

## **The Framing of Music Therapy in Scientific Articles Published in “Dementia” in 2008-2017**

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**Abstract:** The present article involves a diachronic qualitative study of how music therapy is framed in scientific articles published in “Dementia”, an international peer reviewed journal regarded as a major forum for social research in dementia. The aim of the study is to elucidate how the framing of dementia is represented diachronically in “Dementia” over the period of ten years, from 2008 until 2017. The corpus of the study is comprised of 13 scientific articles published in “Dementia” in 2008-2017. The results of the qualitative framing analysis indicate that music therapy is framed in “Dementia” by means of the following frames: “*Aggression*”, “*Agitation*”, “*Caregiver*”, “*Nonpharmacological Intervention*”, “*Quality of Life*”, and “*Social Ecology*”. These frames are further analysed and discussed in the article.

**Keywords:** Dementia, framing, music therapy, medical discourse

### **1. Introduction**

The present article involves a diachronic qualitative study of how music therapy is framed in scientific articles published in “Dementia”, an international peer reviewed journal regarded as a major forum for social research in dementia. Dementia is a progressive condition in which changes in cognition and emotional regulation decrease a person’s ability to function in everyday life and which has significant implications for psychological well-being (Hamill *et al.* 2012: 710). Behavioral and psychological symptoms of dementia include a wide range of behaviors, e.g. screaming, wandering, resisting care, verbal and physical aggression, and psychosocial manifestations such as depression and psychosis (Hammar *et al.* 2010: 99). Whilst these symptoms typically require pharmacological treatment, there are nonpharmacological approaches to improving the quality of life of people with dementia (Beard 2011: 634), such as, for instance, music therapy, visual arts, drama, and dance therapies. Music

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therapy, in particular, is deemed to demonstrate its efficacy in reducing negative behavioral and psychological symptoms associated with dementia (Gerdner 2005). Referring to the World Federation of Music Therapy, Guetin *et al.* (2012: 621) define the term “music therapy” as the use of music by a qualified music therapist to facilitate and promote communication, relationships, learning, and other relevant therapeutic objectives in order to meet physical, emotional, mental, social and cognitive needs of people with dementia and their caregivers. This definition is echoed by Gold (2014), who posits that

“music therapy a psychological, social, behavioural and creative intervention in which trained therapists use music-making and words to support and enhance patients’ expression of feelings, their sense of self and their ability to connect and communicate with other people”. (Gold 2014: 258)

The present qualitative research aims at focusing on how music therapy is framed in scientific medical discourse represented in the journal “Dementia”. This research is set against a background of the so-called “linguistic turn” in social science approaches to medicine (see Kuipers 1989). The linguistic turn in medical discourse associated with dementia implies an emphasis on professional medical practices seen as a cultural, discursive, professional, and social activity (Kuipers 1989). According to Higgins *et al.* (2006), medical discourse is the language used to represent a specified social practice from a particular perspective, which shapes relations of power, values, and attention in a given society (Higgins *et al.* 2006: 346). The particular perspective that facilitates the “packaging” and organising of any type of discourse is often referred to as “framing”. The notion of frames and framing is pivotal to the present qualitative investigation of medical discourse associated with music therapy in dementia. In a frame, certain points of view are selectively presented to create the boundaries, or frames, around an issue (Harnett 2014). These boundaries determine “*what will be discussed, how it will be discussed, and above all, how it will not be discussed*” (Goffman 1974: 21). In other words, framing “*concerns how individuals and groups organize, perceive, and communicate about the world.*” (Dahl 2017: 13). To underscore the concept of framing, it seems relevant to refer to the canonical definition of framing by Entman (1993: 52):

“To frame is to select some aspects of a perceived reality and make them more salient in a communicating text, in such a way as to promote a particular problem definition, casual interpretation, moral evaluation, and/or treatment recommendation for the item described.”

Seen from the vantage point of framing, medical discourse involving dementia can be regarded as a means of “packaging” of specialist audience information to the general public. Medical discourse in general is considered to be technocratic (Waitzkin 1989: 225), i.e. characterised by scientific medical terminology comprehensible exclusively to the specialist audience. Framing enables the “packaging” of specialised medical discourse in easily accessible and simplified forms to stakeholders other than

medical professionals. Hence, the practical value of framing rests with its selection and foregrounding of certain elements of medical discourse involving dementia to make the narrative about dementia understood by the public at large and by non-specialist audiences. For instance, the complex issue of dementia has been framed under the umbrella term of “Alzheimer’s disease” as a major public health crisis. Dementia framed as Alzheimer’s has been a recurrent theme in medical and public discourse in the West since the late 1970s (Ballenger 2017). The framing of dementia as Alzheimer’s in American and Western medical and mass media discourse has contributed to raising public awareness of dementia and facilitated the allocation of substantial funding towards dementia research (Ballenger 2017). However, the framing of dementia is not static and is in the process of shifting to other foci. In particular, current framing of dementia has shifted to involve “*creative, empowering ways of enabling people to live well with dementia through active participation in everyday activities, such as arts, music and sports.*” (Noone *et al.* 2015: 2). Currently, there is a growing interest towards music therapy as one of the means of nonpharmacological treatments of dementia. This interest is evident from an increasing number of research publications in peer reviewed scientific journals, such as “Alzheimer’s and Dementia”, “Dementia”, “Journal of Health and Social Behavior“, etc. Whilst there is a substantial body of research associated with the role of music therapy in dementia (Camic *et al.* 2011; Elliott & Gardner 2016; Evans *et al.* 2017; Gold 2014; Guetin *et al.* 2012; Hammar *et al.* 2010; Hicks-Moore & Robinson 2008; Osman *et al.* 2016; Pavlicevic *et al.* 2015; Ray & Mittelman 2015; Spiro *et al.* 2017), studies involving the framing of music therapy in dementia appear to be underrepresented. The present study seeks to address the framing of music therapy in dementia to generate new knowledge about how a complex issue of music therapy in dementia has been framed in scientific articles published in ‘Dementia’. A novel aspect of the study involves a diachronic aspect of the investigation of framing which encompasses the time period from 2008 until 2017. Presumably, the relevance of the study further described in this article rests with the following considerations: First, the notion of framing of complex issues such as dementia promotes a better understanding of the issue by the general public. Second, the study of framing in diachrony provides a global perspective on how the issue of music therapy in dementia evolves over time. Third, the study of the framing of music therapy in dementia fosters awareness of how specialised medical discourse is communicated.

## **2. The framing of music therapy in scientific articles published in ‘Dementia’ in 2008-2017**

The *Hypothesis* of the present study involves an assumption that the framing of music therapy in scientific articles published in “Dementia” in 2008-2017 would be reflective of discourse dynamics associated the shifting focus from the frame “Alzheimer’s” to a variety of other frames (Ballenger 2017; Noone *et al.* 2015). Hence, *specific research aims* of the present investigation are i) to identify frames associated

with music therapy in scientific articles in “Dementia” and ii) to investigate whether or not these frames are static, i.e. stable over time, or dynamic, which change in the course of time of ten years between 2008 and 2017.

### 2.1. Methodology

Research methodology in this qualitative investigation follows the methodological guidelines found in van Gorp & Vercruyssen (2012). It should be noted that whilst van Gorp and Vercruyssen’s (2012) research focuses upon the framing of dementia in media texts, their methodology appears to be applicable to medical discourse. Hence, the qualitative component of van Gorp & Vercruyssen’s (2012) methodology has been applied to the present corpus of scientific articles about music therapy in dementia published in “*Dementia*” in 2008–2017.

### 2.2. The corpus of the present study

The corpus of the present study involves 13 articles published in the peer reviewed journal ‘Dementia’ in 2008-2017. The journal “Dementia” is one of the leading publications which aims at elucidating dementia in general, and dementia care in particular. “Dementia” is considered one of the well-established international fora for publication of original research in dementia and its social implications. The journal’s research publications involve a variety of topics which encompass the quality of life of people with dementia, as well as care of people with dementia. “Dementia” is believed to provide a platform for research involving psychosocial dimensions of dementia and the subsequent dissemination of this research. The journal’s readership is comprised of medical professionals, academics, educators, and policy makers in the field of medicine and geriatric care. The cut-off of 10 years is arbitrary chosen to compile the corpus from 2008 until 2017, inclusive of 2017. The corpus inclusion criterion is based upon the presence of the word ‘music’ in at least in one of the article parts, the title, abstract and/or key words. Descriptive meta-data of the corpus are compiled in Table 1 below:

#	Article Title	Author/Authors	Key words
1.	Favorite music and hand Massage. Two interventions to decrease agitation in residents with dementia	Hicks-Moore, S.L., & Robinson, B.A.	agitated behaviour; Alzheimer’s disease; complementary therapies
2.	Finding the key to communion – Caregivers’ experience of ‘music therapeutic caregiving’ in dementia care: A qualitative analysis.	Hammar <i>et al.</i>	caregiver; dementia; intervention; qualitative content analysis; singing
3.	Does a ‘Singing Together Group’ improve the quality of life of people with a dementia and their carers? A pilot evaluation study	Camic <i>et al.</i>	dementia; quality of life, Senses Framework; singing group, wellbeing

4.	An overview of the use of music therapy in the context of Alzheimer's disease: A report of a French expert group	Guetin <i>et al.</i>	behavioural disorders; dementia; mood; music therapy; psychosocial intervention
5.	But does it do any good? Measuring the impact of music therapy on people with advanced dementia: (Innovative practice).	Gold, K.	Dementia; music therapy; audit; case notes; measurement; outcomes
6.	Music therapy: A nonpharmacological approach to the care of agitation and depressive symptoms for nursing home residents with dementia.	Ray, K.D., & Mittelman, M.S.	Alzheimer's disease; agitation; depression; music therapy; wandering
7.	The 'ripple effect': Towards researching improvisational music therapy in dementia care homes.	Pavlicevic <i>et al.</i>	dementia care homes; music therapy; practice-led methodology; ripple effect; wellbeing
8.	What I want to do is get half a dozen of them and go and see Simon Cowell': Reflecting on participation and outcomes for people with dementia taking part in a creative musical project.	McCabe <i>et al.</i>	dementia; singing; opera; outcomes
9.	'Singing for the Brain': A qualitative study exploring the health and well-being benefits of singing for people with dementia and their carers	Osman <i>et al.</i>	dementia; music therapy; Singing for the Brain; psychosocial care
10.	'Now he sings'. The My Musical Memories Reminiscence Programme: Personalised interactive reminiscence sessions for people living with dementia	Evans <i>et al.</i>	Interaction; music; personalisation; reminiscence
11.	Between practice, policy and politics: Music therapy and the Dementia Strategy, 2009	Spiro <i>et al.</i>	dementia care homes; "Living well with dementia" (2009); music therapy; family members; staff; managers; ripple effect
12.	Developing relationships between care staff and people with dementia through Music Therapy and Dance Movement Therapy: A preliminary phenomenological study	Melhuish <i>et al.</i>	Music therapy; dance movement therapy; dementia, staff training; dancing; psychosocial Interventions
13.	The role of music in the lives of older adults with dementia ageing in place: A scoping review	Elliott, M., & Gardner, P.	ageing in place, community; dementia; music; older adults

**Table 1.** The corpus of the study

### 2.3. Results and discussion

The results of the qualitative data analysis are summarised in Table 2 below:

#	Year	Frame/Frames	Author/Authors
1.	2008	“Agitation”; “Nonpharmacological Intervention”	Hicks-Moore, S.L. & B. A. Robinson
2.	2009	No direct reference	---
3.	2010	“Aggression”	Hammar <i>et al.</i>
4.	2011	“Quality of Life”	Camic <i>et al.</i>
5.	2012	“Nonpharmacological intervention”	Guetin <i>et al.</i>
6.	2013	No direct reference	---
7.	2014	“Nonpharmacological Intervention”	Gold, K.
8.	2015	“Nonpharmacological Intervention” “Social Ecology” “Quality of Life”	Ray, K.D., & Mittelman, M.S. Pavlicevic <i>et al.</i> McCabe <i>et al.</i>
9.	2016	“Quality of Life” “Agitation”; “Quality of Life”	Osman <i>et al.</i> Elliott, M., & Gardner, P.
10.	2017	“Quality of Life” “Caregiver” “Social Ecology”	Evans <i>et al.</i> Melhuish <i>et al.</i> Spiro <i>et al.</i>

**Table 2.** The frames in the corpus

As seen in Table 2, the following frames have been identified in the corpus, e.g. “Agitation”, “Aggression”, “Caregiver”, “Nonpharmacological Intervention”, “Quality of Life”, and “Social Ecology”. Arguably, these frames reflect a common view of music therapy, which seems to be regarded as having a multifaceted contribution to the standard and quality of care in the dementia care sector (Camic *et al.* 2011; Pavlicevic *et al.* 2015; Spiro *et al.* 2017). It is inferred from the present corpus that music therapy is considered to benefit people with dementia by reducing aggression, agitation, improving cognition and enhancing social wellbeing and their quality of life (Elliott & Gardner 2016; Evans *et al.* 2017; Hammar *et al.* 2010; Hicks-Moore & Robinson 2008; McCabe *et al.* 2015; Ray & Mittelman 2015). The frame “Agitation” has been identified in Hicks-Moore and Robinson (2008), and in Elliott and Gardner (2016). In this frame, music therapy is embedded into the narrative theme of agitated behaviors in individuals with dementia. It is indicated that agitation and disruptive behaviors in individuals with dementia pose a widespread concern affecting the care of patients. Music therapy is thought to demonstrate efficacy in reducing agitated behaviors during care activities, for example bathing and mealtimes (Hicks-Moore & Robinson 2008). Hence, in the frame “Agitation” the specific problem is defined as agitated behaviours, which raise concern, because these behaviours are disruptive and are negatively evaluated by the staff who care for the people with dementia at nursing homes. One of the solutions to treat agitation is thought to involve

music therapy. To illustrate, positive effects of music therapy on agitation include relaxation, an increased attention span, and improved social skills (Elliott & Gardner 2016).

The frame “Aggression” is present in the article by Hammar *et al.* (2010). In their narrative, Hammar *et al.* (2010) identify aggression as a common problem during morning care situations and is demanding for the caregivers to handle. Hammar *et al.* (2010) indicate that aggression is projected onto caregivers, who in their turn, react to it with feelings of depression, antipathy, insufficiency, and powerlessness. The negative association between aggression and a caregiver’s burden endangers the level of care. Music therapy is proposed as one of the means of handling aggressive behaviors and improving the rapport with the caregivers. Hammar *et al.* (2010) suggest that music therapy facilitates joyful and positive encounters with dementia patients.

The frame “Quality of Life” structures the narratives by Camic *et al.* (2011), McCabe *et al.* (2015), Osman *et al.* (2016), Elliott and Gardner (2016), and Evans *et al.* (2017). The specific problem of this frame involves the quality of life of people with dementia (Evans *et al.* 2017). The issue of quality of life involves such concepts as emotional states, activities of daily living, communication, and cognitive functioning (Camic *et al.* 2011: 158; Evans *et al.* 2017). However, in people with dementia the quality of life appears to be significantly compromised. Camic *et al.* (2011) focus on music and singing activities to facilitate peoples with dementia quality of life and wellbeing. Music and singing are deemed to provide positive experiences to people with dementia. In particular,

(1) “...it is anticipated that singing old songs may provide continuity with the past and may increase a sense of personal history between the PWD and their carer, thereby supporting their relationship. Singing in a group may give a sense of belonging, and learning new songs may give a sense of achievement, fulfilment and significance.” (Camic *et al.* 2011: 159)

McCabe *et al.* (2015) seem to support Camic *et al.*’s (2011) framing by foregrounding similar construals. Specifically, McCabe *et al.* (2015) refer to the construals of enjoyment and pleasure, as seen in Excerpt 2 below:

(2) “Music forms a fundamental part of human life, and for most people it provides enjoyment and pleasure, either through listening to music or participating in musical activities .... Research shows that the main reason most people engage with music is to have an emotional experience ..., as it seems to excite and provoke emotion more than other activities.” (McCabe *et al.* 2015: 735)

In unison with McCabe *et al.* (2015) and Camic *et al.* (2011), Osman *et al.* (2016:1328) indicate that music therapy incorporates social interaction, peer support, engagement and active participation to improve quality of life, communication and social engagement.

The narrative of dementia in Pavlicevic *et al.* (2015) and in Spiro *et al.* (2017) is structured by the frame “Social Ecology”, which presupposes the foregrounding the concept of socio-musical ecology of dementia care to facilitate people’s with dementia

everyday experiences (Pavlicevic *et al.* 2015: 660). Pavlicevic *et al.* (2015) explore the role of music therapy within dementia care settings focusing upon the contextual immediacy, i.e. ecology, of music therapy interventions. Specifically, this framing gives salience to the awareness of music therapy's role as a part of the broader socio-cultural ecology of everyday life of people with dementia. It is indicated by Pavlicevic *et al.* (2015: 674) that music therapy “*drifts around the entire social and physical space, throughout the day, with music therapy engagements happening in, at times, surprising places*”. In a similar manner, Spiro *et al.* (2017) posit that

(3) “As practitioners, we directly experience the focused and committed engagement of residents and staff in music therapy sessions, and our recent study suggests that music therapy's ripple effect reaches beyond the time and physical confines of the music therapy session, through a ‘musicalising’ of the entire social ecology of the residential care setting.” (Spiro *et al.* 2017: 260)

The framing of music therapy via the lenses of “Social Ecology” is qualitatively similar to the frame “Caregiver”, which specifically focuses upon the aspect of dementia associated with the hospital and nursing homes staff. The frame “Caregiver” is implicitly present in all the articles summarised in Table 1, however it is explicit in the dementia narrative by Melhuish *et al.* (2017). The focus upon the role of the caregiver staff is evident from Excerpt 4:

(4) “The National Dementia Strategy in the UK ... promotes quality treatment for people with dementia and outlines the need to support and enhance the input of care staff. Best practice guidelines have increasingly endorsed the value of a holistic, ‘person-centred’ approach that aims to address the emotional, relational, sensory and spiritual needs of those with dementia.” (Melhuish *et al.* 2017: 283)

According to Melhuish *et al.* (2017), hospital staff report that music therapy interventions engage the residents, allowing staff to gain new knowledge about the residents' feelings and about previous and existing skills and abilities. This leads to an increased rapport between the hospital staff and the residents with dementia.

In contrast to the afore-mentioned studies, the narrative of music therapy in dementia is structured via the frame “Nonpharmacological Intervention” in Guetin *et al.* (2012), Gold (2014), and in Ray and Mittelman (2015). Guetin *et al.* (2012) frame their narrative about music therapy in dementia mainly in the context of Alzheimer's disease. Seen from that perspective, music therapy is embedded into a multidisciplinary and global approach that

(5) “combines pharmacological and non-pharmacological therapies with occupational or artistic activities. The psychosocial and non-pharmacological interventions most frequently proposed are designed to target quality of life, language, cognition, sensory stimulation and motor activity. Several types of intervention may be associated: speech therapy, psychological support and counselling, psychomotility, occupational therapy, art therapy, etc.”. (Guetin *et al.* 2012: 620)

The framing of music therapy by Guetin *et al.* (2012) foregrounds positive benefits of music therapy in providing support for people with Alzheimer's disease. The benefits of music therapy involve the reduction of anxiety, depression, and aggressive behavior (Guetin *et al.* 2012). The salient point in the framing involves a contention that music therapy contributes to maintaining functional cognitive and sensory abilities, and to reducing the severity of some behavioural disorders.

Similarly, to Guetin *et al.* (2012), Gold (2014) frames the narrative of music therapy via "Nonpharmacological Intervention", which is regarded

(6) "...alongside other non-pharmacological interventions, as potentially useful in implementing the Government's Dementia Strategy for England, in particular to reduce the prescription of anti-psychotic drugs while enabling more people to 'live well' with dementia." (Gold 2014: 257)

Echoing Guetin *et al.*'s (2012) narrative, Gold (2014) suggests that music therapy demonstrates its effectiveness in helping to manage patients' behavioural symptoms such as agitation, anxiety, aggression and withdrawal. It should be noted that the frame "Nonpharmacological Intervention" is also present in the dementia narrative by Ray and Mittelman (2015), who posit that

(7) "Nonpharmacological interventions, such as music therapy, that are person centered may be the most effective psychological approach to long-term improvement in neuropsychiatric symptoms reduction .... These interventions can provide a low cost alternative to medication to reduce behavioral disturbances ...." (Ray & Mittelman 2015:2).

As evident from the data, the framing of music therapy in the corpus of articles published in "Dementia" in 2008-2017 is not qualitatively homogeneous. The corpus is framed by six frames that are not evenly distributed in diachrony. However, it is observed in the present data that certain frames occur in several issues of "Dementia" and, presumably, form continuous themes in diachrony. These frames are, for instance, "Agitation" (identified in the journal issues published in 2008 and 2016), "Nonpharmacological intervention" (present in 2008, 2012, 2014, and 2015), "Quality of Life" (identified in 2011, and 2015-2017), and "Social Ecology" (2015, 2017). In contrast to the afore-mentioned recurrent frames, the frame "Aggression" appears to be identified once in 2010. Whilst the frame "Caregiver" is explicitly present in 2017, data analysis indicates that it is implicitly referred to as a non-salient construal in the frames "Social Ecology", "Quality of Life", "Agitation", and "Aggression". For instance, even though Osman *et al.* (2016) seem to frame their narrative of dementia via the lenses of the frame "Quality of Life", they also suggest that music therapy has positive effects on cognitive, psychological and behavioural functioning, as well as significant impact on those who provide care for people with dementia. It can be argued that the construal of a caregiver is embedded into the frame "Quality of Life", being implicitly present therein in a non-salient form. These findings support previous research (Kapranov 2016), which reports the co-presence of frames within frames associated with dementia. Specifically, Kapranov (2016) posits that medical discourse involving dementia

published in “Alzheimer’s and Dementia” in 2016 employs the frame “Nonpharmacological Intervention”, which appears to be embedded into the series of other frames and serves as their neutral background. In the present data, however, it is evident that the framing of one frame as a neutral background of another frame is less common. In particular, the data analysis reveals that there are stand-alone frames, which are explicitly present only in 2010 (the frame “Aggression”) and in 2017 (the frame “Caregiver”). Arguably, whilst the frame “Caregiver” forms a continuous implicit theme over time, the frame “Aggression” is not readily identifiable in other frames in diachrony.

### 3. Conclusions

The present article presents a qualitative framing analysis of research articles involving music therapy in dementia. The analysis seeks to identify frames employed by the authors who contribute to the peer reviewed journal “Dementia” in the period of time 2008-2017. The qualitative framing analysis employed in this article has revealed the following frames which structure the issue of music therapy in dementia, e.g. “Agitation”, “Aggression”, “Caregiver”, “Nonpharmacological Intervention”, “Quality of Life”, and “Social Ecology”. The frames “Agitation”, “Nonpharmacological intervention”, “Quality of Life”, and “Social Ecology” are recurrent and represent continuous themes in the corpus under investigation. Two of six frames are stand-alone frames, i.e. “Aggression” and “Caregiver”. The latter frame appears to be implicitly present in all other frames in the form of an implicit construal which underlies the framing of music therapy in dementia. Explicitly, however, it has been identified only in the 2017 journal issue of “Dementia”. It can be concluded that the framing of music therapy in dementia in the scientific articles published in “Dementia” in 2008-2017 is characterised by a dynamic discursive space which, nevertheless, involves recurrent frames, such as “Agitation”, “Nonpharmacological intervention”, “Quality of Life”, and “Social Ecology”. Presumably, these frames are employed to communicate the research foci reflected in the publications in “Dementia” in 2008-2017.

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