friends and family, and issues of physical or cognitive decline, and loss of economic or social supports have frequently entered into the decision to live in a nursing home. The group involves a rich mix of emotional, historical, and musical experience, because even those who call themselves non-musicians have been listening to music for many decades.

Friedman facilitates both sacred and secular songwriting groups at the Home, where all of the residents are Jewish. In the secular songwriting groups, the session starts with a repeat of the musical material from the last session, often sung as a *niggun*, a textless melody, or sometimes prayer, sung to the vocables “la” and “lai.” If a text has been composed already, she may segue directly into a verse once everyone is singing along with the *niggun*. An exception occurs on days when a new song is about to begin, and then group starts with introductions and

brainstorming about topics. On one such day, Friedman began by reciting the most recent composition, a poem set rhythmically but not melodically. The group responded in a fairly typical fashion, with everyone commenting at once, the ideas and expressions coming in fairly quick succession. While the text is transcribed in linear fashion, each of these statements overlapped slightly with the one before, as several women responded to Friedman's performance of the new composition. Commentary is placed to the side in brackets as needed for clarification. As Friedman finished reciting the song "Time," the first elder responded:

Rachel:⁴ "That's nice."

Judith-Kate: "We always like to recap."

R: "You should set it to music."

J-K: "In March we'll talk [segues into discussion of today's group and the goal of starting a new song].... What would you like to write about?"

Bea: "Your life."

J-K: "My life?" [she looks surprised]

B: "Your dating life."

J-K: "Mine?" [now she looks mildly horrified but still manages to smile]

Susan: "It's very nosy."

Nellie: "I just like everyone."

R: "I want to write about Purim." [at this point murmurs of gentle agreement swell and the women nod their heads at this suggestion]

J-K: "What do you like about Purim?"

⁴ All names used are pseudonyms, with the exception of the composer, who waived her right to confidentiality.

Friedman's last question leads to a rush of answers, which she quickly captures on a whiteboard for future reference and to encourage the brainstorming. They include: "dressing up, Mr. Haman, Mordechai, Esther, Achasverus, Vashti," and more. As she finishes writing, she asks "What do we do at Purim?" which leads to a second flurry of responses, some on topic and some completely unrelated. This group of women, some in wheelchairs but extremely insightful and highly educated, others ambulatory but struggling with dementia, come together over a single task. Occasionally, the unrelated comments like "I just like everyone," provoke comments of annoyance, but in general the group works collaboratively. Over the next hour, Friedman uses frequent repetition of participant's names and their statements in order to encourage participation, and residents begin to build on one another's ideas. With a whiteboard and colored pens, she captures verbatim quotes, and then asks more directly as the whiteboard fills, "somebody give me a line."

When three lines appear in quick succession, "Haman was the enemy," "Haman was greedy," and "Haman was a louse", she responds by saying "if we say louse, we need a rhyme," to which the women respond with louse, mouse and house. A few minutes later, they have transformed the ideas into a couplet. "Haman was an enemy, a greedy man, a louse. He wanted to kill the Jews in every house." When Friedman asks how the verses will scan, one of the "tunesmiths" in the group sings in response, fitting the words to a part declamatory, heavily rhythmic melody. By the end of the hour, the group has composed a near-complete chorus, an intact verse, and the start of several other verses. They wrap up the session with Friedman singing and reciting the work in progress, recording it for the next session:

Friedman singing:

Life is like Purim
Sometimes a masquerade
Sometimes a party
Sometimes we are afraid [Chorus]

Haman was an enemy, a greedy man, a louse
He wanted to kill the Jews in every house [Verse 1]

Friedman speaking:

Esther told the king the truth
Haman wants to kill the Jews
This means he wants to kill me too
And my uncle, Mordechai
Who saved your life, you didn't die

In every generation there's a Haman
No matter what we name him

Vashti had high standards
She never pandered
Something good—bad—happy—sad
Ups and downs

Susan speaking, adds

Esther was very smart. She wormed her way into the king's heart.

Songwriting sessions have a number of shared behaviors, differences are minimized, a spirit of collaboration and validation is fostered through the individual recognition of participants and their contributions. Repetition of melodies and text help to link one session to the other and encourage the participants to sing along as they learn the new material. In the session abbreviated above, repetition occurred verbally as Friedman repeated each brainstorming item, visually as she wrote them down, and then were reiterated as she re-read the whiteboard and recorded the contents at the end of the session. In the following session, she began by playing that final recording and having everyone sing the chorus. This behavior is by now expected, and the groups participate wholeheartedly in the process.

Every second or third session, Friedman also teaches songwriting techniques. She usually introduces each technique only after it has occurred spontaneously during brainstorming, and then introduces concepts like rhyme scheme, scanning, repetition, chorus construction, bridge development, and overall musical structure.

Over the course of a songwriting group, two behaviors become increasingly apparent. First, the residents become increasingly animated, smiling and throwing new ideas into the mix. Friedman has noted that residents who otherwise ignore one another will interact vigorously while composing songs. Second, particularly on floors where participants have multiple illnesses, nurses routinely interrupt the groups in order to check blood sugar levels, to administer eye drops and to provide medications. These *medical* moments are soundly ignored by everyone present except for the person receiving the “treatment” who may respond by blinking her eyes and

saying “that feels better” or “that stings” after the eye drops, or by looking away from the white board and down at the gauze with the drop of blood on her finger. These interruptions do not happen on the floor where everyone is “high-functioning,” and where the group takes place after the morning medicines and before lunch. Instead they happen for anyone unlucky enough to have an afternoon treatment scheduled during the time of the song sessions..

The secular singer-songwriter groups are modeled after the original Songwriting Works™ approach, but Friedman has altered this approach in a collaborative project that she has been working on with the Rabbi-in-residence at the Home. Their joint group, “Psalms, Songs and Stories,” has what Friedman calls a “text-based” start to songwriting, which offers different avenues of exploration utilizing a very similar group compositional process. The Rabbi has written about this process in an anthology on pastoral care and described the process succinctly in a newspaper interview. “It’s about a rabbi in the Jewish Home doing pastoral care, using music and Bible on a group level. From the point of view of Judith-Kate Friedman, it’s a song-writing group, but the two of us together are doing something very different.” (S. Friedman, 2004). In further discussion, he has stated that it has been an extremely productive collaboration, leading to new insights for all of the participants, including himself, with respect to psalm study.

In these groups, the Rabbi first introduces the residents to a particular psalm. As a scholar of the psalms, he has collected translations, recordings and interpretations of the psalms for the last thirty years. He incorporates a selection of translations and poetic interpretations along with the original Hebrew in a booklet with a provocative image on the cover. The conversation then begins in a modification of his approach to group pastoral care and Friedman’s approach to

songwriting. As a group, they read the psalms and poems, discuss the significance to each of them, and begin to generate text. In these groups, the first few sessions of any given song may be devoted primarily to psalm study. Throughout the process, the Rabbi captures teachable moments in order to refocus attention onto the biblical study and to allow for new interpretations to emerge. Friedman, meanwhile, links the sessions together with the use of whiteboard and tape recorder. She uses the techniques of the regular songwriting groups in order to encourage the development of text. As sessions continue, she begins to ask questions about melody and sound in order to encourage the development of melodic motives for future elaboration. Once a song begins to emerge from this group process, the Rabbi makes fewer references to the packets, although group members hold them and read them, and the process begins to resemble more closely the approach of the non text-based groups.

Finishing the songs takes place similarly in the original and the co-facilitated groups. At some point, a formal structure emerges in the piece, and Friedman's questions become more directed towards song construction. She may sing the song and replace the "missing line" with the now-familiar vocables "la" and "lai," and ask directly what text belongs in the missing space. Or she may note that there are three verses in existence and that the group might want to consider a contrasting melody to fit before the last verse. She discusses song structure more explicitly in order to test for consensus and to make sure that the result reflects the intentions of the group. She then challenges the groups to fill in what they identify as missing pieces. Participants generally rise to these challenges, and even participants who self-identified as "poets" may suddenly find themselves in the role trying to compose a tune. All melodies are, received

enthusiastically by Friedman and then sung back to the group until they can all sing along with her.

The entire process is kept relatively continuous, with much verbal acceptance even though the facilitator is continually filtering the contributions through her experience of writing “good” songs. When the melody is complete, however, the process becomes more opaque. While I once observed a resident composing the accompaniment at the piano, there have been no accomplished piano players present since I resumed observing the groups in August of 2006.

The process of writing harmony involves more technical skill than the current groups possess, so Friedman solicits input through a variety of approaches. Sometimes she sits at the piano and asks the group about the sounds of different chords, other times she speaks in the abstract with the group about their preferred orchestration, and on some occasions has discussed orchestration possibilities with other colleagues. It is difficult to tease apart the degree to which the final versions reflect the musical voice of the facilitator or those of the participants, but the body of songs appear to be largely distinct from Friedman’s own compositions. Perhaps most importantly, it is clear that the residents have a strong sense of ownership and pride in the final products. Many note that they never expected to learn how to compose songs, and certainly did not expect to do so in a nursing home.

Sound: The Music of a Small Community

In many ways, despite its institutional regulations, a nursing home functions as a community that consists of three groups of people: those who live there, those who work there, and those who visit. As a community we can think in terms of a common repertoire. Much as Nettl

advocates for the inclusion of songs like “Happy Birthday” and “Auld Lang Syne” in the common repertoire of Midwestern schools of music (Nettl 1995) we can examine the common repertoire of the Jewish Home. Within this communal songprint one finds few songs that everyone knows, because the members of this community come from around the world: nursing staff is disproportionately Pacific Islander or Asian; residents are disproportionately white English speakers or “Russian speakers” (the gloss for émigrés from the former Soviet Union), but a handful of songs are known to many and can be considered to be part of a common repertory. Best known of all appear to be “Dayenu,” “Bei Mir Bist Du Schoen” (in Yiddish or English), and “Hava Nagila,” followed closely by a core group of songs classified as “Jewish,” “Russian,” or “American.” Two of the songs written by residents over the last ten years have entered into the core repertory of the Jewish Home, and are acknowledged with pride to be part of the “Jewish” music of the Home. In the section that follows, I would like to focus briefly on these two songs in order to discuss the sound of the music. Both can be found on the CD published by the Home (*Island on a Hill*, 2002). They serve different musical functions, and are performed in different settings, but each is known to staff, cognitively-intact residents and even some of the residents who have severe memory impairment.

“It’s Chanukah Tonight!”

If you walk into the Home any time after Sukkot and begin to sing the haiku “A sheyne medyl is looking for her dreidel. Is it Chanukah?” you will hear an immediate response of “It’s Chanukah, tonight!” sung by residents and staff alike. The only song in the common repertoire of this community that generates a more enthusiastic response is “Hava Nagila,” which most residents have sung since childhood. It is traditionally performed each year at the Chanukah

show as well as on all of the floors throughout the holiday. The CD recording reflects the wishes of the original composers, who wanted it to be accompanied by a klezmer band, introduced by a wailing clarinet and then sung by Friedman and the songwriters. While the songwriter group determined the orchestration, the initial wailing clarinet line was created by the performer. In sing-along performances, the introduction is often abbreviated to a few strummed guitar chords or omitted entirely. In concerts, the staff violinist plays a semi-improvised introduction in place of the clarinet. Even sung on the designated units for residents with moderate to severe dementia, residents as well as staff sing along with the refrain “It’s Chanukah, it’s Chanukah, it’s Chanukah, tonight!” With copies of the CD on each floor, it has become part of the sonic landscape as well as the central repertory.

“You Take Me As I Am”

“You Take Me As I am,” in contrast to “It’s Chanukah Tonight!”, was written on the Garden Unit, one of the dementia floors. According to Friedman, it was the first song written by that group, written in part to thank the institution. She noted the significance of this song as the first song composed, because it represents a tribute to the Home, where elders felt accepted for who they were and not for who they had been previously. The use of a first song as a way of giving thanks and giving back to an institution occurs frequently in this type of compositional setting (Friedman, pers com 2007), and occurred in both of the original groups at the Home. “You Take Me As I Am” has traditionally been the first song Friedman sings at her Garden Unit sing-along, and several of the nursing assistants know it well enough to sing along with her. More suprisingly suprisingly, so do several of the elders who live there. It is unclear how often the

residents hear this song. It may be heard only when Friedman makes a monthly visit, but it is likely that the nursing assistants sing it at other times.

In order to see how good spontaneous recall of this song might be, I sang “You Take Me As I Am” with one resident as we walked to his seat in the dining hall one day at lunch. In order to briefly introduce the song, I first asked, “Do you remember ‘Take Me As I Am?’” When he nodded, I then sang, “Take me as I am” to the melody of the first line. Without missing a beat, he sang back “Take me as I am,” using the melody of the second line and leading us to sing “Just being with you is enough for me-e” in tune, in time, in unison.

[insert example 1]

This man has severe dementia deficits and was not present when the song was written. He has a disease process traditionally thought to preclude new learning, yet he has clearly learned the chorus to this song. In the medical literature, only scattered case studies discuss the phenomenon of new song acquisition (Braben 1992 is the first of these). Yet several of the residents on the Garden Unit have added “You Take Me As I Am” and “It’s Chanukah Tonight!” to their personal song repertoires (one of the activities coordinators notes that they have learned a few Michael Jackson songs as well). Friedman has known for years that people with advanced dementia can not only compose new music, but remember it as well. “You Take Me As I Am” seems ideally suited for learning. It has a catchy, lilting, diatonic melody in waltz time, and carries a text laden with meaning for those who struggle with impairment. The song resonates with the staff as well, and another activities coordinator considers it a favorite. “There’ll be no

weeping, about housekeeping” in the first verse routinely generates smiles from the nursing staff who are listening and singing along, as well as a few of the residents on the dementia floor.

The song has interesting features both in terms of the way in which it is sung and the lyrics contained. With respect to the sound production itself, it is typically sung to a strummed 3/4 waltz line in diatonic harmony on guitar with small ritardandi at the end of each of the two verses. Interestingly, the vocal line lies just behind the guitar beat, much in the way that a Plains Indian song in terraced descending form is sung just behind the drum. In the case of “You Take Me as I Am,” the effect resembles the slowed speech production of many of the residents. This effect is noticeable only when guitar accompaniment is present. Sung unaccompanied, it sounds like a straight triple meter.

Concept: Locality, neighborhood and space

Before discussing the ways in which residents transcend the institutional setting, I would like to address the setting of the nursing home itself using Appadurai’s concepts of “locality” and “neighborhood.” Appadurai unmoors locality and neighborhood from spatial and geographical underpinnings, which offers a more helpful way of viewing the residents of institutional care facilities. In this view, locality is viewed as “relational,” encompassing the feelings of locality and connection without the prerequisite that everyone share the same physical space. Similarly, neighborhood refers to the “social forms” rather than the space in which locality is enacted by its participants (Appadurai, 1996).

Using this approach, the nursing home can be viewed as a purely physical space in which new relationships must be negotiated by the “residents.” It is a village, with residents who, because of either physical or cognitive decline, have become unable to manage in the community and who now find themselves within a socially marginalized space. The nursing home is also inhabited by people who work there, and is visited by volunteers, doctors, friends and family. The space of the institution becomes the common denominator for people whose localities and neighborhoods were formed prior to their admission into a nursing home, and therefore outside of the space of the nursing home. Neighborhood, with its socially reproducible qualities, becomes both a social form associated with life prior to institutionalization and an artificial construct within the new surroundings.

As people in the community become *residents* in the nursing home, they enter into a space in which visitors, professional and social alike, actively engage in the process of creating a new neighborhood, a constructed culture defined by “homelike” qualities. Activities programming staff, nursing assistants and family members are all engaged in these localizing events.

Activities staff members, through scheduled activities with residents, attempt to foster feelings of community and togetherness, and to provide social and intellectual stimulation to residents who are now physically isolated from their old neighborhoods. Nursing assistants, through their integral role in dressing, bathing and feeding residents, have direct control over resident lives. Nursing assistants can emphasize either the homelike or institutional qualities of the Skilled Nursing Facility. Families, through visits and phone calls, provide the closest link to the primary neighborhoods of the residents.

Transcending the Limitations of Institutionalization

When residents engage in writing songs, they draw on the experiences of their entire lives, not merely their time in the institution. However home-like, the Home attempts to be, it remains a skilled nursing facility with all of the attendant regulatory requirements and restrictions.

Through music, residents are able to stretch beyond those confines, to learn a new skill, to create music, to give back to their communities and to be productive. They engage in a localizing process, and are able to create a temporary sense of neighborhood. The resulting songs have served the additional feature of enabling the songwriters to reciprocate in a meaningful fashion, a level of productivity typically denied to nursing home residents. The participants have brought the Home national recognition and acclaim, and provided their neighbors within the institution with music. The CD is currently for sale in the converted library, still bought by visitors to the home even though it was produced 4 years ago. That two of the songs, “Chanukah Tonight” and “Take Me As I Am” have become part of the community repertoire, one as a holiday celebration and the other as a tribute to the Home speaks to the value of the songwriters’ creative contributions. This year, the video documentary of the making of the CD won the MetLife Foundation/American Society on Aging MindAlert award for innovative programs that enhance mental fitness for older adults with cognitive impairments, and this has become an additional source of pride and accomplishment for the residents. The elders, in the roles of tune-smiths and poets, have contributed an identifiable piece of the community identity (often called the institutional culture) and for one hour a month are drawn into a process that takes them out of the realm of daily life and into a world of truth and belief, experience and reality. Songwriting in the nursing home is not a mere activity, it is an opportunity for intellectual, artistic and spiritual

growth for its participants. As such, it fosters a real sense of neighborhood and transcends the artificiality of the institutional life.

Conclusion

In the Home, those who live there share a Euro-American heritage, and are simultaneously bonded by a shared identity of “Jewishness” but divided by widely divergent spiritual beliefs, family traditions, economic backgrounds and even language differences. They have been thrown together in an institution by a wide variety of issues including physical decline, cognitive decline, loss of social support networks, and loss of economic support. Yet music functions in this institution as a localizing event, helping to draw people together and foster a sense of neighborhood. Songwriting represents the most unusual of all of the music events at the Home, and is one of the most powerful opportunities for remaining vital, creative and productive. When strangers from different outside communities interact in songwriting groups, they form a new community bonded by a common desire, to write a good song. They engage in the production of heritage in the way expressed by Kirshenblatt-Gimblett, by producing “something new that has recourse to the past” (1995: 370). As songwriters, the participants reminisce, explore, and expand their biblical knowledge. They compose songs about relationships, vacations to Hawaii, love affairs, food and faith. They discuss the central role of chicken soup in the Beat poem “Jewish Penicillin,” and pass on their heritage through the instructions of “Recipe” and the accompanying song “Gefiltefish.” These men and women escape the confines of wheelchairs and impaired memories by creating things that are new and which capture their knowledge and experience. For an hour at a time, they can stop being “residents” and be students, tunewriters, and poets. As one songwriter says, “It’s lifelong learning, all the time.”

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Barbara K-B quote: "Heritage is not lost and found, stolen and reclaimed. Despite a discourse of conservation, preservation, restoration, reclamation, recovery, recreation, recuperation, revitalization, and regeneration, heritage produces something new in the present that has recourse to the past" (1995: 369-370).

Rice "subject-centered musical ethnography"

Abu-Lughod "writing against culture."

white paper website:

www.uwm.edu/.../What/confpapers_slides/creative_expression_and_dementia_care_whitepaper_jun06.pdf