

## REPORT

Special Feature | Music therapy in dementia and end-of-life care: Mediterranean perspectives

# Music therapy and its applications in dementia care: Spanish perspectives

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### ABSTRACT

Dementia in general and Alzheimer's disease in particular have come to be considered an important health problem of the 21<sup>st</sup> century. Currently in Spain the number of people affected is approximately 1,200,000; a figure that approaches five million if we include family members (CEAFA, 2019). There is a growing body of empirical evidence suggesting that music may be a useful intervention for the treatment of a variety of dementia symptoms in different stages of the disease. Different types of music-based interventions are differentiated in the literature; those carried out by professional music therapists and those applied by caregivers under the training and supervision of professional music therapists. Music is often used in dementia care in Spain. As the music therapy profession is not yet fully recognised, sometimes the difference between music therapy interventions and other music-based interventions in care homes is not clear. Following the principles of the Global Music Approach to Persons with Dementia (PWD) proposed by Raglio et al. (2014), the focus of this report is to present two projects carried out in Spain by professional music therapists with caregivers (professional and family) to foster the use of music-based activities with persons with dementia until the end of their lives. Reflections on the role of the music therapist in this approach and the importance of clarifying it in the care of PWD are included in the discussion section.

### KEYWORDS

Spain,  
music therapy,  
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## MUSIC THERAPY IN SPAIN

Music has been an inherent component of the diverse cultural traditions which form Spain. Likewise, the use of music for healing purposes has a long history in Spain, and clinical practice, training and research related to the uses of music as a therapeutic tool have been present in the country since the 1980s (Mercadal-Brotons et al., 2017). Several people, from different regions of the country, have independently pioneered the establishment of music therapy as a profession, but the field is still struggling for its professional recognition and consolidation.

In 1986 the first training programs in music therapy were offered by private institutions in Bilbao and Vitoria (Basque Country). During the 1990s there was a growing interest in the training of professional music therapists. This resulted in a burst of music therapy seminars, workshops and postgraduate training programs in universities and private institutions. Nowadays, there are a total of five private institutions and five universities that offer training programs, at the postgraduate level, which lead to a qualification/degree in music therapy, and five private institutions.

Several studies show that music therapy clinical practice is active and music therapists work with a variety of populations in Spain. The results of these studies show that music therapy professionals have the following characteristics: a) there are more women than men practising music therapy; b) the majority of those hold a Master's degree, and c) work part-time or on specific projects mainly in private institutions (Mercadal-Brotons et al., 2017).

Research in the field of music therapy is also growing in Spain. The study of Del Moral, Sánchez-Prada, Iglesias and Mateos-Hernández (2014) shows that there is an increase in scientific publications since 1985. From 1985-2003, there were a total of 479 music therapy publications with Spanish authors and/or co-authors (Del Moral et al., 2014). This trend can also be observed in doctoral dissertations defended by music therapists in Spanish universities within doctoral programs of related fields. The field of music therapy is becoming more visible.

Regarding the organisation of the profession in Spain, there are currently a total of 55 music therapy associations listed in the National Register of Associations of the Spanish Ministry for Home Affairs (Ministerio del Interior, 2020). Ten of these associations are members of the European Music Therapy Confederation (EMTC, 2020). There is also a federation (Federación Española de Asociaciones de Musicoterapia) which was created in 2014 (see Federación Española de Asociaciones de Musicoterapia, 2020). Unfortunately, this huge number of associations precludes a unified vision of the profession, in professional and academic fields. However, the Spanish Association of Professional Music Therapists (Asociación Española de Musicoterapeutas Profesionales; AEMP, 2020) is the only music therapy association approved in 2007 by the Spanish Ministry of Employment and Social Security. Because of its approval by this Ministry, the main objective of AEMP is the regulation of the profession and it has the potential to become a union when the profession is fully regulated and recognized. AEMP defines music therapy as:

A systematic intervention process in which a music therapist establishes a helping relationship with the person(s) with whom they work through the use of music and/or its musical elements (sound, rhythm, melody, harmony) in an appropriate setting, in order to promote and/or restore health and improve the

quality of life of that/those person/s, satisfying their physical, emotional, mental, social and cognitive needs, and encouraging significant changes in them (AEMP, 2014; adapted from Bruscia [1998] and WFMT [2011]).

Currently, there is no clear and reliable census of professional music therapists in Spain. Since 2008, AEMP has been involved in compiling a register of music therapists residing in Spain with adequate university training for the exercise of the profession (Registro Español de Musicoterapeutas Acreditados-REMTA). Currently, there are 94 registered music therapists and 25 supervisors (Registro Español de Musicoterapeutas Acreditados, 2019). With this service, Spanish institutions interested in hiring professional music therapists have reliable information about the music therapists they are interested in hiring. The confidence factor offered by this Register of Spanish Music Therapists of the AEMP boosts the professional standing of trained music therapists, enhancing knowledge of the professional scope of the discipline and thus avoiding professional encroachment.

In order to evolve and contribute to the organization of the music therapy profession in Spain, other documents have been created since 2007 by the ten Spanish Music Therapy Associations, members of the European Music Therapy Confederation (AEMTA-EMTC). These include criteria for being a music therapist in Spain, an ethical code, a technical document to organize national congresses, and a list of research projects and publications of music therapy in Spain.

The ethical development of the profession of music therapy, combined with the approval of AEMP by the Ministry of Employment and Social Security, form the pillars on which to lay the foundations of the professional regulation of music therapists in Spain. The launch of the Spanish Registry of Professional Music Therapists (REMTA) grants a certification to those music therapists who meet certain requirements for academic qualifications and professional experience. This increases public awareness of the music therapy profession as well as encouraging ongoing professional development for registered music therapists.

Another important landmark has been the presentation of no-law propositions for music therapy, by some music therapy associations, to several regional governments in Spain. This has opened the door for a critical step towards professional recognition: the approval of a law for the professional practice of music therapy in Spain. However, certain concrete and defined steps are necessary before this is achieved. For example, chronicling the historical development of music therapy in Spain and the underlying frameworks is essential to consolidate the music therapy profession and provide a foundation on which music therapists and music therapy students can further build.

Below we focus on music therapy applications in dementia care. Before referring specifically to the Spanish context, we offer a brief overview of music therapy with Persons With Dementia (PWD) including some key objectives and areas of work.

## MUSIC THERAPY WITH PERSONS WITH DEMENTIA (PWD)

The demographic changes in Western societies, with the increase of life expectancy, have resulted in more common diseases at older ages. Dementia, and Alzheimer's disease (AD) in particular, is considered a health problem of extreme importance (WHO, 2018). Dementia is an acquired, progressive neurological syndrome which is common after the age of 65. It is characterised by

persistent deterioration of the superior mental functions, affecting the individual's capacity to carry out activities of daily living as well as social and / or occupational commitment (American Psychiatric Association, 2013). It is estimated that 6% of the population aged 65 years or older have dementia (Prince et al., 2016) and this number increases to 45% in people aged 85 years or over (Wimo et al., 2017). Currently in Spain the number of people affected is approximately 1,200,000, a figure that approaches 5,000,000 if we include the family (CEAFA, 2019). According to the scientific literature in the area, treatment for dementia should include a combination of medication and non-pharmacological strategies. In the latter category we can include music therapy which has shown positive effects especially with AD (Fakhoury et al., 2017).

Music therapy intervention and research in the field of dementia has a long history. There is a growing body of empirical evidence suggesting that music may be a useful intervention for the treatment of a variety of dementia symptoms in different stages of the disease, from mild to advanced. The benefits of music therapy and music-based interventions in dementia include improvements in cognitive functioning, social engagement, behavioural and psychological symptoms, and quality of life (van der Steen et al., 2017). Table 1 summarises the general objectives addressed with PWD in music therapy in different stages of the disease.

Mild-moderate stage	Late stage
<b>General objectives</b>	
To maintain the person's autonomy	To preserve the person's identity, communication and wellbeing
<b>Areas addressed</b>	
Reinforcing preserved physical and cognitive abilities	Stimulating autobiographical memories
Caring of socioemotional aspects	Communicating with caregivers (professional-family)
Attention to behavioural problems	Collaborating with basic activities of daily living

**Table 1:** Music therapy objectives and areas addressed in different stages of the dementia

According to the results of a recent Cochrane review conducted by García-Casares, Moreno-Leiva and García-Arnés (2017), research in the area of music therapy and dementia can be summarised as follows: 1) studies which examine the effect of music therapy on *increasing* desirable behaviours such as concentration span or degree of participation in activities (cognitive functioning and engagement), and 2) studies which examine how music therapy affects the *reduction* of challenging behaviours such as restlessness, anxiety, apathy, and depression (behavioural problems).

## Dementia and the use of music

The use of music in the context of dementia is common to achieve therapeutic objectives in the cognitive, psychological, and social domains. Nowadays, several types of evidence-based music interventions are described in the literature applied by a variety of professionals. Raglio, Filippi, Bellandi and Stramba-Badiale (2014) propose a structured intervention model, the Global Music Approach to Persons with Dementia (GMA-D). This model is based on a literature review and takes into

consideration the type of music intervention, the participants' needs and the clinical characteristics and therapeutic objectives. The authors differentiate two types of music interventions: active music therapy, and music-based interventions.

*Active music therapy*, led by professional music therapists. This involves direct music therapy interventions with persons affected by dementia, and music therapy interventions with persons with dementia and their caregivers. These approaches are mediated by trained music therapists who use psychological and/or rehabilitative approaches and include the interaction-relation component between music therapist and participants.

*Music-based interventions*, mostly administered by caregivers (professional and family) with training and supervision by professional music therapists. These music-based interventions include caregiving singing, rhythm techniques, individualised listening to music and background music. Therefore, these activities do not necessarily involve a professional music therapist when implemented, and have no specific therapeutic objectives (Raglio et al., 2014). These music-based interventions are aimed at fostering communication between the PWD and the caregiver, improving the PWD's experience in activities of daily living, and finally to ease and make the work of the caregiver more pleasant. These music-based interventions include: a) Caregivers singing to promote contact, positive relationships and environment between patient and caregiver; b) listening to music, which involves the use of personalized listening lists to promote relaxation and well-being among PWD, and c) background music, which is understood as the use of pre-recorded music in a given environment in a specific situation (e.g., lunchtime or bath time). The goal is to create a more pleasant atmosphere.

Raglio et al. (2014) emphasize the importance of the presence of a professional music therapist with an in-depth knowledge of the field of dementia in order to implement the GMA-D adequately. So, some of the interventions will be directly implemented by the professional music therapist. And for the others, it is recommended that the music therapist be responsible for the organization of the program, and for the training and supervision of the caregivers who will be implementing the music-based interventions.

In addition to the above-mentioned music-based interventions, the PWD can also be involved in socially integrative music activities, often organised and offered by different music or cultural institutions in the community, such as auditoriums or opera theatres which may also include a professional music therapist. The result is that the PWD can enjoy the benefits of music through different types of music-based interventions and activities offered in a variety of contexts until the end of his/her life: home, nursing homes, day-care centres and social-cultural organisations in the community, and these can be modulated according to his/her changing needs.

## MUSIC THERAPY WITH PWD IN SPAIN

In Spain, the field of aged care, and particularly dementia, is a developing area of practice for professional music therapists. Administrators, health related professionals as well as family caregivers are well aware of the positive contributions of music to this population and several of them have initiated specific actions to incorporate music in the daily routines of care centres. In addition, several music therapists have started their own music therapy private practice from which they serve PWD in different institutions which allow to implement several types of music-based programs. An

example is “SINGULAR, Música y Alzheimer” (2017), a team of professional music therapists who specialise in working with PWD and healthy aging. One of the main objectives of the programs designed by SINGULAR, is to bring the full potential of music to people living with dementia through the collaboration and interaction of music therapists and caregivers. Two of these programs are briefly described below.

### Partnering family caregivers in Spain

This program aims to present a general overview of the contributions of music to PWD. Family members are introduced to the use of music as a means of communication, stimulation and relaxation. Examples of how music can be used at home with the PWD through singing, listening to music together, and dance/movement exercises are demonstrated. Simple and straightforward reflections, advice and resources are offered so that the caregiver and the patient can enjoy the benefits of music.

In 2018, this program had reached a total of 700 caregivers throughout Catalonia, with 350 (50%) of attendees being family caregivers. In order to evaluate participant satisfaction with the program, a questionnaire was administered at the end of the training. Seventy-nine percent indicated that the program was very satisfactory.

### Partnering professional caregivers in Spain

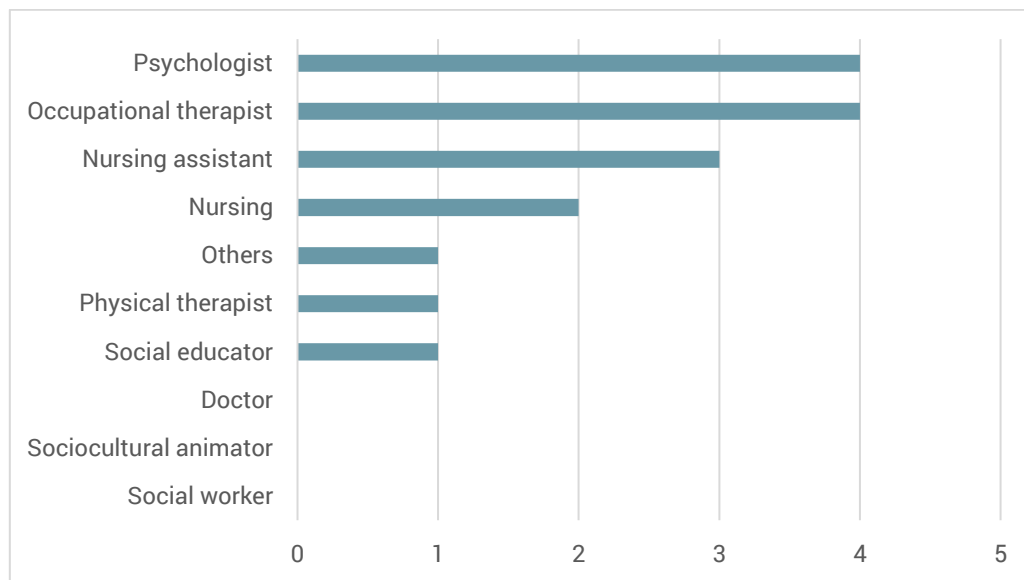
Commissioned by Sanitas (Bupa group) from 2015-2017, this program was connected to the project *Reducing Physical Restraints* in all Sanitas nursing homes throughout Spain. The six-hour training involved 500 professional caregivers from 36 nursing homes around Spain. A total of ten professional profiles were included in each group: Nurses, nursing assistants, psychologists, occupational therapists, physical therapists, physicians, general managers, recreational therapists, social workers, and service staff. This diversity of professionals allowed for wider involvement during the implementation of the musical activities. It was calculated that this training had a potential impact on health and wellbeing of 1,800 of PWD, which represents the total number of PWD who were cared by the professionals who participated in the program.

The foundations of the program are based on the person-centred model and evidence-based music therapy practice. The objectives of the program focused on raising awareness about the potential of music to enhance the wellbeing of PWD in the advanced stages and provide tools to use in their daily care. The program included some evidence-based protocols (Gerdner, 2012; Ridder et al., 2013; Ray & Fitzsimmons, 2014) and trained professionals on the necessary attitudes to use music appropriately to address daily life needs of PWD. The music-based resources presented and demonstrated included, among others, the use of singing, individualized music listening, playing rhythm instruments, and dancing to respond to the psychological, social and physical needs of PWD.

A questionnaire was sent to the contact person from each nursing home one month after training took place to find out whether course content was being used by attendees. A total of 20 facilities (36%) responded to the questionnaire. The contact person from each facility obtained responses from colleagues who had attended the course and completed the questionnaire on their behalf. Results showed that 7 out of the 10 professional profiles that attended the training were applying music-based



activities in their daily care work with PWD. Caregivers that used music-based activities the most were: psychologists, occupational therapists and nurse assistants (see Figure 1). Of the different music techniques taught, the most applied were individual singing and individual listening, in different daily situations, especially those in which agitation was present.



**Figure 1:** Use of learned music-based activities according to professional profile

## CONCLUSION

The aim of this report was to present and describe two specific programs carried out by professional music therapists in Spain with caregivers of PWD. These programs involved the training of professional and family caregivers on the use of music-based activities to incorporate in their daily caring tasks.

There is a good amount of scientific literature that shows that music is an art form which can reach PWD until the very late stages of the disease and may become almost the sole means of communication between patient and carer, especially at the late stages of the disease (Jacobsen et al., 2015). Therefore, it is important to integrate music in the daily care of persons with dementia through music therapy and other music-based activities. However, the significance of the human factor, be that music therapist or caregiver, should not be overlooked when we consider the use of music therapy and other music-based interventions. This leads us to reflect on the differentiation between music therapy and other music-based approaches and on the role of the music therapist in this approach.

When we refer to music therapy, it is assumed that musical interventions, with PWD and/or PWD and their caregivers, are carried out by qualified, professionally-trained music therapists. Other music-based interventions are not necessarily carried out by professional music therapists. However, it is recommended that these other professionals or caregivers are trained and supervised by professional music therapists. What should the music therapist's role be in supporting such music-based interventions? How should the music therapist advocate for his/her role in these types of programs? SINGULAR-Música y Alzheimer professionals propose the following:

- The music therapist should support PWD and caregivers outside the music therapy room.
- The music therapist is the expert in the therapeutic use of music for PWD and can train and help caregivers to integrate music into daily care activities.
- Music-assisted care allows for opportunities to reduce agitation or other behaviours related to dementia.
- The types of programs which have been described in this paper enhance the presence of a music therapist in nursing home and community settings
- The music therapist should assist in the evaluation of the different uses of music with PWD.

Based on the preliminary results of these two programs presented in this paper, it can be stated that these courses have achieved a high level of satisfaction from the participant caregivers. However, some limitations were identified which need to be taken into consideration in order to improve future training initiatives. For instance, the family caregiver training could include two sessions instead of one: one for the family caregiver (3 hours) and one for the caregiver and caring partner (1.5 hours). This would allow more resources to be worked through and could include a practical component with the caring partner in order to achieve maximum effectiveness. In addition, it was suggested that the training should also include resources for the caregiver's self-care.

These preliminary results also suggest that the implementation of a comprehensive research study would be useful in order to measure the mid-term impact of this training on the well-being of the PWD. This would contribute to providing additional evidence for the efficacy of such programs and would enable them to be extended and hopefully improve the welfare of more families affected by dementia.

## Looking forward

Music therapy in Spain continues its journey towards professional recognition, like many other disciplines, and as has happened in other European countries (United Kingdom, Austria and Latvia). It is a long process, influenced by the social, economic, educational and cultural aspects of each country. The Spanish Association of Professional Music Therapists (AEMP) and the group of Spanish Music Therapy Associations (AEMTA) affiliated with the EMTC have contributed to the normative development of music therapy in Spain, regulating training as well as professional, work and ethical aspects, through underlying frameworks and with the creation of technical documentation.

Each generation has the opportunity to change the future by building on the foundations laid by previous generations of professionals. There is still a long way to go in the professional and academic consolidation of music therapy in Spain. Throughout this process, it is important to maintain ethical standards as well as the capacity for dialogue and working together for the common good. Working in partnership is also necessary in the field of dementia. The collaboration between professional music therapists, family members and professional caregivers will provide the best resources in the caring of PWD and subsequently provide a higher quality of life for PWD and their caregivers.



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## Ελληνική περίληψη | Greek abstract

## Η μουσικοθεραπεία και οι εφαρμογές της στην φροντίδα της άνοιας: Ισπανικές προοπτικές

Melissa Mercadal-Brotons | Mònica de Castro

### ΠΕΡΙΛΗΨΗ

Η άνοια γενικά, και η νόσος του Alzheimer ειδικότερα, έχουν χαρακτηριστεί ως σημαντικά προβλήματα υγείας του 21ου αιώνα. Σήμερα στην Ισπανία ο αριθμός των ατόμων που πλήττεται είναι περίπου 1.200.000· ο αριθμός αγγίζει τα πέντε εκατομμύρια αν συνηπολογισθούν και τα μέλη της οικογένειας (CEAFA, 2019). Ένας συνεχώς αυξανόμενος αριθμός εμπειρικών ερευνητικών δεδομένων υποστηρίζει ότι η μουσική μπορεί να αποτελέσει μία αποτελεσματική παρέμβαση για τη θεραπεία μίας σειράς συμπτωμάτων της άνοιας σε διαφορετικά στάδια της νόσου. Ποικίλες μουσικές παρεμβάσεις διαφοροποιούνται στη βιβλιογραφία, όπως

αυτές που υλοποιούνται από επαγγελματίες μουσικοθεραπευτές και αυτές που εφαρμόζονται από φροντιστές με την καθοδήγηση και εποπτεία επαγγελματιών μουσικοθεραπευτών. Η μουσική χρησιμοποιείται συχνά σε ασθενείς με άνοια στην Ισπανία. Δεδομένου ότι η μουσικοθεραπεία δεν είναι ακόμα αναγνωρισμένη ως επάγγελμα, οι διαφορές ανάμεσα στις μουσικοθεραπευτικές παρεμβάσεις και άλλες παρεμβάσεις που κάνουν χρήση της μουσικής στη φροντίδα ασθενών στο σπίτι είναι δυσδιάκριτες. Ακολουθώντας τις αρχές της Καθολικής Μουσικής Προσέγγισης των Ατόμων με Άνοια [Music Approach to Persons with Dementia, PWD], όπως προτάθηκαν από τον Raglio και τους συνεργάτες του (2014), αυτή η αναφορά επικεντρώνεται σε δύο προγράμματα που διεξήχθησαν στην Ισπανία από επαγγελματίες μουσικοθεραπευτές για τους φροντιστές (επαγγελματίες και μέλη οικογένειας) και αφορούν τη χρήση δραστηριοτήτων που βασίζονται στη μουσική με άτομα που πάσχουν από άνοια έως και το τέλος της ζωής τους. Στη συζήτηση παρατίθενται αναστοχασμοί ως προς το ρόλο του μουσικοθεραπευτή σε αυτή την προσέγγιση και στη σημασία της διευκρίνισης του ρόλου του στο πλαίσιο των αρχών της προσέγγισης PWD.

## ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

Ισπανία, μουσικοθεραπεία, δραστηριότητες που βασίζονται στη μουσική, άνοια, φροντίδα στο τέλος της ζωής, φροντιστές