

SHAMOR V'ZACHOR: THE ROLE OF JEWISH MUSIC AND PRAYER
IN THE LIVES OF PEOPLE WITH DEMENTIA

JULIE STAPLE

Thesis Submitted in Partial Fulfillment of Requirements for Ordination

Hebrew Union College-Jewish Institute of Religion
Debbie Friedman School of Sacred Music
Graduate Cantorial Program
New York, New York

January 25, 2018
Advisor: Rabbi Kim Geringer

Acknowledgements

Thank you to Rabbi Kim Geringer, my thesis advisor. I am grateful for your insight, patience, wisdom, and guidance in this project.

To my recital advisor, Merri Arian, for your vision, compassion, and inspiration.

To the faculty and staff of HUC-JIR who have taught me so much throughout the last five years and are devoted to this holy work.

To my parents, Ginny and Mark Womack, and to my husband, Harrison Staple for your unconditional love and support.

Thank you to all those who have inspired me to pursue this topic and are true pioneers of the field.

Table of Contents

Introduction.....	4
Understanding Dementia.....	6
Literature Review.....	11
Linkage between Music and Dementia.....	17
Voices from the Field.....	27
Conclusion.....	44
Appendix.....	46
Bibliography.....	75

Introduction

“Do not send me off at the season of old age; as my powers diminish, do not abandon me.” (Psalm 71:9)

This verse from Psalm 71 can be applied to the dementia population. These individuals lose their cognitive functioning and find themselves isolated and on the outskirts of their communities and society. I have witnessed this happening to my father who has Early Onset Alzheimer’s disease, as family and friends have slipped away over the past few years. People do not understand that the person, the soul within, is still present with dementia despite the cognitive impairment he experiences. I aspired to find ways in which I could communicate with my father and positively impact his life, and I found that through our shared love of music that he gave to me. Our shared love of music is the inspiration for this thesis.

My thesis, *Shamor v’Zachor: The Role of Jewish Music and Prayer in the Lives of People with Dementia*, explores the effects of secular and Jewish music, Jewish rituals, and spirituality on dementia patients. After watching Dan Cohen’s documentary about a Memory and Music Program, *Alive Inside*, I was touched and inspired to see the impact of music on those living with dementia. How beautiful to watch individuals with dementia “come alive” as they listen to music from their past. I wondered: how it is possible for people to go days without speaking, but after listening to one song, they are tapping their feet, or smiling, or suddenly telling a story? My mind flooded with even more questions: “Can I recreate this Music and Memory Program in a Jewish context? Does Jewish music and prayer affect people with dementia differently than secular music? Why are more people not utilizing this program?”

The thesis covers the following: an explanation of the impact of dementia on the brain, studies on music therapy and dementia, learnings from interviews, and my firsthand experience with Jewish music, prayer and ritual in the lives of those with dementia.

It is my hope that this thesis will contribute to the Jewish people as we interact with and include those in our community with dementia. By gaining a deeper understanding of dementia patients and how they relate to Jewish music and prayer, we can find the most effective programming to positively impact their lives.

Chapter 1: Understanding Dementia

It is impossible to understand the connection between music and memory without first understanding dementia. What is dementia? How does dementia affect the brain? What parts of the brain are impacted by dementia?

Most people think that dementia is a disease but it is, in fact, a symptom of many diseases. Dementia can also be a side effect of strokes and other conditions and illnesses. Some of the most commonly known diseases in which dementia is present are Alzheimer's disease, vascular dementia, dementia with Lewy bodies, frontotemporal dementia, and Parkinson's disease. Depending on the stage or type of disease, the intensity level of the dementia varies. It is important to understand the impact of dementia on the different parts of the brain which results in varied levels of cognitive impairment.

Brain Function

The Alzheimer's Society's publication below divides the brain into sections in order to understand the main parts of our brain and how they function. The brain is composed of the brain stem and cerebellum, the limbic system, and the cerebral hemisphere:

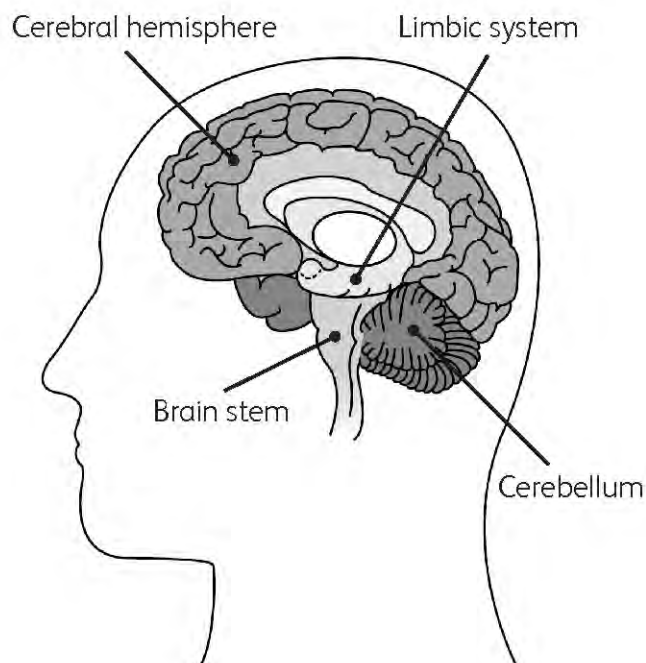


Figure 1¹

Basic involuntary function is controlled by the brain stem and cerebellum. They control breathing, heartbeat, balance, and posture. The limbic system houses the hippocampus and amygdala which are the parts of the brain that create memories and emotions. The limbic system, located in the core of the brain, also serves as a connector between the brain stem and the cerebral hemisphere. The cerebral hemisphere is predominantly composed of the cerebrum, the tissue that controls memory, language, reasoning, consciousness, and social skills. The cerebral hemisphere is covered by the

¹ Society, Alzheimer's. "Dementia and the Brain." Alzheimer's Society. November 29, 2016. Accessed August 27, 2017.
https://www.alzheimers.org.uk/info/20073/how_dementia_progresses/99/the_brain_and_dementia.

cortex which sends signals to other parts of the brain from each of the four lobes that comprise the cerebral hemisphere. The four lobes - frontal, parietal, temporal, and occipital work together, but each has a specific function.

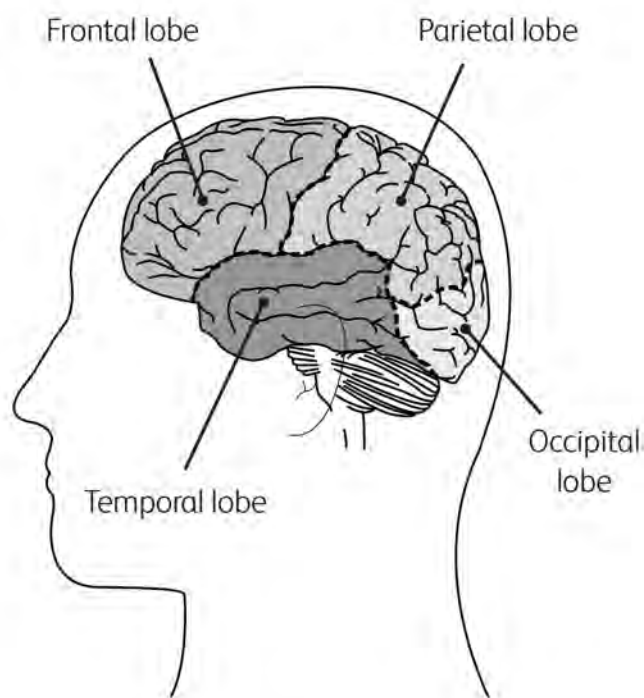


Figure 2²

Visual information is processed through the occipital lobe. It processes what people see as the information enters their brain from their eyes. The parietal lobe is where the senses are able to process space, size, and perception. The temporal lobe is

² Society, Alzheimer's. "Dementia and the Brain." Alzheimer's Society. November 29, 2016. Accessed August 27, 2017.
https://www.alzheimers.org.uk/info/20073/how_dementia_progresses/99/the_brain_and_dementia.

responsible for memory and language. The frontal lobe is also known as the “executive function” because it is used to fulfill tasks and follow instructions and uses working memory and attention.

Memory and Dementia

Memory is present in every part of the brain to some degree. Each lobe of the cerebral hemisphere, as well as the brain stem, cerebellum, and limbic system, has the ability to create, process, or recall some sort of memory. Thus, when dementia affects a part of the brain, that particular section can no longer function properly. Dementia in the frontal lobe means an inability to remember and follow instructions. When it is damaged, the parietal lobe is no longer able to help an individual remember how to read or navigate through a crowded room. In the temporal lobe, dementia means that memory of language skills decrease, and it is difficult to retrieve or create memories.

The memories that exist in the temporal lobe are called episodic and semantic memories. Episodic memories are memories that individuals experience on a daily basis. Semantic memory includes facts and general knowledge. Episodic and semantic memories are present in the hippocampus. Individuals with dementia have difficulty creating new episodic and semantic memories as well as recalling these memories. An episodic memory can be recalled simply by an individual remembering one part of a memory. Memories that are significant or emotional are stored in long-term memory and may come flooding back to a person when a part of the memory is triggered.

Dementia affects the brain in different ways depending on the individual, and individuals with dementia will experience impairment at various levels with motor skills, language, memory, and more. It is important to know the functions of the different parts

of the brain in order to conceptualize what is happening in the brain of someone experiencing cognitive impairment. Though there are drugs that can stabilize or slow the dementia, there is no cure. At this time, non-medical palliative care is the best long-term option to improve quality of life for those living with dementia. Music therapy is a preferred method of non-medical palliative care as it has the ability to tap into many parts of the brain and connect or “re-awaken” functioning of the brain that is impaired. This will be expanded upon in later chapters.

Chapter 2: Literature Review

In this section, I will highlight a few texts that guided my research and will reappear in the following chapters. These brief summaries allow me to touch on the core components of my research, music and memory in those living with dementia. It is necessary to understand the human brain, the effects of dementia on the brain, and the connection between memory and music in order to begin to appreciate the role of Jewish music and prayer in those living with dementia.

Dementia and the Brain

“Dementia is a clinical syndrome (a group of co-occurring signs and symptoms) that involves progressive deterioration of intellectual function.”³ The Alzheimer’s Society articulates a clear and concise description of the way in which the brain is affected by dementia. Their research is not limited to Alzheimer’s disease, but it is the primary illness that is highlighted to explain the cognitive changes and impairments that take place in the brain of a dementia patient. In addition to Alzheimer’s disease, Selkoe lists other illnesses in which dementia is present: “The range of brain diseases that express themselves as a progressive loss of intellectual function is remarkably broad. Vascular, metabolic, infectious, neoplastic, traumatic, and degenerative disorders can all present with

³ Gilman S. Oxford American Handbook of Neurology. Oxford University Press: Oxford, UK; 2010. Quoted in Korolev, Igor O. "Alzheimer’s Disease: A Clinical and Basic Science Review." *Medical Student Research Journal* 4, no. Fall (September 2014): 24-33. Accessed December 19, 2016. <http://msrj.chm.msu.edu/wp-content/uploads/2014/12/Fall-2014-Alzheimers-Disease.pdf>, 24.

symptoms of dementia.”⁴ Cognitive impairment manifests differently depending on the specific person and the disease that is causing the dementia. Despite the cause of the dementia, because of the complexity of the brain, when one part of the brain loses functioning, it affects other parts of the brain. The Alzheimer’s Society explains, “Many of the complicated things that the brain does – memory, language, vision – need several parts to work together. Signals move along pathways of nerves that connect different lobes.”⁵

Music and the Brain

Oliver Sacks writes that humans are a musical species that “constructs” music in our minds using different parts of the brain. He suggests that listening to music is not only auditory and emotional but motoric as well.⁶ These responses have the ability to elicit memories in the brain of someone living with dementia. Guetin et al. support Sacks’s claim with the scientific evidence of morphological imaging showing the processing of musical information which requires neuronal networks that involve numerous areas of the brain. Neuroimaging studies allow researchers to investigate the neural correlates of music processing and perception. The musical stimuli activate pathways in several brain areas associated with emotional behaviors such as the insular

⁴ Selkoe, Dennis J. "The Aging Mind: Deciphering Alzheimers Disease & its Antecedents." *Daedalus* 135, no. 1 (2006): 58-67. Accessed August 27, 2017, 61.

⁵ Society, Alzheimer's. "Dementia and the Brain." Alzheimer's Society. November 29, 2016. Accessed August 27, 2017.

https://www.alzheimers.org.uk/info/20073/how_dementia_progresses/99/the_brain_and_dementia.

⁶ Sacks, Oliver. *Musicophilia: Tales of Music and the Brain*. New York: Alfred A. Knopf, 2007, xii.

and cingulate cortex, hypothalamus, hippocampus, and prefrontal cortex. These brain areas are involved in cognitive, sensorimotor and emotional processing.⁷

The primary memories that will be examined in a later chapter looking at the relationship of music and the brain are semantic and episodic memories. Cuddy et. al explains that musical semantic memories are memories that contain facts and theory, while episodic memories are “the specific musical events and the context in which they were heard.”⁸ Halpern suggests that the semantic memories might be more easily accessed if the musical settings have intact harmony, instrumentation, lyrics, etc. Because aging cohorts have been massively exposed to recorded music all their lives, it might be useful to also consider the effect of using particular well-known versions of popular music vs. less-well-known or simplified versions.⁹ Vanstone, Cuddy, and Clément et al. each wrote about studies in which their results support Halpern’s claim that musical semantic memories are preserved in dementia patients.

⁷ Guetin, S., K. Charras, A. Berard, C. Arbus, P. Berthelon, F. Blanc, J.-P. Blayac, F. Bonte, J.-P. Bouceffa, S. Clement, G. Ducourneau, F. Gzil, N. Laeng, E. Lecourt, S. Ledoux, H. Platel, C. Thomas-Anterion, J. Touchon, F.-X. Vrait, and J.-M. Leger. "An Overview of the Use of Music Therapy in the Context of Alzheimer's Disease: A Report of a French Expert Group." *Dementia* 12, no. 5 (2012): 619-34. Accessed December 19, 2016, 627-28.

⁸ Cuddy, Lola, Jacalyn Duffin, Sudeep Gill, Cassandra Brown, Ritu Sikka, and Ashley Vanstone. "Memory for Melodies and Lyrics in Alzheimer's Disease." *Music Perception: An Interdisciplinary Journal* 29, no. 5 (2012): 479-91. Accessed October 31, 2016, 479.

⁹ Halpern, Andrea. "Dementia and Music: Challenges and Future Directions." *Music Perception: An Interdisciplinary Journal* 29, no. 5 (2012): 543-45. Accessed October 31, 2016, 543.

Effects of Music

While there is not a lot of published research on music and its effect on memories in people with dementia, the results of the studies that do exist are conclusive. Evidence found by Clément et. al shows that music can have positive effects in different spheres of cognition such as language ability, autobiographical memory, and verbal memory in dementia. Music may also positively impact mood and sleep quality by modulating the release of hormones like melatonin or cortisol.¹⁰ Halpern supports this claim by writing, “Music and art can communicate emotions, provide enjoyment, and offer a shared activity among patients and caretakers and loved ones.”¹¹

The evidence found in the studies above explains the success of music therapy with dementia patients. Oliver Sacks writes, “Music therapy for patients with dementia traditionally takes the form of providing old songs which, with their specific tunes and contents and emotions, call on personal memories, evoke personal responses, and invite participation.”¹² The melodies and musical settings that Sacks writes about are able to evoke semantic musical memories in individuals with dementia that were present in the studies mentioned earlier.

¹⁰ Clément, Sylvain, Audrey Tonini, Fatiha Khatir, Loris Schiaratura, and Séverine Samson. "Short and Longer Term Effects of Musical Intervention in Severe Alzheimer's Disease." *Music Perception: An Interdisciplinary Journal* 29, no. 5 (2012): 533-41. Accessed October 31, 2016, 534.

¹¹ Halpern, Andrea. "Dementia and Music: Challenges and Future Directions." *Music Perception: An Interdisciplinary Journal* 29, no. 5 (2012): 543-45. Accessed October 31, 2016, 543.

¹² Sacks, Oliver. *Musicophilia: Tales of Music and the Brain*. New York: Alfred A. Knopf, 2007, 381.

Dementia and the “Self”

Oftentimes, people with dementia are viewed as being someone different than they once were. Many chaplains, social workers, psychologists and others argue that the “self” of the dementia patient is still present, but that the patient may not know how to express his or her inner “self.” Through music therapy as well as spiritual and religious experiences, individuals with dementia have the ability to connect with their “self” and their communities. Oliver Sacks asks, “Eventually a person with Alzheimer’s may lose some fundamental aspects of self-awareness, in particular the awareness of their own incapacities. But does the loss of one’s self-awareness, or some aspects of mind, constitute loss of self?”¹³ Herskovits presents a number of theories on the meaning and nature of the “self” in Alzheimer’s disease and concludes that “The status or viability of the ‘self’ is disentangled from cognitive ability.”¹⁴ However, Medwin’s writing opposes this when she writes of her father; she says, “He still seems to function, however, and can conduct a conversation, but the person who is there is not really my father any longer.”¹⁵

Jewish Music Therapy and the “Self”/Community

Clément et. al suggests, “In receptive music therapy, music from the same culture as the patient and musical pieces chosen by the patient seem to be more efficient than other kinds of music.”¹⁶ This type of therapy allows those with dementia to connect to

¹³ Ibid, 372.

¹⁴ Herskovits, Elizabeth. "Struggling over Subjectivity: Debates about the "Self" and Alzheimers Disease." *Medical Anthropology Quarterly* 9, no. 2 (1995): 146-64. Accessed August 27, 2017, 159.

¹⁵ Medwin, Michele, *Broken Fragments: Jewish Experiences of Alzheimer’s Disease through Diagnosis, Adaptation, and Moving On*. Edited by Douglas Kohn, URJ Press, 2012, 120.

¹⁶ Clément, Sylvain, Audrey Tonini, Fatiha Khatir, Loris Schiaratura, and Séverine Samson. "Short and Longer Term Effects of Musical Intervention in Severe Alzheimer's

their “self” by exposing them to music of their past that contributed to the formation of their Jewish identity.

As for dementia patients’ connection to community, Sacks suggests that singing together is crucial for patients isolated by their disease to recognize and bond with others, forming a sense of community.¹⁷ In a Jewish music therapy study that took place in Israel, the participants were exposed to various Jewish or Israeli songs in order to evoke memories and connect them to each other as well as to their Jewish “self.” The songs elicited spontaneous conversations, improved the mood of the participants, and encouraged them to sing.¹⁸

Observations and reflections from interviews with Jewish clergy who utilize Jewish music and prayer, individually and communally, explain the impact of music on those living with dementia. These observations are developed in later chapters in order to gain a deeper understanding of the role of Jewish music and prayer in the lives of people with dementia.

Disease." *Music Perception: An Interdisciplinary Journal* 29, no. 5 (2012): 533-41. Accessed October 31, 2016, 539.

¹⁷ Ibid, 380.

¹⁸ Dassa, A., and D. Amir. "The Role of Singing Familiar Songs in Encouraging Conversation Among People with Middle to Late Stage Alzheimer's Disease." *Journal of Music Therapy* 51, no. 2 (2014): 148.

Chapter 3: Music and Dementia

It is often said that music transcends boundaries, and this holds true for those living with dementia. When it comes to a person with dementia, music is often the key to unlocking memories that had been otherwise lost. Music allows the person to access the past, whether it is a song from childhood sung with their parents or a song that they danced to at their wedding. When hearing a song, it is possible to bring back a memory associated with it, and these memories can take individuals back to a time and place from the past. Music can bring about a range of emotions, a desire to connect and verbalize, and so much more.

Music is everywhere, whether we realize it or not. Music is present in stores, restaurants, elevators, on the radio in the car, and other moments in our daily lives. Our brain is constantly processing our experiences, and music is inextricably linked to the memories being created in our brains from birth to death. This is why a song has the ability to evoke memories and emotions in all people, including individuals with dementia.

Oliver Sacks notes, “Music therapy with such patients is possible because musical perception, musical sensibility, musical emotion, and musical memory can survive long after other forms of memory have disappeared. Music of the right kind can serve to orient and anchor a patient when almost nothing else can.”¹⁹ As discussed in Chapter 1, semantic and episodic memories are the two primary types of memory that music influences.

¹⁹ Sacks, Oliver. *Musicophilia: Tales of Music and the Brain*. New York: Alfred A. Knopf, 2007, 373.

Musical Episodic and Semantic Memory

Musical episodic memory is the memory of specific musical events and the context in which they were heard, while musical semantic memory is the memory of musical knowledge.²⁰ Musical knowledge includes recognition of melody and lyrics, how to play an instrument, read music, and more. Several studies have been done to understand the degree to which musical semantic and episodic memory is retained within dementia.

Vanstone et al writes: "In a test of musical semantic memory, persons with AD [Alzheimer's disease] appear to show little if any impairment in comparison with healthy age-matched controls." Semantic memory is not affected as much as other types of memory in Alzheimer's disease.²¹ The way in which music is performed or played for a dementia patient has an effect on their reactions and the memories that could possibly be accessed. It is more likely that an individual with dementia will recognize a song if a well-known version is played, although this is not to say that a dementia patient will be unable to recognize a song if it is performed by someone else with different instrumentation.

In fact, although many people assume that a simpler song is easier for a dementia patient to remember, this is not necessarily the case. Halpern suggests that "the relative

²⁰ Cuddy, Lola, Jacalyn Duffin, Sudeep Gill, Cassandra Brown, Ritu Sikka, and Ashley Vanstone. "Memory for Melodies and Lyrics in Alzheimer's Disease." *Music Perception: An Interdisciplinary Journal* 29, no. 5 (2012): 479-91. Accessed October 31, 2016, 479.

²¹ Vanstone, Ashley D., Ritu Sikka, Leila Tangness, Rosalind Sham, Angeles Garcia, and Lola L. Cuddy. "Episodic and Semantic Memory for Melodies in Alzheimer's Disease." *Music Perception: An Interdisciplinary Journal* 29, no. 5 (May 29, 2012): 501-07. Accessed October 31, 2016, 502.

integrity of musical semantic knowledge long into dementias might suggest that pieces with intact harmony, instrumentation, lyrics, etc would have the processing advantage, because currently aging cohorts have been massively exposed to recorded music all their lives.”²²

It is difficult to know what reaction will be elicited when listening to or singing along with music. Some music will inspire individuals to tap their toes, feet, or fingers, or simply “re-awaken” them. Other music will elicit singing, speaking a forgotten language, or a conversation. These reactions can take place no matter what type of memory is being experienced, semantic or episodic.

None of these reactions would be possible without access to music. Sacks emphasizes the importance of music for those with dementia, whether through concerts, recorded music, or formal music therapy. In addition to the reactions listed above, longer-term effects of music include improved mood, behavior, and even cognitive functioning.²³

Jewish Music and Dementia

Music that is specifically Jewish has the ability to tap into the core of a Jewish individual with dementia who had a strong Jewish identity at some point in life. The repetitive exposure to Jewish prayers, melodies and lyrics throughout an individual’s lifetime strengthen Jewish identity. Sacks writes, “Someone with Alzheimer’s may undergo a regression to a ‘second childhood,’ but aspects of one’s essential character, of

²² Halpern, Andrea. "Dementia and Music: Challenges and Future Directions." *Music Perception: An Interdisciplinary Journal* 29, no. 5 (2012): 543-45. Accessed October 31, 2016, 543.

²³ Sacks, Oliver. *Musicophilia: Tales of Music and the Brain*. New York: Alfred A. Knopf, 2007, 382.

personality and personhood, of self, survive along with certain, almost indestructible forms of memory, even in very advanced dementia. It is as if identity has such a robust, widespread neural basis, as if personal style is so deeply ingrained in the nervous system, that it is never wholly lost, at least while there is still any mental life present at all.”²⁴

Using Sacks’s reasoning, when dementia patients with a Jewish identity are exposed to Jewish music and prayer, it allows them the opportunity to remember - to remember their personhood, to remember their Jewish experiences, to remember their “self” in the context of Judaism.

When singing Jewish cultural songs or prayers, there is a sense of connection because of the shared bond created by voices singing together or discussion of memories that the music may elicit. The ability of a song to connect dementia patients with each other through shared experiences, stories, and prayers is unique in comparison to that of secular music because it taps into the Jewish identity at their core.

In Ramat Gan, Israel, six nursing home residents with Alzheimer’s disease participated in a study exploring the role of singing familiar songs in encouraging conversation among people with Alzheimer’s.²⁵ The participants were presented with sixteen Jewish songs that were broken into four groups: Zionist ethos songs, songs evoking memories of social gatherings, personal songs, and lullabies. The table below lists the sixteen songs that were included in each of the four types of songs listed above.

²⁴ Sacks, Oliver. *Musicophilia: Tales of Music and the Brain*. New York: Alfred A. Knopf, 2007, 372.

²⁵ Dassa, A., and D. Amir. "The Role of Singing Familiar Songs in Encouraging Conversation Among People with Middle to Late Stage Alzheimer's Disease." *Journal of Music Therapy* 51, no. 2 (2014): 131-53.

Sixteen Songs that were Chosen for the Research

1. *Shir HaEmek* (Song of the valley). Lyrics: Nathan Alterman; Melody: Daniel Sambursky.
2. *Thumbalalaika*. Lyrics and melody: Yiddish folk.
3. *Gan Hashikmim* (Sycamore garden). Lyrics: Yitzhak Yitzhaki; Melody: Yochanan Zaray.
4. *Ve'ulai* (And perhaps). Lyrics: Rachel Blubstein; Melody: Yehuda Sharet.
5. *Erev Shel Shoshanim* (Evening of roses). Lyrics: Moshe Dar; Melody: Yosef Hadar.
6. *Halicha Leqesaria* (Going to Caesarea). Lyrics: Hanna Szenes; Melody: David Zahavi.
7. *Shir HaPalmach* (The Palmach song). Lyrics: Zrubavel Gilad; Melody: David Zahavi.
8. *Shir Boker* (Morning song). Lyrics: Nathan Alterman; Melody: Daniel Sambursky.
9. *Shir Hanamal* (The port song). Lyrics: Leah Goldberg; Melody: Rivka Levinson.
10. *Al Tomar Li Shalom* (Don't say goodbye). Lyrics and melody: Tuli Raviv.
11. *Shoshanna* (Rose). Lyrics: Haim Hefer; Melody: Italian folk.
12. *Mal'u Asamenu Bar* (Our barns are full of grain). Lyrics: Pinhas Elad; Melody: David Zahavi.
13. *Pizmon LaYaqinton* (Hyacinth lullaby). Lyrics: Leah Goldberg; Melody: Rivka Gvilli.
14. *Be'arvot HaNegev* (Plains of the Negev). Lyrics: Rafael Klatzkin; Melody: Pyotr Mamyachok.
15. *Dugit* (Dinghy). Lyrics: Nathan Yonatan; Melody: Lev Schwartz.
16. *Finjan* (Coffee cup). Lyrics: Haim Hefer; Melody: Armanian folk.

26

The goal of the researchers was to encourage conversation among the participants with dementia. The study showed that with some guidance, each of the four types of songs elicited conversations on the topic of the specific music being played.

While the objective of Ayelet Dassa, PhD and Dorit Amir, DA, ACMT was for the dementia participants to converse, their study shows much more than that. When listening to the Zionist ethos songs, the participants were encouraged to speak about patriotic memories and memories about building Israel. One participant spoke of her

²⁶ Dassa, A., and D. Amir. "The Role of Singing Familiar Songs in Encouraging Conversation Among People with Middle to Late Stage Alzheimer's Disease." *Journal of Music Therapy* 51, no. 2 (2014), 138.

memories of the kibbutz when she heard the song “*Tumbalalaika*.” The songs about social gatherings evoked discussions about social customs and fashion in the early years of Israel. The personal songs and lullabies elicited conversations about the participants’ childhood, family, and education.²⁷

This study shows the many layers at which music can affect someone living with dementia. Musical episodic and semantic memories were recalled when the participants sang along with the music and shared their personal stories or experiences. A bond was also built among the participants as they sang together as a community and spoke of their shared memories growing up in the State of Israel. The experience also positively impacted their affect which led them to converse and be more cognitively present than before they listened to the music.

²⁷ Dassa, A., and D. Amir. "The Role of Singing Familiar Songs in Encouraging Conversation Among People with Middle to Late Stage Alzheimer's Disease." *Journal of Music Therapy* 51, no. 2 (2014): 131-53.

Spirituality and Dementia

Viktor Frankl wrote in *Man's Search for Meaning*, "Man is not destroyed by suffering, he is destroyed by suffering without meaning."²⁸ It is difficult to define spirituality, as it seems that every individual has their own definition and experience of spirituality. I define spirituality as an overwhelming feeling of the soul feeling connected, whether that connection be to people, a higher power, a religion, or self. Experiencing spirituality is not something that takes place on a daily basis. It is challenging to provide others or oneself with "prescribed" spiritual moments and experiences. However, these spiritual experiences are critical in providing meaning to individuals with dementia.

Individuals with dementia may not realize or have the ability to verbalize their desire to feel connected. It is the same with spirituality. The anger, frustration, and emotional difficulty that comes with loss of cognition and speech can be a barrier between individuals with dementia and their ability to experience spiritual moments. Thus, it is the responsibility of loved ones, caregivers, chaplains, and clergy to provide access points by which people with dementia can have these experiences.

As Jews, learning Torah is at the center of our lives. Our liturgical rubrics move the worshipper through themes of creation, revelation, and redemption. Judaism is built on the memories of the stories in the Torah and the prayers chanted in worship. How then are individuals with dementia able to connect to their Jewish selves and experience spirituality when they do not have the cognitive capacity to access the memory of the Jewish people?

²⁸ Frankl, Viktor. *Man's Search for Meaning*. New York: Simon and Schuster; 1984.

Every individual has different “on-ramps” through which they might be able to experience spirituality. Rabbi Sheldon Marder suggests that there are three doorways by which individuals can help a person with dementia experience spirituality: “My three suggestions for touching the divine soul of the man or woman in the valley of trouble: empathy, relationship, creativity. Each doorway is a *petach tikvah*—an opening of hope. None of these doorways depends on the learning, literacy, and memory so central to the Judaism most of us practice.”²⁹ These doorways can be successful when people with dementia are met where they are, invited to use their imaginations and creativity, and helped to feel safe.

For some individuals with dementia, it may simply be exposure to Jewish prayer that allows them to connect with the Divine, self, and others. It is not possible to be certain that the individual is experiencing a spiritual moment, but if using my definition of spirituality, any sort of positive response from the individual and feeling of connection can be defined as a spiritual moment.

Rabbi Michele Medwin writes about her father who had Alzheimer’s disease and about her feelings after attending Shabbat services with him: “My parents are regular Shabbat service attendees and have been since I was a child. I have been with my father at services recently and have noticed that he seems to be at peace while we are there. I believe that this ritual helps to bring his *n’shamah* back to him and enables him to hold on to it for just a little longer. The familiar melodies and prayers help connect him to the

²⁹ Marder, Sheldon. Doorways of Hope. *Broken Fragments: Jewish Experiences of Alzheimer’s Disease through Diagnosis, Adaptation, and Moving On*. Edited by Douglas Kohn, URJ Press, 2012.

person he used to be before Alzheimer's disease began robbing him of some of his memories. It is as if God hears the prayers and sends his *n'shamah* back, at least for a while longer.”³⁰

Another example of an individual experiencing spirituality in a Jewish prayer setting is from Rabbi Marder. “What Jonah needed was a tallis around his shoulders and the soft chant of psalms and blessings. In the warm intimacy of communal worship, Jonah was in his element; he was in God's presence—and he knew it.”³¹ It is clear in both of these instances that the individuals with dementia are connecting to themselves, community, and the Divine through spiritual experiences.

People with dementia often say, “I am not religious,” yet they still find themselves fulfilled by Jewish experiences, be they prayer, music, cooking, art, or a conversation. Perhaps what they actually desire and receive are spiritual experiences through their Jewish identity. David Baker writes, “When many people think about spirituality, they confuse spiritual with religious, but spirituality is more than a religious belief. Spirituality is a larger concept that deals with meaning, purpose and direction in life.”³²

³⁰ Medwin, Michele. Alzheimer's and the Soul: A New Perspective. *Broken Fragments: Jewish Experiences of Alzheimer's Disease through Diagnosis, Adaptation, and Moving On*. Edited by Douglas Kohn, URJ Press, 2012.

³¹ Marder, Sheldon. Doorways of Hope. *Broken Fragments: Jewish Experiences of Alzheimer's Disease through Diagnosis, Adaptation, and Moving On*. Edited by Douglas Kohn, URJ Press, 2012.

³² Baker, David C. “Studies of the Inner Life: The Impact of Spirituality on Quality of Life.” Vol. 12, 2003, 51.

It is my belief that every individual, including those with dementia, has an essential need to be spiritually fulfilled. In fact, while it may be more difficult to find the doorways to someone's *n'shamah* when they have dementia, I believe once the door has been opened, it is impossible for them **not** to have a spiritual experience. Rabbi Andrew Sklarz writes, "Most importantly, however, it became clear, too, that human beings never lose the capacity to experience love or cherish the feeling of being loved. From the moment we leave the womb until the day we die, human beings always seek love, though it may be sublimated in different forms. Along the way, our basic needs may become clouded by personal issues. There is an innocence that we find in childhood, which is later mirrored within a dementia patient, that trusts the world and is happy by the presence, attention, touch or loving embrace of another human being."³³ It is at the core of our capacity as human beings to feel loved and valued. Jewish individuals with dementia can experience spirituality through accessible Jewish doorways which provide them with a sense of meaning and purpose, even if only for a moment.

³³ Sklarz, Andrew. Doorways of Hope. *Broken Fragments: Jewish Experiences of Alzheimer's Disease through Diagnosis, Adaptation, and Moving On*. Edited by Douglas Kohn, URJ Press, 2012.

Chapter 4: Voices from the Field

While there is little quantitative data on the topic of Jewish music and prayer and its impact on people with dementia, the qualitative data is very telling. Much of this data is not written down. Rather, it is transmitted orally through conversations, interviews, and the sharing of experiences. Firsthand accounts and unofficial experimentation encompassed the majority of my research. As stated earlier, a significant amount of study has been done on secular music and its impact on the lives of people with dementia. It is my hope that some of what I have learned from the people I interviewed will inspire others to study the profound impact of specifically Jewish music and prayer on those living with dementia.

Throughout the last year, in order to acquire a deeper understanding of the connection between Jewish ritual, music, and prayer and the ability to access memories, I searched for as many people as I could find who had worked with Jewish individuals with dementia and their communities. In the beginning, it seemed that there were only a few people to speak with, but I soon learned of many more people who work as chaplains or serve dementia-friendly communities. These communities include nursing homes, synagogues, and other organizations that plan programming accessible to dementia patients. As I continued my research and shared my findings with congregants, teachers, and mentors, I received more names of people and heard stories about working with Jewish individuals with dementia. As yet, this important work is not well-known in the general population.

The stories and firsthand accounts shared with me took place in formal interviews, and informal, sometimes unplanned, conversations in person or on the phone. There was beauty in every story or experience that I heard from caregivers, chaplains, and volunteers. At the same time, some of the stories were filled with pain.

It is human nature to want to feel connected to other people, a community, or a higher power; the need for connection is even more true for those individuals living with dementia due to isolation caused by their decrease in speech and overall cognitive functioning. Unfortunately, these individuals do not always have the ability to communicate their desire for connection. In my conversations and observations, I discovered different ways in which individuals living with dementia can be helped to connect to their memories or family and friends around them, if only for a moment. There are various modalities that can be used to tap into someone's brain, heart, and soul, eliciting diverse reactions.

Modalities to Access Memories

In the following section, I introduce three individuals who are working with Jewish dementia communities. Each of these clergy members uses particular methods to help individuals with dementia access memories and connect with their Judaism. Their shared goal is to help these Jewish residents connect to their Jewish identities. Because they are working in a field which is mostly still quite new, they learn “on the job” and change their approach as they learn more about the dementia population and the specific needs of those with whom they are in direct contact. And through their unique strengths and talent, they are looking to make meaning in the lives of people living with dementia.

Shabbat Experience and Holiday Celebrations at Northbrook Inn

Rabbi Nina Mizrahi works at the Northbrook Inn, a memory care residence in Northbrook, Illinois. In our interview, Rabbi Mizrahi explained that much of the work she does with the Jewish dementia residents is experiential. Art projects, baking, music programs, and Shabbat experiences are a few of the activities Rabbi Mizrahi organizes and runs for her clients.

Rabbi Mizrahi described the transformation of her programming at Northbrook Inn from its inception in December 2016 to the present. Though initially asked to involve all residents, Jewish and non-Jewish, she currently only runs programs for the Jewish residents. On Shabbat, she lights the candles and says a few brief prayers with the residents. Rabbi Mizrahi sings Debbie Friedman's "*Mi Shebeirach*" and blesses each resident individually.

Music and Memory Program at Cedar Village

Cantor Alane Katzew is the Director of Pastoral Care at Cedar Village Retirement Community in Mason, Ohio. Cantor Katzew runs Judaic programming which includes holiday celebrations and activities. One of Cantor Katzew's greatest accomplishments at Cedar Village is the Music and Memory Program in which she loads personalized music onto an iPod for individuals with dementia. This program runs with the help of other staff members, volunteers, and financial or iPod donations.

The Music and Memory Program at Cedar Village was inspired by the documentary, *Alive Inside*, Cantor Katzew explained how she was able to start and implement the program at Cedar Village in Ohio. She was given a dedicated laptop to use for the program and she trained the staff at Cedar Village by presenting a Music and

Memory Program orientation on interviewing, preparing, and picking personalized music for residents. Cantor Katzew noted, “Together, the people then were trained in Music and Memory to roll out the program where you interview an individual or their family member to determine what were their formative memories, musically. We put the songs on an iPod and create a personal playlist, and then set it up so there are two sets of ear phones going at the same time. One set is for the resident and the other is for someone to listen with them. Over the years, now it’s been about two and a half years, I think we have touched on the lives of over fifty people, potentially more. We usually have thirty to thirty-five iPods out at one time, and then when people die, they clear them and re-use them.”³⁴ By following Dan Cohen’s Music and Memory Program, dementia patients are able to connect with family, friends, or caregivers when listening to music simultaneously on the headphones.

Memory Minyan as a Case Study

Rabbi Michael Goldman of Westchester, New York created and runs an organization called *Seivah* - Jewish Life Beyond Memory. He recruits and organizes volunteers to directly serve people with dementia in order to provide them with spiritual moments. While *Seivah* began with volunteers making home visits to those living with dementia, Rabbi Goldman has expanded it to include a Memory Minyan which I helped him create and execute over the past year.

The purpose of the Memory Minyan is to provide a dementia-friendly Shabbat service and dinner in a synagogue for patients along with volunteers, caregivers, family,

³⁴ Katzew, Cantor Alane. Personal Interview. Phone. September 14, 2017.

and clergy. An hour before each Memory Minyan, a brief training session takes place to remind the volunteers how to interact with the attendees with dementia. Rather than asking questions that the individuals with dementia might be unable to answer, the volunteers are offered alternative ways to ask questions so as not to embarrass someone who is unable to answer. An example would be: rather than asking someone if they are excited to celebrate Shabbat, one could say, “I am so glad you are here right now. How beautiful is this room? I feel lucky to celebrate Shabbat here with you.” This allows the individual with dementia to respond about the physical space, Shabbat, and whatever else may be on their mind. When re-framing the question in this way, it avoids embarrassment if the person does not know where they are or why they are there. It also leaves the door open for them if they do wish to respond about Shabbat.

As the individuals enter the synagogue, they are welcomed by the rabbi and any volunteers. Everyone is given a name tag and invited to enter the social hall where the Shabbat service and dinner takes place. The guests are encouraged to take seats and casually converse with the other attendees until the service begins.

The service itself begins with a *niggun*, or wordless melody, that is woven throughout the blessings. The *niggun* is repeated in between every prayer or blessing that is sung in order to serve as an anchor when some attendees might start to feel lost or confused during the service. The *niggun* used in both services comes from Rachelle Nelson’s, *Bar’chu*. The Shabbat service includes the candle blessing followed by abbreviated sections of simple melodic settings of the prayers. The exact service is as follows:

Liturgy	Setting
Niggun	Nelson
Candle Blessing	Spoken
Niggun	Nelson
L'cha Dodi	Folk
Niggun	Nelson
Psalm 92 (Mizmor Shir)	Camp Melody
Niggun	Nelson
Bar'chu	Sulzer
Niggun	Nelson
Sh'ma	Sulzer
Niggun	Nelson
V'shamru	Rothblum
Niggun	Nelson
Silent Prayer	
Oseh Shalom	Hirsch
Niggun	Nelson
Mourner's Kaddish	Spoken
Niggun	Nelson

When singing prayers such as *L'cha Dodi*, *Mizmor Shir*, and *V'shamru* Rabbi Goldman and I chose to include only one verse, but repeat the refrain many times. We felt that the more repetition and fewer words we included in the service, the easier it

would be to participate. Rabbi Goldman said his goal was to “erase the illness and make everyone feel that they are just a human being singing.” The siddur that I put together was also intentionally created to be simple for everyone attending to follow along. Oftentimes, those living with dementia lose their ability to read, but we wanted them to have other ways of following along besides the text. I placed each prayer in a separate box and gave each prayer box a different color. This way, we were able to announce that we were singing *Bar’chu*, found in the red box. Each box contains the Hebrew text and the English transliteration of the Hebrew. Below is the two-page siddur that I created and was used at each of the Memory Minyans.

Baruch atah, adonai eloheinu, melech haolam, asher kideshanu bemitzvotav, vetzivanu lehadlik ner shel shabbat Kodesh.	ברוך אתה, יי אלהינו, מלך העולם, אשר קדשנו במצותיו, וצונו להדליק נר של שבת קדש.
--------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------

Lecha dodi likrat kala, p'nei Shabbat n'kabelah!	לכה דודי לקראת כלה. פני שבת נקבלה:
Shamor v'zachor b'dibur echad, Hishmi'anu el ha'meyuchad.	שמור וזכור בדבור אחד, השמיענו אל המיוחד.
Adonai echad u'shmo echad; L'shem ul'tiferet v'l'tehila.	ה' אחד ושמו אחד. לשם ולתפארת ולתהלה:
Lecha dodi likrat kala, p'nei Shabbat n'kabelah!	לכה דודי לקראת כלה. פני שבת נקבלה:

Mizmor shir leyom hashabbat.
Tov lehodot Ladonai, ulzamer leshimcha
elyon.

מִזְמוֹר שִׁיר
לְיוֹם הַשַּׁבָּת.
טוֹב לְהוֹדוֹת לַיהוָה
וּלְזַמֵּר לְשִׁמְךָ עֲלִינוּ.

Barchu et adonai hamvorach!
Baruch adonai hamvorach leolam va'ed!

בָּרְכוּ אֶת יְיָ הַמְּבֹרָךְ
בְּרוּךְ יְיָ הַמְּבֹרָךְ
לְעוֹלָם וָעֶד!

Sh'ma Yis'ra'eil Adonai Eloheinu Adonai
echad.

שְׁמַע, יִשְׂרָאֵל: יְהוָה אֱלֹהֵינוּ, יְהוָה אֶחָד.

(Barukh sheim k'vod malkhuto l'olam
va'ed.)

(בְּרוּךְ שֵׁם כְּבוֹד מַלְכוּתוֹ לְעוֹלָם וָעֶד)

Ve'shameru benai Yisrael et ha'shabbat,
laasot et ha'shabbat le'dorotam berit
olam:

וְשָׁמְרוּ בְנֵי יִשְׂרָאֵל אֶת־הַשַּׁבָּת, לַעֲשׂוֹת
אֶת־הַשַּׁבָּת לְדֹרֹתָם בְּרִית עוֹלָם. בֵּינִי וּבֵין
בְּנֵי יִשְׂרָאֵל אוֹת הִיא לְעַלְמִם, כִּי־שֵׁשֶׁת יָמִים

Oseh shalom bimromav
Hu ya'aseh shalom aleinu
V'al kol Yisrael
V'imru, v'imru amen.

עוֹשֵׂה שְׁלוֹם בַּמְּרוֹמַי
הוּא יַעֲשֶׂה שְׁלוֹם עֲלֵינוּ
וְעַל כָּל יִשְׂרָאֵל
וְאָמְרוּ, אָמְרוּ אָמֵן.

At the conclusion of the abbreviated *Shabbat* service, the attendees moved to the other side of the room where tables were setup for dinner. We recited the blessing over the *challah* and over the wine and began eating. It was perhaps at this point that it became clear who had dementia and who did not. When an individual picked up their chicken

with their fingers rather than using a fork and knife, I also followed suit. As I said, this was an opportunity for those with dementia and their caregivers to have an evening not only to connect to their Judaism, but also to allow them to relax, and not be worried about judgment or behaving in the “correct” way.

Following dinner, we chanted *Birkat HaMazon* from our seats, and we were immediately prompted to continue singing. Rabbi Goldman reflected on this in his interview: “One of the guys with dementia started singing ‘*Hava Nagila*,’ ‘Take me out to the ball game,’ and ‘*Heiveinu Shalom Aleichem*.’ They wanted to keep it going and really have a *Shabbos* table and not just be done.”³⁵ After singing for an additional fifteen minutes, people started leaving slowly, filled with gratitude and excitement.

Shared Experiences

The following section will look at the common themes, experiences, and responses to the work of Rabbi Goldman, Rabbi Mizrahi, and Cantor Katzew. While they facilitate programming to dementia communities in diverse ways, there are many similarities. When looking at the responses of individuals living with dementia, each clergy member recognized how language, music, and repetition can allow for the accessing of memories, as well as, connection. Additionally, each clergy member described their inability to effectively facilitate their programming without the help of staff and the challenges that come with training them. As Rabbi Goldman, Rabbi Mizrahi, and Cantor Katzew explained their experiences to me, they also expressed how important it was to change their approach and learn from those with whom they are working.

³⁵ Goldman, Rabbi Michael. Personal Interview. Phone. September 1, 2017.

Lastly, all three clergy spoke about the hidden internal desire to connect in people with dementia and the resistance they faced at times from those exclaiming, “I am not religious!” Examples of these follow in the next few sections.

Language

Language is key to accessing memories in individuals with dementia. Whether it be spoken or sung, language has the ability to remind an individual of their past. Yiddish is often referred to as Judaism’s language of memory. Many elders in nursing homes today know at least some Yiddish from their childhood. Rabbi Mizrahi described the first time she spoke Yiddish with one of her residents: “One resident got so excited when I first spoke to him in Yiddish, his face lit up. That was an example of language being a huge part of their identity, and the idea that people are fluent in it is very cool. They like that part of their identity. If I didn’t call it up, no one would know. They would not have access to that part of them.”³⁶ Rabbi Mizrahi also told me about how she once sang some Yiddish songs with some of her residents and later that day, they were overheard speaking Yiddish with each other. “I found out from a staff member that some other staff members had walked by some of the Jewish residents, and they were speaking a language they didn’t recognize, and it was Yiddish. There are at least three Yiddish speakers there. And in fact, two of them were lunch buddies and would have their lunch together. So Yiddish was definitely a connection.”³⁷

Rabbi Goldman shared how Yiddish brought a resident “back to life” when she seemed to no longer have the capacity to communicate: “There was a woman who was

³⁶ Mizrahi, Rabbi Nina. Personal Interview. Phone. September 25, 2017.

³⁷ Ibid.

pretty much lifeless. She could eat, cough, and her eyes were closed. I met her daughter once and she told me, ‘My mom was a great person. She had this amazing life. She was a Holocaust survivor and she came to America and worked in the garment district as a nobody, and by the time she finished, she was a fashion designer and had her own studio. Now she’s dead. She’s not hearing us.’ I was disturbed by this and asked my mentor what to do. He said, ‘She’s from the old country. Maybe she grew up religious. Try to speak a little Yiddish with her.’ I went the next day and spoke some Yiddish and lit the candles with her in Ashkenazic Hebrew, and it worked. She came to life....she heard me.’³⁸

It is the language we hear in our childhood, our most transformative and foundational years, that we are able to recall. Throughout my research, I observed individuals living with dementia who have limited communicative skills, participate in prayer, ritual, and worship. One example was of a congregant who was invited to do an *aliyah* at the High Holy Day services. He rarely speaks, but I would often see him singing along and praying during services. He and his wife came up to the *bima* for their *aliyah*. He was unable to begin the blessing, but as soon as I began singing the first three words, “*Baruch atah Adonai*,” he joined in and took over singing the words. Afterwards, his wife turned to me and said, “I told you he knows the blessing.” I had chills as I watched this congregant access the Hebrew text and connect to his Judaism.

³⁸ Goldman, Rabbi Michael. Personal Interview. Phone. September 1, 2017.

Use of Text and Music

Very similar to the role of language in accessing memories, is that of music and text. Music incorporates language, text, and repetition and triggers emotions and memories. All of these elements have the ability to allow an individual to feel a sense of belonging to their Jewish identity, community, and loved ones. The times when people with dementia are positively impacted are often when they have been exposed to, are participating in, or hearing music. Cantor Katzew shared a story in which a resident was positively impacted by repetitive exposure to music on a nightly basis:

“The mom [resident with dementia] was basically nonverbal, but every night her daughter would come and they would listen to music together, and the mom would sing along. Not so much with words, but there was no question that she was there and focused and engaged, whereas the rest of the time, you could barely get her to look at you. The music she would listen to would always end, interestingly, with ‘God Bless America’ and ‘*Bei Mir Bist Du Shein.*’ Those were the two things for her that resonated in ways that other things didn’t.”³⁹

It need not be music with lyrics that creates a spark for someone living with dementia. My father learned bluegrass fiddle when he was a young boy. Today he is confused as can be, unable to turn on his television or make a cup of coffee. Yet he takes out his violin and improvises as he plays. Most of what my father plays on the fiddle consists of scales, arpeggios, and bluegrass style. These are clearly the foundation of his violin-playing education which has stayed with him throughout the years despite the cognitive impairments caused by Early Onset Alzheimer’s disease.

³⁹ Katzew, Cantor Alane. Personal Interview. Phone. September 14, 2017.

Learning on the Job and Staff

Rabbi Goldman, Rabbi Mizrahi, and Cantor Katzew each described their inability to do their jobs without the help of the staff or volunteers in their organizations. They have learned to change what they are doing as they are working and discovering what does or does not work for their particular dementia populations.

While the staff and volunteers are crucial in assisting each rabbi and cantor in their work, they must learn the importance of this non-palliative care. The clergy understands how essential it is for the Jewish residents with dementia to connect to their Jewish identity through music, prayer, art, and ritual. Yet, it is not always easy to express the importance of this work to non-Jewish staff members who are assisting with this work. Cantor Katzew said, “To me, it’s so intuitive that it’s a good thing, but if you’re a staff person, it’s just another thing you have to do. When you’ve seen that it actually helps, and once you learn and understand that it can help you, then you join in and say, ‘Hey, this is fantastic,’ but having to do the pitch over and over with new staff can be a bit of a challenge.”⁴⁰ Rabbi Mizrahi echoed similar sentiments to those of Cantor Katzew: “When people go somewhere and the people who care for them, they are good, caring, wonderful people, but they are not necessarily making connections with specific things that are not generic things like memory games and stuff like that. It’s really knowing that there is an identity that is still core in that person, and trying to figure out ways to access it, because again, on their own, they’re not going to do that. But together, it is possible.”⁴¹

⁴⁰ Katzew, Cantor Alane. Personal Interview. Phone. September 14, 2017.

⁴¹ Mizrahi, Rabbi Nina. Personal Interview. Phone. September 25, 2017.

Internal Desire to Connect

A person with dementia may not be able to communicate or even realize that they have a desire to connect, a connection that may be with other people, themselves, their memories, or even their religious identity. Rabbi Goldman recognizes this simple idea and explains, “I came into it knowing that people with dementia are in some ways very ordinary. They have the same basic needs as anyone else like the need for delight, connection with other human beings, nature, and also the need for meaning, for meaningful experiences, and to feel useful.”⁴²

The desire to connect is also present in this sharing from Cantor Katzew: “We would sit and listen and I would come in the room and say, ‘Hi,’ and she would look at me, but we had no conversation. I would put the earphones on both of us, and suddenly once they were on, instead of being unable to speak, all of a sudden she could put words together. It was as if listening to the music unlocked her tongue.”⁴³

It is clear that all too often individuals with dementia are overlooked and marginalized because of an assumption by others that they are unable to or uninterested in communicating and connecting. Yet it is the work of those who use non-palliative care, such as the Music and Memory Program, that positively impacts dementia patients.

“I Am Not Religious”

As previously stated, it is difficult for individuals with dementia to feel connected with others because of their inability to communicate their desires, emotions, and

⁴² Goldman, Rabbi Michael. Personal Interview. Phone. September 1, 2017.

⁴³ Katzew, Cantor Alane. Personal Interview. Phone. September 14, 2017.

thoughts. Those living with dementia not only struggle to communicate, but oftentimes, they are not even aware of their desires due to confusion caused by the decrease in brain function. The lack of awareness of these desires can result in an unwillingness to communicate or participate. This reluctance can be expressed with emotional, agitated, resentful, or other negative responses.

While visiting The New Jewish Home, a long-term nursing home in Mamaroneck, New York, I attended a Shabbat service in the memory care unit. I sat next to a male resident who sang all of the words to *Shalom Aleichem*, *Lecha Dodi*, *Hinei Mah Tov*, *Mah Yafe Hayom*, *Kiddush* and *Motzi*. After the prayers concluded, I wished those around me a “Shabbat Shalom.” A middle-aged woman, the daughter of the man sitting next to me, asked me why I was visiting. As I shared my research topic with her, she began telling me about her father.

When her father first arrived at The New Jewish Home, he had no desire to attend the Shabbat service. The woman told me that her father had not gone to synagogue regularly since he was a child. She described her father as a secular, Zionist, American Jew, and that was the extent of his Judaism that she had seen, until now. Eventually she was able to convince him to go to the weekly Shabbat service at The New Jewish Home, and she would accompany him every few weeks. She watched as the prayers from her father’s childhood in the synagogue and youth programs came flooding back and he began speaking and singing the Hebrew text of the Shabbat liturgy. The woman told me, “My father looks forward to Shabbat every week now. It is his favorite part of the week!”

Similarly, Rabbi Mizrahi recounted the stories of several individuals who informed her, “I am not religious.” She told me, “One of my residents was born in 1920 in Germany. His first words to me were, “Rabbi, I’m not religious, but I’m proud of my Jewish heritage.”⁴⁴ She feels that it is her responsibility to remind them that they are Jews, and once Rabbi Mizrahi has succeeded, the residents feel a sense of awareness, awe, and connection to other Jews, as well as a connection to their Jewish identity through their ability to recite prayers and blessings, communicate in Hebrew or Yiddish, and recall Jewish memories from their past.

Jewish Music vs Secular Music

Throughout my interviews with Rabbi Goldman, Rabbi Mizrahi, and Cantor Katzew, I thought a lot about the different modalities, particularly music, that they are using to connect with people with dementia. This raised some questions that I feel are necessary to address through further research which may not exist yet.

Do individuals with dementia connect to a secular song the same way they connect to a Jewish song or musical setting of a prayer? There is no research that exists thus far on the impact of secular versus Jewish music on an individual with dementia. There have been many studies done in which it is demonstrated that secular music positively impacts the life of a person with dementia. The impact can increase the ability to access emotions, remember information and events, and even re-ignite the capacity to verbalize. While there is no documented research on the specific impact of Jewish music

⁴⁴ Mizrahi, Rabbi Nina. Personal Interview. Phone. September 25, 2017.

and prayer on those with dementia, I, along with other Jewish clergy, have experienced its power firsthand.

It is difficult to know if there is any difference in the way that secular vs Jewish music affects an individual with dementia. They both have the ability to bring about memories, language, and emotions that would not otherwise be accessed in a person living with dementia. I believe there is something deeper when a person with dementia connects to Jewish music. The memories that are evoked are tied to their Jewish identity which is oftentimes a significant, if not central, part of their overall identity.

Chapter 5: Conclusion

After a year of interviews, volunteering, researching, and studying the role of Jewish music and prayer in the lives of people living with dementia, I have discovered many ways in which clergy members and Jewish professionals are making a positive impact using modalities such as music, prayer, ritual, art, and conversation. Each of these modalities has the ability to improve, if only temporarily, mood, cognitive functioning, and memory.

Based on my findings, it is my belief that secular music therapy is effective, but Jewish dementia patients with a strong Jewish identity can benefit even more from exposure to Jewish music and prayer. The overwhelming effectiveness of Jewish music and prayer on a Jewish dementia patient is due to its capacity to create a bond, a sense of meaning or purpose, and retrieve memories that are at the core of the individual's identity.

While several programs involving Jewish music and prayer are in existence, both domestically and internationally, there are few documented studies of the effect specifically Jewish music can have on those living with dementia. Additionally, there is not a central organization through which clergy and other Jewish professionals can share their experiences, programs, and ideas. There is a need for an organization like this which could offer support, guidance, and creativity as we continue to discover the most effective ways to work with the Jewish dementia population.

Creating the Memory Minyan with Rabbi Goldman inspired me to think of ways I can provide experiences in the synagogue for congregants with dementia. Physically being inside the synagogue while praying and singing with community is one way to combat feelings of isolation for those with dementia as well as their caregivers. As clergy, I believe it is our duty to comfort the afflicted souls in our midst and create a sacred space for musical and prayerful healing. It is my hope that the evolution of the field continues to grow and inspire others to do this holy work.

Appendix

Transcript of Interview with Rabbi Goldman

J: Can you tell me what you do?

RG: I created an organization called *Seivah*, which means “gray hair,” Jewish Life Beyond Memory. Our mission is to raise the level of emotional and spiritual care for people who are affected by dementia. So that can mean caregivers and people with dementia. The focus is really on the people with dementia because I think they’re misunderstood. We all take it for granted, those of us that are neuro-normative, that we have spiritual lives, and sometimes we imagine that a person that has diminished ability through cognition, that they don’t and part of my mission is to evangelize the world, especially the Jewish world, to convince people using evidence that people with dementia do have spiritual lives and spiritual needs that can flourish and find comfort and meaning if people help them. Also, to provide a direct service through community organizing to community so that they can take care of their own people with dementia and their caregivers. I am looking at this as an inclusion issue, just as people would with any other disability to create religious institutions that are more inclusive.

J: And how long have you been doing this work?

RG: I started it about two years and two months ago. We have been a non-profit for a year.

J: What have you observed in your work thus far with *Seivah*?

RG: I came into it knowing that people with dementia are in some ways very ordinary. They have the same basic needs as anyone else like the need for delight, connection with other human beings, nature, and also the need for meaning, for meaningful experiences,

and to feel useful. The guy they found in the nursing home moving around the furniture at two in the morning, they tried to stop him and he wouldn't stop, so they looked at his chart and discovered he had been a night janitor, and they realized he was moving the furniture to clean the floors. So they gave him a broom and sent him on his work. This is what I came into it knowing. What I think I've learned is that the depth of the need for caregivers to have help, the need for more people to understand the experience of people with dementia and caregivers, because they often live in their own world and they assume nobody will understand what they're experiencing, and they're sometimes ashamed to bring it out and I think even more than that the willingness of other people, if they have some guidance to come to their aide, people want to help because they understand there's a need because everybody knows someone with dementia but they're scared to approach a caregiver or someone with dementia and they need somebody to open the door for them. I sort of knew that going in but I feel that more profoundly, it's more real and more widespread.

There's also some things I've learned that were intuitive before I started this project, that all of the stuff that recreational therapists, music therapists, chaplains, all of these people that do non-medical palliative care in a good dementia nursing home, all the things they do really make people healthier, and there's no evidence for that. In the two years that I've been doing this work, it's come out that it's really true. Dan Cohen created a program called Music and Memory. He cited a study done by Brown University that showed that people who got music and memory therapy for an hour a day had an 11% decrease in their needs for psych meds. It takes less time to get dressed because they're easier to work with, they're happier, they eat better so they gain weight, and their affect is

higher. On some level, I think I'm training and organizing people to make people happier.

I went off on a tangent, but I organize people to do direct service and be friendly visitors to people with dementia. The Memory Minyan, a social and spiritual space for people with dementia in their home communities and synagogues are two big things.

J: Based on your experience so far, have you made changes to what you do over time? For example, I know that the Memory Minyan was not created when you first started *Seivah*.

RG: This is a startup and I'm making it up as I go along. I didn't know this about startups I thought people had an idea and they implemented it, but really what happens is people have an idea and a lot of will but then some opportunity comes up, or they have a conversation with somebody and it results in a program. That's what happened with the Memory Minyan, which started as a Memory café which is an established program and then one day while I was washing dishes I thought, "Oh I could do this in a synagogue and it would be doubly affective because you create not only the social space where people feel free and easy no matter where they're at, but also if people have a religious mind and heart, they can access deep spirituality, especially with music." I'm trying to think what else I've learned...

J: Well how about you share with me what changes you might look to make in the future?

RG: Institutional resistance – synagogues move really slowly. I went to people and asked them to create this program with me to energize the community around the issue of dementia without necessarily thinking "This is going to take ten volunteers who are

already extremely engaged, because if you want to do this, you are already probably involved visiting the sick and issues of *chesed*. So I would be drawing from people in the deepest who don't have a lot of time doing something that is scary and demands and extended time commitment, not just a month. But synagogues have to go to their boards and someone on the board might say, "I don't see anyone with dementia." It's because they don't live in their home anymore and they are invisible. The Memory Minyan feels to me like it's an entry program, something that someone can do once and forget about it, but I think they wouldn't forget about it because they would think, "Well, what needs does this address? This really struck chord. What's the frequency?" So I think you have to make people's entry into dementia easy.

J: What inspires you to do this work?

RG: Contact with people with dementia, especially my grandmother who was a real worrier, but when she got vascular dementia, she stopped worrying and became focused on beauty and nature, noticing birds. That slanted me from the beginning to look for the signs of life and delight in the lives of people with dementia besides all the trouble. I think sometimes I have to be careful not to romanticize, but I'm always renewed and surprised when people are connected and I don't expect it.

J: Do you have an example of a time when you saw the connection between memory and music?

RG: I'll tell you two stories. In my first internship as a rabbinic student, I worked in a dementia ward at the Hebrew Home for the Aging in Riverdale about fifteen years ago. There was a one-hundred year-old man that sang a series of regular *Shabbos* songs like "*Adon Olam Asher Malach*" (sung) and then he'd start "*Shalom Aleichem*" (sung) and

“*Yigdal Elohim*” (sung) and he would do that with eight songs and it would drive the other residents crazy and they would yell, “Oh shut up,” but he would just keep going like his own little tape reel. I mentioned this to my mentor there and he said, “Oh, he’s the *Rebbe*, make a *tisch*.” So we got other people who had responded to music, especially liturgical music, and I got three or four of them to sit around a table with him and he did his thing: “*Yigdal Elohim Chai V’Yishtabach*,” (sung) and I saw people tapping, opening their eyes, smiling, and he got to be their *rebbe* and their spiritual leader and they were more awake than they had been before.

As for the Memory Minyan, I think the hum throughout was wonderful. Everyone was singing on some level: the people with dementia, the neuro-normative, it didn’t matter. I think it was a relief to the caregivers who were doing something with their person with dementia and the cognitive difference didn’t matter. They were literally on the same note and for that moment, it erases the illness as a diagnosable thing because everyone is just there as a human singing. I don’t know what was going through the mind of the people with dementia, but it seemed to me that everyone was fully present together. I also like the fact that it was an event that you didn’t need to know if you were the person with dementia, or the caregiver, or just an interested volunteer. It was just a bunch of people getting together to create a spiritual home and I remember when someone said to me “Which of the people had dementia?” and I responded, “Well, I’m one of them,” and she looked at me and said, “Oh, got it.” I was messing with her. Where I can be certain is in the first Memory Minyan, I knew that it was working for those with dementia and all the people there when the evening was ending and we decided to do a quick *Birkat HaMazon* because people had to leave, and they didn’t want to leave, but

they wanted to sing. One of the guys with dementia started singing “*Hava Nagila*,” “Take me out to the ball game,” and “*Heiveinu Shalom Aleichem*.” They wanted to keep it going and really have a *Shabbos* table and not just be done.

J: So what advice would you give to someone just starting to do this work, and what do you think would be helpful for me to know that I might not know to ask about?

RG: Well the first thing you have which sounds corny, but follow your intuition, because as you know people with dementia when they lose their ability for executive functioning are working full cylinders on intuition and spontaneity. That means, questioning your own identity all the time. The simplest way is wheeling my grandmother down the hall of her assisted care place and she wants to introduce me to somebody and she says, “Honey, I’d like to introduce you to my father, Harry.” I have an existential choice here, I can insist that I’m her grandson Michael, or I can be her father Harry, whose name is actually Edward, my cousin is Harry. Or can I think fast enough and allow her to re-assign me the identity as generic beloved male relative, a composite of other nice men that have been important in her life. So that is the challenge of anyone that’s around dementia at all times. Who can I tolerate being in the eyes of somebody else, and give blessing to their desire for me to be that person.

The other thing, for you specifically; let other people do the quantifying proving. It’s not our job. The kind of work you’re doing creates positive health outcomes. There are still people that think you are doing a superficial mitzvah by making an old person smile.

J: How is our work spiritual, or what is different about our work versus a secular Memory and Music Program?

RG: When I told my mentor that I wanted to create an organization to address the question of dementia and spirituality, his reply was, “What is Jewish spirituality? If I, as a Jewish person, hold the hand of another Jew, does that make it Jewish spirituality?” I didn’t have a good answer for him because the fact is, that is just spirituality. Our work is on a continuum, we’re on a team with all these people that care. There’s nothing Jewish about some of the therapies, whether it’s giving a person touch or putting the headphones on and playing the music they love, that’s maybe qualitatively not any different than giving them liturgical music or heavy metal, or wrapping a *tallis* around them. That’s not important, it’s just that we come from a right brain place, we know the importance of the intuitive and that’s what we’re trained in, to listen. Whether you listen for the music behind the words when you’re talking to someone or you’re singing with them on the same note or harmonizing with them, both literally and metaphorically. We simply are people who have an orientation that’s like clergy are the designated human being. It is different than a recreational therapist, we’re listening, watching, and trying to flow with the person. The therapists are there because they have a certain project, or dance program or sing a certain number of songs, and our job is just to be there. Anybody who is a music therapist understands that. In all of the kinds of non-medical ways you can be useful to someone with dementia, the lowest common denominator is being present, which we specialize in. We can teach other people how to be present. So all the time I get volunteers that want to fill the time with talking, and I tell them to think of topics not to talk about, and not to fill the time. That is our job, to remind people that being comes before doing and it’s especially hard to convince people of that in Judaism. We are so

oriented toward speech, discussion, sermons, and all of this intellectualism that Jews are involved in, the inheritance of our tradition. The downside is that we don't know how to shut up.

J: I'm struck by something you said. A few months ago I was listening to a podcast about a Christian chaplain that went to visit someone with dementia. She brought a bible and a rosary, and she noted how the woman came to life when touching and seeing these ritual objects. As you spoke about the *tallit* and the Jewish liturgical music versus secular music and said that there may not be a difference between them. It makes me question if the work we're doing is more effective than that of other therapies.

RG: Well I hope so. We're kind of in this to disabuse ourselves of our own preconceived notions of what spirituality is. So if this person likes *Kol Nidre* and that's what brings them to their greatest moment of connection, or heavy metal, it's really about reaching them where they are and knocking on doors. Doors that get opened when people have healthy associations with religion are really wide and for people of a certain upbringing or temperament, that's their door. Anybody could have the shuffle list on an iPod or Pandora and eventually they would get onto something that the person would like and register with them, but that's not the same. You're never going to get a good *Hineini* on there or whatever it is that brings them back to a time where all the other.... Let me back up and start again.

Spirituality is questing and resting. Trying to find meaning. Why am I here? What is my purpose in life? It's also about resting. Where is my space of comfort and feel totally like everything is okay and being held by God or others? Despite my troubles, I feel gratitude and at rest and those are the two perennial questions of religion and they

come into pop music and art, but they really converge in religion because that's what religious thinking and activity has specialized in. What's more, religion is so rarely solitary, it's really about community and we are just genetically mammals that need to be around other people. So even if you play a tape of religious music to a person who grew up surrounded by people at *Kol Nidre* or *Kabbalat Shabbat*, you're kind of recreating those people in the room. That's why music and memory is powerful; it can bring people back to the song they danced to at their wedding, or the Beatles concert where they were with thousands of other people screaming their heads off. It really transcends purpose and it's about being human together and hearing each other's voices. All of the intuitive stuff we do like art, music, and dance, tap into it, but religion specializes in it.

So here's a little story from the Hebrew Home in Riverdale. There was a woman who was pretty much lifeless. She could eat, cough, and her eyes were closed. I met her daughter once and she told me, "My mom was a great person. She had this amazing life. She was a holocaust survivor and she came to America and worked in the garment district as a nobody, and by the time she finished, she was a fashion designer and had her own studio. Now she's dead. She's not hearing us." I was disturbed by this and asked my mentor what to do. He said, "She's from the old country. Maybe she grew up religious. Try to speak a little Yiddish with her." I went the next day and spoke some Yiddish and lit the candles with her in Ashkenazic Hebrew, and it worked. She came to life and started coughing and turned red. She heard me.

Probably someone's favorite pop song could do that, but how do you find that song? Accessing religious experiences may be a convenient way of reaching people. That's important because it means that someone who doesn't have my playlist may still

be able to reach me. One last thing about that is that I think the religious experience, because religion specializes in the comfort and meaning access, people open themselves up to it. You don't tell your child, "We're going to go to Shabbat services and you're going to have a meaningful time," it just kind of happens if their experience is good. It is a place where people are ritually habituated to be open, and so that opens spiritual doors now. So if I get dementia, that will be a door to knock on.

Transcript of Interview with Cantor Katzew

J: What do you do? Where do you work and how long have you worked there?

CK: I have been at Cedar Village Retirement community for three years. I am serving as the Director of Pastoral Care, which is really a position combining chaplaincy and being a spiritual leader. The work that I do on the chaplaincy side of the job is very direct, one-on-one where I go into a variety of patient's rooms depending on what's going on in the week and I'll sit with them, family members and patients, and just talk. There are times where that turns into conversations about end of life care. At times, it is conversations about the fact that the person in the room is dying and being present for them and the family members. It's also an opportunity to bring my music to our residents with dementia in our Music and Memory Program. The other half of my work in bulk is worship, teaching, creating Judaic programming, bringing in speakers, musicians to perform, as well as Jewish holidays being celebrated in the dining room, programmatic, and in worship.

J: I'd like to focus on the Memory and Music Program for the rest of the interview. I'd love to know what made you start the program and what have you observed?

CK: My mother, in the latter part of her life, developed something called Lewy body dementia and I was trying to find ways to engage with her that seemed meaningful, that essentially proved to me the efficacy of music in these situations. So I would go to visit her and bring a group of CDs that I was looking to listen to, and obviously I would do that a lot, and I would watch how she would react, whether it be a smile or humming along. It was clear to me that it was impactful, and there are other times I have done work

in New York at the Jewish Home for the Aging in Riverdale where I experienced people with dementia who were almost completely silent, but when it came to a familiar melody, not only did they know the melody, but the words from beginning to end without flinching. It was a beautiful thing to behold. So, shortly after my husband and I moved to Cincinnati in 2012, we saw a movie called *Alive Inside*, which turns out it was directed by the son-in-law of Bonia Shur and Fanchon Shur, who are personal friends. Fanchon particularly encouraged us to go see it, and it spoke about this concept of music and memory. I then had the scientific evidence, there was a scientific reason that music helps to restore memory. When one looks what happens to the brain during dementia, there are certain parts of it that rule over speaking, that rule over motion, and when they're diminished, they're simply diminished. But music, because it is located in many brain centers, even if diminished, it still communicates through the brain and has a connective power that returns memory because the melody is in one place, the harmony is in another, the dynamics in another, and because they're all working together, even when diminished, you still have a result. At least that's what they are proving through this movie. The way they did that was personal playlists showed the effect of personal iPods with headphones and residents. It was remarkable to watch these people who are sitting and doing nothing, now able to answer questions. They would put the headphones on and listen and come alive. They started speaking and engaging with the world in ways that they weren't able to do before. That peaked the interest, so I went back to Cedar Village where I had begun to work and I said "We should do this," and I was given the green light to go ahead and they gave me a budget to be able to purchase a dedicated laptop for the purpose of music and memory, and to train six or seven staff members through the

Music and Memory organization program. This trained staff includes people from resident life, social workers, people from pastoral care, therapists, someone who works in PR, and nursing. Together, the people then were trained in Music and Memory to roll out the program where you interview an individual, or their family member, to determine what were their formative memories musically. We put them on an iPod and created a personal playlist, and then set it up so there are two sets of ear phones going at the same time. One set is for the resident and the other is for someone to listen with them. Over the years, now it's been about two and a half years, I think we have touched on the lives of over fifty people, potentially more. We usually have thirty to thirty-five iPods out at one time, and then when people die, they clear them and re-use them. Did I just talk too much?

J: No! To follow-up, I'm wondering if you have any more observations or stories that come to mind in addition to your mother and the work you did in Riverdale. Perhaps an observation of someone that was taking part in your Memory and Music Program?

CK: Well, I can actually refer you to a couple of videos that might be helpful. Around November of last year, we actually had a radio interview with a resident and her daughter on a local NPR station. The mom was basically nonverbal, but every night her daughter would come and they would listen to music together, and the mom would sing along. Not so much with words, but there was no question that she was there and focused and engaged, whereas the rest of the time, you could barely get her to look at you. The music she would listen to what always end, interestingly, with "God Bless America" and "Bei Mir Bist Du Shein." Those were the two things for her that resonated in ways that other things didn't.

And then we've previously discussed Gertie Dock, and that was a television interview, again the same kind of situation, but this time the daughter was not involved. It was just Gertie in the room for the interview. The interviewer talked to Gertie and she just lit up and engaged in a full-on conversation. If you watched it, you wouldn't believe that the person on the screen has dementia. You just wouldn't believe it because there was nothing about her that left you thinking that she was in any way not fully functional, but I guarantee you, that is not the case.

J: What was it about the interview that was able to engage her so much?

CK: It was, I think, the music and talking about her life as a musician. You know that she was a wonderful pianist, performer, and teacher. So, I think that there was something that triggered the performer within her and she was in her old self. It really was magnificent. We didn't know that morning if she would be able to do it [the interview] or not. You just never know.

I just want to mention a third person that comes to mind. I specifically was the one to visit her, and I would go visit her every week or two. We would sit and listen and I would come in the room and say, "Hi," and she would look at me, but we had no conversation. I would put the earphones on, and suddenly once they were on, instead of being unable to speak, all of a sudden she could put words together. It was as if listening to the music, unlocked her tongue. So those are three stories that come to mind without blinking. And as I said, there are about thirty to thirty-five people at the present time that have these iPods, and the primary location we have them is the unit with people that have more severe dementia. So sometimes the nurses will use the iPods as a means to calm

behavior, or to re-direct, to help elevate spirits. And, according to the research done by the folks in Music and Memory program, music has shown that there are times where patients can take fewer anti-depressants and anti-anxiety pills.

J: Has there been anything you've changed with the Memory and Music program since you started it, or are you thinking about making changes?

CK: The biggest change that I've made is that one of the aspects of healthcare that I was not familiar with is that the longevity of the staff is short. So the original team we began with, I think that there are two of us that are still in the building. So I've had to consistently re-vamp, re-train other people on some of the tasks and responsibilities, and that's challenging because you start from square one with each new staff person. To me, it's so intuitive that it's a good thing, but if you're a staff person, it's just another thing you have to do. Until you've seen that it actually helps, and once you learn and understand that it can help you, then you join in and say, "Hey, this is fantastic," but having to do the pitch over and over with new staff can be a bit of a challenge.

J: Do you train every new staff member?

CK: I have to be the biggest cheerleader because everybody has a program to which they are particularly committed, so the Music and Memory Program, if it hadn't been for my cheerleading in the beginning, it wouldn't have started, and if I hadn't been continuously cheerleading to bring others on-board, it would die. So it's because of my commitment to it and my belief in its efficacy, that I believe it has continued on in a strong way. The other thing that I've done that I think has been pretty wonderful; our facility has different levels of sub-care so I have actually integrated some of our independent and assisted living residents into the volunteer parts of the program. For example, once a week, there

are a couple of women who go in as a team and they help to collect and charge all of the iPods. Now that may seem like a little something, right? But let's say a resident uses the iPod for five to six hours a week and the battery is going. Well, until someone notices the battery needs re-charging, it might be who knows how long. So by having these volunteers, they regularly go in and take all thirty of the iPods and put them on the charger. We have charging stations that charge ten iPods in each hallway that they're located. They charge them once a week and then we're all set. So that has been to have in-house volunteers. I also feel fortunate to have a couple people who volunteer from the community who help with some of the programming of the iPods once we've done the collection data of what people enjoy listening to. That's helped to lessen some of the burden on me personally.

J: I love the idea of the in-house volunteers. I think that is brilliant!

CK: It brings the community together too; you know? So often, when people move into a facility, they have to give up independence. There's a pride that goes with that. They don't get to drive anymore; they can't just run their lives because they have to go by way of the way things work in the institution. But this gives them a sense of purpose. And the people that are recipients of that are also, so it's a win-win both ways.

J: Absolutely. I have two questions left for you. The first one is a question I've been struggling with as I've gotten deeper into my research. How is the impact of Jewish music possibly different than the impact of secular music with people with dementia?

CK: Well here's where it comes to play. If you talk to someone that is currently one-hundred years old, because we have people from sixty to one-hundred and eight years-old. So let's take my one-hundred eight year old. She is a holocaust survivor who grew

up in Europe, came over to America, had family all over the world, speaks seven languages, and she's orthodox. Her behavior includes, each day she gets up, she has rituals that she follows including going to our synagogue, she kisses *mezuzahs* each time she walks into a room with a *mezuzah*. I've observed her ritually take a step outside of the door to get a breath of fresh air, but when she goes into the synagogue she says her daily prayers. She's so steeped in her Judaism that if you were to take a guess without ever talking to her, and guess what music is influential in her life, I have zero doubt that synagogue music would resonate with her because of her childhood and Yiddish. So where Jewish music comes to play, is in the case of people for whom Jewish music was a formative experience.

When Michael Vanek came to Cedar Village about a year ago, he did an exercise with the group. They came to watch the movie *Alive Inside*, and he said to close your eyes and think of a song that is formative for you. The first song that comes to your head that you remember and feel close to in some way. Then he said, "When you think of that, can you tell me what the room looks like, who were you with, what emotions does it evoke?" Now, I don't know what everybody else was thinking, I just know what I was thinking, and without a doubt, the music that came to mind was the music of when I was fifteen or sixteen years old, not the music I listen to now. It was Simon and Garfunkel, and I could picture where I was, I could picture who was with me, and it's certainly not my taste today. But in my later years, if dementia were to set in, that would be the music that would remind me of who I am and where I was. And this is how they go about helping someone to feel a bit of themselves.

Back to the Jewish music piece, I also had in those years when I was fifteen or sixteen years old, had a ton of Jewish music that I was exposed to. Where was it? It was at summer camp, in Israel, and in synagogue. Those were places that I spent most of my waking hours. So if dementia were to set in down the line, that Jewish music would work for me as well. A lot of our elders would respond to that too, as well as Yiddish music. It's funny, I went to pick out a version of "*Hava Nagila*" for the Music and Memory Program, and I decided on a setting by the Berry sisters. Why? It wasn't just the melody of "*Hava Nagila*" but it was the *geshtalt* of the setting. I knew they would remember the melody, and it included the sound of the 1940's all-around.

The tools of *chazzanut* which I carry with me as a cantor, this particular population of Jewish seniors, works for them. If I put a *Kol Nidre* out, which setting will I pick? I'm going to look for a Jan Pierce setting, or a Moyshe Oyshe, or Abe Mizrahi, because the quality of the *chazzanut* in my opinion is more authentic.

J: It is so amazing what you are doing. It is only my hope that I can do some work like this in my future as a cantor. It seems to me that there are just not enough people in our community that are thinking about this population.

CK: Well, little by little we get it out there. I actually did a workshop on it for Jewish chaplains. The other thing I didn't mention but it occurs to me as a little twist is, we have a contact in our local community from Target, and one of their managers called and said they were looking for an opportunity with their managers of their store to come and do some volunteer work. They came and we did a combination of teaching sessions and introduced them to the concepts of dementia, what they might expect when working with a patient who has dementia, and then we took them on the floor to meet some of our

Music and Memory people and they watched them with the iPods on. They ended up gifting us with fifteen new iPods and a gift card, and our program expanded. We also have people donate gently used iPods, so we were able to double our number of iPods.

Back to your comment of what you would like to do. If you were doing, let's say, a typical cantorial position where you're teaching B'nai Mitzvah students and they had to fulfill a mitzvah project, they could do an iPod drive. There are lots of facilities that have these programs.

J: That is a great idea. I would be very interested in doing that. Thank you so much.

Transcript of Interview with Rabbi Nina Mizrahi

J: I would love for you to tell me exactly what you do, where you're working, and what your position is.

RM: Northbrook Inn, where I work, is a memory care residence that opened in December of 2016. Week by week or month by month, there's been an increase in the number of residents there. Because it was so small initially, I was doing programming on Friday afternoon for whatever residents were there. So that meant I was cooking with them, and I was doing projects with them that enables them to either work with shapes or natural materials, or sometimes it was with language. Initially, because no one on staff is Jewish, I was hired to be the Rabbi there, and I think it was to some extent a marketing tool in the hopes this residence would attract Jews from the North Shore that are generally fairly wealthy and able to afford this kind of care. Right from the start there was a little bit of overlap of me working with the first two residents, one was Jewish and one wasn't. Then it continued to grow. I really enjoyed engaging with the whole group although at a certain point when I wanted to do "Welcome Shabbat," it didn't feel comfortable for me to have the entire community there. So we began to shift what I was doing. Before that happened, generally, all of the families and staff were very happy, and continue to be very warm and welcoming to me. They like the presence of joy and energy that I bring there. More recently, they cut back my hours for financial reasons, and really asked me to focus on meeting the needs of the Jewish residents. So that's why I go one day a week for just general visits. Of course when I'm there, I not only visit the Jewish residents, but because I know so many of the residents, I'm able to engage with them more personally. I find

whenever I'm there, there can never be enough hands, there's inevitably someone, somewhere that needs help. So I'm also there with eyes and ears making sure that people are okay. So that's what I do earlier in the week.

On Fridays, a few months ago, I really started to develop the Shabbat experience, which made me happy and made the residents happy because I didn't have to adjust what I was doing so I didn't offend other people. So it felt really good to do the Jewish component. From the beginning, everybody really enjoyed it, and there was often conversation of "Oh, are we the only Jews," or "Are there other Jews?" It created a sense of connection between the Jewish residents. Of course anyone who wanted to join us, was certainly invited to do so. The next question was, what would this experience be? I smile when I think about a community volunteer that wanted to do a special forty-five minute Shabbat service for the residents, and I explained that this is not a group that would likely not get much out of that experience. Because I have always felt that experiential education is more effective in creating community and deepening one's sense of identity and connection, I decided to go that route, and I brought candlesticks, a *Kiddush* cup, and *challah* cover from home, and every Friday I would walk in with the big bag, and one of the resident's greets me, and we set up the table together while the staff gathers the residents from wherever they are. Most of the residents walk with assistance in walkers or wheel chairs. So by the time everyone gathers, we've laid everything out and everyone gathers around and we settle in a bit. We light candles together, and it's been delightful to see that these people, many of whom had said to me, "I'm not religious," really seem to have had foundational Jewish experiences growing up. So a number of women say that *bracha* and say "*Gut Shabbes*." And from there, I say this with a little bit of sadness

because one of my residents, who was born in 1920 in Germany whose first words to me were, “Rabbi, I’m not religious, but I’m proud of my Jewish heritage;” he was always the person who did *Kiddush* for us. Last week, he passed away at the age of ninety-seven. So I have not back since then, and I’m curious to see how that kind of loss impacts the community. I know it impacted me. But he would make *Kiddush* and then blessing over cookies or *challah*, and then I made a song sheet, and one of the things I struggled with was finding songs that they would know. I tried some basics, a lot of times I think they found it soothing just for me to be singing to them. And for the engagement, one day I figured out “*Zum Gali Gali*” and all of a sudden almost everybody was participating. For this resident and some of the other residents, I did some Yiddish songs for them. I’m not a cantor but I think music is always incredibly important and we have a lot of fun with that. I found out from a staff member that some other staff members had walked by some of the Jewish residents, and they were speaking a language they didn’t recognize, and it was Yiddish. There are at least three Yiddish speakers there. And in fact, two of them were lunch buddies and would have their lunch together. So Yiddish was definitely a connection.

So after we would sing for a while, I would start a conversation about memories. They always cried, tears of joy and loss. One resident would talk about his grandmother braiding *challah*. Another would talk about her mother making gefilte fish. Others would talk about the meals they had. It was really fun, and over time, because I knew some of these things, I could give them prompts for them to maybe add some more details if they could remember them. After that, I would sing to them Debbie Friedman’s “*Mi Shebeirach*” and then I go around to each resident. It changes week to week, but I think

the other week we had twelve people that were present, almost all the Jewish residents and their family. I go to each person, whether they are family or a resident, and I bless them. It's not exactly Marcia Falk's blessing, but it's a blessing I've used with my children since they were very, very young. It goes like this: "May you be blessed by who you are, and by being who you are, may you always bring blessings to others." In the who you are, I am able to say, "for your kindness" or "for your constant desire to help."

At the Passover seder, which I'll tell you about later, I learned that one of my residents is the daughter of a rabbi, and many generations in her family were rabbis. Her grandfather was so learned; he even was a rabbi for rabbis. You would never know this from where she is in the progression in dementia. Even six months into living here, she is constantly asking people to go home. I'm really struck by that, how often people say they want to go home. They know they're somewhere, but sometimes they think that they're just going to get picked up later, and sometimes they realize they're not going to go home. Usually they want to go home to their parents. They think their parents are waiting for them. It is very profound for me.

After that, it's kind of interesting, because it's not as if everybody wants to get up or go. I find that they are calm and generally just could be quiet, and just want to be there at that moment. Occasionally, it takes a little while to settle down if someone's talking too loud, like in any communal living, or one resident has a big heart but kind of gets in your face in a New York type of way. Other residents that are not like that, have a lot of trouble with her because of that. I understand she doesn't mean anything negative, but it's difficult for them sometimes.

So eventually I have to go get somebody to help move everyone along to whatever activity they are doing. What's been interesting for me is when I have had a chance to meet with the families that are there. One of the residents in his nineties married a lady about six years ago, and she is one of the most with-it people I've met. She's in her mid to late nineties and still gets dressed impeccably and comes to visit him. It's pretty incredible. When I first met them, she didn't want to come join the group, and her husband had no interest. Eventually, she came one week without him, and that was the first time I was really blessing everyone. The next time, she insisted that her husband come and join her. It was very nice. There is another resident, who asks me about my congregation and do I know the congregation he used to go to. He wanted me to know he loves his Judaism and he wanted to say the *Shema*, so since then, I always mention him and say that he has asked us to sing the *Shema* altogether. It's really great. One day I was sitting with him and his wife, just looking at the sky, and he shared with me how happy he is to be alive. And I say that to you, because so many people assume that everyone [with dementia] just wants to die, but that's not true. You can't make those assumptions. He was looking up at the sky, wanting to know what the mystery is up there. He asked, "What's behind the clouds? What's behind the sky?" He was curious and joyful, also very emotional, and I realize that's the medication too, but I've been able to say to him, "Oh, it makes me happy to think about when you shared with me..." So that's kind of what most of the Shabbat experience is. Do you have any more questions about what that looks like?

J: No! That was great. You answered a bunch of my other questions as you described the experience and the resident's stories.

RM: I should add that we have our Shabbat in the dining room. A lot of our staff is not Jewish, so it's been a learning curve, but they get a lot of joy from seeing our residents experience Shabbat. We leave the doors open to the dining room so those that can't come in to the dining room, can still hear us.

I laugh, because at Passover, I was programming for everybody [including non-Jews]. Since then, there hasn't been as much engaged programming, because when I say I cooked, I didn't demonstrate, I cooked with them. I brought in cooking supplies and everybody had a role in chopping the walnuts and the apple to make the *haroset* that we then put in the fridge and used a few days later when we had *seder*. I didn't have a clue what it meant [to have a *seder*]. This was before what I know now. It was actually very funny, because in the course of setting up for the *seder*, if you put out a plate of food in front of anybody, they're gonna eat it. It was hysterically funny because at first I was saying, "No! You have to wait," but I quickly realized they were excited to see these different things and to sing a few songs. Again, that was a great time to share with family members that were there. But I understand now what that is. I work pretty closely with the Activity Director making sure that they are aware of holiday meals, making sure there is chicken soup and *matzo* balls, and I give them the recipes. They've been incredibly open to that. And to the extent of the awareness that they have gained, I received an email asking for guidance for the *Sukkot* activities while I was out of town. I laugh because they didn't even know what *Sukkot* was before, and now there's that question of what they should be doing. I started giving suggestions of doing things whether it's doing painting

with apples, or something with leaves. That's where I would say being the daughter of a master early childhood educator taught me how to work with real materials. So the whole thing of trying to live in the Jewish calendar has been great.

J: Do you feel that the residents are experiencing spiritual moments through your programming?

RM: I do, yes! Oftentimes when I walk into the building, someone will say, "Oh, is it *Shabbat*?" So there's a lot to be said for that. I do really believe that they are Jews and there are other Jews. It's reminding them that they are Jewish in a place that really doesn't have anything Jewish until you add it, and that they enjoy and feel great. What's clear to me, is that they have that sense that many of us have of "Wow, we're not large in number." Some would say that's a differentiation, but on the other hand, it's a part of their identity, and it is who they are, a significant part of who they are. It's helped me when people say "I'm not religious." In one of my sermons on *Rosh Hoshanah*, to talk about the congregations I serve, and I talked about them and what it's like to be serving this congregation and how I've learned how important it is that the experiences we have at home with our families, our mothers, cooking, are extremely important. These are memories, being cooked for or being a part of the cooking, is really important. It's not a finish, it's the core of my early Jewish identity and probably the best memories I have with my mother would be the learning together. What does Jewish look like in your home? In particular, in the kitchen and around meals. People liked the sermon, and people are struggling with their own family members that are going into memory care. For me, it was also a plea to say that you have to make experiences. It was meaningful for

me to bring this congregation to their awareness. I'm trying to think. [pause] Perhaps you can ask me another question.

J: You mentioned this a bit with the Yiddish story, but I'm wondering if you have another example of a time when you saw a connection being made through prayer, music, or activities that you were facilitating.

RM: They join in with the *bracha*, they love the playfulness of Yiddish, and they told me they spoke Yiddish. One resident got so excited when I first spoke to him in Yiddish, his face lit up. That was an example of language being a huge part of their identity, and the idea that people are fluent in it, is very cool. They like that part of their identity. If I didn't call it up, no one would know. They would not have access to that part of them. I think that's a lot of what I'm saying. When people go somewhere and the people who care for them, they are good, caring, wonderful people, but they are not necessarily making connections with specific things that are not generic things like memory games and stuff like that. It's really knowing that there is an identity that is still core in that person, and trying to figure out ways to access it, because again, on their own, they're not going to do that. But together, it is possible.

J: I am curious if you were guided by any research or particular information as you started working with this community, or did you just figure it out on your own?

RM: In the beginning, I did a lot of reading about dementia and spirituality. I think at some point recently, someone published a book of somebody talking about the spiritual journey of a loved one into dementia. Also, Montessori has begun to think about dementia and applying their approach to dementia. I also learned about and found resources that have photographs of things that can be used to evoke conversation. So now

I will tell you that there is just not a whole lot out there for people that want to do this.

One of the things I would like to do is to compile a book of things people can do in small groups or one-on-one with a loved one, that are important. Whether it's doing a collage with natural materials, or having the opportunity to do an activity to exercise their creativity. There really hasn't been a lot of stuff though. I spoke with someone in Westchester county who told me that the most important thing is to connect with people. He said shorter visits are better than longer visits, and he's working on a one page Shabbat service that probably had a few more traditional prayers in it, but it is very short.

J: Rabbi Goldman? That's who I have been working with on creating a *siddur* and Memory Minyan.

RM: Yes. So I really called people, talked to people, read a great deal. Really trying to understand. There really are many stages along the way with dementia, and there is a period of time when you can do all sorts of things with them to keep them engaged. By the time they get to Northbrook Inn, they are further along, and even in 6 months, I can see a big difference. There are some limitations, but on the other hand, I think it's important to have conversations and refer back to things that they feel connected to, even if they don't know why. That's been really important. I didn't have any training. I really did spend a lot of time thinking when I was doing programming. The residents like to do things with stickers, but I wanted to figure out how to do it meaningfully, which is your question. The question of how to do meaningful things, doesn't mean taking what a three year-old would do and putting it in front of them. That's inappropriate.

Oh, I wanted to tell you about this. I was working with everyone and I wanted to do a house prayer. I used my computer and I was able to make the shape of a house with open windows and an open door, and then I made an array of words that would describe them or what's important to them, and cut them out. Then, I went around and they decorated and I helped them each pick a few words, after talking with them, a few words that seemed appropriate or important to them to put in their house. Everybody made a house blessing. Whenever we did things like that, there always seemed to be a lot of conversation for some reason. You also learn a lot about different ways that people learn, or who doesn't like to get dirty, or who is a perfectionist. I'm always interested in process, much less about product. That's something that was meaningful for them and family members that were there that day. I think there is a lot of meaning to be had when working with the family members. Everybody becomes a part of what we're doing, and it seems to be important to the greater routine of the community.

J: I just want to thank you so much for the work that you're doing and for taking the time to share it with me. It is always exciting to connect with others that are so passionate about working with this community.

Bibliography

Baker, David C. "Studies of the Inner Life: The Impact of Spirituality on Quality of Life." Vol. 12, 2003, pp. 51–57.,
www.jstor.org/queens.ezproxy.cuny.edu/stable/4038230. Accessed 20 Dec. 2017.

Beuscher, L., and V. T. Grando. "Using Spirituality to Cope With Early-Stage Alzheimer's Disease." *Western Journal of Nursing Research* 31, no. 5 (2009): 583-98.

Broken Fragments: Jewish Experiences of Alzheimer's Disease through Diagnosis, Adaptation, and Moving On. Edited by Douglas Kohn, URJ Press, 2012.

Clément, Sylvain, Audrey Tonini, Fatiha Khatir, Loris Schiaratura, and Séverine Samson. "Short and Longer Term Effects of Musical Intervention in Severe Alzheimer's Disease." *Music Perception: An Interdisciplinary Journal* 29, no. 5 (2012): 533-41. Accessed October 31, 2016.

Cuddy, Lola, Jacalyn Duffin, Sudeep Gill, Cassandra Brown, Ritu Sikka, and Ashley Vanstone. "Memory for Melodies and Lyrics in Alzheimer's Disease." *Music Perception: An Interdisciplinary Journal* 29, no. 5 (2012): 479-91. Accessed October 31, 2016.

Dassa, A., and D. Amir. "The Role of Singing Familiar Songs in Encouraging Conversation Among People with Middle to Late Stage Alzheimer's Disease." *Journal of Music Therapy* 51, no. 2 (2014): 131-53.

Frankl, Viktor. *Man's Search for Meaning*. New York: Simon and Schuster; 1984.

Gagnon, Lise, Nathalie Gosselin, Véronique Provencher, and Nathalie Bier. "Perception and Emotional Judgments of Music in Dementia of the Alzheimer Type: A Short Case Study." *Music Perception: An Interdisciplinary Journal* 29, no. 5 (2012): 509-19. Accessed October 31, 2016.

Goldman, Rabbi Michael. Personal Interview. Phone. September 1, 2017.

Guetin, S., K. Charras, A. Berard, C. Arbus, P. Berthelon, F. Blanc, J.-P. Blayac, F. Bonte, J.-P. Bouceffa, S. Clement, G. Ducourneau, F. Gzil, N. Laeng, E. Lecourt, S. Ledoux, H. Platel, C. Thomas-Anterion, J. Touchon, F.-X. Vrait, and J.-M. Leger. "An Overview of the Use of Music Therapy in the Context of Alzheimer's Disease: A Report of a French Expert Group." *Dementia* 12, no. 5 (2012): 619-34. Accessed December 19, 2016.

Halpern, Andrea. "Dementia and Music: Challenges and Future Directions." *Music Perception: An Interdisciplinary Journal* 29, no. 5 (2012): 543-45. Accessed October 31, 2016.

Herskovits, Elizabeth. "Struggling over Subjectivity: Debates about the "Self" and Alzheimers Disease." *Medical Anthropology Quarterly* 9, no. 2 (1995): 146-64. Accessed August 27, 2017. doi:10.1525/maq.1995.9.2.02a00030.

Katzew, Cantor Alane. Personal Interview. Phone. September 14, 2017.

Korolev, Igor O. "Alzheimer's Disease: A Clinical and Basic Science Review." *Medical Student Research Journal* 4, no. Fall (September 2014): 24-33. Accessed December 19, 2016. <http://msrj.chm.msu.edu/wp-content/uploads/2014/12/Fall-2014-Alzheimers-Disease.pdf>.

Ménard, Marie-Claude, and Sylvie Belleville. "Musical and Verbal Memory in Alzheimer's Disease: A Study of Long-Term and Short-Term Memory." *Brain and Cognition* 71, no. 1 (2009): 38-45.

Mizrahi, Rabbi Nina. Personal Interview. Phone. September 25, 2017.

Rossato-Bennett, Michael, Alexandra McDougald, Regina Kulik Scully, Dan Cohen, Oliver Sacks, Bobby McFerrin, and Itaal Shur. 2014. *Alive Inside*.

Sacks, Oliver. *Musicophilia: Tales of Music and the Brain*. New York: Alfred A. Knopf, 2007.

Selkoe, Dennis J. "The Aging Mind: Deciphering Alzheimers Disease & its Antecedents." *Daedalus* 135, no. 1 (2006): 58-67. Accessed August 27, 2017. doi:10.1162/001152606775321112.

Society, Alzheimer's. "Dementia and the Brain." Alzheimer's Society. November 29, 2016. Accessed August 27, 2017. https://www.alzheimers.org.uk/info/20073/how_dementia_progresses/99/the_brain_and_dementia.

Vanstone, Ashley D., Ritu Sikka, Leila Tangness, Rosalind Sham, Angeles Garcia, and Lola L. Cuddy. "Episodic and Semantic Memory for Melodies in Alzheimer's Disease." *Music Perception: An Interdisciplinary Journal* 29, no. 5 (May 29, 2012): 501-07. Accessed October 31, 2016.