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# Aligning Kitwood's Model of Person-Centered Dementia Care with Music Therapy Practice

LISA KELLY BA, MA, PHD 

BILL AHESSEY BMUS, MMT  
ITA RICHARDSON BSC, MSC, PHD

HILARY MOSS BA, MBA, PHD 

University of Limerick, Limerick, Ireland  
Lero, The Science Foundation Ireland Research Centre for Software

The Health Service Executive (HSE), Dublin, Ireland  
University of Limerick, Limerick, Ireland

Lero, The Science Foundation Ireland Research Centre for Software

University of Limerick, Limerick, Ireland

**ABSTRACT:** Person-centered dementia care has been extensively integrated into music therapy practice; its central aim being to meet the core psychological needs of people with dementia, uphold personhood, and contribute to enhanced quality of life. Furthermore, Kitwood's model has been widely referenced as the theoretical framework underpinning multiple studies with people with dementia. However, few studies explore it in more concrete terms, expand on how it is implemented in practice, or describe how "positive person work" can be facilitated in music therapy with this population. This paper aims to address these lacunae, by presenting a comprehensive overview of Kitwood's model; identifying how it has informed music therapy practice, and highlighting current applications of "person-centered music therapy" in relation to meeting the core psychological needs of people with dementia. Furthermore, the authors present practical considerations on facilitating "positive person work" in music therapy, drawing on their experiences of providing music therapy in dementia care.

**Keywords:** *person-centered music therapy, Kitwood, person-centered dementia care, positive person work, music*

## Introduction

Over the past 35 years, there has been a major paradigm shift in dementia care from the traditional medical model, which focused on the deficits of the individual and prioritized organizational processes, schedules, and needs (Fazio et al., 2020). In contrast, person-centered dementia care, rooted in

"client-centered therapy" (Rogers, 1961), was pioneered by Tom Kitwood in the 1980s (Kitwood, 1998). Kitwood's model provided a set of guiding principles that emphasized communication and meaningful relationships and put the person first, and the evidence base for technical or clinical interventions second (Dewing, 2008; Fazio et al., 2018). Its essence was expressed in the VIPS framework, which entails: Valuing people with dementia and those who care for them, treating them as unique Individuals; considering the Perspective of the person; and providing a Social environment supporting psychological needs and well-being (Brooker, 2007).

The tenets of Kitwood's work on personhood, malignant social psychology, psychological needs of people with dementia, and positive person work were seminal and remain the cornerstone of best practice, advocated internationally by healthcare organizations (National Institute for Health and Care Excellence [NICE], 2019; World Health Organization [WHO], 2017). To deliver high-quality person-centered care, there must be a clear understanding of the model by those working in dementia care (Colomer & de Vries, 2016, p. 1159).

Creative arts therapies and person-centered dementia care are "natural partners" that demonstrate a "concern for fullness of life, and prioritize connection, interaction and all forms of communication" (Kasayka, 2002, p. 9). Kitwood (1997) highlighted the importance of emotion and feeling in dementia care, and music is a natural vehicle that can hold and carry both (Ahessy, 2017). Historically, various music therapy (MT) approaches have drawn on humanistic holistic psychology (Noone, 2008), and practitioners continue to strongly identify with a "humanistic/person-centered" theoretical orientation (Ahessy, 2020) and integrate it into their practice. It focuses on individual experiences, creating meaning, "comfort, growth and continued well-being" (Hatfield & McClune, 2002, p. 84). When memory and cognitive function have diminished because of dementia, musical memory, perception, and music-related emotions are often preserved (Jacobsen et al., 2015; Särkämö, 2018). For this reason, MT is dynamic in eliciting and expressing emotions, feelings, and memories, while affording the capacity of narrative social agency, telling one's story, and participating in a more meaningful and mutually engaging social connection (Matthews, 2015). While music therapists have long integrated person-centered dementia

Lisa Kelly is a music therapist from Galway, Ireland. She completed her doctoral research at The Irish World Academy of Music and Dance, University of Limerick. Bill Ahessy is a senior music therapist and clinical supervisor based in Dublin, Ireland.

Ita Richardson is Professor of Software Quality in the Department of Computer Science and Information Systems at the University of Limerick.

Hilary Moss is an Associate Professor and Course Director of the MA Music Therapy at The Irish World Academy of Music and Dance at the University of Limerick.

Address correspondence concerning this article to Lisa Kelly, BA, MA, PhD, University of Limerick, Limerick, Ireland. E-mail: [lisa.kelly@ul.ie](mailto:lisa.kelly@ul.ie).

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Table I.

*Simpson (2000), Hatfield and McClune (2002), and Ahessy (2017) presentation of Kitwood’s (1997) “enriched model of psychological needs”*

| Simpson (2000, p. 182)  | Hatfield and McClune (2002)   | Ahessy (2017, p. 26)   |
|---|---|--|
| <b>Attachment: To have connection, to have trust, to have security, to have close bonds with people</b>   |   |  |
| The communicative potential of improvised music means that relationships may continue unimpeded by verbal losses.   | Attunement through improvisation promotes attachment and inclusion and bolsters their unique role in the relationship. In a group context, inclusion and attachment are supported as “participants are reassured by others as they witness their experiences, “struggles and triumphs” (p. 91). | Engaging the client in musical dialoguing through improvisation, regardless of cognitive or communication deficits allows the person to express what they are experiencing and feel heard through interactive music-making. Central to this is recognizing the feelings and emotions a person has for present and past relationships and their current sense of reality. |
| <b>Comfort: Tenderness, closeness, calming of anxiety, soothing of pain, bodily contentment, security, empathy, and support from another person</b>   |   |  |
| Music’s consoling power can reach depths of the psyche that far surpass the level that can be reached by words.   | Maximum comfort is achieved when the person with dementia informs the type of session (individual/ closed/open group) that will best meet their needs. Intentional touch is an effective way to “provide support and comfort for the individual” (p. 104).                                      | Demonstrating warmth and acceptance of the person when talking with them. Developing therapeutic alliance in a safe environment. Music-listening experiences and empathic music-making can provide consolation and support.  |
| <b>Identity: A sense of self, who we are, where we come from, a sense of continuity with the past, “a story to present to others” or that is held and maintained by others (Kitwood, 1997, pg. 83).</b> |   |  |
| To experience oneself in a dynamic relationship with another reinforces a sense of self.  | Autonomy, choice, and personal contribution to the music experience helps to reinforce identity, regardless of the ability to independently recall events and contributions brought forth by the therapist.   | Identity and life story are promoted by song/ musical preferences and music-based reminiscence. Singing, lyric analysis, and song writing can all validate personhood.   |
| <b>Inclusion: To belong to a group, to have social interaction</b>  |   |  |
| The music is created spontaneously and is incomplete without the individual’s personal contribution.  | A mutual exchange involving improvisation, inclusion, and encouragement by the therapist (and others) with the person can lead to attachment.   | The therapist can enable the person to be involved both physically and psychologically. The client’s spontaneous musical contribution supports shared interaction and increased awareness.   |
| <b>Occupation: Meaningful activity, use of abilities and skills, sense of agency, control to make things happen</b>   |   |  |
| Participative music-making concentrates the mind, encouraging the development of skill and imagination.   | Active music-making can promote occupation.   | Music therapy experiences that are participative can promote the mastering of new skills and provide meaningful experiences.   |

and stimulation, and he highlighted “validation,” “holding,” and ‘ facilitation’ as having particularly psychotherapeutic value. These positive interactions offer caregivers the building blocks to implement high-quality care. Kitwood *et al.* later expanded “positive person work” in “Dementia Care Mapping” (Bradford Dementia Group, 2005), an observational tool to support the delivery of person-centered dementia care and provide a deeper understanding of the lived experience of people with dementia. In the tool, the 12 original positive interactions were extended to 17 and called “positive enhancers.” These supported person-centered dementia care and stood in direct contrast to the 17 “negative detractors” associated with “Malignant Social Psychology” (Brooker, 2005). See Appendix 1 for how these align with the core psychological needs of people with dementia.

### MT in Dementia Care

Music is used widely in dementia care to provide aesthetic pleasure, creative engagement, to improve quality of life and to enhance therapeutic programs (Ahessy *et al.*, 2021; Brotons, 2000; Clair, 2011; McDermott *et al.*, 2014; Tamplin *et al.*, 2018; van der Steen *et al.*, 2018; Vink, 2004) and is “considered the treatment choice by many clinicians and researchers” (Hanser, 2021, p. 160). Its focus on process, feelings, and relationships make it an especially appropriate range of applied interventions that meet the needs of people with dementia and provide support for caregivers (Cho, 2018; Baird *et al.*, 2020). These include but are not limited to: individual MT (Ridder *et al.*, 2013; Hsu *et al.*, 2015); group MT (Chu *et al.*, 2014; Clare *et al.*, 2020; McDermott *et al.*, 2013); therapeutic songwriting (Ahessy, 2017; Baker *et al.*, 2018; Clark *et*



## MT: Meeting the Psychological Needs of People With Dementia

Kitwood's "enriched model of psychological needs" has been explored by various MT authors. Simpson (2000) first illustrated how creative MT resonates with the model, while throughout their chapter, Hatfield and McClune (2002, p. 95) outline how the "completeness of the musical experience" meets the core psychological needs of people with dementia. Ahessy (2017) extended Simpson's (2000) interpretation of the model and offered ways in which music therapists can "provide support, meaning and beauty" through person-centered practice (Ahessy, 2017, p. 29). These three interpretations are presented in Table 1.

### Facilitating Positive Person Work Through MT

In the following section, we aim to define the interactions of "positive person work" and offer practical considerations on how to facilitate them in MT.

**Celebration.** Celebration is any moment in one's life, which is experienced as "intrinsically joyful" (Kitwood, 1997, p. 90). It is an interaction in which "the division between caregiver and cared-for comes nearest to vanishing completely," as selfhood is expanded and a similar positive mood is shared (Kitwood, 1997, p. 91). The music therapist, caregiver, or family member and the person with dementia as equal partners experience and celebrate together moments of joy that occur through creative expression, interaction, and achievement.

Examples in practice may include: (a) being in the moment with the person who is happy and celebrating, clapping, singing, and dancing, (b) recognizing, supporting, and taking delight in the person's skills and achievements, (c) celebrating the person's independence within a session, or (d) celebrating through musical expression, such as a favorite song, or joyful or energetic music-making.

**Collaboration.** Collaboration means "working together." The music therapist and person with dementia are an equal partnership and should work collaboratively in such a way that the person feels supported in a process in which their own initiative and abilities are involved" (Kitwood, 1997, p. 90).

Examples in practice include: (a) allowing space and time for the person with dementia to initiate musically through instrument, voice, or movement, (b) maximizing the person with dementia's abilities and strengths and allowing them to inform the type of music experience, or (c) working in collaboration through music, for example, rhythmic musical activities, singing, composing a song together, improvising on an instrument or with voice together, etc.

**Giving.** Acknowledgement and accepting expressions of kindness by the person with dementia such as "concern, affection or gratitude, an offer of help, or presentation of a gift" (Kitwood, 1997, p. 93). Ultimately, this acknowledges the active role of the person with dementia in creating a reciprocal interpersonal and musical relationship with another person and recognizing the rich musical-cultural-social resources that they contribute to sessions (Rolvsjord, 2010 in Pavlicevic et al., 2015).

Examples in practice include: (a) receiving and appreciating the interpersonal, cultural, and musical offerings (the person with dementia gives) that foster the therapeutic relationship, (b) receiving what the person with dementia offers verbally

(memory, story, joke, and feedback), musically (significant song, piece of music, and improvisation), or creatively (artwork, poem, rhyme, or movement), (c) the person with dementia offers to help the therapist or a peer in the session, or (d) the person with dementia expresses warmth and appreciation toward the therapist.

**Creation.** Kitwood (1997) reinforces the need for therapeutic activities for people with dementia and emphasizes that wherever possible, they should be self-initiated and meaningful. Creation empowers people with dementia to harness their creativity and use it as a resource when engaging in preferred activities and experiences (Hobson, 2019). The therapist provides a variety of creative experiences, so that the person can explore, express, and initiate in music, other creative experiences, or recreational activities that they are drawn to (cooking, gardening, pets, etc.).

Examples in practice include: (a) the person with dementia may spontaneously begin to tap a rhythm, sing, vocalize, dance, or recite a poem within a session, (b) the person with dementia invites others in a MT group to join in with their expression, (c) the person with dementia initiates a significant song, or (d) the person with dementia incorporates preferred interests and activities into MT.

**Facilitation.** Facilitation involves enabling a person to do what otherwise they would not be able to do, by assessing the level of support they need and providing it. Facilitation initiates and amplifies an interaction that a person may then enhance with meaning and thus extends the strengths and capacities that the person maintains (Kitwood, 1997, p. 109). It is similar to collaboration, except that the music therapist primes the interaction and may scaffold certain music experiences.

Examples in practice include: (a) omitting the last words at the end of a phrase in a preferred song to facilitate spontaneous self-expression, (b) allowing ample time during and between music experiences for processing, meaning-making, and reflection, (c) modifying of instruments so that the person can express themselves freely despite physical limitations, or (d) using a person's life story and music preferences to facilitate reminiscence. Music may also be used for mnemonic purposes to assist retention of newly acquired verbal information or as a support for "chaining" to relearn tasks or activities of daily living in various steps (Moussard et al., 2014).

**Holding.** Holding means providing a safe psychological space, "a container"; where hidden trauma, distress, pain, and conflict can be brought out and managed safely by the therapist. Winnicott (1990, p. 28) asserted "holding can be done well by someone who has no intellectual knowledge of what is going on in the individual; what is needed is a capacity to identify, to know what they are feeling like." When the holding is secure a person can know, in experience, that overwhelming emotions and feelings can pass. "Holding" can be generated by how the music therapist uses themselves and the environment—attuning to the person and creating a safe, consistent, and bounded environment.

Examples in practice include: (a) ensuring the person feels held through the safety of the therapeutic relationship, (b) using a musical ritual to begin or end a session can create safety and consistency, (c) attuning musically to the person and matching their expression can provide a "container" for feelings and emotions, (d) holding the client's feelings while



## Conclusion

Kitwood's (1997) conceptual approach to care offers a framework, bolstered by guiding principles that reinforce and support personhood and well-being for people with dementia and encourages caregivers, health professionals, and music therapists to "focus less on what is done and more on how it is done" (Fazio et al., 2018, S11). Person-centered care aligns closely with MT practice in dementia care and for the last quarter of a century, music therapists have recognized this congruence and adopted and integrated this approach into their work. The influence of community MT and its "broad perspective exploring relationships between the individual, community, and society in relation to music and health" have expanded PCMT outside the therapy room and beyond (Stige et al., 2010, p. 15–16).

This paper collates and outlines the work published to date on meeting the core psychological needs of people with dementia through PCMT (Ahessy, 2017; Hatfield & McClune, 2002; Simpson, 2000) and in many ways highlights the shared vision that person-centered care and MT possess. To add to this body of knowledge, we provide reflections and recommendations on facilitating "positive person work" based on our experience of working as music therapists and researchers in dementia care settings. We hope that they will encourage reflection and guide practitioners in recognizing and implementing "positive person work" in their practice. MTs flexibility and improvisational nature creates a focus on the whole person and their lived experience and perspective. It offers multiple opportunities for upholding personhood, meaningful engagement, and increased well-being for people with dementia.

Although person-centeredness is recognized as a core value of dementia care by both international and national authorities, there is sometimes a disparity between policy and practice (Colomer & deVries, 2016). It can be challenging for care providers, aged-related services, and hospitals to provide truly person-centered care; something that is often perceived as idealistic (Richter et al., 2022). Only by listening to the voice of people with dementia will it be possible to understand their lived experience and provide truly person-centered care (Brooker, 2004). The embedment of MT within dementia care settings offers ample opportunities for this. Through the facilitation of positive person work and the continued integration and development of person-centered care with clients, caregivers, family members, care providers, and stakeholders, music therapists can contribute to the "ripple effect" MT can have on micro, meso, and macro levels in dementia care, providing multiple opportunities for "flourishing, shared participation, and for expanded self-identities" (Pavlicevic et al., 2015, p. 659).

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Appendix 1

Positive enhancers

Negative detractors

**Attachment**

*Acknowledgement*—Recognizing, accepting, and supporting the person as a unique and valued individual.  
*Genuineness*—Being open and honest with a person in a way that is sensitive to their needs and feelings.  
*Validation*—Recognizing and supporting the reality of the person. Sensitivity to feeling and emotion must take priority.

**Comfort**

*Warmth*—The demonstration of care, concern, or affection for another person.  
*Holding*—Providing safety, security, and comfort.

*Relaxed Pace*—Recognizing the importance of helping create a relaxed atmosphere and allowing ample time for the person to engage.

**Identity**

*Respect*—Treating a person as a valued member of society and recognizing their experience and age.  
*Acceptance*—Embracing the person’s reality and demonstrating positive regard.  
*Celebration*—Recognizing, supporting, and taking delight in the skills and achievements of a person.

**Inclusion**

*Recognizing*—Meeting a person in his or her own uniqueness, bringing an open, unprejudiced attitude.  
*Including*—Enabling and encouraging a person to feel and be involved, physically and psychologically.  
*Belonging*—Providing a sense of acceptance in a particular setting regardless of abilities and disabilities.  
*Fun*—Finding a way to use positive humor and encouraging the person to do so.

**Occupation**

*Empowerment*—Assisting a person to discover or employ abilities and skills.  
*Facilitation*—Assessing levels of support required and providing them.  
*Enabling*—Recognizing and encouraging a person’s level of engagement within a frame of reference.  
*Collaboration*—Treating a person as a full and equal partner in what is happening. Consulting and working with them.

*Accusation*—Blaming a person for things they have done or have not been able to do.  
*Treachery*—Using trickery or deception to distract or manipulate a person in order to make them do or not do something.  
*Invalidation*—Failing to acknowledge the reality of a person in any situation.

*Intimidation*—Making a person frightened or fearful by using spoken word or physical power.  
*Withholding*—Refusing to give asked for attention, or to meet an evident need for contact.  
*Outpacing*—Providing information and presenting choices at a rate too fast for a person to understand.

*Infantilizing*—Treating a person in a patronizing way as if they were a small child.  
*Labeling*—Using a label as the way to describe or relate to a person.

*Disparagement*—Telling a person that they are incompetent, or incapable through words or actions.

*Stigmatizing*—Treating persons as if they were a diseased object.

*Ignoring*—Carrying on in conversation or action in the presence of a person as if they are not there.  
*Banishment*—Sending a person away or excluding them physically or psychologically.  
*Mockery*—Making fun of a person, teasing, humiliating, or making jokes at their expense.

*Disempowerment*—Not allowing the person to use the abilities they have.

*Imposition*—Forcing persons to do something, over riding their own desires or wishes. Denying them choice.  
*Disruption*—Intruding in or interfering with something a person is doing or crudely breaking their frame of reference.

*Objectification*—Treating persons as if they were an object.

Adapted from Bradford Dementia Group (2005).