

are accompanied by a music score that creates the expectation that the scene is going to develop and go somewhere, but usually it does not. The film often seems to lack focus. It tries, I suspect, to create some humorous and ordinary family interaction scenes in order to soften the difficult issue that is at the heart of the film. Sometimes this works; other times it is a puzzling distraction.

In spite of these distractions, this film deserves to be seen by a large audience. Unfortunately, that probably will not happen. The film is slowly making its way through the festival circuit and specialty cinema houses scattered throughout the country. The large distributors that could pick up this film and bring it to mainstream theatres will most likely judge it to be unappealing to the majority of moviegoers, and they are probably right. In spite of an increased acceptance of mainstream films that deal with aging related themes, most viewers are probably not interested in watching a film that presents

the unvarnished, uneven, and sometimes jarring reality of dealing with dementia.

But you would do well to seek out this unique film if there is a showing in your area or when it is released on DVD. You can choose to either overlook or enjoy its eccentric detours as you watch a rare and honest portrayal of the nuanced reality that dementia brings to the lives of those affected by it. Films like this do not come along that often. They need to be treasured and used to introduce a younger generation to the experience of living with both the frustrations and joys that older years can bring to our lives, even when those lives are changed by a dementia disability.

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## THE QUICKENING ART

Video: *Alive Inside: The Story of Music and Memory* (60:50 min).

For information on release and purchase: <http://www.musicandmemory.org/> and <http://www.ximotionmedia.com/>

Written, directed, and produced by Michael Rossato-Bennett in association with The Shelley and Donald Rubin Foundation, Michael Rossato-Bennett, & Al Perlmutter

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*Alive Inside* is an epiphanic film. It demonstrates what happens when Dan Cohen, a social worker in an East Coast nursing home, plays personally tailored music via iPod headsets for older residents diagnosed with dementia and other “imprisoning” disorders. The results are simple and striking. The residents awaken and come alive. They move, sing, and dance. They have episodic memory for events associated with the music. They smile and weep with joy. They seem in touch with themselves. Quite literally, they appear to be *different people*. I emphasize these two words because they stand in stark contrast to the sameness and depersonalization often imposed upon them, blinded by culture-driven presumptions of their dementia.

The first of its two basic segments illustrates the sudden changes in behavior experienced by several different residents who listen to personalized music. Henry, an elderly wheelchair “slumper” with dementia, sings the lyrics of songs he remembers from his childhood. Denise, a younger woman diagnosed with bipolar schizophrenic disorder, pushes away the walker that has been her companion for 2 years and begins a lively choreographed-from-memory dance with Cohen to Spanish music. Not much is known about the elderly resident named John. He is a former stage performer who responds to his music by serenading the other residents with “Some Enchanted Evening” though he does not know why.

These are just three of a larger number of residents in the film who move from a moribund state to one of seeming normality. One is struck by the suddenness of these transformations as well as their total bodily involvement. Oliver Sacks, well-known neurologist who appears in the video, credits philosopher Kant with calling music “the quickening art” because it brings people immediately to life. Neurologically, it seems that personalized music outfoxes Alzheimer’s disease (AD). It moves through neural pathways unaffected by

the disease and activates primal parts of the brain involved with memory, movement, and emotion. Sacks notes that music is “not just a stimulus; if it works all, it works for the whole person.” Samite Mulondo, a musician for World Harmony who regularly plays music for the nursing home residents, speaks of the return of their spirits: “The music reminds these people that this is not the way that things are always going to be; we will have a chance to be happy again.” Music offers hope.

The second half of the video traces Dan Cohen’s efforts to find others to support his goal to “place iPods inside of every nursing home in the nation, to make it a standard of care in all nursing homes.” More broadly, it offers a stinging indictment of the “medical model” of long-term care that still guides many of the 16,000 nursing homes in the United States. Cohen finds ready companions among proponents of the “culture change” model that seeks to replace the medical model with a person-oriented system designed to enhance the autonomy of older residents. The most passionate voice in the video belongs to Dr. Bill Thomas, founder of Eden Alternative, who articulates the irony that “some of the best people working in health care” are “working inside of a system that defines people as remnants of their former selves.” This segment in itself may have high value for viewers seeking to clarify or to embrace the person-oriented model for educational or training purposes.

Despite the surprising power of the musical intervention to awaken older residents with dementia and the power of words to inspire viewers to embrace values supportive of their personhood, the video leaves many questions unanswered. The use of music in nursing homes is not a new practice. Dementia researchers and practitioners have focused on music interventions for at least two decades now. We know something of the efficacy for music therapy in group settings for cognitive functioning among residents with AD, particularly for short-term reductions of agitation (Ledger & Baker, 2007). Some studies have even utilized single-subject designs (Kusano, 2004) as well as individualized music (Lautenschlager, 2009). Thus, the film does not distinguish between what we have learned from previous research about music and dementia and what is being demonstrated in the video.

To its credit, the film does not suggest that Cohen’s “quickenning paradigm” abates or cures dementia. It presents the paradigm as a promising

strategy for improving quality of life of residents with dementia through revival of past components of their personal identity and meaningful engagement in present-time activity. The film reveals in stunning fashion how restrictions in motor behavior, in particular, may be due to remediable “excess disability” not attributable to the primary disease itself but to premature reduction in behaviors due to factors such as depression, social isolation, and passive approaches to care (Yury & Fisher, 2007). I found myself wondering about the potential of this intervention for the millions of AD sufferers who do not live in formal care settings, as well as its implications for family members and other care providers.

The danger, of course, is that viewers might rush to use this intervention in the absence of the science that could increase our understanding of its nature, of how and why and for whom it works, and of the boundaries around its effects. Culture change advocates have not always seen the need for greater scientific understanding of the value-based interventions that they employ (Rahman & Schnelle, 2008). Some of these advocates hold the position that one needs only to observe the immediate positive changes in quality of life in order to justify an experimental application. Though it possesses strong face validity and good intentions, an argument in defense of practice sans research is short sighted. Hopefully, in this instance, application and research might occur cooperatively within an action research paradigm that simultaneously pursues *both* understanding and improved quality of life. Clearly, the ultimate respect for the personhood of these individuals rests in the recognition that we must understand how the bloom on the rose is related to processes that might sustain it. I hope that a practitioner–researcher partnership focusing on this remarkable phenomenon will occur with the same immediacy that “the quickening art” brings to individuals with AD and related disorders.

An original trailer of this video featuring Henry is available on YouTube at <http://www.youtube.com/watch?v=Hlm0Qd4mP-I>

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