

# Timelessness, absence and taking a pause from normality

by Thomas Johannsen, Amsterdam

This article is about a long-term project initiated by the *Genetic Choir* in collaboration with a care home for people with advanced dementia in Amsterdam, the *Flevohuis*.

Several aspects of working with people with dementia relate to the theme of silence or pause: the missing memories, the “blank look” in the person’s eyes (which is such a central part of the experience of connecting with dementia patients) and the unavailability of verbal conversation except in broken form, as a broken instrument. How can we connect to this state as improvisers? Our main tool here is listening. Listening in silence – and not being afraid to listen for a long time – until something emerges.

As improvisors, we were used to utilising silences in many different ways in instant composition: to create moments of suspense and anticipation, for sudden breaks or as a tool to change the dynamics of a melody or rhythm. But during our work in the care home, we discovered unexpected aspects of working with pauses and absence and new ways of letting silence infiltrate our work.

## The project

The caregivers and family members of people whose verbal abilities are changed or impaired often struggle to maintain personal and meaningful contact with them. The idea of the project is to offer a playful approach to the voice and to listening in order to open new possibilities for interaction.

When someone uses their voice while really being listened to, it is an intimate and empowering experience. Through humming, whispering, imitating sounds and singing songs we love, we create a special kind of contact with the person we are spending time with. Singing releases physical tension, brings peace and activates a feeling of personhood.

Beyond these benefits of making music in general, we found that we were able to *make meaningful con-*

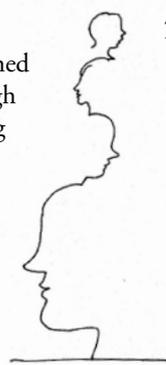
*tact* in situations where this appeared difficult or impossible due to the challenges of an illness like dementia.

As improvisers, we accept reality and work to create beauty and meaning from whatever circumstances we encounter. The atmosphere may be sleepy or tense; when there are several restless residents in a living unit, there can be frustration or even aggression in the air. We take the circumstances and existing sounds in a room as our starting point. Sometimes it takes a while for music to emerge, and our only contribution to the moment is that we are with the residents: that we are present and listening.

## A different feeling of time

The importance of this last aspect should not be underestimated. In a care home, there seems to be – in addition to good care given by professionals – a built-in incongruence between the busy schedules of the staff and the residents’ experience of time. Most caregivers find it difficult to take a break from their scheduled duties and just *be* with the residents. Due to the difficult financial situation of most care homes – as a result of which there are often not enough hands available to do everything that needs to be done – the staff is usually under high pressure. The result is a busy atmosphere that – despite the best intentions of the caregivers – doesn’t really correspond to the needs of most residents with dementia.

One of the physical therapists we worked with described the situation as follows:



*The demented brain processes stimuli much more slowly than we do, and their world is usually a bit of a timeless world. I think we usually move way too fast for them; we enter the room way too fast and often with a plan in our heads. That is why it is so nice to see you making contact so relatively slowly and making a gradual transition to sound and music. I find it interesting that the space you create with improvisation is also such a timeless world. You create another space, a space where it is not surprising if you do this with your hands [mimics a gesture made by a resident which had provided the starting point for a game during the preceding session]. There is room for*

*playfulness, for a different way of interacting with each other.*

This was an aspect we did not expect when we began the project. While we certainly imagined that, as playful improvisers, we would find ways to connect to the “unusual” verbliness of the residents, we didn’t consider this aspect of timelessness – a break from the common experience of measured time – central to what we could offer in this context.

Although the question of how to positively apply the improviser’s attitude of pausing and waiting to the practical demands of daily care is still open, we are glad that the qualities that we bring as improvisers are being recognized by the management and staff. Over the next two years, we will work together with the entire staff (doctors, therapists, care staff, living room hosts) to implement an improvisational approach to listening and “pausing” into their work.

### Working with absence

Once, we arrived in a living room where all the residents appeared to be sleeping in their wheelchairs or on the sofa, their heads bent backwards or resting on the table. One aspect of advanced dementia is that the patient is increasingly either asleep or absent during the day, in the sense that it is unclear to what degree they are awake and receptive to stimuli.

In this case, we were discussing whether it would make sense to enter this space that felt so devoid of life, and if so, whether our singing would disturb the residents.

We decided to enter. We started the improvisation in the corridor, choosing soft tones and slow melodic lines that intermingled with each other, and slowly entered the room. As the “audience” was initially unresponsive, we simply took in the atmosphere of the room and placed ourselves inside it, adjusting our music to the positions we took in relation to each other and to the sleeping residents. Marjolein Gysels, an anthropologist who observed several of our sessions at the *Flevohuis*, later described how she was struck by the beauty of the sounds and felt how increasingly charged the space became.

*There was a certain strangeness about the event, caused by the dissonance between the beautiful singing and the people who did not, at first, show any sign of waking up.*

One of the staff members later described her experience as follows:

*Being united, already just by listening, and this awareness of... vibration that can be felt. And when it suddenly becomes so harmonious, it becomes almost divine. I thought, “Oh, the residents are sleeping, but then, what if they go along with the sounds – then they are leaving.” It does have such a dimension for me, yes. It gives me goosebumps. Beautiful, so beautiful, that dimension that is touched.*

*And they, who are also coming so close to that dimension already... I don’t know...*

After a while, the residents started waking up and we observed them in different states of half-sleep, listening and being affected by the music. Because of the unusual starting situation, this session offered us one of the strongest experiences of “taking a situation as it is” while daring to let our presence and music transform the daily atmosphere of the care home and bring a wide range of artistic experiences to people many of whom are not considered anymore to be receptive to such stimuli.

Working, as singers, with this type of silence – a silence heavy with a certain kind of absence – feels very different from working with the silence of the beginning of a concert, when the lights dim and the audience starts to fall silent in anticipation. Here, it almost feels like no one is there to listen, yet once we engage with the situation as musicians, we realize that there *are* listeners, that the music is being absorbed and a change instigated, from a numb atmosphere to an atmosphere of charged presence, as the residents slowly wake up to the music.

### Taking a pause from the verbal modality

In addition to these aspects of silence, timelessness and working with absence, another central issue that arose was that of switching modalities – how to move from a verbal/rational mode of interaction into a space between words and sound, where poetry and playfulness become possible.

Verbal conversation is such a dominant modality in our everyday contact with people that it almost automatically remains the prevalent modality even when verbal conversation no longer functions. In a care home, people who are no longer able to speak or articulate themselves clearly live together with others who are still very verbal. While residents who are verbal and chatty can sometimes be great conversation partners, at other times their words don’t make much sense and conversations can become repetitive and uncomfortable as residents struggle to express themselves rationally, while experiencing themselves that their instrument (the brain) is no longer suited to such a way of conversing. Yet as soon as one lets go of the idea of rational conversation and adopts a poetic approach to word-imagery and performance, these encounters can become beautiful moments of shared creation.

While most care staff is not explicitly trained to go beyond the practical dimension of care (hygiene, food, physical comfort), we found that most of them clearly enjoy being playful and creative with residents. But they mostly do this in one-on-one situations, for example while helping them shower or get dressed. The atmosphere in the shared living units, however, is often very different: there, the interaction stays well within the borders of practical conversation. Of course, jokes are told here and there, but the residents are usually approached in a rational way during the day, while creative or unconventional modes of

interaction are reserved for moments when the caregivers feel unobserved.

There is a social code – which we all feel – that makes it hard for most of us to switch from the verbal mode to a different mode of interacting with others.

The distinct quality that the Genetic Choir brings to the care home is that we are trained to permit ourselves to switch between modalities – to take a break from the verbal/rational mode and move into the space between sound and words – even if our environment is not doing so or needs to be convinced that this can be beautiful and fun.

The following example from one of our care home sessions illustrates this point:

*“We have known Mrs. Yang for several months. She is often in a good mood and speaks mostly in Chinese (as far as we can tell). She is no longer able to articulate and often expresses herself in a low, rhythmic, repetitive nasal drone or groan: nnnngg, nnnngg, nnnngg... We sometimes try to incorporate this sound into our music, but it is tricky.*

*Today, we are sitting around the coffee table in the living room with six ladies. I'm sitting between Mrs. Yang and Agnes, another resident we have known for some time; there are also some talkative new residents. The room is bustling, quite noisy, and our attempts at switching to music are not very successful.*

*Mrs. Yang watches it all: ‘nnnggg nnnngg nnnngg’. Suddenly, through all the noise, I hear in her sounds an echo of Mongolian throat singing and try to produce similar tones, making the sounds longer and more resonant. While the ladies at the table were certainly not accustomed to this kind of music, Agnes catches what I am doing and points to Mrs. Yang and me. Now a few other ladies also understand what is going on and start to listen, enjoying this musical gift that has appeared around and through Mrs. Yang, whom they all like. She is in the spotlight for a few minutes. Choir member Kristien supports the sounds: a blanket of low, round tones and a play of overtones fill the room. Some close their eyes for a moment; even the chattering ladies fall silent. A nurse who came to listen says. Ah, is this what you singers do? You bring peacefulness.”*



*backwards in a big wheelchair that also functions as a bed, his head hanging to one side. Suddenly, he straightened up and made a noise that could have been a cough, but its timing did not seem involuntary. Our impression was that it somehow fit into the flow of the music. One of the staff members had retreated to the sofa and was taking a well-earned break, busy with her phone. When she heard Marco, she got up and moved towards him, asking him if he was alright. He looked up at her with a vague expression. She asked him whether he wanted a drink; he said something she did not understand. She went to the fridge and came back with two kinds of juice. Again, he tried to tell her something, but it was not clear what he was saying. She stood there patiently holding the two juices, and eventually he pointed at one of them.*

This moment showed how different a musician’s “reading” of the situation is from that of the care staff, who are trained to read the residents’ reactions in an exclusively rational way. The caretaker perceived Marco’s reaction as coughing. Her response, while logical in this context, normalized the situation amidst a subtle but very real artistic experience that was clearly affecting the residents. She wanted to bring Marco back to everyday reality but was oblivious to the meaningful resonances that the singing unmistakably had for Marco.

In the feedback round after the session, the following exchange unfolded between the singers:

*M: When we slowly entered the room with Marco... he was somehow, I felt he was crying, but the nurse thought he was choking.  
Y and Th: He was coughing...*

*M: He was...*

*Y: But he was also making music with his coughing.*

*G, K: Yes.*

*K: Yes, it was amazing.*

*G: He was moved.*

*Y: It was intentional for sure. He couldn't have done it by accident, not in that way...*

*G: Yes.*

*Y: He didn't do it by accident, it was a pattern. He was coughing...*

*Th: Really?*

*Y: ... in a pattern.*

*Others: Yes, yes...*

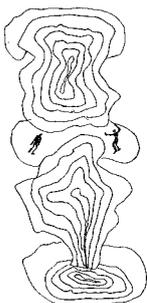
*Y: Like “uh h uh uh” [coughs rhythmically]*

*G: I also had that feeling.*

*M: Can I correct... Because we came in first... He was moved as far as I could tell. It was not coughing, it was... so confusing: he reacted as if he were coughing...*

*K: ... And he was ... I think he was moved, that was my feeling... She [the care giver] was like, “Oh, OK, I’ll just give him something to drink, none of that tension now.” She just wanted to break the tension somehow.*

*S: It was rather clumsy. I also felt it, she carried on with those juices, like “I have to do my work,” that’s how it felt to me... So I thought “eh, we just created such an atmosphere,” and all of a sudden the*



On another occasion, the contrast between the modes and realities we create with the residents and the “normal reality” cultivated by the care staff became even clearer.

The following scene occurred directly after the residents started waking up in the “room of absent residents” moment described earlier.

*Marco, in his earlier life a dedicated musician, was one of the first residents to wake up. He was leaning*

*reality became so tangible. I realise that she also needs to do her work, because I am aware of what her job is. But is she also aware of what we are doing?*

This incident was representative of several situations we encountered later in the project. It reflected a collision of modalities between our artistic stance and the way care home staff are trained and conditioned to react. But can they even be expected to react any differently, when their whole training is focused on the practical side of care-giving?

As mentioned above, we are currently moving into a new phase of the project in which we will address these different modalities in workshops with managers, care staff and therapists, where we will learn about their professional needs and offer ways of incorporating our approach of deep listening and switching modalities into their daily routine. We are very happy that the care staff expressed such strong interest in bringing our artistic techniques in the more practical-oriented context of the care home. We hope that our approach of *pausing normality* and *creating a space in-between* will be further integrated into all levels of dementia care.

Of course, there is still a long way to go. But we are inspired by the thought that perhaps, in a few years, the daily atmosphere of long-term care environments could be characterised by an approach of listening and playfulness on the part of all care workers, making the care home a space where attentive listening and creative expression of all participants – residents, visiting family members and staff members – are encouraged and stimulated.

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mit Bewohnern des Flevohuis in Amsterdam  
Genetic Choir-Sänger in Kontakt

Fotos: Nellie de Boer

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