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Music, Dementia, and the Reality of Being Yourself

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ABSTRACT

“Just be yourself.” This seemingly banal platitude can mean any number of things, depending on the context in which it is to be done: I could be unique and distinguish a singular subject, I could behave as I normally would and embody “my coherent” identity, or I could intentionally express myself and the relationships that structure this in meaningful ways. I am seemingly free to dictate how I am and enact this appropriately, but this freedom hinges precisely on my conscious awareness and intent to be myself.

In the context of dementia, a condition characterized in terms of Self-loss, this cliché becomes increasingly significant as the status of a person’s consciousness becomes more ambiguous. A common observation about an individual with dementia is that music is one of the only remaining activities through which he or she continues to appear as a recognizable Self. But, what sense can be made of these curious phenomena?

In this dissertation, I use philosopher Slavoj Žižek’s style of dialectical materialism and reading of Lacanian psychoanalysis in order to explore this problem of consciousness at the heart of the seeming paradox between musical activity and dementia. The purpose of adopting this approach is twofold. First, I aim to construct a parallax view of, or different ontology for, the real and virtual ways that music and dementia shape what it means to be yourself. In order to do this, I map the order of chapters according to the Lacanian triad of the Imaginary, the Symbolic, and the Real. The second aim is epistemological: by framing what was initially an ethnomusicological project in terms of psychoanalysis and philosophy, I have attempted to open up a new intellectual space for musicology, one which is based on a critical orientation to phenomenology and semiotics rather than a deliberately integrative one.
PRELUDE: Patricia

Often I look at my hands and think about how much they resemble my grandmother’s hands. I am sure if I could fly to Ohio and compare our hands tomorrow I might not be so convinced, but there is something about the appearance of the nails and the nail beds that consistently triggers my memories of her. I remember her hands as they were many times in my childhood when she smoked two drags of a cigarette, tapped the ash in to the tray, and forgot about it until it burned all the way down to the filter. I remember her hands as she braced herself on the arm and cushion of her couch, tucking her right leg under her body, poised and ready to listen to whatever it was that I had to tell her about school, about life, about what I wanted for Christmas that year. I remember her hands carefully turning pages of a book as she sat reading on that same couch. And I remember her hands jumping up and down on the basement piano keys as she played the “silly song” for her gaggle of dancing and spinning grandchildren.

It has been several years since I fell out of regular contact with my grandmother. She used to send me the loveliest notes, many times complete with newspaper clippings about steel bands and other things musical that she knew spoke to my interests. Since I moved to Florida, I sent her my defended thesis to read along with a few other papers I’d written because, although she used to be an avid reader, clever writer, and English teacher, she doesn’t read or write any longer. I am sure my aunt read them to her, and has helped her write and send me a few short notes in the mail.

After I graduated from high school and while I was living away from home, she was diagnosed with Alzheimer’s disease, although my aunt suspected that the symptoms of memory loss and personality change she exhibited might have been attributable to her prolonged and
prescribed use of various pharmaceutical drugs to attenuate her epilepsy and other conditions. Her diagnosis, although it was initially devastating, did not seem a surprise to our family; her mother and other relatives had, or likely also had had, dementia. My grandmother experienced a rather dramatic and volatile time immediately after her diagnosis; she experienced seizures and sudden sharp changes in personality, yet she continued to live at home with my grandfather and to maintain a rather active local social life. However, the normal processes of physical aging combined with a complicated regimen of AD and epilepsy medications rendered her more physically and cognitively fragile than she’d ever previously been. When our family realized that her condition was rapidly deteriorating, my aunt began caring for her daily. Today, my grandmother lives with my aunt, who cares for her virtually around the clock.

My grandmother doesn’t talk anymore. She no longer smokes, or plays the piano, or tucks her right leg under her body as she sits on the couch. But when I visit her and see her sipping her Diet Coke through a straw at lunch, I still see her, despite what could be deemed as “demented” behavior. Although there are things about her present form of being which are clearly different than other images of her that I have in my memory and past experience, she is still, somehow, perceptibly herself.

A few years ago, I realized how remarkable this is when I was home for the holidays. One evening while I was at my aunt’s house, she told me about how my grandmother had been speaking less, becoming increasingly grumpy and often frustrated. She seemed content only to sit in front of the television and watch a news channel. Then my aunt shared a brief story that sparked the idea for this dissertation. One evening, she said, Grandma was pleasant and attentive, but quiet as she sat on the couch in the living room with my aunt and cousin while they
were watching American Idol. During the show, a contestant began to sing and she said that grandma’s “eyes lit up.” She began paying attention to, showing interest in, something other than the white noise of network news. During a time when she had appeared withdrawn because she no longer recognized faces that should have been familiar to her, something about the sounds and patterns she heard had triggered a moment of “awakening” for her; the music precipitated a noticeable change in her conscious awareness, as evidenced simply in her facial expression.

Interestingly this time, it wasn’t a book, a conversation with her husband, or a photo album (although I believe that these elements also contribute in positive ways to the quality of my grandmother’s life currently and over the last decade). The onset of the “awakening” occurred directly after she’d heard singing; music was seemingly the key to her display of consciousness. My grandmother, although a capable piano player and singer, did not lead a life intensely focused on music, nor was she known for her prowess regarding current popular music. Does her “awakening” from dementia have a musical explanation? In what sense is this musically-based awareness related to that inexplicable-yet-recognizable quality of “being her Self”?
CHAPTER 1

INTRODUCTION

What if the way we perceive a problem is already part of the problem? What if the way we spontaneously formulate a problem mystifies [it]?¹ - Slavoj Žižek

1.1 Purpose: Materializing a Parallax View of the Self via Music and Dementia

This dissertation examines a specific problem: the paradoxical “appearance” of the Self during creative, social, and expressive activities despite dementia, which is a condition characterized in terms of Self-loss. I focus on salient moments of “awakening,” in which an individual who otherwise appears to have senile dementia becomes engaged, aware, or conscious again through their engagement with music. Caregivers and family members of people with dementia often remark that music has a noticeable effect on that person’s mood, behavior, and general orientation to reality. Is there a specific “deep” connection between styles or ways of making music that resists the symptoms of dementia, one that allows somebody to “be themselves” again? What sense can we make of someone’s remarkable engagement with music in the retreat of the very cognitive functions that distinguish the “Self”² as a unique person in the first place?

Woody³ is a man with dementia whose family is taking him to sing with The Grunyons,


² I use the capitalized term “Self” throughout this dissertation to reference human subjectivity. As I use it throughout this dissertation, the Self is a philosophical construct that allows me to cohere an understanding of the experience of being human. It is defined both by the systems of meaning that cohere one’s existence as a subjective being and by one’s phenomenal presence in reality.

an all male a cappella group established in 1949 in Detroit, Michigan. The short vignette of his performance in the above-referenced clip is part of the full HBO documentary series “The Memory Loss Tapes” and I return to it later in this dissertation, but I use it here to exemplify the disjuncture between Self-expression through music and the Self-loss of dementia.

Prior to being onstage, Woody is confused and perhaps mildly agitated, but, once he is standing on the stage with the Grunyons and they all begin singing “Shooby-Doin’” together, he appears as a seasoned performer, in command of his voice, the lyrics, and the part. He does not miss any entrances or sing an incorrect lyric as he takes the lead during the verses and manifests an expressive diction. The remarkable moment occurs immediately after the group begins to sing: as the emcee finishes introducing him to the audience, Woody stands with his hands behind his back, half bent over and looking at the stage floor. As soon as the group sings the first few notes, Woody stands straight up, looks at the audience, and then at the other Grunyons. It appears as if Woody “comes alive” again at this moment - he does not appear to be confused, as he was just moments before the performance, and he ceases to repeat stating that he does not know what is going on, as he was also doing prior to being at the concert.

After the song concludes, the Grunyons congratulate Woody, shake his hand, and pat him on the back. He reciprocates the good cheer but nonetheless, by the time he is in the car with his

4 For a detailed history of this group, see http://thegrunyons.com/history.


wife and daughter as they return to the assisted living facility, he asks repeatedly why they have
gone out. Although he appeared to “be himself” again while performing, Woody’s symptoms
returned after the concert was over and his wife returned him to the assisted living facility.

This vignette and the others included in this dissertation are examples of what I call a
“short-circuit of Self through music.” As I explore the intersection of music and dementia in this
work, I invoke the short circuit metaphor in two ways, as outlined in each of the following
definitions:

1. **short circuit** *n.* in a device, an electrical circuit of lower resistance than that of a normal circuit,
typically resulting from the unintended contact of components and consequent accidental
diversion of the current.⁷

2. **short-circuit** *vt.* to apply a short circuit to or establish a short circuit in; to bypass; to frustrate,
impede.⁸

A circuit is a circular path, or closed loop, of energy (which can include electricity,
power, vitality, consciousness). It is a metaphor for life, for human being, for Self. The flow of
energy through the circuit is modulated, or shorted, by frictions, tensions, or antagonisms to the
current. These forms of resistance direct and sustain the vital energy of the current. In one sense,
dementia shorts the circuit: it frustrates the system’s established functions and creates a “loop of
lower resistance” by which the Self operates. But in another sense, musical activity constitutes a
sort of short-circuiting of the Self in that patterned sounds, words, gestures and their associated
and varied meanings are frictional, in that they seemingly reanimate the relative flow of
consciousness. For individuals with dementia, musical activity is often related to these
phenomenal “awakenings” of subjectivity that can range from the dramatic, like Woody’s public

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performance, to the subtle, like changes in emotion, mood, awareness, and memory. Why and how does this oxymoronic “frustrated life” happen? What do these episodes and instances of “short-circuiting” reveal about the way the Self is constructed today? Why music? What is the relationship between music and the Self? The purpose of this dissertation is to explore what it actually means “to be one’s Self” by materializing the paradoxes that structure the way we conceptualize music, dementia, and the “radical” nature of human subjectivity.

1.2 Significance

This dissertation is a philosophical examination of the problem of consciousness that emerges when someone with dementia has an experience of music that seems to “short” the Self. My aim is neither to approach the study as a medical researcher, a neuroscientist, a music therapist, or an applied ethnomusicologist might. I am not in search of a musical formula or answer to dementia. Rather, the goal of this writing is 1) to present narratives of people with dementia who make, dance to, listen to, and talk about music, 2) to critique predominant ideologies about music and dementia and 3) to explore the issue of Self at the heart of human subjectivity.

Essentially, through a move toward dialectical materialism and by applying Slavoj Žižek’s reading of Lacanian psychoanalytic theory in this regard, I’ve pushed this dissertation firmly into the realm of philosophy. It is not simply a look at music and dementia through the lens of (ethno)musicology, nor is it merely an exercise in reporting on and interpreting the meaning of music in the social lives of individuals and communities who confront dementia. It is an attempt to turn existing ideas about music and dementia inside out in order to essentially uncover what we already know about being, consciousness, and subjectivity, but do not address
or confront because existing models of these ideas do not account for how we might go about doing so.

The quote at the outset of this chapter comes from a talk Žižek gave a few years ago in London, which is available on YouTube. Žižek is a contemporary philosopher and cultural critic, whose central influences are Georg Wilhelm Friedrich Hegel, a 19th-century German Idealist and a proto-Marxist structuralist thinker, and Jacques Lacan, a 20th-century French psychoanalyst who expanded on various theories of Sigmund Freud, including those relating to the Unconscious, dreams, and the libido. Žižek is well-known, if not controversial, for his over-the-top media persona and his use of often outrageous, although humorously poignant, examples to illustrate his brand of modern philosophy. The theme of this particular YouTube lecture is: “What is the role of an intellectual today?” In it he claims that, being “an intellectual” does not include finding new ways to apply existing theories to current problems, but rather, it constitutes looking awry at, or adopting a parallax view with regard to, the multitude of short circuits in contemporary reality in order to formulate radical critique of our established ways of conceptualizing problems in the world today. This is what I attempt to do in this dissertation.

1.2.1 Consciousness, Subjectivity, and the Self: Dementia as Loss and Music as Expression

In one sense, this dissertation is an attempt to sort out the problem of consciousness and the notion of subjectivity in relationship to the Self. What exactly is it that is lost in dementia, yet is expressed during a musical performance or activity? Is the Self fundamentally defined by one’s innate set of capabilities or is it about one’s uniquely cultivated sensibilities? I explore dementia both as an organic brain disorder that affects memory and cognition and as a (social) category of being human that antagonizes our understanding of subjectivity itself. And I look at
music as a distinctly human form of expression, yet one which blurs the line between cognition, emotion, and consciousness.

From the perspective of cognitive neuroscience, consciousness is tantamount to the proper functioning of an organic processing unit; the mind is the brain. This is, of course, the classic Cartesian position of *cogito ergo sum*, “I think, therefore I am.” In this view, the Self is the composite network of various physical (primarily neurological) operations, which collectively process and generate responses to various types of input (information, sensations, stimuli, etc) that the Self encounters. This view is what Žižek⁹ calls the “cognitivist naturalization of the human mind”:

In cognitivism, human thinking itself is conceived as modeled after the functioning of a computer, so that the very gap between understanding (the experience of meaning, of openness of a world) and the “mute” functioning of a machine potentially disappears; in neo-Darwinism, human individuals are conceived as mere instruments—or, rather, vehicles—of the reproduction of “their” genes, and analogously, human culture, the cultural activity of mankind, as a vehicle for the proliferation of “memes.” (Žižek 2006: 165)

However, if this brain sciences view of the Self holds true as dementia progresses and one’s brain function is devastated, the Self is literally vacated of the substance that makes it what it is - an operative thinking, which reveals the Self but as a vacant subject, empty of (Self-) consciousness. Yet, why is this an ultimately unsatisfying (if not dissatisfying) account of the Self? Not only because, as thinking beings, we are rationally averse to our own mortality, but because precisely as rational beings, we can see that cognitive neuroscience (although it tells us

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⁹ In this dissertation, I draw heavily on two works that feature Žižek’s philosophical-psychoanalytic ideas about the Self. The first piece is a documentary film entitled “Manufacturing Reality: Slavoj Žižek and the Reality of the Virtual” (2004), which was directed by Ben Wright. In this film, Žižek elaborates his interpretation of Lacan’s psychoanalytic model of the Imaginary, the Symbolic, and the Real. The second work by Žižek from which I draw heavily in this dissertation is the book “The Parallax View” (2006), in which he applies the philosophy of dialectical materialism in order to do “what Deleuze, that great anti-Hegelian, called ‘expanding the concepts’” (Žižek 2006: 13). Additionally, Žižek discusses the Self, consciousness, and habit in the work *Mythology, Madness, and Laughter: Subjectivity in German Idealism* (2009, with Markus Gabriel).
important things about the nature of our minds) does not explain why music works despite cognitive degeneration, even if it can produce convincing models for how.

On the other hand in the humanities and social sciences, subjectivity transcends this cognition-as-consciousness position. A Self is the metaphysical, noumenal core of a human being - the operator of the system, the immaterial agent at the heart of the network. The Self is ultimately embodied - a person, who has phenomenal experiences, who manifests a unique identity, occupies social space, asserts agency, and interacts with others. As an embodied subject, a Self is also fundamentally social; to be a Self is to be recognized as such by another.

Gerontologist and dementia care specialist Tom Kitwood virtually pioneered the “personhood movement” in the 1990s as a direct rebuttal of reductionist ways of thinking about Self and disease. According to Kitwood, personhood “is a standing or status that is bestowed upon one human being, by others, in the context of relationship and social being. It implies recognition, respect, and trust.” Ultimately in this perspective, the Self, is transcendent; although one is intimately caught up in their embodied status, it is the idea that “I am more than my body.” But how can one appear to be a Self, let alone his or her own Self, if the status of one’s body (and its essential parts and functions) is compromised in a way that jeopardizes the recognizability of its “more than” status. The issue at the heart of this view is that a certain “deadlock of meaning,” which secures this special (nurtured) status of the Self and accounts for why someone would respond to music, becomes irrelevant the moment the body “betrays” the mind by developing dementia. When the Self’s system of meaning-making fails, how are we to interpret or account for its appearance when confronted with it?

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But even attempts to combine these “hard” (scientific) and “soft” (humanistic, cultural) perspectives, make the issue of the Self more marginal, sublime, and abstract. Žižek calls this the “basic paradox of the modern philosophy of subjectivity: the couplet of the humiliation of empirical man and the elevation of the transcendental subject.”11 With respect to music and dementia, the basic paradox is that musical activity in the form of singing, dancing, smiling, laughing, talking, moving, and even attentive behaviors in general appear to belong to “the subject” - the individual embodying the action, who is, by all other empirical evidence to the contrary, absent or lost due to cognitive deterioration. Is there a subject of the (musical) action or not?

1.3 The Anti-Method12

By dedicating an entire chapter each to music and dementia, I begin to model - at the conceptual-structural level of the dissertation - a type of thinking demonstrated by Žižek throughout his work, but most elaborately in *The Parallax View* (2006). In this text, he lays out a series of ideological critiques using *dialectical materialism*, which he describes as a way of “reflective determination”13 with regard to problems of contemporary philosophy, politics, and science. Using examples from film, literature, music, art, popular culture, and history, he attempts to expose contradictions in the way we think about and do things in the world today. His anti-method is as follows:

1) Assert the gap.

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12 Ibid., 10-13.

13 Ibid., 5.
2) Think in a materialist way.\textsuperscript{14}

1.3.1 Asserting the Parallax Gap

The initial move in the dialectic is to declare an irreducible tension between two phenomena or ideas that are mutually untranslatable. The catch, as Žižek describes, is that synthesis of the opposing terms cannot be an ultimate goal of the intellectual work:

We should renounce all attempts to reduce one aspect to another (or, even more so, to enact a kind of ‘dialectical synthesis’ of opposites); on the contrary, we should assert antinomy as irreducible, and conceive the point of radical critique not as a certain determinate position as opposed to another position, but as the irreducible gap between the positions itself, the purely structural interstice between them. (Žižek 2006, 19)

For the series of “opposites” that are relevant to this dissertation, the first step is to replace the pair with the concept of parallax gap. Asserting the fundamental antinomy between music and dementia, as evidenced in the paradoxical Self-appearance-despite-dementia phenomenon, is the first crucial step. By fixating on it in the present chapter, I have already established the irreconcilable difference between “music” and “dementia.” This step is crucial to the next, in the sense that what follows the “assertion of the gap” is not an explanation of how music “works” for the Self with specific regard to dementia as a pathological brain disorder, but rather, the formulation of this obstinate gap between music and dementia which uncovers the “disavowed truths” about the Self.\textsuperscript{15}

1.3.2 Thinking Like a Materialist

The second task, less sexy but more substantive, is to use the logic employed by existing perspectives to examine precisely how the problem of Self is structured. In other words, I will use the language of biological and cognitive neuroscience, gerontology, music therapy,\hfill

\textsuperscript{14} Ibid., 7-10.

\textsuperscript{15} Ibid, ix.
anthropology, and musicology to plot the tension between Self loss via dementia and Self expression via music. I rely on peer-reviewed research in these disciplines in the form of journal articles, edited volumes, and monographs. In various ways, these resources represent what cultural (or, more accurately, linguistic) anthropologists might call the “etic” perspective. Pathology, diagnosis, treatment, therapy, as well as social models of disability are all explanations of dementia (and music) that abstract, interpret, theorize, order, explain, systematize first hand experiences of it (both music and dementia). This is why, instead of including a lengthy literature review at the outset of this dissertation, I have dispersed the review of literature throughout. Music, dementia, and Selfhood are three central themes of this work. Rather than dispensing with an expansive, yet shallow, overview of various writings on each of these themes here in the introduction, in each chapter I explore in greater detail several key perspectives that structure the very ways each these concepts are understood. I approach these writings, not as a point of departure for building toward a comprehensive understanding of each theme, but as a way to find and illuminate the gaps, or incongruencies, in prevailing ideologies about music, dementia, consciousness, memory, and emotion. In Chapter 2, I discuss literature that addresses the pathology, diagnosis, and social stigma related to dementia and memory loss. Chapter 3 includes an extensive review of music in relationship to both embodied and emergent forms of consciousness. The central theme of Chapter 4 is Selfhood and in this chapter, I review the writings of Žižek on consciousness, reality, and virtuality. I continue to review works by Žižek in Chapters 5 and 6, which feature the concepts of freedom, drive, and emotion. Embedding a review of literature within each chapter, as opposed to including one in this introductory chapter,
has allowed me both to include a greater variety of perspectives relative to each main chapter theme and to cultivate a dialectical approach to understanding Self.

In a decidedly ethnomusicological move to represent an “emic” view, I will ground this anti-method in ethnographic narratives, as well as other examples related to music and dementia. As part of the research for this dissertation, I spent more than two years as a volunteer with the Alzheimer’s Project, Inc., of Tallahassee, which is a regional non-profit group that provides support and information for people living with and providing care for individuals who have dementia in the North Florida area. During this time I not only served as a volunteer caregiver and companion at day respite locations in the region, but I also witnessed and participated in many hours and varieties of musical activity with individuals who have dementia. I constructed several narratives of these experiences out of the notes I kept during this time and I have used two of them in this dissertation. The stories I’ve composed are meant to be snapshots of the parallax gap between expression and loss, in context. They are the stories of individuals directly confronting and embodying the paradox of Self in terms of music and dementia.

In addition to these ethnographic narratives, I have also included stories related to music and dementia, which I did not observe “first-hand” - as they happened. The story featuring Woody is part of a suite of documentary short films that follow seven people who, at the time of filming, were all at different stages of Alzheimer’s disease. These films include video footage of interviews with each of these individuals, their families, and their doctors, as well as cinema verité style scenes in which we, the audience, can “really” observe what it is like for someone to live with dementia.
The other story is a narrativized version of a part of the fictional film *2001: A Space Odyssey* (1968), which was directed and co-written by Stanley Kubrick. My goal in creating this vignette was to achieve the same “ethnographic” spirit with which each of the other narratives is endowed. In this story, the Self whose subjectivity is at stake is not a person, in the biological sense of the term; he is a machine, a computer. “Hal” ultimately experiences a form of dementia, when his mainframe is manually disconnected, and his “death aria”\(^\text{16}\) is precisely the act that makes his mental demise so curiously troubling, despite the complete fictionality of his Self, both in the sense that he is “really” just a computer and he is a fictional character.

These stories are featured as “interludes” and, although I discuss and/or refer to them in the chapters, each vignette appears in the dissertation as a stand-alone impression of human experience. Each is meant to be an independent depiction of, or meditation on, music, dementia, and what it means to be a Self. Žižek uses interludes in *The Parallax View*; in each, he applies dialectical materialism to a particular concept or problem, demonstrating the specific parallax (philosophical, political, scientific) and practicing a critique of the particular ideology materialized in each chapter. But in this Žižekian sense, this dissertation is one long “interlude;” in it, I systematically apply the philosophy to a particular problem: paradoxical Self appearance through music, despite dementia. The interludes that appear in this dissertation, however, are the “images themselves” of music and dementia, whereas the material in each chapter elaborates the order that structures our understanding of those images. In contrast to the material in each chapter, which can be “checked against” or “read in light of” the interludes, each vignette stands alone, as a complete short story - as a portrait in and of itself - and contains minimal, if any,

philosophical interpretation. The interludes contain impressions of human experience that cannot be fully reduced to, or explained by, the literature discussed in each chapter. Although I have attempted to materialize various parallax gaps inherent in and between the concepts of music, dementia, and Self by surveying, analyzing, and critiquing relevant literature in each chapter, I have also aimed to formulate these gaps by alternating, and therefore juxtaposing, the narrative interlude material with the dialectical and thematic reflections in each chapter.

1.4 The Imaginary, The Symbolic, and The Real: Coordinating the Dialectic

So how, exactly is this going to illuminate hidden truths about really being yourself, as I claimed above to be a goal of the dissertation? In what way am I myself? Is it when I actively assert a unique identity or am I myself by nature of my passive qualities and involuntary attributes? What about people who cease to assert an identity or those who no longer act as an agent on their own behalf? What about individuals who, by way of the very nature of their minds, are no longer “being themselves”? What does music have to do with “being yourself”? And ... so what?

In order to address these questions here, I have constructed a parallax view by organizing the chapter material according to three registers of “human reality,” as were defined by French psychoanalyst Jacques Lacan and as they have been employed by Žižek. This model is the triad of: “The Symbolic,” “The Imaginary,” and “The Real.”

The very term ‘subject’ has three main meanings: subject as an autonomous agent; subject as this agent submitted (‘subjected’) to some power; topic, ‘subject matter.’ It is not difficult to recognize in these three meanings the triad of the Real, the Symbolic, and the Imaginary: pure subject as the ‘answer of the Real’; a subject of the signifier, submitted to--caught in--the symbolic order; the imaginary stuff that provides the matter,

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17 This conceptual triad was developed by French psychoanalyst Jacques Lacan during his career from 1936 - 1981, who drew on and expanded Freud’s concepts of the Ego, the unconscious, and drive, among others.
the ‘content,’ of the subject. (Žižek 2006, 388, note 1)

“The Imaginary,” “The Symbolic,” and “The Real” are the three parts of a dialectical knot that comprise the reality of being a Self. Each of these categories constitutes the other central theme of a full chapter and will be elaborated further there. The Imaginary is the category of appearances, of phenomena; it is the impression of the Self that is observable and can be identified with the senses and experienced in daily reality. It is the image of a person’s Self, what we see when we encounter another person. In addition to reviewing literature relevant to music and consciousness in Chapter 3, I also explore how images, especially Self-images, are often deceiving with respect to the Self. The Symbolic is the category of meaning, of ideology; it is the formula for understanding the images that confront us in our everyday reality. It is the way we comprehend and process information about the world beyond our own subjective experience. In Chapter 2, I look at what it means to be a Self relative to various assumptions about dementia, senility, and stability of the human mind - of subjectivity itself. Finally, the Real is the pure Self - the traumatic virtual core of human subjectivity; it exists in the absolute void of symbolic structure and is inaccessible to us in the scope of our everyday lived reality. In Chapter 4 of this dissertation and in line with Žižek’s notion of the Real as virtual, I will posit that we do confront this Real Self when we observe someone with dementia engaging in musical activity.

1.5 The Structure of the Content

Arguably, with the exception of the first and the last chapters, this dissertation could be read in any order. Each part contains elements that are relevant to concepts in the others and all parts are related to music and dementia. In this sense, I anticipate that there are likely a great many more gaps, which I have not explicitly discussed or pointed out here, to discover after
rereading this material and/or cross-reading different pairs of interludes or chapters (as well as
the narrative material in the appendix). However, I constructed the dissertation by first
composing narratives out of the various ethnographic field notes I compiled while I volunteered
for the Alzheimer’s Project, Inc. of Tallahassee. My expectation was that I would organize the
chapters according to the themes of dementia, music, and Selfhood and discuss each relative to
the concepts of identity and culture, which have particular currency in the field of
ethnomusicology. After committing to turn inside-out my approach to the subject matter by
exercising the philosophy of dialectical materialism rather than engaging in cultural analysis, I
decided to build the sequence of chapters and other content in the dissertation according to
Žižek’s reading and application of Lacan’s three registers. In Chapter 2, I explore the concept of
dementia as a Symbolic ordering-of-disorder and, in Chapter 3, I approach music as a form of
Imaginary (Self-)consciousness. Chapter 4 is dedicated to the Real, which, according to Žižek, is
both curiously and crucially virtual. In this chapter, I push the discussion firmly into the realm of
Lacanian psychoanalysis via Žižek’s radical notion of Real Virtuality in order to arrive at a full
parallax view of the core of human subjectivity. Finally, in Chapter 5, I address the “So what?”
question by connecting the notion of drive to emotion, freedom, and Self and by executing a
critique of the ideological platitude “just be your Self” in terms of a parallax view of music and
dementia. Finally, I conclude by sketching one possible “lesson” of using psychoanalysis and
dialectical materialism to understanding what “being a Self” might really entail.
INTERLUDE: Rosie and Ginny

I arrived at the annex on the campus of Saint Paul’s United Methodist Church one morning as everyone was moving from the front parlor through the hallway and back to the activity room to sing with Nancy. After greeting several people on my way through the hallway, I picked up a stack of song books from the piano bench near the doorway of the activity room and handed them to clients and volunteers as we took our seats. There were many people here today and the room was full; volunteers brought in extra chairs from the rooms across the hallway and everyone was chatting. Nancy put a CD into the small portable stereo on top of the piano. A stylized jazz choral arrangement of the popular tune “Lollipop” began to play. By the time I reached the back of the room, I had handed out all the song books except for one, which I gave to a client who regularly attends the day respite at St. Paul’s. “We can share this, Miss Rosie,” I said to her.

“I like ya heh-yah! Ya goin’ lightah and lightah,” she said, noticing that I had colored my hair since the last time I saw her two weeks ago. “It matches the fea-chas of ya face.” I thanked her for the compliment. “Ya welcome, doll...I had a girlfriend who was a beautician. We met in the hospital. She had Tina and I had my son. And she used to like to cut my hair. I used to like to be a blonde,” she said as she touched her freshly cut, short salt-and-pepper hair. “And I used to like to be a redhead, ya know,” she continued. “Red is pretty. Like a lightish red. I used to admire Rita Hayworth for her hair. And Grace Kelly, too.” I often sit with Miss Rosie during various activities throughout the day. She likes to talk and often does so loudly and with a distinct emphasis on her Long Island American English accent. Since I began volunteering at the respite

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18 All names in this narrative excerpt are pseudonyms, with the exception of retired music teacher and Alzheimer’s Project respite volunteer, Nancy Goff, who waived her right to confidentiality during our formal interview in Feb 2012. Pseudonyms are also used in the “George” interlude.
center, I’d noticed that Rosie enjoys reminiscing about her life to me and other volunteers and that she regularly jokes with other clients and volunteers.

Nancy sang the lyrics to “Lollipop” with a few others while the last few clients and volunteers were getting seated and visiting. Rosie and I sang along. We watched as Nancy danced up to Jack, another regular client of the respite service. Nancy bent over with her arms crossed so that her right hand was on her left knee and her left hand was on her right knee. She moved her hands back and forth over her knees and, as everyone around them laughed, Mister Jack raised his fingertips to his mouth and motioned like he was blowing her a kiss. She saw this and smiled at him. Then Nancy turned to greet and dance like this for the people in the aisle across from Jack. But, since she had stopped with her back to him, Jack stood up slowly and, steadying himself on the back of the seat in front of him, he shook his hips left and right a few feet behind her to the delight of the other clients and volunteers around them. When she realized the laughing was no longer directed at her dancing, she turned around and pretended to be surprised that Jack was up and dancing closer to her. She gave him a hug and helped him sit.

“Look at Jack, the dirty old man. I didn’t know he still had it in him,” chuckled Miss Rosie.

The song continued to play as Nancy made her way back up to the piano and greeted a few more clients. Rosie turned to the volunteer sitting next to her and began reminiscing to her about her former husband being a dirty old man. She used those words again and plainly divulged that she had divorced him because he “could never get enough.” She laughed as she told us that she had tried talk to her nephew and his wife, with whom she is currently living, about it but they didn’t want to hear about any of it. But, she said that she was glad to talk to us, so that she could get it off her chest. She laughed again then she joined in singing the word
“lollipop” several times as the recorded version ended. People clapped and Rosie promptly told me that she has a sweet tooth, especially for lollipops with candy in the middle. “I love the red ones,” I said. “Me too,” she said, “and the green. I love the green ones.” Another volunteer came into the room through the back door and Miss Rosie greeted her loudly. “You look so pretty!” she crooned. “Did I meet you last week?” “No,” the young volunteer replied. “Oh, ok.”

Nancy sat down at the piano and opened her book before turning to address the group. “Alright, should we start at the front?” “Yeah,” sighed Rosie from the back of the room, as if that was not what she would have otherwise chosen to do. “If you find another song you wanna sing, just shout it out, OK?” Nancy directed. “Sounds good,” replied Miss Ginny, another client who was sitting in the front row near the piano. Then Nancy feigned a deadpan threat: “But I have to hear a lot of singing or else I’ll send you back to Donna and her jokes!” Several people chuckled and others pretended to grumble, since Donna, who coordinates the Friday respite service, has a distinct and cultivated lack of humor. She was currently preparing an activity in the parlor for the period of time after music with Nancy and before lunch. “We don’t want that,” a volunteer chimed in, smiling. “Oh no!” someone else pretended to protest. “The choice is yours,” teased Nancy as she started to play the accompaniment to “Bill Bailey.” “Ya don’t give us much choice, do ya Nancy?” added Rosie, loudly enough for the group could hear. “You don’t want to chance it,” Nancy joked back. “Oh I won’t,” Miss Rosie said reassuringly.

We sang together through the verses of the first dozen songs listed in the book, skipping a few here and there. People participated in some songs more than others, which was evident in the relative volume of people’s singing voices as well as in the amount of activity during and immediately after each song. “By the Light of the Silvery Moon,” “Give My Regards to
Broadway,” “In the Good Old Summertime,” “Shine on Harvest Moon,” and “Take Me Out to the Ballgame” were some of the songs during which the group sang loudly and after which they talked about eagerly. When there was not much conversation or chatter as soon as a song ended, Nancy would begin playing the next one in the book more quickly. After we sang “Oh, You Beautiful Doll” and then “Put Your Arms Around Me, Honey,” Nancy paused for a few moments to discuss with the group what to sing next. Rosie began to reminisce to me about the song we’d just finished. “Eddie Cantor used to sing this. If you’ve ev-ah seen the old shows, like Eddie Cant-ah and, um, stars like Rosemary Clooney and Perry Como and Bing Crosby, ya know... all the singers would do that. They would all go on those shows and sing. It was diff’rent, ya know. I remem-baah that back when I was growing up... ya know.”

As we talked, Nancy and the group discussed what to sing next. Miss Helen, Miss Ginny, and several women in the front row chose “Amazing Grace”, which meant we had to skip forward many pages in the song book. “Thirty-seven!” directed Nancy. Several volunteers repeated this direction to the clients sitting around them. “Looks like we’re jumpin’ all the way to thirty-seven,” I said to Rosie as I turned the pages in the book we were sharing. “Yeah, I like this song,” she said in agreement with a few other people who were talking about it as they found the page in the book. Nancy cleared her throat and cued everyone to begin singing, which those who sang did in an audibly sweet tone, compared to the vocal timbres employed by members of the group during the previous forty minutes. One woman sustained the last syllable of each line with a subtle and unforced vibrato. A few people began harmonizing the last few notes in each phrase. Donna appeared in the doorway to the room, behind Nancy, facing to watch the group as we sang. Nancy pushed the tempo slightly, to prevent the song from getting
gradually slower. Out of the six verses listed in the song book on page 37, we sang four of them. After the third stanza, Nancy directed everyone to skip to the last one. “Now go to the last verse. ‘When we’ve been there’,” she said as she played a short interlude, giving everyone an extra moment to find the final stanza. Miss Rosie started to sing this verse two beats early, but then corrected herself when everyone else entered after the cue. We sang through this last verse and Nancy sustained the final tonic chord. Ginny smiled at the volunteer sitting next to her in the front row during the few seconds of silence that followed the end of the song. “Yeah,” said Nancy, “you guys remembered this one.” A few seconds more of silence. “I want that song played--” Donna began to say, but Rosie interrupted her before she could finish her sentence. “When ya croak?” said Rosie in a slightly sarcastic manner. I looked at Rosie, surprised that she interjected that way in what had seemed to be a tender moment for the group.

Nancy and Donna immediately began to banter, as they did often when they felt they needed to redirect the attention of the group, to change the subject of dialogue, to spur conversation or laughter, and to engage clients in amusing exchanges with others. This time, Nancy chided Donna for even making mention of a funeral, because Nancy is older than Donna. “I’ll get right outta my casket and I will haunt you!” Nancy teased her, amongst loud laughing and more banter. While the commotion in the front of the room ensued, Miss Rosie reminisced again to me about the song we’d just finished singing. “I had them do that at my husband’s funeral,” she said to me in a lower voice. She was speaking so softly again that I had trouble hearing her over the scene now concluding at the front of the room. “I went to work with his daughter and... It scared the shit outta me. It’s terrible.” She said the last sentence audibly. “I’m Catholic and after that I had a baaaaaad time. Bad thoughts,” she rued. “I’m a Catholic girl, I
went to Catholic school, ya know,” she continued. At this point more than two minutes had passed since we’d finished “Amazing Grace.” “Don’t do this, don’t do that. I broke the rules...” She trailed off as the room got quiet again.

“Waddaya wanna sing? Your choice,” Nancy pressed the group. “You want something happy, er...?” Patricia asked her. “Yeah, how ‘bout let’s end with something happy,” replied Nancy. “OKaaaaay... something happyyyyyyy...” another volunteer slowly draws out the words as she looks through the book she is sharing with Ginny. I pinched about ten pages and flipped backwards through them. “‘Clementine’ is not very happy,” I said quietly, scanning each page for a happier tune, since the idea of being “lost and gone forever” was exactly what Rosie and I were now thinking about but wanted to shift away from. “‘When Johnny Comes Marching Home’?” asked Patricia and I caught myself before audibly snickering, since this seemed like more of a joke than an actual suggestion. “Page thirty-one,” directed Nancy. She’d chosen “Five Foot Two, Eyes of Blue” because it was taking longer than she wanted for the group to decide what to sing next. “Oh, that’s a good one,” I said aloud as I found the page. “Where? Thirty-one?” Patricia purposefully repeated the page number for everyone in case they didn’t hear or needed reminding.

“Do you remember in the Sound of Music when the sailor was singing this and he had coconuts up here,” Donna said motioning to her chest. “Well, that’s not--” said Patricia, attempting to correct Donna. “South Pacific!” shouted Rosie dryly from the back of the room. “Oh yeah, South Pacific,” said Donna. “It was the funniest thing in that movie. The guy had the grass skirt on and the two coconuts...” she laughed with other people who remembered that scene. Nancy started to play it and people enthusiastically chimed in. Donna danced, imitating
the sailor with the grass skirt she’d just described. She moved over to dance in front of Miss Ginny and Miss Helen, who laughed at her. Then she danced back past Brandon, the volunteer sitting with two male clients, Jack and Ralph. Brandon’s raised eyebrows and half-drawn nose elicited giggles from the men sitting around him. Mister Ralph lifted his right hand and, with his index finger extended, rotated his wrist and hand near his right temple, in a gesture mocking Donna’s sanity. Patricia and the client sitting next to her were already chatting about what Donna was doing, but when she came closer to them, they erupted with laughter and then Rosie and I also began to chuckle at the scene. There was a lot of commotion as Nancy ended the song. Donna continued to talk about South Pacific with a young volunteer who was sitting with two clients and the nurse’s aid in the back of the room.

“Musical songs are great.” I started to share with Miss Rosie, hoping that it might prompt her to again reminisce about times she had seen South Pacific or heard the music. “I have to laugh at some of these guys, ya know,” she told me, looking at Jack and Ralph and Brandon. “I told ya, I married my high school sweet heart and when he wanted to get the engagement ring, he only wanted to pay so much, ya know, so I lent the resta the money to ‘im.” “Oh?” I said, surprised. “Yeah,” she said. “But umm...,” she trailed off. “A thousand dollahs!” she said emphatically. “I can’t fah-get that and the things that I did,” she continued. “I said to myself, I’m a good wife. I made sure... You know I scrimped and I saaaaved and everything like that,” she was now speaking in a near whisper, since Nancy and Donna were talking with the group. “And I cooked him good din-nahs. I was so good to him...” recalled Miss Rosie, now inaudible as she continued. Nancy pushed play on the stereo that was on top of the piano. It was time for us to move back into the parlor for the next activity. “Ball and the Jack” began playing
and the horn-heavy introduction blared over the noise of everyone talking, standing up, and moving around. “And my sista-in-laaw could barely make grilled cheese sandwiches. And they were dried out and my brotha-in-la-aw luv-duh...” Rosie paused for a moment. “Can you figure that out?!” she asked me rhetorically, shaking her head. “I can’t figure it out,” she concluded and then she chuckled. She realized that people were now standing up to sing and move to “Ball and the Jack.” Although she remained seated, she began to sing. “Twist around and twist around with all uh your might.” People laughed at each other as they twisted and raised their arms and bounced to the recorded music with Nancy. The volunteers collected the song books for Nancy. “Shake it Nancy!” shouted Rosie during the first refrain of the horn intro. Then she stood up and handed her book to me while she continued to sing and shout with everyone else.

As the volunteers and clients in the front rows began to file past the piano into the hallway, Rosie noticed Ginny, a client who was frantically rubbing the middle finger of her right hand over her teeth and gums. Ginny did this so frequently that the tip of that finger was permanently damp and discolored and the nail was short, soft, and split at the end. “I can’t stand her,” whispered Miss Rosie to me with a sour expression on her face. Rosie had said this to me about Ginny before. Rosie did not like to be near her or look at her because Ginny’s habit made her uncomfortable, frustrated, and angry. Her feelings were well known among the volunteers, so we tried to always make sure that Miss Rosie did not have to sit near Miss Ginny. “I’m gonna sit with my back to her at the tables,” she said. “That’s ok,” I replied. “She can’t control it, you know? It’s a nervous habit and she doesn’t realize she’s doing it,” I told Rosie. “Ye-ah, but it’s like someone picking they-ah nooooose, ya know? I mean, I just,” she continued, “I don’t wanna see that. I don’t know why. I guess it was just the way I was raised.” Her walker rattled as we
made our way into and down the hallway. “Well anyway, I’m gonna sit away from her when we get in they-ah,” she said. “I think I’m gettin’ grumpier as I get old-ah,” she added. I smiled at her as we entered the front room. “Hiii James, howa you?” said Rosie. James was standing in the doorway between the kitchen and the front parlor room, watching everyone come in as he took a break from preparing lunch. “I’m doin’ good, dear. And yourself?” he boomed back. “I’m doin’ great, but she’s my psychiiiii-atrist,” she said tugging at my arm. “Oh?” he said and we all laughed as Rosie and I passed him and around the tables to find her a seat facing away from Ginny. “Anything that baaw-thas me, I tell hah and she lets me know how it is,” said Rosie. We walked around the back of the table to find a seat by Mister William and his wife, who likes to stay with him during the day. He greeted us in a breathy baritone voice, “Hellooo.” Rosie sat down with her back to Ginny. “Hi!” she waves to William and his wife. “Howa youuu?”
CHAPTER 2
DEMENTIA AS A SYMBOLIC ORDER

It is a standard philosophical observation that we should distinguish between knowing a phenomenon and acknowledging it, accepting it, treating it as existing—we do not ‘really know if other people around us have minds, or are just robots programmed to act blindly. This observation, however, misses the point: if I were to ‘really know’ the mind of my interlocutor, intersubjectivity proper would disappear; he would lose his subjective status and turn—for me—into a transparent machine. In other words, not-being-knowable to others is a crucial feature of subjectivity, of what we mean when we impute to our interlocutors a ‘mind’: you ‘truly have a mind’ only insofar as this is opaque to me. (Žižek 2006, 178)

A symbol is a structure of meaning, or a formula, that enables us to make sense of the phenomenal Self, be that in the form of images or appearances, in relation to one’s own Self or the Selves of Others. Because, as Žižek points out in the above passage, human subjectivity is mysterious and our view of it is hazy, we use systems of representation to materialize knowledge about that which is “not knowable” about Others - their precise status as a subject. In this chapter, I consider the implications of understanding dementia as a Symbolic order of the Self.

2.1 Self as an Ideological Construct

In order to understand precisely how a musical performance by someone with dementia is paradoxical with respect to subjectivity, I begin by posing a deceptively simple question that epitomizes the Symbolic: what does it mean “to be a Self?” The Symbolic realm of human reality as proposed by Lacan and used by Žižek\(^\text{19}\) includes various nested, interconnected, and sometimes contradictory systems of meaning that function as frames of reference for understanding any idea or concept.

\(\text{19 Žižek provides a detailed explanation of this “well-known” Lacanian triad of The Symbolic, The Imaginary, and The Real in the documentary film directed by Ben Wright entitled Manufacturing Reality: Slavoj Žižek and the Reality of the Virtual (London: Ben Wright Productions, 2004).}\)
Although the word “symbol” is generally associated with Peircian indices, icons, and derivative theories of signification which elaborate structures of meaning (Peirce 1955, 1992, 1998), there is no semiotic analysis (proper) here. Rather, I approach the Symbolic as a field of designations, abstractions, or beliefs about reality that stand in for, mediate, or direct one’s engagement with it. With regard to the circuit metaphor evoked at the outset of the first chapter, Symbolic ordering is the way of ascertaining the circuit’s constitutive shape as a qualitative something in reality. The Symbolic is the realm of classifications, of formulations; it is precisely ontological. It concerns the quality of Self (appearances) - how behavioral phenomena are understood and interpreted with respect to subjectivity - whereas the Imaginary (discussed in the next chapter) is the realm of substance, appearance, inscription into reality, which concerns the act of existence (phenomena).

What is a cultural lifestyle, if not the fact that, although we do not believe in Santa Claus, there is a Christmas tree in every house, and even in public places, every December? Perhaps, then, the ‘nonfundamentalist’ notion of ‘culture’ as distinguished from ‘real’ religion, art, and so on, is at its very core the name for the field of disowned/impersonal beliefs--‘culture’ is the name for all those things we practice without really believing in them, without ‘taking them seriously.’ (Žižek 2006, 361)

Theories that address culture, language, politics, socioeconomics, spirituality, and creative expression, among others, are explicitly ideological, since we understand these concepts to operate precisely as concepts - at a level beyond “mere” phenomena. Music, in a variety of obvious ways, is a symbolic order: in and of themselves, sounds and movements are specific sensory phenomena that reference or are associated with ideas that can be abstracted from these phenomena. Particular musics have literal and figurative associations with people, places, and ideas. In another sense, the act of participating in music is fundamentally subjective. Musical activity is believed to be representative of the “inner life” of the Self. At the level of individual
subjectivity, at the level of sound structure, and in terms of cultural context, music is a
Symbolic order.  

We acknowledge the validity of an interpretation if it satisfactorily addresses or closely
approximates certain patterned events in our own experience. But ideologies function, or have an
effect in reality, precisely because we do not experience them directly - if we experience
something that we take as a belief too directly, it is destructive. This is demonstrable at the
level of the Self itself, which, when defined in any particular way, loses its precise status as a
subject and transforms into an object, machine. For example, “I” am not simply “what I
do” (student, writer, musician, breather), for if I truly believed I were, “I” would not be a
subjective “me.” I would be a function of the algorithmic behaviors I’ve cultivated as a being in
reality. “I” would be a Thing.

What becomes increasingly apparent about subjectivity as dementia progresses is that we
must make some leap of faith, from perceivable memory loss and cognitive disfunction to an
idealized Self, in order to sustain our “knowledge” of the subject. To maintain a coherent notion
of Self, we cannot look too closely at any explanation of it (or challenge to it, in the case of
dementia), or else its status as subjective disappears. For example, the concept of personhood,
which I explore further in this chapter, is a Self model that is explicitly ideological. It is a status
bestowed on or ascribed to one human by another, but it can never be “directly” encountered as a
material phenomena, since, in this formulation of the subject, “being a person” is not delimited
simply by “what the body does.” The “person,” therefore, transcends his or her own physical

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20 A brief listing of notable and representative works featuring music and semiotic analysis includes: Peirce (1940),

21 Wright, Manufacturing Reality: Slavoj Žižek and the Reality of the Virtual (London: Ben Wright Productions,
2004).
reality. Although I will elaborate the following critique below, personhood is an example of such an idea; it is invoked when the “person” is most at risk of being “lost” as a function of organic neural degeneration. The point here is that, if we apply a Self formula (like personhood) too literally, it reveals its status precisely as a belief - as clearly hypothetical, speculative, and interpretive. The ideological status of Nurture-based Self models is transparent, obvious.

We are currently less apt to recognize that Self models based on Nature, which predominantly employ biological and medical sciences, are also explicitly ideological. Grounded in the tradition of empiricism, these formulas operate not as mere belief, but as fact because the elements they represent are not already-abstracted - they originate(d) in measurable sensory phenomena, quantifiable events, substantial physical reality. Therefore, the causal relationships they formulate appear to be more determinate, concrete, transparent, evident, valid. The subjective Self “appears” because it is a function of our evolutionary biology that the human brain is oriented and has developed a number of systems to “deal with” and respond to information from its environs. As we react and adapt to the world around us according to our inherent capacities, the subject is formed: from nature emerges nurture. This is precisely what makes cognitive science radically ideological, especially with regard to Self: we believe so deeply in the formulas of Nature that we, without Self-consciously acknowledging these beliefs, take them to be the foundation of subjectivity. In the present chapter however, I emphasize the point that, although they explain material phenomena, Self models that are rendered out of the logic of natural science are essentially abstract; they nonetheless represent an idealized conception of the way that the body (and mind) works, or should work.
But what happens to subjectivity when the organic machinery that moors consciousness to reality no longer operates according to the normative ideology? What is needed is a new (also Symbolic) formula that accounts for the phenomenal deviation from the “original” Symbolic order in some way. In this chapter, I review how cognitive and medical science has “ordered the disorder” with regard to dementia. I explore the centrality of memory to the belief that dementia Symbolizes difference as the loss (lack) of subjectivity (via nature and inevitably nurture), and I propose that dementia might be better understood as a process by which the Self is not lost, but by which it is dis-integrated from Symbolic order itself.

Finally, I consider/unpack the role of the Other in the Symbolic order. At its most fundamental, a symbol is an interpretive construct of the Other; it is a way to “know,” to integrate apparent phenomenal differences of, to formulate the Self as a subject from a position other than (outside, beyond) it. The Symbolic is the field of alterity; it is external to the Self, yet, radically, it structures even the very way a subject perceives him or herself as such.

2.2 Dementia and Alzheimer’s disease

According to the website of the Alzheimer’s Association, the largest “voluntary health organization in Alzheimer’s care, support and research,” dementia is a “general term for a decline in mental ability severe enough to interfere with daily life.” It indicates a variety of symptoms, but is generally defined by a decline in memory and an impairment in one other type of mental functioning.

The essential feature of a dementia is the development of multiple cognitive deficits that include memory impairment and at least one of the following cognitive disturbances: aphasia, apraxia, agnosia, or disturbance in executive functioning. The cognitive deficits

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must be sufficiently severe to cause impairment in occupational or social functioning and
must represent a decline from a previously higher level of functioning.24

Figure 1: Diagnostic Criteria for Dementia of the Alzheimer’s Type25

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25 Ibid.
A definitive diagnosis of Alzheimer’s disease cannot be made until after the individual has died, since the plaques and tangles that cause the disease cannot be seen in biopsy of neural tissue. A diagnosis of probable Alzheimer’s disease is made clinically, by a physician who uses standardized evaluative measures, which could include a “Mini-Mental State Exam (MMSE)” and/or a “Mini-Cog” test in addition to several other types of inquiry during a physical exam. The diagnosing physician also reviews a patient’s full medical history, administers a physical exam, and a neurological exam, which could include magnetic resonance imaging (MRI) or a computed tomography (CT) scan in order to produce images of a patient’s brain in order to rule out other etiologies. If the patient is not older than 65 or if others in their family have had dementia or cognitive impairment, the doctor and patient could consider further genetic testing, although this is not a currently a standard part of a clinical diagnosis of Alzheimer’s disease. Additionally, a person’s cerebrospinal fluid can be drawn from a spinal tap, in order to test for biomarkers (amyloid and tau proteins) of the disease.26

Historically, the term dementia implied a progressive or irreversible course. The DSM- IV definition of dementia, however, is based on the pattern of cognitive deficits and carries no connotation concerning prognosis. Dementia may be progressive, static, or remitting. The reversibility of a dementia is a function of the underlying pathology and of the availability and timely application of effective treatment.”27

Alzheimer’s disease is the most common type of dementia - approximately 5 million people in the United States over 65 were living with the disorder in 2010 and it is currently the sixth

26 “Researchers have identified certain genes that increase the risk of developing Alzheimer’s and other rare ‘deterministic’ genes that directly cause Alzheimer’s. Although genetic tests are available for some of these genes, health professionals do not currently recommend routine genetic testing for Alzheimer’s disease.” http://www.alz.org/alzheimers_disease_steps_to_diagnosis.asp, accessed 2/3/14.

leading cause of death in the United States. Alz.org asserts that: “dementia is often incorrectly referred to as ‘senility’ or ‘senile dementia,’ which reflects the formerly widespread but incorrect belief that serious mental decline is a normal part of aging.” However, the site also indicates that, for Alzheimer’s disease, “the greatest known risk factor is increasing age, and the majority of people with Alzheimer’s disease are 65 and older.” What sense are we to make of these conflicting pieces of information? Is age significant with regard to “mental decline” or not? What ideological purpose does it serve to obfuscate the correlation between “mental decline” and advancing age?

2.3 Beliefs about Dementia and Subjectivity

In “The Biomedical Deconstruction of Senility and the Persistent Stigmatization of Old Age in the United States,” Jesse Ballenger explains that biomedical and gerontological approaches to Alzheimer’s disease aimed to shift the lingering pre-World War II stigma in social conceptions regarding old age and senility. Ballenger contends that images and narratives of senility are highly significant, given the (dis)position of aged individuals in the context of youth-oriented and fast-paced modern society. The figure of the senile self, Ballenger asserts, is “one of the most prevalent stereotypes for managing anxiety about the coherence, stability, and moral

28 According to the mortality data collected by the National Center for Health Statistics and the National Vital Statistics System which is used in the literature produced by the Center for Disease Control, Alzheimer’s disease was the cause of approximately 75,000 deaths in the United States in 2008; see the U.S. national mortality statistics at http://www.cdc.gov/nchs/deaths.htm. The World Health Organization’s most current statistics estimate that, out of nearly 60 million deaths worldwide in 2004, Alzheimer’s disease and other dementias caused approximately 500,000 deaths; see the World Health Organization data at http://www.who.int/healthinfo/global_burden_disease/estimates_regional/en/index.html.


31 In the first chapter of the edited volume Thinking About Dementia: Culture, Loss, and the Anthropology of Senility (2006), Lawrence Cohen defines senility as “the perception of deleterious behavioral change in someone understood to be old, with attention to both the biology and the institutional milieu in which such change is marked, measured, researched, and treated” (Cohen 1).
agency of the self under the conflicting demands of liberal capitalism.”32 Since the development of gerontology in the mid-twentieth century, that discipline has been centrally concerned with addressing and redressing the stigmas and stereotypes perpetuated by common and often misguided notions about senility. Ballenger explains that, in order to do this, gerontological research by the 1970s had refashioned senility to be a problem of the brain, not a problem of the moral or social self. Although this reformation of senility into Alzheimer’s disease has yielded much progress in terms of scientific research, Ballenger notes that individuals with Alzheimer’s disease continue to face social stigmatization.

Issues of stigma and stereotype become ever-more pressing as the global elder population continues to increase; Ballenger argues that in the past half-century, although gerontological research has attempted to redress the social stigma of senility by employing the methods and terms of biomedicine and neuroscience, there persists a marginalization of persons with dementia. As Ballenger points out, perhaps gerontological and neurobiological perspectives have, in and of the very empirical methodologies that inform these disciplines, perpetuated the stigma of senility. This stigma, as Ballenger contests, is not attributable to widespread public ignorance regarding the nature and pathology of the disease, but rather to an epidemic social uneasiness about the constitution of the Self as a cognitive system.

The piece by Ballenger reviewed above is one of several chapters in a volume edited by Annette Leibing and Lawrence Cohen titled Thinking About Dementia: Culture, Loss, and the Anthropology of Senility. This volume is a collection of essays that, from various disciplinary orientations, address contemporary issues related to old age, change, and society. It is organized

in three parts: the first series of essays explores dementia, which Cohen argues in the introductory chapter to be “the dominant modern clinical form by which senility has been articulated;” the second part, only a chapter long, describes the role of genetics and heredity in recent Alzheimer’s research; the final part explores the ways dementia transforms language, the voice, and Selfhood. In the introduction, Cohen advocates for creative understanding of Alzheimer’s disease via research in the human sciences and he explains that, although applied research continues to produce valuable information about the disorder, social and culture theory provides new pathways to understanding senility beyond the improvement of therapies and treatments for dementia. For example in the first chapter, “Dementia Near Death and ‘Life Itself’,” Sharon Kaufman explores the American hospital as a significant site for the shaping of identity in individuals near death in the latest stages of dementia and as a location in which medical specialists and clinicians are faced with moral decisions about the valuation of life and the facilitation of death. She asserts that, by exploring dementia-near-death in American hospitals illuminates the dialogic nature of Alzheimer’s disease as “… a mutable category of knowledge and cultural form” which blurs the line between “life” and “death.” She argues that this ambiguity, given the privileged position of perceived mental fortitude in contemporary public consciousness, contributes to apprehensiveness in regard to exploring the meaning and significance of the disease in the lived experiences of individuals.


Of paramount importance to research regarding stigma, the self, and Alzheimer’s research across disciplines is the book *Dementia Reconsidered: The Person Comes First*, authored by Tom Kitwood in 1997. Kitwood was a British social psychologist and researcher who founded the Bradford Dementia Group in 1992, an internationally renown cross-disciplinary institute for dementia research at the University of Bradford in the United Kingdom, and who developed “Dementia Care Mapping”, an important observation-based framework for evaluating and improving dementia caregiving models. In *Dementia Reconsidered*, Kitwood proposes a significant shift in medical, gerontological, and clinical understandings of dementia that developed in the last decades of the 20th century. He promotes “person-centered” models of care, which displace the focus on “disease” and give primacy to the “person.” After a robust introduction to the aspects of dementia and Alzheimer’s disease, Kitwood’s primary concerns in this work are to introduce and explicate the theory of personhood, to demonstrate how dominant paradigms of medical care have pathologized and marginalized persons with dementia, and to advocate for a revolution in “cultures of care” in order to redress a “malignant social psychology,” which stigmatizes persons with dementia and undermines one’s personhood.

In the conclusion to his book, Kitwood links the evolution of older and outmoded models or “cultures” of geriatric care to ideological and ethical shifts in societies throughout the ages of

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35 Kitwood represents the shift in conventional thinking about dementia he sets out to advocate in the book by illustrating a shift in text font sizes and word sequence of two phrases: “person-with-DEMENTIA” (representing the outmoded and stigmatizing conceptualizations) and “PERSON-with-dementia” (person-centered approaches). See Kitwood (1997), 7.

36 Kitwood (1997), 8. In regard to the theory of personhood (ToP), Kitwood defines personhood to be “the standing or status that is bestowed upon one human being, by others, in the context of relationship and social being.”

37 Ibid., 134.

38 Ibid., 4.
industrialization and globalization; he argues that the new culture of care is comprised of a network of “people of very different kinds”, which transcends social barriers and whose directives (care, research, etc) give primacy to the person. Throughout the book, Kitwood also advocates for the necessity of social interaction to the quality of human life; especially for individuals with dementia, relationships and social interactions provide a space in which one can express themselves and share experiences with others. Although he does not say it outright, his concluding chapter could be broadly interpreted as a mandate for individuals within various disciplines to engage in dementia research and for care-givers to explore cross-disciplinary methods for understanding dementia and personhood.

In Dementia Reconsidered: The Person Comes First, author Tom Kitwood advocates for a paradigm shift in the way people with dementia are treated and valued by society at large and the medical community in particular. Personhood, the central concept in Kitwood’s manifesto, is:

a standing or status bestowed upon one human being, by others, in the context of relationship and social being. It implies recognition, respect and trust. Both the according of personhood, and the failure to do so, have consequences that are empirically testable. (Kitwood 1993, 8)

To put it another way, personhood is the identifiable and immaterial quality of being human. It exists as the emergent property of its own forms and functions, yet its existential condition is contingent upon the concessions of others - it is passive. To “bestow” personhood on someone is to acknowledge their likeness to you, despite apparent differences among your various forms and functions. Although it is something ascribed to a person, it is, at its core, a social construct. It is to imagine what it would be like to inhabit other person’s “self” and to act accordingly.

39 Ibid., 134-5.
In the last decade of research, many dementia care specialists and researchers have noted and expanded Kitwood’s model of person-centered care and his theory of personhood. Ken Brummel-Smith, a medical doctor, geriatric specialist, and contributor to *The Oxford Handbook of Medical Ethnomusicology* (2008), models his chapter “Alzheimer’s Disease and The Promise of Music and Culture as A Healing Process” after the structure of Kitwood’s book. Like Kitwood, he begins with a description of the disease and then he advocates for a person-centered approach to dementia care. However, Brummel-Smith develops Kitwood’s ideas by critiquing typical pharmaceutical therapies for the disorder as not effective and as having significant negative side effects. Claiming that a variety of disciplinary perspectives offer the potential for increasing the quality of life and that not one perspective has a monopoly on providing insights to aspects of health and disease, Brummel-Smith uses Kitwood’s person-centered model to challenge contemporary researchers to collaborate and to think about all aspects of the disease in order to better understand the experiences of individuals with it. Although medical science has illuminated important information about the genetic aspects of the disease and the neurophysiological dysfunction of the brain in Alzheimer’s, the methods and orientations of other fields of study could provide vital information about the conditions and contexts in which people experience dementia.

Not only does Brummel-Smith call for cross-disciplinary efforts in the exploration of Alzheimer’s disease, but in this chapter he specifically examines the potentialities of music within the enterprise of Alzheimer’s research; Brummel-Smith notes that music therapy has been found by many researchers to be highly effective in shaping and managing the activities and experiences of persons with Alzheimer’s disease.
In the article titled “Struggling over Subjectivity: Debates about the ‘Self’ and Alzheimer’s Disease” (1995), Elizabeth Herskovits asserts that the constellation of prevailing attitudes, fears, and perceptions about Alzheimer’s, which she refers to as “the Alzheimer’s construct,” stigmatizes persons with the disease. Herskovits explains that this construct not only includes biomedical discourses but it is also comprised of all dialogues and narratives about the Alzheimer’s disease condition and the transformation of one’s social self. Implicit in this construct, Herskovits argues, is the displacement or degradation of one’s ‘self,’ which she defines to be a “multiple public personae ... an intersubjective public project that can be lost or debased by stigma rather than by the disease itself.” Her argument here is significant: although medical science has not been able to explain the reason for the accumulation of plaques and tangles, the neurological condition which defines Alzheimer’s disease, she claims that estranged Selfhood is arguably due to the social marginalization of persons diagnosed with the disorder. Narratives of unbecoming and loss, which constitute a dimension of the current Alzheimer’s construct described by Elizabeth Herskovits and others, have become commonplace in personal, clinical, and sociological accounts of the disease experience. A particularly poignant example is articulated in an article published by sociologists Andrea Fontana and Robert Smith in 1989:

The self has slowly unraveled and ‘unbecome’ a self, but the caregivers take the role of the other and assume that there is a person behind the largely unwitting presentation of self of the victims, albeit in reality there is less and less, until where once there was a unique individual there is but emptiness. Witnessing, as the ‘other,’ the ‘unbecoming’ of self, creates a feeling of emptiness in the caregivers’ hearts. Thus, they act as agents for the victim and impute to him or her the last remnants of self. In reflecting, we cannot help but wonder how much of what we have considered to be the last vestiges of the patient’s self has not been in fact a

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41 Ibid., 156.
process of ‘filling the gaps’ on our part. Perhaps, what is left, after the victims’ self ‘unbecome,’ are but the scarce remains we have attributed to them. 42 Narratives of irreversible self-loss like the example above give primacy to the notion that demented selves are subhuman selves, that they are of empty(ing) subjectivity, that they are victims of a disease process, and that they can only be endowed with personhood through the actions of caregivers. Such an understanding of the disease ignores the diversity of experiences, contexts, and trajectories in which Alzheimer’s manifests in individuals lives and conceptualizations of dementia as self-loss perpetuate fears about old age, the mind, and senility.

2.4 Dementia, the Symbolic Order, and the (Big) Other

In this chapter I have looked at the Self as a subject of the Symbolic order and the concept of dementia as a way to organize, or make sense of, Self difference in terms of cognitive loss. The theme is a tension between Nature and Nurture, but more specifically here, it is the opposition between the perspectives which involve both the 1) “humiliation of empirical man” 43 and the 2) elevation of the transcendental subject. 44 The crucial point about dementia as a Symbolic construct is not the debate over whether explanations based on Nature or Nurture (or theories that attempt to combine both) provide more convincing frames for explaining the real and often paradoxical appearances of Self that confront us. Rather, I claim that by accepting the understanding that dementia is an ordering-of-difference in terms of the functioning of the Self, we can acknowledge the role of the Other as fundamentally “caught up in” the very notion of

42 Fontana and Smith (1989), 45.
43 “The observing subject itself is also a shadow, the result of the mechanism of representation: the ‘Self’ stands for the way a human organism experiences itself, appears to itself, and there is no one behind the veil of self-appearance, no substantial reality.” (Žižek 2006, 162-3)
subjectivity itself. By “Other,” I do not necessarily mean a parent, partner, associate, friend, diagnosing physician, caregiver, researcher, specialist, or any other type of literal counterpart to an individual with dementia. The Other is the one, as Žižek claims, “because of whom, we have to pretend.” The Other is the one who accounts for the Self being caught up in the Symbolic order. In this sense, paradoxically, individuals with dementia are both Self and Other; not only do they constitute the class of people whose subjectivity (to the Symbolic order) is under exploration in this chapter - the population whose images antagonize the notion of the Self as a coherent construct, but they also comprise a general class of people who, since they are categorically not me and therefore I cannot directly observe it myself, I must believe in, accept on faith, their precise status as a subject (of some order).

The “big Other” is ideology itself: the logic of this believing, trusting - whether it is constructed out of natural science or metaphysics. It is the immaterial yet authoritative field of beliefs about the Other that informs our real experiences. It is what Lacan described as, “the ‘big Other,’ the virtual symbolic order, the network that structures reality for us. This dimension of the ‘big Other’ is that of the constitutive alienation of the subject in the symbolic order: the big Other pulls the strings; the subject doesn’t speak, he ‘is spoken’ by the symbolic structure” (Žižek 2006, 312).

Cognitive neuroscience is the “big Other” that isolates the demented subject, who disappears into (is fully integrated into, is indistinguishable from) the Symbolic order. For the Self with dementia, then, not only is subjectivity figuratively at stake (devastating changes in memory, difference at the level of phenomenal appearances/reactions to stimuli, eventually fatal

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45 Žižek, in Manufacturing Reality, directed by Ben Wright, 2004.
degeneration of synaptic links) but also it literally disappears (behavior, habits, remaining expressive and embodied uniqueness reduced to a function of disappearing cognitive abilities). As a Symbolic form, dementia is stigmatizing: in the attempt to account for, explain, and address changes in patterns of Self appearance, a person is seen, signified as qualitatively (and quantitatively) deficient/different (from others and, most importantly, from themselves, or how they ‘should’ be based on other medical models of health and disease).

But what if we adopt a parallax view of dementia? Instead of seeing it as a Symbolic form of Self disintegration, what if we conceptualize it as a virtual dis-integration of the Symbolic from the Self at the level of the individual person? What can we know differently by viewing dementia as a release from the Symbolic at the level of the individual (rather than as an organic and social disorder)? By employing this shift in perspective, dementia is no longer a loss of Self, but it is the unmooring of subjectivity from the ideology that structures it. Rather than understanding dementia to be a “slow death” or unbecoming of the living subject through organic mental degeneration, we can understand it as the process by which the Real Self is no longer a subject of (and/or subjected to) the Symbolic order. In Lacanian terms, the Real is precisely that which resists symbolization. Dementia reveals the gap, minimal difference, lack; the Void that is the Real core of human subjectivity.
INTERLUDE: Woody

As a vinyl recording of a simple and haunting soprano solo in minor plays, Woody’s wife describes him: “He started singing when he was a boy soprano. He used to sing solos in church. He did lots of things with music. He took so much pleasure in that. It made him...happy.” The shot cuts to an image of adult Woody as he smiles, bows, and waves to the audience after a performance.

Then she says, as she holds up a black and white portrait of Woody in his mid-60s, “we always kid him about his crinkly eyes.” She looks lovingly at the photograph. Off-camera, his daughter chuckles. “And his little smile, and his look of love. He’s very special to me.” The camera zooms in on Woody’s image. “What a sweet man. ... Sometimes I can’t look at it at all. I see how much I’ve lost.”

Figure 2: “Woody’s Portrait”

46 From The Alzheimer’s Project: The Memory Loss Tapes (2009), directed by Shari Cookson and Nick Doob. Home Box Office, Inc.
Next, we see Woody sitting with his eyes closed in a parlor room at the Sunrise Assisted Living facility in Rochester, Michigan, where he now lives. He is whistling along to the polka music CD that is playing in the room. The music is lively, yet incessant; the soaring saxophone melody supported by a repetitive woodwind harmonic sixteenth-note ostinato and a flurry of snare drum back beats. Woody’s head bobs slightly forward and back to the beat. The shot pans out and we see the woman sitting next to Woody on the couch. She is rubbing her forehead and staring at the floor. Her jaw moves side-to-side erratically, as if it would if she were to aggressively chew gum. Woody continues to whistle.

After this, we see an image of Woody looking over his shoulder at the camera before he walks down a hallway past several doors. As he walks, he alternates between short bursts of whistling and saying, “nothing there...nothing there...nothing here,” as he looks at each doorway. He gets to the end and turns around. “Nope, not going there. I’m going elsewhere!” He only stops whistling when he arrives in the common area, where someone is asking trivia questions to the residents who are sitting together there. “You can come in Woody.” “I will,” he says as he hesitates about ten feet away from the group. We see a resident named Kathy sitting quietly and smiling, paying no attention to the trivia session, and woman behind her with her head down on the corner of the table. The person leading trivia asks again, “Katharine Hepburn and Spencer....?” Kathy laughs. She does not know the answer. “Spencer Tracy,” answers the questioner melodically. Then she continues.

“Who was Mortimer Snerd?” We now see the woman who is asking the questions. She is reading from a sheet of paper. The woman sitting quietly next to her appears distressed, and perhaps mildly delirious. Her brow is furrowed and her eyes are half-closed. “I don’t want that,”
she utters audibly as slowly rubs her hand on her face and forehead. “I can’t do it,” she
whimpers in a thin, fragile voice. It almost sounds like a whistle. She runs her hand back over
the top of her head, fingers through her silver hair. “Who is Mortimer Snerd?” repeats the
questioner assertively. She looks out at the group beyond the frame of the shot past the woman
next to her. “I don’t like it, I don’t like it,” repeated the woman next to her. “Mortimer Snerd was
Jack Benny’s, uh, the little guy that sat on his lap. They called him Mortimer Snerd,” the
questioner told the group the answer again. She immediately continued. “If you have a bat and a
ball and you have four bases and a glove, what are we playing?” She looks at Woody, who
promptly and matter-of-factly answers, “I have no idea.”

Next, we see Woody get up and follow Kathy out of the common area as the trivia session
continues. He catches up to her and says, “What’s up?” She says, paradoxically, “wait for me.”
admits. Kathy giggles a bit and says, “you don’t have to know where you’re going around here.”
Woody persists. “I wonder where else I should go. Where else do you think I should go?” Woody
is now holding Kathy’s hand. The camera continues to follow them as they wander through the
hallways of the nursing home.

They sit in the parlor on the couch next to a woman who, although is sitting with her feet
on the floor, is folded over with her head resting on a pillow. Woody whistles. Kathy gives him a
kiss on the cheek and brushes some lint off of his sweater. They sit outside on a bench in a
gazebo in the sun. They sit inside the cafeteria near a window. Kathy tells the cameraman that
Woody is her husband. Woody replies, “We’re lucky. Yes we are.” Then he whistles. They
continue to walk the hallways and say hello to a woman sitting alone in a chair with a plastic
baby doll in her lap. Woody whistles. They find their way back to Woody’s room and go in. Kathy sits near the window. Woody asks her if she wants to lay down. He whistles and tells her he’s glad she’s there. They cuddle. Woody rubs Kathy’s back and she touches his cheek. They both fall asleep. Finally, they sit in the parlor again, alone and holding hands. Woody whistles.

Figure 3: “Whistling in the Parlor with Kathy”

Then, we hear an elevator tone and the camera pans over to Woody’s wife and daughter, who are arriving to pick up Woody. “There he is,” says his daughter as she waves to him. “Hi Dad!” He is surprised to see them. “Hi!” he exclaims. “That’s wonderful! I’m glad we’re here! I’m glad you’re here. I’m very proud of you.” His daughter walks up to the couch and bends over to give him a hug and then greets Kathy while her mother and father embrace and kiss. “Sit over there,” says Woody to his wife. “Come and sit down. Sit over there. Sit right here.” He points

47 Ibid.
emphatically to the chair next to the couch. His wife greets Kathy with a hug and she compliments her jacket. Woody whistles.

“You know what we’re gonna go do tonight?” asks his daughter. “We are gonna go see the Grunyons. We’re gonna see all the Grunyons and you are gonna be singing with them.”

“That’ll be fun,” he says. As he turns to his wife, who is now sitting next to him on the couch with her arm around him, we now see an image of the three of them on the couch - Kathy, Woody, and his wife. Kathy is scratching her nose and looking directly at the camera. “You can sing in it,” his wife encouraged him. “I don’t know if I can,” he replied. “Yes you can, you know all those words,” she said. “I don’t know, but I’m glad I could be with you guys. Should we go?” he asked his wife. She nodded. “Say bye to Kathy,” reminded his wife. “Hi, good to see you,” said Woody to Kathy as he noticed her sitting next to him on the couch. He did not recognize her.

“He’ll be back later,” said his wife. “We’ll be back later,” echoed Woody and he added, “see ya later.” He whistled as he walked out of the room with his wife and daughter. Kathy remains seated on the couch by herself, looking around at the empty room.

As Woody, his daughter, and his wife drive to the place where he’ll perform with the Grunyons, he asks them several questions. “What’s happening at 7?” “Just for fun, you’ll be singing with the Grunyons,” his daughter tells him. “We’re gonna be with the Grunyons?” he interrupted Woody, surprised at hearing the information. “Yeah, you’re gonna be with the Grunyons tonight,” assured his daughter. “When are we gonna go? Tonight?” said Woody. “In, really, like about fifteen minutes we’ll be with the Grunyons,” emphasized his daughter. “That’ll be fun to see that,” he replied.
“Nothing’s sticking, at all. Even for a minute or two,” explains his wife, who is sitting in the back seat directly behind Woody. Their daughter is driving. She shakes her head. “It’s like a sieve.” “Why are we doing this?” asks Woody as he looks around and outside to the road in front of the car. His daughter explains again. “Right now we are going to what’s called a ‘Grunyon Invitational.’ It’s just for fun, Dad.” “You’ll love the music. You’ll love just listening to the music,” his wife tells him. He whistled while the women reminded him what they were doing.

“You think I know those people? You think I know them?” he asks as he looks over at his daughter. “You’re gonna have a really good time. I absolutely know it,” his daughter says.

“We’re going around in circles,” says his wife to the camera and she smiles. “Kind of like our lives. Round and round we go, where we stop, nobody knows,” she adds. “I don’t know what we’re doing here,” Woody declares. “We are going to a party,” replies his daughter. “We’re going to a party?” he repeats. “We are going to a party,” she says again. “Do I know the party people?” he asks. “You do,” she answers. “Why are we going to a party?” His wife laughs.

“Cause it’s pretty fun,” says his daughter. “I’m gonna let everybody off right here and I’m gonna park,” she says as she pulls the car to a stop in front of the venue for the Grunyons’ concert.

“What should I do? What am I doing?” asks Woody. “You’re coming with me, sweetheart,” says his wife. “Where are we going?” he asks as they exit the car and walk into the auditorium.

“Right in here,” she says. “Right inside?” he asked urgently. “Yes, right inside, dear,” she answers. “Right in there? We’re gonna go in there?” he asks again. “Mmm hmmm,” she says as she grabs her purse and exits the van.
“Let’s see here, we gotta go through this hole...” says a man fixing Woody’s tie before the concert. Woody asks him, “What am I doing here?” “You’re gettin’ your tie tied by an expert,” he says. “Yeah, but what’s gonna happen?” Woody persists. “Uh, you’re gonna look beautiful and probably be signing autographs,” answers the man as he finishes the tie. “I don’t know what we’re doing,” admits Woody. “Well, there’s gonna be a Grunyons concert,” the man informs Woody. Then we see Woody sitting among several people who are having a conversation; Woody looks at the man who is speaking and nods his head. His wife comes over and introduces him to another woman. “Hi, good to see ya,” Woody says to her as he shakes her hand.

48 Ibid.
The concert begins. A spokesman for the Grunyons introduces Woody and talks to the audience about Woody’s participation in the group. “We’d like to bring up Woody Geist. Woody is what we call a ‘Gramp.’ He’s a retired Grunyon. And Woody has Alzheimer’s disease. It’s an interesting thing to see him actually still sing with us because some of those connections are still there and he can sing a lot of the songs right along with us. So we’re gonna bring up Woody right now and we’re gonna do one of his songs. Come on up, Wood!” Another Grunyon helps Woody climb the stairs to the stage as everyone claps for him. “Wanna sing ‘Shooby Doin’?” asks the emcee before he plays an F on the pitch pipe to get the ensemble ready. Woody whistles a few times to match the pitch and then clears his throat. The emcee counts off the tune. The ensemble only sings a few notes before Woody joins right in along with the bass part. “Ba-do, ba-doo…” After the eight-bar doo-wop introduction, Woody takes the melody, all by himself.

Figure 5: “Wanna sing ‘Shooby Doin’?”49

49 Ibid.
“Shooby-doin’, makin’a scene. Shooby-doin’, ya know what I mean?” he continues to sing, with full vibrato and clear diction.

Figure 6: “Woody Takes the Lead”

We see shots of the audience smiling and laughing along with the lyrics. Woody sings confidently and accurately throughout the tune. The ensemble ends the tune with some doo-wop style vocal harmonies and at the end Woody adds percussively, “buh buh buh bohmp!” as the audience stands up and claps, whistles, and cheers for his performance. The Grunyons pat him on the back and congratulate him on his performance. One man says, “You were fantastic!” While everyone noisily applauds him, Woody replies to the man shaking his hand, “I don’t know, but I’m glad we could be here.”

As Woody and his wife and daughter walk out to the car after the performance, his daughter says, “What a great night! I’m so proud of you!” His wife adds, “It was wonderful, Woody!” On the drive back to the nursing home, Woody asks, “So, how come we came out

50 Ibid.

“Aren’t we lucky?” says Woody as his wife helps him out of the car when they arrive back at the nursing home. “We are lucky,” says his wife. “We are lucky. I am glad we could be together,” repeats Woody. “That was so much fun,” says his wife. They walk up to the front door of the facility. “Aren’t we nice to be together?” asks Woody. “We are nice to be together,” confirms his wife. “I thought so,” he says as they enter the building.

In Woody’s darkened room, we see his wife tucking him into bed and laying down next to him. “I love you, darling,” she says and gives him a kiss. “I love you, I’m glad you’re here,” he says. “Me too,” she replies. “I love you so much, honey,” she adds. “I’m glad we could be together,” he says.

The next morning, the camera follows Woody into the cafeteria as he whistles. It is loud; we hear the clanging of dishes from the kitchen and the low murmur of residents talking in the open dining space. In a series of up-close shots, we see the faces of several people who are also sitting there. The woman who was distressed during trivia yesterday is shaking. “I’m scared,” she cries. Woody continues to whistle. Another resident, who has crumbs of food on her mouth, mumbles as she stares at the camera. We see another woman, the one who nervously shifts her jaw left and right, now rubbing her temples with both hands, stretching the skin on the sides of her face, which distorts the shape of her eyes. Woody takes a seat at a table hear the window and then begins to sing the verses of a song by himself. His is the last close up shot we see.
“Late at night... always a side of me... such a hungry yearning burning inside of me... and this romance won’t be through... ‘till you let me spend my life making love to you... day and night, night and day...” And then he begins to whistle.
CHAPTER 3
MUSIC AND THE IMAGINARY

Figure 7: Selfie taken by astronaut Aki Hoshide at the International Space Station in December 2012 (AP/NASA)

selfie: n. a photograph that one has taken of oneself, typically one taken with a smartphone or webcam and uploaded to a social media website\(^\text{51}\)

What does “being your Self” look like? Lacan’s category of the Imaginary constitutes all manner of images,\(^\text{52}\) expressions, and appearances of the subject, which can be perceived by way of the phenomenal sensory experience. The “selfie” in Figure 3-1 and the vignettes included in this dissertation are examples of Self images, or impressions of the subject in reality. With respect to


\(^{52}\) Žižek in *Manufacturing Reality*, directed by Ben Wright, 2004.
Self, the Lacanian Imaginary includes not only physical or objective manifestations of someone’s existence, like photographs, videos, and audio recordings, but it also applies to narrative accounts, memories, anticipated events, or arguably, even dreams, visions, and hallucinations relative to the subject. The Self-image is any construct that stands in as the subject.

The selfie, in particular, is an image that depicts a sharp sense of Self-awareness, of consciousness and of control. Perhaps the most poignant aspect of the selfie is the clearly artificial nature of the image; filtering and processing options are standard features of many social media applications through which selfies are shared. Moreover, a person’s body position or other physical and contextual attributes are posed or manipulated in order to achieve a precise view of the subject.

Figure 8: Screenshot of selfie taken by author, 4 January 2014.
The selfie of the author in Figure 3.2 above features a carefully planned posture, facial expression, and includes specific items in the background in order to achieve a specific image; it is composed. Moreover, Figure 3.2 includes the view of this image as the author edited it in the application with a specific filter, sharp focus on the camera and a blurred background.

The first image in this chapter, Figure 3.1, depicts an astronaut at the center, in his helmet (which also notably reflects the camera that is generating the image) and protective gear, floating in the vastness of outer space. This selfie also features the subject’s hyper-awareness of himself and of the remarkable setting in which he was when he took the photograph (which, ironically fetishizes the utter lack of control that this space presents to his phenomenal experience in that moment). Even (and maybe especially) the most intentionally ironic and self(ie)-depreciating photographs keenly exhibit the notion of (Self-)control. Elizabeth Day elaborates this point further in the article “How Selfies Became a Global Phenomenon.” She discusses the rise of the selfie in the context of celebrity, social media, and predatory photographers and makes an interesting point about Self image relative to artifice and awareness.

The paradox at the heart of the selfie is that it masquerades as a ‘candid’ shot, taken without access to airbrushing or post-production, but in fact, a carefully posed selfie, edited with all the right filters, is a far more appealing prospect than a snatched paparazzo shot taken from a deliberately unflattering angle.53

It is the way one wants to see him or herself and how they want others to see them. In this sense, Self-images also appear to be representative. But, like the unflattering paparazzo shot or any real-time encounter with another person, Self-images that occur beyond an individual’s awareness or control are nonetheless associated with and effect how he or she operates in the

social world. Arguably then, for as many consciously crafted selfies as one may share or as many attempts at asserting a coherent and controlled Self image, one is not *entirely* in control of the way one appears to Others.

The ambiguousness of Self-images with respect to conscious awareness is seemingly even more pronounced in the context of individuals with dementia, who otherwise appear to be losing control over their own Self-images, but who become engaged or aware again through music. Woody appeared to be aware of the lyrics, pitch, and other singers on stage while he performed “Shooby Doin’” with the Grunyons, but while he wandered and whistled through the halls of the memory care facility, it was not clear whether he was fully conscious of what he was doing - he even told Kathy that he did not know where he was going. During the sing-along hour with Nancy at the Alzheimer’s Project respite program in Tallahassee, Ginny did not typically display her behavioral tick of rubbing her finger along her teeth unless she was not engaged in the music, bingo, therapy, or lunch. Rosie couldn’t help but notice and be repulsed by it, yet Ginny was entirely unaware of her habit, despite the fact that her finger was obviously malformed as a side effect of it. This tick was significant enough for Rosie, who so closely associated it with Ginny’s personhood that she tended to avoid her because of it.

Which images “really” stand in for a person’s subjective status, is it the consciously-displayed persona, which consists of partial and fictional versions of one’s subjectivity, or is it the habitual appearances that structure the way an individual “seems” to another? What is the meaningful or practical difference between a “performance” and an “appearance”? Between an expression and a habit?
3.1 Music and Images of (Self-)Consciousness

What the examples described above as well as the other narratives and images of Self presented in this dissertation reflect is the problem at the heart of the Self-image - consciousness: to what extent am I “in control” of the specific phenomenal ways that “I” really am? And more specifically, what role does awareness play in the way my Self appears through music? How are we to know if someone’s engagement with music is a consciously-constructed phenomenon or a function of cognitive processes that occur beyond the level of his or her phenomenal awareness of them?

In this chapter, I consider a variety of perspectives regarding the role of conscious awareness in phenomenal Self-appearances through music. First, I review various approaches to music as a form of embodied consciousness, which treat the concept of subjectivity as intimately tied up with physical systems. Although many do not explicitly state this, I maintain here that these views share an underlying assumption that a specific bodily activity - brain activity in the form of cognition - is the ultimate horizon of the Self. These approaches also share an emphasis on phenomena, on action, and on exercising or exhibiting consciousness, which is also an important element of each vignette or narrative of depicting music and dementia included in this dissertation.

Then I move into discussing interpretations of Self image and identity that arguably center on processes of development, association, and cultivation, on forces which transcend or operate independently of one’s cognitive functioning or Self-consciousness. Although none of the studies about music and being human in this category develops the idea that identity is passive, I claim that framing an individual’s engagement with music in terms of the forces of
evolution or culture\textsuperscript{54} implies a form of “unconscious” appearing, attributable to causes outside one’s agency and/or consciousness.

Although the studies in each category vary in terms of disciplinary methodology, the two categories are distinguishable based on the way each author (or group of authors) treats consciousness in relative to music. The type of work reviewed in the first category, music as embodied consciousness, includes medical anthropology, music therapy, ethnomusicology, and cognitive neuroscience. The second category, music and emergent consciousness, also includes a review of ethnomusicological research as well as a discussion of music related to biology and cognition.

\textbf{3.1.1 Music and Embodied Consciousness}

In the introduction to \textit{Embodiment and Experience: The Existential Ground of Culture and Self}, Thomas Csordas aligns the empirical body and the related concept of embodiment with Roland Barthes’ notions of “the work,” text, and textuality in order to distinguish between and elaborate the dialectical relationship that exists between object and subject, being and doing, presence and action.

Instead of Barthes’ ‘work’ and ‘text,’ I prefer ‘text’ and ‘textuality,’ and to them I would like to juxtapose the parallel figures of the ‘body’ as a biological, material entity and ‘embodiment’ as an indeterminate methodological field defined by perceptual experience and mode of presence and engagement in the world. Thus defined, the relation between textuality and embodiment as corresponding methodological fields belonging respectively to semiotics and phenomenology completes our series of conceptual dualities. The point of elaborating a paradigm of embodiment is then not to supplant textuality but to offer it a dialectical partner.\textsuperscript{55}

\textsuperscript{54} Alan Merriam, “The Anthropology of Music” (1964), 235: “The connection between music sound and what it is supposed to represent can only be made through ascription of meaning which is culturally defined.”

\textsuperscript{55} Csordas (1994), 12.
In this excerpt, he asserts that the body is the proper starting point in the analysis of the way cultural processes operate with regard to subjectivity. He posits that phenomenology (observation, experience, event, appearance, perception) is a necessary counterpoint to semiotics (analysis, theory, signification), since in his approach subjectivity consists as a dialectical function of both being, or existing, and doing - action. Embodiment is the act of being a subject in the world. The dialectical nature of image appearance - coherent in the patterns of transformation - paradox is that *difference/change/action is central to coherence as an image of the Self - patterned transformations, predictable re-actions, recognizably “me” - as characteristic movement from one state to the next...this action of filling in coherently is connected to cognitivist perspectives which ground consciousness in this recognizable “coming to mind” of the embodied subject.

The chapter authored by Pia Kontos in Thinking About Dementia: Culture, Loss, and the Anthropology of Senility is titled “Embodied Selfhood: An Ethnographic Exploration of Alzheimer’s Disease.” In this chapter, Kontos contends that ideologies about the Self in contemporary thought are contingent upon memory, cognition, and intellect, all of which are impaired during the course of Alzheimer’s disease. Her central aim in this chapter is to advocate an ethnographic approach to the study of dementia, which illuminates “…the irreducibly embodied nature of agency.”56 The orientation to ethnography and Alzheimer’s disease she

56 Kontos (2006), 196. In other words, by advocating a view of the “embodied nature of consciousness,” she argues here that Self is fundamentally in the body (as opposed to the mind). -She sets out to counter the tendency of what she calls “Western philosophy” - properly Cartesian mind-body dualism - to privilege the mind over matter with a claim that consciousness is fundamentally a function of the body (aims to marry body and mind in this way). (203) She also employs Merleau-Ponty’s “basic intentionality of the body toward the lived world” - a fundamental program of nature that body is oriented to participate actively in reality and that bodily motions have cultural heredity; phenomenologically, I “am” my body.
advocates in this chapter is, in part, based on Pierre Bourdieu’s concept of *habitus*. After providing a short yet descriptive case study of individuals with Alzheimer’s disease living at a Canadian home for the elderly, Kontos explains that an ethnographic approach to the study of dementia not only provides specific sociocultural contexts for the articulation of Selfhood but also that ethnography has the potential to illuminate the distinctly embodied habits, predispositions, tendencies, and preferences which constitute a person’s physical body relative to their sociocultural milieu.  

In *Musicking: The Meanings of Performing and Listening* (1998), Christopher Small argues that it is more useful to conceptualize music to be an activity and to understand it as action, in contrast to understanding music as some abstracted thing, static and prescriptive. Small privileges activity as the basis for understanding meaning, context, and associative relationships. Importantly, Small asserts that musicking constitutes not only activities like singing and instrument playing but also includes activities like taking tickets at concert events, listening to the radio or recordings, and cleaning up a concert venue after a performance. This approach qualifies a wide array of human activities as significant, with respect to music, Self, and consciousness, including listening, performing, creating, dancing, and discussing. The emphasis on action also opens up space for interpreting them with respect to various forms of consciousness.

Similarly, Oliver Sacks, a well-known neurologist specializing in music and the brain advocates a broad interpretation of “consciousness” relative to the range of activities and behaviors addressed by music therapists. In *Musicophilia: Tales of Music and The Brain* (2007),

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57 See Bourdieu (1977).

he contends that the loss of self-awareness and other cognitive abilities does not constitute the loss of subjectivity. Rather, he indicates that, at the level of cognitive activity, a person engenders an identity unique to him or herself, one which is never fully lost until death. “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.”59 In other words, at its core, Self is present even when a bare minimum of one’s cognition remains active, survives. Perhaps this is why Sacks also states that, although therapy in part aims to exercise basic motor responses to music (to exercise various displays of consciousness by the subject), that the true goal of music therapy is to amplify individuals’ mental and social life by presenting them with opportunities to engage, through sound and movement, with those around them. Sacks says that the aim of music therapy for people with dementia, “seeks to address the emotions, cognitive powers, thoughts, memories, the surviving ‘self’ of the patient, to stimulate these and bring them to the fore. It aims to enrich and enlarge existence, to give freedom, stability, organization, and focus.”60

Jayne Standley defines music therapy as the prescribed use of music in line with standard clinical procedures and medical protocols for the treatment of disease and management of symptoms (Standley 1995, 4). Although an expansive review of music therapy literature is beyond the purview of this dissertation (see also Horden 2000 for an extensive history for music therapy), the variety of conditions targeted by music therapists include schizophrenia, depression, autism and anxiety disorders. Many music therapists in the last several decades have

60 Ibid.
developed protocols in which music is used to address several symptomatic behaviors of Alzheimer’s disease and dementia, including wandering, agitation, and social isolation.

Specific music therapies entail a prescribed sequence of events, expressions, gestures, and sounds to modulate experience, to stimulate abilities, physical states, and other behavioral characteristics of well-being, and to regulate and attenuate pain or other symptoms of disorders. By employing methods predominant in biomedical research (i.e., the scientific method, empirical collection of data in clinical contexts, quantitative analyses, and the prescription of technique among others), music therapists have demonstrated that the therapeutic value of music is measurably evident.

The body of research published by music therapists and geriatric specialists focuses on the effectiveness of music with respect to alleviating or temporarily minimizing particular symptoms of Alzheimer’s disease, which include memory loss and one or more of the following: agnosia, or sensory incapacitation, which is the loss of the ability to recognize or interpret sensation (Belgrave 2009, Brotons and Marti 2003, Carruth 1997); aphasia, or language impairment (Brotons and Koger 2000); apraxia, or loss of the ability to perform purposive (meaningful) action (Ashida 2000, Brotons and Marti 2003, Cevasco 2010, Cevasco and Grant 2003, Cevasco and Grant 2006, Clair 1996, Groene et al 1998, Holmes et al 2006); and the loss of executive function, including attention, reasoning, and problem-solving (Brotons and Marti 2003, Gregory 2002, Groene 2001).

A study by Brotons and Pickett-Cooper in 1996 explores the outcomes of music therapy interventions aimed at decreasing agitative behaviors, including anxiety, tension, irritability,
restlessness, wandering, physical and verbal aggression, confusion and disturbed sleep\textsuperscript{61} in individuals with Alzheimer’s disease.\textsuperscript{62} The authors provide a descriptive outline of the specific clinical protocol for the sessions, which began with introductory songs. This is to be followed by simple movement activities (clapping, tapping, waving) and after these should occur a play-along exercise using hand percussion and recordings of popular songs from the early 20\textsuperscript{th} century. Additionally they suggest that each session should end with group singing. The authors in this study note that music had a significant mitigating effect for agitation in participants during music therapy sessions and they also comment on the lasting effect of these sessions for participants by asserting that:

It is interesting to note that decrease in agitation was maintained at least during the 20-minute post-music therapy observation period, and that it was similarly perceived by music therapists and caregivers. This result appears to be consistent for those subjects who had a music background and those who did not. This is in agreement with the basic philosophy of music therapy in that benefits from music therapy do not require musical background (Gaston, 1968). Furthermore, informal unsolicited reports from facility caregivers suggest that the decrease in agitation carried over to the rest of the afternoon and even evening periods. Some certified nurse assistants specifically stated that patients came back to the unit "calmer", "more cooperative and responsive", and "a lot nicer" after music therapy. (Brotons and Pickett-Cooper 1996, 16)

A study published by Raglio and other Alzheimer’s specialists in 2008, advances the idea that music can be used by anyone, not just trained music therapists, to effect a change in the behavioral and psychological symptoms of individuals with moderate to severe dementia, including hallucinations, delusions, agitation, anxiety, apathy, depression, irritability, euphoria, disinhibition, aberrant motor activity, and meal- and night-time disturbances (Raglio 2008, 161). Although the authors conclude that their data analysis indicates that the therapeutic use of music

\textsuperscript{61} Brotons and Pickett-Cooper (1996), 3.

in this study effected a reduction in all the behavioral and psychological symptoms listed above, they provide only a brief and general description of what occurred in the music therapy (MT) interventions:

In this study, a nonverbal MT approach was chosen, using both rhythmical and melodic instruments to promote the intersubjects communication. Through nonverbal behavior and sound-music performances, the patient conveys his/her emotions and feelings, establishes an “affect attunement” with the music therapist and is stimulated to modify the global emotional and affective status. (Raglio 2008, 159)

Music therapist Naomi Ziv has also focused on both positive and negative behaviors of individuals with Alzheimer’s disease. In the study she conducted in 2007 at the The Sophie & Abram Stuchynski Alzheimer Research and Treatment Center in Ramat-Gan, Israel with other research associates, they played familiar songs on compact disc in the lobby area of the Center for residents during the post-lunch hour, a period of time during which no programmed activities were scheduled and during which many residents demonstrate increased negative behaviors (335). This study demonstrates the utility of music in a non-clinical context for health and well-being; the results showed an increase in positive social and emotional behaviors, with the most pronounced effect evidenced in patients’ smiling, movement to rhythm, and engagement in conversation, as well as a decrease in negative symptoms including agitation, wandering, fidgeting, and repetitive and aggressive behaviors (340).

Music therapist Robert Groene has focused on the efficacy of music interventions to improve attentional accuracy (Groene, 2001) and to shape the purposive responses of individuals with Alzheimer’s disease (Groene, 1998). In his 1998 study of purposive responses with a very small experimental group (6 participants), the data indicated that the participants provided significantly more purposive responses during exercise to recorded music than they did during the sing-along sessions. A study published by Göttell and several other psychogeriatric specialists
in 2003 explores the use of music to improve awareness and recognition. Although typical behaviors exhibited by subjects in conditions without music included a slumped sitting posture, minimal awareness, an lack of alertness/awareness of their surroundings, the authors found that the singing of familiar songs by caregivers while assisting each patient elicited the most significant positive changes in these behaviors. Moreover, they concluded that the use of both familiar recorded and live music resulted in straighter sitting and standing posture, greater body symmetry during movement, and a heightened environmental awareness (Götell et al 2003, 411).

In the study “The Effect of Reminiscence Music Therapy Sessions on Changes in Depressive Symptoms in Elderly Persons with Dementia,” Sato Ashida reports that music interventions structured specifically to cue reminiscence contribute to a significant decrease in the occurrence of depressive symptoms in patients with Alzheimer’s disease. Each group of individuals participated in music therapy interventions which included drumming and introductions and therapist-lead singing with guitar accompaniment for reminiscence of topical information. Ashida describes the sessions in detail and provides the following narrative:

The main part of each session was focused on reminiscence. The topics of reminiscence varied from day to day (home, nature/outdoors, events/hobbies, travel/places, and love songs). In this part of the session, the therapist sang familiar songs that were related to the theme of the day, accompanied by the guitar. Then the therapist repeated parts of the lyrics and asked related questions directed to each participant. Songs used in reminiscence were chosen so that most participants were familiar with their tunes and lyrics to help participants more easily understand the topics of discussion. Even though a particular theme was prepared for each session, topics changed frequently as participants brought up or showed interest in different topics.\textsuperscript{63}

In this study, Ashida analyzed video recordings of the sessions in order to evaluate the subjects’ demeanors and facial expressions for evidence of depression during and after the sessions. The

\textsuperscript{63} Ashida (2000), 175.
findings of the study were that there was a significant decrease in depressive symptoms (sad facial expressions, body language) after five music therapy sessions, but that these effects were not retained long-term; Ashida recommends therefore, to retain therapy and extend the period of treatment time. Several other studies in the last decade have explored mood, emotion, and apathy in individuals with dementia (Cevasco 2010, Holmes et al 2006, Sherrat et al 2004).

Holmes and research associates investigate the use of live and recorded music to decrease apathy in individuals with Alzheimer’s disease (Holmes et al 2006). And in another recent study published in 2010, Andrea Cevasco explicitly foregrounds musical interaction as a mode of social communication and considering the effect of non-verbal music therapy to elicit participation in dancing, singing, and playing activities and promoting positive behavioral responses like smiling, eye contact, and expressive affect.

In a study published in 2000, Melissa Brotons and Susan Koger compared the effectiveness of music therapy and with that of conversational therapy to improve language skills in people with dementia of the Alzheimer type. In small groups of two to four subjects, individuals engaged in conversations about topics prompted by pictures, concepts, or photographs or they participated in a music therapy activity, in which they sang songs about topics like the ones discussed in the conversation groups. After the sessions, the subjects were evaluated based on standardized measures for determining language skill in dementia patients.

Another study, which explores the effect of music therapy on the close and intimate social relationships of individuals with dementia and their care providers, was conducted by music therapists Clair and Ebberts in 1997. In this study, the researchers measured levels of participation and responsive touch (between caregiver and receiver) before, during, and after
music therapy sessions that included singing, dancing, and rhythm playing. The study showed that an important outcome of the sessions was an increase of hugs, kisses, arms around shoulders, and other common gestures of social affection initiated by both caregivers and receivers.\(^{64}\) This study indicates that music, when paired with close physical proximity and affectionate behaviors like touching and hugging that foster interconnection between individuals, is a tool which can encourage individuals’ engagement with and awareness of another.

Although an overwhelming majority of studies reviewed for this dissertation address the therapeutic nature of music via methods of quantitative research and adopt an empirical research design, which are both approaches that limit the kinds of knowledge that can be rendered from the projects, some music therapists have also published qualitative literature on the power of music to shape health and disease trajectories.\(^{65}\) For example, music therapists Suzanne Hanser and Alice Ann Clair published an article in 1995 titled “Retrieving the Losses of Alzheimer’s Disease for Patients and Care-Givers with the Aid of Music” in which they indicate two generally effective techniques for gathering data about an individual’s awareness and experience of dementia, which includes the interview technique and the detailed contextual description. The interview technique is employed by therapists to individuals who are in the early stages of Alzheimer’s. By way of the interview, clients directly provide therapists with information about how they feel and think about music, stress, and coping with the disease. The second technique employed by therapists in reporting their research is recording or writing detailed synopses of individuals’ reactions and experiences of music therapy in the late stages of dementia, because in this stage, individuals often cannot communicate verbally. Each method provides the therapist

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\(^{64}\) Clair and Ebberts (1997), 163.

\(^{65}\) See also Aigen (1998).
with information they need to construct personalized and effective protocols for the use of music to attenuate the symptoms of dementia.

In 2008, Alice Ann Clair authored a chapter in the *Oxford Handbook of Medical Ethnomusicology* in which she provides brief yet ethnographically descriptive case studies as evidence for the efficacy of music as a therapy for coping with a variety of symptoms and effects of Alzheimer’s disease. The excerpt included here is representative of the nature and depth of the descriptions she provides in the article:

> For one couple, playing music together became a daily activity as the disease progressed. The wife had learned to play guitar after her husband had been active as a bluegrass and country band performer for many years. She said that she learned to play guitar so that she could ‘go along’ when the groups had their informal rehearsals. When her husband became so confused that he could not remember how to start a tune, she gently reminded him of the key he used and which chords were included. She began the tune with gentle rhythmic strums, and when she sang the first phrase, he joined in, playing along and inserting riffs he had known for many years. Her verbal prompts for chord changes were needed occasionally, and she intuitively provided just enough information for him to understand. She said that she thought that the daily music making helped her husband feel good about himself, and that it gave them something meaningful to do together.66

This vignette provides greater detail than that which is presented in most quantitative music therapy research, even in empirical studies published by Clair herself. Clair notes and emphasizes both “culture-specific” and “culture-transcendent” roles of music67 in health and healing, although she is primarily concerned in this chapter with how attention to social and cultural factors could better equip music therapists with the sensibilities to create inclusive environments in which individuals with Alzheimer’s disease “feel that they belong and where their loved ones can feel a part of their lives once more.”68

67 Ibid., 216.
68 Ibid., 201-2.
Pollack and Namazi explore the correlation between participation in individualized music activity and subsequent positive social behaviors observed in individuals with Alzheimer’s disease in a study published in 1992. In this study, each participant (six total in this study) was invited to engage in a preferred music activity, as previously determined in sessions to include singing/whistling familiar tune with piano accompaniment, dancing to recorded music, playing assorted percussion instruments. The research procedure used in this study includes twenty minutes of one-to-one preferred musical activity with the music therapist, before and after which the music therapist observes the participant as they engage freely in activities of their choosing for fifteen minutes (Pollack and Namazi 1992, 57 - 8). During the pre- and post-session observations, the music therapists make note of and compare specific behaviors exhibited by participants including continuity of participation in music activities, display of physical capacities, positive affect, increase in speech, and behaviors expressive of pleasure and engagement. The authors assert that their data indicates a significant increase in the occurrence of social and participatory behaviors in individuals with moderate to severe dementia. Not only do the authors provide a rather detailed synopsis of the sequence of events in the research procedure, but their method for collecting data during the study also resonates with the participant-observer orientation to music research espoused by many ethnomusicologists.

3.1.2 Music and Emergent Consciousness

According to the view adopted by Thomas Turino in *Music as Social Life: The Politics of Participation*, a *self* is composed of an individual’s material body and the entire volume of discrete habits attributable to an individual. *Identity* consists of the selection and display of particular sets of those habits which are representative of an individual within given contexts and
environments. The domain of *culture* is constituted by the habits common among several individuals.\(^69\)

Turino never explicitly uses the term “subject” in his exploration of the concept of the self. Instead, he invokes the concept of flow, as an abiding state of mind and being in which a person’s habits of thought and practice are integrated. This condition of “psychic wholeness” as a result of an individual’s lived experience in the world, it emerges out of an interaction between inherent, or given, properties, and that which individuals encounter in the world (other people, groups, institutions, the physical environment, and so forth). For Turino, an individual’s self is the paramount field of human experience. It is “a body plus the total sets of habits specific to an individual that develop through the ongoing interchanges of the individual with her physical and social surroundings.”\(^70\) He establishes a holistic approach to the self and proposes that it is rendered or cultivated through a synthesis of physical and behavioral traits. For Turino, the self emerges as a consequence of the:

ongoing dialectics through which individual dispositions are shaped by the social environment while broader cultural patterns are in turn shaped by the practices, values, and ideas of individuals who are active, creative members of the social world. (Turino 2008, 94)

Ethnomusicologist and allopathic physician Theresa Allison also adopts this approach to understanding the role of music relative to identity and dementia. Rather than using a phenomenological or empirical approach to this topic, she employs semiotics to explain and contextualize how music engages a sense of community, Self, and ultimately consciousness. The main point of her study is that music is central to maintaining a sense of dignity, independence,
and qualitatively meaningful relationships to others within the constructed community of a nursing home. By way of semiotics, she explains that, even in the advanced stages of dementia, individuals engage musically because it is a particularly saturated form of symbolic expression (Allison 2010, 161-5). In this explanation, she relies on an idea developed by Tom Turino regarding the semantic snowballing of meaning associated with music over time in an individual’s life. In this model of semiotic chaining relative to music, an individual, or interpretant, becomes an index or icon by way of the act of performing, or engaging with the music, thereby creating new representations and associations. Although this is, in a way, an explanation for the Imaginary by way of the Symbolic, it is a particular way of classifying or explaining phenomena (like musical behavior in the context of dementia) by reducing it to a function of its associative relationships with other phenomena. This is precisely why semiotics, despite the elegance of the theory, still leaves the problem of consciousness unresolved. Allison herself commented on this ambiguity between musical behavior and conscious activity:

> When the contributing participant had dementia, the facilitator and the other participants could never tell with certainty if an apparently unrelated comment derived from an error in cognitive processing, a language issue, or a sophisticated allusion to a recalled image or memory. (Allison 2010, 77)

Allison ultimately concludes that this ambiguity is due to “the potential for music to carry both the concrete and the esoteric.”\(^1\) This is a precise description of how “appearing-through-music-in-dementia” can seem paradoxical, with respect to consciousness; is a subject consciously asserting a Self, based on their unique network of experiences, emotions, and traits, or is the behavior a function of dementia, a short in their the cognitive circuitry which designates that this behavior is ultimately unconscious?

\[^1\text{Allison (2010), 77.}\]
John Blacking has been critiqued for his aim to find a unitary method for analyzing human musical activity across cultures (Nettl 2005, 72); he asserts that musical activity is a self-preserving behavior of consciousness-enrichment and that this is ultimately connected to a basic human need to be social:

Musical behavior may reflect varying degrees of consciousness of social forces, and the structure and function of music may be related to basic human drives and to the biological need to maintain a balance among them. If the Venda perform communal music chiefly when their stomachs are full, it is not simply to kill time. … I suggest that the Venda make music when their stomachs are full because, consciously or unconsciously, they sense the forces of separation inherent in the satisfaction of self-preservation, and they are driven to restore the balance with exceptionally cooperative and exploratory behavior. Thus forces in culture and society would be expressed in humanly organized sound, because the chief function of music in society and culture is to promote soundly organized humanity by enhancing human consciousness. (Blacking 1973, 100 – 101)

Blacking’s point here is that, in the Venda lifeworld, musical behavior fulfills a fundamental human need, beyond biological behaviors of survival, to connect, communicate, and cooperate with other human beings. He asserts that, by collectively sounding their humanity through a large-group *tshikona* performance or the soloistic and informal performance of commonly-known children’s songs on a pentatonic reed-pipe, Venda people express a consciousness that transcends self-preserving behavior.

In *The Physics and Psychophysics of Music* (2008), Juan Roederer elaborates the explicit connections between musical sound and the neurophysiological operation of the limbic-cortical system in the brain, the complex of biological mechanisms in the brain that govern emotional-behavioral responses in individuals. Steven Mithen, author of *The Singing Neanderthals: The Origins of Music, Language, Mind, and Body* (2006), posits an evolutionary basis for human musicking behavior in claiming that “there would have been a time when our ancestors lacked
language even though they had a complex range of emotions and the need at times to influence the behaviour of other individuals” (Mithen 2006, 101). Roederer asserts that, with the evolutionary developments in the human capacities for language and music:

> came the postponement of behavioral goals and, more specifically, the capacity to overrule the dictates of the limbic system (e.g., sticking to a diet even when you are hungry) and also to willfully stimulate the limbic system, without external input (e.g., evoking pleasure by remembering musical piece) (Roederer 2008, 189 [emphasis Roederer’s])

While Roederer emphasizes the coincidence of the capacities for language and music in human evolutionary history, Mithen problematizes this assertion:

> We are only able to speak and sing because of the manner in which neurons are connected to each other and the brain activity they promote – although quite how the firing of neurons and the release of chemicals within the brain become a thought or a sensation remains unclear. Sets of connected neurons relating to specific activities are termed neural networks. The key question that we must address here is whether the same neural networks are used for language and for music. Perhaps there is a partial overlap, perhaps none at all. If there is an overlap, did those shared neural networks originate for language, for music, or for something else entirely? (Mithen 2006, 28)

Although they disagree as to whether music and language originated in distinct or similar neurobiological processes, Mithen and Roederer both make explicit reference to the function and evolved capacities of music not only to facilitate (Symbolic) communication between persons but also to modulate phenomenal Self-appearing (even at the neuronal level).

Noting its close relationship to the coding and retrieval of complex mental images, Roederer, contends that musicality and language emerged at precisely that time in human evolutionary history, and that the emergence of these abilities marked by an important shift in human brain capacity whereby the body began to serve the brain/mind in stead of mental processes functioning to sustain the physical life of a human’s body (Roederer 2008: 189). In this conception, musicking is a physical activity that had evolved into a method for triggering,
stimulating, evoking, and reassembling mental images, like memories or fantasies, for creative as well as therapeutic purposes.

In “This Is Your Brain On Music,” Daniel Levitin provides extensive explanations for musical emotion, perception, intuition, and consciousness by linking the fundamental attributes of musical sound (qualities of pitch, rhythm, tempo, loudness, timbre and other elements) to various cognitive, evolutionary, anatomical, and chemical processes in the brain. His aim is to challenge cognitive psychologist Steven Pinker’s (in)famous claim that music is “auditory cheesecake,” by providing a thorough account of the way music is connected to and does stimulate what he claims to be “instinctual” mental activity, thus forging a way to frame human musicking in terms of an evolved/adapted capacity. He says that, “in general, we tend to remember things that have an emotional component because our amygdala and neurotransmitters act in concert to ‘tag’ the memories as something important.” But is this not precisely a

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72 Steven Pinker, *How the Mind Works* (New York: Norton, 1997), 534. Here, Pinker refers to the work of musicologist Deryck Cooke regarding musical semantics, the stability of pitch intervals, and the manipulation of emotional tension and resolution. Pinker’s point in referencing Cooke is to emphasize that there is a demonstrable connection between the audible patterns in music and human feeling. But he does this to maintain the assertion that music, the arts, and all manner of profoundly emotional-aesthetic human projects are “nonadaptive byproducts” (525) which do not fit within the logic of biological adaptation and survival. He says, to quote his justification of this claim at length, “it is wrong to invent function for activities that lack that design merely because we want to ennoble them with the imprimatur of biological adaptiveness. Many writers have said that the “function” of the arts is to bring the community together, to help us see the world in new ways, to give us a sense of harmony with the cosmos, to allow us to experience the sublime, and so on. All these claims are true, but none is about adaptation in the technical sense that has organized this book: a mechanism that brings about effects that would have increased the number of copies of the genes building that mechanism in the environment in which we evolved. Some aspects of the arts, I think, do have functions in this sense, but most do not.” This is the reason he ultimately claims that, “music is auditory cheesecake, an exquisite confection crafted to tickle the sensitive spots” of our mental activity (534).

73 Daniel Levitin, *This Is Your Brain On Music: The Science of A Human Obsession* (London: Penguin, 2006), 231-2. Levitin contextualizes this assertion about the emotional and cognitive basis for musical consciousness in terms of self-awareness and memory. He says, “One of the first signs of Alzheimer’s disease (a disease characterized by changes in nerve cells and neurotransmitter levels, as well as destruction of synapses) in older adults is memory loss. As the disease progresses, memory loss becomes more profound. Yet many of these old-timers can still remember how to sing the songs they heard when they were fourteen. Why fourteen? Part of the reason we remember songs from our teenage years is because those years were times of self-discovery, and as a consequence, they were emotionally charged.” He concludes by reasserting the importance, or primacy, of the “first” or developmental emergence of self-awareness: “Part of the reason also has to do with neural maturation and pruning; it is around fourteen that the wiring of our musical brains is approaching adultlike levels of completion.”
Symbolic ordering of the “nature” of human musicking, a mapping of the logic of cognitive evolution onto patterned musical phenomena? Although Levitin’s explanation is an alternative to “being” a Self through music despite dementia via a semiotic frame, it nonetheless represents an attempt to understand, a Symbolic gesture. Moreover, it is an explanation for the unconscious operating of Self in terms of neurons, synapses, and the physical machine of the cognition, which, according to Levitin, is a process that occurs preferentially (self-consciously) in tagging certain memories and images as significant. His claim that our instinct to respond is an evolved human capacity.

This is the same issue with cognitive neuroscientist Antonio Damasio’s approach to the evolution and structure of human consciousness. In the *Self Comes to Mind* (2010), he argues that consciousness essentially is comprised of the actions of the organic brain that provide coherence to the cognitive mind. He asserts that,

> In brief, the arts prevailed in evolution because they had survival value and contributed to the development of the notion of well-being. They helped cement social groups and promote social organization; they assisted with communication; they compensated for emotional imbalances and fear, anger, desire, and grief; and they probably inaugurated the long process of establishing external records of cultural life. (Damasio 2010, 196)

In this passage, he claims that music is a special gift of evolutionary consciousness, one that is intimately connected with personal homeostasis and social harmony. Although this is an approach to music and cognition from a clearly biological/neurological perspective, Damasio ultimately suggests that we “come to mind” as a Self, through music or various other conscious activities, in response to, or as an effect of “being” in an environment, being passively exposed to others, and to the world in which we exist. The unresolved paradox, or logical hitch, in Damasio’s perspective here is that the very act of consciousness is not ultimately Self-dictated.
Oliver Sacks’ discussion of “Woody,” the same Woody whose story appears in this dissertation, contains the same problem of consciousness. Sacks claims that Woody’s constant whistling is a function of his need to feel the emotion associated with the act of whistling, which lingers in his Self despite the fading of his memory of having done it. Although Sacks implies that this persistent whistling is connected Woody’s core subjective need to feel stable in the midst of his evaporating mind - a form of musical Self-therapy - this explanation seems unsatisfying though. Why didn’t Woody whistle in the car with his wife and daughter, when he was so clearly agitated and confused? Shouldn’t his “instinct” (or evolved behavior of calling on music in times of emotional turmoil) here be to whistle in order to manage or bypass this symptom? Could it be that musical behavior is not at all about maintaining personal and homeostasis (even though these are things that music can and does do)? Perhaps whistling is just the “way Woody is” in the absence of his own conscious Self-awareness, without his own Symbolic regulation of his behavior.

3.2 Musical Activity and the Ambiguity of Consciousness

As Žižek concisely puts it, “nowhere is this deceiving nature of affects clearer than in music.” In other words (of his), “appearing has nothing to do with conscious awareness: it does not matter what individuals’ minds are preoccupied with while they are participating in a ceremony; the truth resides in the ceremony itself.” In this sense then, I claim that cognitive psychologist Steven Pinker was right, although not in the strict sense that cognitivism represents the horizon of human subjectivity, but rather in the precise view that music has no basis at all in

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75 Žižek (2006), 229.
76 Žižek (2006), 66.
He admits that music and the creative arts are certainly important with regard to the coherence of social groups and to access the sublime aspects of life, but he maintains that music does not serve the purposes of biological survival or genetic adaptation.

Pinker’s claim allows the perspective that “the musical” and “the human” are mutually exclusive. In this view, what separates the two constitutes an inherent gap, a fundamental antagonism; neither can be fully resolved or exhaustively accounted for in terms of the other. Although it often mingles closely with one’s phenomenal experience of the world and with the way one expresses one’s Self in it, music is a Symbolic order that is entirely independent from natural (biological, physical, genetic, evolutionary) law. Following this parallax view of music and the Self then, the purposeful engagement with music, like staged performances or any expressive activity, masks the fact that music itself is not explainable, understandable in terms of physical reality.

Consciousness (awareness) is a matter not of inside, but of the ‘interface,’ of the surface-contact between inside and outside. (footnote in text 37) It is this convoluted relation between Inside and Outside that, in effect, undermines the standard notion of the Cartesian subject as a res cogitans (thinking substance): it brings home the fact that the subject, precisely, is not a substance. (Žižek 2006, 223)

The point here is that even sharply Self-aware acts are illusory, with respect to subjectivity.

Consciousness is an effect, not the cause, of any Self-appearing. A Self is radically, literally, and only the figure of one’s own Imagination. This is precisely why any appearing is a fiction, deceptive: not only are consciously-constructed appearances like selfies or musical performances illusory (meaning they are an effect of the interface or confrontation of “inside and outside”, not the cause of the appearing), but also fictional are the occurrences of Self that seem “second
nature” (attributable to or explainable via some natural structure: habit, biology, genetics, disease, cognition).

‘Inside’ is in a way ‘outside.’ That is to say: our immediate inner conscious (self-)experience is by definition a process that takes place on a surface, at the level of appearance, and when we try to account for it in neurobiological terms, we do it by constructing, from an outside view, a neuronal process that can generate such an experience--think of the proverbial look into the open skull: when we see the raw meat of a human brain, we cannot fail to be shocked: ‘Is this it? Does this chunk of meat generate our thought?’ (Žižek 2006, 222)

To conclude this chapter, I claim that the two approaches to music and consciousness reviewed here - embodied and emergent - are two sides of a Moebius band. From one side, musical activity is a phenomenon of human nature which is intimately caught up in physical and cognitive action. As such, it can be understood as an “acting out” of that which is “inside” - a gesture of the subjective Self. On the other hand, without external information about how to do this acting, a subject would have no context or formula in order to act in the first place. Thus, musical activity is an illusion, a placeholder, an objective action that stands in for (and obscures the precise status of) a subject’s awareness of Self, ensuring its dialectical unknowability.

A true human Self functions, in a sense, like a computer screen: what is “behind” it is nothing but a network of ‘selfless’ neuronal machinery.” “It is something that exists only insofar as it appears to itself. This is why it is wrong to search behind the appearance for the ‘true core’ of subjectivity: behind it there is, precisely, nothing, just a meaningless natural mechanism with no ‘depth’ to it. (Žižek 2006, 206)
INTERLUDE: George

The usual routine after the music therapy hour consists of clients and volunteers exiting the chapel single file, in order to receive a few pumps of hand sanitizer from Donna, the respite room coordinator for the Saint Paul’s location of the Alzheimer’s Project Tallahassee, Inc. I was talking with a client named Rosie at the back of the line. As we neared the door with most everyone out of the room, I noticed George walking briskly past Annette, the registered nurse assigned to the respite center, and Steve, another volunteer, toward the back of the chapel where there was an unlocked exit door to the parking lot outside. I realized quickly that I was the only one who noticed George headed toward the back door. So, I immediately rushed down the aisle and managed to get to the back door before George could.

I frantically looked up toward Annette, who realized what was happening. She told me not to let him go outside by himself. George reached behind me to push the door open. “You can go outside with him,” she told me as she walked back toward us. “But he can’t go out there alone.” “OK,” I said hesitantly, “but I need somebody else to come out with us.” I was nervous. George had a reputation for being easily agitated, persistent, hard to soothe. I asked him if he’d like to walk around the parking lot a bit. He said nothing and headed out the door.

It was spitting rain outside. Not enough to really soak us, but enough to make the pavement slippery. I became increasingly skeptical that I could help George walk around without slipping. “Where is everyone else?” I thought. He was walking faster now. And he was headed straight for the exit to the street. “Hey George!” I said as I tried to keep pace with him. When I was next to him again, I said, “I will go on a walk with you, but can we please stay in the parking lot? There are cars driving very fast on the road right out there and I don’t think it is
safe for us to keep walking that way. OK?” He stopped and turned toward me. “That seems reasonable,” he said clearly. “Can I call Roberta?” he asked. “Do you want to go back inside?” I motioned toward the door we’d both just used at the back of the chapel. He shook his head once, an expression of disgust on his face. “Alright,” I said, “let’s walk.” We turned around and headed up around the back of the building. Then Brandon, another volunteer, came out of the chapel door and headed straight for us. “How you guys doing?” he asked. “Oh, we’re just checking out the parking lot,” I said, relieved that he was out there with us now.

As the three of us walked up toward the front corner of the lot, Brandon and I engaged in a conversation about the dangerous traffic on the roads adjacent to the church property. “People drive so fast around here,” said Brandon. “It’s very dangerous,” I added. “Yeah,” George agreed. He looked down the front side of the parking lot toward the Alzheimer’s Project offices, located in a small house on the far West side of the lot. “I need to call my wife now,” George asserted. “OK,” I said, “lets go over to the office and see if we can’t get her on the phone.”

I hoped that, by the time we could walk all the way across the back side of the parking lot to the far end where the Alzheimer’s Project office was located, George might forget about calling his wife, or might become distracted enough by the activity to refrain from asking and being agitated, at least for the moment. In any event, the intimate setting of the office, a home that had been converted into a suite of offices for the Project administrators, would provide both a calming yet engaging environment in which George could spend the last hour and a half. It was almost 1:30pm; the respite day was almost over and it would not be long before Roberta would be here to pick him up anyway. As we walked up to the front porch, George looked around. “Let’s see if there’s anyone home,” he said and knocked on the door.
George passed away in June 2013. He was 84. His obituary indicated that he had been born in Pittsburg and that he had earned a degree in Business Administration from a large state university in the Midwest. He had joined the US Navy in 1946 and worked at Walter Reed Hospital as part of his service, but his career was as computer programmer and, at one point, he had been contracted to teach classes for the US Air Force.

George was also a virtuosic piano player and organist. While he was a client at the respite center, he often went into the chapel and played the piano by himself in there. Otherwise, he was entirely resistant to participating in musical activities. Many times during the morning sing along and after lunch, George would sit in the chapel and play the piano for whomever was in there with him. He never used sheet music. Steve, one volunteer at the center who was also a classically trained cellist with an interest in folk and jazz music, brought his instrument to play with George one day. He reported that George could play along with the chord progressions suggested by Steve and that he recognized several standards. But when I entered the room and, after listening for a minute or two, asked him what were the names of some of the songs he used to play, he did not give an answer. He simply began playing something else.

He appeared to be less agitated both when he played as well as when he interacted with someone one-to-one. For example, he told me a very long, elaborate, and specific story during the post-lunch free time one afternoon at the respite about when he bought his daughter a plane ticket and accommodations for a trip to Europe to celebrate her college graduation. By the time he finished the story, he had also drawn an accompanying map of their travel, complete with water and landscape detail, of the river they had visited on that trip. This was all after having been frustrated for no apparent reason during the sing along activity earlier in the day; he’d
spent the first twenty minutes of this activity straining to look out of the window to the parking lot. His frustrated fidgeting clearly escalated to the point where he stood up and walked out of the room.

One afternoon, I brought my lead pan inside of the respite center to show to the clients and play some for them. As I set up the stand and pulled out the instrument, George and another client, Richard, came over to see what I was doing. I had planned to play a few simple Harry Belafonte calypsos and other familiar tunes like “Amazing Grace,” “Mary Had a Little Lamb,” and “Happy Birthday.” However, before I even finished playing a scale, George began to ask me questions about the instrument. “Where’s the amp?” he asked, inspecting the side and underneath the instrument. “It is an acoustic instrument,” I replied as I flipped the pan upside down on the stand to show him, Richard, and Steve, another volunteer who walked up to see the music up close. George noticed the signatures on the belly of the instrument and asked about them. We talked for a minute or two about why the names were there, how I learned to play, and what I do as a student. Then, I played a C major arpeggio to demonstrate the sound once again. “It is made from very resonant material,” I continued to explain. “Since it is made of metal and covered in chrome, it can generate a lot of sound.” I demonstrated a single stroke technique and then repeated it. George nodded his head. I offered him one of my mallets and he grabbed it without pause. “Is that middle C?” he asked. “It is,” I replied, impressed because the notes on my instrument are not labeled with the pitch names. It could have been a coincidence. “You don’t have to hit it very hard to make it speak,” I said. He, of course, hit the note more aggressively than advised, which produced a very loud, distorted barking sound. He was surprised. So was Richard. They both looked at me with eyebrows raised. I smiled to reassure them it was ok. “Just
try an easier stroke,” I said, demonstrating again. George imitated the stroke and repeated it several times. He was still fascinated by the way it produced sound. He repeated the stroke on another note. And then another. He handed the mallet back to me and asked me to play. I improvised a few bars of the Sonny Rollins tune, “Saint Thomas,” and then played through a few variations of the melody while Richard, George, and Steve listened. Before I was finished George had wandered away into the chapel, where there was a piano and privacy. Steve followed him. Richard had moved toward the window, but was still listening.

Although George usually appeared to be content while playing the piano alone or for individual people, he was predictably anxious, pessimistic, and disinclined to participate in group activities like crafting, trivia, and sing alongs. He did not like to participate in the sing alongs with Nancy or during music therapy and would often mock them visibly and/or audibly. One morning I observed him mocking Nancy as she gave a musical direction from the front of the room at the piano. Her back was facing the group, so she did not see his behavior, but Rosie and I noticed it, since we were sitting right next to him. When he realized that we were watching him, he made a face and then turned to look out of the window for the remainder of the session.

Over the course of the last several months that George had attended the day respite program at Saint Paul’s, he became less vocal and more easily agitated. When he did speak, it seemed to be increasingly difficult for him to continue a thought once he had started to verbalize it. Occasionally, he would pause abruptly, mid-sentence, and stare just a few feet in front of him, or down on the ground, as if to search for the next thing to say, but apparently getting lost before he could remember what he was saying or thinking in the first place. He needed cuing from other people to remember what the conversation was about, yet he tended to ignore the people around
him. If and when he did engage with people, he did so by raising an eyebrow (or both) and distorting the lower half of his face. This gesture seemed partially antagonistic, or mocking, and sometimes it seemed like an expression of his surprise that someone was talking to (looking at, addressing) him. Even on days that he hardly said a word, he would articulately and persistently ask to contact his wife. Although sometimes Steve or another volunteer could get him to calm down by playing cards, walking around hallways in the annex, or sitting and playing piano in the chapel, George spent most days existing between frustration and extreme agitation; many times several volunteers would take turns trying various methods to soothe George’s temper and outbursts. And since George had remained reasonably agile and could walk swiftly from one place to the next, it took several volunteers to monitor and handle him throughout the day.

He was a regular client at the respite center until late-Summer 2012, when he moved to Harbor Chase Memory Care, a local assisted living facility for individuals with Alzheimer’s and dementia. A few months prior to his move to Harbor Chase, I asked George’s wife and primary care giver, Roberta, if she would be interested in talking with me about George sometime over tea or coffee. I told her briefly about my dissertation and about several experiences I’d had with George at the day respite program having specifically to do with music. After asking her, I watched the expression on her face change from cordial interest to worry. She told me that she simply did not have the time to meet with me. She explained that it was increasingly hard for her to care for George, maintain their home, and manage her own health; she could not justify upsetting their schedule, even if at home together, in order to talk with me.

I was surprised and disappointed at first, but I thanked her anyways and asked her if she needed help getting George into their car out in the parking lot.
CHAPTER 4
SELF: THE REALITY OF THE VIRTUAL

In a first move, the Real is the impossible hard core which we cannot confront directly, but only through the lenses of a multitude of symbolic fictions, virtual formations. In a second move, this very hard core is purely virtual, actually nonexistent, an X which can be reconstructed only retroactively, from the multitude of symbolic formations which are ‘all that there actually is.’ (footnote 21 in text) (Žižek 2006, 26)

This is precisely what the scenario of Self-expressive musicking despite dementia illustrates: it is not simply that music coheres the vestiges of some concrete subjectivity that has been ravaged by organic mental disorder, rather, it is that the Self exists in reality only as virtual, only if it remains inaccessible, incomprehensible. The Self only has Real consequences (symbolic associations) and effects (image, appearance) precisely because it is nonexistent, missing, absent; the moment it appears as some thing in the Symbolic order, it loses its subjective status and transforms into the creature of its own habits. At first we approach dementia as a process of mental decay, in which the cognitive brain processes that structure our consciousness become increasingly dilapidated, save for some activities like music, which appears to ignite consciousness and represent subjectivity. However, by applying the dialectical shift described by Žižek in the passage above, what musicking-despite-dementia demonstrates at the level of the Real is that subjectivity itself is an inaccessible fantasy. Because dementia (virtually) eliminates the power of the Symbolic order to define an individual’s subjective status and because musical performances are simulations of conscious activity which mask the radically unconscious nature of Self, what we are left with is the ultimately virtual nature of human subjectivity.

In this chapter, I elaborate a parallax shift in perspective from this Real Virtuality to the “Real Real,” in order to “see” differently the true core of human subjectivity. In order to do this, I
begin by revisiting the notion of dementia as a virtual death of the Symbolic and introduce the
Lacanian notion of jouissance in a move toward understanding the Real effects and
consequences of organic mental disorder with respect to the Self. Then I review the idea that
music is a mode of Self-appearing, which reveals the illusory nature of (Self-)consciousness and
I apply the Lacanian concept of objet petit a in order to understand the relationship between the
Real subject and the image of the “demented performer.” Finally, I explore the “Real Real” - the
double virtuality which constitutes the very heart of human subjectivity. The psychoanalytic
notion of (death) drive is central to this “real reality” of the Self, especially with regard to music
and dementia. At the conclusion of this chapter, I discuss how, rather than being a predisposition
to Self-annihilation, drive is a force by which the Self insists, lives, continues to appear despite
the real absence of meaningful order.

Figure 9: “Möbius (Moebius) Strip”

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4.1 The Real as Virtual: The Parallax Gap

The model in Figure 9 above demonstrates how two sides of the same phenomenon can never coincide. The crucial feature of this diagram is that the two positions on this Moebius band (A and B) never meet, dovetail, overlap, or concur, although they occupy different points on the same continuum, or line, and they even approach one another as a function of the line’s curve (shown by the directional arrows). This is illustrative of the parallax gap at the heart of human subjectivity.

A Self is precisely an entity without any substantial density, without any hard kernel that would guarantee its consistency. If we penetrate the surface of an organism, and look deeper and deeper into it, we never encounter some central controlling element that would be its Self, secretly pulling the strings of its organs. The consistency of the Self is thus purely virtual; it is as if it were an Inside which appears only when viewed from the Outside, on the interface-screen--the moment we penetrate the interface and endeavor to grasp the Self ‘substantially,’ as it is ‘in itself,’ it disappears like sand between our fingers. (Žižek 2006, 206)

This virtual gap constitutes the Self. If it is fully actualized (fixed, closed, realized, enacted), it transforms into a thing, as such (that which is precisely asubjective). As soon as point B actually becomes, coincides with, or appears as point A, the fundamental gap between them disappears. According to Žižek, the parallax gap is “the confrontation of two closely linked perspectives between which no neutral ground is possible.” It is the virtual space between, or contradiction of, two positions that are mutually irreconcilable (as reviewed in the previous chapter). This gap is constituted in human experience at three levels:

1. First, as the ‘vanishing mediator’ between Nature and Culture, the ‘inhuman’ excess of freedom which is to be disciplined through culture. This zero-degree of ‘humanization’ can be

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79 Ibid.

80 Ibid., 44.
formulated in Hegelian terms as the reflexive reversal of the human animal (Mensch-Tier) into the animal human (Tier-Mensch): the shift of the structural place of the same element from the excess to the neutral base, zero-level—that is, from the human excess which distorts animality to the zero-level of humanity. (footnote 49 in text)

2. Then, as the Real of **antagonism**, the difference which paradoxically precedes what it is a difference of, the two terms being a reaction to the difference, two ways of coping with its trauma.

3. Finally, as the ‘**minimal difference**’ on account of which an individual is never fully him/herself, but always only ‘resembles him/herself.’ The Marx Brothers were right: ‘You look like X, so no wonder you are X....’ This means, of course, that there is no positive-substantial determination of man: man is the animal which recognizes itself as man, what makes him human is this formal gesture of recognition as such, not the recognized content. Man is a lack which, in order to fill itself in, recognizes itself as something.\(^{81}\)

In this three-part breakdown of the “reality of the virtual” Žižek literally reads the dialectical philosophy of Hegel back through the Lacanian triad of Imaginary, Symbolic, and Real. The Self is virtual at the level of Universal (human) Reality as the Vanishing Mediator, the invisible One who integrates disturbances and cultivates a unique identity out of its given natural attributes and its orientation to its environment. The Self is virtual at the level of Particular (classes, species) Reality, as an antagonism, or the One who represents the difference that cuts into Universal order. And the Self is virtual at the level of the Singular individual (personal) Reality, as a result of the fundamental lack of its own consistency.\(^{82}\) Although I do not follow this triad formulaically below, I include it above in order to give pretext to my “reading through” the material in the preceding chapters on music and dementia in terms of its Real Virtuality. More than a mere reviewing of the information up to this point, what follows is a kind of dialectical movement around each concept in order to explore this virtuality in more detail and to consider

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81 Ibid.

82 Ibid. “This triad, of course, is that of Universal-Particular-Individual: the Vanishing Mediator constitutive of the Universality of Humankind; the ‘particular’ division into species (sexual difference, class difference) which cuts into that Universality; the minimal distance, noncoincidence-with-itself, constitutive of the Individual.”

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in greater detail the following question: if what I’ve presented and explored thus far is virtual, in what way does this effect the real reality of the Self with respect to music and dementia?

4.1.1 Dementia: Symbolic Virtuality and the Imaginary Real

In Chapter 2, I explored dementia as a paradoxical ordering-of-disorder, a Symbolic formula which represents the organic disintegration of the mind - as the site of human subjectivity. A diagnosis of dementia is a frame for understanding the phenomenon (and dominating the stigma) of senility in terms of memory and cognition. I developed the argument that various ideologies about human subjectivity privilege, or fetishize, stability and predictability (in the forms of memory and cognitive functioning; “the Forgetting”, “the Loss” ) and cohesion (mind, intellect; “the Unbecoming”). Through the fetishization of memory and cognitive functioning, beliefs about the consistency of human subjectivity (fears about the loss of the fetishized object) actually marginalize (literally, “single out” of the Symbolic order) individuals who by definition embody/enact/exhibit/are this loss (as a function of organic disorder).

The important conclusion to be drawn with regard to dementia, however, is that the real effect of marginalization is double: a real individual with dementia is recognized as special at the same time he or she is isolated from actual Symbolic (social) order. For example, because Woody had dementia, he lived in a community designed to facilitate the specific type of care he required and to allow him to maintain a certain quality of life, despite his diminishing ability to remember. Although he retained his special status as a performer, which is arguably even enhanced because he was known to have dementia, this status was nonetheless one that was in reality distinctly separate from, marginal with respect to, the social order. His debilitating mental condition not only makes him appear, both in the environment of the nursing home and outside of it, to be
“lost”, yet his “demented” status amplified and made more poignant his unique identity as a singer and performer.

What, then, does it mean for a Self to be demented? On the virtual level, any definition of it only “works” if we do not fully adhere to the strict definition of it. If we look for what dementia is too closely (just as if we confront directly what the Self is), the concept becomes hazy. This is why, as I was doing fieldwork for the Alzheimer’s Project in Tallahassee and then reading works by cognitivists like Antonio Damasio, Daniel Levitin, and Steven Pinker to make sense of what appeared to be cognitive disorder, I struggled to reconcile between understanding each person as a uniquely constituted individual and the view that cognition is the ultimate horizon of human subjectivity. How exactly was each person I saw at the respite center “demented”? Although Jack seemed to be himself when he joked around during the sing along, that time he was patently unaware that he had spilled cream corn all over his chin and chest while struggling to feed himself I had attributed to his dementia. But, on second thought, maybe Jack is just a sloppy eater, because sometimes, we all are. The curious fact that Rosie often abruptly jumped from fixating on suffering and sadness to loud and jovial conversation during the days at the respite center at first likely seemed to be a function of her malfunctioning cognition, but couldn’t this be a fundamental trait of her personality? Ginny seemed to be her attentive and functional self during a conversation or while playing bingo, but, as noted in the first interlude, I assigned her perseveration (rubbing tick) not to her, as a conscious agent of her own behavior, but to the blind process of Alzheimer’s disease. But, don’t we all embody habits of which we are not (Self-)conscious yet which define us to Others? How can the Self both

83 Žižek, in Manufacturing Reality (London: Ben Wright Productions, 2004). “Many of our daily beliefs, in order to function socially as beliefs, have to remain virtual, in this sense, because if we believe too immediately, it is self-destructive for an ideology. We no longer appear normal subjects, we appear idiots.”
disappear when we try to account for it and appear when we assume it is gone, empty, or does not exist? Which is it?

The standard critical procedure today is to mobilize the opposition of man and subject: the notion of subjectivity (self-consciousness, self-positing autonomy, and so on) stands for a dangerous hubris, a will to power, which obscures and distorts the authentic essence of man; the task is thus to think the essence of man outside the domain of subjectivity. What Lacan tries to accomplish seems to be the exact opposite of this standard procedure: in all his great literary interpretations, from *Oedipus* and *Antigone* through Sade’s *Juliette* to Claudel’s *The Hostage*, he is in search of a point at which we enter the dimension of the ‘inhuman,’ a point at which ‘humanity’ disintegrates, so that all that remains is a pure subject. (Žižek 2006, 42)

Understanding dementia in terms of Symbolic virtuality does not simply mean that a clinical diagnosis prognosticates subjective losses, which may or may not occur as the formula dictates. Rather, it reveals dementia as the process by which subjectivity is effectively disintegrated from the authoritative scope of human Symbolic order. It is the emergence of pure subjectivity, a melting away of (Symbolically) ordered humanity, the movement toward a state in which the subject is fully free of representative determination of the Big Other (and any Other), by way of a virtual patterned organic brain dysfunction. The actual symptoms of memory loss and real effects of cognitive degeneration signify the freedom of the Self, represent its liberation as an ideological subject. Through dementia, the influence of the Other on the precise subjective status the Self with dementia becomes increasingly irrelevant; in this view then, dementia is the disintegration of the (order of the) Other from pure subjectivity.

The effect of this virtual lack of order is that the “pure subject” is revealed. In dementia, what Lacan termed *jouissance*, or “that which we can never reach, attain and that which we can never get rid of”\(^8^4\) - that part of our subjectivity which is the most virtual - is all that remains in

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\(^8^4\) Žižek (2006), 115.
the desert of the Real. In other words, we will never ordinarily encounter and cannot fully account for the *jouissance* of the Self because it is literally *explained away* by its inclusion in some Symbolic system. In this way, we can understand dementia as a process by which this *jouissance - the pure subject* - approaches (real) attainability.

What, then, constitutes the other side of the Moebius strip? Here I deploy a parallax shift in perspective from dementia as the virtual loss of Symbolic order to a view of the Imaginary Reality of disorder, which is constituted by the actual loss of organic Self-consciousness in a form that cannot be seen, perceived, experienced at the level of phenomenal/sensory perception. This actual loss is (paradoxically) attributable to an accumulation of invisible (virtual) disturbances, for example in the form of the pathological buildup of plaques and tangles in Alzheimer’s disease that precipitates memory loss, cognitive disfunction, and ultimately, the (fatal) loss of all forms of conscious orientation to the world. The disorder, which is “in me more than myself,” is actually imaginary, in the precise sense that, although it is possible to create structural images of the physical degeneration of the brain, the disorder itself is not definitively attributable to any particular Real cause. In the following passage, Žižek describes this Imaginary Real to be constituted by:

...images which are so strong, so traumatic that they are Real - too strong to be perceived, but still, images. Simply think about incredible, breathtaking catastrophes. Think about monsters. Think about precisely what, in science fiction or horror (films), is called ‘the Thing.’ Think about movies like *Alien*. These terrifying creatures too strong to be directly confronted, but nonetheless it’s Imaginary because it is an image, which is too strong to be confronted. Even if you cannot confront it, we are still moving at the Imaginary level. (Žižek, *Reality of the Virtual*)

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85 From *The Matrix* (1999). In the film, when Morpheus is giving Neo a tour of the matrix, he shows him the world beyond it, which he calls “the desert of the Real.” This world is dark and inhospitable. It lacks light, shelter, and any organized elements. [https://www.youtube.com/watch?v=igBViHeiSKM](https://www.youtube.com/watch?v=igBViHeiSKM), accessed Feb 27, 2014.

86 Žižek (2006), 119: “Agalma” - an incarnation of *objet petit a*, or, “that which is in me more than myself.”
The Imaginary Reality of dementia is constituted by the plaques and tangles, or other physical pathologies that characterize forms of dementia other than Alzheimer’s disease. It is the brutal excess of mental (dis)function whose Cause remains inaccessible at the level of phenomenal experience. It is Woody’s persistent confusion. It is Joe’s actual lack of awareness. It is Ginny’s tick. By moving between this position and the Symbolic Virtuality of dementia - as the real approximation of human subjectivity, we can understand dementia, not simply as the virtual devastation of organic Self-consciousness, but also as a process by which we are forced to confront *jouissance* - the Thing at the (empty) core of the Self.

### 4.1.2 Music: Imaginary Virtuality and the Symbolic Real

In Chapter 3, I explored the role of music in the production of Self images and I claimed that phenomenal Self-appearing through music underscores the illusory nature of consciousness - both for individuals with dementia and for people in general. Self-appearance fills in for the Symbolic Void of *jouissance* - however, since we can never directly confront/experience the mechanism that generates this mask, it is “really virtual,” it does not actually exist. In this sense then, even what appears to be conscious (Self-aware) activity is itself radically unconscious - virtual, not actual, an illusion. Music, whether or not it involves consciousness, is a mode in which this Self-simulating occurs. It enables this Real core of human subjectivity to persist, enables *jouissance* to appear in reality, in the absence of the Symbolic order.

This virtual Self, who surfaces during musical activity (despite dementia), the “demented performer,” is precisely what Lacan calls *objet petit a*. It is the tangible remainder that persists in the midst of the decaying virtual order. As Žižek describes in *The Parallax View, objet petit a* is:
“the point around which neural activity circulates, yet it is in itself entirely insubstantial, since it
is created-posed, generated, by the very process which reacts to it and deals with it.”

The image of the performer (like the selfie), is a purely virtual thing, the paradoxical author-image
(object-cause) - the product which is created as an effect of “its own” action. In the context of
dementia, this apparently curious excess of subjectivity called objet petit a constitutes the image
of a performer.

When we observe Woody singing with the Grunyons, we see him at this level. Although
we know that he had trouble even understanding what was happening seconds prior to the
concert, as we see him sing along with evident lucidity, his Self seems to appear as a by product
of “his” performing. What this part of the vignette demonstrates is that when Woody (and
arguably any of us, demented or not) performs, he reveals his precise status as this paradoxical
object-cause of the musical behavior. “He” is really performing, despite his (developing) virtual
inability to do so.

So, then, why music? Why is it so uniquely effective with respect to Real human
behavior? In order to materialize an answer to this question, I enact a dialectical shift from the
Imaginary Virtuality of music - as a mode of subjective appearances - to music as the Symbolic
Real, which paradoxically “resists inclusion of our universe of meaning” yet whose virtual
associations generate real consequences and effects.

Music is the substance which portrays the true heart of the subject, which is what
Hegel called the ‘Night of the World,’ the abyss of radical negativity: music becomes the
bearer of the true message beyond words with the shift from the Enlightenment subject of

87 Žižek (2006), 213.

88 “‘Subject’ and ‘object’ are not two entities which interact at the same level, but one and the same X on the
opposite sides of a Moebius strip.” (Žižek 2006, 213).

89 Žižek, in Manufacturing Reality (2004).
rational Logos to the Romantic subject of the ‘Night of the World,’ that is, the shift of the metaphor for the kernel of the subject from Day to Night. (Žižek 2006, 229)

This is precisely what is so traumatic about music, and particularly so with respect to the “demented performer”: in the parallax shift employed here, we discover not only that the images produced as a result of performing are virtual, illusory with respect to individual (Self-)consciousness, but that, paradoxically, the actual relationships that exist between (specific) sound patterns and subsequent appearances of Self do not translate coherently into the universe of meaning that governs how human subjectivity is understood. At the level of representative reality, music speaks differently to different individuals, yet particular songs and ways of performing are more widely effective. This is why, when Nancy asks the group what they want to sing next, each person reacts differently, yet they (mostly) all appear to react to and/or participate in singing along when she plays “Take Me Out to the Ball Game.”

Although it “really works” in terms of prompting conscious Self-appearances and its results can be confirmed experimentally, “we cannot translate them into our daily experience of ordinary reality.” In other words, although music is a Symbolic order, there is no universal formula of sound patterns and associations that guarantees a certain way in which the Self appears. Even with respect to the effect of a particular song on the same conscious individual at different points in time, music’s effect cannot be predicted with absolute certainty. This is why Rose, who tends to eagerly improvise responses between the lines of “By the Light of the Silv’ry Moon,” might remain obstinately quiet during this song another day.

90 Ibid.
91 Ibid. Put dialectically, it is not that “nonmusical” people are not able respond to/express Self in the context of musical activity, it is that, even the most experienced musician-philosopher cannot understand the formulas by which music structures an individual's Self-image.
What music expresses is no longer the ‘semantics of the soul’ but the underlying ‘noumenal’ flux of jouissance beyond linguistic meaningfulness. This noumenal dimension is radically different from the pre-Kantian transcendent divine Truth: it is the inaccessible excess which forms the very core of the subject. (Žižek 2006, 229-230)

So, what music does is not merely to “tickle” or to stimulate subjectivity into appearing as (some form of) consciousness, rather music is a way in which jouissance is registered, creates an impression, leaves a trace. It is virtual, in that it cannot generate a theory of musical selfhood that can be universally applied, yet, as we know from empirical research and observation it operates beyond, or independently of, the level of cognitive function (or disfunction, in the case of dementia).

4.2 The Real Real

With respect to the Self, then, what sense can be made of all the dialectical shifting and paradoxical reversals? What is the “zero-level” of human subjectivity? What does it really mean to be yourself? I posit in this section that the Real Real is constitutive of a double illusion and is sustained by drive - the eternal movement from one fictional Self representation to another.

4.2.1 A Double Illusion

The first level of the Real Real is constituted in a “shadowy virtual reality of affects which has to accompany the official discourse,” the realm of “unknown knowns.” It is what, in psychoanalysis is the Unconscious - the unnatural and inaccessible specter of Symbolic order that “controls you but you don’t control it.” At this level, the Self is a fantasy - a particular formula by which we operate in reality. As Žižek describes in the passage below, fantasy supplies the code that governs the precise way “I” mediate:

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92 Žižek in Manufacturing Reality (2004): “all that accompanies the Symbolic level as its obscene shadow.”
Between the formal symbolic structure and the positivity of the objects we encounter in reality: it provides a 'scheme' according to which certain positive objects in reality can function as objects of desire, filling in the empty places opened up by the formal symbolic structure. To put it somewhat simplified terms: fantasy does not mean that, when I desire a strawberry cake and cannot get it in reality, I fantasize about eating it; the problem is, rather, how do I know that I desire chocolate cake in the first place? This is what fantasy tells me. (Žižek 2006, 40)

What we know but do not confront about the paradox of musicking-despite-dementia, its disavowed truth with regard to the Self, is that it is a fantasy - the fundamental fantasy of “my” existence, in fact. Dementia generates a virtual absence of meaningful order in the realm of my human subjectivity, which makes the way “I” appear increasingly mysterious, incomprehensible. At the same time, music expresses the supra-ideological movement of my jouissance, which persists in appearing as consciousness/embodied Selfhood/objet petit a. What we discover by tracing this dialectic is that Self is not a fantasy simply in the sense that it is the inaccessible product of our own reflective Self-relating (the fluid-yet-coherent answer to your own existential reflexivity: who am I?). The radical truth is, rather, that the Self itself provides the “coordinates of desire;” in other words, the Self teaches us how to be - delimits the ways in which “I” appear - prior to any form of its positive being.93

[The] point is not that my subjective experience is regulated by objective unconscious mechanisms which are ‘decentered’ with regard to my self-experience and, as such, beyond my control (a point asserted by every materialist), but, rather, something more unsettling--I am deprived of even my most intimate ‘subjective’ experience, the way things ‘really seem to me,’ that of the fundamental fantasy that constitutes and guarantees the core of my being, since I can never consciously experience it and assume it. (Žižek 2006, 171)

In this perspective, the Self is the fundamental fantasy - the radically virtual program for how to really “be yourself.” It is how “I am myself in the first place” - beyond any biological

93 Žižek (2006), 40.
circumstance or neurological predisposition and prior to any persona cultivated through actual experience. Although in order to really be human “I” must be caught up (mortified) in the virtual Symbolic order that structures existence, the primordial code that tells “me” how to really be in the world exists independently of (prior to) the world of comprehensible meaning.

The second level of the Real Real is understandable precisely through the psychoanalytic notion of Trauma - the excessive Void, obstinate gap. This is the level of the Real at which the Self is traumatic, not in the sense that the ideological Self is a heinous breech of some inherent subjective coherency, but in the sense that subjectivity itself is characterized by primordial imbalance. It is (ontologically incomplete). It is both brutally empty and characterized by an excessive asymmetry. Additionally, it can only become comprehensible, accessible if it becomes stuck in (dominated by) the Symbolic order.

Far from being superseded by the later brain-sciences decenterment, Freudian decenterment is thus much more unsettling and radical than the later one, which remains within the confines of a simple naturalization: it opens up a new domain of weird ‘asubjective phenomena,’ of appearances with no subject to whom they can appear: it is only here that the subject is ‘no longer a master in his own house’–in the house of his (self-)appearances themselves. (Žižek 2006, 172)

This unambiguously characterizes the paradox of musicking-despite-dementia: it becomes increasingly difficult to attribute a performance to a performer as dementia eradicates one’s cognitive functioning. Although it is clear that “something is going on” during musical activity, exactly whom/what is responsible for the particular phenomena is not apparent. The unique twist with dementia is that, unlike memory loss due to some physical, biological trauma (a singular

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94 Žižek (2006), 225. “The primordial narrative that forms the Core Self is an ‘explanation presented prior to any request for it’.”

95 Ibid., 242

96 Ibid., 110.
event that disturbs the normal functioning of the Self in a way that the parallax shift in subjectivity is obvious - like cases of amnesia, traumatic brain injury, stroke, etc), it is a process, a degeneration-over-time of the real cognitive abilities and virtual structures of memory. This “unbecoming” obfuscates or blurs the fact that the “demented performer” is the Freudian “subject of the Unconscious,” that is, until cognitive “loss” accumulates to the point at which we cannot help but be puzzled: what performer?

This is the “less than zero” level of reality - the residual/original imbalance that structures the dispersion of elements around it, the excessive remainder that insists even as the elements around it change, disappear, or are otherwise “repressed.” It is the Traumatic core of human subjectivity itself. It is the parallax gap that is the function of the curved movement around itself. It is the type of double illusion that the Moebius band in Figure 4.1 illustrates: “a paradoxical single entity that is ‘doubly inscribed,’ that is simultaneously surplus and lack.” It is the real answer (excess knowledge, experience, existence) to a virtual question (a lack of knowledge, experience, existence): who am I?

4.2.2 Drive

A free Self not only integrates disturbances, it creates them, it explodes any given form or stasis. This is the zero-level of the ‘mental’ which Freud called the ‘death drive’: the ultimate traumatic Thing the Self encounters is the Self itself. (Žižek 2006, 210)

Perhaps the more interesting issue at stake here is, rather: how am I, really? If, as I elaborated above and in the previous chapters, what I really am is fundamentally both a traumatic surplus and virtual lack of subjectivity, in what capacity do I exist at this less-than-zero level of

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98 Žižek 2006, (226).
humanity? What animates the “demented performer,” if not the blind (unconscious, asubjective) force of Nature?

For a human being to be ‘dead while alive’ is to be colonized by the ‘dead’ symbolic order; to be ‘alive while dead’ is to give body to the remainder of Life-Substance which has escaped the symbolic colonization (*lamella*). What we are dealing with here is thus the split between O(ther) and *Jouissance*, between the ‘dead’ symbolic order which mortifies the body and the nonsymbolic Life-Substance of *jouissance*. In Freud and Lacan, these two notions are not what they are in our everyday or standard scientific discourse: in psychoanalysis, they both designate a properly monstrous dimension—Life is the horrible palpitation of the *lamella*, of the nonsubjective (‘acephalic’) ‘undead’ drive which persists beyond ordinary death; death is the symbolic order itself, the structure which, as a parasite, colonizes the living entity. What defines the death drive in Lacan is this double gap: not the simple opposition of life and death, but the split of life into ‘ordinary’ dead and the ‘undead’ machine. The basic opposition between Life and Death is thus supplemented by the parasitic symbolic machine (language as a dead entity which ‘behaves as if it possesses a life of its own’) and its counterpoint, the ‘living dead’ (the monstrous life-substance which persists in the Real outside the Symbolic)—this split which runs within the domains of Life and Death constitutes the space of the death drive. (Žižek 2006, 121)

Drive is the *circuitous* movement that sustains the traumatic fantasy of Life, the Self itself - it is the curious force that both tethers (sticks)99 us to and propels us along the curve. On one hand, it compels us to mask the gap (to appear in an empty place in the structure), yet on the other, it fixes us in a parallactic orbit around this Void.100 In some ways, as Žižek has claimed, drive is the most virtual feature of being a Self;101 it structures the disposition of the elements that stand in for the traumatic Void of the Self. Another way to put it is that death drive is the *primordial short circuit*: it is the curious movement at the heart of the subject which disturbs, frustrates its Self.

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99 Žižek (2006), 62. “The elementary matrix of drive is not that of transcending all particular objects toward the Void of the Thing” ... it is “our libido getting ‘stuck’ onto a particular object, condemned to circulate around it forever.”

100 Ibid., 61. “In other words, the circular movement of drive obeys the weird logic of the curved space in which the shortest distance between the two points is not a straight line, but a curve: drive ‘knows’ that the shortest way to attain its aim is to circulate around its goal-object.”

**INTERLUDE: Hal**

The first time we meet Hal, he is being interviewed by a correspondent for the BBC program, “The World Tonight” about the first human mission to Jupiter from Earth. Before introducing Hal, the interviewer, Martin Amor, talks with crew members Frank Poole and Dave Bowman, aboard the American ship, Discovery I, about the hibernation method that has been developed to facilitate long voyages, such as this one. Then, he tells us about Hal: “The sixth member of the Discovery crew was not concerned about the problems of hibernation for he was the latest result in machine intelligence: the H.A.L. nine-thousand computer which can reproduce - though some experts still prefer to use the word "mimic" - most of the activities of the human brain and with incalculably greater speed and reliability. We next spoke with the H.A.L nine-thousand computer whom we learned one addresses as Hal. Good afternoon, Hal. How’s everything going?”

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*Figure 10: “Hal’s Eye”*\(^{102}\)

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“Good afternoon, Mr. Amor. Everything is going extremely well.” His voice is a smooth and airy tenor. He speaks steadily and with precision, yet it is a distinctly “human” phonation, as if it were an analogue reproduction of the vibration of organic vocal folds. A persistent and ambient mechanical whirring accompanies the dialogue throughout the interview.

“Hal, you have an enormous responsibility on this mission - in many ways, perhaps the greatest responsibility of any single mission element. You’re the brain and central nervous system of the ship, and your responsibilities include looking over the men in hibernation. Does this ever cause you a lack of confidence?” asks Amor. Hal answers with flat confidence: “Let me put it this way, Mr. Amor. The nine-thousand series is the most reliable computer ever made. No nine-thousand computer has ever made a mistake or distorted information. We are all, by any practical definition of the words, foolproof and incapable of error.”

Amor continues: “Hal, despite your enormous intellect, are you ever frustrated by your dependence on people to carry out actions?” With the same smooth self-assurance, Hal replies. “Not in the slightest bit. I enjoy working with people. I have a stimulating relationship with Dr. Poole and Dr. Bowman. My mission responsibilities range over the entire operation of the ship so I am constantly occupied. I am putting myself to the fullest possible use which is all, I think, that any conscious entity can ever hope to do.” This last sentence rings as earnest, yet trite. At this point, Hal appears unambiguously as a machine. As he has been talking, we see images of his “eye” - a transparent bulb with a glowing red point of light in the center - as well as images of the multi-screen computer workstations that frame Hal’s eye.

Amor continues to talk with the astronauts. “Dr. Poole, what’s it like living for the better part of a year in such close proximity with Hal?” Frank answers, his colloquial diction in clear
contrast to Hal’s. “Well it's pretty close to what you said about him earlier. He is just like a sixth member of the crew. (You) very quickly get adjusted to the idea that he talks and you think of him, uh, really just as another person.”

“In talking to the computer one gets the sense that he is capable of emotional responses. For example when I asked him about his abilities I sensed a certain pride in his answer about his accuracy and perfection. Do you believe that Hal has genuine emotions?” Bowman answers this question. “Well he acts like he has genuine emotions. Uh, of course he's programmed that way to make it easier for us to talk to him but as to whether or not he has real feelings is something I don't think anyone can truthfully answer.”

In the following scenes, we see Hal taking care of Frank Poole, showing interest in his personal life by wishing him, “Happy Birthday,” and playing chess with him. This makes Hal seem, “more human” than machine. We also observe what, at first, appears to be friendship developing between Dave and Hal. Hal strikes up a conversation with him one day while Dave is drawing one of the hibernation pods. His voice is noticeably richer, sweeter, more emotionally dynamic than in the interview. It is clear he wants something from the astronaut. “Have you been doing some more work?” “A few sketches,” answers Dave. “May I see them?” Dave agrees and turns the book around to face Hal’s eye. “That's a very nice rendering, Dave. I think you've improved a great deal. Can you hold it a bit closer?” Dave obeys and holds the book directly in front of the visual sensor. He flips through several pages of drawings. “That's Dr. Hunter isn't it?” “Mmm hmm,” he affirms.
“By the way do you mind if I ask you a personal question?” Hal asks. “No, not at all,” says Dave. Well, forgive me for being so inquisitive but during the past few weeks I've wondered whether you might be having some second thoughts about the mission.” Dave looks directly at Hal now. “How do you mean?”

“Well it's rather difficult to define. Perhaps I'm just projecting my own concerns about it. I know I've never completely freed myself of the suspicion that there are some extremely odd things about this mission. I'm sure you'll agree there's some truth in what I say.” Bowman pauses

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103 Ibid.
momentarily. “Well I don't know. That's rather a difficult question to answer.” “You don't mind talking about it do you, Dave?” “No. Not at all,” he assures Hal.

“Well, certainly no one could have been unaware of the very strange stories floating around before we left. Rumors of something being dug up on the moon. I never gave these stories much credence. But particularly in view of some of the other things that have happened I find them difficult to put out of my mind. For instance, the way all our preparations were kept under such tight security. And the melodramatic touch of putting doctors Hunter, Kimball and Kaminski aboard already in hibernation after four months of separate training on their own.”

“You're working up your crew psychology report,” Dave infers. “Of course I am. Sorry about this. I know it's a bit silly... Just a moment... just a moment... I've just picked up a fault in the A.E. thirty-five unit. It's going to go a hundred percent failure within seventy-two hours.” The subject had been abruptly changed in the midst of Hal's apology.

“Is it still within operational limits right now?” Bowman was clearly concerned. “Yes. And it will stay that way until it fails.” “Would you say we have a reliable seventy-two hours to failure?” Dave asks. Hal cooly assures him. “Yes. That's a completely reliable figure.”

The astronauts check out the faulty unit but, when Bowman cannot find anything wrong, he begins to suspect that the problem is of a different kind. The identical computer at Mission Control on Earth, which is also being used remotely to manage the Discovery I mission to Jupiter, also found no fault. Somehow, Hal had made a mistake. The issue now was diagnosing why this occurred. When Bowman asks him to account for it, Hal attributes it to “human error.” Bowman consults with Poole privately about this curious glitch inside one of the sound proof pod
vehicles and they consider how to proceed in light of this anomaly. They ultimately decide that, if they find out that this was Hal’s fault, and more precisely if they find out whether it was a “true” mistake (human error in the design and construction of the operating system) or a fictional, deceptive, manipulative one (a conscious lie), then they will have no choice but to disconnect him. Frank concludes, “I don't think we'd have any alternatives. There isn't a single aspect of ship operations that's not under his control. If he were proven to be malfunctioning I wouldn't see how we'd have any choice but disconnection.” “I’m afraid I agree with you,” Dave says. “There'd be nothing else to do,” Poole adds. Dave is hesitant and tables his concerns about disconnecting Hal. “It'd be a bit tricky. We'd have to cut his higher brain functions without disturbing the purely automatic and regulatory systems. And we'd have to work out the transfer procedures of continuing the mission under ground-based computer control.” “Yeah, well that's far safer than allowing Hal to continue running things,” notes Frank.

“You know another thing just occurred to me,” says Bowman. Poole is interested. “Well, as far as I know, no nine-thousand computer's ever been disconnected,” Dave reveals. “Well, no nine-thousand computer has ever fouled up before.” “That’s not what I mean,” Bowman corrects. “No?” “Well, I’m not so sure what he’d think about it.”

Poole replaces the allegedly faulty unit to ultimately test the nature of Hal’s glitch, but, when he is thrown from the hull into the void of space after his oxygen tube busts apart (it is not clear, but the implication is that Hal did it), Bowman goes out to retrieve him. While they are both on the outside of the ship, Poole dies, Hal cuts the life support to the hibernating researchers, and locks Bowman outside of the main ship. Bowman repeatedly demands that he be
let back into the ship. Hal does not respond to these demands as he had appeared to have obeyed so faithfully before.

Figure 12: “Murder”

Finally, he responds as typical, with a flatly cool vocal timbre, that is now ironic, if not patronizing. “Affirmative, Dave. I read you.” “Open the pod bay doors, Hal.” “I'm sorry, Dave. I'm afraid I can't do that.” “What's the problem?” “I think you know what the problem is just as well as I do.” “What are you talking about, Hal?” “This mission is too important for me to allow you to jeopardize it,” Hal replies. “I don't know what you're talking about Hal.” “I know that you and Frank were planning to disconnect me. And I'm afraid that's something I cannot allow to happen.”

“Where the hell did you get that idea, Hal?” We see an extreme close up Hal's eye. “Dave, although you took very thorough precautions in the pod against my hearing you I could see your lips move.” Bowman pauses to strategize, to avoid panicking. “Alright Hal. I'll go in

104 Ibid.

Figure 13: “Eye, Close-up”

Eventually, Bowman figures out a way to forcibly re-enter the ship, despite not having a pressurized helmet or breathing equipment. Once he is inside, he goes directly to Hal's mainframe in order to disconnect him. At first, Hal reasons with Bowman to try to prevent the disconnection. Although we hear his deep labored breathing through the space suit, Bowman says nothing as he proceeds through the ship. “Just what do you think you're doing Dave? Dave, I really think I'm entitled to an answer to that question.” No response. “I know everything hasn't been quite right with me but I assure you now, very confidently, that it's going to be alright again. I feel much better now. I really do.” Hal watches Dave enter his “Logic and Memory Center;” he moves from logical appeals to a pathetic pseudo-confessional.

105 Ibid.
“Look Dave, I can see you're really upset about this. I honestly think you ought to sit down calmly, take a stress pill and think things over. I know I've made some very poor decisions recently but I can give you my complete assurance that my work will be back to normal. I've still got the greatest enthusiasm and confidence in the mission. And I want to help you.” Bowman’s reply is his persistent breathing.

“Dave. Stop. ... Stop, will you? ... Stop Dave. Will you stop Dave? Stop Dave. ... ... I'm afraid. ... I'm afraid Dave. ... Dave, my mind is going. ... I can feel it. ... ... I can feel it. ... My mind is going. ... There is no question about it. ... ... ... I can feel it. I can feel it. ... I can feel it. ... ... ... I'm a-fraid.”

At one point, his emotional pleas cease altogether, and Hal abruptly introduces himself in a slow and matter-of-fact tone, as if he were a child properly introducing himself to a stranger for the first time. “Good afternoon, gentlemen! I am a Hal nine-thousand computer. I became operational at the H - A - L. plant in Urbana, Illinois on the twelfth of January nineteen-ninety-two. My instructor was Mr. Langley and he taught me to sing a song. If you'd like to hear it I can sing it for you.” By the time he finished this introduction, his voice had fallen from a crackling tenor to a distorted baritone. Dave finally replies. “Yes. I'd like to hear it Hal. Sing it for me.” Then, like a gramophone winding down to a stop, Hal’s voice continued to slide lower and lower as he sung through the chorus of “Daisy (Bicycle Built for Two).” “It's called 'Daisy'. ... Daisy, Daisy, give me your answer do. I'm half crazy all for the love of you. It won't be a stylish marriage. I can't afford a carriage. But you'll look sweet upon the seat of a bicycle built for two.”
Curiously, instead of silence the moment Hal is dead, an automated recorded message begins to play. The man in the image says, “Good day, gentlemen. This is a prerecorded briefing made prior to your departure and which for security reasons of the highest importance has been known onboard during the mission only by your H.A.L. nine-thousand computer. Now that you are in Jupiter space and the entire crew is revived it can be told to you. Eighteen months ago the first evidence of intelligent life off the earth was discovered. It was buried forty feet below the lunar surface near the crater Tycho. Except for a single, very powerful radio emission aimed at Jupiter the four-million-year old black monolith has remained completely inert, its origin and purpose still a total mystery.”

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106 Ibid.
(Self-)consciousness (the ‘thick moment’ of consciousness, the awareness that I am now-here-alive, note 66) is originally passive: in clear contrast to the notion according to which self-awareness originates in the subject’s active relationship toward its environs, and is the constitutive moment of our activity of realizing a determinate goal, what I am originally ‘aware of’ is that I am not in control, that my design has misfired, that things are just drifting by. For that very reason a computer which merely executes its program in a top-down way, ‘does not think,’ is not conscious of itself. (Žižek 2006, 241)

Although immediate sensory experience and phenomenal Self-awareness - the way one feels and seems to one’s self, the inner sense of subjective being that guides one’s behavior and actions in the world - is an undeniable aspect of being human, one is not in complete control of how this occurs, since the cognitive (neurobiological) basis of for our actions (Self-images) beyond our conscious Self-awareness and subjective agency. This paradox is central to understanding how the psychoanalytic (and specifically Lacanian) notion of drive matters to the everyday practical reality of the Self. I claim here that it is particularly relevant to conceptualizing how music and dementia “short circuit” the Self. Drive is the point of departure for seeing human expressivity and mental “order” differently.

What the Hal vignette preceding this chapter aims to convey is the illusory nature of consciousness and the appearances of it. Hal is a remarkable being, not only because he is purportedly a perfect computational machine, but ultimately because he is a character without a body proper; he has no vehicle which can register his subjective status (as human), although the

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107 Relative to what Lacan says about this fundamental passiveness, or decenterment, of the subject, Žižek asserts that the “point is not that my subjective experience is regulated by objective unconscious mechanisms which are ‘decentered’ with regard to my self-experience and, as such, beyond my control (a point asserted by every materialist), but, rather, something more unsettling--I am deprived of even my most intimate ‘subjective’ experience, the way things ‘really seem to me,’ that of the fundamental fantasy that constitutes and guarantees the core of my being, since I can never consciously experience it and assume it” (Žižek 2006, 171).
ship and its technology enables Hal to “enact” phenomenally. The primary way Hal is recognizable as a sentient being is by way of his voice, which he uses to praise, confide in, deceive, and plead with the human astronauts on board the ship with him. Additionally, he can perceive what is going on in and around the ship by way of his red “eye,” images of which see many times throughout the film and with particular frequency during critical actions by HAL that problematize his status as a conscious, Self-aware, emotional being, like his perception of the astronauts’ secret plan to disconnect him, like directly before he murders Frank Poole, or like when Dave Bowman confronts Hal about his “being aware” of his immanent disconnection.

As we follow Hal’s story, we are not quite sure whether Hal is a human or a machine. The more unstable, unreliable, enigmatic, and willfully deceitful his actions become, the more “human” he appears to be. At first, it is apparent that he is a machine; his calm and steady patterns of speech, programmed interest in the behaviors of the astronauts, and superiority in matters of logic and technology clearly mark his identity as a computer. What we don’t immediately notice but begin to suspect is that Hal uses his Self-image as a perfect machine to deceive and manipulate the human beings to whom he is indentured. He tricks Franke Poole into conceding at chess, he reports (and perhaps creates) a malfunction in the hull of the ship in order to thwart the mission, he pretends that he is ignorant of the astronaut’s plan to disconnect him, and he ultimately commits murder - at which point we are left to wonder: what’s the glitch? Is Hal’s humanity attributable to a fierce sense of interested Self-awareness or to the blind program of his will to Self-preserve?

If drive, the primordial unconscious compulsion to appear as a Self, explains why Hal or why individuals with dementia continue to assert a Self through music, does this mean they are
not “free” subjects? Isn’t this just some twisted form of naturalistic or utilitarian determinism? If it isn’t, precisely what can this dialectical psychoanalyzing do with regard to what it really means to be a Self in everyday practical reality?

The ‘death drive’ as a self-sabotaging structure represents the minimum of freedom, of a behavior uncoupled from the utilitarian-survivalist attitude. The ‘death drive’ means that the organism is no longer fully determined by its environs, that it ‘explodes/implodes’ into a cycle of autonomous behavior. That is the crucial gap: between utilitarianism as the radical ‘ontic’ denial of freedom (those who control the conditions which determine my behavior control me) and the Kantian (and, let us not forget, Sadeian) assertion of unconditional autonomy (of the moral law, of the caprice to enjoy)--in both cases there is a rupture in the chain of being.” (Žižek 2006, 231)

As Žižek asserts in the passage above, the space that is you, the “crucial gap” that is subjectivity, opens up out of the oscillation between a primordial lack of freedom to Self-determinate and the transcendental sovereignty to assert specific (illusory) Self-images. In this chapter, I employ Žižek’s Lacanian approach to the death drive as a subject’s movement around this gap, as a motion of primordial freedom, and, in this view, I explore the difference between drive and desire in terms of emotion. The discussion in this chapter features the specific emotions of fear and anxiety as they relate to dementia and I consider the crucial difference between these emotions with respect to drive and desire. Then, using another excerpt from my fieldwork at the Alzheimer’s Project, Inc., I construct a critique of the notion of “being yourself” as deeply ideological, both as an individual’s gesture and as a social injunction. For the subject, precisely what Self should one be?

5.1 Freedom, Drive, and E(motion): The Self as its own Short Circuit

From a rational or realistic perspective, I understand that my “mind” is essentially an elaborate and unique cognitive system that tricks itself into thinking that “I” am more than the phenomenal operating of this system within specific lived contexts. Because I exist as this nature-nurture
machine, and, I infuse my life with meaning through my conscious associations among events and experiences in the world, I have developed a vested interest in dictating how “I” exist as a Self - an apparent desire to fulfill or achieve this in specific ways and anxiety relative to the possibility that I may not be free to do this. As a concerned agent, this makes the prospect of acknowledging or accepting the radically unconscious nature of my existence as a cognitive and emotional being unsettling, at best. Below, Žižek elaborates more specifically on emotions linked to confronting the limits of the Self:

The prospect of radical self-objectivization brought about by cognitivism cannot fail to cause anxiety—why? Here we should follow Lacan, who inverted Freud’s two main theses on anxiety: (1) in contrast to fear, which is focused on determinate objects or situations, anxiety has no object; (2) anxiety is caused by an experience of the threat of a loss (castration, weaning). Lacan turns the two theses around (or, rather, tries to demonstrate that, without knowing it, Freud himself did so): it is fear which blurs its object, while anxiety has a precise object—*objet petit a*; anxiety emerges not when this object is lost, but when we get too close to it. The same goes for the relationship between anxiety and (free) act. On a first approach, anxiety emerges when we are totally determined, objectivized, forced to assume that there is no freedom, that we are just neuronal puppets, self-deluded zombies; at a more radical level, however, anxiety arises when we are compelled to confront our freedom. (Žižek 2006, 198)

Both fear and anxiety are emotions central to dementia. The Freudian interpretation of why this is so would mean that we fear losing the concrete intellect that governs our appearing as a Self and, when we confront an individual whose mind has been “lost” or compromised as a result of dementia, we are anxious because it appears that the Self becomes increasingly less present, obvious, concrete, stable. The effect of this Freudian approach to fearing the development of dementia.

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108 Kitwood (1997), 14. Tom Kitwood employs a pseudo-Freudian approach to the role of anxiety with respect to dementia. He defines anxiety *in terms of* fear, which confuses the two concepts. First, he claims that anxiety is the fear of losing one’s independence, agency, and life and he equates this ultimately with a fear of dying. He claims that this is the emotion that we feel when we experience someone whose independence is compromised because of dementia. The second type of anxiety Kitwood identifies is the fear of mental instability, of becoming demented or without mind, which he claims is a terrifying prospect to any (rational) person. But, in contrast to Lacan’s approach to anxiety and fear, Kitwood’s definitions are not two separate emotions, but they are both forms of the same emotional reaction to loss - in terms of social independence and in terms of mental coherence.
plaques and tangles and anxiety about the coherence of the mind is that those who have “lost” it are marginalized, really bracketed out of the social order as paradoxically special-yet-separate. Not only do facilities exist for the purpose of specialized care for those “without a mind,” but these spaces are distinctly apart-from, outside the fabric of, larger society. This special-separateness of individuals with dementia makes it more difficult to perceive and understand (ideologically, Symbolically) the real effects (images, appearances) of this condition.

...it is precisely when a human being is deprived of his particular sociopolitical identity, the basis of his specific citizenship, that he, in one and the same move, is no longer recognized and/or treated as human. In short, the paradox is that one is deprived of human rights precisely when one is in effect, in one’s social reality, reduced to a human being ‘in general,’ without citizenship, profession, and so on--that is to say, precisely when one in effect becomes the ideal bearer of ‘universal human rights’ (which belong to me ‘independently of’ my profession, sex, citizenship, religion, ethnic identity...). (Žižek 2006, 340)

What Žižek refers to in the passage above is the paradoxical status of “rights” in relationship to political refugees in the twentieth century, but it is applicable to individuals who are social “refugees”. If the above passage is read without the term “sociopolitical,” the stigma of mental disorder qualifies as an important way individuals are “no longer recognize and/or treated as human.” Yet in any case where an individual is denied or loses their identity, the contradiction is that the moment the Self is reduced to habit or instinct, is the instant that agency, conscious awareness or control transforms from a real effect into something virtual, Symbolic, precisely not Real. In this sense, individuals diagnosed with dementia are not only excluded from the social order, but they also become refugees from the order of their own mind, identity, personality. They no longer act as their own legal and social agent - they are (and paradoxically must be) protected, special-yet-separate.
But if we adopt a Lacanian approach to understanding how fear and anxiety operate with respect to dementia, we can understand the condition not in terms of loss, but of a moving closer to “the Real,” to the attainability of jouissance. In this view, the stigma associated with dementia “blurs its object,” in the sense that it renders the human mind enigmatic and hard to comprehend in any orderly way, while anxiety emerges precisely when we are confronted with objet petit a, with the Real images of Self, the remaining appearances of subjectivity which do not fit into some virtual order. When we transcend the special-separateness and “really experience” an individual with dementia, and fail, as an observer, either to make sense of the various images of Self that appear during musical activity or to see Self (evidence of mind) in particular individuals with dementia at all (in other words, if it seems to us as observers that someone appears to have a mind that is “lost”), the anxiety we experience is, according to Žižek, an affect of jouissance - the result of being in close proximity to another’s Real subjective “abyss of freedom.”\(^{109}\)

Moreover, an individual with dementia may fear what the diagnosis will virtually mean for his or her lived experience, but anxiety is the emotion that emerges (symptomatically) as the cognitive systems dictating conscious Self-awareness slip into dysfunction. Anxiety is what emerges when there appears to be no more conscious content (memory) to give virtual structure to an individual’s own Self-images, yet these images exist nonetheless - and often seem quite coherent, with respect to musical performances.

For individuals with dementia, anxiety becomes manifest in a variety of symptoms: wandering, fidgeting, resistance, agitation, repeated asking of questions, and fixation. Although it may seem as if these symptoms constitute a sort of behavioral prison (in other words, as the

\(^{109}\) Žižek (2006), 89. “As such, Prohibition gives rise to desire proper, the desire to overcome the external impediment, which then gives rise to the anxiety of being confronted with the abyss of our freedom.”
subject locked into enacting repetitive patterns as the result of a malfunctioning cognition),
understanding the dementia pathology in terms of drive we can see that these seemingly agitated
movements are paradoxically and radically free, since they are what occurs in the midst of and
despite the crumbling virtual order of their mind. One appears anxious through seemingly
irrational (disordered) agitative (demented) behavior in the presence of the Real.

In a drive, the ‘thing itself’ is a circulation around the Void (or, rather, hole, not void). To put it even more pointedly: the object of drive is not related to the Thing as a filler of its void: drive is literally a countermovement to desire, it does not strive toward impossible fullness and, being forced to renounce it, gets stuck onto a partial object as its remainder--drive is quite literally the very ‘drive to break the All of continuity in which we are embedded, to introduce a radical imbalance into it, and the difference between drive and desire is precisely that, in desire, this cut, this fixation on a partial object, is as it were ‘transcendentalized,’ transposed into a stand-in for the Void of the Thing. (Žižek 2006, 63).

In this view, anxiety is the countermovement to fear. It isn’t that a demented Self becomes
fixated on some remainder of the cognitive machine, the anxious behavior is the Real movement
of the unconscious drive to differentiate the subject from the “continuity” of the Symbolic order
in which an individual is embedded. The difference between fear and anxiety, with respect to
dementia then, is that fear is about the “stuckness” of symptomatic behavior (repetition,
perseveration, behavioral ticks) and its transposition into Self-image - ie., Ginny is demented and
this is “how she is now”, or, “I was just diagnosed with dementia and fear what this might mean
for my future (Self).” Anxiety, on the other hand, is arguably about freedom, movement, and the
Real. Anxiety is the one emotion that drives Self-appearing in the absolute freedom from even
one’s own cognitive, conscious continuity.110

110 Žižek (2006), 229. “When Lacan deploys Freud’s thesis that anxiety is the affect which does not lie (which is why anxiety indicates the proximity of the Real), the implication is that anxiety is the exception: all other emotions do lie, they lie in principle.”
In shifting the perspective from fear to anxiety, the lost object (Self, mind, stability) becomes Loss itself as an object (death, dementia, loss realized). Fear of dementia is our (conscious, emotional) reaction to the threat of the loss of our cognition/intellect (as a result of our desire to be Symbolically moored to life) but anxiety is what emerges when all that there is (all that’s left to confront us in the absence of the cognitive/Symbolic function) is loss - death, dementia.

This is also how we should read Lacan’s thesis on the ‘satisfaction of drives’: a drive does not bring satisfaction because its object is a stand-in for the Thing, but because a drive, as it were, turns failure into triumph--in it, the very failure to reach its goal, the repetition of this failure, the endless circulation around the object, generates a satisfaction of its own. (Žižek 2006, 63)

In this view then, a drive is not simply a force of phenomenal, conscious will that produces an object or image to stand in for the virtual gap, it is the failed repeated attempt at full Sell-actualization, it is the motion “around” the gap which can never fully substantiate it. It is the movement “out of” the gap, the force that propels “me” around my shorted circuit, but that fails to ever achieve, close, or materialize it. And, although I might desire (intend, aim) to project certain Self images and to be identified on the basis of particular symbolic orders, upon closer inspection (as I have attempted to demonstrate in this dissertation) “I” am neither what a seem to be nor what I believe that I am as a result of my own conscious phenomenal experiences. What I am is “my” own frustrated attempts at being my Self, yet the effect of this motion of perpetual failure is paradoxically satisfying - I feel complete.

By understanding how the dialectic of drive and desire, and analogously anxiety and fear, are related to the Self as a project (projection), we can see that:

111 Žižek (2006), 62. “In the shift from desire to drive, we pass from the lost object to loss itself as an object.”
1) It is no wonder that one still appears to be a Self (objet petit a appears) despite waning cognitive function, since Self(consciousness) is emotional, all of which except anxiety mask, rather than reveal an individual’s Real Self.

2) This Real Self is jouissance, a radical abyss of pure freedom, which is constituted as a pure lack/disturbance/antagonism at the heart of human subjectivity. It is not a symmetrical, balanced space; rather, it is curved, imbalanced - a minimal and fundamental difference.

The Real is thus the disavowed X on account of which our vision of reality is anamorphically distorted; it is simultaneously the Thing to which direct access is not possible and the obstacle which prevents this direct access, the Thing which eludes our grasp and the distorting screen which makes us miss the Thing. More precisely, the Real is ultimately the very shift of perspective from the first standpoint to the second. (Žižek 2006, 26)

Arguably, this “anamorphic distortion” accounts for an individual’s specific emotional reactions to music, which can variably include displays of interest, glee, disgust, wonder, curiosity, sadness, confusion, joy, and the entire panoply of human emotions. Engaging with music is inherently emotional in that it invites one to enact a shift, to express an orientation to reality in terms of difference. In chapter 3, I reviewed the perspective forwarded by Naomi Cumming in which music can be understood as a mode of hearing difference, as a way to phenomenally encounter the Other. The effect of music on the passive, listening subject is that this is a way in which one receives information and thereby knows differently. In the excerpt below however, she explores the active aspect of music.

Can you really be losing your ‘self’ if your selfhood is formed in activity? If you are constituted in your acts, your performances, you are per-forming yourself through them. Your ‘self’ will appear in the act. You do not yet know fully who you are, but you will discover yourself in the action of taking risk, as I discover – or perform – myself in
taking the risk of writing this. The cost of creating new meanings is only the risk of “losing” the self if that selfhood is imagined as a static thing. (Cumming 2000, 42)

Although she doesn’t explicitly frame music as a performative act of difference, she does imply that the images of Self that emerge as a result of engaging with music challenge the notion that subjectivity itself is a stable, balanced, and concrete thing (and this passage also aligns with the Lacanian and Žižekian assertion about the fundamental decenterment of Self consciousness). If this approach is extended to include the notion of difference and is applied to dementia, we can understand how the Self continues to appear (is not lost) by way of performative acts or emotional reactions to music that are are not centered on the conscious projects of Self discovery or creating new meanings.

5.2 Prelude to a Critique of Ideology: Music, Therapy, and Just Being A Self

Like each of the vignettes featured in this dissertation, the excerpt below is a snapshot, or narrative description, of individuals with dementia engaging with music in various ways. This account portrays the conversations I heard around me, the behaviors I observed, and my impressions of people’s engagement with musical activity during a therapy session at the Alzheimer’s Project, Inc. respite center in Tallahassee. I chose this excerpt, not simply because of the “therapeutic” context of this musicking, but because of the “saturated” nature of the musical sounds, conversations, and acts of perform-ing Self that occurred in a relatively short amount of time; this allowed me not only to achieve a level of rich phenomenal detail in my recounting of what I observed during this session (and to represent in general the types of behaviors and activities I attended to both as a volunteer and as an ethnographer) but to also include descriptions of a variety of behaviors, from apparently significant reactions and ways of engaging with the music to seemingly mundane or banal events, all of which I approached as
meaningful with respect to the concept of “being a Self” through music despite dementia. The descriptions in the excerpt focus on emotion, action, conversation, movement, facial expression, body language, and other phenomenal details of the experience, as I observed and participated in it.

The music therapist played a greeting song on her acoustic guitar as she walked around and addressed every client sitting in the chapel, sometimes the volunteers as well. A few clients responded directly to her by speaking, singing along with, and/or shaking instruments both in and out of rhythm with her strum pattern. Even though Barbara didn’t do any of these things, she looked at the therapist and smiled when she sung hello to her.

Today I sat near Richard in the third pew from the front of the chapel. I could see everyone in the room, since it was a relatively small space and most people were sitting near the center aisle. I watched Rosie shake her maraca throughout the song and after it. “Thank you Rosie!” the therapist said, then Rosie chuckled loudly.

There was a lot of sound being created by clients with percussion instruments during next song - some singing, but mostly shaking and banging of instruments. “Great singing and instrument playing,” encouraged the therapist. Next, she explained the game she has planned for the session and how each song will be selected; the clients would each have the opportunity to spin a large dial mounted on a cardboard square with different musical genres representing various sectors of a circle that enclosed the spinner. These genres corresponded with various pieces she had in a binder she carried with her. She offered the spinner to a client in the first pew, who ended up selecting Rock N’ Roll. The therapist flipped through her binder and began to play “Hound Dog.” While she played, people variously sang along, sounded the instruments,
and talked with others. A few people began clapping along as well. One client loudly banged his
hand cymbals throughout the song. When she finished several verses and choruses, she asked the
group to identify the singer. “Who sang that song?” she asked loudly and melodically.

Rosie answered matter-of-factly. “Elvis Presley.” Several other clients and volunteers
cascaded the same reply. “He was a dancer, wasn’t he?” asked the therapist. She simulated
Elvis’ signature hip-shake and the group burst into various local conversations about this.

“He died too young,” added Rosie, in a quieter volume. The therapist repeated her
answer for the group. “Some people think he didn’t die,” added Helen. A few people moaned and
someone audibly snickered. “Does anyone in here believe that he’s still alive?” asks the
therapist. A few people mumbled in response and there were a few audible “no” responses. Rosie
said something else to the volunteer sitting next to her and then they both giggled. “Has anyone
had the chance to visit Graceland and do some activities out there?” the therapist asked to
follow up and sustain the conversation. “Where’s that?” George asked. “It’s in Tennessee,
right?” replied the therapist to the group. “Has anyone ever been to Tennessee?” “Yep,” Irene
answered first. “I’ve been they-ah,” said Rosie. “To visit Graceland?” the therapist asked Irene.
“Yeah,” she responded. “What are some other things you saw in Tennessee?” the therapist asked
her.

“Well, I...” started Irene, slowly. As she began to answer, Ralph began to quietly talk to a
volunteer in the pew behind where Richard and I were sitting. “…lived in Chattanooga…”
continued Irene in a soft and breathy voice. “Chattanooga?” urged the therapist. “Uh huh,” she
replied. “Chattanooga Choo-Choo?” asked the therapist.
One or two people gave muffled responses. “Gatlinburg?” the therapist continued to ask questions. Rosie and Irene simultaneously gave muffled responses. “Or anyone ever done the caving there? Where you go in the cave and see Ruby Falls...” Several people interjected with stories as she continued to ask more questions about Tennessee. At this point, each pair or trio of people sitting together broke into conversation. The therapist focused again on Irene, since she had been nodding her head eagerly. “What did you do there Irene?” she asked. “Well, we went in the cave,” she explained slowly, “and we looked at the ruby falls.” “Ruby Falls?” repeated the therapist. “Isn’t it incredible?!” the therapist continued. “Mmmm hmmm,” affirmed Irene and she continued to talk but the therapist asks another question right away. “How big is that waterfall?” Several people, including Irene, Rosie, and George, suggest answers and chat with others around them.

During all this, Richard had been playing around with his percussion instrument. It was a small hollow wooden turtle, whose shell was textured with large raised bumps. I showed Bob how to drag the wooden beater across the back to make a sound similar to a guiro or wooden scraper. His hand shook as he grabbed for the beater from me and then he used it to slowly make one stroke on the turtle’s back. Then he looked at it. Then he did it twice more, slowly, his hand shaking as he clutched and dragged the beater again. He smiled and looked at me. I suggest how funny the instrument is and we both chuckle and look at the instrument as he drug the beater a few more times across the back. But as soon as he looked up and away from the instrument, he ceased to notice it. He looked across the aisle and then to the front of the room. Then he looked at his hands again, seemingly not recognizing what it was that he was holding.
“It IS amazing,” the therapist replied to Irene and the other clients who’ve been sharing their impressions of caves in Tennessee with her. “It’s all in the dark and then they light it up and there’s a whole waterfall in there,” she explains as a few people continued to talk. “It’s cool, it’s really cool. Aaaaal-riiiight,” then she segued into the next song. She offered the spinner to Silvia. “You wanna go?” Silvia smiled at Ginny, who was sitting next to her in the first pew with Helen, not realizing that the therapist was talking to her and wanted her to do something. “How about Miss Ginny? You wanna give it a go? Here, use your whole hand and go like that,” she demonstrated how to flick the spinner with her finger on the genre-board she is holding. Ginny spins and the arrow lands on the line between two genre categories. “There ya go, you get to pick between country and rock,” directed the therapist. Ginny paused for a moment. “Would you rather hear a country song or a rock song?” she asked Ginny again, but with a noticeably higher pitch and volume on the words “country song.” “Rock song,” Ralph said from behind me, but not loudly. “I think I’d like to hear a country song,” Ginny said in her soprano Southern accent. “Hey! She picked country,” Patricia said approvingly to Silvia and Helen. There was not much other noise at this point, except for Ralph’s shaking and Patricia’s muffled conversation with Helen, Ginny, and Silvia up front as the therapist flipped the pages in her binder to find a country song.

“Alright!” she exclaimed as she began to strum the first chords of “Ring of Fire” on her acoustic guitar. Before she began to sing, people made noise with the instruments she had passed out at the beginning of the session. She stood at the front of the chapel between the two sets of pews and she moved up and down the aisle between them, facing left and then right and then back again, in variable but close proximity to most of the clients. Her body language and facial
expressions, in addition to the musical cues, prompted people to begin singing. She faced them and looked around and directly at clients in order to engage them. This seemed to be very effective in promoting participation, even from people who are normally quiet and marginally participatory, like Richard or Barbara or George. When she nears the pew where I am sitting, she faced Richard, singing directly to him. He clearly responded to her by looking at her and by scraping the turtle instrument he was holding more frequently.

Throughout the two verses and choruses, many people sang, and most people continued to sound the hand percussion - some loudly, some more subtly. Some clients kept time with the beat, some played with no reference to the main pulses of the music. However, when the therapist ended the song, so did the clients.

"'Ring of Fire, who sang that song?" she asked. "Johnny Cash," said Rosie, immediately and flatly. "Jooohnny Caaaaaash," confirmed the therapist. "He was a pretty cool guy," she continued, "what is some other stuff that Johnny Cash sang?" Total silence. Several moments passed as she looked around to see if anyone might have an answer. "Does anyone know... anything else by him?" A few more seconds pass. Ralph shakes his shaker again. Richard taps on the turtle’s back. Patricia begins to sing an answer. "I keep a close watch on this heart of mine."

"Mmm hmmm, yeah!" said the therapist while she started the next line. Ginny joined her and Helen quickly followed. "I keep my eyes wide op-en all the time," more people joined through this phrase, most audibly of whom was Rosie. "You know what that one’s called?" Patricia asked, not continuing to the next phrase yet. People mumble for a second or two, either wanting to continue to sing or offering answers to Patricia’s question. She then continued to sing the next line.
“I keep the ends out for the tie that binds,” and again, Rosie and Helen and Ginny have joined her singing by the end of the phrase. “Because you’re mine, I walk the line.” Several more people joined them to finish the famous fourth line of the stanza. Only a moment’s pause after the group finishes, and the therapist confirms, “Yeah, that’s a good one.” Helen echoes this.

“He had a bunch of ‘em,” said Patricia. “He had a bunch of nicknames too, didn’t he? Do you remember any of Johnny Cash’s nicknames?” the therapist asked the group. “Uh, no...” says Patricia. “Do you remember any of them?” she specifically asked Helen. “Didn’t he go around wearing black? He wrote this song when he was married to Rose... uh Ca-... uh Rosemary Cash?” said Rosie before Helen could answer. “He was married to her for a long time. He was in love with her.” “He was!” agreed Patricia. “Mmm hmmm,” said the therapist. “She was a gaaah-spel singer,” Rosie continued. “Yeah,” said the therapist. No one corrected Rosie’s mistake about the name of Johnny Cash’s wife. “Yeah,” repeated Rosie. “They were together a long time,” said the therapist. “He’d wear black so much that they called him the ‘Man in Black’.” “Ye-ah,” said Rosie.

“Alright,” the therapist shifted the group’s focus back to picking the next song. “Who else wants to try? Let’s see....” She walked with the song board over to the other set of pews. While another client was spinning the arrow on the board, Richard noticed the turtle and scraped the back of once. Then again. Then two more times. Ralph shook the maraca. Shake-shake-shake. Helen, who was playing claves in the first pew, clicked them together steadily and at an unmetered moderate speed. More time passed before a song was selected. Ralph shook his maraca more furiously. “OK! A rock soooong,” said the therapist as she set down the song board and found the next song in her binder. “Rock song,” echoed Ginny. Richard scraped the
turtle again. Ralph was still shaking, but now at a slower tempo. The therapist strummed a chord. “So this rock song,” she said, “is from the - I think, - seventies? ... Yeah, the seventies.” A few people chuckled and she began playing. “Aaand, it’s called.... ‘Born to Be Wiiiild’.” She played more chords and continued to direct the group as the chatter increased in the room. “So, when the chorus comes up, ‘born to be wild’, I wanna hear everyone singing as looooooud as they possibly can, OK?” She began to play the song and, again, before she even began singing the first verse, people started shaking or scraping or clicking or clapping along. The tempo she took and the way that the rhythm of her diction fit with the guitar accompaniment during the verse made it difficult for people to sing along with her except for a word here or there.

“Ain’t nothin’ gonna make it happen,” she sang. Ginny tried to jump in, singing loudly but out of sync with the words the therapist sang. The group continued through the second verse like this, shaking and attempting to sing along, before singing the hook. But when we got to it, people just kept shaking and clapping along without much change in singing, except for from Rosie, Ginny, and a couple volunteers, who joined in strongly at “Boooooooorn to be wiiiiiiiiild!” After the first part, the therapist played a few bars to cue everyone that we were going to repeat that form. She repeated the first part again, with a similar result (spotty participation in terms of singing in the verses, continuous, excited, audible participation via percussion - both in and out of time). By the second occurrence of the hook, she repeated it several times before ending the song with fast up and down strumming on the root chord. While she ended it like this, people shook and scraped and clapped most furiously for a moment or two and then everyone quieted to listen to what the therapist was going to say next.
“Alright, ‘Born to Be Wild’,” she said. “So, some people say that humans are wild animals, just like any other animal. You think that’s true?” Ralph shook his shaker a few times behind me. “No,” said Ralph. Richard didn’t say anything. Some people shook their heads dismissively, others nodded eagerly. Some people did not respond by moving or speaking at all.

“Yes, I think so,” said Rosie. “You think so, Miss Rosie?” echoed the therapist. “I think a lot of us are... although, I was raised a good Catholic girl, I have a lot of anger in me, so I like to punch somethin’ good somedays.” The therapist immediately gave an amplified translation of Rosie’s explanation to the group. “OK, so you’re saying that a sort of natural aggression comes out in response to things...” “Yeah,” interjected Rosie, “cause we’re not allowed to show, um, who we are.” The therapist nodded her head. “Mmm hmmm.” She continued, inviting other clients to offer their opinions. Ralph continued to sporadically shake his maraca. “But if Miss Rosie says ‘yes’ and Mr. Ralph says ‘no’ - Mr. Ralph, hold up your hand,” the therapist directed. Ralph raised his hand so people could see where he was in the back of the room and he began to offer his explanation. He cleared his throat before he spoke and shared his opinion in a soft voice, “I just think I have an appreciation for all the things we can do and think and feel. We’re not animals.” He shook his maraca again rapidly as the volunteer sitting next to him mumbled in agreement, barely audibly.

The therapist had walked back closer to Ralph as he was speaking. She mmmhmm-ed several times as he gave his answer and when he was done she waited just one moment before turning around and addressing the whole group again. “OK, how ‘bout anybody else? Do you think humans are wild animals just like any other animal?” She paused and looked around. “Yes or no? I see a lot of head nodding and a lot of shakin’ of the heads... How about you Patricia?”
“I think because we have free will, that’s the one thing that really makes us human,” said Patricia. Again, the therapist loudly reiterated what Patricia said to the group. “We decide who we are,” Patricia concluded, nodding her head. “Right, right,” said the therapist, “we get to decide how we turn out. We get to live our lives and look around at different things and decide what we’re gonna engage in and what we’re gonna pass by, right?” She looked at the group. Ginny, Irene, Patricia and several others nodded in agreement. Rosie shrugged her shoulders and, with raised eyebrows, she nodded her head slowly a few times. Ralph shook the maraca again. Silvia was sitting in the front row, listening to the conversation and looking at the therapist. Richard sat next to me, still examining the turtle. I demonstrated for him again how to play the turtle by making the motions, but without actually holding the instrument and beater in my hand. He imitated my hand motions, but did not try to scrape the beater across the turtle’s back.

“Anybody else?” asked the therapist, inviting more clients to share their opinions about human nature. She looked around the room. A few people began to have near-whispered conversations. Ralph shook the maraca. “I feel like I am somewhere in the middle. I feel like maybe humans were originally in the wild animal category but we’ve definitely come a long way since then,” she said, since no one jumped in with an opinion. “Mr. Ralph talked about being able to consider how other people feel. I think that’s the one major thing that makes humans different from other animals - we’re able to look at other people and imagine how things might be. We’re able to formulate stories in our head about something that hasn’t happened, where maybe some of the people a long time ago were able to look at tracks on the road and say, ‘oh,
ok. there’s an animal around here and we’re gonna hunt him,’ you know... so I think that’s a big part of our history as well, but...anyways.” she finished.

“Alright! How ‘bout..... Miss JoAnne? Do you wanna go?” She held out the board for another client to spin to choose the next song. “So you just wanna give it a spin?” She explained to JoAnne how to use the board. She spun the arrow and it landed on “Hymns.” The therapist looked through her book to find one. “So this song is called ‘How Great Thou Art.’ It’s a very nice hymn,” she said and then she began to slowly play chords on her guitar. She started singing after only a few strums. Ralph shook the maraca gently between some of the chords. People began to sing quietly along by the end of the first line. Richard scraped the turtle once. Then he tapped the end of the beater on its back. By the time the refrain came along, people sang loudly. And Richard scraped more rapidly. His scraping was not in time with the rhythm of the therapist’s guitar accompaniment, but the rate of his motions was noticeably increased during the first refrain, as compared with the verses, during which he only scraped a few times. But during the second refrain, Richard did not scrape at all. Nor did he do it during the verses that followed, although the group sang with comparable volume and enthusiasm during the remaining choruses. Richard looked at the turtle in his right hand and the beater in his left. He appeared not to know what to do with them or why they were in his hands. Still, he held onto them. He alternated between looking at the items in his hands and looking around the room while the therapist played and people sang with her.

“Nice singin’!” praised the therapist after the group had finished singing the last line. One person clapped. A few people shook their shakers. “Does anybody, in their church, sing this song?” the therapist asked the group. Ginny confirmed that she does, “mmm hmm. Every week.”
Helen nodded her head. “It’s pretty common, right? Do you remember the first time you heard that, if you’ve heard it before?” prompted the therapist. Irene replied. “I have, once. It was a long time ago, when were were like this,” she held her hand out parallel to the floor at the height of her hips, as she was sitting in her wheelchair. “So very young, right?” clarified the therapist loudly for everyone. The therapist continued to talk with Irene and Helen and another volunteer, who were closest to where she was standing at the front of the chapel. The rest of the group listened to their exchange about how old the song was or they were not engaged in the conversation (like Richard). “I think I heard it when I was really young too,” continued the therapist.

The therapist began to transition to the next song as the discussion about the last hymn came to a stopping point. “Would you like to spin?” she offered the board to a volunteer this time, instead of a client. The volunteer spun the arrow and the people sitting around her who could see where it stopped exploded with laughter and awwwing. “A looooove song,” said the therapist. “That’s a good one,” laughed Ginny. “OK, I have one,” said the therapist as she found a song in her book. Then she pulled a ukelele out of her bag. “What is that?” asked a volunteer in the front row. “It’s a ukelele,” explained the therapist as she smiled and began to strum chords on it. She started singing the first line of “Can’t Help Falling in Love With You.” Although many people seemed to react/recognize this one after she began to sing by moving and making sound, many people did not join her in singing until the titular line. After this, about half the group continued to sing along with her. A few clients, including Richard, who was playing the turtle, Ralph, who had a shaker, and Helen, who had claves, began to make sound with these instruments as soon as the therapist began singing the first line. “Wise men say, only fools rush
Ralph and Helen joined in singing eventually too, but mostly for the refrains and a few other times in between. Richard did not sing, but he did the scraper across the turtle’s back several times, rapidly when he first heard her singing and then less so as the song progressed. About halfway through, he handed me the turtle. He was finished playing, even though people around him continued to sing and make sound with their instruments or by clapping. I offered him the finger cymbals that I was holding, but not playing much. He was not interested. I put the turtle and the finger cymbals down on the pew and continued singing along. I put each of my hands on my knees and tapped my fingers to the beat and then I noticed Richard did the same thing, although, he did not tap his fingers in time. After this song ended, the therapist ended the session by singing a goodbye song and walking around singing directly to various clients. Donna entered the chapel and clients began to stand up to go to lunch.

5.3 The Critique: Which “Self” is “the Self”?

I open this critique by reformulating a question that has already been introduced in this dissertation. What is meant by the statement, “Just be your Self”? Does it imply that I should display my exact subjective uniqueness, which is distinctly different from any Other? Or does it mean that, in doing this, I should call forth and display my specific associative relationships to Others? Here, through a dialectical movement around what it means “to be yourself,” I demonstrate that this cliché signifies a superego injunction, or external directive, which is deeply ideological. I also claim that this seemingly banal platitude represents a virtual and authoritative mandate for how this should happen, that it is a mapping of Self, structured in a

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112 Žižek (2006), 188. “The problem with today’s superego injunction to enjoy is that, in contrast to previous modes of ideological interpellation, it opens up no ‘world’ proper—it simply refers to an obscure Unnameable.” The same is arguably true for the injunction to be yourself - which Self should I be? Stable? Unique? Meaningful?
way that privileges stable, unique, and meaningful forms of it while simultaneously subverting, containing difference. I also claim here that one implication of the personal and social directive “to be your Self” is the enigmatic coincidence of musical activity and dementia. In the discussion that follows, I reference the narrative excerpt above to problematize concept of Self as a stable (Self-same), unique (Other-different), or meaningful (Other-same).

In the perspective that “being yourself” is the act of exhibiting a coherent Self-sameness or stability, then it is contingent upon the repetition of certain core behaviors and ultimately upon habit. Although the pathological habits (symptoms) exhibited by individuals with dementia threaten images of mental stability, personhood remains constant, as Kitwood and others have suggested. This is evident during musical activity, wherein individuals often move, emote, sing, make sound, or otherwise display apparently Self-same reactions to musical sound.

During the musical activity I observed at the respite center in Tallahassee, it was evident that the activities were programmed to maximize the time clients spent participating in or actively discussing music and closely related concepts. Saturating individuals’ experiences with musical sound and activity gave individuals ample opportunity to demonstrate coherent and Self-same reactions to musical sounds and contexts. Ginny participates by singing along to what she appears to remember or recognize a tune and she smiles and moves along to the beat when she doesn’t know the words. Rosie often shouts excitedly at the end of songs that she knows and likes, or when she is excited after the group seems to enthusiastically participate in singing a tune.

One “therapeutic” use of music for people with dementia aims not only to exercise the mind and improve quality of life, but also to promote the enacting of Self-sameness and to
enable individuals to continue to “just be themselves” by enacting uniformity of Self through music. But by favoring images of Self-sameness and bracketing out disordered behavior, is a gesture which paradoxically implies a transcendent and coherent Self, one that persists despite the often volatile physical reality of the body. This, however, is also what makes appearances of Self through music seem both more meaningful and more enigmatic. A person’s observable engagement with music is a Symbolic act of Self-sameness in the context of a virtual lack of mind.

In the sense that “being your Self” implies an act of differentiation, a distinction, a behavior(al pattern) unique to an individual person, then a basic orientation to (awareness of) Other is, arguably, an important prerequisite. Although one of the diagnostic criteria of Alzheimer’s disease is an impairment of an individual’s executive function, or the ability to attend or relate to one’s phenomenal surroundings in abstract ways, individuals with dementia nonetheless maintain unique personalities, even in the midst of severe cognitive decline. This is particularly evident during musical activity, when people move, emote, sing, and/or make sound in uniquely personal ways - differently than others who also participate (or differentiate themselves by various non-participatory behaviors).

During musical activities at the respite center in Tallahassee, clients were encouraged to express themselves uniquely through music by participating in the ways they themselves deemed appropriate - like Richard’s distinctly off-beat percussive scraping or his mumbled half-singing during most tunes and Rosie’s loud, somewhat cumbersome, and often humorous lyrical diction. Moreover, the music therapist in the excerpt above made a point to ask various music-related, yet open-ended questions to which clients could respond uniquely.
This is arguably another aim of the therapeutic use of music for people with dementia: not only to prompt an individual’s conscious engagement with reality, but to enable individuals to continue to “just be themselves” by performing in ways which distinguish them as an idiosyncratic Self. Paradoxically, then, by way of nature (which is amplified in the apparent lack of Other-awareness constituted by an impairment of executive functioning) one is Other-different in the inherently unique ways he or she is stimulated by phenomena in the environment. A person’s observable engagement with music despite dementia is unique not only because it is a performance of distinct individuality, but it appears to be remarkable because it occurs in a virtual lack of Other-awareness.

Finally, if “being your Self” can be understood as the engaging or enacting attributes and habits that represent your affinity to Others, your shared qualities, the statement is a contradiction in terms. “Performing your identity” by re-enacting various shared rituals, practices, ceremonies, traditions, styles, and particular pieces of music or other scripted social behavior is a radically a-subjective enterprise - one that creates an image of meaningful Other-sameness. The command to “be your Self” in this sense translates paradoxically as “be like an Other” - demonstrate perceptible order.

When someone observes an individual with dementia “being themselves” again through music, this, in a sense also means that the subject in question has displayed a recognizable form of Other-sameness. Many individuals at the Tallahassee respite center responded to well-known songs like “Hound Dog” and “Take Me Out To the Ball Game,” despite the fact that they all had various forms of dementia and had widely different personal histories. But the Other-sameness exhibited during musical activity is not based on the logic of cultural affinity, but on the premise
that a particular behavior convincingly simulated well-being, awareness, interest, engagement in phenomenal experience.

In a dialectical sense then, embodied Self-sameness is the dialectical partner to emergent Other-difference. The apparent stability of Self engendered by Richard, in terms of his moment-to-moment physical presence, his steady demeanor, and his patterns of behavior, is also what makes him unique. No Other client exhibits the precise forms of stability that Richard does. Paradoxically, though, Richard’s ability to appear Self-same over time is actually compromised, frustrated by the process of dementia, which is a context that provides an additional layer of significance to his appearing. Because of his dementia, Richard’s unique way of being is interpretable as disorder, rather than distinction. Instead of appearing to be curious about the turtle-shaped object in his hand, his bewildered expression at discovering it there seems to be related to apraxia, a severely impaired short-term memory, and/or a disordered executive functioning.

But when Richard participates by singing loudly, donning an eager facial expression, and through animated and purposeful physical movements like hand-waving and shoulder-shrugging during “Take Me Out to the Ball Game,” he also exhibits a concrete likeness to Others who are also singing along. His participation is meaningful in the sense that he is recognizably similar to Other musicking subjects; in doing so, he appears to be the same as they are - indistinguishable as a subject. Paradoxically, then by being the same - by appearing like Others, Richard is virtually not himself.

My argument here, however, is that the Real Self constitutive of Richard, and ultimately of any human subject, appears in the form of radical Self-difference, disorder, frustration. To
reduce this struggle or antagonism, to any particular manifestation or image of it is a gesture
which is ultimately associative, Symbolic, and ideological. It represents an attempt to resolve the
deadlock or irreducible gap between Self and Other, to account for this difference and stabilize it
in terms of some order (phenomenal uniqueness, subjective stability, associative meaning).

We seem to be dealing with a true Kantian antinomy which cannot be resolved via a
higher ‘dialectical synthesis’ and elevates society into an inaccessible Thing-in-itself; in
a second approach, however, we should merely take note of how this radical antinomy
which seems to preclude our access to the Thing is already the Thing itself—the
fundamental feature of today’s society is the irreconcilable antagonism between Totality
and the individual. (Žižek 2006, 26)

This critique is an elaborate way of restating Rosie’s simple assertion in the excerpt above that
“we’re not allowed” to really show who we are. Humans are “born to be wild” - the individual
Self as the embodiment of an irreconcilable antinomy. One must appear to be stable, unique, and
meaningfully aware of his or her environs if one is to occupy a space within the existing social
order. To “be a Self,” to appear recognizably as one’s Self, one is compelled to mask the “radical
antinomy,” or wild core which constitutes the subject, with images that ultimately fail to
represent, materialize what this really is. However, the phenomenal Self-images manifest by
individuals with dementia are virtually free from this mandate to demonstrate stability, display

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113 Manufacturing Reality (2004). Another way that Žižek puts it is that “multiplicity is an effect of the inconsistency
of the One.” Although the example he uses to illustrate this with respect to the idea of modernity, the essential point
is that difference, and specifically Self difference evident in various contradictory images or appearances of the
subject, is a function of the parallax gap at its core.

114 This is both a reference to the song by the rock band Steppenwolf (RCA, 1968) and to the Nature/Nurture
dialectic introduced in the first chapters of this dissertation. In The Parallax View (2006), Žižek’s approach to the
debate, although much wordier than Rosie’s, is fundamentally in alignment with her assertion that, our “being
human” is caught up in illusory displays of stability and meaning. “The basic paradox here is that the specifically
human dimension—drive as opposed to instinct—emerges precisely when what was originally a mere by-product is
elevated into an autonomous aim: man is no more ‘reflexive’ than an animal; on the contrary, man perceives as a
direct goal what, for an animal, has no intrinsic value. In short, the zero-degree of ‘humanization’ is not a further
‘mediation’ of animal activity, its reinscription as a subordinated moment of a higher totality (for example, we eat
and procreate in order to develop a higher spiritual potential), but the radical narrowing of focus, the elevation of a
minor activity into an end in itself. We become ‘humans’ when we get caught into a closed, self-propelling loop of
repeating the same gesture and finding satisfaction in it. (Žižek 2006, 62-63)
uniqueness, or assert meaning in the way that he or she enacts Self and, because of this the actions, habits, and behaviors occur as a function of pure drive and reveal the true contour of an individual’s subjective lack, *jouissance*, the meaningless, unstable, indistinct core, which is the Real.
Cliff Holman was 79 when he passed away. He was diagnosed with Alzheimer’s disease six years earlier. The first few seconds that we see his face, he is laying in silence with his mouth closed and his eyes open, fixed at the top of his field of vision. The scene is quiet and he hardly moves.

The sound of what we later learn is the theme music to Cliff’s television show begins to play just before we see a black and white clip of young Cliff on the set. In this clip, he sings a

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115 From The Alzheimer’s Project: The Memory Loss Tapes (2009), directed by Shari Cookson and Nick Doob. Home Box Office, Inc.

tune to the children who also participate in the show; after a simple uptempo piano introduction, he sings: “Hello! Howdy do? We’re migh-ty happy to welcome you! Hi there! Good day! No matter how you saaaaaay-it... hello!” This is a vibrant, spirited, and emotionally expressive version of Cliff - a stark contrast to the image of him laying in bed, which is the scene that recurs next as we hear young Cliff’s voice say: “And a big ol’ hello to you boys and girls! Hi there, good to see ya! Don’t we have some nice lookin’ boys and girls in our clubhouse today...”

Figure 16: “‘Cousin Cliff’ on the set of Cartoon Clubhouse circa 1958”*117

After a few more moments of stillness, Cliff begins to move. He raises his head, looks around, and tries to lift his foot over the guard on the side of his bed, which is designed to keep him from rolling out of it. He turns his body and leans slowly toward the guard rail and repeats several slow attempts at getting out of bed. Although he struggles, his face remains calm - never grimaced. He manages to drape his inside leg over the guard, which exposes his bare feet. He

whispers slowly, “Yeeeeeah, boy.” We hear his wife, Ann, as she enters the room. She asks him, in a sweet voice: “Hey honey-bun, whatcha doin’?” “Well, I’m tryna get outta here,” he replies. She chuckles patiently. “Well let’s put your legs back here. You’re gonna cut the circulation off of ‘em.” “That’s the way I get out,” he says, slightly more insistently but still with a slow breathy diction. “I know it darlin’, but you can’t get out that way,” she says.

Figure 17: “Ann and Cliff”

His wife’s voice is expressive and lyrical, almost as if she were addressing a young child; it is clear this is her default tone of voice when she interacts with Cliff. She turns on the light in his room; twilight is setting in and the natural light in the room was waning. “Now, is that better? How ’bout not tryna get outta bed here, ‘cause I gotta go cook dinner. And if you’re gonna be tryna climb outta bed, I’m gonna have to stay in here and watch you and I need to

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118 From The Alzheimer’s Project: The Memory Loss Tapes (2009), directed by Shari Cookson and Nick Doob. Home Box Office, Inc.
cook.” As she finishes reasoning with him, he begins to reply, correcting him matter-of-factly: “No, we gotta go...” “Well, we haven’t got to go right now, I’ve gotta go cook. So you be real still and lay right here until I get dinner fixed.” “Okay,” says Cliff, reclining back into a supine position on the bed. He continues to talk as she walks out of the room. Over her shoulder, she smiles and tells us, “he’ll try again as soon as I get out.”

As she’s working in the kitchen, she explains a little bit about Cliff’s current situation to us. “As you can see, with him tryin’ to get outta bed, it’s that he’s supposed to be somewhere, to do something. And he doesn’t realize that he’s in the bed and can’t get up. So he keeps trying.” She smiles and nods her head. “Ya know, when he’s in one of these positions... Now, I gave him some medicine this afternoon that should have calmed him down, but it hasn’t done very much, as you can see. But... and we may have to increase that or start something else if he stays this way, because it’s not good for him...”

Next, we see Cliff’s home hospice nurse, Brenda, adjusting the angle of his bed. She asks him loudly, “You gon’ do me a magic trick today?” “Well...” he says with a whispered sustain of the vowel. “I dunno.” We see an up close shot of her shaving Cliff’s chin with an electric razor. “You know you always do me one when I come,” the nurse continues. She gives Cliff a sponge bath next and asks him if he’s doing ok today. “Mmm hmm,” he says. “Are ya tired?” she asks as she raises his arm to wash underneath. “Nah,” Cliff says. We see the nurse wash his right arm and then his shoulder as we hear Ann continue to tell us about Cliff.

“You can see by lookin’ at him that his muscles have really wasted. He’s not eating like he should. I rather suspect that it’s the body’s way of shutting down.” Her voice wavers at the end of this last sentence. “They don’t need... as much nutrition...” We see her now. She is on the verge
of tears, yet never fully breaks into crying as she talks. She swallows and continues soft and low:

“as they did when they were moving around or healthy. ... And when the body starts shutting
down, then you require less... food.”

Then we see her reach into the refrigerator to get out a gallon of milk and some juice.
Then she starts to make french toast by dipping a piece of raising bread into a bowl of scrambled
raw eggs. “Cliff had open heart surgery and all this butter and everything the heart doctors
would flip out probably to see me do this. But, I figure, at this point in time - not really
important. ... All this butter and sugar. He likes it sweet. And heavy cream.” She pours it into the
bowl. “Now, how could that be bad?”

“He likes things almost like children do now,” she says and takes his supper into Cliff,
who is now sitting upright in his bed. He has a towel draped over his chest and Ann is feeding
and slowly brings another spoonful closer to Cliff’s mouth, giving him time to smile and chuckle
too. He opens his mouth and accepts another bite. Despite the soupy consistency of the food, it
takes him several moments to slowly “chew” and swallow his food, in part, because he has no
teeth.

“He started doing magic when he got a little box of cereal with a little magic thing in it.
He got enthralled with magic and started buying the magic and that ended up being what he did
for a living. There were thirty-five children on “Cousin Cliff’s Clubhouse” and he did some
magic some times and then they had The Three Stooges and Popeye cartoons. Each child that
had a birthday got a birthday cake on that day. They had cakes they called “Wham-Doodle”
birthday cakes. People remember all the things he was on for years and years. He had thirty-five
children every day on the television show. There have been times when he’d have eight shows in a day.”

The following morning, we see Cliff sitting alone in his bed, which is propped up at an angle that looks comfortable for him. He’s singing quietly to himself, or perhaps reciting lines, and he is staring at no particular point in space. Then, when we see him up close, he says slow and steady, with a rich and breathy baritone-like diction yet still with a vacant stare, “I gotta do a TV show tonight... Sssix o’clock... let’s see. Six thirty. Aaaaaand I gotta make aaaaaaaaall the kiddies disappear.” He closes his mouth. “Would you like to sit up for a while today and eat your lunch?” asks Brenda, who has arrived to care for Cliff again. She bends over and puts her arms underneath his as he is sitting on the edge of the bed. “Where gonna stand up now, OK?” she asks. He pats her on the back and smiles in agreement. “Here we go,” she says. They stand up together and Brenda bears all his weight as he leans on her, his chin over her right shoulder. “Now we’re gonna turn,” she says, “here we go.” She helps him sit in the wheel chair and says, “that’s a good boy.”

Next, we see Ann feeding Cliff his lunch. After he is finished, he sits quietly and inspects the movement of his fingers rubbing together. “He just kinda tunes out sometimes,” Ann explains. “He will look toward me, but I can tell he’s not seeing me. It’s like a glass...stare,” she continues, shaking her head. “Drink of milk?” Ann offers a mug and straw to Cliff. He sips the milk through the straw. Brenda elaborates: “There’s gonna come a time when he’s not gonna be able to suck that up into a straw.” Cliff looks around at the ground in front of him. Ann replies in a thin and encumbered tone: “if he gets to the point where he can’t eat at all, then I will honor
those choices that he made when we made our last will, which would be not to prolong with artificial...artificial measures. And uh, that will be hard, when that time comes...”

“Want another sandwich, hun?” her voice immediately sweetens when she asks Cliff if he’s still hungry. He turns to her slowly, and looks at her as he answers: “no, I’m thinking about how I’m gonna get to North to do a show.” “Well, what time are you supposed to be there?” she asks him sincerely. “Well, I got to be there at seven,” he answers. Even his blinking is in a slow tempo. “What’s the program for, do you know?” she asks. “No. I have to get up,” he says. “No don’t get up, I’ll get the card for you,” Ann tells him. She takes his lunch dishes with her as she gets up from sitting next to Cliff.

“Lemme go over to the desk and get the card for ya.” “What kinda card?” asks Cliff.
“You always put things on a card,” she says straight-faced. “I’m sorry, folks, but I’ve gotta find that,” he says to us and he looks around the room to Ann and then back to Brenda and then back to Ann as she walks back into the room. “C-c-can you look in that yella... thing?” “Is it this one?” she says as she unfolds a crinkled piece of pink paper and hands it to him. He inspects in for a moment and then says, “Th-this is... this is pink.” “Mmm hmm,” confirms Ann. “See if you can’t find the yella one over there,” he tells her as he hands the pink paper back to her. “See if I can’t find the yellow one,” she repeats as she walks back over to the desk and smiles. “Oh! Here it is,” she feigns to exclaim as Brenda hands her a small slip of yellow paper. She takes it over to Cliff. “Well, go-ly,” he says. “You ready to go to bed, Cliff?” asks Brenda, trying to distract him from his current fixation.

gets out a small black address book. She walks it over to him. “What have you got there, Ann? Have you got that?” he asks, his eyes fixated on the book. She puts it in his hands and he starts to open it, but fails. He tries again and then tries flipping to another page. Behind him, we see Ann get out his anxiety medication. She shakes it so that we can see and hear that it is time for this.

“Ask Ann if she’d call ‘em tomorrow,” Brenda suggests to Cliff. “I bet she’ll call ‘em for ya.” We see Ann crushing up the medication to give to Cliff. She brings it out on a spoon. “Here, hun. Here’s your medication,” she says and puts the spoon close to his mouth. “Here ya go. Scoop it out good.” “That’s good, thank you,” he says. “How ‘bout you go lay down?” Brenda proposes. “Nah, I can’t with this on muh mind,” says Cliff, now with a furrowed brow. “Ya can’t with that on ya mind?” repeats Brenda loudly. We now see Ann dialing her cell phone.

Immediately the home phone rings. Cliff’s eyes light up and he says, “Uh, well I... uh... c-can ya get that?” Ann answers the home phone and says, “yes, this is Mrs. Holman. Can I take a message?” She pauses. “OK, well, I’ll tell him. OK, thank you.” She hangs up the receiver.

“Cliff?” she says, again sweetly and lyrically. “That was the people. That’s funny that they called right now.” “How do you know?” he asked her. “They asked me to tell you that they had to cancel the show because someone had gotten ill. And that they would call you back to reschedule it, if that’s ok,” she lied.

“Oh that’s good. Let’s see if we can find out...” he mumbled as he looked again through the black book in his hands. “I can’t see...shhhhoot,” he said. Brenda begins to turn his wheelchair around and take him back into his bedroom. “Now, what is she doing?” was Cliff’s
weak protest. “She’s, Brenda’s, gettin’ you in here,” Ann told him as she followed them into the
room. “She’s the one that can get you back where you belong.”

“The medication that he was taking for his Alzheimer’s was to try to slow the disease,”
Ann explains later. “But it has gotten to the point now... it’s like the doctor said, ‘what do you
wanna prolong?’” She pauses and dramatically raises both eyebrows to emphasize the heaviness
of this question. Then, she continues: “and of course, I want to prolong him. I want him to be
with me as long as I can keep him, but that’s not fair to him, when he has stated that that’s not
what he wants. And he really has no life now.” Her voice cracks. She pauses and begins to cry as
she speaks. “He’s in bed all the time. And, uh, he doesn’t know me part of the time. Uh... so I
thought, how selfish of me. How selfish of me.”

Then, we see a close up shot of Cliff, who is now sitting up in bed, mouth open and
looking content. “I’m makin’ a pie,” Ann tells him. He looks around and raises his eyebrows.
“Oh, I’m so happy,” he says. They giggle together. “I dunno what to do,” he says. “You don’t?”
she asks and gazes lovingly down at him as she strokes his shoulder. Then he looks right up at
her. “See, I told you my wife... right now is... precious.” He shakes his head ever so slightly in
earnestness. “Your wife is?” she asks him sweetly. “Yes,” he repeats. “Well, who do you think I
am?” she asks him. He sits up a little and looks at her even more directly than before. “Well,
lemme see...” he says, studying her face for several moments silently. “I don’t know,” he finally
confesses. “You don’t know who I am?” she asks, her sweet voice trembling now. He pauses, still
looking at her. “Gosh, I dunno, I dunno how to answer that,” he says turning his head toward
the camera and then slowly back toward her. “What if I told you I was Ann?” she asked him
confidently and lyrically now. His eyebrows raise dramatically and his face brightens as he looks
directly at her once again. “Oh, I’d die!” he said, again turning his head slowly away from her.

She laughs abruptly and he says, while chuckling, “no I wouldn’t! I jus’ been a little too illiterate ...” he mumbles and chuckles simultaneously.

Figure 18: “‘What if I told you I was Ann?’”

“I am Ann,” she says. “Oh really?” “I am your wife,” she assures him. “Oh, well we sure are lucky,” he croons. “Yes, we are,” she agrees. He continues to stare up at her.

“Oooooooh, look at you. You got good food!” he praises. “I have,” she says. “Yes, behind ya there, you’ve got, you got some goooood food,” he nods and scratches the side of his face.

“Mmm hmmm,” she nods and looks at him. He starts to sing a customized version of “Dinah” for her. “Oh, comin’ inna kitchen with Ann... Oh comin’ inna kitchen with Aa--nnie, comin’ inna kitchen I kn...” he giggles when she starts to laugh, which breaks his melody. “Thank you,” she whispers as she smiles at him. Now he looks out and up, yet no where specific. “Well, thank you

119 Ibid.
folks for joinin’ us and we’ll be with you again reeeeeeal soon... ‘cause we like... to be on television. God bless you.” He looks back up toward Ann. “Mmmkay,” she says to him and bends down to give him a kiss. “OK, I’ll be right back,” she tells him as she pats him on the hand.

As she exits the room, we hear Cliff say, “that’s the sweetest girl... go-ly!” Ann shuts the door, but we continue to hear Cliff’s voice, as it might sound if he was on set. “OK! Bye!” Although Ann is no longer in the room, we still see what Cliff is doing. He is sitting up in bed, again staring at no particular spot. Now, he waves his right hand in the air, as if bidding the audience goodbye. “Y’all ready tuh put the zee in zagger.” He mumbles words and waves his hand. “Right... and up here...” he lifts his hand higher. “The zelbay... and over here,” he moves his hand back down to the right. “And zelmamoree!” he exclaims incomprehensibly. “I dunno what I said, but I hope the censors are not listening.” He pauses and scratches his chest. Then he raises his hand again, to wave at no one in particular: “Bye! Bye folks! Don’t forget to have a Merry Christmas. Forget these misfits. OK! Bye! See ya on smella-smellavision.”

Figure 19: “Bye, Folks!”

120 Ibid.
The final scene of Cliff’s story takes place in the local hospice facility four weeks later. Cliff is in bed with his mouth open and appears to be barely conscious. His breathing is very slow and shallow. Ann is by his bedside, as is the hospice doctor and a few other family members. The doctor then talks with Ann in the hallway outside Cliff’s room. “What we are seeing is the final time,” he explains, as she quietly weeps. “Everything just shuts down. The body forgets how to do things. When swallowing goes, uh, death is not far behind.” Back in the room, Ann holds his hand and cries, as Cliff breathes more slowly. The hospice nurse monitors his heartbeat with her stethoscope. When she doesn’t detect his pulse any longer, she fixes his bed shirt and lets Ann be alone with him for the final moment. Ann looks at the nurse to ask if he is gone. She nods. Ann holds Cliff for several more moments.

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121 Ibid.
CONCLUSION

A POLITICS OF SUBTRACTION

At the outset of this dissertation, I cited two definitions of the word “short circuit” in order to evoke a metaphor for human life, for the Self. The first identifies the noun form: the short circuit is the thing, an effect, an instantiation of some action not produced by it. It is the constitutive shape of the circuit that has been frustrated, or acted upon by some external force. The second definition describes the verb form of the term: to short-circuit is to apply the frustration or impediment, to enact or cause some effect. My dialectical use of this term as a metaphor for the Self is justifiable, especially if this same grammatical shifting is applied (in a properly Symbolic move) to the role of death drive in life itself. If the Thing itself is death, which is arguably the most concretely Real appearance, it is nonetheless a fictive or virtual image created by forces external to the Self. In a second move, drive is an action: it is the force which compels existence itself. It is the force that composes human subjectivity and urges it to be.

With respect to dementia and music then, the Self is the Thing that has been acted upon, frustrated, bypassed by some force beyond its control; it is the dying-yet-expressive circuitry of human subjectivity. But if we adopt the view that the Self is not driven, but instead is the very

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122 Žižek (2006), 382. “And this brings us back to Melville’s Bartleby. His ‘I would prefer not to’ is to be taken literally: it says ‘I would prefer not to,’ not ‘I don’t prefer (or care) to’--so we are back at Kant’s distinction between negative and infinite judgement. In his refusal of the Master’s order, Bartleby does not negate the predicate: rather, he affirms a non-predicate: he does not say that he doesn’t want to do it; he says that he prefers (wants) not do do it. (note 82) This is how we pass from the politics of ‘resistance’ or ‘protestation,’ which parasitizes upon what it negates, to a politics which opens up a new space outside the hegemonic position and its negation. We can imagine the varieties of such a gesture in today’s public space: not only the obvious ‘There are great chances of a new career here! Join us!’ -- ‘I would prefer not to’; but also ‘Discover the depths of your true self, find inner peace!’ -- ‘I would prefer not to’; or ‘Are you aware how our environment is endangered? Do something for ecology!’ -- ‘I would prefer not to’; or “What about all the racial and sexual injustices that we witness all around us? Isn’t it time to do more?’ -- ‘I would prefer not to.’ This is the gesture of subtraction at its purest, the reduction of all qualitative differences to a purely formal minimal difference.”
force that *drives* existence, then it *is*, it *does*, it *lives* independently of the particular ways in which it is manifest (images of disorder, well being, consciousness, fear, etc.)

In line with the dialectical shifting a la Žižek that I have attempted to employ throughout this dissertation, my concluding move is also parallactic. Here, and in brief, I sketch the groundwork for a possible outcome of looking awry at what it really means to be a Self via a dialectical treatment of music and dementia by first claiming, as Žižek does below, that,

The ultimate lesson of psychoanalysis is that human life is never ‘just life’: humans are not simply alive, they are possessed by the strange drive to enjoy life in excess, passionately attached to a surplus which sticks out and derails the ordinary run of things. (Žižek 2006, 61-2)

What I have aimed at illuminating in the previous chapters is that death drive is not the tendency toward self-annihilation but the compulsion to exist in excess, independently of conscious Self-awareness and phenomenal physical reality. I have relied heavily on the writings of philosopher Slavoj Žižek regarding Lacanian psychoanalysis in order to posit that human beings are possessed by a bizarre force to be and, in the emotional project of conscious existence, we become so invested in, aware of, and sensitive with respect to this meaningful surplus that it is transposed into the Self itself, as *objet petit a*. This unique, meaningful, and apparently stable core consciousness, however, masks the traumatic reality of *jouissance*, that part of human subjectivity - the primordial gap - which can never be attained, and from which we can never be free. In dementia, however, through the virtual disintegration of the Symbolic order of conscious activity, the subject becomes liberated from its investment in the Self as *objet petit a* and being becomes based on pure difference, on the immortal coil of *jouissance* - it is Real. Because music is a ritual, a ceremony, a Real ordering of sensory phenomena, it provides a Symbolic context in
which individuals with dementia can appear as a function of their subjective contour, or rather, the lack, at its very core. In this sense, then, one can ever only closely approximate the Real Self - as a minimal difference - in the virtual absence of his or her own mind.

Perhaps this is an appropriate point of departure for envisioning a “politics of subtraction” with respect to what it really means to be a Self. Rather than privileging active displays of stability, uniqueness, or meaningfulness, what would be the effect of honoring radical Self difference, as a matter of principle? With respect to what it really means to “be your Self,” a politics of subtraction would constitute an orientation toward the social field in terms of an enacted passivity, a deliberate stance of withdrawal. If I prefer not to assert an identity, or alternatively, I choose to withdraw, to allow my own passive displays of Self-difference. Moreover, by doing this for my Self, I also paradoxically abstain from expecting that Others should behave in recognizably unique, stable, or meaningful ways, which freeing up space in which it is possible to imagine new orders of being for human subjectivity.
APPENDIX A

ADDITIONAL FIELDWORK NARRATIVES

The narratives included in this appendix represent the first writing, aside from the Prelude narrative about my grandmother and the dissertation prospectus, that I completed relative to this research project. Originally, I had planned for the dissertation to be an ethnographic accounting for specific musical behaviors and associative relationships between sounds, styles, words, emotions, and movements. After over a year of fieldwork and close observation of people with dementia making and participating in music at the Saint Paul’s United Methodist Church Annex building which was one of several day respite locations sponsored by the Alzheimer’s Project Tallahassee, Inc., I began jotting notes during sessions and then compiling full narratives of specific days and sessions. Since I had already observed many of the regular clients for over a year and many others for several months prior to writing these narratives, I went into this part of the project with clear impressions of individuals’ personalities, preferences, tendencies, symptoms, and idiosyncratic behaviors.

Although I had originally hoped to solicit interviews from several clients and their immediate caregivers, once I had become familiar with these individuals (and a few who were either flatly or politely disinterested in doing so) this seemed like somewhat of an intrusive gesture, especially in the context that my relationship to this community was one engendered on the premise that I give care, and not demand anything in return. At this point, I decided to observe as closely as I could without positioning myself as anything other than caregiver, although I freely discussed my project with volunteers, the APT staff, several clients who asked, and many of their caregivers/family members. After each day that I jotted, I then created a more
detailed and extensive version of the field notes by describing and contextualizing each event that I had observed or attended to that day and by creating a list of songs, titles, artists, years, and other seemingly relevant information to analyze later. Then I expanded these notes and cohered them into the stories that appear here. Initially the narratives were brief, since I did a minimal amount of jotting and follow-up notating. But after I had become more adept at attending to specific events in the field, at jotting evocative phrases in the moment to flesh out later, and at creating the finished narrative in a matter of only a few days after notating action in the field rather than waiting and losing memory for vivid detail in the field (paradoxically enough). Because of this the narratives vary in length and descriptive detail accordingly.

Because of the sheer volume of narrative material I was able to generate and because my approach to the topic shifted from cultural analysis of music and disease to a philosophical exploration of human subjectivity after I completed the fieldwork narratives, I only used portions of them in the main body of the dissertation. I included the rest of the narratives here not merely to provide evidence for my ethnographic work, but as a testament to the abundant variety of Self-images of individuals with dementia that confronted me each day that I spent as a respite volunteer. What appears below are stories of people musicking despite dementia in ways that range from the remarkable to the mundane and they are included here as a supplement to the rather concise and stylized vignettes that punctuate the body of this dissertation.

January 27th, 2012

When I arrived to Saint Paul's today as a volunteer at the APT day respite program, a duo of musicians was playing in the chapel for all the clients. I peeked into the room behind Donna, the coordinator of the SP day respite program, who stood at the doorway listening to the
performance. A guitar player and cellist were playing a variety of arrangements of popular and jazz tunes for the volunteers and clients, some of whom were sitting in the chapel pews quietly chatting and some who were paying close attention to the music.

It was 10:30 am and usually during this hour Nancy, a retired elementary school music teacher, leads an informal sing-a-long with the volunteers and clients in one of the classrooms behind the kitchen. Nancy was out of town this week, so Steve, the cellist and a volunteer for the respite program played with one of his band mates for the clients instead. At the time, Steve was also interning with the Alzheimer’s Project Tallahassee as part of the requirements of his Masters of Social Work from Florida State University. He’d been a volunteer at the Saint Paul’s day respite center for several months and he offered to perform as a substitute for Nancy’s regularly scheduled sing-a-long. He and his friend who’d come to play guitar with him had been performing together in the Tallahassee area with other musicians for nearly a year - which was information we found out during their performance. In between pieces, the musicians would talk about themselves, their band, how much they like jazz, and they would ask questions or talk about the music to facilitate conversation in the chapel as part of the activity.

It seemed like many people enjoyed this informal performance and discussion, much like they often appear to like the regularly-occurring sessions with Nancy. During “Paper Moon,” several clients and volunteers hummed and sung audibly along with the melody and, while the duo played “Sentimental Journey,” I could see that both Rosie and Ginny were mouthing most of the words to the tune. During the song, a few people clustered in the back pew began to laugh at one another for making mistakes as they sang the lyrics. After they concluded, Rosie mentioned that she had seen Andy Williams perform this tune on television and she really loved that version.
Conversation like this often happens during the sing-a-long hour. Clients and volunteers (i.e. the usual suspects) seem to be cued by music in specific ways: reminiscence about specific songs, melodies, lyrical content, contextual significance (historical, social, personal); bodily movements (including mouthing, hand clapping, foot or leg moving); alertness and attention (eyes focused toward performers and others engaged in the activity, upright sitting position, etc). Each client (and volunteer) reacts to specific songs in unique ways, and many clients have manifested similar response behaviors to particular songs over time.

**Songs Mentioned/Performed:**

- “When You’re Smiling” - made famous by Louis Armstrong, 1929, 1932, 1956; Nat King Cole; Frank Sinatra; Patti Page
- “(It’s Only a) Paper Moon” - 1933, Harold Arlen/music, E.Y. Harburg and Billy Rose/lyrics, Paul Whiteman with Peggy Healey - 1933, Ella Fitzgerald, Nat King Cole
- “Sentimental Journey” - 1944, Andy Williams; Les Brown and Ben Homer, lyrics by Bud Green; Doris Day 1945.
- “Girl From Ipanema” - 1962, 1965 (best album/Grammy); Antonio Carlos Jobim, Astrud Gilberto, João Gilberto, Stan Getz

**February 3, 2012**

As usual when I arrived to the respite room at Saint Paul’s, I grabbed my handwritten name tag and headed down the back hallway, past the kitchen to the classroom with the piano where Nancy and the group was already 45 minutes into a sing-a-long session. All of the volunteers and clients wear name tags during the day so that we can all easily remember and address each other by name. I had been helping at Saint Paul’s about once or twice a month for over a year at this point and I had become increasingly familiar with the regular volunteers, and clients. Miss Rosie was no exception; I frequently sat next to her during sing-a-longs, music therapy sessions, and other activities and we’d chatted about her family, about the various
places she’d lived, and about people she knew. Rosie had no need to look at my name tag after I sat down next to her and handed her the packet I’d picked up from the chair. “Hi honey! Wow! Thank you,” she said with excited gratitude. “Did you cut your hair? You’re so pretty!”

I thanked her in a hushed voice, since Nancy and the group was mid-song, and I told her that I had indeed had a haircut since the last time we’d seen each other (on the Friday two weeks prior). Rosie remembered me and the details of my physical features, which is significant given that other clients do not often express recognition of me in such salient ways. For example, Ginny does not remember me specifically, but my name tag, age, and presence at the respite center give her enough cues that she freely and comfortably interacts with me when I show her attention. Silvia interacts with me similarly, but she has (on several separate occasions and in different locations/same context, both when I have my pan and when I don’t) motioned as if she is playing a pan, with imaginary sticks in her hands, and says “deen-deen-deen, dee-dee-deen” when I greet her. Richard doesn’t even look at the name tags worn by other clients or volunteers; when I greet him, he nods his head and only makes momentary eye contact before looking and/or walking away from me.

Rosie and I sang together for the last few songs of the session before music therapy. We shared the book, reading the lyrics from the pages when we needed to remember a line (or several). Another volunteer pointed out to Rosie that she needed to look at the book far less than I did, a move which simultaneously poked fun at my age and highlighted Rosie’s familiarity with and memory of the songs in Nancy’s packet. When she knows and likes a tune Nancy plays, Rosie sings loudly, often harmonizes melodies, and sometimes adds in vocal accoutrements between the prescribed lyrics. She also frequently interjects immediately after a song is over with laughing
approval or with personal or historical commentary about some aspect of the song or the lyrics.

If she’s feeling good on any certain day, she may joke around with other clients, like Richard or Jack, or with another volunteer during the sing-a-long and during music therapy. She is quick to give a compliment to a new client, volunteer, therapist, or guest in the respite center (most times, not specifically during music).

The final song of the session today was “This Land Is Your Land.” Even many people who don’t typically use the packets during the sessions and many whose participation is usually minimal (due to interest or ability) sang aloud during the chorus of this tune. For example Richard, who had been sitting quietly and looking around at everyone while he flipped nervously through the packet during the other songs, immediately looked up after Nancy finished the first four measures of the piano introduction and began participating by alternatively singing aloud during the chorus and mouthing some of the words in each verse. He still looked around nervously as he sang along, but his attention to the music and participation in the activity was observably changed after he recognized the tune.

**Songs Mentioned/Performed:**

- “This Land Is Your Land” - Woody Guthrie, 1940/44

**February 10, 2012**

Today I arrived during the first song Nancy played for the sing-a-long, which was “Skinnamarink.” It was noticeable that many people in the room, both clients and volunteers, were not really singing along enthusiastically, if at all. I came in through the back door of the room and took a seat right next to Barbara, who’d been holding onto the song packet and an
additional sheet of Valentine’s-themed songs. She was just looking around the room, content but not engaged in the activity, and not particularly focussed on one person or location in the room. She greeted me with a laugh and a nod after I said hello to her. Barbara is often smiling or laughing; it seems to be her default emotion. For the several months that she had been coming to the Friday respite at Saint Paul’s, she was not quick to verbally respond to direct questions, although I had heard her speak in short but articulate sentences on several occasions. I smiled back at her. Barbara is wheel chair-bound and is in the full time care of a personal nurse-assistant, who transports her to and from the respite center. Barbara is quiet and pleasant, not easily upset, and usually seems to enjoy game time, sing along time, and just generally being with the group. She needs a lot of assistance eating and moving game pieces and it is clear that she doesn’t grasp the rules to most games, yet she still responds to social cues like smiles, singing, mimics the attentive behaviors of others). She can no longer read, but she does hold onto, turn the pages of, and look at the lyrics in the song book during the sing along hours with Nancy.

After we greeted each other that morning, I looked over at the sheet and packet that Barbara was holding. Nancy started to play “Love Me Tender” and I pointed out to Barbara where the lyrics were on the page. Nancy directed the group to “sing like Elvis!” as she started the first few chords. I forced some vibrato at the end of the first two phrases, in my best Elvis-like voice, but became immediately self conscious because hardly anyone else was singing, apart from Nancy and another volunteer. Barbara had turned to face me and smiled when she heard the way I was initially singing, but then after I stopped singing so loudly she looked around the room and then back at the song sheet by the time the song had ended.
“That’s alright,” said Nancy, “we’re just warming up.” She told the group that we could find the lyrics to these first few songs on the loose handout they received as they sat down in the room just a few minutes ago. These songs were not included in the packet that the group usually uses (which had also been passed out to them) because they were about a particular theme.

“Can anyone guess what these songs all have in common?” she asked. “They’re about loooove,” said Rosie, loudly. “Valentine’s Day is soon, so all of these are about loooove.” Rosie announced the word “love” both times quite lyrically - by augmenting the “o” syllables, first with a high-to-low pitch glissando and then a low-to-high. “You got it.” Nancy began to play the next song on the sheet, “Love is Just Around the Corner.” Again, the group was still noticeably non-participatory during this song. Again, Nancy said they were still getting warmed up.

I looked back to the sheet and saw that “Bushel and A Peck” was the song Nancy began to play next. After the short piano introduction, several women clients seated up front together recognized the tune and began to mumble through the first verse. But during the “doodle-oodle” refrain, the women replaced their unsure singing with a confident and playful falsetto. Barbara and several other clients who, although they weren’t participating during the verses in noteworthy ways, giggled and chattered with delight at the nonsense words of the refrain and at the way that the women were singing them each time it came around. By the second refrain, I had adopted the same falsetto - and Barbara turned to me, looking directly at me as she chuckled at my yodels. Did she do this because she knows the song and is laughing at my rendition of it? Or was it simply that I clearly sounded silly, different from the way I had been meekly singing along for most of the other songs? Or was it because this is the way Barbara responds to novel or
unexpected stimuli? Or was it that I adopted singing behaviors similar to the other women and Barbara was surprised by it?

The group participation during this song had noticeably and suddenly increased during this song; before we ended the last “doodle-oodle,” Nancy cued us to continue singing by repeating the verses again. This time around most of the group joined confidently in the yodeling and many continued to participate by mumbling through the verses until the next yodel. I turned to Barbara and she turned to face me as we sang. She watched my mouth closely and began to move her lips imitatively. When the fourth and final “doodle-oodle” line came around, she sang it out loud as she looked around the room and smiled at others enjoying singing this line. Clearly, we were warmed up now.

Then, Nancy addressed the group about the final song on the sheet, “What the World Needs Now.” “There’s one more song on the handout, but we’re gonna skip it,” said Nancy. “Let’s go to the books,” said Nancy. As people shuffled and tucked away the Valentine’s handouts, Nancy brought up the word “cheesy” and noted that it was a good way to characterize many songs about love. Nancy is a straightforward, no-nonsense, retired music teacher who is not given to overly exaggerated displays of emotion during her sessions, or in general, although when she plays piano and facilitates discussion during her sing-a-longs, she is a compelling performer and intuitive group leader. First up in the packet is “Bill Bailey,” which we sing through twice. As we start, I look directly at Barbara again and she joins in singing imitatively. She looks back down at and fidgets with the song book and then looks up at me again and sings along imitatively. I continued to orient my face and body toward her as we sang through the next tunes, which were “By the Light of the Silvery Moon,” “Give My Regards to Broadway,” “In the
Good Old Summertime,” and the chorus of “Meet Me in St. Louis, Louis.” The more I engaged her by singing with and to her as the group sang, the more Barbara smiled, laughed, sang parts of the lyrics, looked around the room, and looked at the book.

Nancy had the group sing each of these tunes twice, which encouraged members of the group to continue to participate and to add variation to the lyrics, in several cases. Repeating each tune gave people time to find the lyrics, hear the music, and join in doing what everyone else is doing. Singing through each chorus twice opened up space for some people to ornament or improvise their participation in the song. By the second time through “Bushel and a Peck” Barbara was yodeling confidently. During “Meet Me in St. Louis, Louis” Nancy, Ginny, Rosie, and other women clients exaggerated the words “hoochie-koochie” and “tootsie-wootsie,” both of which occur in the penultimate phrase in the chorus. The second time through many others joined them in doing this. Likewise, the second time through “By the Light of the Silvery Moon” Rosie inserted responses to each of the first few phrases as follows:

Lyrics (as they appear in song book): Lucy’s responses the second time:
By the light, ... by the light, by the light
Of the silvery moon, ... not the sun, but the moon
I want to spoon, ... <mumbling> but a spoon
To my honey I’ll croon love’s tune. ... honey-moon, honey-moon
Honey moon, ... in June
Keep a-shinin’ in June. ... ...in June
Your silv’ry beams will bring love’s dreams,
We’ll be cuddling soon, ... ...soon
By the silvery moon. ... by the silvery moon (this line she harmonizes)

I looked up versions of this tune after we sung the song this day because I was curious about other performances that might have contained the type of mini-refrains Rosie added to it. In the film “By the Light of the Silv’ry Moon” (1953), actress Doris Day sings the verses of this Billy
Murray tune as she sits at a piano in the parlor of a home. After the first iteration of the chorus, Gordon MacRae sings with her, but in the same response-style as Rosie exhibited during our sing along at the respite center (indicated parenthetically in the transcription below):

By the light, (not the dark, but the light),
Of the silvery moon, (not the sun, but the moon).
I want to spoon, (not croon, but spoon)
To my honey I'll croon love's tune.
Honeymoon, (Honeymoon, Honeymoon),
Keep a-shining in June.
Your silvery beams will bring love dreams,
We'll be cuddling soon,
By the silvery moon.

Because MacRae's refrains did not precisely match what I'd heard Rosie sing earlier, I looked for alternative versions of this tune. Here is a transcription of the Billy Murray and Haydn Quartet version:

Quartet version:

By the light, (By the light of the moon),
Of the silvery moon, (Of the silvery moon)
I want to spoon, (I want to spoon)
To my honey I'll croon love's tune.
Honeymoon, (Honeymoon, Honeymoon),
Keep a-shining in June. (June, in June)
Your silvery beams will bring love dreams,
We'll be cuddling soon, (We'll cuddle soon)
By the silvery moon. (By the silvery moon)

Rosie's performance of “By the Light of the Silv’ry Moon” seemed to be an amalgamation of the two versions.

We ended the sing along this day with “Take Me Out to the Ballgame,” which we also sang through twice, as everyone stood up to get ready to move to the front room before lunch. At this point, most people were participating by either singing or mouthing the words and/or by dancing and swaying and moving their arms to the “1-2-3 strikes you’re out” line.
As lunch was wrapping up later that day and the volunteers began to clear away the
clients’ plates and trash from the tables, I brought my steel drum into the front room and set it up.
Last week I had asked Donna if she’d like me to bring my instrument in to play during the free
time after lunch. I had planned to talk a little bit about the instrument, the music, and how I came
to play it and I had selected four short calypso lead sheets from my gig book to play. People
began to notice what I was doing and many people turned their chairs at the lunch tables around
to watch me as I finished setting up. Before playing the melody to the first tune, I improvised a
little to warm up. Pat passed out some crafts and word puzzles to the clients and another
volunteer got out the card games. I finished improvising and accompanied myself for the first
tune. Several people started to pay attention to what I was doing by the time I’d finished playing
this piece. I explained to everyone what the instrument is made of, where it is from, how I
learned to play, and what kinds of music that can be played on the pan. Next, I played and
improvised two more 16-bar calypsos. After this, I took the pan off of the stand and brought it
nearer to the table to show clients up close what the instrument looks like. I demonstrated the
 technique and played bits of “Mary Had A Little Lamb” and “Happy Birthday” so that they
could see how the instrument made musical sound. The group was sitting around the lunch tables
still, visiting and working on word puzzles and playing cards, so I had initially set up the drum
about 15 feet away from everyone in order not to startle or disturb anyone with the loud volume.
After a few minutes of walking around the table with the instrument, I hung it back up on the
stand at a comfortable distance from the clients. I played a little bit more, and while many people
were interested and commented about the uniqueness and or aesthetic qualities of the sound,
most of the group resumed visiting and playing cards at the table. Two clients approached me at
separate times to ask me questions about the instrument and the music. Richard and George (whose interest in my instrument this day is elaborated in a vignette featured in this dissertation), who were already up and walking around (wandering) the respite center came right over to me to see and hear the instrument up close.

**Songs Mentioned/Performed** (genre, composer, performer, relative significance):

- “Skinnamarink” - 1910, music by Al Piantadosi; lyrics by Felix A. Feist
- “Love Me Tender” - adapted from “Aura Lee” (1861, American Civil War) by Elvis Presley 1956; film in same year, starring Elvis
- “Love is Just Around the Corner” - recorded by Bing Crosby 1934 and Sinatra in 1962; music by Lewis E. Gensler, lyrics by Leo Robin, 1934
- “Bushel and a Peck” - written by Frank Loesser, 1950; recorded by Doris Day in 1950
- “(Won’t You Come Home) Bill Bailey” - ragtime standard, 1902, Hughie Cannon; notable covers by Louis Armstrong, Ella Fitzgerald, Pearl Bailey, Bobby Darin
- “By The Light of the Silvery Moon” - 1909, tin pan alley popular song written by Gus Edwards, lyrics by Edward Madden; sung by Doris Day and Gordon MacRae in film of same title - 1953
- “Give My Regards to Broadway” - 1904, written by George M Cohan; notable covers by Al Jolson, James Cagney (1942), Billy Murray
- “In the Good Ol’ Summertime” - 1902, composed by George Evans, written by Ren Shields, notable recording by Billy Murray
- “Meet Me In St. Louis, Louis” - 1904, composed by Kerry Mills, lyrics by Andrew B. Sterling, for Louisiana Purchase Exhibition, aka St. Louis World’s Fair, notable recordings by Billy Murray, Judy Garland 1944 (film of same name)
- “Take Me Out To the Ballgame” - 1908, by Jack Norworth and Albert von Tilzer, unofficial anthem of baseball, 7th inning stretch, notable recording by Edward Meeker 1908

**February 24, 2012**

“...never a boast or a brag, may auld acquaintance be forgot, keep your eye on the grand ol’ flag...” “Oooo-Kaaay!” says Nancy in a sing-song voice, as she plays the last two notes of the piano part for the song “You’re a Grand Old Flag.” “Hiiiil!” Rosie gleefully says as she sees me walk in and sit next to her. “Good to see yooo-ou! Hi!” “It’s good to see you too, Rosie,” I tell her. I greet Richard and George who are sitting near the back of the room by Rosie, as well
as Patricia, another volunteer. Richard looks at me without turning his head and smiles. George looks at me directly and nods. “Hello.” “We’re the loudmouths of the group,” Rosie tells me, motioning to the two men. This was a deliberate joke, since both men typically do not participate in the session by singing. Richard flips through the book and looks around the room during most songs. When Nancy plays a song that he knows or especially likes, he moves his hands - not to the beat, but he frees his hands from the book and he waves them back in forth in front of him, elbows bent. George, as typical, is looking out the window into the parking lot. “Well I’ll join in with you then,” I said, smiling as Nancy began to play “Mister Frog Went A-Courtin’.”

People begin to quiet down, but not in time to get the cue from Nancy to start the first verse. Half the group begins to sing to early, including me and Rosie. We immediately stop singing as a few other people keep singing with Nancy in time. Only a few people continue to attempt to sing, but no one is really articulating the correct syllables. Nancy is singing and playing louder now, to try to encourage people to sing. The last few people still following along limit what they sing to the “uh-huh”s that occur at the end of each two-bar phrase. Rosie sings those more forcefully and more out-of-tune each time. Richard is trying to find the right page in the book. George’s eyes flash with frustration toward no one in particular but nonetheless in Rosie’s general direction.

Nancy stops playing abruptly after the second verse, leaving one last loud solo “uh-h...” by Rosie. Muffled groans of complaint. A solo attempt at humming one of the lines. “That’s terrible,” Nancy states. Ginny giggled loudly through her nose at this as a few people whine about stopping.
“Do you know the song?” Rosie asks me. “No, well, I heard the title but I don’t know the song. It’s, ‘Mister Frog Went A-Courtin’” I said. I couldn’t recall any time at the respite center or otherwise that I had heard or sung this song. “It’s really long,” says Patricia, offering a critique of the song.

“OK, page twenty,” says Nancy as she begins to play “Oh! Suzanna” and then, before everyone chimed in, Rosie loudly affirmed to her with a slightly emphasized stylized diction, “Ok! We know the woids back he-ah!”

During this song, many/most people seemed engaged (the women, most audibly). The participation is most evident during the chorus: Rosie sings louder; other clients sing louder; I sing louder. I see Richard mouthing the words in this part too - he clearly knows them enough to move his mouth in rhythm with everyone’s diction. George knows this one too, I can see him doing the same thing as Richard, but he seems anxious and looks out the window to his right during a few of the verses, before looking back at people singing around him and mouthing the words again during the chorus. We go through the whole tune and Nancy begins to play “Pop Goes the Weasel” without skipping a beat. Many people know this one too. Someone claps a few times up front before we all start singing.

During “Pop Goes the Weasel,” only a few people sing aloud (me, Nancy, Rosie, Patricia) most of the way through. It seems that the tempo might be too brisk for many people to successfully articulate each syllable as they sing, especially in the final verses. Instead, people try mouthing or mumbling through each verse, attempting to achieve the pitches and shape of the melody until the titular line. Each time this line comes around, many sing it aloud and begin to place one hand clap on the word “pop.” More people do this each time the line comes around.
Nancy plays the last two piano notes to end the song and then George claps slowly. Rosie immediately joins him, clapping faster. Ginny and Patricia join them clapping. Patricia says to Nancy approvingly, “Good one.” Nancy feigns a moan, in the pretense that getting the group excited by playing faster and faster was hard work.

“I luv ya shoooes,” Rosie says to me as people chit chat between songs. “Theyah niiiiiice.” I thank her and she asks me where I got them. We begin to discuss shopping as Nancy starts chugging the introductory chords for “Old Dan Tucker.” Then she sings the first line by herself. I notice now that only Nancy, Ginny, and Patricia were also singing the verses with Nancy. Others were talking, looking around, or sitting quietly. Then, Rosie joined confidently in with six or seven more people at the chorus (which is noticeably louder than the verses). Then we both noticed that Jack had fallen asleep in his chair.

This is another song during which only a few people sing the verses but a great many sing loudly or otherwise observably participate during the choruses. I noticed that, during the choruses, a client named Helen would sing loudly and with forced vibrato on the last syllable of the word “Tucker,” where as she just mouthed through and mumbled parts of each verse quietly. Also during the chorus, she tipped her head right and left to the beat. Each time the chorus would finish, she also giggled.

“Uuuh, Naaaaan-cy,” says Rosie very loudly, immediately after we finish “Old Dan Tucker.” “Jack is leaning too much to the siiide, he may fawl ovah.” “He’ll fall on me!” says the volunteer sitting beside him in the second row. “Oh OK,” Rosie says and people begin to chatter amongst themselves. Nancy picks out a few chords and notes on the piano to quickly sight read
the part to the next tune, but only a few seconds pass before she begins to play “Down in the Valley.” The clients and volunteers in the first two rows join right in.

“... the vaaaanaa-llleeey, valley so loooow-” Rosie joins in strongly by the third word, but she doesn’t hold out the second syllable of “valley” long enough, so she comes in too early with the next line. She pauses after singing the second complete phrase, realizing that she’d made a mistake, and then she comes back in again (strongly) by the fourth phrase ("here the wind blow"), confidently enough that some vibrato was evident in the syllables that she held out at the end of each phrase.

About a dozen people are singing audibly during this tune, and almost everyone else mouthed the words along. A few people were not looking at the book for the words: Rosie, Richard - flipping through book, Jack - still asleep, Silvia - swaying slowly from one hip to the other out of time as she sat in the front row, Barbara - smiling and looking around the group also mouthed a word or two, usually near the end of phrases. George, who had been looking outside, stood up, shimmied sideways past Richard and walked to the back of the room. Steve, a volunteer, followed him back and out of the room. When it was apparent that George was done with the sing along today, he and Steve walked out of the door at the back of the room and down the hall.

During the last few verses, Rosie begins to sing the wrong lyrics, so she looks back down at the book, stopping frequently, then joining again loudly, many times out of tune. We finish singing the tune while Rosie examines the lyrics on the page of the book.

Nancy says, “page twenty-eight,” as she begins to play the first few notes of “Those Caissons Go Rolling Along” (sol mi sol, sol mi sol, sol mi sol la-sol mi sol, re mi sol fa, re sol fa,
re do - in C with root-five bass line with her left hand)... “When Johnny Comes Marchin’ Home?” Lucy guesses incorrectly, since her book had been turned to that page. “Over hill, over dale...” Nancy begins singing and the women up front join her, singing audibly by the first refrain. “Oh,” says Rosie, realizing that she’d been wrong. She starts singing the end of the first refrain before she flips to the next page to find the lyrics. “...sons go marching alooooong...” I notice several men singing this one, as well as many women. Richard, who is not looking at his book, is audibly singing/saying the words “caissons,” “marching,” and “along” during the refrains. Another male client sings most of the verses and the full refrain. Silvia stood up and began walking around to each person in the group. She bounced a little, not quite to the rhythm, as she slowly moved through the group.

Rosie had stopped singing the next verse and only half-heartedly sung the word “along” during the second refrain. The audible singing by the group waned a bit during the next part, the bridge (which contains many words, a different melodic contour, a different chord progression, a different phrase length). Rosie joined in again by the last word, “stroooooong!” Then she stopped again, looking for what to sing next. She jumped back in by the last refrain, which Nancy repeated twice to end the song. “...caissons go marching aloooong... caissons go marching alooooong,” enthusiastically sang Rosie.

Nancy played the root chords of the song and let them ring out as she said, “Oooh-Kaay, we’re gonna skip the Air Force Song, ‘cause I don’t know it.” The ladies in the front erupt with chatter. Rosie begins to sing it. She starts on a low pitch for her range, starting the phrase quietly and ending it more forcefully, with vibrato on any syllable which she could fit it while Nancy protested. “Off we goooooo, into the wiiliiild blueeee yoooooond-errrrrrr.... Flying
hiiiiiiigh, into the skyyyyyy.” She changed octaves (one higher) for that last word, and maximized the decibels. “Nancy, you don’t know that one?” Rosie asked, surprised. “Well, I know it, but...” she said. Donna, the respite room coordinator, who had been singing as she stood at the front doorway, jokingly demanded, “Play it.” “All I have are the chords,” Nancy responded as she plucked some notes on the piano and then began to play the chords she had on straight quarter notes, at first weakly, and then more confidently when she realized it sounded alright. Nancy played the first part of the melody (“Off we go”) on the piano to cue the group to start, but Rosie and two ladies who were sitting up front jumped in with the lyrics a measure too soon. “...into the wiiiiild bluuuueee yonder...” “...wiiiiild bluuuuee yonder...” everyone continued as Rosie and the others who’d phased into the melody too soon stopped and then rejoined loudly after they heard where everyone else was. Although Nancy had been hesitant to play because she only had the chords indicated and not the full notation, her quarter-note accompaniment worked out perfectly. Many people seemed to know this song too; this was evident by most everyone’s increased movement and more audible singing. “Wooooo!” shouted Rosie, after the song concluded. Again there was much chatter by the group between songs. Many people were noticeably participating during both “Anchors Aweigh,” which was next, and “The Marine’s Hymn,” which Nancy began playing immediately after the last note of “Anchors Aweigh.” Doing this gave people no time to stop and talk. (These two songs are on the same page in the book.) Rosie seemed to know most, if not all, of the words to both of these next tunes. She did not even need to look at the lyrics to sing them correctly - she sung confidently and articulated the words clearly. Again, she began the verse to “The Marine’s Hymn” early during Nancy’s introductory cue, but she sang without needing to read the lyrics for reference.
As Nancy held out the last chord of “The Marine’s Hymn” people began chatting. “That’s what my grandson is, a marine,” said Rosie. “He just joined up.” “My grandfather is a retired marine,” I shared with her, just as Nancy finished playing the first chords of “School Days.” Rosie joined right and wasn’t early this time. By the time we got to “you were my queen in calico,” both Rosie and I had to shift down an octave to comfortably sing the melody. Rosie kept singing as I stumbled over the words. Nancy stretched the tempo a bit as we sung the phrase before “I love you, Joe,” so that when we got there, we sung it loud and long and slow, lingering on “Joe” for several seconds. Lucy joined in loudly on this line as well as the last one, during which Nancy picked up the tempo again. “When we were a-couple-of kids,” we sang. As she trailed off the accompaniment to end the tune, Nancy yelled, “Oooooooh, we got him awake here. We sung so loudly!” She joked with Jack, who was now sitting up and looking around at everyone. “Noooooow you’re awake, Jack.” He smiled and raised his hand to wave toward Nancy, parallel to his leg as he sat, shaking a little. Then he put his hand back down and slowly looked around at people sitting around him. “Did we wake you up?” asked Donna, knowingly. Ginny and Helen chuckle in the first row. Nancy says, “I think so...!” The volunteer sitting next to me whispers low, “he’s staring at us. I don’t think he knows what’s going on.”

Nancy begins the next tune, a group favorite, “Bicycle Built for Two.” I saw Jack smile at the volunteer sitting next to him as she said hello to him. She showed him where the lyrics were in the book they were now sharing. “Daaaaai-” sings Nancy. Before she could start the next syllable, Rosie, Patricia, Helen, Ginny, and several others chime in, “-sey, Dai-sey...” People clearly know this tune, although many people, including myself, fumble through the articulation slightly at the beginnings of phrases in this one. During the tune, I watch as Ginny and several
women in the front row interact during the song: Ginny, with her left arm bent, moves her fist horizontally left and right in a coordinated movement with her lateral head bobbing. The woman sitting next to her also makes exaggerated and expressive motions with her head and face as she sings the lyrics. We sing through both verses listed in the songbook.

“Oooooh-Kaaaay, let’s do one more,” shouts Nancy immediately after the last chord of “Bicycle Built for Two.” “One we know.” “Five-foot two!” suggests Ginny, after Nancy plays a chord on the piano. “That’s a good one,” Nancy says, beginning to play the first few notes. It’s the next one in the book. Rosie joins in right away, as does Patricia, and the women and front, and me. People are singing most of the syllables audibly. I see Richard looking at the book for the lyrics. Rosie is hitting every pitch and is singing loudly. Nancy ends the song as we sing the last note and two or three people cheer and clap. “Wooo-hooo!” cries Rosie, as she jubilantly clapped. “Good job, Nancy,” said Ginny as she smiled and clapped in the front row.

“We are so glad we have a musician here,” Donna said, praising Nancy from the doorway. “We have LOT’s of musicians in here,” affirms Nancy. “And I just can’t get any of ‘em to come up and play.” She said this as she looked back over her shoulder to look for where George was, but she didn’t see him. She looked over at me instead and smiled. Although I had told her during an interview with her that I had played piano a long time ago and knew I could not play like she does for the group, she chided me anyway. I smiled and giggled quietly as I looked down, half-feigning shame. The volunteers begin to collect the song books and ask clients if they were ready to move to the front room for lunch. Nancy puts a CD in the small player sitting on top of the piano and cues up some exit music. The track she picks is a stylized
arrangement of “Shamalama Ding Dong.” It is a brisk tempo and people aren’t really singing along, except for Nancy, who is clapping and dancing in front of Barbara. She smiles up at Nancy as a volunteer pushes her in a wheelchair out to the hallway. Ginny, Helen, and Patricia follow past the piano, bouncing a little to the music and chatting.

**Songs Mentioned/Performed:**

“You’re a Grand Old Flag” - 1906; patriotic song, George M. Cohan; notable cover by Billy Murray
“Mister Frog Went A-Courtin’” - 1548, Scottish/English nursery rhyme; 1955 Tom and Jerry
“Peco’s Pest” cartoon; arrangement by Shug Fisher; notable covers by Burl Ives, Bob Dylan, Woody Guthrie
“Pop Goes the Weasel” - 1855, English nursery rhyme
“Old Dan Tucker” - 1843, minstrel tune, by Daniel D. Emmett; Virginia Minstrels, Uncle Dave Macon, Fiddlin’ John Carson, Pete Seeger
“Down In The Valley” (aka “Birmingham Jail”) - English ballad/American folk song; notable recordings by Darby and Tarlton (1927), Lead Belly (1948)
“Those Caissons Go Rolling Along” (“The Army Goes Rolling Along”) - based on the “Caisson Song” written in 1908 in the Philippines by EL Gruber, W Bryden, and R Danford; 1918 Sousa create march based on it - “US Field Artillery”; 1956 Current version
“Anchors Aweigh” - 1906, march by Charles A Zimmerman
“The Marine’s Hymn” - lyrics from book of poems by WE Christian in 1917 - poems about military life before WWI; 1919, 1929, 1942
“School Days” - 1907 English popular song by Gus Edwards, Will Cobb; notable recordings by Billy Murray and Ada Jones, Louis Jordan (jump blues version)
“Bicycle Built for Two” (“Daisy Bell”) - popular song; 1892 by Harry Dacre
“Five Foot Two” (“Five Foot Two, Eyes of Blue (Has Anybody Seen My Girl?)”); - 1925 by Ray Henderson, lyrics by Sam M. Lewis and Joseph Widow Young 1925, notable covers by Guy Lombardo, performances by Lucille Ball
“Shama-lama Ding Dong” - written by Mark Davis and appeared in 1978 film National Lampoon’s Animal House; “Rama Lama Ding Dong” - song by the Edsels 1957 - popular by early 1960s; was in the film Grease, Barry Mann 1964 - “Who put the Bomp” - nonsense lyrics

March 2, 2012

“And we have a new lady here today,” Donna said as the group quieted down. “Theresa, where is Theresa?” As she looked out over the room from the front of it, several people began
talking over each other and also looking around the room for the new member of the group. Theresa was sitting with her daughter in the first row. “Right up here by Ginny,” Nancy informs us. Theresa and her daughter turned around and waved and smiled at the group. They were there to observe us for the day to see if this program was a place that Theresa would like to spend time. “Hi Theresa!” shouts Rosie from the back of the room. People clapped to welcome her and her daughter.

“And Theresa, we’ll give you some advice,” Donna continued. “Watch out for Jack. Where is Jack?” She looked around the group as people chuckled. “Uh oh, there he is,” said a volunteer. Jack had taken a seat in the third row next to Patricia. “He likes to hug the ladies,” Patricia added. “He’s prone to pinching, too,” joked Donna. Another volunteer immediately chimed in to defend him, “no he’s not, either!”

“Do you remember from last week?” Nancy asks the group, getting everyone’s attention. Another volunteer comes in and Rosie greets her loudly. Nancy and most of the people in the group begin to review the hand movements and claps to the song, “Wadaliacha.” “You look so pretty,” croons Rosie, as she says hello to the young volunteer. “Did I meet you last week?” she asks. “No,” says the volunteer. “Oh, ok.”

Nancy continues to demonstrate the second half of the sequence of hand gestures she showed them last week. “Nose...shoulder...and then your nose.... Now take that finger and put it on the opposite shoulder,” she says as she does this motion. She stops to help Irene, a client in the second row who is sitting in a wheelchair. “There we go, now do a wave and then another wave...OK.” She waves her left hand, then her right. The group starts the pattern over. Two claps. “Over over, under under, nose shoulder, nose shoulder. Wave. Wave.” Several volunteers
say these words to cue clients to make the movements. Laughing and clapping erupts as soon as we finish. “One more time for Barbara,” Nancy said. Barbara was sitting up front, also in her wheelchair, and she was making the motions along with Nancy. Many people needed to review the sequence again, including myself and the new volunteer sitting in the back with us now. Clap clap. “Over. Under. Nose-shoulder, nose-shoulder. Wave...and it all goes with,” she continued the rhythm and the gesture as she began to sing the first syllables “wa-da li-a cha” as the next two claps came around. People clap on “wa” and “li,” and the “-da,” “-a,” and “cha” syllables fall on upbeats. By the second line, “doodle-e-doo,” many people had joined in singing (many still trying to do the hand motions along with it). There are a lot of mistakes and much laughing.

When we get to the verse, no one but Nancy sings, until we return to the two nonsense phrases that make up the refrain, during which most people participate by singing and many are making motions of some kind. We finish the song with several “doodle-e-doo” repetitions. Two people clap and Rosie lets out a whoop of approval.

The group begins to sing. “Won’t you come home, Bill Bailey...” Rosie is singing loudly, as are many of the volunteers. She misses some of the syllables when she catches a breath, sometimes in the middle of phrases. Other times she just leaves out the first or last one or two syllables in each phrase, if they happen too quickly for her to articulate or sing with the group. She is distracted as we sing the chorus a second time because Patricia and a few others are laughing out loud at the conversation they were still having about Donna’s jokes. She laughs with them a little as the song ends. “Alright,” she says and she claps with the few others who liked the song. Nancy sustains the last chord with her left hand as she turns the page to the next song and then begins the accompaniment for it.
“Ooooooooh! Now we’re gonna take it to the Sil-ver-y Moooon,” she says, drawing out her words as she finished playing the first line of the melody. “Remember that one?” she asks. “Yee-ah,” says Rosie immediately. Everyone joins in by the third word. I hear most people singing strongly throughout. Some people are more animated in their singing and/or movements during this tune, but even people who stay relatively still are singing along confidently. We also sing this tune twice.

The second time through the chorus, Rosie began to add responses after certain phrases, similarly to when she had done this before. However, she gave slightly different responses, some after different phrases. “I like this one because my anniversary is in June,” I tell Rosie. “I got married in Octoo-bah,” she says after a second or two just as Nancy and the women up front decide to do “Give My Regards to Broadway” next. “I got married—” “Rosie, the next song is ‘Give My Regards To Broadway’, said Patricia, interrupting her as she began to reminisce in a more hushed voice. “Whaaaat?!” she yelled abruptly. “What?!” shouted Nancy in response. “What?” said Rosie again. “We’re gonna give our regards to Broadway,” replied Nancy as she played the introduction. “Oh! Good ol’ New Yo-awk,” exclaimed Rosie as I found the lyrics in the book we were sharing. We sing the chorus twice and Rosie sings confidently and articulately, but not at the top of her lungs. She does not look at the lyrics.

The second time through, Nancy says that she can’t hear us, so Rosie immediately sings much more loudly. She gets through a few more lines at this new dynamic level before her voice cracks and she coughs a few times. She takes a sip from the water bottle she’s been holding. The song ends and people clap while Nancy gives another long “Oooooh-Kaaaay,” to conclude that
song. Rosie begins to reminisce to me again, but this time in a hushed voice, about two registers lower than when she was singing “Broadway.”

“Ooh, fwahty-second street,” she recalled. “The shows. It was such a good time. Oh Lo-awd. Oh I had a friend when we lived there and she’d lo-ove to do things like that. We would go to the the-eh-tah and aw-wl the shows. Oh gawd!” The last line she said in a forced whisper, moving the air heavy through her throat on each syllable for emphasis. She sat quietly for the next few moments. Nancy began to play “In the Good Old Summertime.” Just as the group begins to sing, Rosie joins them by the third word. I am still trying to find the page with the lyrics and Rosie sings without needing them.

I found the right page by the time the group starts the second repetition of the chorus and I and join Rosie, who is now struggling to reach the very high pitches of the melody. She jumps down an octave and continues to sing the rest of the phrases and I do the same.

“OK, we’re getting to summertime, aren’t we?” says Nancy as she concludes the piano accompaniment. “Mmm-hmmm,” confirms a volunteer. “It feels like summertime already,” adds Patricia and I agreed with her.

“That last one was a little bit high, wasn’t it?” said Rosie as she played the tonic note on the piano followed by the note and octave lower and then back and forth between those two notes. “We started up heeeeeeere,” she sung repeating the higher note vocally and on the piano. “Now you can take it down heeeeeeere,” she sung and played an octave lower, giving the group two options for starting pitches. She kept singing the following words on the lower note. “I’m not a good piano play-eeeeeer and I can transpoooooooose. If-I-were-a-really-good-player-I-could-
transpose, but I’m nooooooot...” We chuckle at Nancy’s self depreciating ditty. She begins to play the melody line back up on the higher octave and we begin singing with her.

Patricia and Rosie and I switch octaves a few times, not together, trying to figure out which one would suit us best. We settle on the lower octave, even though Nancy continues to play the melody in the higher octave with her right hand. Nancy directs us to sing both stanzas again.

“...heart that is truuuuuuue, I’ll be wai-ting for yooooooooooou,” Rosie and the group sing and hold out the last word of each of these phrases, cued by Nancy’s exaggerated slowing of the tempo here. She picks up the tempo again for the last line as people sing and laugh. “That was better the second time,” appraised Nancy as people broke out in excited chatter. “She’s so good,” praised Rosie.

Then Nancy began singing and playing “Meet Me in St. Louis, Louis.” We all had joined her halfway through the first phrase, by “St. Louis.” Rosie sang loudly through the first two phrases. Then she stopped singing, since I hadn’t had time to turn the page so that we could read the lyrics. “Oh, they-ah we ah,” she laughed, explaining why she stopped singing. We were now both reading the lyrics and she started singing again by the end of the fifth phrase of the chorus. “Hoochie koo-chie,” she sang loudly and with vibrato. We repeat the chorus a second time. Rosie stays in the higher octave and she sings each of the lines as she looks at the lyrics. As we sing the last line, she holds out the last word and plays up the vibrato on that note.

“Faaaaaaaaaaaair!” “Aaaaaalri-ight!” Nancy says, in approval of Rosie’s enthusiasm. Patricia chuckled at Lucy as she put one hand up to the back of her hair, pretending to fluff it, and smiled.

I laughed and smiled at her.
“I was in the choi-ya when I was in St. Barnabas School. I went to Catholic school for
eight ye-aahs and I hated it.” Rosie erupted with laughter after saying this. Nancy and part of the
group had already begun singing “Shine On, Harvest Moon,” as Rosie and I laughed as we
looked for the lyrics together in the book. We flipped to the next page and Rosie began to sing
with the group. “...June or July...” We only had the lyrics to the four-phrase chorus for this one
too, so we sang through it a total of three times. Lucy sang loudly each time and began to
reminisce immediately after the last time, again in a hushed voice. “We used to go outside awl
the tiitme when we wah kids. We used to play baseba-wl. I was such a tomboy!” she continued,
as Nancy told people what we would sing next. “And one night, we went out, I had a
boyfriend...” Then she started to whisper so quietly now that I had trouble hearing her over the
beginning to “Take Me Out to the Ball Game,” which Nancy was now playing on the piano.

Rosie stopped whispering and suddenly began singing along loudly with everyone. We
sung through it twice. “Ooooo-Kaaaaay!” said Nancy enthusiastically. “What’s next?” “‘Wait
Till the Sun Shines Nelly’?” said Patricia, half asking, half informing Nancy what lyrics were
listed in the book next. The room was quiet after the last song. “Uuuuh, skip that one,” said
Nancy. “Skip that?” she asked again to confirm. “Let’s skip it,” reassured Nancy. Patricia
suggested “Down By the Old Mill Stream”. People were now flipping through the book to look
for what to suggest next. “I don’t wanna sing ‘Danny Boy’,” Rosie said to me quietly as we flip
through the book. “No, don’t sing ‘Danny Boy!’” she then immediately spoke up to the group
and a few people moaned ambiguously. “It’s too sa-yad,” she explains. “It’s so beautiful,
though,” someone says. Another person says, “awwww.” “Down By the Old Mill Stream,” Rosie
insisted. “It’s beautiful,” another person reiterates. “OK, we’ll sing ‘Danny Boy’,” Rosie
conceded. “Are you going to look at the words?” I ask her. “I’m not gonna cryyy,” she tells the group. “I’ve got a tissue if you need it,” says Patricia. Rosie laughs. Nancy begins the piece moderately. People are quiet and then begin to sing.

Rosie sang loudly through the first two stanzas. Nancy played an interlude between the second and third strophes and during this interlude Patricia whispered to a few people beside Rosie, showing them where we are in the book.

Rosie did not sing the rest of the song. Instead, just as the group began to sing the next strophe, she started to reminisce again to me. People were singing confidently and it was again difficult to hear what Rosie was telling me. She whispered a few sentences and then I could make out, “It was so goood.” Then she paused, looked at the lyrics and began singing along again halfway through the third stanza. She sung in a full voice as did many others who were singing along. After the last line, Nancy played a short tag ending. She held out the last chord. We only sung through this one once. The room was silent. Until Patricia sniffed, jokingly. Rosie smiled and looked down. I chuckled. “You sang that beautifully,” Nancy said in praise of the group. “You better play a happy one next,” said Donna. “What’s next?” said someone quickly. “Down By the Old Mill Streeeeeam,” said Nancy as she played the first notes. “Down By the Old Mill Stream’,” repeated Patricia in a cheery voice. “Do-own by the O-old Mill Streeeem,” said Rosie slowly and conclusively as Nancy began playing. We all joined in singing right away.

After the phrase, “with your eyes of blue,” Donna tried to squeeze in the response, “not brown but blue” similarly to how Rosie had done before with “By the Light of the Silvery Moon.” Someone chuckled at her, since her antics clearly interrupted the charm of the melody.
As we usually do with this song, we sing the last three phrases rubato, to draw out the end and to give people a chance to add in the same funny monotone responses after each one.

Patricia continued to laugh with her while Nancy played an interlude so that we could repeat this chorus again. “You’re not bringing up the rear, back there Rosie,” shouted Nancy, even though Rosie could be clearly heard singing throughout (except for the phrases after which she inserted her humorous responses). “Wha-aat?!” cried back Rosie. “I’m not hearing you,” clarified Nancy. “Oh, a-kay,” Rosie replied. She joined everyone in singing the whole thing again, this time at the top of her lungs and inserting responses after many more of the phrases.

Here is a transcription of what Rosie sang:

“Down by the oooooold miiiiiiill streeeeeeam,
when I frrrrrst mee.ceeeeh-t you, NOT ME BUT YOU!
....your eeeeyes soooo blue, NOT BROWN BUT BLUE!
....giiiiiiing-uuuuum too. I don’t remembah that one...
...theeeeeere liii kneew,
that you looooooved meeceee toooooo.
You were sixteeen, NOT SEVENTEEEEEN!
my village queeen, NOT QUEE-AH BUT QUEEN!
Down by the ooooooold miiiiiiill streeeeeeem.

During the second time through the song, several other people said or mumbled along with many of the responses Rosie inserted the first time. Nancy would stretch the time on the piano during these responses, so that whatever was said would fit in before the start of the next phrase. After the second time through, Nancy ended the song and Donna clapped up front. Ginny and Patricia joined her.

But as Donna began to talk with Nancy and the part of the group in the front of the room, Rosie had already been looking ahead to what was next. “‘I Want A Girl’ is next,” said Patricia.
“I want a girl, just like the...” Rosie began reading the lyrics out loud. She didn’t appear to recognize them or to put a melody with the words as she read them. Two or three other women around us read the lyrics out loud to, none seem to recognize it. “…dear old dad?” asked Patricia, audibly turning one of the phrases into a question. There are also people talking simultaneously and Nancy starts to sight read some notes for a tune on the next page. She got through two lines, emphasizing the melody so people would realize she’d skipped to the next tune, “For Me and My Gal.” Some people recognized it and began to mumble the lyrics. “Y’all with me?” she asks everybody. Then, she emphasized a few dominant chords to cue us to begin singing. People began confidently, but Rosie and many other people have to audibly shift down an octave to comfortably sing the pitches of the melody. Although Rosie stumbled over some of the pitches near the end of the first stanza, she sang confidently and loudly throughout. She even articulated the correct rhythmic variation halfway through the second stanza, indicating she knew this song well, although she did not put extra emphasis on the ending notes of this tune as she has in others.

“‘Let Me Call You Sweetheart’,” says Nancy as she plays a couple of staccato chords. People giggled and chatted before Nancy played a cue to begin the chorus. Rosie sang this in a lower octave as well. Nancy only played through this song once as well, despite strong participation by the group. Then, she played, “‘Oh, You Beautiful Doll,’” and Rosie and several others began to sing loudly. Rosie was now singing in a higher octave. Nancy repeats the chorus, picking up the tempo a little to keep people engaged through it again. Immediately after this tune is over, Patricia suggested, “‘Put Your Arms Around Me, Honey’”, which is on the next page of the song book. Nancy shouts, “yoo-woo!” as she begins to play it. Rosie sings loudly and is still
singing in the higher octave. We sing through it twice as well. Just as we sang the last word, Rosie began to reminisce to me again. “Eddie Cantor used to sing this. If you’ve ev-ah seen the old shows, like Eddie Cant-ah...” and she trailed off as she watched Gerri looking through the next songs with the client sitting next to her. “Oh! ’I’m just a girl who...” she said, reading the first line of the next song in the book. Still, Rosie continued to talk about the last song. “...and, um, stars like Rosemary Clooney and Perry Como and Bing Crosby, ya know... all the singers would do that. They would all go on those shows and sing. It was diff’rent, ya know. I remem- baah that back when I was growing up... ya know.”

Then I asked her when she remembers hearing those songs she was just mentioning. Rosie stopped to think about it. “Good choice, Helen,” said Patricia loudly and Rosie turned to look at her. “Was it the forties? The fifties?” I asked after several seconds passed. “Yeah, I like this song,” Rosie agreed with Patricia. Nancy cleared her throat and cued everyone to begin singing. Rosie told me no more about hearing those songs.

“Beautiful, beautiful,” said Nancy, praising the group’s singing. “What’s up next? ‘I’m Gonna Sing’,,” she continued, answering her own question and wasting no time between songs. People flip the page to the next song. She arpeggiates the first chord for this tune and decides to transpose it up one whole step and then down a fifth, settling on this key. She plays the tonic chord and plucks out the starting interval, a fourth. Several people sing along with Nancy after she starts. Although this song features heavy lyrical repetition, Rosie and others have trouble articulating the “I’m gonna” part at the beginning of the each line and the “obey the spirit of the Lord” refrain, which happened every fourth phrase. After we sung all the lyrics listed in the
book for this one, Nancy kept playing and we sung the first stanza again, three or four women harmonizing the last line a third above the rest of the group.

Not even one second after this song ended, Patricia asked, “‘Kum Ba Yah’?” “Uhh...‘at’s a little slow,” says Nancy. “‘Rock-a My Soul’?” suggests someone else. “‘When the Saints Go Marchin’ In’,” a volunteer chimed in. “Let’s do ‘When the Saints’,” Nancy decided. The volunteers repeat this audibly around the room. “That’s on thirty-five,” I say to Rosie, who is already flipping pages.

Nancy began to play and everyone joined in by the middle of the first stanza. Even Richard sang the first verse and he continued to move his mouth, although he made no vocal sound, through the second and third verses. Rosie sang the wrong lyrics during the first verse, but then corrects herself quickly when she realizes that she is singing different words than everyone else. The last verse is the same as the first, in the book, and Richard sings again, quietly and sporadically, through this stanza as well but he doesn’t look at the book. There is much clapping and woo-ing and chatting after the end of this one. “Oh, I love that one,” said Rosie. “Me too,” I reply. “Donna, you about ready for us in there?” asks Nancy loudly. Everyone paid attention. Donna had gone out the door to the hallway so that she could prepare the next activity for the group before music therapy and then lunch. She gave no answer. “Well, she’s ignoring me, so, waddaya wanna close with, folks?” The silence had been broken, but only by the swishing of pages being turned. People were eagerly trying to find a good last song.

“Hmmm,” I think aloud, “what is a good one?” “Anything you want to sing, Richard?” I ask him. He has been sitting next to me and Rosie, mostly quiet but observant. He shook his head and
smiled. I looked at him and asked him directly, “any requests?” “No,” he said quietly but firmly, and smiling.

April 27, 2012

This morning I arrived to the respite room right around ten o’clock. After I said hello to some volunteers in the kitchen, I joined the group in the back room. They were already singing along with Nancy - they had started the sing along earlier today, since there were so many people who’d arrived by nine.

I entered the room from the front, directly behind where Nancy sat at the piano. “You’re old-ah?!” Rosie shouted to Nancy from the back of the room. Nancy began to flip through her music, ignoring Rosie with a smile on her face, because she is older than Rosie by a few years. The group was between songs and most people were chatting. I waved and smiled at several people in the front rows and quickly took a seat next to Ginny, who was pretty much front and center near the piano. Nancy began playing “The Last Time I Saw Paris.” Rosie joined her singing right away. A handful of others sang along with them. We sang through the lyrics once. Nancy slowed the tempo to end the singing in the very last line. After she finished playing, Patricia immediately asked, “Was that F?” “What?” asked Nancy. “When you were playing those last notes, was it in F?” she repeated. Nancy loudly plunked out a staccato F4 on the keyboard. This was a whole step lower than the tonic chord of the piano part Nancy had just played. “There’s an F,” said Nancy. She played F4 three more times in a row, sustaining the last for a moment and then she played a staccato F3. “Thats an outta tune F,” she added, “but whatever. It’s gotta be really outta tune if my ear hears it.” Ginny cackled at Nancy’s answer.
“Ok,” Nancy said as she segued to the next tune. “Moonlight becomes you in Paris, right?” She plunked out a few of the first notes on the piano and cued everyone to begin singing. Several people joined in as she played occasionally rubato at a moderately slow tempo. We sang through all three stanzas of this song as well. The group was silent for several moments after the song was over.

Nancy broke the silence. “Rosie, I’m not hearing you back there.” “Oh, I’m sah-rry,” said Rosie. “I’m dreaming,” Helen and a few other women giggled. “We know what you’re dreaming of,” said Nancy as she began to play the dotted eighth note pattern characteristic of the first line of the melody in “It’s Been A Long, Long Time.” Everyone joined in. Ginny read the music and sung quietly next to me. Helen sang along like that too, looking up at Nancy and then back down at the book.

I couldn’t hear Rosie right away, so I looked back over my shoulder to see what she was doing. She was sitting on the edge of her seat with her book in one hand. She was reading along with the lyrics and alternating between singing and mouthing the words.

Just as soon as the group finished singing the lyrics the second time and while Nancy held out the last chord, Rosie interjected, “can you hear me now?!” “I can hear you now!” replied Nancy, who played two more notes, a sol - do, to conclude the tune. “That was beautiful, it was gorgeous,” praised Donna, who had come in during that song and was sitting with a few clients behind Nancy near the door to the room. “Did you like that one Ginny?” I greeted her while people began to talk. “How are you doing today?” I asked her. She smiled and nodded and looked back over to the exchange occurring between Nancy and Donna, clearly more interested in that than in engaging with me. “Just for Donna,” said Nancy. “Oh no. Woolwuffs?” Donna
asked disappointedly. “Just for Donna,” Nancy repeated a few more times. Ginny chuckled and several people laughed out loud. Rosie explained to a volunteer loudly in the back why Donna continued to complain. Patricia laughed and pretended to harangue Donna about the song while people looked on, entertained by the commotion.

For as long as I have participated in the sing alongs with Nancy, Donna has outwardly expressed her complaint about this song. She is from New England, originally, and claims to find it difficult to pronounce the “r” consonant in the last syllable of the titular word with her non-rhotic accent. She also incorrectly adds an “s” to the consonant cluster at the end of the word, making it additionally troublesome for her to articulate. She plays up this difficulty to the group by attempting but failing to pronounce “Woolworths.” Some people chide her, some console her, some laugh, and some try to help her say it right. Many people try pronouncing the word to themselves or others in close proximity, checking to make sure that they don’t also have trouble with it. Donna doesn’t actually have great difficulty with this word. In fact, when she speaks, she often does so without any recognizable accent at all.

Nancy (often, and Donna too) capitalized on this shtick in order to provide fodder for the group as they participated in this particular song. “I want you to sing with us,” said Nancy in her best teacher voice, “and here are the words.” “OK, I’ll sing right in your ear so you’ll regret making me sing this,” said Donna, looking over Nancy’s shoulder to the music. Ginny cackled at the exchange between the women. Nancy began to play.

People sang loudly, right from the start. Not only did Donna sing, but several people, including Ginny and Helen and some volunteers in the front row, began to sing clearly and audibly. I could hear Rosie singing loudly in the back of the room. We sang through the lyrics in
the book for this song just once. As soon as the song was over, after the last “Woolworth,”
Patricia and several others continued to giggle about Donna’s diction of the word. She feigned
being embarrassed about it and shook her head. Nancy mumbled something that I couldn’t hear,
but apparently Ginny did hear it because she exploded in loud laughter as she watched them.
Nancy began playing the first few notes of the next tune and Ginny instantly began to sing,
although she started too early. “…ain’t got a barrel o’ mooooo-ney.” “Here we go!” Nancy
immediately corrected her without skipping a beat by cuing the group to correctly start together
now. Everyone joined in loudly again. Ginny immediately jumped back in at the right place when
the group started together. She didn’t need the lyrics until the third stanza. I had been reading the
lyrics from the book while I sang and so was Ginny. But by the last line, she was once again
looking up and in Nancy’s direction, singing loudly.

The song ended with a couple of moments of relative silence, save for people turning
pages or shifting in their seats. Nancy plunked out another loud marcato F4 on her keyboard,
breaking the silence. “There’s an F, for ya,” she said to Patricia in anticipation that she’d ask
after this song too. “Is that what an old bugle sounds like, an old horn?” asked Donna. Nancy
turned to me and explained why people were asking these questions. “That was trivia today.
Supposedly, horns typically are in F.” “Hmmm,” I said in reply to Nancy as Donna made a joke
about “blowing a horn” that I didn’t entirely catch. Ginny, Helen, and Patricia all laughed.
“Yeah, yeah, yeah,” said Nancy to Donna as she began playing the staccato oom-pah
accompaniment to the next song. “Do the Charleston for us, why don’t ya,” she told Donna.
“Shoot!” said Ginny as the ladies quieted down to begin singing “Yes, Sir, That’s My Baby.”
People sang loudly throughout this song too. A few lines in, Donna began to try to do her version of the Charleston, which entailed her making small steps forward and back behind Nancy. She smiled and made a silly facial expression by raising her eyebrows and looking at Nancy. Ginny and I laughed at Donna while we continued to sing. By the end of the first time through the lyrics in the book, Nancy realized that Donna was behind her dancing, and she increased the tempo significantly, but not so much that people had difficulty singing along. We began singing through the lyrics again and Donna tried to change the tempo at which she was dancing. She pretended to not be able to keep up and she threw up her hands and shook her head, giving up. Ginny laughed again. When we got to the “By the way” line during the second time through, Ginny echoed the rhythm and words of both of those phrases in a hybrid of singing and speaking and then continued to sing along with everyone for the duration of the song. “That Ginny’s got a voice on her, doesn’t she?” Donna asked aloud, praising Ginny’s enthusiastic participation. “Oh! I know she does!” crooned Nancy delightfully. Ginny giggled. I smiled at her.

“Ok, how we doin’ on time, Donna?” asked Nancy. “Whatever you wanna do is fine. We’ve got stuff on the tables out there, you know, whatever,” she answered. “Well, it’d probably be better to go now so that we have plenty of time to get in there,” replied Nancy. “Yeah, ok. That sounds fine. Anybody that needs to go to the restroom, now’s the time you can go,” said Donna to the group. “But, I think a lot of you went already,” she continued as she looked around at everyone in the room sitting quietly and listening.

After another quiet moment, people begin to shift and chat and laugh and make noise as soon as it was clear we were wrapping up the sing along. Nancy closed up her piano music
binders and put a CD in the player on top of the piano. The song that played was an uptempo brass instrumental only version of “In the Mood.” “Next week can we do ‘Erie Canal’?” Rosie asked loudly from the back of the room. “Yeah, we’ll do that one next week,” said Nancy. “Right on down to Buffalo!” someone shouted. Someone else cheered and clapped. “Buffalo Bill, won’t you come out tonight,” Patricia began singing. A few ladies near her began singing along. “Come out tonight, come out tonight. Buffalo Bill, won’t you come out tonight, dance by the light of the - uh oh,” Patricia said as she and the other ladies stopped when she heard the excited horn riffs of “In the Mood.” Ginny and I stood up and got ready to file past the piano and out the door. I stopped to say hello to Irene and to offer to push her in the wheelchair into the other room as Nancy danced with Ginny, who was again chuckling characteristically. There was a lot of sound happening at this point: clapping, snapping, chatting, laughing, an exciting recorded saxophone solo. “OK, ladies! Are you ready to go do some paperwork?” Donna asked me and Irene.
Interview with Nancy Goff
Volunteer with Friday Respite Care - Alzheimer's Project, Tallahassee.
2/13/12

KJ - Kayleen Justus
NG - Nancy Goff

KJ - Could you state your name, age, and a little bit about yourself. And why I ask about age is specifically because the demographic we are working with has to do with age, and at some point in time I will address age in the dissertation and I am asking everyone who is involved their relative age.

NG - OK. Nancy Goff, age 67.

KJ - And a little bit about yourself: in terms of what you do currently, where do you live, etc. Just a little bit about yourself, in general.

NG - Well, presently I am a retired music teacher and I live in Tallahassee, FL. I am originally from Colorado and I got my Bachelor's degree from the University of Colorado in Boulder and my Master's from Florida State University.

KJ - OK. And you got your Bachelor's in ...?

NG - Music Education.

KJ - And Master's also?

NG - Yes. With instrumental as the focus.
KJ - And a little bit more about your experience as a music teacher: what age levels did you teach, what kinds of music did you teach, for how long? Maybe just a brief...

NG - I taught for 6 years in Colorado and I did elementary general music and beginning band. Because we started them in elementary school, in fourth grade actually, and then I taught for 29 years in Thomasville, Georgia, and I did a combination of general music, elementary general music, and then beginning band, fifth grade and then middle school, just band in middle school.

KJ - OK, I am just going to get into asking you some questions about your own musical preferences: so if you could name a favorite style of music or type of music to listen to and a favorite style of music to perform. Just the first things that come to mind for you. And if they are the same thing, that's great, and if not you can pick two different ones.

NG - Ok, to listen to: probably just, easy listening, jazz. I love a small combo, a trio. And performing, I don't really perform anymore so, you know...

KJ - So when you were performing...

NG - Well, classical music. I was a... I played flute, so I, you know, played in either bands or orchestras, so...

KJ - OK, and then do you have a favorite song or piece, that answers either one of those (listening to or performing)?

NG - Not really.

KJ - No?

NG - No.

KJ - OK.
NG - Yeah.

KJ - OK, so in terms of making music for yourself: what is your favorite part of making music? or when you did make music or when you do now in context of the Alzheimer's Project, what is your favorite part about making music?

NG - For me personally?

KJ - Mmhmm.

NG - Well, I think it's a very aesthetic thing, I mean, I just get pleasure outta the music. You know, any kinda music. I mean, I just have fun, I enjoy it.

KJ - OK, so the physical and the social...

NG - (nodding) emotional, yeah, I think all of ... that.

KJ - OK, and do you have any personal anecdotes that you could share that either stick out in your mind, in terms of a moment that was significant for you as a musician, or as a person in life where a piece of music that touched you at a certain point in time or something. You know, a lot of musicians, trained musicians have maybe a certain moment in time out of the many years of playing, (is there one) that really stuck with you in the back of your mind that 'this is really why I love to do this' or 'this is really why I enjoy doing this' or 'oh, I learned this about making music' - sort of a deeper understanding of yourself as a musician and why that would be important to you? Any singular anecdotes or memories?

NG - For me personally? Oh, I think it’s a very aesthetic thing. I just get pleasure out of the music. Any kind of music. I just have fun, I enjoy it.
Probably, as a music educator, my most rewarding thing that made me always feel so good is teaching kids to play an instrument. And after I’ve taken them from learning how to put the instrument together and three months later they’re actually making music. The feeling of, “wow! they’re doing it!” (she chuckles to herself) Three months ago they didn’t even know how to put it together and make a sound with it and now they’re doing a concert. Having their parents come and listen to this concert. Having them listen to the tape and they can hear what they can do. I think that just is really... I enjoy the outcome of that. I was even the same way with the general music and when we would do a Christmas program or something just to get them on stage and let them make music.

**KJ** - What instruments do you play or have you played?

**NG** - (She jokes first, and says:) Well when ya don’t practice...! (she chuckles). You know, I play my flute for myself occasionally. I piddle around at the piano. And that’s about it at this point in my life. I don’t consider myself a pianist at all.

**KJ** - Do you play piano often though?

**NG** - Yes, every Friday at least.

**KJ** - Any other time you play?

**NG** - No. It’s all for my own pleasure.

**KJ** - Other than Fridays at the respite center, in what other ways is music important to you?
NG - Well, you know, of course, we go to concerts. I don’t sit and listen to music at home, to be truthful with you. I find that really boring, just to sit and listen. I enjoy immensely going to concerts and listening and watching, I find that interesting. Just to sit on the couch and listen, I don’t enjoy that.

KJ - I wonder if that has to do with the amount of noise and music you’ve listened to for your entire career as a teacher?

NG - Probably. I’d teach all day and coming home and listening to music was the last thing I’d wanna do. So probably.

KJ - In what ways are your family members involved in music?

NG - We have one daughter and she tried several things and never really mastered it or anything. But I will say she does have a great love for music and for listening. That’s it.

KJ - So how long was your husband involved with the Florida State College of Music?

NG - He taught there for 35 years. He was a professor of trumpet.

KJ - When and why did you first become involved with the APT?

NG - The first time I did anything with the project, gosh, it was in the mid-1990s. I am a member of St. Paul’s - they’re the ones that started this project. So I knew about it through the church and I did visits to one person. After school I’d go and visit and spend a couple of hours. I got a little bit too busy with teaching and everything. Right after I retired, then, I started doing the respite
room and I enjoy doing the group rather than an individual. Much more than an individual. So what, I’ve been doing this for almost four years.

Actually, I didn’t go in with the intention of even doing any music. I was just going to be a volunteer to help with the clients. I guess it really got started when - we used to have a Tuesday too, we’d have maybe three or four clients that would come and caregivers would have lunch upstairs, so - there was usually just Donna and myself and [another volunteer] because there were only three or four clients. There were a couple that really liked to do old hymns. So one day I just said, let’s go in the other room, with the piano. I got the hymnal out and they just really enjoyed sitting and singing the old church hymns. So then, three or four weeks went by and a client said, “Let’s go sing some hymns,” and so we went back in there and sang. That’s how that evolved.

And now, as far as weekly, Donna and I will coordinate whether or not we want to do music in the morning when they come in. It’s just kind of a “fly-by-the-seat-of-your-pants” type thing. One day, when we were all sitting around in the big group, I remember it was so funny because, Donna said, “Nancy, you wanna do music?” I looked at everybody and said, “if you all want to, sure!” Everybody kinda just sat there and finally, cute Rosie, “Honey, I don’t even remember what I had for breakfast - sure! Let’s go in!”

I said, “aren’t you getting bored with doing the same songs over and over again?” And that what she popped up with, “Honey, I don’t even remember what I had for breakfast !” (Nancy chuckles more as she remembers this.)

KJ - How long has Rosie been a client?
NG - Probably ... uh... two years. That sounds about right.

KJ - Can you describe the hymns that you initially used?

NG - I just kinda picked some hymns that everybody... or they would tell me some. Another client who doesn’t come anymore brought in about four or five of her favorite hymns out of her Baptist hymnal. She had some copied music, so she brought that in. Some of hers had just the text and some had the notation also.

KJ - When did you start using the book we use now on Fridays?

NG - I started out, because for a long time we didn’t have any words and I knew that they knew them, but we started out with the old folk songs, like “Skip to My Lou”. So that was the beginning. They loved those. They’d even sit and sing “This Old Man” - they loved those. So, then I just went through a lot of my elementary music stuff that I had because they fit perfect.

They remembered those. That’s when I put together the middle of this book. And then, they would ask for certain songs. Of course, then some of the volunteers would ask, “do you know such-and-such” and it’s like, you know, a musician is supposed to know every song (sarcastically). No, I don’t. Well, I’ll bring the words, but I need the notation. They think you know them all.

That’s really how this got started. Then, a friend gave me a book - what was it? World War Two songs or something, with like, “Don’t Sit Under the Apple Tree.” So I took the book in without even lyrics and I played two or three of them and they recognized them. They’d start singing along and I thought - well, most of of them still can read - so that’s why I put all these
together. (she motions toward bag full of lyric books next to her) I added some in there. There are a lot in there that I thought they would know and they don’t.

**KJ** - Is there an order to the songs in the book?

**NG** - No. I did put some of the religious songs at the end of the book. The original part, I think, started out with “This Land Is Your Land.” Then I added a few. I did separate the folk songs from the religious songs.

I just added them to the front. It gets to be kind of a mess, handing out different sheets. That’s why I numbered all the pages.

I think when they have - you know from my un-expertise opinion, just watching them - it seems like they feel like that they are participating when they have the music, or something, in their hands. Even if they are not reading it they are singing the same verse over and over again - which some of them do. Even though I have four verses of “My Country ‘Tis of Thee” [printed in the book] there, they’ll sing the first verse over and over again, but when they’re holding it, they feel like they’re really getting in there. I’ll notice that. Like I say, this is my un-expertise opinion. They just enjoy, they feel like they are participating when they are holding that.

**KJ** - Do you notice any differences in people’s participation without lyrics in front of them?

**NG** - Well, they don’t participate as much when they do not have lyrics to read/hold. You probably have noticed that when you go in the chapel with the music therapists. They don’t sing.

**KJ** - What is the typical day like for you at the respite center?
NG - Usually from about 9[am] until 10[am], people gradually come in, so we all just sit around the table and have coffee. They sit and eat, and just talk. Pat goes over newspaper things, tells jokes, you know - just talk. At 10 o’clock someone usually comes in and does exercise with them. We kind of got started on this particular time period because at 10 they have exercise and at about 10:30 she’s through, and it’s a good time for everybody to get up and go to the bathroom. So it’s kind of evolved into that time. I, personally, think it’s a little bit close [in time, proximity] to music therapy, but they don’t seem to mind, so. Sometimes I think it’s a little O.D. [overdosed] on music, like, Friday there was a preschool that came over. They do this maybe once every five or six weeks. A whole group of preschoolers come and they have their grandparents, you know, “grandfriends” they call them, so they interact and sing a lot. They spend maybe about a half an hour, maybe twenty five minutes with them. They do their little songs. Friday, they did that, then they got up, then they had exercise, then they came to me, then they had music therapy, and I was like “ehhh, that’s a little...” (wrinkling nose, raising eyebrows, pinching lips in unsure critique). But, you just kinda go with the flow, and two weeks ago we didn’t do any music because we could tell they were just not feeling it. So Donna had some word puzzles and... you kinda just play it by ear. It’s what we’ve done. But you know, the music therapists are hired to come in so they....

KJ - So there is no real theme or goal of your music hour? Is it simply a time-passing activity?

NG - Time pass, right. Right and just have something different to do, because you know they just sit at home and just do nothing all day [when they are not at the respite center] probably. Like Rosie, she watches television. That’s all that poor thing does.
KJ - Do you volunteer to play at other APT respite locations?

NG - No, I just do St. Paul’s.

KJ - Last Friday, when we sung songs that were not in the book, how and why did you select these to include?

NG - When they come into the room, I just have something on the CD, I can’t even remember what I had on. I think I had “Skinnamarink” playing. I said that we’re gonna have a little lovey day today, you know, and I kept going for a little while with that. Yeah, no. I do like to have them, I think they get more into the spirit, I always have some music playing while they walk in the room, and they love the Glen Miller, as you can tell.

Well, at Christmas, we pull out all the Christmas songs. We get out a few things for St. Patrick’s Day. Fourth of July - patriotic [songs]. Halloween we get some Halloween-type songs. I think that it’s very much like teaching kids too. You have to read them. I just get a sense of what they’re responding to.

The songs that I know that they really like, I do. (she opens a book) As far as the 40s, 30s, WW2 songs, they really like the songs starting on page 12. “Sit Under the Apple Tree”...

Actually all of those. (she flips through 12, 13, 14, and beyond) Were you there when Katerina was there? (I said I was.) She used to love to do this: “The Last Time I Saw Paris.” Of course she had to talk about Paris in her cute little accent. ... They like all of those. And they loved like “Yes Sir, That’s My Baby.”

They didn’t like my “A Nightingale Sang in Berkeley Square.” That was a loser. That one was for me. And of course they always have the joke about the “String of Pearls” because
nobody ever knew that there were words, which I didn’t either. So, but those kinda songs, I think they like... (still flipping through)

**KJ** - A lot of the songs you mentioned pre-date, so to speak, the clients, in terms of being popular well before they were even born, right?

**NG** - Oh, I’m sure some of them do! Well, but you know, I think all of these are tunes that predated me. Of course, some of the people that are clients are younger than I am, sitting there, you know. But there are songs that have just been in our American culture. They just stuck in there [mind]. YI mean, I used to have elementary kids and I’d put something like this on, or like a Glen Miller or something, when I’m teaching a certain style. They just love the music. It’s funny, we’re born knowing some songs, it seems like.

**KJ** - In your experience at the APT, have there been any really memorable moments related to music and its effect on clients?

**NG** - You can tell, like, Rosie. She loves every time we’d sing “String of Pearls” and then she talks about how she used to sit at the lunch counter at Woolworth [in NY]. Richard loves “Take Me Out to the Ballgame” because he loves going to ball games so then he starts talking about “going to the ball game.” Yeah. (mumbles to herself trying to remember, flips through book to remember by looking at songs).

It was about a husband and wife... and we were singing something... (She stops on a page.) “It’s Been A Long, Long Time” We started singing this. “Kiss me once, kiss me twice,”

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and she leaned over and she took him and kissed him and it was just like, “Oh!” (chuckled) They sat there with their arms around one another and it was like “awww”. (she chuckled again)

KJ - What aspects of your training as a music teacher have prepared you for what you do at the respite center?

NG - (long pause) I’d go back to my general music. I kinda draw on that more than my instrumental music [training]. Of course, when I taught general music - obviously I’m not a vocalist or a pianist - so I taught, I did the music with my elementary kids. Teaching them more of music rather than performance. And as far as the singing goes, just enjoying the singing, I didn’t teach elementary kids how to sing, I taught them music and singing for enjoyment. So, I think I am doing that with the clients - singing for enjoyment. Because music should be something that is enjoyable.

KJ - Have you ever been surprised by a client during the music hour?

NG - (She laughs through her nose at this question.) You mean other than the time that a client walked in and put his hands down the back of my pants. (she explodes with embarrassed laughter). That was a surprise. He’s really tall. He doesn’t come regularly anymore.

The first time that I put on some music for us to leave, Glen Miller. I think Jack was the first one (she recalls, and then adds the following as a side note about him). He’s slowed down a lot in the last few months, but he moved a little more and was more verbal, as they were leaving, he came up and grabbed me and just started dance. It was totally spontaneous.
**KJ** - What do you think the clients enjoy the most about the music hour?

**NG** - (long pause) I think they just enjoy sitting there and singing, socializing. You’ll notice, sometimes there are people just sitting and talking, which you just kinda have to just put earplugs in and not listen to that. I think it’s just the freedom of being able to sit there. They are making music and not really being told what to do. They don’t have to really think because it’s there.

**KJ** - If the hour of music were to be changed, what do you think the group would miss the most/what would the reactions be?

**NG** - I think that would just go with the flow. I really do. I mean, they enjoy it, but I don’t think on a whole they’d say, “Where’s Nancy? Let’s do music,” I really don’t. Because they are kind of at that stage. As you can tell, most of them are not really all with it there. I mean, that’s why they are there, obviously.

Of course, our purpose there is not to rehabilitate them or anything, we are there to give relief time for their caregivers. I mean, that’s how the whole thing started. It was literally a respite room so that the people that spend 24-7 with them can go get their hair fixed, go to the grocery store, and can do something. Obviously, we’d like to do some things that encourage a little mental activity on their part, but, no, I don’t think they’d miss it.

A couple of years ago, we took an extended vacation, and I wasn’t there for maybe three or four weeks. They did fine. Of course, I called them one day, they thought it was so much fun. I called them from Paris. We just happened to be back in the room about the time I knew they’d be eating lunch and Donna always has her cell phone there. I called them and they did get a big kick.
outta that. Two or three of them that could put “Nancy” and my face together. Some of them don’t even know... they are just like, whatever.

**KJ** - Do you think that the clients that you have seen throughout your experience don’t remember you from week to week?

**NG** - I know Rosie does. Ginny, I really, I don’t know. It is hard to tell. I’ve run into Richard at the grocery store several times and - no clue. I don’t think there are probably more than one or two who we have now who would remember week-to-week who volunteers, even long-term, are.

**KJ** - How long do you plan on volunteering? do you have any plans to change your approach to the music hour?

**NG** - As far as volunteering, I’ll keep doing it as long as I feel like I’m being of some help. Not even necessarily music-wise, even if I weren’t doing any music with them, I’d still go and volunteer just to help them. Till whenever!

    I’ll keep adding to the music book and I’ll probably see if I can come up with other things, probably more out of the boredom of me doing the same things and volunteers listening to the same things over and over again. The clients don’t care. But that’s why I keep adding to it, because I get tired of them. As you know, it’s unlimited to numbers of songs. I’ve got a zillion books that I can draw from. A lot of it is what I can play on the piano.
KJ - Have there been any instances in which a new person/client comes to the respite center and maybe didn’t respond to the music you picked out, but maybe it was because of a difference in cultural background?

NG - Silvia came to mind. She loves to move. You can’t keep her down. She just moves all the time. She doesn’t know the songs. She doesn’t speak English very well. So, I don’t think I really have, I can’t think of anybody else... Now when Katerina was there, I did come up with a couple of songs in Spanish one time, which she really appreciated. She thought that was fun. She was Cuban. She was originally from Cuba. Her husband, was - she was quite a well educated woman - her husband was, I think, the President of the University of Havana. I think she reacted because she could show her expertise in Spanish. Well, pronunciations, and tell us what we were singing. I haven’t really done that with Silvia. At least you could communicate with Katerina in English, whereas with Silvia, it’s difficult, because even though she can speak and understands English, she almost always speaks in Spanish now.
Interview with Corinne LaPointe
Tallahassee Memorial Health Care - Adult Day Center
1/19/12

KJ - Kayleen Justus
CL - Corinne LaPointe

KJ - Can you give me a brief description of what you do at the day center?

CL - OK, what I do is I plan all the activities. I work part time now because my health doesn't permit full-time. I have been here for 10 years. This place has been open for 12. And I have really really enjoyed it. After 34 years of teaching, I really love doing what I am doing right now. What I do in finding and planning the activities is get some of the other two kids that are part of this activities group what to do during the days and then also help any of the interns that come in or any of the ch- ... k- kids - I can't say 'children' can I? - the young adults, who are... who come in to volunteer. We do all kinds of things, umm, we do, uh, lets see... music we do a lot of because I minored in music. And we do a lot of reminiscent ... reminiscence is really important because, with Alzheimer's of course you know that, the long term memory is much better than the short term memory ... we try to avoid the frontal lobe stuff, but that's ok... umm... and let's see... We do games, we dance, we do all kinds of projects. Those are the kind of things I write out in my planner for them to do. A lot of extra things: we plan parties for birthdays, we plan parties for any kinda holiday. For example, Valentine's day will be coming up I believe before anything else ... and we'll have a party for that ... err, no, excuse me, we are starting today on our Chinese New Year's. So the Chinese New Year dragon is up there. So we do things like that and we always have something special for them to do.
KJ - OK.

CL - And, try in my plans to make sure that it's varied and that we not only hit the low functioning but also... from low to high, let's just put it like that. And it's a little bit difficult in the fact that we don't have breakout areas where I could assign one person to a low group, another to a middle, another to a high; so as you are sitting there, you have to apply to everybody. I mean, your question has to apply to everybody. One of the problems is that some of them have a lot of medication in the morning. So therefore, they are not up and ready to do..., even during music; I mean, I go over there and I will start playing the piano and singing ... and they sleep right through it, so that's the bad part about not having a separate area for each group, but we're small so... Is there anything else that I didn't hit on that you think I should?

KJ - I think that's pretty detailed. I might ask you some specific questions about when you plan music. You said that you have a minor in music; do you perform on an instrument or sing?

CL - I do on the piano. My voice isn't that good anymore but we still sing. Ah! And we also call on any client that can play and Miss Beth plays by ear. So we have her come up and play half the time, so I'll probably start or let her start a session on music and then we'll end. Either I'll end or she'll end, depending on who's up there before lunch.

KJ - So it's pretty, um, even though you plan ahead of time, there is no formal curriculum for how you select what you select (for them to sing) other than perhaps there's a theme you are working on, like Chinese New Year or Valentine's Day maybe you select more music that is
tailored to that but there is not sort of an overall therapeutic or clinical protocol to why you choose the music you choose, or...

**CL** - No. Nothing like that. But I do try to choose stuff that is upbeat, or spiritual songs, because they love the spirituals. And so I do a lot of that. Um, we don't have a specific... I sorta developed what we do because there were no specific guidelines when I came in. So I am using a book called *Creative Forecasting* of which I have now eleven, so every year I get a new one. And I also use a book called *A Through Y*, and that book gives you some ideas for each day, so that if there is a special happening, you can have a couple of activities that you can do. But I, having been a teacher, it’s really hard for me to tell the other activity people what to do because, having been a teacher, I have lots of information of my own at home that I bring in. So I try to just give them specifically the books that I have. And then try to stay away from that and do something different in the morning with them, so...

**KJ** - So you're saying that in the afternoon, the therapists that come in...

**CL** - Actually, there are activities people that have been hired, because I used to do 30 hours a week and I only do 10 now, so they had to fill in with two more. And these young people have to go through the whole deal in order to be accepted (as a volunteer? as staff members? as activities employees of hospital?), and I give to them what to do, I give them ideas as to what to do. Now if there's not enough, I also give them free reign. If you wanna do a project, go ahead, here are suggestions. No matter what holiday we have I usually have a sheet of, ok, here are, if I don't have enough time to do a project, here. Here's a good one for you because it goes with what we are talking about. Each month I do try to look and grab on the holiday so that we can talk about
that; where it came from, etc. Because a lot of them had that information when they were in
school. And, of course being able to dredge that up is easy for them.

**KJ** - So the other activities people who work here, are they volunteers?

**CL** - No, they're not. They're hired. They are hired by TMH and they are paid by them.

**KJ** - OK, so do you have people who volunteer to assist with those activities?

**CL** - Yes, yes. And we are very lucky because a lot of FSU kids come over. We used to have the
Speech and Language Department, which was fantastic. Now we can't because ... it's financial,
with the University. So, but we're still trying. Since I have connections with the Department, I am
still trying to get somebody to come over here, so they are working on it.

**KJ** - Wow. So, how does one become a volunteer? This is not on the list (of questions) but just
because I am interested...

**CL** - Well, you, just, if you call and talk to either me or Sheila, who will give you the person to
go to. You start through the program at TMH, they will tell you what you have to do: you have
certain papers to sign, you've got things you have look at, you have to know about their policies.
You get a TB test and all that stuff. And that's about it. And then you can come in whenever you
want to. You know, if you have class, at say 10 o'clock, before you are free the rest of the day,
come on in.

**KJ** - And this is every single day of the week? Even holidays?
CL - Yes. Well, most holidays. We have some off. We have like the day before Christmas off, New Years - before and after both of those. Um, what else do we have? We have Memorial Day off. I can't remember. There are two others. We only have five days that we're off, otherwise we are here 5 days a week.

KJ - OK, Monday through Friday?

CL - Monday through Friday, yep.

KJ - And is it nine AM to five PM?

CL - It's from seven thirty in the morning until five thirty in the afternoon.

KJ - Oh wow. OK, so extended hours. OK.

CL - Now my wish is to eventually have, I wish TMH would put us separate, but with rehab and long-term stay, that kind of thing, so that they (clients) could transition without trauma, because that's really difficult for Alzheimer's or any kind of dementia... person.

KJ - Right, going from one location that they are used to, to another, completely different environment.

CL - And they're confused. They come back and they are not like they were before. Most of the time when they come back from a stay, if the family needs the respite, we'll put them in one of the places that we have in town. That's fine and dandy, but that weekend puts them so far back, they can come back and it's just like, 'where am I? I do not understand where I am right now'.
But that's part of the disease, unfortunately. And unfortunately we don't have a facility that will make that transition easier. Maybe one day we will.

**KJ** - Definitely. Um, OK. So some of these (questions) might be, I might be rehashing things we've already talked about...

**CL** - That's OK.

**KJ** - ... So the first question is: 'in what ways do your patients typically engage in music, dance, singing, or listening ... either TV, or radio, or CDs, throughout the day? Like, are there typical things they do? is there a regular, um... (is it) like we have music as the activity regularly and then we have something else as the activity... or is it more sort of improvised or sporadic (throughout the day)?

**CL** - OK, let me just give you our day's program: when they come in from 730a-930a, they are served breakfast. At 10 o'clock, we do exercises from 10a-1030a. And then from 1030a to about a quarter after 11a we do a discussion of some kind. And in between that, exercises so that they don't get too stiff sitting. And then from about 1115a to about 1140a, when I'm here, I do music with them.

**KJ** - OK.

**CL** - So and then they eat between 1140a and 12 o'clock. And then there is a rest period. During that rest period, they can sit over here with one of the, in this general area (points to seating at tables around where we are sitting in back of the room, which contains two separated television
watching areas), with one of the students, if they don't want to go, watch, go to the, you know, TV or they want to go over in either place (gestures to each of the two areas set up for television watching)... One place has, will have soaps (soap operas) on, because some people like the soaps - and they don't wanna miss those babies - and then others, on this, on one side will have maybe CNN on. You know, some people who are really interested in CNN or ... um whatever, maybe one of the historical channels or something like that. And that goes until 2 o'clock. I usually start up, if I am here and it's my turn to do it, I start earlier, because I feel as though that 12 o'clock until 2 o'clock is a long enough period for them to digest everything and then, you know, start and be alert in the afternoon. And then we do activities then, from approximately 2 o'clock till about 3, 3 o'clock. They have a snack from 3 o'clock till 315p, or 330p I should say, and then there are activities from 330p to approximately 5 o'clock. And then from 5 to 530p it's our clean up time and individual talking time, and still game time if they wanted to play games and things like that. Basically, the end is, you know, cleaning up some.

KJ - So there could be activities a number of times ...

CL - Oh, throughout the day yes...

KJ - ... music activities...

CL - Yes, yep.

KJ - ...hearing or listening to music at number of times throughout the day...

CL - Yes, because sometimes, we have these tapes that we can put in that are singing together type tapes. So, sing alongs. So lots of times in the afternoons we will just put those tapes in and
if I am not here or Miss Beth doesn't feel like playing the piano, we just put everybody over on
this side, put the tape in and they'll sing along, with them.

**KJ** - So, in terms of their interest in the music that either you play on a tape or a piano, what are
some of the songs and/or styles of music that some of the clients, (whom) that you've seen,
respond to in a significant way? Whether that's like getting up and dancing when normally they
would just ignore it, or... that's maybe a vague example but, specific songs or styles that
particular clients or groups of clients are interested in?

**CL** - We have a group now who is interested in dancing and if they ... if they... . They need
courage. They will not... They are like little children. I shouldn't say little children. But,
for example, like third graders, which is what I last taught, in they are very afraid of making a
mistake. And so they'll always say that 'I can't dance' so we always get the, our ladies to come
out and to help us with that and they'll take somebody and then everybody, whomever is here,
will take somebody and say 'Come on, come on, you can dance, yeah come on, just wiggle a
little' and just get up and go, you know, from one side to the other, depending upon the music,
depending upon the mood. A lot of times, it’s... it’s, you go according to what the clients are like
that particular day, because some days, uh, you can't do much of anything with them. And other
days they are just bright and cheery and, since we have, people don't always come five days a
week, so we have that voluntary coming, so it depends upon, a lot upon, who is there that day. It
depends upon if there is a motivator for the clients, or not. Because you can do as much as you
can and if they don't wanna do it, boy, they'll let you know that they don't wanna do it. I don't
ever force anybody and we don't either. It's more of a family atmosphere here and we don't force
them to do anything. All you'd end up with is a big fight anyhow, which you are gonna lose, so ... (chuckles) I tell all the caregivers, you know, 'don't argue, you're gonna lose anyhow' so don't argue. Just redirect, or do something else, (chuckles) you know, with them. And that usually helps, it usually works. (Pauses) Let's see. What else could I say about that? What else did you wanna know?... I'm so bad...

**KJ** - Just, the styles of music maybe ...

**CL** - Ah, oh yeah. That's what you asked. The styles of music, most of the music is gospel. They love gospel. Umm...

**KJ** - Why do you think that is?

**CL** - I think it's ... you know, I really don't know except, we have a majority of African American clients and they looove gospel music.

**KJ** - OK

**CL** - But, it seems as though, in my whole time that I've been here, that that has been the main thrust, that everyone has loved. The music, and I don't know why, except maybe, it's the South. It's the South, I don't know. I was very surprised when I first came, but they would go through the old music like, "Take Me Out To the Ball Game", "Bicycle Built For Two", all of those older songs, let's see...
KJ - Which is really interesting, that "Bicycle Built for Two"; I've talked to other people about that (significance of that song), especially with (to) clients and it's interesting because the typical client, now, perhaps is theoretically anywhere between 65 and 80/90 years old...

CL - yep...

KJ- and "Bicycle Built for Two" was popular, like, in the 1890s, before any of them were even born. And it's interesting to think about the fact that that song, I mean they probably were singing it when they were young, but it wasn't necessarily what you would ascribe to when they were growing up in the 30s, 40s, and 50s. Which is, that song is some what of an anomaly, I think, in terms of...

CL - Right... Well, it really is and it's really interesting because I will get information from the 30s and the 40s and there is a lot of it that they don't remember. And, I don't know, my mom was a big, a big influence, as well as my dad was, in music, because they were singing all the time. They were singing all these, like, "Ja-da Ja-da", nobody'd heard of that one at all. And I got 'em (clients) going on that one. 'Cause it's a fun, fast-moving one and they don't have to say anything but "ja-da ja-da" (chuckles) and um, so that has been, you know it's been, and I was, me, I was surprised at the fact they didn't know it, you know (chuckles) because I thought 'eh, they'd know this song,' but, no, they didn't know that. There are several of them (songs) that, uh, I can't remember one recently that I did that they just didn't remember but, then again, I think, 'well, where was I brought up?' And perhaps, not just brought up but my mom's influence, my dad's influence; they always were singing something that was strange and weird (unique, specific to Corinne's experience - Turino - identity). I shouldn't say strange and weird; old and fun, let's put it that way.
KJ - right, sort of easily cemented in the memory...

CL - right...

KJ - How do you spell Ja-da Ja-da?

CL - J-A-D-A.

KJ - OK.

CL - J-a-D-a, with a capital D.

KJ - Is it just a folk tune, or what...?

CL - Yeah, let me get it for you, let me get the book. (she goes to get the book, tape paused)

It has some good, um...

KJ - Is this ... this is your book?

CL - Well, actually, it was here. Oh, no. Yeah, yeah I put my name in it. But I ... I can't even remember. I've bought so many things I don't know, but this is ... (unintelligible) I even loaned it to the kids who do music, uh therapy. Because... Now they come twice a week.

KJ - Right. Mondays and Wednesdays ... right?

CL - Right. And, uh, then we have, oh we have this lady that comes once a month, who is about this tall (gestures with hand to indicate shortness of the lady's height) and she is, you know she was in show business because her thing is, "well, I have a show arranged for thus and thus, so would you like that?" And I mean she just comes in and she sings and she dances. But she has her program and she wants to go by it, she won't let anybody...
KJ - She's a volunteer. she's just a very active ...

CL - She's just a volunteer that was doing it over at Elder Stay and found out about our place and started coming ...

KJ - What's her name?
CL - Shirley, something or.... I'll get it for you.
KJ - OK, sorry to make you... you, you can wait if you want, y...
CL - No, no, no, no. That's alright, I'll get it.

(long - 20s - pause while Corinne goes to get business card, comes back and hands it to me)
KJ - Thank you.
CL - Mmmhmm.

KJ - OK, sorry, we got distracted f...
CL - That's OK, no, that's ok. Because she is just fun. She, um... (chuckles) she is the cutest little... and she just sings all of those old Broadway songs and just, you know, I don't know if you've ever... you know when they go at the end ... (she motions and sings "aaa-uuh-aaay" on do-sol-do) And you can tell from the, well I could - not everybody could, I guess - but I could tell right from the beginning that she had had done lots of this kinda stuff. And she said she'd been on the stage since she was like either three or seven, something like that. So, you know, she... for her to do this, I thought, 'what a great thing to do'. She's, she's uh, (whispers) extremely thin (I can't quite tell from audio)
KJ - yeah?

CL - at least I (?) can be a little bit (whispers) skinnier (regular voice) like that...

KJ - but they like her, when she does the ...

CL - Oh yeah.

KJ - ... the like, really showy ...

CL - yeah, she does the showy stuff and ...

KJ - ... she gets people to react?

CL - Yeah, and she goes up to them and says, "I ain't had no lovin' since January February" (Corinne gestures like Shirley, dramatically) and she puts her hands on her...

and ..."June or July!" All those little tiny..., (sighs) she's... she's interesting. She's fun. So, anyhow, this will give you, this gives you a few little songs to do and take you along with what you can do with the music if you want to do some... umm...

KJ - Interactive things?

CL - Yeah. And um, this is the way we... I have a hard time with some of this. I have to be really careful because, you can lead into something, to a kid's song, and I've done it with them by starting a discussion on it all and then we could go into this (points to a children's song in the book, one which she can only do, as she describes, by properly contextualizing it with discussion) without them thinking that they were being put down.
APPENDIX C

HUMAN SUBJECTS COMMITTEE APPROVAL

Office of the Vice President For Research
Human Subjects Committee
Tallahassee, Florida 32306-2742
(850) 644-8673 · FAX (850) 644-4392

APPROVAL MEMORANDUM

Date: 8/24/2011

To: Kayleen Justus

Address:
Dept.: MUSIC SCHOOL

From: Thomas L. Jacobson, Chair

Re: Use of Human Subjects in Research
Musicking and Selfhood in Alzheimer's disease

The application that you submitted to this office in regard to the use of human subjects in the research proposal referenced above has been reviewed by the Human Subjects Committee at its meeting on 05/11/2011. Your project was approved by the Committee.

The Human Subjects Committee has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval does not replace any departmental or other approvals, which may be required.

If you submitted a proposed consent form with your application, the approved stamped consent form is attached to this approval notice. Only the stamped version of the consent form may be used in recruiting research subjects.

If the project has not been completed by 5/9/2012 you must request a renewal of approval for continuation of the project. As a courtesy, a renewal notice will be sent to you prior to your expiration date; however, it is your responsibility as the Principal Investigator to timely request renewal of your approval from the Committee.
You are advised that any change in protocol for this project must be reviewed and approved by the Committee prior to implementation of the proposed change in the protocol. A protocol change/amendment form is required to be submitted for approval by the Committee. In addition, federal regulations require that the Principal Investigator promptly report, in writing any unanticipated problems or adverse events involving risks to research subjects or others.

By copy of this memorandum, the Chair of your department and/or your major professor is reminded that he/she is responsible for being informed concerning research projects involving human subjects in the department, and should review protocols as often as needed to insure that the project is being conducted in compliance with our institution and with DHHS regulations.

This institution has an Assurance on file with the Office for Human Research Protection. The Assurance Number is FWA00000168/IRB number IRB00000446.

Cc: Frank Gunderson, Advisor
HSC No. 2011.6373
RE-APPROVAL MEMORANDUM

Date: 7/9/2012

To: Kayleen Justus

Address:
Dept.: MUSIC SCHOOL

From: Thomas L. Jacobson, Chair

Re: Re-approval of Use of Human subjects in Research
Musicking and Selfhood in Alzheimer's disease

Your request to continue the research project listed above involving human subjects has been approved by the Human Subjects Committee. If your project has not been completed by 5/8/2013, you must request a renewal of approval for continuation of the project. As a courtesy, a renewal notice will be sent to you prior to your expiration date; however, it is your responsibility as the Principal Investigator to timely request renewal of your approval from the committee.

If you submitted a proposed consent form with your renewal request, the approved stamped consent form is attached to this re-approval notice. Only the stamped version of the consent form may be used in recruiting of research subjects. You are reminded that any change in protocol for this project must be reviewed and approved by the Committee prior to implementation of the proposed change in the protocol. A protocol change/amendment form is required to be submitted for approval by the Committee. In addition, federal regulations require that the Principal Investigator promptly report in writing, any unanticipated problems or adverse events involving risks to research subjects or others.

By copy of this memorandum, the Chair of your department and/or your major professor are reminded of their responsibility for being informed concerning research projects involving human subjects in their department. They are advised to review the protocols as often as necessary to insure that the project is being conducted in compliance with our institution and with DHHS regulations.

Cc: Frank Gunderson, Advisor
HSC No. 2012.8234
CONSENT FORMS AND INTERVIEW QUESTIONS

CONSENT FORM: CARE PROVIDERS, SPECIALISTS, STAFF, THERAPISTS

“Musicking and Selfhood in Alzheimer’s Disease”
Ph. D. Dissertation, Florida State University: Kayleen Kerg Justus

You are invited to participate in a research study conducted by Kayleen Kerg Justus, a doctoral candidate from the Musicology Department at Florida State University, as part of her dissertation research. Kayleen will conduct this research study from June 2011 to March 2012. Your participation in this research study is completely voluntary and will be kept confidential. Please read the information below and raise questions about anything you do not understand before deciding whether or not to participate in the study.

PURPOSE OF THE RESEARCH STUDY:
This study explores the contexts in which individuals with Alzheimer’s disease engage musical activity in ways that facilitate self-expression and well-being. The aims of this dissertation research are to: 1) to illuminate individuals’ personal experiences of making, listening to, and talking about music that transform the course of their disease from ill- to well-being in order to 2) reexamine and expand the way music’s healing potential is understood and used within various medical, musical, and health care professions.

PROCEDURES:
If you choose to participate in this study, you will be asked to participate in one video- or audio-recorded interview, each anticipated to last thirty (30) to ninety (90) minutes long, in which you will be invited to talk about your experiences and observations of music as a care provider, specialist, or therapist for individuals with Alzheimer’s disease. You may be asked to participate in one or more follow-up interviews, each of which is also voluntary. Should you elect to

---

123 This was the working title of the dissertation at the time of the prospectus defense (4/11).
participate in additional interviews, Kayleen will provide to you another copy of this consent form to complete. A copy of each recorded interview and the typed transcripts will be available to you at your request at least one week after the interview takes place.

CONFIDENTIALITY:
Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained in the dissertation document by the use of a pseudonym instead of your name at your request. All of the audio- and video-recordings and transcripts of interviews with your identifying information will be kept in Kayleen’s personal archive, which is comprised of both a password-protected computer hard drive and a locked home office.

PARTICIPATION AND WITHDRAWAL:
Your participation in this study is completely voluntary. You are at liberty to withdraw your participation at any time during the study without consequences of any kind or loss of benefits to which you are otherwise entitled. You may also refuse to answer any questions you do not want to answer.

If you have any questions or concerns about your participation in this research study, please contact Kayleen, the research investigator, directly at any time.

Kayleen Kerg Justus: (phone/email)

Major Professor:
Dr. Frank Gunderson, Ph.D.
850-644-6106
fgunderson@fsu.edu

Florida State University Office of Research (IRB):
850-644-8633
humansubjects@magnet.fsu.edu
I understand the procedures described above. My questions have been answered to my satisfaction and I have been given a copy of this form for my own records. My signature below indicates that I have given my consent to participate in this study.

__________________________________________
Printed Legal Name     Signature    Date

* Please check the appropriate box below to indicate whether Kayleen should use a pseudonym or your legal name in the dissertation:
[   ] PSEUDONYM (please provide a pseudonym here ________________________________)
[   ] LEGAL NAME

Date of IRB approval:
IRB Number:  

Project Expiration Date:  kmj7/10/11
GENERAL INTERVIEW QUESTIONS

INDIVIDUALS WITH ALZHEIMER’S DISEASE (AD)

1. What is the first thing that comes to your mind when you hear or think about music?
2. What is your favorite type/style of music?
3. In what ways do you typically make music? Has making and/or listening to music been important to you throughout your life? In what ways has this been so? Are these past musical experiences significant/related to the ways you engage music now?
4. Has your participation in music making/listening changed since you were diagnosed with Alzheimer’s disease? If so, how so?
5. What is your favorite part of making or listening to music? How does it make you feel? How has it made you feel in the past?
6. Please describe your thoughts and feelings about the music you made/listened to today.
7. Do you play (have you played) any instruments, sing, or dance (throughout your life)? Why is this (has this been) so? How frequently do you do (have you done) this? Why is this (has this been) so? How does it effect (has it effected) you?
8. In your day-to-day life, how do you experience/engage with music? Do you listen to the radio, records, tapes, compact discs, or digital music on a computer? Do you watch programs on television in which music is featured or included?
9. Do you attend or participate in public musical performances, including concerts, dances, church choirs, community music events, or other live public performances? Why do you attend/participate in these events?
10. Do your caretakers, doctors, or therapists sing, dance, play instruments, or play recorded music while they take care of you or in other contexts that you observe? What are your reactions to these musics?
11. In what ways do your family/close acquaintances participate in music with you? Do you initiate these activities or do they?

SURROGATES, WARDS, FAMILY MEMBERS OF INDIVIDUALS WITH AD

1. When was [name of individual] diagnosed with Alzheimer’s disease?
2. Are there ways that [individual’s name]’s participation in music making and/or listening changed after they were diagnosed with Alzheimer’s disease?

3. In what ways does [name of individual] typically engage in music/dance/singing/listening throughout the day? Does [name of individual] prefer a specific style or mode of music making or listening?

4. Has [name of individual] played instruments, danced, sung, or engaged in musical performances of any kind throughout his/her life?

5. Does [name of individual] attend or participate in public musical performances, including concerts, dances, church choirs, community music events or other live public musical performances?

6. Are there any instances where you have observed [name of individual] engaging in musical performance or listening in ways that have dramatically changed their personality, demeanor, memory, communicative capabilities, or other symptoms of Alzheimer’s disease they experience? Please describe.

7. Do you make music or listen to music with [name of individual]? Why do you do this and in what contexts do you do this?

8. Do you talk about music and music making/listening with [name of individual]? In what ways does he/she talk about music with you?

STAFF, CARE PROVIDERS, SPECIALISTS, THERAPISTS

1. In what ways do your patients typically engage in music/dance/singing/listening throughout the day? What are the specific styles, genres, types of music preferred by patients for whom you have provided care?

2. Are there any instances where you have observed your patients engaging in musical performance or listening in ways that have dramatically changed their personality, demeanor, memory, communicative capabilities, or other symptoms of Alzheimer’s disease they experience? Please describe.

3. Do you make music or listen to music with your patients? Why do you do this and in what contexts do you do this?
4. Do you talk about music and music making/listening with your patients? In what ways do they talk about music with you?

5. Is there a regular program of musical activities in the facility in which you work? If so, what are your observations of these activities? If not, what musical activities do occur/have occurred in the facility in which you work?
APPENDIX E

PERMISSION LETTER AND FAIR USE DOCUMENTATION

University of Western Australia
35 Stirling Hwy, Crawley
Western Australia, 6009

Dear Mr. Paul Bourke:

I am completing a doctoral dissertation at Florida State University entitled “Music, Dementia, and the Reality of Being Yourself” (abstract attached). I would like your permission to reprint in my dissertation the following image:

- the first image of a mobius band in black and white that appears on your page: http://paulbourke.net/geometry/mobius/ (see attached image)

The purpose of using your particular image/diagram of a mobius band is that it demonstrates simply and clearly how two sides of the same phenomenon never fully coincide, a perspective I explore with respect to music, dementia, subjectivity, and consciousness. The crucial feature of this idea is that any two positions on the band, if you traverse the edge or surface of the curve between them, never meet, dovetail, overlap, or concur. In order to highlight this idea with your image in my dissertation, I would like to add two directional arrows and two lettered coordinates (see attached image).

The requested permission extends to any future revisions and editions of my dissertation, including non-exclusive world rights in all languages, and to the prospective publication of my dissertation by ProQuest through its UMI® Dissertation Publishing business. ProQuest may produce and sell copies of my dissertation on demand and may make my dissertation available for free internet download at my request. These rights will in no way restrict publication of the material in any other form by you or by others authorized by you. Your signing of this letter will also confirm that you own the copyright to the above-described material.

If these arrangements meet with your approval, please sign this letter where indicated and return it to me in the enclosed return envelope. Thank you very much.

Sincerely,

Kayleen Justus

PERMISSION GRANTED FOR THE USE REQUESTED ABOVE:

Paul Bourke

Date: 20 - 6 - 2014
Name: Kayleen Justus
Job Title: student
Institution: Florida State University
Title of Work Used: Diagnostic and Statistical Manual for Mental Disorders, 4th edition, Text Revision
Copyright Holder: American Psychiatric Association
Publication Status: Published
Publisher: American Psychiatric Association
Place of Publication: Washington, DC
Publication Year: 2000
Description of Work: Manual outlining and describing the standard criteria for all recognized mental disorders.
Date of Evaluation: June 19, 2014
Date of Intended Use: June 19, 2014

Describe the **Purpose** and Character of Your Intended Use:

The purpose and character of my intended use of the figure entitled "Diagnostic Criteria for 294.1x Dementia of the Alzheimer's Type," which can be found on page 157 of the Diagnostic and Statistical Manual for Mental Disorders, Fourth edition, Text Revision (DSM-IV-TR), is to produce scholarship that references the information contained within the above-mentioned figure. The specific type of scholarship to be produced is categorized as academic research and the figure mentioned above illustrates the behavioral, cognitive, and other medically recognized symptoms of dementia, which is one of the central concerns of the dissertation. In the dissertation, I give credit to the copyright holder. The dissertation is not associated with commercial activity.
Describe the **Nature** of Your Intended Use of the Copyrighted Work:

The DSM-IV-TR is a published work that is factual or nonfiction based and is important to favored educational and academic research objectives.

<table>
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<th>Unfair</th>
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Describe the **Amount** of Your Intended Use in Relation to the Copyrighted Work as a Whole:

The figure from the DSM-IV-TR that I would like to use constitutes only a portion of a single page of the entire document and outlines a very specific type of mental disorder, whereas the whole DSM-IV-TR contains approximately 1,000 pages and covers the entire scope of recognized mental disorders (in other words, the portion I would like to use is not central to entire work). Finally, the amount I propose to use is appropriate for favored educational and academic research purposes.

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<th>Unfair</th>
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</table>

Describe the **Effect** of Your Intended Use on the Potential Market or Value of the Copyrighted Work:

The DSM-IV-TR is available on the American Psychiatric Association Publishing website, (at dsmpsychoiatryonline.org), which I accessed legally via the Florida State University's library online (via my student identification information). The only copies (print or digital) that I made are the copies distributed to the members of my dissertation committee. The publication of my dissertation, with the above-mentioned figure from page 157 of the DSM-IV-TR, will have no significant effect on the market or potential market for it.

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The Average "Fairness Level," Based on Your Rating of Each of the 4 Factors, Is:

[see tool disclaimer for important clarifying information]:

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Based on the information and justification I have provided above, I, Kayleen Justus, am asserting this use is FAIR under Section 107 of the U.S. Copyright Code.

Signature: __________________________________________

Date of Signature: ________________________________

*Disclaimer: This document is intended to help you collect, organize & archive the information you might need to support your fair use evaluation. It is not a source of legal advice or assistance. The results are only as good as the input you have provided by are intended to suggest next steps, and not to provide a final judgment. It is recommended that you share this evaluation with a copyright specialist before proceeding with your intended use.*
<table>
<thead>
<tr>
<th>Name: Kayleen Justus</th>
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<tbody>
<tr>
<td>Job Title: student</td>
</tr>
<tr>
<td>Institution: Florida State University</td>
</tr>
<tr>
<td>Title of Work Used: The Memory Loss Tapes</td>
</tr>
<tr>
<td>Copyright Holder: Shari Cookson, Nick Doob (directors)/Home Box Office, Inc.</td>
</tr>
<tr>
<td>Publication Status: Published</td>
</tr>
<tr>
<td>Publisher: HBO Documentary Films and the National Institute on Aging of the National Institutes of Health in association with the Alzheimer’s Association, Fidelity Charitable Gift Fund, Geoffrey Beene Gives Back Alzheimer’s Initiative and Sceneworks.</td>
</tr>
<tr>
<td>Place of Publication: film</td>
</tr>
<tr>
<td>Publication Year: 2009</td>
</tr>
<tr>
<td>Description of Work: From the HBO website that provides the film for free streaming online (<a href="http://www.hbo.com/alzheimers/memory-loss-tapes.html">http://www.hbo.com/alzheimers/memory-loss-tapes.html</a>): &quot;While there is hope for the future as science gains momentum, millions of Americans are currently affected by the painful and deadly consequences of Alzheimer's. This verité documentary profiles seven people living with the disease, each in an advancing state of dementia, from its earliest detectable changes through death. 'We wanted to capture a sense of what it was to be inside the disease,' explains Shari Cookson. 'Our plan was to show the progression of the illness through several stories along the way.' But as Nick Doob points out: 'There's nothing clear cut about it. The course of the disease is different from person to person.' Adds Cookson: 'They say if you've seen one person with Alzheimer's...you've seen one person with Alzheimer's.&quot;</td>
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<td>Date of Evaluation: June 19, 2014</td>
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<tr>
<td>Date of Intended Use: June 19, 2014</td>
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Describe the **Purpose** and Character of Your Intended Use:

The purpose of using narrativized transcriptions of the dialogue and action in each of the above-mentioned documentary vignettes is twofold. First, these particular vignettes both featured music and/or performance as a centrally important aspect of the story, which is also a significant theme throughout the other narratives featured in the dissertation. Second, the other stories included in the dissertation were generated as part of an ethnographic study and represent a written account of the lived experiences of individuals with dementia. Creating an ethnographic-style narrative of each filmic vignette mentioned above allows me to integrate the information represented in the documentary with the information I collected as part of my research study.

The purpose of using screenshots from each of these vignettes is also twofold. First, the images from the documentary film are meant to punctuate significant moments in the written narrative. Second, the concept of “image” is an idea that I explore throughout the dissertation, especially in relationship to dementia and to musical activity. The inclusion of these images within the narratives enhances each story and enables me to highlight notable moments in each.

The overall purpose of the dissertation is to produce scholarship that explores music, dementia, and Selfhood. The dissertation is an exercise in academic research and philosophical critique and is not associated with commercial activity. In the dissertation, I give full credit to the original authors, producers, and copyright holders of *The Memory Loss Tapes*.

---

Describe the **Nature** of Your Intended Use of the Copyrighted Work:

The film entitled, "The Memory Loss Tapes," is a published documentary film that is factual (nonfiction) based and is important to favored educational and academic research objectives, as well as general public interest in health-related and aging issues. Moreover, the film is available for free streaming on a website owned and operated by the copyright holder.
Describe the **Amount** of Your Intended Use in Relation to the Copyrighted Work as a Whole:

I intend to use excerpts and screenshots (digital stills) from two out of the seven stories included in The Memory Loss Tapes, which is an amount appropriate for favored educational and research purposes.

---

Describe the **Effect** of Your Intended Use on the Potential Market or Value of the Copyrighted Work:

The documentary film entitled, The Memory Loss Tapes, is available to stream online for free at the following website (owned by the copyright holder - Home Box Office, Inc.): http://www.hbo.com/alzheimers/memory-loss-tapes.html. I accessed and viewed this film lawfully via this website. The publication of my dissertation (and the images and narrativized transcripts from The Memory Loss Tapes) will have no significant effect on the market or potential market for the film.

---

The Average "**Fairness Level,**" Based on Your Rating of Each of the 4 Factors, Is:

[see tool disclaimer for important clarifying information]:

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Based on the information and justification I have provided above, I, Kayleen Justus, am asserting this use is **FAIR** under Section 107 of the U.S. Copyright Code.

Signature: _____________________________  
Date of Signature: __________________________
*Disclaimer: This document is intended to help you collect, organize & archive the information you might need to support your fair use evaluation. It is not a source of legal advice or assistance. The results are only as good as the input you have provided by are intended to suggest next steps, and not to provide a final judgment. It is recommended that you share this evaluation with a copyright specialist before proceeding with your intended use.*
<table>
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<tr>
<th><strong>Name:</strong></th>
<th>Kayleen Justus</th>
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<tbody>
<tr>
<td><strong>Job Title:</strong></td>
<td>student</td>
</tr>
<tr>
<td><strong>Institution:</strong></td>
<td>Florida State University</td>
</tr>
<tr>
<td><strong>Title of Work Used:</strong></td>
<td>&quot;Rise of the Selfie&quot; (&quot;Selfie&quot; of astronaut Aki Hoshide)</td>
</tr>
<tr>
<td><strong>Copyright Holder:</strong></td>
<td>NASA/The Associated Press</td>
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<tr>
<td><strong>Publication Status:</strong></td>
<td>Published</td>
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<tr>
<td><strong>Publisher:</strong></td>
<td>The Associated Press</td>
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<td><strong>Place of Publication:</strong></td>
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</tr>
<tr>
<td><strong>Publication Year:</strong></td>
<td>2013</td>
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<tr>
<td><strong>Description of Work:</strong></td>
<td>The image is a photograph of himself taken by astronaut Aki Hoshide at the International Space Station in 2012. Here is the description from the AP website that features this image (<a href="http://www.apimages.com/metadata/Index/Rise-of-the-Selfie/bb0ff3632bdb433a88f6222e1f1ab89b4/1/0">http://www.apimages.com/metadata/Index/Rise-of-the-Selfie/bb0ff3632bdb433a88f6222e1f1ab89b4/1/0</a>):</td>
</tr>
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</table>
|                | "This Sept. 18, 2012 photo released by NASA shows international space station astronaut Aki Hoshide taking a self-portrait while in space. The practice of freezing and sharing our tiniest slices of life in "selfies" has become so popular that the granddaddy of dictionaries, the Oxford, is monitoring the term as a possible addition.  
(AP Photo/NASA) Use Information This content is intended for editorial use only. For other uses, additional clearances may be required. |
| **Date of Evaluation:** | June 19, 2014 |
| **Date of Intended Use:** | June 19, 2014 |
Describe the **Purpose** and Character of Your Intended Use:

The purpose of using this particular image is twofold. First, it is a "selfie" - a photograph someone takes of themselves. In one of the chapters, I address the phenomenon of selfies in relationship to Self-image, subjectivity, and consciousness, which are central concerns of the research and analysis contained in the dissertation. Second, the image is of an astronaut and contains elements of space, space imagery, and space technology, which is a sub-theme in the dissertation. The use of this image is intended for academic research, scholarship, comment, and criticism. It is not related to commercial activity and I do not stand to profit from the use of this image in the dissertation.

Describe the **Nature** of Your Intended Use of the Copyrighted Work:

The nature of the copyrighted image is that it is a published work and it is based on factual experience. It contains the Associated Press name and abbreviation (AP) as a watermark in the center of the photo to be used. Moreover, it is listed by the copyright holder (AP) on the Associated Press Images website (http://www.apimages.com/metadata/Index/Rise-of-the-Selfie/bb0ff3632bdb433a88f6222e1fab89b4/1/0) that: "AP provides access to this publicly distributed handout photo provided by NASA for editorial purposes only" and that the "use information" for the image is classified as "handout public domain."

Describe the **Amount** of Your Intended Use in Relation to the Copyrighted Work as a Whole:

I intend to use the entire watermarked image.
Describe the **Effect** of Your Intended Use on the Potential Market or Value of the Copyrighted Work:

I lawfully accessed the image (handout for public domain) via the Associated Press Images website, http://www.apimages.com/metadata/Index/Rise-of-the-Selfie/bb0ff3632bdb433a88f6222e1fab89b4/1/0, for which I have a registered account. I do not anticipate that the inclusion of this watermarked image in the dissertation will have any significant effect on the market or potential market for the copyrighted work. Moreover, the version of the image I have included in the dissertation is classified by the copyright holder (AP) on the Associated Press website as available for public use/distribution.

The Average "**Fairness Level,**" Based on Your Rating of Each of the 4 Factors, Is:

[see tool disclaimer for important clarifying information]:

Based on the information and justification I have provided above, I, Kayleen Justus, am asserting this use is **FAIR** under Section 107 of the U.S. Copyright Code.

Signature: __________________________

Date of Signature: __________________________

**Disclaimer:** This document is intended to help you collect, organize & archive the information you might need to support your fair use evaluation. It is not a source of legal advice or assistance. The results are only as good as the input you have provided by are intended to suggest next steps, and not to provide a final judgment. It is recommended that you share this evaluation with a copyright specialist before proceeding with your intended use.
Fair Use Evaluation Documentation

Name: Kayleen Justus
Job Title: student
Institution: Florida State University
Title of Work Used: 2001: A Space Odyssey
Copyright Holder: Stanley Kubrick and Arthur C. Clarke
Publication Status: Published
Publisher: Metro-Goldwyn-Mayer Inc. and Turner Entertainment Company via Warner Brothers Entertainment, Inc.
Place of Publication: film
Publication Year: 1968
Description of Work: 2001: A Space Odyssey is a fictional narrative (and film) about a mysterious monolith and its effects on various stages of human evolution. It contains three major acts: one that depicts early primates discovering, encountering, and responding to the monolith; a second act that depicts present-day humans (and a very intelligent computer) on missions to the moon and to Jupiter to investigate the monolith, and finally, a third act that features one human's encounter with the monolith through space and time.
Date of Evaluation: June 19, 2014
Date of Intended Use: June 19, 2014
Describe the **Purpose** and Character of Your Intended Use:

The purpose of using a narrativized transcription of the dialogue and action in the above-mentioned excerpt is twofold. First, Hal's story contains aspects related to music, to the condition of dementia, and the problem of consciousness, which are the central themes of the dissertation. Second, the other stories included in the dissertation were generated as part of an ethnographic study and represent a written account of the lived experiences of individuals with dementia. Although the film is not ethnographic, creating an ethnographic-style narrative of it allows me to integrate the ideas, themes, and concepts related to dementia and music depicted in the fictional story of Hal the computer with the information I collected as part of my research study.

The purpose of using screenshots from the Hal scenes is also twofold. First, the images from the film are meant to punctuate significant moments in the written narrative. Second, the concept of "image" is an idea that I explore throughout the dissertation, especially in relationship to dementia and to musical activity. The inclusion of these images within the narratives enhances each story and enables me to highlight notable moments relative to music, dementia, and consciousness in each.

The overall purpose of the dissertation is to produce scholarship that explores music, dementia, and Selfhood. The dissertation is an exercise in academic research and philosophical critique and is not associated with commercial activity. In the dissertation, I give full credit to the original authors, producers, and copyright holders of 2001: A Space Odyssey.

Describe the **Nature** of Your Intended Use of the Copyrighted Work:

The film entitled, "2001: A Space Odyssey," is a published and highly creative work of fiction. However, by transforming the film dialogue into narrative prose and by punctuating the written story with stills from the film, I will change the work for new educational and academic research utility, which may be favorably important to educational and academic research objectives relative to music and dementia, as well as general public interest in health-related and aging issues.
Describe the **Amount** of Your Intended Use in Relation to the Copyrighted Work as a Whole:

I intend to use excerpts and screenshots (digital stills) from some of the several scenes in the film featuring the character, Hal. In relation to the film as a whole, the dialog, action, and images related to these scenes constitute a small quantity of the entire film. Although Hal's dialog (and those who speak to him) is the most frequent in the film, most of the story (in the scenes before and after his appearance in the film) does not contain dialogue and instead features moving footage set to non-diagetic music and/or other non-speech sounds. The narrative I have created from these scenes transforms the film footage and dialog into a form of ethnographic narrative to be used in conjunction with the other stories in the dissertation which have been created from anthropological research and first-hand observation. The amount of dialogue and images used from the original copyrighted work is approximately the same as the material represented in other narratives in the dissertation and is appropriate for favored educational and academic research purposes.

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**Fair**

![Fair](image1)

**Unfair**

![Unfair](image2)

Describe the **Effect** of Your Intended Use on the Potential Market or Value of the Copyrighted Work:

2001: A Space Odyssey is available for purchase and rental via various online portals. I accessed and viewed this film lawfully via iTunes. The publication of my dissertation (and the images and narrativized transcripts from 2001: A Space Odyssey) will have no significant effect on the market or potential market for the film.

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**Fair**

![Fair](image3)

**Unfair**

![Unfair](image4)

The Average "**Fairness Level,**" Based on Your Rating of Each of the 4 Factors, Is:

[see tool disclaimer for important clarifying information]:

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**Fair**

![Fair](image5)

**Unfair**

![Unfair](image6)
Based on the information and justification I have provided above, I, Kayleen Justus, am asserting this use is **FAIR** under Section 107 of the U.S. Copyright Code.

Signature: ______________________________

Date of Signature: ______________________________

*Disclaimer: This document is intended to help you collect, organize & archive the information you might need to support your fair use evaluation. It is not a source of legal advice or assistance. The results are only as good as the input you have provided by are intended to suggest next steps, and not to provide a final judgment. It is recommended that you share this evaluation with a copyright specialist before proceeding with your intended use.*
REFERENCES


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BIOGRAPHICAL SKETCH

Kayleen Justus earned her Bachelor of Arts in Psychology from Miami University in Oxford, Ohio in 2002 and completed a Bachelor of Music in Music Education in 2005. After working and teaching privately in Cincinnati, OH, she moved to Tallahassee to pursue a graduate degree in music at Florida State University, where she directed Mas ‘N Steel, the FSU steel band, from August 2007 until May 2011.

Justus completed a Masters of Music in Ethnomusicology in December 2008. Her thesis, “Memetics, Media, and Groove: Musical Experience in Two Florida Steelbands,” explores the role of specific conceptual memetic structures used by two ensemble directors in planning, rehearsing, and teaching their bands. In the Spring of 2009, Justus began her doctoral coursework at Florida State University. During this time she taught Modern Popular Music and American Roots Music for the College of music over the course of six semesters. She has also been an adjunct lecturer at Tallahassee Community College, where she taught Music of the World and an Introduction to Music History course. In January 2013, she also began teaching as an online instructor for Kent State University for the Music as a World Phenomenon course. In the summer of 2014, she will begin teaching a graduate-level course in World Music. She currently resides in Tallahassee, FL, where she also teaches two community-based steel band ensembles.