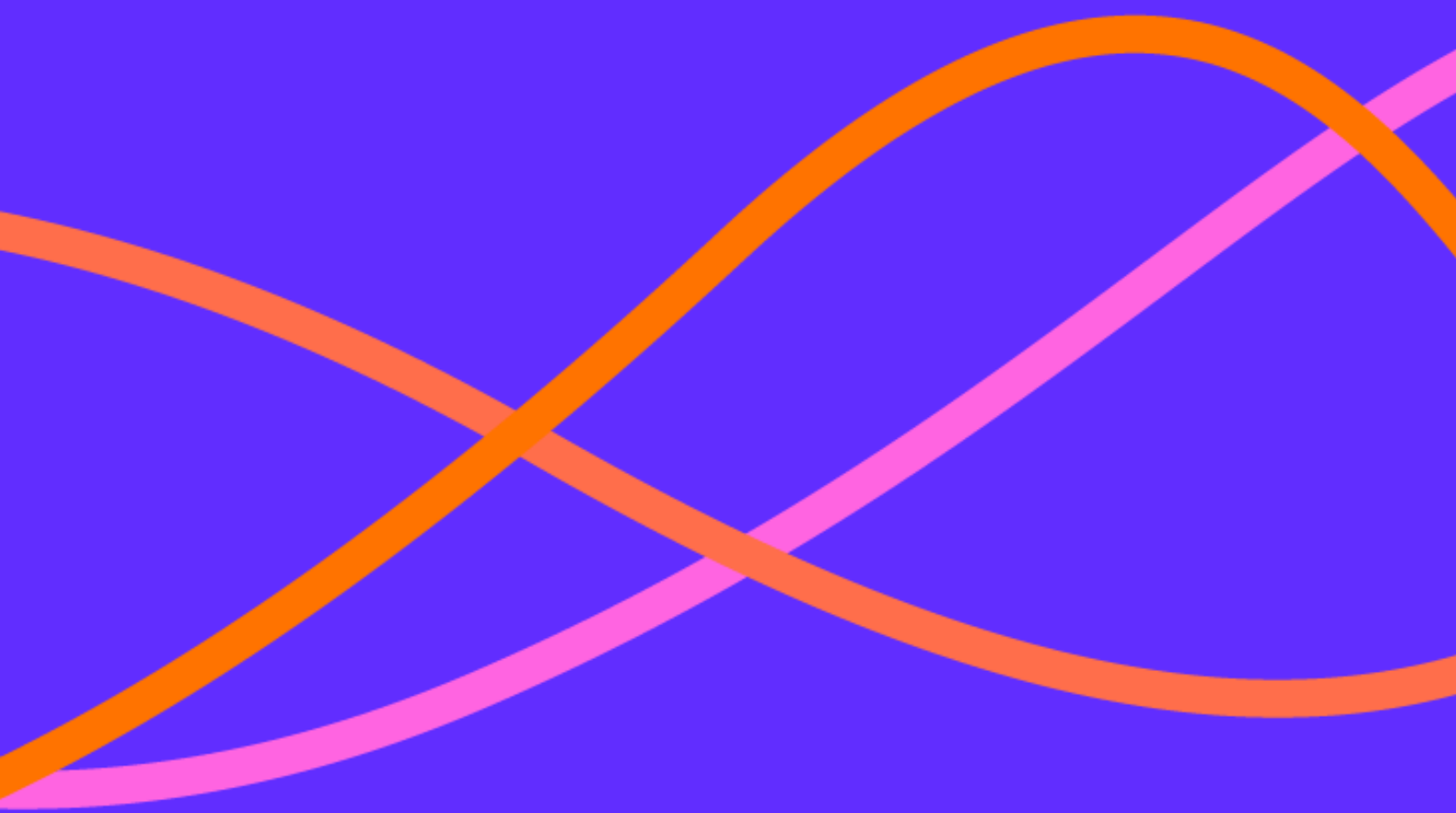


# **Through the Ripples: Music Therapy at a Dementia Day Centre**

## **Research Report**



**NORDOFF & ROBBINS  
MUSIC THERAPY**

This report has been prepared by Dr Fatima Lahham as part of the Nordoff & Robbins research team.

The project received ethical approval via NRREC in March 2025, and fieldwork began shortly afterwards, finishing in May 2025.

## Introduction

### **'when the music comes out, that's when it really happens'**

At the end of this project, I went back to the day centre to present my report. E, the day centre manager of 19 years spoke about how important music is in her work and explained that her musical emphasis in dementia care work comes directly from a particular experience she had working for 9 years with a service user. She explained – 'She [the service user] was non-verbal, but when the music came on, full lyrics! That was the first time it struck me – the power of music, the joy!'

Living with dementia can often cause a loss of dignity and agency for the person affected, but music offers opportunities for taking that agency back; as E said, 'when the music comes out, that's when it really happens.'

Acknowledging the difficulty of dementia care work, she continued 'the music enables us to feel there is something we can do for them.' The musicality of the day centre this article focusses on really sings through this report and is important to highlight. In E's words: 'Music is one word...but how you apply it, we could be going all day.' This really resonates with what I observed in my work at the centre: music is built into nearly all activities, conversations and care work in the space and is a way of being, an approach that can be felt by all who attend and participate in any way.

This report combines writing with some of the sketches and drawings I generated as part of the project. Vignettes from my written notes are shared alongside illustrations that are taken from my sketchbook, and my analysis is added alongside. It is my hope not only to offer critical reflections on the ripple effect and on music therapy in dementia settings, but also to play with how we produce and receive information and ideas about these things, by weaving in visual elements and embracing a narrative approach to case studies.

# Summary

## What is this report about?

This report offers some reflections on the 'ripple effect' of Nordoff Robbins music therapy in a council-run dementia day centre that I visited regularly over a period of 8 weeks.

## What questions did we ask?

At the outset of the project, the research team set out to ask: 'what happens when music therapy takes place in dementia care environments?' We were interested in how music therapy affected dementia care environments, as well as how dementia care environments affected the work that the music therapist did. We were also interested in the before and after-effects of music therapy: how what happened in music making could affect people and their environments.

## What is the ripple effect?

To help us with our thinking around how music therapy affects environments, we drew on the metaphor of the ripple effect: the image of someone throwing a pebble into water and seeing the ripples beam out from that central point where the pebble landed. The ripple effect has often been used by music therapists to describe their work in community settings, and we wanted to examine it more closely in this project.

## Consent & Ethics

Due to the nature of dementia, participants in this project were deemed not to have capacity to give informed consent. Knowing this when we wrote the proposal, and wanting to accord as much agency as possible to participants, I decided to focus on the environmental aspects of the space and of the music therapy rather than on individuals or individual music therapy sessions. At the ABBA event mentioned later on in my report, I was introduced to friends and family members who were informed about the research project taking place. I did not seek to do interviews or any kind of intervention. The day centre where I worked has been anonymised, service users have been given pseudonyms, and staff referred to by an initial.

## How did we do the research?

To explore these questions in this environment, I mobilised an ethnographic approach, 'hanging out' in the space and trying to integrate myself as much as possible. I used a folding sketchbook and pen as one of my main tools both for recording observations and prompting conversations.

## Findings

The ripple effect draws on the metaphor of an object being dropped into a body of water and causing consequential ripples out from the point where it makes contact. It has often been used to describe how music therapy works ecologically and environmentally in a space, rather than only in the immediate time and space of the music making.

In this report, I explore a multifaceted set of ways such ripples can manifest.

To do this, I explore four case studies, weaving in observations about both the ripple effect and the methods I chose to explore its manifestations.

Each case study imagines music therapy via a different metaphor: music therapy as –

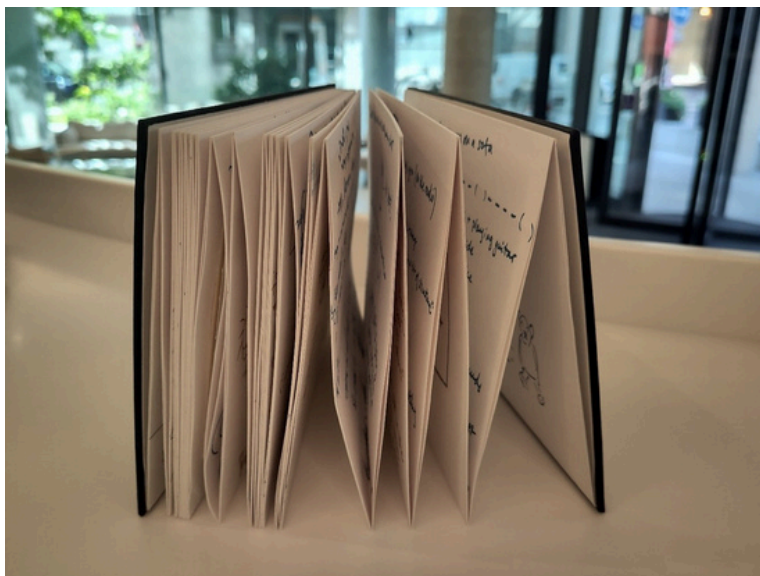
1. 'ABBA nice day': music therapy as leaky walls
2. Corridor sounds: music therapy as a body of water
3. Role reversal: music therapy as a folding book
4. When is lunch time?: music therapy as time travel

## Methods and approach

For this project, we prioritised doing research with rather than on people, centring the experiences of those living with dementia as much as possible. In this setting, many service users find it difficult to engage in verbal communication due to their dementia, and would find it inaccessible to be approached for an interview.

At the project planning stage, we decided on 'engaged ethnography' as our general approach, which meant that as researchers we would take part in and observe music therapy sessions, as well as looking for creative opportunities to engage with people for whom verbal communication was not possible or appropriate.

We identified the potential risk of placing a burden on our participants when inviting them to offer anything creative, and this went into our rationale for selecting ways of engaging. Inspired by 'sketchbook research', I took a concertina sketch book and a pen with me to support data collection.



Due to the unfolding nature of the book, I was able to keep my notes completely visible for all to see as I made them. I did not include names or recognisable features in my sketches, so anyone could take a look, and I encouraged anyone in the centre to have a look and add their own notes or drawings as they wanted.

This approach led to lots of engagement in my note-taking process, for example:

- Several service users would ask me for a pen, hold it above my sketches and trace the outline, in some cases adding their own marks.
- Family members and staff came to look at the notes and added feedback – for example, one time I had drawn a scene of all of us singing 'He's got the whole world in his hands' and the staff member said they noticed one service user who usually didn't join in with singing and who had been sitting apart, singing the song to the same tune very quietly but in another language.
- Some service users were prompted to speak to me when they saw my sketches, without me even asking questions – for example, some people gave me feedback such as 'I remember singing that' and 'you have to remember what your mum taught you when you sing the old songs', when they saw themselves represented.

In a context where it can be hard to have verbal dialogue on a chosen topic, these interactions feel really valuable.

### When & Where

For safety and privacy reasons and due to the small data set of this project, the day centre where I worked has been anonymised. S, a Nordoff Robbins music therapist, works at the centre one day a week, and I first visited the centre in August 2024 to see and hear the music making taking place. I was immediately struck by how innately musical the environment is and was really delighted that S and the centre were happy to host me as a researcher for this project. Despite the short-term nature of my data collection, I feel that I was able to capture moments of richness and depth in my time at the centre, which are reflections of the care and beautiful work taking place there from both staff and service users.

## Case study 1

### "ABBA nice day": Music Therapy as Leaky Walls

A performance of ABBA songs was scheduled to take place at the centre a few weeks after I started my research there. This performance was quite unusual at the day centre and I was told it was the first of its kind. The day centre building is split into two halves, and staff from across both parts of the building joined together for this event.

Through attending the rehearsals leading up to this event, I learned a lot about the environment, musical relationships, and leaky walls in the space. On the first day I attended, rehearsals for ABBA took place in the lounge. Staff members from both sides of the building 'performed' at the front of the room, while service users sat on seats in a more traditional 'audience'-like manner. However, due to coming straight out of a group music therapy session in the communal room just moments before, service users continued to sing along with the songs in similar ways.

For example, in our music therapy sessions, one person often offers us an 'outro': a solo improvisatory rendering of the last lines of whatever had just been sung – and this continued into the ABBA session.

As I was to discover over the following weeks, there are lots of different, overlapping musical relationships in this space, and as the staff band tuned up, this was an opportunity to hear and see some of them: Y, a staff member, holding Nadine's hand as they listen together; Rory humming 'every little thing's gonna be alright' while Sara sitting next to him taps along on the arm of the chair; Lindsey and Tala behind them talking conspiratorially about their favourite ABBA songs. Elliott arrived with an empty crisp packet that was his instrument, being manipulated expertly with his fingers to offer percussion to the start of 'Fernando', while Len next to him clapped along.

The following week, at the time when rehearsals were due to take place, I was sitting with everyone in the dementia service in a group music therapy session around the table, when we suddenly heard 'Fernando' coming through the walls from the day centre. The leaky nature of the walls meant that the sounds of the song streamed into our session, and service users were humming in and out of the song as it overlapped with 'My bonnie lies over the ocean' and 'You are my sunshine'. I was aware of all of us listening intently as we sang, with S occasionally riffing on guitar in response to what was happening next door, acknowledging the soundscape.

The difference in musical activity showed that at this time, the two sides of the building were separated, yet aware of each other since the music travelled both ways. Instead of going one way, the ripple effect here was messy, relational and even overwhelming, but a genuine experience of how musicking can individuate, bring together, and create different dynamics in a space.



Some weeks later, at the actual performance of Fernando with all of us in one room, I reflected back on that rehearsal experience. As soon as 'can you hear the drums' started, there was an audible recognition as everyone greeted the familiar song, all of us brought together by sharing this musical moment. I closed my eyes and heard Fred play the crisp packet, perfectly in time, felt the person next to me nodding their head with the off beats, a family member singing into the microphone offered by the day centre manager. A staff member was dancing with a service user and Thomas sat perfectly still, mouthing the lyrics under his breath. Thomas was usually very vocal in music therapy sessions and likes to sing his favourite songs, and it struck me that in this new environment, despite his musical profile not being as audible, we still got to experience a different side to him: a social and personal dimension of listening together and sharing space.

As all this took place, I glanced to the doorway; Danielle, who often paces around the building is there, listening, before abruptly walking off again. I decided to leave the room to walk with her and see what her experience is. We pace a circle together a few times, passing through the space where group music therapy usually takes place, back around to the performance space, listening to Fernando through this new medium. Here, the ripple effect brings us together; not just in the very tangible music and singing rippling through the building, but also in the walking and memory of the spaces where we do music therapy together in the building despite the solitary way Danielle has chosen to experience it.

I turned to Danielle as we walk. 'Do you like this song?' She laughs. 'Yes,' she finally replies. 'I like it, together.'

In these examples, I started to think of music therapy as a kind of leaky wall in itself: music therapy as ways of musicking that allow for sounds to pass through, transfer, become mixed, and allow practices to become shared through osmosis.

Music therapy  
as leaky  
walls



image description: a red streak spirals across an image of water ripples, leaking across individual ripples and flowing straight through them

## Case study 2

### Corridor Sounds: Music Therapy as a Body of Water

My position(ality) as a researcher in the space varied a lot, since the space is multi-functional. One day, when I attended the day centre to observe a music therapy session with S and two service users, the flashing lights were too overwhelming for me and I had to leave. I sat down on a sofa in the reception area and decided to make a list of all the sounds I could hear.

#### Sounds

- Beeping: ---- (...) ---- (...)
- Echoes of S sitting and playing guitar
- A vehicle reversing outside
- People speaking in an office
- Someone coughing
- Doors opening
- Strumming of guitar and percussive sounds
- S's voice rising up and someone vocalising louder in the corridor just outside
- Someone singing 'every time you say you love me'
- A staff member who has had some time freed up for a chat since the person they usually work with is in S's session saying 'she did the same thing twice last Thursday'
- Cutlery sounds (lunch is at 1pm)
- The sound of a wheelchair's wheels on the ground as it gets wheeled away
- Music starting with a clear beat, S vocalising and the beeping starts to sound within everything as if it's part of the music
- Someone saying 'hello young man' following by keys and a badge making a percussive sound
- S speaking to a staff member while hitting a tambourine
- Service users in the corridor sitting on the floor and vocalising with the music happening in the room
- S telling someone that at the end of the session, his client started playing guitar and it was a really special moment

Knowing that the walls leak, I knew that the likelihood of all these sounds, overlapping with music making in the therapy session, could definitely be heard on the other side of the building too. This incident made me reflect on the nature of the ripple effect; specifically, how music therapy itself could be heard as the 'water' through which all the sounds rippled – sometimes even offering context for the extraneous sounds we could hear. Rather than a stone dropped into water, music therapy seemed to be in itself, a body of water, with everything that got caught up in the river's currents, eventually making its way back around in the water stream.

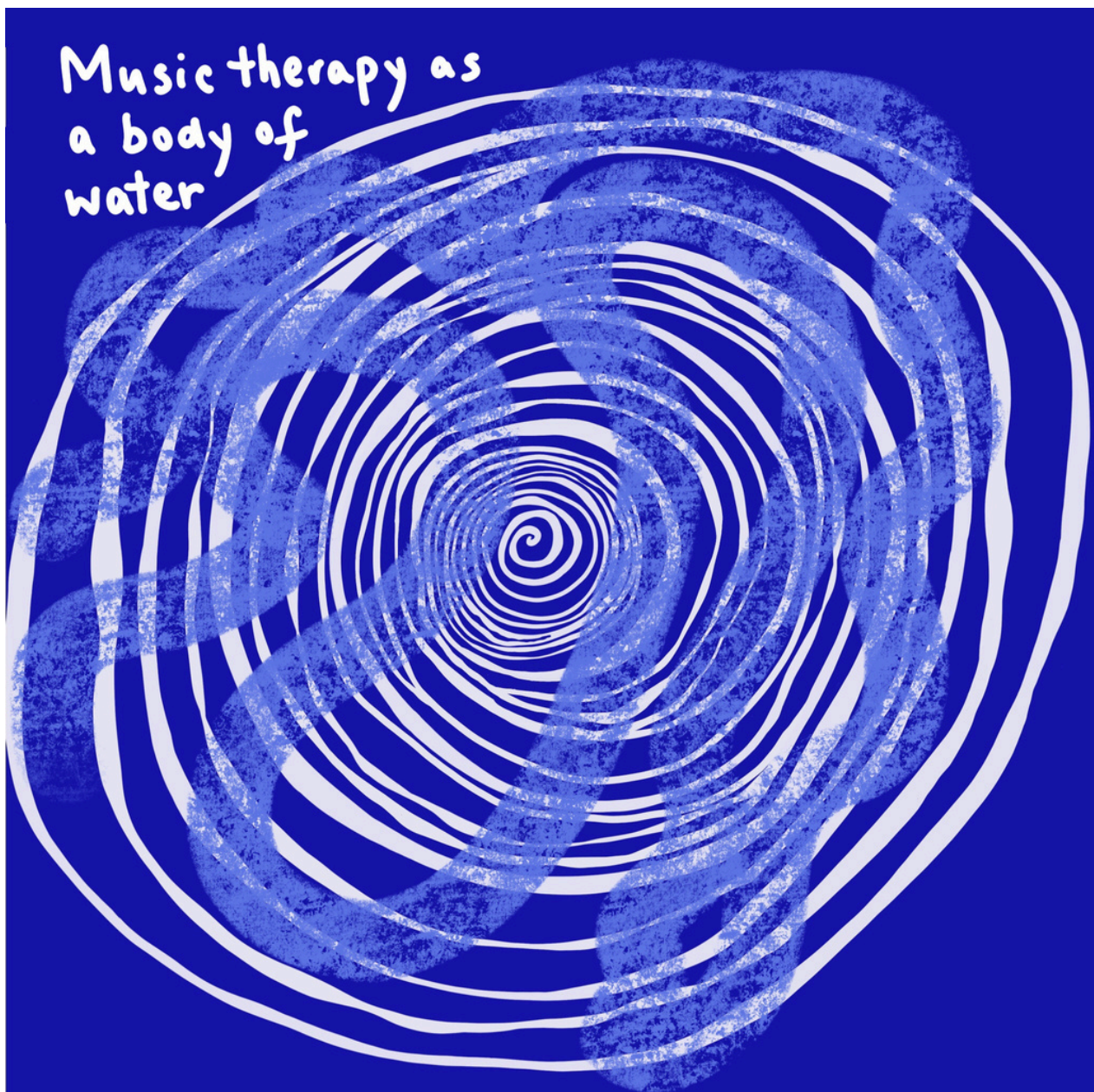


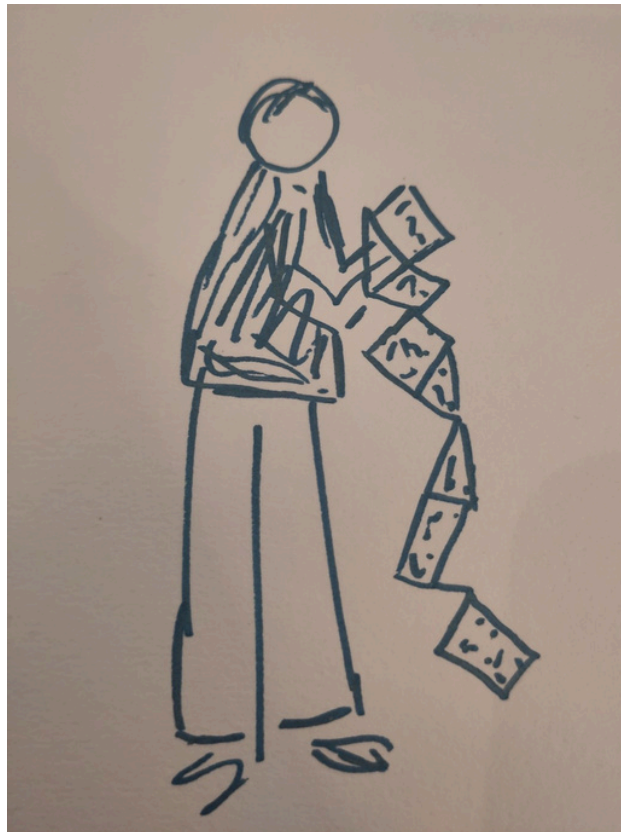
image description: light blue ribbons swirl back and forth, like water, across an image of ripples

### **Case study 3: Role reversal: Music therapy as a folding book**

The use of a folding 'concertina' sketch book for note taking and illustrations shaped most of my interactions in the space. Due to the nature of the book, I was able to continually expand the pages as the day progressed, so that by the end of the day I was surrounded with unfolding pages of notes and sketches, which often piqued staff and service user's interests, while also making sure that my data was 'out in the open' and not hidden away for my own personal use only. This 'open access' approach to note taking and data creation created opportunities for family members, service users and staff members to approach me and offered a focal point for talking about the project.

Most importantly, it offered service users the chance to co-create notes with me and get involved in the process – whatever that looked like for each person. The nature of the book also allowed me to understand the ripple effect in a further dimension: as music and musical actions that flow from centre to periphery and back again, just as the book might unfold and fold in a very short space of time.

On one occasion for example, after coming up and looking at the pages with me, Marie picked up the sketchbook and walked away with it, pages cascading down to the floor. As we continued with the group music therapy session, she took a pen and started to watch us, nodding, before pausing to make some notes in the book. A staff member quickly intervened to stop her writing, but I reassured them that this was part of the project – anyone could write in the book. In that moment, as Marie walked around with a pen and the notebook, and I remained seated and sang along, she became the researcher. She imitated me, walking around and looking alert and interested, then noting something down, then continuing. When I got the book back, she had marked out a little sketch of her singing earlier in the day. This small act of recognition, and of witnessing herself, felt significant; it allowed her to see herself and actively point that out, rather than just be watched.



Later, S also asked to take a look at the book, and we talked about this way of capturing information and reflections. He commented that he felt it was 'bridging the gap' between making music and talking about making music – 'it's a holding space for processing thoughts'.

As time went on, I reflected on the role of the book as a 'holding space' - a place to just represent what happens but not necessarily fix it in any one way. This approach resonated with what I would observe in the music therapy sessions: a way to see what unfolds, but not rush to define or pin it down; an improvisation. The next week, I sit with M, a member of staff at the dementia service who is a musician and plays guitar. He was stringing S's guitar for him since S needed to leave to go to an individual session in another part of the building while halfway through restringing. 'This is an unusual environment, because there's always music going', commented M, gesturing to the radio that was playing rock n roll songs. Robert, one of the service users, vocalises with the song, his voice barely audible.

'Are you singing, Robert?' asks M. 'Are you making music?'  
Sam, another service user, repeats the word – 'Music'. He elongates the vowels, 'Mooooosiiic'.  
We all laugh.  
'Muuuuusic'.  
'Musiiiiic.'

As the word gets passed around, like a musical game, S comes back in, and M hands him the strung guitar. Without interrupting, S starts strumming as softly as Robert's voice earlier, waiting for something to happen. M reaches over to the radio and turns it off, then picks up a drum and takes a seat. Everyone is waiting for something to happen, waiting for it to unfold.

'Turn it over to Jesus!' Thomas's voice wavers strongly out of the pause and S is right there with him, the chords falling into place as Thomas's voice grows even stronger. M joins more softly with a beat, and other service users join in: some people beating the table in rhythm with M's drum, others singing along with Thomas. When the song comes to an end, S keeps playing, rootless chords that could be heard so differently depending on the musical direction someone might want to take. Robert murmurs 'every little thing...' and S confidently goes into 'is gonna be alright!' The musical and verbal affirmation of the lyrics raises everyone up, and more people join in singing this time. As the song starts to relax into an end, Thomas has a surge of energy and lifts his voice again – 'Turn it over to Jesus...'

'We've already done that one Sir!' says S firmly as he keeps strumming, 'already done that one'. S and I have discussed the complexity of making sure Thomas shares his contributions in the group while not getting stuck in a rut with the same songs, and also making sure everyone has a chance to suggest songs too. Thomas always reacts very positively, smiling and shrugging. The musical moment is held by S's strumming, full of potential. Staff members are dancing with Danielle in the background. I notice the way that sometimes, S catches onto someone approaching a song, and helps the pages unfold, while at other times, the music making folds back up into a closed book and S's strumming is the potential unfurling of a musical moment about to happen.

Nell suddenly lifts her voice in a melodic sing-speech – 'Cockles and Mussels, alive a-live-oooo', and S is side by side with her, steering back to the start of the song 'in Dublin's fair city', and leading us all to the chorus together. As the song enters the final chorus, S starts to retune the freshly strung guitar, not missing a beat. 'Anything with Bob Marley please!' calls out George. 'That's a nice shout, what shall we sing?' George doesn't reply, but as we're waiting, he is offered a drum by a staff member and starts up a beat which S joins. 'Wait for S!' says the staff member, as George gets faster. 'It's okay, I'll follow him' replies S.

Music therapy  
as a folding  
book



image description: green smudges on an image of a ripple represent music expanding from centre to periphery as well as vice versa

About half an hour later, the music group is coming to an end. As S picks up his guitar and starts to leave the room, Thomas looks at us and starts singing: 'You are my sunshine, my only sunshine!' S strums as he walks. 'I remember when skies are grey!' we laugh and S says 'yes I think we all remember'. 'You'll never know just how much I miss you'. Thomas's words change and feel significant; he doesn't often share things verbally and the song seems to allow him to share his feelings in that moment. S stops by the door: another moment has unfolded.

The metaphor of music therapy as a folding book does not only apply to how musical moments unfold, but also can be felt in the ways that roles constantly reverse, change, are up for grabs, disappear, are transformed; just as Marie became the researcher in a moment, everyone in the space can become the music therapist by initiating, following, being led, listening, directing and being redirected.

## **Case study 4**

### **"When is lunch time?": Music Therapy as Time Travel**

Time came up a lot in the project, and S and I discussed different kinds of time that get experienced in the space: lunch-time, waiting-time, and of course – music-time. While lunch-time could lead to getting stuck in cyclical conversations and questions around when lunch was from the morning, music time occupied a different space – one that S coined as 'nowness': music can offer people the experience of being in the moment of the song, celebrating the moment to moment experience of dementia while allowing for the fluidity of song, flow, and connection. From these observations and conversations, I started to develop a metaphor of music therapy as time travel: the way that ripples of music making can happen across different time periods, and outside of normative notions of time passing. This came up not just in the moments of music making, but also in the moments around it; for instance, in the ways that music flowed in and out in the examples of stringing the guitar and strumming with word 'music' that I discussed above. A sense of temporality came up in many of the conversations too, which often brought in music.

For example, one afternoon I traced the following dialogue between 3 people, passing in and out of grief and loss, teaching songs, language differences and humour in the space of a few minutes:

- Bonjour!
- She only speaks Italian.
- You're 91 years old.
- You're experienced!
- Why did my brother die? I was cuddling him and teaching him words to the songs.
- I'm so sorry.
- My first wife died so suddenly.
- What?
- I'm so sorry.
- I can't hear you. But I can see...that look.
- Who are you looking for?
- You!
- But we've only just met!

Time also came up when thinking about service users' experiences of their dementia progressing in relationship with the development of their musicality: for example, S shared with me that while Lindsey's cognitive function had deteriorated since he started working with her, musically she had progressed into having the freedom and sensitivity to improvise introductions and outros to the songs in the group music sessions. One morning when we were singing 'Bobbie Shafto', she led the ending of the song, slowing up gradually and bringing us all with her. S held the moment as she sung the refrain solo, three times, each time improvising slight differences in words and melodic ornaments, until she finally brought it to a close. Everyone's attention seemed captured by her, all of us listening so intensely and still deeply in the song together despite having all dropped out for her to lead the ending. Music therapy is not just a way for Lindsey to develop musically, but also a way for her to be witnessed doing so, regardless of her non-musical profile at that particular moment in time.

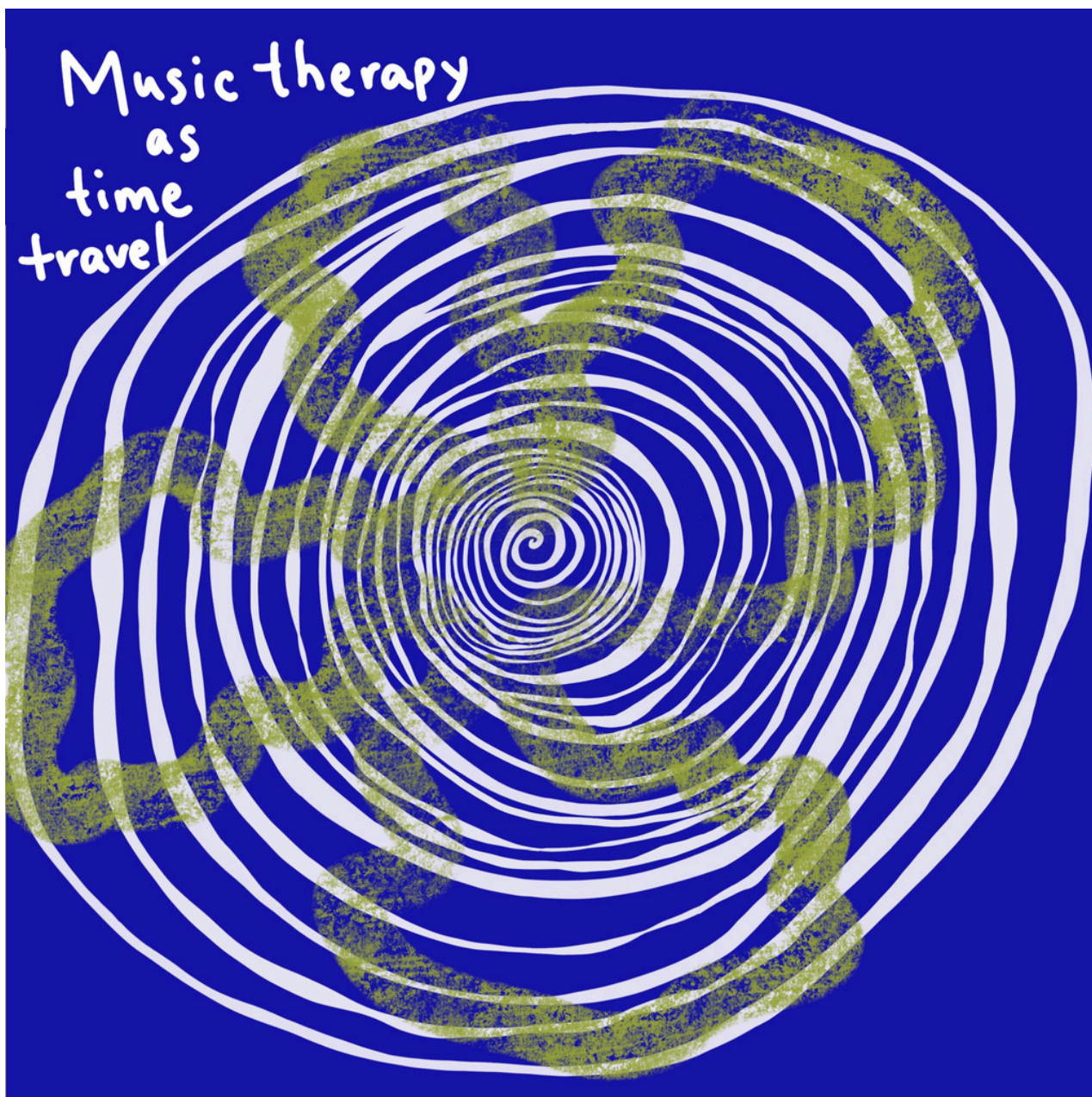


image description: yellow trails on the image of a ripple navigate from centre to periphery and back again rather than following concentric circles, depicting a non-linear flow of time

## **Rippling out...in conclusion**

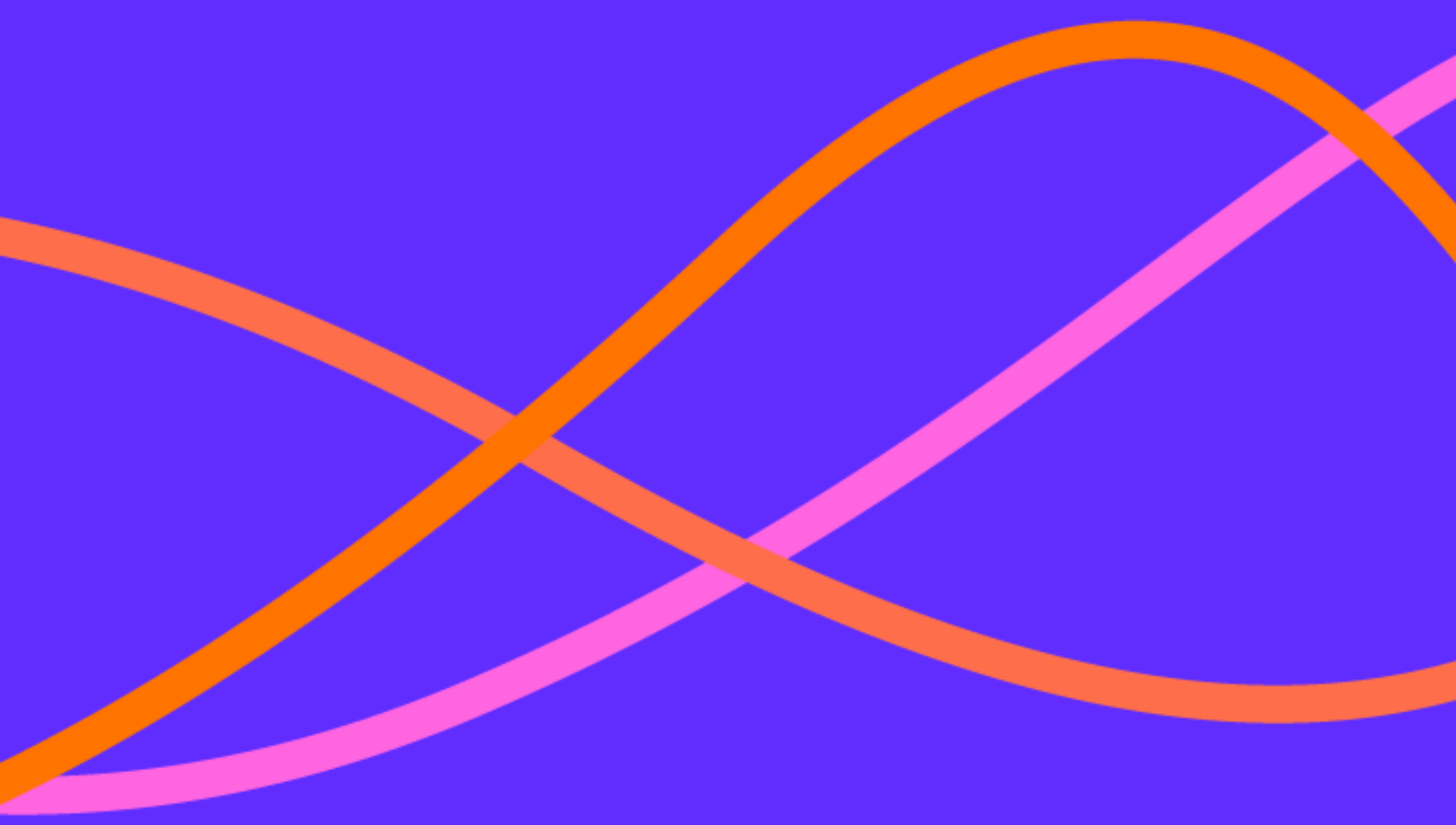
The 'ripple effect' in music therapy is often imagined with music therapy as the pebble being thrown into water, and with the resulting ripples from the moment it hits the water as concentric circles that represent consequential effects from that moment.

In this short report, I have examined the ripple effect model in the context of these case studies of music therapy, re-imagining the ripple effect as less a series of concentric circles around a thrown pebble, and more a series of relational and messy ways music therapy interacts with people and environments.

By exploring music therapy through the metaphors of leaky walls, a body of water, a folding book and time travel, I have considered music therapy as a container within which people co-create environments, listen to and create currents of sound flowing back and forth, experience musical moments that expand and contract, and access time in a non-linear way. Instead of being the pebble, I imagine music therapy as the ripples themselves, complicating the idea of flow from centre to periphery and of linear cause and effect.

This way of thinking also allows us to have a more expanded understanding of the music therapist's role across different parameters of relationships between people and music in these spaces: music therapy offers containers, whether spatial, communal, or temporal, for people to access connection and creativity. These connections go beyond the music therapy session, to affect the environment as a whole.

**With thanks to S, all the amazing staff members at the day centre, and most importantly, the wonderful service users I had the privilege of getting to know.**



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