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Attitudes Toward and Willingness to Use Music Therapy in Southern Mississippi

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The University of Southern Mississippi

Attitudes Toward and Willingness to Use Music Therapy in Southern Mississippi

by

Megan McDaniel

A Thesis
Submitted to the Honors College of
The University of Southern Mississippi
in Partial Fulfillment
of the Requirements for the Degree of
Bachelor of Science in Nursing
in the Department of Collaborative Nursing Care

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Attitudes Toward and Willingness to Use Music Therapy

Attitudes Toward and Willingness to Use Music Therapy

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Abstract

The purpose of this study was to determine the attitudes toward and willingness to use music therapy in the population without previous medical conditions and to determine if there was a difference in attitudes toward music therapy between genders and age groups. A 19-question, 5-point Likert scale survey assessing the knowledge and attitudes of music therapy was distributed via a faculty, staff, and student email listserv at The University of Southern Mississippi and Facebook. Additionally, two demographic questions were asked. Overall, the participants (n=184) in this study reported positive attitudes toward the use of music therapy. Females and adults ages 45-54 reported the most positive attitudes about music therapy. These findings support the use of music therapy as a complementary treatment option in these groups.

Key Words: music therapy, knowledge, attitudes

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Chapter 1: The Problem

Introduction

Throughout recent years, music therapy has gained attention as a viable intervention for the treatment of various medical conditions. The current research has found that music therapy, a form of complementary medicine, is widely used throughout the United States, as well as other countries. Music Therapy has been identified as one of the top five therapies requested by patients (Cutshall et. al, 2010). Although a great deal of research supports the use of music therapy in the medical setting, gaps in the literature exist.

The first recorded use of music therapy was published in 1789. An unknown author wrote an article called “Music Physically Considered,” which was published in *Columbian Magazine* (American Music Therapy Association [AMTA], 2014). Although this was the first published record of the potential use of music therapy, evidence indicates that it may have been used or suggested in ancient times. This use is evident through the writings of philosophers such as Plato and Aristotle, who recognized the powerful effects that music could have. After “Music Physically Considered” was published in 1789, several years passed before music therapy was again mentioned in literature. In 1804, Edwin Atlee published a dissertation that focused on the usefulness of music as a medical therapy. Shortly after in 1806, Samuel Matthews published a dissertation titled “On the Effects of Music in Curing and Palliating Diseases.” Subsequently, literature started appearing that actually tested music as an intervention. One of the first pieces of literature that included music therapy as an experiment was by James Corning, in the late 1800s, which studied the effects of music on people with sleep

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disorders (AMTA, 2014). By this time, music therapy was gaining popularity as a practical intervention in the healthcare profession. Most professionals recognize the start of the legitimate use of music therapy to be around the time of the World Wars (AMTA, 2014). During this time, music therapy was used by war Veterans to treat several conditions, both physical and psychological, acquired during the war. The healthcare professionals who administered the music therapy noticed a dramatic improvement in the Veterans' conditions and recognized the importance of music therapy in treating various medical conditions (AMTA, 2014).

After the World Wars, music therapy started to develop into what it is today. E. Thayer Gaston (1901-1970), who is considered the “father of music therapy” in America, is accredited with shifting the focus of music therapy to be integrated in education (AMTA, 2014). He advocated for music therapy training programs to teach and train individuals in the art of music therapy in different healthcare settings. In 1944, the first ever music therapy training program was offered at Michigan State University. Several universities soon followed. In 1971, the American Music Therapy Association (AMTA) was founded. The purpose of this association, which still functions today, is to develop standards for music therapy education as well as conduct music therapy research. According to the AMTA (2014), 72 colleges/universities currently offer approved music therapy programs.

In addition to the numerous music therapy education programs and the AMTA, the Certification Board for Music Therapists (CBMT) was created in 1983. The purpose of the CBMT is to certify music therapists that have completed their training by having them take a board exam (CBMT, 2014). Over 5,000 certified music therapists (CBMT,

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2014) exists today. According to the CBMT, the following three requirements must be met for a person to become a certified music therapist:

1. “The successful completion of an American Music Therapy Association (AMTA) approved academic and clinical training program.”
2. “Successful completion of a written objective examination demonstrating current skills in the profession of music therapy.”
3. “Recertification every 5 years through re-examination or upon the successful completion and documentation of 100 recertification credits, and through the completion of the CBMT Application for Recertification and payment of an annual certification maintenance fee,” (CBMT, 2014, para. 1).

According to current research, music therapy is used as a complementary treatment for a wide variety of medical conditions and diagnoses. However, three common incidences in which music therapy is used include pain management (most common), the reduction of anxiety, and the treatment of depression; each of which are common acute and chronic medical conditions. For example, Comeaux and Steele-Moses (2013) studied the effect of music on pain control after surgery. Kushnir, Friedman, Ehrenfeld, and Kushnir (2012) studied the effects that music therapy had on decreasing anxiety in women undergoing cesarean sections. A study by Choi, Lee, and Lim (2008) examined the effects that music therapy had on depression in psychiatric patients. All of the research conducted demonstrated strong support of the use of music therapy in that an improvement of each subject’s condition was observed after the administration of music therapy. Although no studies have explored music therapy specifically, there are studies published that show who uses the more general category of complementary medicine.

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Historically, the users of complementary medicine are females and are between the ages of 46 and 64-years-old (Neilberg et. al, 2011).

Statement of the Problem

Although a significant amount of research exists on the topic of music therapy, gaps in current research remain. One of the major gaps in research is the study of the general population's attitude toward music therapy. Most available research has studied the use of music therapy in people who already have an underlying medical condition. Although this information is crucial in the application of music therapy, assessing the willingness of the general population to participate in music therapy is a critical gap. By assessing this willingness, healthcare professionals can incorporate music therapy in patients' individual treatment plans to assist in their recovery.

Research Questions

For my research study, I examined the attitudes of the general population toward the use of music therapy. I wanted to know if the trends in people who do use music therapy match the trends of the general population. I also looked at the following two questions:

1. Is there a difference in the attitudes towards and willingness to use music therapy between different age groups?
2. Is there a difference in attitudes towards and willingness to use music therapy between males and females?

Based on available evidence, I would hypothesize that females rather than males are more willing to try music therapy. I would also hypothesize that middle-age adults will be more willing to try it than any other age group.

Definition of Terms

The AMTA defined music therapy as “the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program,” (AMTA, 2014, para. 1). The National Center of Complementary and Alternative Medicine (NCCAM) defined complementary medicine as “using a non-mainstream approach together with conventional medicine,” (NCCAM, 2014).

Delimitations

To limit the scope of this study, I primarily surveyed the students and faculty at The University of Southern Mississippi (USM). This population was easily accessible and provided a wide variety of age groups. Potential respondents whose responses I would not include are those who do not identify themselves as being male or female gender. This exclusion is because I was specifically studying how gender affects attitudes towards and willingness to use music therapy.

Assumptions

My assumption for this study is that all respondents will answer all survey questions honestly. Doing so will provide more accurate data.

Justification

As stated above, the reason I am doing this study is to attempt to fill the gap in the current literature. By performing this study, I will assess the public’s willingness to use music therapy. If the general population requests music therapy as a complementary therapy when they get sick in the future, the recovery process may speed up. Music has been found to improve recovery because it increases release of endorphins, therefore,

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“enhancing one’s sense of well-being and decreasing the need for pain medication”

(Taylor, Lillis, LeMone & Lynn, 2011, p. 1130). Moreover, music therapy makes the patient feel better, which can aid in decreasing treatment time.

Chapter 2: Literature Review

During the research collection phase, an article search was accomplished using EBSCOhost, CINAHL, and MEDLINE. The American Music Therapy Association (AMTA) website, as well as the Certification Board for Music Therapists (CBMTs) and National Center of Complementary and Alternative Medicine (NCCAM) websites were used. When searching for articles the keywords used were “music therapy + pain”, which returned about 425 results; “music therapy + anxiety”, which returned about 415 articles; “music therapy + depression”, which returned about 170 articles; and “complementary medicine + attitudes”, which returned about 470 articles. Several articles were duplicates, which narrowed the results. Articles were further narrowed by language and relevance to the study. For example, research articles that were not published in the English language and research articles that duplicated evidence in previous articles. .

Mechanisms of Use

According to Sorrell and Sorrell (2008), music is known to affect the autonomic nervous system. This system controls heart rate and respiratory rate; therefore, music could reduce heart rate, respiratory rate, and blood pressure in situations where they could be elevated. In this same study, they stated that, “combined with cultural influences, private emotions, and personal memories, the affect of music therapy can be complex,” (Sorrell & Sorrell, 2008, p. 23). The AMTA identifies different ways that music therapy can be performed such as “creating, singing, moving to, and/or listening to music,” (AMTA, 2014, para. 2). Music therapy interventions occurred in a variety of settings such as in the hospital, in the patients’ own homes, and in nursing homes. The most popular method of engaging in music therapy, as identified in the research, is

listening to music. This method can be accomplished by installing software that has been pre-created on a music player and giving it to the patient (Guetin et. al, 2012) or playing pre-chosen music in the patient's room (Bauer et. al, 2011). Regardless of the method implemented, music therapy has shown to improve symptoms of various medical conditions such as pain, anxiety, and depression.

Music Therapy and Pain

As stated above, pain relief has been proven to decrease the pain experienced by patients in several different situations. For example, studies conducted by Comeaux and Steele-Moses (2013), as well as Bauer et al. (2011), measured the effects of music therapy on acute, post-operative pain. This study was conducted because it is known that “unrelieved postoperative pain remains a common problem despite advances in pain management” (Comeaux & Steele-Moses, 2013, p. 313). This study reported that the group that received music therapy in addition to the normal pain management techniques, such as analgesic agents, had a greater reduction in post-operative pain than the group that did not receive the music therapy. Music therapy has not only been found to decrease the pain score of post-operative patients but to decrease their heart rate and blood pressure as well (Lin, Lin, Huang, Hsu, & Lin, 2011). Both increased heart rate and blood pressure can be physiologic signs that the patient is in pain. Since both of these measurements were decreased after the administration of music therapy, we now have objective indirect data that music therapy helps decrease pain. These studies, along with many others, indicate that music therapy can be used as a helpful adjunct to treat acute pain. These findings are important in the healthcare profession. The recovery time from

acute illnesses or procedures can be reduced if music therapy is used as a complementary therapy for pain.

Music therapy has also been known to treat chronic pain. One study indicated that music therapy could be used to treat pain from chronic conditions such as back pain, fibromyalgia, inflammatory diseases, and neurological diseases (Guetin et. al, 2012). This study reported that the patients who participated in music therapy in the home setting had a significantly reduced pain score compared to the patients that did not participate in the music therapy. Another study by Siedliecki and Good (2006) reported that patients who participated in the music control therapy group experienced an increasing feeling of power over the control of their chronic pain. The findings of these studies have many implications for people who experience chronic pain. First, the greater reduction of chronic pain that they experience from the addition of music therapy to their normal treatment regimen promotes independence with activities of daily living. Second, these people may eventually take less pain medication, reducing medication side effects and the financial resources needed for medications each year.

Music Therapy and Anxiety

Music therapy has also been shown to decrease anxiety in patients. This anxiety may be caused by an illness or upcoming surgery, or it may be a psychiatric diagnosis of anxiety. Korhan, Khorshid, and Uyar (2011) reported that music therapy significantly decreased the respiratory rates and blood pressures of patients on mechanical ventilation who were experiencing anxiety. This study provides objective evidence that music therapy may decrease anxiety. Several studies noted that music therapy greatly decreased the amount of anxiety that can be experienced before and after surgical procedures

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(Kushnir, Friedman, Ehrenfeld, & Kushnir, 2012; Li, Zhou, Yan, Wang, & Zhang, 2012; Twiss, Seaver, & McCaffrey, 2006). These studies indicate that music therapy is a helpful complementary treatment in patients that are undergoing surgical procedures. If the patient feels anxious before going into surgery, he or she will have prolonged and more difficult recover from the procedure. According to Twiss, Seaver, and McCaffrey (2006), anxiety can “increase cardiovascular workload, thereby prolonging recovery time,” (p. 244). Since music therapy has been shown to decrease respirations and blood pressure, it also decreases cardiac workload, which can shorten recovery. Not only does music therapy decrease recovery time for surgical procedures, it can also help reduce symptoms of a psychiatric diagnosis of anxiety. By reducing the everyday symptoms of anxiety, music therapy can help give patients a better quality of life (Eells, 2014). The reduction of anxiety in combination with the reduction of pain level that results from music therapy provides an effective treatment when used in combination with prescribed therapies.

Music Therapy and Depression

Music has also been identified as a viable treatment modality for depression. Chan, Chan, Mok, and Kwan (2009) reported that music therapy is effective in lowering the respiratory rates and blood pressures of people who experience depression. Music therapy has also improved the sleep quality of patients who experience depression (Lai, Lin, & Lee, 2012). These studies support that the effect of music therapy be measured by subjective data, as well as with objective data.

Chan, Wong, Onishi, and Thayala (2012) reported that music therapy decreased depression in the older adult population. Many people within the older adult population

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experience depression. These studies can provide important information for the health of older adults because depression can cause older adults to become less active, therefore, slowing down their body processes. By having a reduction in depression, older adults can have a better quality of life, therefore, improving their health. Music therapy has also been proven to reduce the level of depression in patients with psychiatric illnesses (Choi, Lee, & Lim, 2008). When patients with psychiatric illnesses have a reduction in depression levels, they will more likely experience a better quality of life. Patients may also be more likely to adhere to their treatment regimen if they have decreased depression levels. One condition that music therapy has been found to improve is postpartum depression. About 13% of pregnant women experience depression (Office on Women's Health, 2012). Chang, Chen, and Huang (2008) reported that music therapy significantly reduced the level depression in postpartum women. One of the many benefits of music therapy in this setting is that it is a "cost-effective method used in their daily life to reduce their stress, anxiety, and depression," (Chang, Chen, & Huang, 2008, p. 2580). Reduction in depression levels can improve overall health by giving patients a better quality of life.

Patterns of Use

Although research could not be found on the patterns of use of music therapy, research was found on the patterns of use of complementary therapies as a whole. This information is being used to predict the patterns of use of music therapy. According to Eisenberg et al. (1993), "roughly 1 in 4 Americans who see their medical doctors for a serious health problem may be using unconventional therapy," (p. 251). Two of the major demographic factors studied in relation to complementary therapies are age and gender.

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A large amount of research has studied the affects of age and gender on the use of complementary medicine. This body of evidence can be useful in identifying gaps in knowledge that may exist in the population groups that do not use complementary therapies. From the research gathered, women are far more likely to use complementary therapies than men (Eisenberg et. al, 1998). Not only do women use complementary therapies more than men do, they are also more likely to use more than one type (Neilberg et. al, 2011). A study conducted by Smith et al. (2008), found that women are also more likely to report their use of complementary therapies. These findings could imply that men may use complementary therapies more than we know, but they do not report it. All of this research suggests that there is a need for more education about complementary therapy, as well as the types of it, in the male population.

The research conducted on complementary medicine use between age groups brought about a wide variety of results. A study conducted by Grzywacz et al. (2011), adults between the ages of 45 and 64 use complementary therapies the most often out of any other age group. Eisenberg et al., (2008) and Grzywacz et al. (2005) echoed these findings. Adults in this age group were more likely to report using multiple types of complementary therapies (Neilberg et. al, 2011). Based on these results, middle-age adults are more likely to use complementary medicine than any other age group. These findings could indicate that there is a need for more education about complementary therapies in the older and younger age groups.

Professionals' Opinions of Complementary Therapies

Not only does research demonstrate that complementary therapies can be useful in treating medical conditions and that patients report using it, research exists regarding

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health professionals' opinions on the use of it. A major factor that plays a part in the patient's use of complementary therapies is if his or her healthcare team believes it is effective. If the healthcare team does not believe that music therapy is effective, they could potentially discourage the patient from its use. However, research does not support this notion. According to one study, doctors as well as nurses reported highly positive attitudes toward the use of complementary medicine (Risberg et. al, 2004). Some nurses use complementary therapies for treatment of their own medical conditions (Cutshall et. al, 2010). If healthcare professionals recognize that music therapy has proven effects on symptom management, patients may be more likely to use it.

As indicated by the research, music therapy, in addition to prescribed treatment, has been proven to help decrease symptoms of patients with various medical conditions. However, a gap in the measurement of the general population's willingness to use music therapy exists. By measuring the general population's willingness to use music therapy, healthcare professionals can identify whether there is a need for education of the public in this field.

Chapter 3: Methodology

Overview

The purpose of this descriptive study was to determine the public's attitudes and willingness to use music therapy. I also looked at if there are differences between men and women's attitudes toward music therapy as well as the differences in attitudes of different age groups. A survey was used to collect the data.

Participants

The participants in this study will be faculty, staff, and students at The University of Southern Mississippi (USM). They defined themselves as either being male or female. They also listed their age group. The age groupings will be 18 to 24, 25 to 34, 35 to 44, 45 to 54, 55 to 64, and 65+. **Instruments**

Attitudes and willingness to use music therapy was assessed using a survey adapted from Ben-Arye et al. (2012) and Hsu et al. (2010) (See Appendix A). Two demographic questions were also included.

Procedure

Following the USM Internal Review Board (IRB) approval, (see Appendix C), a link to the survey was submitted to the USM Mailout listserv to all students, faculty, and staff (See Appendix B). The purpose of the study was explained in the email. The same link to the survey was also posted on Facebook. Informed consent to participate in the study was obtained by completing the survey. After the surveys were completed, the results from each question were analyzed regarding gender and age group. The scores for each question showed the overall attitude toward and willingness to use music therapy in respects to age group and gender.

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The survey link was originally distributed in the USM mailout on December 11, 2014 and again on January 15 and 16, 2015. The link was posted to Facebook on January 29, 2015. Once 200 responses were received, the results were analyzed. The data were analyzed by obtaining a mean Likert score for each participant. Then, a two-tailed t-test with unequal variance was used to compare results between males and females and the two age groups with the highest mean Likert score.

Chapter 4: Results

Demographics

A survey was distributed in order to determine the general population's knowledge and attitudes toward music therapy use. The survey was administered to students, faculty, and staff at The University of Southern Mississippi (USM). The link to the survey was also posted to the social media site, Facebook. Of the 202 surveys started, 184 were completed. Of the 184 completed surveys, 32 (17.3%) were completed by males, 150 (81.5%) were completed by females, and 2 did not select a gender category. In addition, 90 (48.9%) of the surveys were complete by 18-24 year olds, 30 (16.3%) by 25-34 year olds, 14 (7.6%) by 35-44 year olds, 25 (13.5%) by 45-54 year olds, 23 (12.5%) by 55-64 year olds, and 2 (1%) by people age 65 and up.

Table 1

Demographic Data

<i>Demographic</i>	<i>Category</i>	<i>Participant (%)</i>
Age	18-24	48.9%
	25-34	16.3%
	35-44	7.6%
	45-54	13.5%
	55-64	12.5%
	65+	1%
Gender	Male	17.3%
	Female	81.5%

Knowledge

The survey measuring attitudes on music therapy included 19 questions on a 5-point Likert scale. The questions assess two different areas to analyze overall feelings on music therapy. The first category assessed knowledge of music therapy. The first question assessed the participant's attitude toward music therapy in improving a person's daily functioning, with 91.2% (n= 168) of participants answering positively with agree or strongly agree. The second question assessed whether music therapy could be used to help cope with an illness, with 89.6% (n= 165) of participants answering positively with agree or strongly agree. The third question assessed whether music therapy could be used to help reduce side effects of medical treatments, with 58.1% (n= 107) of participants answering positively with agree or strongly agree. The fourth question assessed whether music therapy could be used to help emotionally support a person, with 98.3% (n= 181) of participants answering positively with agree or strongly agree. The final question assessed whether music therapy could be used to spiritually support a person, with 95.6% (n= 176) of participants answering positively with agree or strongly agree. Table 2 represents the number and percentage of participants that answered each question regarding knowledge of music therapy as either strongly disagree, disagree, neutral, agree, or strongly agree.

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Table 2

Knowledge

<i>Question</i>	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
Improve daily functioning	0.54% (n=1)	0% (n=0)	8.1% (n=15)	57.6% (n=106)	33.6% (n=62)
Help cope with illness	0.54% (n=1)	2.1% (n=4)	7.0% (n=13)	57.0% (n=105)	32.6% (n=60)
Reduce side effects	2.7% (n=5)	10.8% (n=20)	27.1% (n=50)	37.5% (n=69)	20.6% (n=38)
Emotional support	0% (n=0)	0% (n=0)	1.0% (n=2)	32.0% (n=59)	66.3% (n=122)
Spiritual support	0% (n=0)	0% (n=0)	4.3% (n=8)	39.1% (n=72)	56.5% (n=104)

Attitudes

The second category of questions assessed participants' attitudes toward music therapy. The first question asked if participants felt like they did not have enough knowledge about music therapy, which 24.3% (n= 42) of respondents answered positively with disagree or strongly disagree. The second question assessed whether music therapy was thought to be ineffective, in which 87.1% (n= 150) of participants answered positively with disagree or strongly disagree. The next question assessed whether music therapy was thought to be expensive, in which 53.4% (n= 92) of participants answered positively with disagree or strongly disagree. The participants were also asked if they thought music therapy was not easily available, which was answered positively with 46.5% (n= 80) of participants selecting disagree or strongly disagree. The

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participants were also asked if music therapy could harm them, which 91% (n= 156) of them answered positively with disagree or strongly disagree. The next question assessed if music therapy was thought to conflict with other treatments, which 83.6% (n= 144) of participants answered positively with disagree or strongly disagree. Participants were also asked if music therapy could cure an illness, in which 11% (n= 20) answered agree or strongly agree. The next question assessed if music therapy could make participants feel better, in which 88.2% (n=152) of participants answered agree or strongly agree. The next question assessed if music therapy could make participants live a happier life, in which 84.2% (n= 145) of people answered agree or strongly agree. The survey also assessed whether or not music therapy could help improve symptoms of an illness, with 44.7% (n= 77) of participants answering agree or strongly agree. The next question assessed whether music therapy could help tolerate treatment of an illness, with 66.8% (n= 115) of participants answering agree or strongly agree. The survey also assessed whether music therapy could assist the effect of medications, with 37.7% (n= 65) of participants

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Table 3 Attitudes

<i>Question</i>	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
Not enough knowledge	4.6% (n=8)	19.7% (n=34)	20.9% (n=36)	43.6% (n=75)	11.0% (n=19)
Ineffective	30.2% (n=52)	56.9% (n=98)	12.2% (n=21)	0.5% (n=1)	0% (n=0)
Expensive	19.7% (n=34)	33.7% (n=58)	42.4% (n=73)	2.9% (n=5)	1.1% (n=2)
Not easily available	18.6% (n=32)	27.9% (n=48)	36.0% (n=62)	16.2% (n=28)	1.1% (n=2)
Can harm	59.0% (n=101)	32.0% (n=55)	6.0% (n=10)	3.0% (n=5)	1.0% (n=1)
Conflict with treatments	48.8% (n=84)	34.8% (n=60)	11.0% (n=19)	3.4% (n=6)	0.5% (n=1)
Cure illness	14.0% (n=24)	34.0% (n=58)	40.0% (n=69)	10.0% (n=18)	1.0% (n=2)
Feel better	0.5% (n=1)	0.5% (n=1)	9.8% (n=17)	50.5% (n=87)	37.7% (n=65)
Live a happier life	1.1% (n=2)	1.1% (n=2)	11.6% (n=20)	52.9% (n=91)	31.3% (n=54)
Improve symptoms	2.9% (n=5)	11.6% (n=20)	40.1% (n=69)	36.0% (n=62)	8.7% (n=15)
Help tolerate treatment	1.1% (n=2)	3.4% (n=6)	26.7% (n=46)	48.8% (n=84)	18.0% (n=31)
Assist effects of medication	2.9% (n=5)	13.3% (n=23)	45.9% (n=79)	30.2% (n=52)	7.5% (n=13)
Better than nothing	1.1% (n=2)	0.5% (n=1)	8.1% (n=14)	46.5% (n=80)	43.0% (n=74)
Want to try	1.1% (n=2)	1.7% (n=3)	19.1% (n=33)	44.1% (n=76)	33.1% (n=57)

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answering agree or strongly agree. The next question asked if music therapy was better than nothing, with 89.5% (n= 154) of participants answering positively with agree or strongly agree. The last question assessed if participants would like to try music therapy, with 77.2% (n=123) answering positively with agree or strongly agree. Table 3 represents the number and percentages of participants that answered each question regarding attitudes toward music therapy as either strongly disagree, disagree, neutral, agree, or strongly agree.

Gender Differences

Overall, females displayed significantly more positive views towards music therapy (M=3.94, SD=0.48) compared to males (M=3.77, SD=0.29); $t(73)=1.99$, $p=0.01$. Table 4 represents the overall scores of knowledge and attitudes of music therapy for males and females.

Table 4

Overall Gender Differences

<i>Gender</i>	<i>Mean</i>	<i>SD</i>	<i>t</i>	<i>df</i>	<i>p</i>
Female	3.94	0.48	-	-	-
Male	3.77	0.29	-	-	-
Total	3.85	-	1.99	73	0.01

There was a significant difference in the scores of knowledge of music therapy for females (M=4.27, SD=0.53) and males (M=4.09, SD=0.35); $t(65)=1.99$, $p=0.01$. Table 5 represents the scores for knowledge of music therapy for males and females.

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There was not a significant difference in the scores of attitudes toward music therapy for females (M=3.76, SD=0.49) and males (M=3.63, SD=0.34); $t(58)=2.00$, $p=0.09$. Table 6 represents the scores for attitudes toward music therapy for males and females.

Age Differences

Overall, participants in the 45-55 age group displayed more positive views of music therapy (M= 4.15, SD=0.43) compared to 18-24 year olds (M=3.92, SD=0.48), 25-34 year olds

Table 5

Gender Differences in Knowledge

<i>Gender</i>	<i>Mean</i>	<i>SD</i>	<i>t</i>	<i>df</i>	<i>p</i>
Female	4.27	0.53	-	-	-
Male	4.09	0.35	-	-	-
Total	4.18	-	1.99	65	0.01

Table 6

Gender Differences in Attitudes

<i>Gender</i>	<i>Mean</i>	<i>SD</i>	<i>t</i>	<i>df</i>	<i>p</i>
Female	3.76	0.49	-	-	-
Male	3.63	0.34	-	-	-
Total	3.69	-	2.00	58	0.09

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(M=3.83, SD=0.38), 35-44 year olds (M=3.78, SD=0.36), 55-64 year olds (M=3.86, SD=0.54), and participants age 65 and up (M=3.40, SD=0). Participants age 45-54 felt significantly more positive about music therapy (M=4.15, SD=0.43) compared to 18-24 year olds (M=3.92, SD=0.48); $t(42)=2.01$, $p=0.02$. Table 7 represents the overall scores of knowledge and attitudes toward music therapy for each age group.

Table 7

Overall Age Differences

<i>Age Group</i>	<i>Mean</i>	<i>SD</i>	<i>t</i>	<i>df</i>	<i>p</i>
18-24	3.92	0.48	-	-	-
25-34	3.83	0.38	-	-	-
35-44	3.78	0.36	-	-	-
45-54	4.15	0.43	-	-	-
55-64	3.86	0.54	-	-	-
65+	3.40	0	-	-	-
Total	3.82	-	2.01	42	0.02

There was a significant difference in scores of knowledge of music therapy for 45-54 year olds (M=4.49, SD=0.46) and 18-24 year olds (M=4.23, SD=0.53); $t(44)=2.01$, $p=0.02$. Table 8 represents the scores for knowledge of music therapy for each age group.

There was also a significant difference in scores of attitude toward music therapy for 45-54 year olds (M=4.00, SD=0.45) and 18-24 year olds (M=3.72, SD=0.47);

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t(41)=2.01, p=0.01. Table 9 represents the scores for attitudes toward music therapy for each age group.

Table 8 *Age Differences in Knowledge*

<i>Age Group</i>	<i>Mean</i>	<i>SD</i>	<i>t</i>	<i>df</i>	<i>p</i>
18-24	4.23	0.53	-	-	-
25-34	4.13	0.45	-	-	-
35-44	4.20	0.40	-	-	-
45-54	4.49	0.46	-	-	-
55-64	4.20	0.56	-	-	-
65+	4.00	0	-	-	-
Total	4.20	-	2.01	41	0.01

Table 9 *Age Differences in Attitudes*

<i>Age Group</i>	<i>Mean</i>	<i>SD</i>	<i>t</i>	<i>df</i>	<i>p</i>
18-24	3.72	0.47	-	-	-
25-34	3.67	0.40	-	-	-
35-44	3.60	0.39	-	-	-
45-54	4.00	0.45	-	-	-
55-64	3.72	0.58	-	-	-
65+	3.14	0	-	-	-
Total	3.64	-	2.01	41	0.01

Chapter 5: Discussion

The purpose of this study was to assess the attitudes of the general population toward music therapy. Overall, the results showed that participants had positive attitudes toward music therapy. These findings suggest that when these people become ill in the future, they would be more open to having music therapy incorporated into their treatment plans. By doing this, the recovery time for these patients could be reduced.

Another purpose of the study was to determine if there was a difference between attitudes and willingness to use music therapy in males and females, as well as among different age groups. Overall, females were found to be significantly more positively about music therapy than males. These findings were consistent with findings of other studies such as Eisenberg et al., (1998). The study by Eisenberg et al., (1998) reported that females were more likely than males to use complementary therapies. People in the age range 45-54 were found to be significantly more positively about music therapy than any other age group. These findings were consistent with the study conducted by Grzywacz et al. (2011), who found that adults between the ages of 45 and 64 use complementary therapies the most often out of any other age group. Both of these findings can indicate that there could be a need for further education about music therapy for males and all other age groups. If these people receive more education, they could be more inclined to use music therapy.

Limitations

There were several limitations of this study worth noting. One was the age demographic of participants who completed the survey. Most of the participants were in the 18-24 year old age range. Very few participants in the 65+ age group completed the

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survey. Because of this, there is not an accurate representation of people in this age group. Another limitation is that the survey mainly sampled participants at The University of Southern Mississippi (USM). While we now know the attitudes of people at this institution about music therapy, people at other institutions or in other regions may have differing opinions.

Further Areas of Study

This study assessed the attitudes of the general public about music therapy. Additionally, this study assessed which age group and gender felt more positively about music therapy. Doing so could determine which gender and age groups could benefit from more education on music therapy. More research is needed on implementing music therapy education strategies aimed at these groups and assessing attitudes toward music therapy after they received this education.

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Appendix A

Survey assessing knowledge and attitude of music therapy:

The purpose of this research study is to understand the differences in knowledge and attitudes toward music therapy between different ages and genders. This anonymous survey will take about 10 minutes. You must be 18 years of age to participate. Your participation is voluntary – you do not have to answer any questions you are uncomfortable with, and you can stop anytime. In any reports we write about this study, we will not reveal information that would allow anyone to identify who took part. There are not any direct benefits to you, but the information will help us understand more about the differences in knowledge and attitudes toward music therapy between genders and different age groups.

Your responses to this survey will be kept confidential. Your answers will be combined with those of other faculty and students at USM and only researchers doing the study will have access to the data. Completing this survey indicates an agreement to participate in this study.

The student researcher in charge of this study is Megan McDaniel, and she can be contacted at megan.mcdaniel@eagles.usm.edu. She is working under her advisor, Lachel Story, PhD, RN, who can be reached at lachel.story@usm.edu

This project has been reviewed by the Human Subjects Protection Review Committee, which ensures that research projects involving human subjects follow federal regulations. Any questions or concerns about rights as a research subject should be directed to the chair of the Institutional Review Board, The University of Southern Mississippi, 118 College Drive #5147, Hattiesburg, MS 39406-0001, (601) 266-6820.

Demographics:

Please select your age group.

18-24

25-34

35-44

45-54

55-64

65 and up.

Please select your gender.

Male

Female

Attitudes Toward and Willingness to Use Music Therapy

Please answer the following questions regarding music therapy:

1. Music therapy can be used to improve a person's daily functioning. Strongly Disagree, Disagree, Neutral/Do not know, Agree, Strongly Agree
2. Music therapy can be used to enhance a person's ability to cope with illness. Strongly Disagree, Disagree, Neutral/Do not know, Agree, Strongly Agree
3. Music therapy can be used to reduce the side effects of treatments (i.e. medications, various procedures). Strongly Disagree, Disagree, Neutral/Do not know, Agree, Strongly Agree
4. Music therapy can be used to emotionally support a person (i.e. reduce stress, promote relaxation). Strongly Disagree, Disagree, Neutral/Do not know, Agree, Strongly Agree
5. Music therapy can be used to spiritually support a person. Strongly Disagree, Disagree, Neutral/Do not know, Agree, Strongly Agree

Please answer the following questions regarding music therapy:

1. I do not have enough knowledge or information about music therapy. Strongly Disagree, Disagree, Neutral/Do not know, Agree, Strongly Agree
2. Music therapy is ineffective. Strongly Disagree, Disagree, Neutral/Do not know, Agree, Strongly Agree
3. Music therapy is expensive. Strongly Disagree, Disagree, Neutral/Do not know, Agree, Strongly Agree
4. Music therapy is not easily available. Strongly Disagree, Disagree, Neutral/Do not know, Agree, Strongly Agree
5. Music therapy can harm me. Strongly Disagree, Disagree, Neutral/Do not know, Agree, Strongly Agree
6. Music therapy may conflict with my other prescribed treatments for illnesses. Strongly Disagree, Disagree, Neutral/Do not know, Agree, Strongly Agree
7. Music therapy can cure an illness. Strongly Disagree, Disagree, Neutral/Do not know, Agree, Strongly Agree
8. Music therapy helps me feel better. Strongly Disagree, Disagree, Neutral/Do not know, Agree, Strongly Agree
9. Music therapy helps me to live a happier life. Strongly Disagree, Disagree, Neutral/Do not know, Agree, Strongly Agree
10. Music therapy improves my symptoms of an illness. Strongly Disagree, Disagree, Neutral/Do not know, Agree, Strongly Agree
11. Music therapy helps me to tolerate treatment of an illness. Strongly Disagree, Disagree, Neutral/Do not know, Agree, Strongly Agree
12. Music therapy assists the effects of medications. Strongly Disagree, Disagree, Neutral/Do not know, Agree, Strongly Agree
13. Music therapy is better than nothing. Strongly Disagree, Disagree, Neutral/Do not know, Agree, Strongly Agree
14. I want to try music therapy. Strongly Disagree, Disagree, Neutral/Do not know, Agree, Strongly Agree

Appendix B

Submission of link to USM Mailout listserv:

Participants Needed for Research Study on Music Therapy

A student researcher in the College of Nursing is seeking participants for an online study that will survey attitudes toward and willingness to use music therapy. By taking this survey, you are helping us determine the differences in the attitudes toward and willingness to use music therapy between different age groups and genders. Participation is voluntary and responses are anonymous. The survey should take approximately 10 minutes to complete.

This project has been IRB approved. This research meets all such IRB regulations. Any questions or concerns about participant rights should be directed to the chair of the Institutional Review Board, The University of Southern Mississippi, 118 College Drive #5131, Hattiesburg, MS 39406.

Below is the link to the survey:

https://usmuw.co1.qualtrics.com/SE/?SID=SV_6sBX3XNI62rGoMB

Appendix C

IRB Approval



INSTITUTIONAL REVIEW BOARD

118 College Drive #5147 | Hattiesburg, MS 39406-0001
Phone: 601.266.5997 | Fax: 601.266.4377 | www.usm.edu/research/institutional.review.board

NOTICE OF COMMITTEE ACTION

The project has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the "Adverse Effect Report Form".
- If approved, the maximum period of approval is limited to twelve months.
Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: 14112007

PROJECT TITLE: Attitudes Toward and Willingness to Use Music Therapy in Southern Mississippi

PROJECT TYPE: New Project

RESEARCHER(S): Megan McDaniel

COLLEGE/DIVISION: College of Nursing

DEPARTMENT: Department of Collaborative Nursing Care

FUNDING AGENCY/SPONSOR: N/A

IRB COMMITTEE ACTION: Exempt Review Approval

PERIOD OF APPROVAL: 11/25/2014 to 11/24/2015

Lawrence A. Hosman, Ph.D.

Institutional Review Board