MUSIC THERAPY WITH ELDERLY ‘LIFER’ PRISONERS: WHO WANTS TO KNOW?

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Abstract

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This paper presents a long term piece of music therapy work working with elderly prisoners on life sentences who are cared for at a specialist prison medical unit. The unit is designed to meet the medical needs of elderly prisoners who are either terminally ill or those who are unable to be cared for in standard prison institutions. Weekly music therapy sessions were offered for 13 months and consisted of initial assessment group sessions, followed by regular individual sessions. This paper explores the therapeutic processes of 2 prisoners engaged in individual music therapy sessions, and reports the changes in responses from staff and prisoners outside the sessions to the ending process of music therapy.

The findings of this work have implications and future questions for the use of music therapy as an emotional medium offered to elderly prisoners who find taking ‘risks’ in relating personally and emotionally extremely difficult, especially in an institutional environment not designed to adequately process emotional material.

Introduction

“I guess it comes down to one simple choice; get busy living, or get busy dying.”

From the film ‘The Shawshank Redemption’ (1994)

For an elderly ‘lifer’ unit which is designed to treat and care for elderly prisoners of whom many are terminally ill, the choice to ‘get busy dying’ is not far from the truth. The prisoners’ acceptance that they will live out their last days in prison and that there is no incentive or possibility of release can drive forward this choice, and acceptance to, die. When a music therapist is placed in a unit where prisoners may make this choice to die, then that choice can become more painful because the music therapist can offer the alternate choice, which is to ‘get busy living’.

Linked with the choices about living or dying, are the choices of ‘knowing’ or ‘not knowing’. There was a general resistance from staff to want to know about elderly ‘lifer’ prisoners emotional states. Many staff nurses, prison officers and prisoners expressed their difficulties of music therapy, such as complaints about the ‘noise’ in the unit, reminders to the music therapist about the futility of the work, and that elderly prisoners were dangerous men and had done some horrible crimes. By the end of the 13 months of music therapy their initial difficulties had changed significantly mainly due to the testimonies of the prisoners who made a choice to ‘live’ and engage in music therapy.

The Elderly ‘lifer’ unit: its background and functions

When an opportunity to work at HMP Norwich as a music therapist was created in 2006, one of the first places in the prison that was thought about for suitability was a newly created elderly ‘lifer’ unit built within an existing prison wing. Music therapy was funded through the prison’s Learning and Skills Department. The elderly ‘lifer’ unit itself was a 15 bed unit and designed to provide specialist medical care for elderly prisoners (mostly on life sentences) from around the country. The majority of prisoners in the unit had significant health care needs, whether it was terminal illness, or having a physical and/or learning disability. Throughout the UK, prisons generally had increasing elderly populations, most of whom were deemed too dangerous to be cared for in community settings and thus the ‘lifer’ unit was created to relieve prisons of elderly prisoners who needed specialist medical care. The unit was also the first of its kind in the United Kingdom, and only one of two in Europe. The functioning of the unit was facilitated by a joint partnership between the Prison and the National Health Service. Staff members were a combination of NHS nurses and Prison officers.
Music therapy 10-week assessment group

A music therapy 10-week assessment group was set up to assess prisoners’ engagement and motivations and to test whether music therapy group work was the right model for the unit. As it was an open group prisoners were not referred directly, and could choose to attend as little or as long as they wished. During the 10-week open music therapy assessment period five prisoners attended music therapy sessions but no prisoners attended together in the same session. It was clear that the elderly prisoners in the unit did not wish to engage in any group situations. However, this aversion to a group also created a situation where a prisoner may have felt anxiety about being the only attendee.

At the end of the 10-week period I assessed the findings regarding overall prisoner behaviour in terms of their contact with the music therapy group sessions and communicated to the Learning and Skills Department the recommendation to fund individual music therapy sessions. This was agreed and following the change to individual music therapy sessions, two prisoners committed themselves to attending the sessions regularly which will be presented in the following two case studies.

Music therapy Case Study 1

This case study will present a prisoner known as ‘N’ who attended some of the initial assessment sessions. Once N had committed to individual music therapy sessions he attended music therapy for a total of 47 sessions until its termination.

N suffered from Alzheimer’s disease and had an undisclosed physical illness. He had very poor hearing in one ear and wore a hearing aid which rarely worked efficiently. His diagnosis was often linked to his behaviour, and his poor hearing did not help situations where he may have been seen to be aggressive, confused or agitated. In the unit he was often labelled as stupid and confused, and often was the victim of persecution and bullying from other prisoners. His index offence was restricted information but much later in the therapeutic process a staff member disclosed to me that he was a multiple sex offender who committed crimes with very young boys. This information was unable to be verified but, if true, it may have possibly contributed to the acts of bullying and ill-treatment he received from other prisoners. In the unit he was generally extremely quiet and rarely spoke to anyone. It was known in the unit that he had extreme paranoia about being poisoned and he particularly mistrusted the unit staff.

Initial sessions

N very quickly took to playing the bass drum and stayed anchored to this instrument for the entire therapeutic process. N made minimal verbal contributions, and stayed focused on drumming almost constantly. The qualities of his playing consisted of fluctuating tempi, little or no accent or phrasing, no volume changes and had rigidity in playing constant quaver patterns. N displayed a strong attachment to my guitar playing when merged with his rhythmic patterns but often displayed anxiety when his drumming became unstable in response to any changes in tempo or volume that I initiated. His limited verbal contributions often idealised the music we made together (focusing on how good my playing was at the same time as criticising his own). N regularly emphasised that he was always trying his best to follow and keep with me. His need to merge with me and ‘keep up’ suggested a dependent relationship, and although I was trying to help N develop more of a sense of self in the music by supporting his own sounds, he may have interpreted my shifts to change as me moving away from him.

Outcomes

Towards the final sessions of music therapy the bass drum remained as N’s main instrument. The difference in his playing within a year now included a stable independent tempo and N could experiment with a variety of sound qualities such as playing the drum on the rim instead of the skin, and making new sounds using the beater in different positions. N also experimented with different instruments playing the cymbal, Djembe drum, and small percussion instruments. Changes in volume were more frequent and he enjoyed making sudden hits on the drum, mostly towards me. At times he seemed playful, and other times he was more daring such as hitting the drum so close to me that a couple of times he hit my leg. During these moments he
nervously laughed possibly acknowledging a boundary being broken, but this also suggested some form of playful aggression. Overall I interpreted N’s playing having more vitality and motivation. His stability and emotional communications in the music released me from trying to give him musical stability. The improvisations felt more as a partnership rather than one person supporting or feeding the other.

Verbal reflections on the music had become more habitual, but the final breakthrough occurred only two months before the end of music therapy when N’s hearing aid was replaced. This allowed significant verbal dialogue to take place and for the first time it was possible to explore N’s thinking and emotions in the sessions. Of particular interest were the feelings and thoughts he had on his life in the unit and how it felt to live there, as well as what music therapy meant to him.

**Selected verbal material from prisoner N on his experience in the unit**

The following verbal excerpts are provided to show the links between his thoughts and feelings about the unit and what was communicated in the music therapy sessions. The excerpts demonstrate N’s capacity for personal reflection and self analysis.

‘I’m in here in my cell and you never ever know when that door is going to open. It could be any time.’ (from Session 43)

‘I know I’m going to die here but I know that there’s something inside me that just won’t let me die. I’m a wicked man and I’m being punished by still living.’ (from Session 43)

‘People here may appear nice but inside they can be horrible. They can insult you and attack you saying horrible things’

(He sips his tea that the therapist has made for him)

‘I know that I’m not going to be poisoned if I drink this’

(from Session 43)

Music therapy had become a safe space for N where he could express his thoughts and feelings. N also allowed me to make a cup of tea for him where the safety of the therapeutic relationship could overcome his paranoia of being poisoned. At the time these excerpts were recorded, a sufficiently strong therapeutic alliance had formed which prepared N for the final few sessions of music therapy where N’s difficulty with endings would be challenged.

**Responses to music therapy and the ending process**

When notice was given to me by the Learning and Skills Department in the prison that the music therapy service was going to be withdrawn due to funding cuts, N was given 6 weeks’ notice. N avoided discussion on the issue for several sessions but the second to last session (Session 46) prompted significant verbal dialogue including a large amount of verbal dialogue and also music. These excerpts from the discussions in Session 46 communicate clearly N’s perception of the therapeutic relationship and his feelings towards the prison as a whole for withdrawing music therapy:

N: ‘I can’t understand it, why they are doing this. We’ve been going on for years! Perhaps we drove them mad!’ (the prison)

N: ‘You feel like coming in then? (for the last session)
You’ll be O.K. Something good will come out of this. I will try my best to tell everyone about our trials and tribulations’

Therapist: ‘Maybe we need to find the good from the bad?’

N: ‘No, it’s bad. It’s bad’
(from Session 46)

N: ‘This place can be very sad. I’d like things to change but they won’t. (about the music therapist leaving) I’m not blaming you, I think about you. I mean you must be upset!’

(from Session 47)

N’s comment that the relationship had felt like it had ‘been going on for years’ communicated the extent to which music therapy had been incorporated into his emotional life; as something permanent and reliable. There is also the dimension of a shared ‘history’ of the therapeutic relationship where N talks about ‘trials and tribulations’ and there is also an attempt to think about ‘good’ being extracted from a bad situation; but N makes it very clear that the ending for him, is truly ‘bad’.

Following these discussions N initiated several musical improvisations with me on bass drum and guitar. The pieces were unusually long and towards the end of the session N requested a song to finish which was ‘Amazing Grace’. At the end of two verses a period of free improvisation ensued and N began to whistle the tune in a free style pattern. The improvisation was of considerable length and eventually N whistled, sang and played alone for several minutes. Knowing that N was having difficulty facing the end of the session, I allowed time for him to arrive at his own ending and of his own choosing. After his music had finished I made a verbal acknowledgement that the next week was the last session, and he showed considerable sadness but no verbal response.

The last session (Session 47) was a significant contrast to the previous session. N made a very small effort to talk with me at the beginning of the session about the fact that it was his last session of music therapy but mostly N seemed withdrawn and focused on improvising music. From a discussion at the end of the session N eventually made the following comment which describes what he felt music therapy was about:

N: It’s about releasing your feelings. You know, when you’re playing your instruments. It’s a release of your inner self’

(from Session 47)

At the very end of the session N’s facial expressions and body language conveyed sadness. N returned to the lounge area of the unit, but later just before I was about to leave the unit he engaged with me once more to ask whether I would write letters to him. I was very moved at this request but also saddened by the fact that the end of the therapeutic relationship was extremely difficult for N as he attempted to try to hold on to some form of contact with me.

Music therapy Case Study 2

This case study will present a prisoner known as ‘B’ who engaged for 10 months (24 sessions) in individual music therapy sessions which began 1 month after the end of the 10-week assessment sessions. B was self-referred for individual music therapy, but before he regularly committed to sessions there were several weeks of conversations with him outside session times, which helped to encourage his interest in attending.

B suffered from an undisclosed physical illness and had been in the unit for 2 years for treatment and specialist medical care. In the unit B was reported to be very quiet and withdrawn, and spent the majority of his time in his cell and rarely sat in the lounge with other prisoners. Before his prison sentence he was a singer/vocalist in club bands, and he was renowned for his singing in his previous prison. B had disclosed his index offence to me in music therapy sessions but would only say that he was in prison for murder committed in a pub fight in the 1970’s. His reputation as a singer in the past and his regular pastime in his cell of listening to music heavily influenced staff members to try and persuade him to attend music therapy.

Initial sessions

The first session of music therapy with B was one of the most significant sessions of the whole therapeutic process. Upon attending the session B made it very clear that he didn’t wish to play any instruments and was
happy for me to play music to him. After some introductory discussion, B asked if I could play the song ‘Bridge over Troubled Water’ using guitar and voice as it was his favourite song and was emotionally meaningful to him. I was familiar with the song and after several phrases B burst into tears and remained extremely emotional throughout the course of the song. Sessions following this experience gradually evolved from a receptive music therapy framework to an active one, as B began to feel confident enough to sing songs from his past. His singing in early sessions was often stilted, shaken and tense. He had great difficulty in adjusting the song structures to incorporate another person. He often sped up and slowed down phrases of music, and often began phrases of music too early before I could play the next section of a song. He had very little awareness of my playing with his singing, as he appeared self-absorbed and anxious. He often showed anxiety when invited to try improvisation. B favoured singing over talking in the sessions especially when trying to avoid digesting and discussing the musical experience.

Outcomes

Nearing the end of the 10-month period of music therapy B had made considerable progress in his singing, digesting the music experience, and in his openness about his feelings being in the unit. B was now confident with a wide repertoire of songs and there was a habitual pattern of discussing the music and his singing. His voice had become much stronger and musical elements such as projection of volume, and expressive accents were regularly present in his singing. B still did not engage with instruments but he did experiment with forms of improvisation such as altering and ornamenting song melodies to explore emotional expression. B shared difficult feelings about what it is like to live in the unit and his thoughts on his relationships with other prisoners. He made regular assertions that the others had nothing to live for and wanted to be seen as different from them.

B began to talk about ideas to perform to the other prisoners in the unit. He particularly wished to arrange a small concert where he could sing a selection of songs and he requested that I would accompany him on guitar. B showed strong desires to affirm a sense of identity. On the one hand he separated himself as different from the other prisoners, but on the other hand wished to affirm his identity publicly to them. As these discussions were occurring in the sessions, B had received two unusual requests from two terminally ill prisoners wanting to use him as a resource to sing selected songs (solo) at their own prison funeral services. B was also granted permission to perform 3 pieces at the unit’s Christmas service with me accompanying him on guitar. B eagerly talked about his achievements in music therapy sessions and when he voiced ideas of performing to greater audiences in the prison B received the news that music therapy was going to be withdrawn in 6 weeks.

Selected verbal material from prisoner B on his experience in the unit

This section separates B’s views on the unit and his reflections on his life from those views on the ending itself which will be discussed in the next section. The ending process had re-stimulated his earlier reflections on his life in the unit with the added dimension of the pain and hurt of the music therapy relationship being terminated. The quotes listed below are from the second to last session of music therapy.

B: ‘I’m not going to make myself like them (prisoners). They’re not interested in anything. There’s nothing here for me.
They’ve (staff) done their work on me (medical) and I’m grateful for that but there’s nothing here for me.
The people who thought of this place didn’t think about people like me.
The only reason I’m here is because I was ill. If you hadn’t of been here I would have been lost. The same with N, he’s going to miss you. But no one wants to think about that. You’re just a number here.
(from Session 23)

B emphasises his identity as being different from the other prisoners, refusing to make himself like them or to follow their life pattern. He also highlights the emptiness of the unit saying that there is nothing there for him. He values the music therapy relationship stating that he would have been lost without it, but he also identifies with N and empathises with his loss of the relationship.
Responses to music therapy and the ending process

When it was announced that music therapy sessions were going to be terminated within 6 weeks, B reacted by avoiding verbal discussion and channelled energies into trying to condense as many songs as possible within the session time. My attempts at verbally reflecting this behaviour to him were not responded to or tolerated. The music felt hurried and lacked expression and affect, and I felt there was a drive of anxiety in B to get through each session as quickly as possible.

In Session 23 which was the second to last session, B began the session normally with songs but he presented as being quite shaky and nervous. When I initiated verbal dialogue by saying that there was one more session left he became quite angry and firm in his voice as he expressed his feelings on the issue of music therapy finishing. The excerpts below are directed more personally about me and the role of the ‘prison’ in its removal of the music therapy service:

B: ‘At the end of the day it (music therapy) wasn’t meant for this sort of thing here. It was meant for people who could do things for themselves.

The nurses have said this, and I’m not being funny but you are too professional to be in here. I knew that it wouldn’t last. This is not a place for anybody with a bit of brains.

They (the prison) should never have brought you here. They should have known what was here. They knew but didn’t want to know. This place was never meant for you. They should have never got you here in the first place!’ (teary and angry)

(from Session 23)

After B had expressed his feelings he was teary and emotional and I verbally reflected to him that he was finding the ending very difficult and that he had a lot of anger towards the ‘prison’ for taking me away. He agreed with this, and then quickly requested to sing two more pieces that he felt were the most important to him. The first one was the song ‘Bridge Over Troubled Water’ and the second song was ‘Danny Boy’. As I began the music B started to sing with a very shaky and weak voice. He was holding back tears as he sang, but gradually he gained some strength and control. I sang with him with guitar accompaniment and sang harmony with his melody. At the conclusion of these two songs the following excerpt of verbal dialogue below ended the session:

“Therapist: ‘These two pieces are important.’

B: ‘It’s the first two we did. We’ve done alright. We’ve produced things and performed and at the end of the day, they can’t take that away from us. That’s something they can’t do. They can’t take it away from us’ (teary)

Therapist: ‘No, they can’t take the music away from us.’

B: ‘That’s right. Will see you next week. For the last time.’ (teary emotional)

(from Session 23)

In the above excerpt two important issues for B are highlighted. The first issue is to do with identity. Music was a strong part of B’s sense of identity and in the ending process it is guarded and protected. B justifies a sense of achievement when he talks about having produced and performed music. The second issue is to do with loss. Since there is the loss of the relationship and the sessions, B treats the music as something that the prison cannot take away from him.
The final session (Session 24) of music therapy consisted of contrasting behaviours from the previous session. When B came to the session he said that he did not wish to talk about anything and expressed desires to sing as many songs as possible for the last time. At the completion of all of these songsgoodbyes were exchanged and B tried hard to hold back his emotions. After the session he chose to be alone in his cell and staff later reported that B was found crying and upset.

There were plans to experiment with song writing before the end. B had written the following lyrics, which B agreed to preserve as a poem when it was decided that there was no time left to compose the music.

'Meaningful Music'
A poem about music therapy sessions by B (February 2006)

When times get rough,
You get yourself into music
When I sing I go into another world.
There’s a close feeling with one another
When we play
There’s a good understanding.
I can follow you
You can follow me.
We’ve had a good relationship
Over the last 10 months,
I’m sorry to see you go
I wish you all the best.
I’m looking forward to moving on
I want to forget this place.

Overall outcomes

The overall outcomes of music therapy in the elderly ‘lifer’ unit encompass the changes in the unit as a whole and draw together the individual outcomes of the two prisoners. In total, 6 prisoners out of 15 engaged in music therapy during a 13 month period. Close to half of the prisoners in the unit expressed some direct interest in music therapy despite the fact that feelings of fear about the group/individual session set up and anxieties of what it could for them if they attended, were significant barriers in attending further sessions.

By the end of the year in the unit prisoners eventually showed more acceptance of music therapy and engaged better in general conversation and humorous exchanges with me. Music therapy was less about it being seen as contained within the dining room with selected prisoners but more about it being seen as offering itself as a resource to the unit as a whole.

In terms of the unit’s staff, the ending processes of the two prisoners, particularly the last two sessions, were successful in opening up a professional therapeutic dialogue with staff that was not able to be engaged in previously. At the end of both N and B’s last sessions, it was several staff nurses who noticed the unusual behaviours exhibited by N and B. N looked very depressed and sad in the lounge following his session, and B was found crying in his cell. After the sessions were complete, I returned to the unit office to write up clinical notes. For the first time in the history of working in the unit, two prison officers and two nurses asked me how the sessions went. I communicated to them that N and B’s sessions had been very painful and upsetting for them, and I said further to a prison officer that I didn’t think that he or others would want to know about that. He replied ‘Try me!’, and he sat down to listen. The staff listened attentively and reacted with no humour, and one nurse was visibly moved. I then presented two CD’s of some of the audio recordings of their songs and improvisations that were recorded to be given to N and to B. Further to this I reminded a nurse that N may not know how to run the CD on the CD player in his cell. The nurse said she was moved by the gift of a CD for N and that she would personally make sure he was shown how to play it. This degree of sensitivity, compassion and willingness to know about the prisoners emotional responses from staff even perhaps for a brief moment was extremely significant. It highlighted for me how the staff’s receptiveness to
the prisoners’ emotional conditions could only be contained or thought about for brief periods, and that for the remainder of the time had to be split off and not thought about. The termination of music therapy had allowed an opening of thinking, a willingness to want to know about the prisoners’ emotions, which had been unable to be thought about throughout the therapeutic process.

Conclusion

"Is it nothing to you, all you who pass by?" Lamentations 1:12

The above verse from the book of Lamentations in the Bible expresses the pain of denial and the choice of not wanting to know. The question: ‘Who wants to know?’ is a thread that weaves throughout this paper.

The music therapy work with elderly 'lifer' prisoners that has been undertaken aimed to enquire into how elderly ‘lifer’ prisoners and the unit staff responded to the presence of music therapy in the unit. It presents through these two case studies, the distinct difficulties for elderly ‘lifer’ prisoners to take risks engaging in a therapeutic relationship where there can be a dominating resignation to die in the unit and the refusal to begin or preserve key human relationships. It describes the two prisoners who made a choice to risk a relationship and shows the personal benefits gained from music therapy and their painful processes of ending. There was also a distinct change from staff who eventually allowed themselves to think about the difficult emotional issues which the ending of music therapy in the unit aroused.

This paper presents only a picture of the current emotional conditions of elderly ‘lifer’ prisoners and points to the possible benefits and application of music therapy in this area. I would strongly call for more detailed, expansive and robust research to be carried out in the future to ascertain the benefits of music therapy within this setting. The unique difficult emotional conditions of working in this setting should be taken into account for any music therapy professionals or researchers expressing the desire to ‘want to know’ about elderly ‘lifer’ prisoners and their emotional conditions.

Internet Resources:
