Salisbury State College School of Nursing

The Perceived Effects of Music on Health, Lifestyle and Quality of Life

by

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Submitted to Salisbury State University
in conformity with the requirements for the
Degree of Master of Science in Nursing.

Salisbury, Maryland

1989

Abstract

The focus of this study was the self-perceived effects of music on health, lifestyle and quality of life. For the study, 15 well adults, age 60 and above, were interviewed in their homes. After selecting and interviewing the first three participants, a snowball technique was used for the selection of the remaining participants. Demographic questionnaire, interview guide and participant observation were utilized. Results of the study suggested relationships among educational level, age, choice of music and the self-perceived effects of music. Findings of the study suggested that music did have an effect on health, lifestyle and quality of life, and that the participants were able to identify, describe and relate these self-perceived effects to events of significance in their lives. The effect identified most frequently by the participants was referred to as "therapeutic" or "healing." Participants with the highest education and the most refined musical backgrounds were able to identify specific musical compositions and state the effects received; whereas, the remainder of the informants identified "texts" as being most

beneficial. Perhaps the most important implication of the study was the fact that the informants with the college degrees also viewed music as the "single most important element" in their lives, and three of them actually stated:

> Without music, there would be no health, lifestyle or quality of life for me because there would be no life.
>
> I would rather be dead than without my music.
>
> My music is my life.

ACKNOWLEDGEMENTS

Sincere thanks to my thesis committee: Dr. Mildred Roberson, Chairperson, to whom I am especially grateful for introducing me to, and guiding me through the qualitative method of research; Drs. Jessie Fleming and Arthur Delpaz from the Music Department, who have provided many hours of support, guidance, encouragement and expertise, not only in the development of this paper, but also in the pursuit of my love and salvation, music; Dr. Edna Quinn, who has always been supportive and enthusiastic, and an inspiration to me during the undergraduate years; and Dr. Barbara Kellam, who, although not a member of the committee, has always been helpful, and for whom I have the highest respect.

Special thanks to the wonderful participants who shared their lives, dreams and innermost thoughts with me; to my dear friend Louise Crockett RN, who helped arrange many of the appointments for me; to Mrs. Norma Heyde who served as my voice teacher, mentor and pillar of strength; to my very special family whose love and support I cherish and to all my friends.

Jessica and Christopher, this one's for you!

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CHAPTER I

Introduction

Music is a language; it is healing, stimulating and appealing to the senses. Music is a part of life, and it influences human behavior. It isn't necessary to have a formal education in music in order to be able to enjoy it, because the way we respond to music is usually controlled by the particular selection, our individuality and past experiences. Music affects us in much the same way that color does: soft and muted, and the effect can be one of tranquility, or for some, depression; loud and bold, and we are sometimes stimulated to the point of irritability or even frenzy.

Bright (1972) sees musical activities as a form of social cohesion, drawing and binding people together in a way that is non-threatening. Each element of music has a therapeutic potential. Alvin (1966) identifies rhythm as the most dynamic and fundamental element of music, an element found in all cultures; for without rhythm, there would

be no music. Our bodies are sensitive to music. Alvin (1977) discusses the presence, even before birth, of an awareness in the infant of two musical components: rhythm (the mother's pulse) and tone (the sound of her heartbeat). Later, the child responds to the mother's voice as the beginning of melody. Humans and lower animals need sensory stimulation and experience for development. Gilman (1952) feels that the human organism can be stimulated at all levels by rhythm and tone: hypothalmic (instinctual response), cerebellar (coordination and bodily rhythm), cortical (imagery and association), and psychic (creative and/or aesthetic response).

Throughout history, music has been a part of rituals. It carries with it a message of hope and a means of purifying the emotions. Our reactions to these rituals and musical experiences have remained basically unchanged: the healer (usually a magician, priest or physician) uses some form of music in healing, often varying the delivery or application to correspond to the function or belief. Music in religious healing was often thought of as necessary in order to relieve the patient of the disease or disorder, thought to be in control of the body, by releasing the evil

spirits thought to be inhabiting the individual. The priest or healer was believed to obtain knowledge from the gods, and apply the knowledge, according to the tradition of the group, to bring about the healing, thus gaining favor of the gods.

Watson (1987) recalled that the ancient Greeks were among the first to suggest that music could heal. He also described the use of zithers, played at mealtimes to aid in digestion, and the concept introduced by Pythagaros regarding healing through melodic intervals and rhythms.

Solomon and Heller (1982) suggested that music may be defined variably according to its characteristics of sound, form and context. They also identified listening, performing and composition as the activities involved in music. Definitions of style included traditional, ethnic and religious.

The many uses of music have been recognized and applications made by all disciplines. Music as therapy has been viewed as a means of non-verbal communication. Alvin (1966) defined music therapy as: "The controlled use of music in the treatment, rehabilitation, education and training of adults and children suffering from physical, mental and emotional disorders" (p. 77).

Erickson (1970) favored the use of music in eliciting behavior aimed at bringing some degree of order to the cognitive field of the individual who is retarded. Reports of the application and successful use of music as a means of therapy have also been described by psychiatrists, music therapists and psychologists in nearly all areas of treatment of physical, mental, emotional and develpomental disabilities; by behavioral scientists; in the arts and to ease feelings of loss of family, dignity, security and attention. In other words, wherever there is a need, chances are music or its components will be called upon to fill the void.

Purpose of the Study

The purpose of this study was to determine the self-perceived effects of music on the health, lifestyle and quality of life of elderly well adults living in the community. The study has importance for anyone involved in health care or social sciences. As the complexity of life increases, it is important to have a readily-available, easily-affordable, simply-applied, time-proven method of achieving a healing, a release or a therapeutic effect for the mind, body or spirit. Music passes all these requirements.

Padus (1986) explains that researchers are only beginning to really understand how music works. He states that music is thought to release endorphins in the brain, and they produce an effect similar to a placebo. This theory helps to support the beliefs held by many that music is capable of eliciting an effect or changing affect.

While there is an abundance of information available to support the use of music as therapy, no studies were found that explored the self-perceived effects of music or its role in peoples' lives. Music is always with us, in all styles and on all levels. This study identified and explored the use and application of this medium (music), and the effects achieved, from the perspective of the well elderly.

Importance to Nursing

Watson (1987) feels the body responds to music because of biological correlations between pulse and rhythm. He explains that the human organism is receptive and sensitive to changes in the environment, and especially when those changes are in the form of music and the music is in or out of time with our own bodily rhythms.

By identifying the self-perceived effects of music on one's health, lifestyle and quality of

life; by being aware of how and when these effects occur; by understanding the relationship and applying this information to a program that encourages health promotion and self help, the nurse can offer an alternative method of maintaining one's personal well-being, because the human organism is remarkable in its ability to self-stimulate and heal, and because music is healing and stimulating.

Limitations of the Study

The study was limited to elderly well adults, age 60 and older, living in their own homes in the community. The sample size was small and may not be representative of the total population. There was no attempt to control for race, sex, marital status or educational level, and the sample was skewed to white women. It is possible that more men and/or Blacks in the sample might have contributed additional findings or different results. Attempts were made to avoid all bias in gathering, evaluating and reporting data.

Research Questions

The focus of the study was the self-perceived effects of music on health, lifestyle and quality of life of elderly well adults age 60 and older, living in their own homes in the community. The

study sought to answer two questions:

1. does music have any self-perceived effects on the health, lifestyle or quality of life of elderly well adults living in their own homes in the community.

2. what is/are the self-perceived effects of music on the health, lifestyle and quality of life of elderly well adults living in their own homes in the community.

CHAPTER II

Review of Literature

There are reports of the successful application of music in all areas of medicine as well as in a number of other disciplines. Most of the information found in the literature pertained to clinical studies, and these were, for the most part, conducted and reported by music therapists. Studies and articles prepared by nurses were limited. The lack of research by members of the nursing profession supports the need for this study.

Taylor (1981) examined the use of music from the time Edison invented the phonograph in 1877 to 1950, when the National Association for Music Therapy, Inc. (NAMT) was founded. His findings offered information explaining research conducted as early as 1899, by Dr. James Corning of New York, that involved auditory stimulation and discrimination. The findings reported by Dr. Corning suggested and supported the use of music for achieving physiological changes in the subject. Taylor identified " the first official acknowledgement by the American Medical Association of the possible therapeutic applications of music in general hospital

treatment" (p 63), in 1914, from information obtained from the first journal published by the AMA. This journal article described the use of the phonograph in the operating room setting, and discussed the positive effects experienced by patients and staff with the use of music.

Taylor's review described the use of music in the rehabilitation of soldiers following both World Wars, the effects of music in the general hospitals when used in cunjunction with anesthesia and analgesia, the construction of Duke University Hospital in 1929 which heralded the provision of radios and listening devices to all bed patients, the endorsement by McGlinn (1930, p. 66), of the use of music in labor and delivery, the introduction of the use of music during dental procedures and a number of related reports describing and supporting the use of music in the delivery of health-care, as an aid for relaxation or for personal enjoyment. Taylor's paper ended with a description of the formation of the NAMT and additional information provided by that organization to further support the use of music.

Cherry and Pollin (1948) described the use of music during the administration of general anesthesia for dental procedures. The findings of

their studies indicated a complete and rapid return to consciousness following anesthesia, with the patient showing no side-effects and leaving the dental chair unassisted. They also reported a relaxed atmosphere being described by their patients prior to surgery, and the belief that this relaxation led to a smoother induction.

While she was a music therapy intern at the Veterans Administration Medical Center in Tuscaloosa, Alabama, Christenberry (1979) identified and summarized the benefits obtained from using music to alleviate sensory deprivation, promote self-expression and prevent the loss of mobility in the joints of patients in the Center's Burn Unit. Her clinical study also included reports of improved respiratory status and self-esteem when music and singing were utilized in connection with the occupational and physical therapy programs at the facility.

A clinical study by Hearth (1978) identified the "judicious integration of music into total individualized patient care" (p. 23), and described the use of music in the encouragement of early post-op ambulation. By having patients listen to their favorite music five minutes before getting out of bed, the author reported

light-headedness and dizziness were reduced. Later, she reported on a decrease in the need for pain medication if the patient listened to music during periods of pain. She also determined the greater the musical interest, the more effective the music was.

Parriott (1969) defined findings she made while nursing the retarded. As a musician and nursing student, she was able to use a combination of the two disciplines and achieve success in gaining cooperation of her patients, introducing relaxation techniques and providing a variety of creative activities. Her clinical commentary identified the need to provide meaningful activities to this special group of individuals who are frequently confused about themselves, and profit from the supervision, guidance and emotional release music offers.

Many therapists use music to help persons with speech problems. Stuttering, referred to by Cruickshank (1958) as a functional speech disability showed definite gains when music was used and, in cases where singing was the medium, the individuals in treatment were able to present their messages, in song, free from the effects of the speech problem.

McClelland (1979) strongly favors the use of music in the operating room, saying it aids in the creation of a more pleasant atmosphere, diversion of sounds and decrease in tension and muscle strain. Also, when headsets are used, the patient under regional or local anesthesia is prevented from hearing inappropriate conversation. Findings from his clinical study also showed that the staff benefitted from listening to music during surgery because there were reports of a more relaxed atmosphere, closer harmony and reduction of monotony in the rooms that permitted the playing of musical selections.

A clinical commentary by Livingston (1979) reported on the use of music in pre-and postnatal periods as well as during delivery because it enhanced learning, improved the birth experience and promoted closer relations (p.363). She also advocated the use of popular rock music for conditioning exercises, and encouraged couples to bring their own music for labor and delivery. Findings similar to those of Livingston were reported by Clark et al (1981).

Using a team approach aimed at helping the integration into a primary care setting, Alvin (1977) evaluated three autistic children on an

individual basis. Each autistic child was found to be very receptive and responsive to music and a therapeutic atmosphere was created with touch being permitted and channels of communication being established. The values of music as a means of communication, building up relationships and trust, providing for emotional release and improving self-expression were viewed by the parents as positive effects of the clinical project.

Bolin (1974) described the use of music as a means of preventing sensory deprivation in blind, deaf and unconscious individuals, who are frequently found in a long-term care facility, and have experienced a loss or lack of stimulation from the environment.

Another positive aspect of the use of music can be found in the study done by Wolfe (1978), while he was Director of Adjunctive Therapy Services and Supervisor of Music Therapy at Golden Valley Health Center in Minneapolis, Minnesota. Wolfe's clinical commentary reported on a study that sought to minimize boredom and fatigue often associated with long-term rehabilitative therapy. Criteria for inclusion in the study were chronic pain or disability of six months duration or

longer, no acuteness or terminality of the disorder involved, and no drug abuse unless pain-related. Upon admission, baseline data on activity level and verbal behavior were obtained from information taken from a questionnaire which was distributed to each participant. Initial testing by Adjunctive Therapists during the first three days after admission, involved various exercises, using all extremities, including flexion, extension, sit-ups, bends and leg raises. Verbalization was encouraged and data recorded. Music listening activities and music-oriented exercise programs were added, and they served to increase exercise tolerance and patient verbalization as determined by patient reports. Positive responses were elicited in all of the patients, some at a higher rate than others. The author admitted testing was limited but the positive effects gained with the addition of music were easily recognizable.

The purpose of the study by Chetta (1981) was to determine the effectiveness of the use of music as a means of reducing fear and anxiety in the pediatric patient. For the study, 75 children, ages 3 through 8, admitted for elective surgery were tested. Music-oriented preoperative teaching

techniques were utilized. These included singing, listening to favorite musical selections and playing simple musical instruments. During these sessions, which were held prior to surgery, the children and families were also asked to respond to questions concerning their feelings of fear and anxiety related to the surgical experience. The experimental design utilized a three-sample method in which the control group was given verbal preoperative instruction only on the night before surgery, the first experimental group verbal instruction and music, and the second experimental group verbal instruction, music and additional music just prior to the administration of the preoperative medication on the day of surgery. Chetta reported less anxiety and fear in the second experimental group (those patients who were exposed to additional music just prior to induction.) Additional information obtained from this study favored the use of music in peroperative teaching as well as prior to and during induction.

A descriptive study by Marley (1984) involved 27 infants and children, ages 5 weeks to 36 months, who had shown patterns of hospitalization-related stress in their behavior either by

excessive crying, incidents of throwing articles or lack of verbalization and non-verbal cues such as stiffness of the body or lack of interest. For the study, a Registered Music Therapist was responsible for carrying out a specific music program assigned to each child. Included in each program were methods of achieving relaxation; age-appropriate games, in which exploring and touching musical instruments was permitted; songs, including favorite nursery rhymes and movement utilizing clapping, counting and dancing. Results of data collected during each session, which ranged from 15 minutes to an hour, indicated stress-related behaviors were greatly reduced when music was added to the programs. Haller (1967) a surgeon specializing in pediatric procedures, described strategies aimed at alleviating anxiety in the hospitalized child, and his writings support the use of music and play therapy as a means of accomplishing this goal.

Hastings (et al, 1980) and Klinger and Klinger (1977), offer communication techniques specifically chosen for use by health personnel in dealing with the hospitalized child, and their suggestions closely correlate those of Haller (1967) and Marley (1984). The effect of stress

on behavior was addressed by Hanser (1985) who stated, " Music therapy can facilitate changes in emotion, notably through relaxation." (p 197).

Reports on the use of music as a psychotherapeutic agent can be found in Barger (1979) who described the effects of music on vital signs and the correlation between these physiological effects and examination scores; Forrest (1973) who explained the use of music in the delivery of care to the psychiatric patient; Logan and Roberts (1984) who described the benefits derived from the use of music in the lowering of levels of tension; and Siegel (1986) who offered information on the combined effects of music, love and medicine in the achievement of a state of well-being. Siegel's plan for attaining a state of well-being covered all aspects of the mind, body and spirit, and advocated the use of relaxation and exercise for achieving emotional satisfaction, love of self, as well as others for instilling feelings of self-worth and natural foods and vitamins for maintaining health and vitality.

Research was conducted by Froelich (1984) for the purpose of comparing the effects of music therapy sessions with play therapy sessions on eliciting verbalization of anxiety related to

hospitalization. Forty school-aged hospitalized subjects were randomly selected and assigned to either the medical play therapy or music group. Ages ranged from 5 through 12; there were 22 males and 17 females. Subjects were grouped according to age, gender, type of illness, length and number of hospitalizations, as well as their prior involvement with the Child Life group (a hospital-based child support group) at the facility. A questionnaire was distributed and data recorded. This study closely coincided with the research conducted in 1984 by Marley, at the same institution, and sought to test three null hypotheses:

1. there will be no difference between verbalization in the two groups
2. type of illness and prior hospitalizations will not be related to verbalization
3. prior involvement with the support group will not be related to verbalization

One therapist was utilized for the entire study and instrumentation included a questionnaire, taped sessions of 30 minutes structured to include fifteen minutes each of music and play, questions that related to the hospitalization experience and offered a chance for verbalization and a discussion based on information found in a book read to the participants by the therapist. The theme of the book was the hospital experience.

A significant difference was found between the groups in that the subjects in the music therapy group were more involved and verbalized more and in greater detail about their treatment. Results of the study showed rejection of null hypotheses 1 and 3 and acceptance of null hypothesis 2.

Pignatiello, Camp and Rasar (1986) investigated musical mood induction technique in two experiments. The first consisted of 30 volunteers (24 women and 6 men) from an introductory psychology class, randomly assigned to one of three mood groups (elated, neutral and depressed).

Subjects were seated in a circle facing outward and listened to 45 non-lyrical selections (15 selections per mood), recorded from popular, classical or musical soundtracks. Selections ranged from one to five minutes in length and had been chosen on the basis of various characteristics of music: rhythm, mode, melody, loudness and tempo. After a pre-test assessment that utilized a short form of the Beck Depression Inventory, all participants listened to tapes. Selections were played randomly and the reactions of the participants were rated on a 7-point Likert scale by four music therapy interns and four students who did not have music degrees.

The participants also completed a short form of the Depression Adjective Checklist, chosen because of its brief state-oriented measures of depression. Testing also included a psychomotor skill of writing numbers backwards. Results, in general, showed the music technique was successful in altering affect.

The experimenters, realizing the limitations regarding size, variability and generalizability, immediately set out to conduct another experiment of larger size.

The second experiment consisted of 50 volunteers (26 men and 24 women) from an introductory psychology class, randomly selected, seated and tested as were the subjects in the initial study. Results obtained were similar to those in the initial experiment and indicated the ability of music to alter mood.

This method differed from the Velten method of mood induction in that the Velten method is skewed to females and demands that the participants attain the specific moods that are needed to achieve results, whereas results of this study showed that nonverbal, musical mood manipulation was effective in achieving the different moods. Also, in the Velten method, the subjects were

advised as to which mood they were to assume.

A comparative study by Logan and Roberts (1984) measured the effects of various types of relaxation music, and compared the effectiveness of different types of music on self-reports of levels of tension. The subjects were volunteers, 25 in number, from an introductory psychology class at the University of Nevada. Measurements of levels of tension were recorded by each of the participants on a 10-point anchoring scale.

Assignments were made to one of three groups. The music played for the first group was a contemporary instrumental selection featuring an electric piano and synthesized strings. The selection for the second group was of a baroque genre, and exhibited the homophonic element of the time. This music was selected because of its known ability to induce relaxation. The third group had no music at all. Instructions were taped and participants indicated their reaction by marking a self-report that rated a subjective measure of tension level. The group that listened to the contemporary selections demonstrated a higher level of tension than the other two groups.

Bright (1972) explained music as a cohesive element that helped the individual express himself

in his own way. Bright's theoretical considerations viewed the use of music as a serious concept aimed at aiding the geriatric patient in maintaining body, spirit and community by making use of existing resources and improving levels of fitness. Using music as a socializing agent, the geriatric patient was helped with walking, rebuilding coordination, retaining alertness and relieving problems associated with aphasia. The patients with somotolateral agnosia, who learn by tactile and auditory stimulation, were aided in recovery by music therapy and the use of songs to name body parts.

Glynn (1986) stressed the need to use care in the selection of music for the elderly lest feelings of irritability rather than pleasure be elicited. Glynn also reported that singing their favorite songs helped the aged recall pleasurable experiences from the past.

Standley (1986) summarized the multiple applications of music therapy research in her meta-analysis designed to identify all studies using music in actual medical/dental treatments. The study listed Kane, in 1914, as being the first to utilize music in the operating room for the sole purpose of calming the patient prior to

induction. Also identified in the study was Bob (1962) who introduced the use of music in his podiatry practice, and reported a reduction of perceived pain, as stated by his patients who listened to music prior to and during the surgical procedure.

Fagen (1982) studied the benefits of music as therapy in the care and treatment of terminally ill children, and reported a positive relationship between music and lessening of fear similar to the findings of Gilbert (1977) who previously identified perspectives regarding the application of music in the care of the terminally ill and noted positive effects from including music in the care of the dying.

Positive effects of music intervention in health care can also be found in: kidney dialysis; relaxation in the individual with spastic cerebral palsy; control of hypertension, muscle tension and mean arterial pressure; distraction; weight reduction; with the asthmatic, the blind and individuals with Parkinson's and dementia; as a means of communication in patients with aphasia; increased immunological effects; increased levels of energy; enhancement of cognitive functioning; and anywhere there is potential for making use of existing functions.

A course on the uses of music in the health field should be added to the curriculum of all nursing schools. Understanding how music affects individuals and how the effects influence behavior, health, the brain, healing and daily living activities will prepare the nurse for the challenge of identifying and meeting the needs of those patients who would benefit from the use of music.

The uses of music are endless, because each element of music has a therapeutic potential, both for the listener and the performer. A description of medicine and practices aimed at achieving a harmonious state of mind and body, in Hastings et al. (1980) includes the utilization of music.

The use of older literature is defended because of its relevance and the unchanging, timeless quality of the information provided. Primary sources were used throughout and current literature provided strength to support the various uses of music. Books by Gaston (1968), renowned and respected for his early efforts and exceptional contributions to the field of music therapy, Nordoff and Robbins (1971 and 1975), Madsen (et al, 1975, 1976 and 1978), Lathom (1963) and Ward (1981), were also utilized frequently as a source of reference.

Contraindications

Limitations, contraindications or opposing viewpoints were not plentiful in the literature. Boredom, dislike and emotional disturbance that is unresponsive to music could limit its use, and a potential problem area might be found in the feelings of melancholia or irritability described by Glynn (1986) when the selection of music was not properly individualized.

Livingston (1979) expressed the belief that the full potential benefits of music might not be appreciated or understood by some; managing music systems might create a problem; music might serve as a source of distraction; individual tastes might create problems in selection; and valuable time would be lost in selecting and recording the music. McClelland (1979) expressed similar views.

CHAPTER III

METHODOLOGY

Study Design

The researcher has been nursing for 31 years, and has used music as an outlet for emotional and physical expression for 44 years. Upon entry into the master's program in 1985, a decision was made to combine the two disciplines for the thesis. Because music is such an integral part of life, one's choice in music and the effects or pleasures derived from that choice can have both positive and negative effects on the individual. While searching the literature, it became apparent that there was an abundance of information on data that measured and described the effects of music during therapy, as a means of relaxation, for healing following injury or surgery and on persons of all ages with a number of environmental, physical and emotional variables.

However, there was no information on the emic perspective; the "native's views" of music and its effects, if any, and how these views related to the everyday life and health of older, well adults. It was thought that choosing persons 60 years of age and older, without prior information on the part of the researcher as to their musical

background, knowledge or expertise, would give insight into family structure, influences, choice and use of music during the formative years of the older adult, self-perceived effects of music and whether these effects could be identified and related to the health, lifestyle and quality of life of these individuals.

Selection of the Setting

The location selected for this study involved an area on the Eastern Shore of Maryland, that included Wicomico, Somerset and Worcester counties. This section of the state is frequently referred to as the "tri-county" area. The site was chosen because geographically, the three counties lie within a 23 mile radius of each other and the areas are known to the researcher, so access to events or appointments would be easy to accomplish. The choosing of this site set the parameters for the selection of the sample. Of the three, Wicomico is the largest county, and contains the city of Salisbury, where most cultural events occur.

Selection of Participants

The target population of this study was composed of well adults, age 60 and older, residing in their own homes in one of the three

counties. There were no other criteria for inclusion in the study. The first three participants were persons known to the researcher. The remaining twelve (12) participants were obtained by the "snowball" effect, which occurred when each of the initial informants recommended someone to take part in the study. All informants readily agreed to be interviewed; none requested early termination; and confidentiality and anonimity were guaranteed. All read the consent and then stated it was not necessary to ask their permission, because they were delighted at being asked to take part. Some informants were more at ease answering, and once the session started, needed little prompting. Several called the researcher to add a piece of information forgotten and considered important. Only one informant seemed reluctant to answer, the husband in the couple who were interviewed together.

Description of the Sample

The sample was composed of fifteen well adults aged 60 to 85 years. Of the 15, four were male and 11 female. Three of the participants were Black (one male and two females), and the remainder were White (three males and nine females). Characteristics are displayed in

Table 1. A sample of the demographic questionnaire may be found in Appendix B.

Research Method

Naturalistic inquiry, based on a phenomenological philosophy was the methodology selected for the study. Field and Morse (1985) define phenomenology as "a philosophy and research approach that focuses on the lived experience: Thus the human experience is inductively derived and described with the purpose of discovering the essence of meaning" (p 138). Utilization of the naturalistic inquiry approach was viewed as the best means of gaining insight into the self-perceived effects, if any, of music, and how these effects were viewed when health, lifestyle and quality of life were specifically addressed.

Data Collection

All data were collected by the researcher acting alone and included a combination of the following: intensive interview, demographic questionnaire and participant observation. The primary data collection instrument was the researcher herself. An interview guide was utilized. (See Appendix A)

Table 1

Characteristics of the Sample

Age	
Number of Participants	
7	60-69
6 *	70-79
2	80-85

* Mean Age of Participants: 70 years.

Gender	
Number of Participants	
11	Females
4	Males

Race	
Number of Participants	
3	Black
12	White

Intensive Interviews

All interviews were set up at least one week in advance, at the convenience and comfort of the informant. Three interviews took place in the participant's dining area, and the remainder were held in the living room. Seven of the participants lived in an apartment complex, one gentleman resided alone in a double-wide trailer, and the remainder in two-bedroom cottages. The residences were clean, nicely furnished, had major appliances and a large number of family mementoes. All but one had telephone service. All but one interview were conducted with only the researcher and participant present. The exception was the interview involving the couple, who requested to be interviewed together.

Return visits, when necessary, were scheduled at the completion of the initial visit. Seven required a second visit, and these visits averaged two hours. Initial visits ranged from two and one half to four hours in length, with the average being three hours. The visit involving the couple did not prove as productive as the interviews having only one informant, as the husband had very little to say, and actually only responded when asked a question.

The primary data collection method was unstructured interview using the sample interview guide, which helped to initiate and carry the discussion. Specific questions were asked to elicit a response to questions not covered in the areas of general discussion. The informants were eager to give information, and not once did a participant refuse to answer or ask that a question be excluded. Some areas that may have seemed sensitive, such as feelings during times of sadness or stress, brought the same honest, non-hesitant response. There were no interruptions, either physical, emotional, environmental or physiological. The mood was one of total relaxation, and this atmosphere permeated the informants' homes. Four interviews were held between the hours of four and ten in the evening. The remainder of the interviews were held between 9:30am and 2pm. The early morning interviews proved to be shorter, required a second visit and were filled with more vitality on the part of the informant, but the evening hours were just as relaxed and more likely to be filled with sensitive, "feeling" pieces of information.

Participant Observation

Because of the researcher's background and

interest in music, participant observation was accomplished naturally and without any undue suspicion directed at either the informant or interviewer. It is felt that participation by the researcher in a wider variety of activities might have offered more information, especially if the researcher could have attended services or activities of interest to the Black informants. Actual participation was limited to two religious services and three choir rehearsals. One rehearsal and service took place during the Christmas season and the others occurred after the holidays.

Fieldnotes

Given a choice as to whether to have a tape recorder used or not, all but two informants opted not to be recorded, stating they would feel more comfortable without the recorder. Therefore, all data were taken by hand, with the researcher using specific phrases and quotations to guide the questioning. Limited fieldnotes were taken during the interviews with further details filled in as soon as possible after the interview. This enabled the researcher to focus attention more fully on the informant.

Sample Interview Guide

A copy of the sample interview guide is

included in the appendix and it contains questions intended to be used to initiate and stimulate the discussion. Open-ended questions were introduced at key points during discussion, and this helped to maintain the relaxed atmosphere and flow of the conversation. The interview guide was altered slightly after the first two interviews and more specific areas were introduced for discussion including questions relating to likes and dislikes and specific variables such as anxiety, stress, fear and relaxation.

Perhaps the question that brought the most emotion-filled reply was the last: "how do you define music?" The informants were instructed to "take a few minutes before answering," in order to give themselves ample time to ponder their response. Eight referred to music as the "most important" element in their lives, and three of these stated, " music is my life, I'd rather be dead than without my music."

When asked to give specific details to their meanings, answers included "music is prayer in song", "music is a closeness to the Lord", "music is an expression of the soul" and "music is a story in song; uplifting, cheering and soothing to the mind, spirit and body."

Ethical Constraints or Implications

There were no ethical constraints assumed or demonstrated. The format of the interview, data collection and storage, guarantee of anonimity and confidentiality, non-threatening and non-invasive nature of the study all afforded the informant the most comfortable, natural and least-restrictive environment in which to participate in the study. Data were stored on an un-marked disc in the home of the researcher. The computer was immune to break-in or entry because no telephone modem was used and the system was internally locked and disconnected when not in use. A code, known only to the researcher, was used to identify each participant, and locked in an appropriate place in the home. This coding system served to guarantee anonymity and confidentiality. In some instances, pseudonyms were also utilized.

The research was approved and exemption granted by the Committee on Human Volunteers, and the exemption approval is attached as Appendix C. This approval was obtained prior to beginning data collection. A sample of the informed consent is included in Appendix D.

CHAPTER IV

SUMMARY OF FINDINGS AND ANALYSIS OF DATA

Preparation of Data

The initial step in analyzing the data was for the interviewer to sort and code all information. The numerical coding system implemented at the beginning of the interviews was supplemented using colors, pseudonyms and catagories that contained similar information or responses. In summarizing the demographic data and entering it on the individual tables, the interviewer followed the Demographic Questionnaire and in summarizing the research data and grouping for similarities, the researcher looked for recurring themes and patterns. These identified themes and patterns were further coded and categorized according to the major element of the study they represented: health, lifestyle or quality of life.

Characteristics of the Sample

Demographic data were sorted and categorized and findings identified four of the major religious denominations represented. There were seven Baptists, one Catholic, two who stated they attended the Episcopal church, four Methodists and

one who had no religious preference and stated he had attended `most every church'. (Table 2)

Grouping for marital status showed three participants still married; three were single and had never been married; five were widowed; three were divorced and one was separated (Table 3).

Occupations of the participants included: three homemakers (these ladies`had never worked outside the home); two who worked most of their lives in the sewing factory; two who were employed in the floristry business; two who had worked as fieldhands; two employed in health care; one whose area of employment was music education; one who had been in heavy construction; one who was involved in the news media, primarily behind the scenes in television; one who was self-employed and worked part-time in retail sales (Table 4).

The educational backgrounds of the participants included four with college degrees (one MS, one BA and two BS), five high school graduates three who completed the eighth grade and one each who had completed the third, fourth and seventh grade before being required to `work around the home' (Table 5).

Three of the participants had never been

Table 2

Religious Preference of Participants

Number of Participants	Religion
7	Baptist
1	Catholic
2	Episcopal
4	Methodist
1	No Preference

Table 3

Marital Status of Participants

Number of Participants	Marital Status
3	Married
3	Single
5	Widowed
3	Divorced
1	Separated

Table 4

Occupation of Participants

Number of Participants	Occupation
3	Homemaker
2	Seamstress
2	Floristry
2	Field work
2	Health care
1	Education
1	Construction
1	TV/Media
1	Self-employed

Table 5

Educational Level of Participants

Number of Participants	Education
	College
1	MS
1	BA
2	BS
5	High School Graduate
3	8th Grade
1	7th Grade
1	4th Grade
1	3rd Grade

married, and of the remaining 12, the total number of years married ranged from 11 to 52 (Table 6). The number of children ranged from one to six as shown in Table 7. Nine participants identified having their own car as the primary means of transportation, and six stated they had no means of transportation available to them (Table 8). Eight participants lived in their own homes (there were seven who lived in cottages and one in a double-wide, permanently seated trailer), while the remaining seven lived in an apartment complex for the elderly (Table 9). Twelve participants resided in Worcester County, two in Wicomico and one in Somerset (Table 10).

Eight participants identified music as their primary interest; five listed various crafts, such as crocheting, needlepoint, cross-stitch, knitting and ceramics; while one listed `life' and one stated he had `no interests' (Table 11).

The eight participants who listed music as their primary interest included the six who identified Classical as the style they preferred, and the two who chose Country. When asked to clarify their statements, they all commented on the fact that they only listened to Classical music (or Country), and that the only time they

Table 6

Years Married

Number of Participants	Years
4	11-19
1	20-29
3	30-39
3	40-49
1	Over 50

Three participants were never married

Table 7

Number of Children Per Participant

Number of Participants	Children
1	6
2	4
1	3
4	2
2	1
5	0

Table 8

Means of Transportation

Number of Participants	
9	Yes
6	No

All nine respondants own their own car

Table 9

Housing Arrangements

	Type of Dwelling
Number of Participants	
8	Own home
7	Apartment

One homeowner resided in a double-wide trailer
Seven homeowners resided in two bedroom cottages

Table 10

County of Residence

Number of Participants	County
12	Worcester
2	Wicomico
1	Somerset

Table 11

Interests of Participants

Number of Participants	Interests
8	Music
5	Crafts
1	Life
1	None

attended live musical presentations, they chose Classical (or Country).

There were 12 participants who stated they had "never retired", and the remaining three stated they had been retired from four to twenty-one years (Table 12). The 12 participants who were still actively employed included all but the two who had done field work, and the one who had been in TV/Media. Because the homemakers had never been employed outside their homes, the interviewer asked for clarification of this statement, and was told they would never be able to go into retirement because there was too much for them to do. These three ladies are very active in church work, attend as many musical offerings as they can and spend at least half of every day entertaining in local nursing homes by playing the piano, singing or reading to residents.

Musical preference was the final category and the major styles identified were Classical (six) Country (two), Sacred (six) and `all kinds' (one), and they are shown on Table 13

One participant was born in the New England area near Boston, MA; one was born in the Mid-west; one in the New York area and the remaining were born on the Eastern Shore, and had resided

Table 12

Number of Years Retired

Number of Participants	Years
1	4
1	10
1	21
12	Never retired

Table 13

Musical Preference

Number of Participants	Type of Music
6	Classical
2	Country
6	Sacred
1	All Kinds

there all their lives. The "foreigners", as they called themselves, had moved to the area with their spouses or because of employment.

Response to Interview Questions

All interviews were conducted in the homes of the participants. After an initial period of time that involved restating the purpose of the study, guaranteeing the safety, confidentiality and anonimity of each participant and reviewing and discussing the informed consent, the researcher opened the session by asking each participant the same question: "Do you like music?" Responses ranged from a simple `yes' to "Oh God I love it;" "Lord yes;" "Couldn't live without it," "You said it" and "Yes, but I can't carry a tune."

Here the discussions turned to descriptions of the childhood years, and included such reminiscences as: a lullaby sung by a mother; a song that brought back memories of school; songs that reminded a participant of the first meeting of a loved one; memories of time spent as a child after church singing with siblings and father; first or earliest memories of music practiced by a parent; taking piano lessons; making up songs to ease the monotony associated with work; and

helping a parent (who was a minister) prepare the service for Sunday morning.

All participants were able to recall and identify a very early association with music, and each agreed the introduction they received during childhood, and the exposure to music throughout the formative years, influenced their choice of music in later life.

All participants identified a mother, father or both parents as being responsible for shaping their musical preference. Classical and sacred were the styles preferred by the participants (six each) but each also included the other style as a second choice. Country music was listed by two participants, and this choice stood alone. One listed `all kinds' but quickly added "I don't like rock-n-roll or opera." When asked the reason for choosing a particular style of music, answers were: "Sacred music and hymns have a special meaning in them;" "I like the message the words give;" "I just like hymns;" "The classics are pure and sweet, they are the only real music;" "Classical music is relaxing;" "The classics have passed the test of time;" " Classical music is real, how can anyone not like it;" "It's just my style to sit and listen to Chopin, Bach or Beethoven. And

lately, I have a better appreciation of Mozart;" "I think the waltzes are some of the world's most beautiful music;" "I couldn't imagine life without Tchaikovsky;" "All the meaning of life is in the hymns;" and " No special reason, I just do."

Responses to favorite song included: "Ave Maria," (four) "You Light Up My Life," "Abide With Me," "Feed My Lambs," "One Day at a Time," "Don't Worry," "You'll Never Walk Alone," "There's a Place For Us," and "I like all the classics, it would be hard to pick just one piece," (two) and two gave the same response regarding sacred music.

When asked to name a favorite singer and the reason for choosing, Bing Crosby was the response of the first participant. The reason for choosing Mr. Crosby was listed as, "Just like the sound of his voice." Barbara Streisand and Marilyn Horne were chosen for their versatility; Tammy Wynette, Mahalia Jackson, Frank Sinatra, Dean Martin and the interviewer were selected for the "Special feeling they put in the song." Two of the participants stated, "I don't have a favorite singer, I just like anyone who sounds good." One participant stated, "I don't have a favorite single performer, but I just love the Mormon Tabernacle Choir, probably because I like the

sound of choral music so much." Randy Travis was also chosen, "Because of his songs."

The chief sources of music for 10 of the participants were listed as radio, television, records and tapes, with one describing an old "crank victrola" that had entertained her for hours as a child. The remaining five listed a church or choir as their choice. Four of these five were currently members of a church choir.

Effects of Music on Health

When asked to explain any special meaning or help experienced from music, the participants identified a variety of situations in which the presence of music was a powerful force in their lives.

Ginny (pseudonym) stated:

> Music has always been such an important part of my life, it's hard to recall anytime when it wasn't there to give me rest and peace. I can remember back to my childhood when my brothers, sisters and I would sit at our daddy's feet and listen to him sing. One day I was sick and made to stay in bed. I was so upset at the thought of missing the singing that my daddy told my momma she'd better wrap me up and bring me out before I really got sick. Music has always been like that for me; if I'm weary, it can soothe me; if I'm nervous, I sing to myself and it calms me down; if I have a headache, I put on a soft melody like a religious piece and soon the pain is gone. Some times, I even sing to myself while I'm at work, or sing to my patients, and it helps lift me up. Of

> course, my patients like it too, at least they seem to. Yes, I would have to say music has had a definite effect on my health. I think it keeps me healthy. I know I would be lost without it. When I was little, I picked at the piano, guitar and harmonica, in fact, whenever I felt sick, I'd spend my time playing with one of those, and before long, I'd be well again.

Mary (pseudonym) provided similar information and added:

> I really love to listen to music when I'm upset because it can lift me up so fast. Music has helped me in so many ways. When my mother passed, the only thing that kept me going was the words to her favorite song, "Abide With Me," because I just knew she was with God. I get very depressed and if I turn on the radio and listen for a while, I'm able to get a new meaning to my life. Recently I had to have surgery and was in the bed for a long time recovering. I thank the Lord for the music He sent over the air because I wouldn't have recovered if it weren't for Him.

Iva (pseudonym) stated:

> Music doesn't really have any special meaning to me although it does help me relax, and I do think it has a `therapeutic' effect, so I guess I do see it as being beneficial to health. I guess it's been with me for so long, I'm 75 now, that I just take it for granted that it's there and I don't have to look far to find some. Well, I have to change my mind and say `yes' it does play on my health, but I guess I just never thought of it like that until now.

Fritz (pseudonym) spoke of music as the one element that was totally needed in his life.

> I grew up during the time when Frank Sinatra was making it big, and I loved to dance. In fact sometimes I'd rather dance than eat. And then I met my wife.

> God how I miss her. When our kids were little, sometimes we'd just sit and listen to music, especially if one of us or them didn't feel too good. That's really all we had back then. God I miss her. You know, I really don't know if I could survive without music. Yes I do. I couldn't. You know, I'd rather be dead than to have to give up my music. I wish my wife was here to sing to me. I miss her so much.

An 81 year old participant summed up her feelings:

> Music doesn't have any effect on me or my health; I just like it!

Tony (pseudonym) was very expressive in his views about music and health.

> My God, I don't know how anyone could live and not be influenced by music. It's everywhere! There's even stuff they call music, that isn't anything more than noise. Yes, music has been a a part of my life, not only a part of it, I guess you could say music is my life. I remember when I was growing up, my mother was always after all of us to make us practice, but usually she didn't have to say much to me. In fact, I liked to just sit and watch my mother while she practiced the piano. She was so beautiful and it was such a shame she got cancer and died so young. So much talent too, why people would come listen to her whenever she played or sang. God she sounded like an angel. I miss her so much. You know she is the one who got all us kids into music. But you know it didn't matter because we all loved it so and had so much of her talent that even when we didn't practice, we still did good. My brothers and I used to play for different things like weddings and receptions, but we never took any thing for it. It always made us feel good to be able to share our talents with others. When I think of music and not

> having any, I can tell you it would be the end of me. I know one thing for sure; music is the one single element of my life that has any meaning for me. I can honestly say that if you took my music, you'd take my life. I need my music in order to survive. Music has made me well and kept me well. I have to have it. I really mean it, I'd rather be dead than without my music.

Barb (pseudonym) described music as her "safety valve," and described turning to music in times of depression and happiness. She added:

> Music was everywhere when I was growing up. My dad was a minister and I used to help him prepare the services for Sunday. I loved to sit and listen to him mull over the music trying to decide what hymn to use. Sometimes, he'd sing a little of the song and I'd join in. In fact, all of us were musical but mom. She said she was best at turning on the radio. Music has helped me in so many ways that I couldn't begin to name them. I use it all the time. I love it. One thing that really comes to my mind when you ask about music is that most people don't realize that you have to be in really good physical condition to be a singer or a performer. Yes, I think my health has really been maintained because of my music. Ever so often, music makes me think of unhappy times but I can usually bring myself out of it by listening to music. Yes, music is very important to me, very much a part of my life and very vital to my sanity and survival.

Other responses included: Music has helped my mental health, my physical health followed the healing; music makes me feel wonderful; music lifts my mood; music has offered me many things, it just depends on my state of being; and finally,

music makes me feel good, it's pure enjoyment for me and nourishing to my wellness.

Reports from the participants regarding the effects of music on health varied in interpretation and intensity, with the participants most involved in music identifying the greatest effects. Support for this finding can be found in the literature, in the commentary by Hearth (1978), who specifically identified a more intense response to physiological and psychological changes in the individual who was more receptive to music as a means of therapy.

When asked to describe the term "therapeutic" and relate that meaning to music, the participants referred back to their earlier statements concerning health and the effects of music. One answer that differed somewhat from the others was given by a Black respondant. Her interpretation of "therapeutic" could only be related to songs about Jesus, because "He is the Healer."

Effects of Music on Lifestyle

When asked to comment on the effects of music on lifestyle, the following responses were elicited:

"I would hate to think of where I'd be today if my life hadn't been so influenced by my parents

and their love of beautiful music;" (Tony). "My whole life revolved around music lessons; I'd be someone totally different without music." (Ruby) "My life without music would be like the sky without the sun or the moon." (Barb) "I don't even want to think about it because it's a silly question. How can anyone live without music or or even think about life without music." (Ginny) "I can't say whether it has had any effect on my lifestyle, but I don't want to think of being without it, even for a minute." (Iva)

"I can't imagine what I would have done without music to sing and dance to." (Una)

"You mean would I be different if there wasn't any country music? Gosh, I don't think I could make it through the day." (Mary)

"All I can say is that music is my consolation, it makes me feel like the Lord is there with me, so if there wasn't music in my life, I guess I'd feel like God was gone too." (Jackie)

"No one can possibly say they're not moved by music at least some of the time. A person would have to be dead not to appreciate the words of `The Lord's Prayer', or `God Bless America.' You know, my life and lifestyle would be totally different if I couldn't hear all the wonderful

sounds of marches, waltzes or a beautiful clear soprano singing an Italian love song. Oh God, I can't think about it, if my music was gone, I'd throw in the towel." (Whit)

The responses elicited to this question closely coincide with the effects identified early in the literature: music is an element that is with us in various forms from the time of our conception to death. Our reactions to the musical experience are influenced by our early exposure, and our choice of music is usually affected by our culture, environment and personal preference. The participants of this study who identified Classical as the style preferred, support the findings identified in the literature by Hearth (1978) regarding the fact that the the greater the interest in music, the more effective the results attributed to music would be.

Effects of Music on Quality of Life

When asked this question, the participants repeated answers they had given for the other two questions. The interviewer then asked if there was a difference between health, lifestyle and quality of life, and what that difference meant to each participant. Without exception, the partici-

pants viewed lifestyle and quality of life as being the same, but they all expressed the belief that health was more important, and that being healthy affected one's lifestyle more than music.

All but one participant had telephone service and 10 of the 15 stated they disliked being put on hold while talking on the phone. Participants stated they would frequently "hang Up" rather than wait for their party. None of the participants minded "piped-in" music found in doctor or dentist offices; and none specified either a like or dislike for music in stores. Most said they "Didn't pay much attention to it," and, "If it sounds good, it's okay."

Effects of Music on Specific Emotions

An interesting finding from this section of the interview was that the participants with the highest educational level were able to identify specific musical compositions or instruments that elicited an effect on their emotions or moods. These were the same participants who selected classical music as their favorite style. The participants with lower than a high school education, identified the text of a particular composition as having an effect on emotion or mood. The texts of selections were also shown to

be able to impart to the listener comfort or peace of mind, especially if the text was sacred or intended for a specific individual. The "healing" that occurred did so because of a belief in the words and the message they relayed. Those participants who preferred classical music listed comfort and relaxation, healing and warmth and a number of physiological changes, such as a lowering of pulse rate, a sedative effect or a lessening of stress, level from listening to various selections. Specific effects related to musical selections identified included: soft violin music for relieving stress; waltzes for inducing a feeling of relaxation; hymns that go "to my very toes" with their message; sad songs that make me cry and end up cheering me; feelings of depression, loss and intense loneliness from songs sung at funerals, followed by an awakening of the spirit and joy at being alive; comfort from a lullaby; and sadness and happiness at being able to recall the past.

This area is also representative of the findings identified by Hearth (1978). Although results from her study pertain to the use of music prior to ambulating a post-operative patient, the fact that she was able to identify the most

positive effects from the patients with the most refined musical background supports the findings of this study.

Forrest (1973), Wolfe (1978), Cook (1981) and Padus (1986) also offer findings to support the responses of the participants.

Participation in Special Programs

All but four of the participants stated they would prefer not to take part in any special program of music, unless it was as an observer, because of their present age. The four who answered positively did so because of their current involvement in either a church choir, chorus or both.

None of the participants expressed an interest in learning more about a particular aspect of music, but replies indicated four had wanted to learn to play the piano as a child; one still hoped to write a song someday; two stated they never liked the way they sounded when they sang and if they had the chance again, they would try to learn to sing; one stated she would only be able to make a decision if she knew what was involved; two stated they would love to go to a foreign country to study voice because "I always had more ambition than talent; two

stated they wished they had learned more about opera, so they could understand it better and the remainder were happy just listening.

Definition of Music

The following verbatim responses represent answers given to the final question. Each participant was asked to take a few moments before answering in order to have time to think deeply about their response to the question: how do you define music?

Whit: Music is wonderful--especially good music, like a beautiful waltz. It's everything anyone could ask for, and most of the time, all you have to do is turn on a radio or plop in a tape, and a whole world of enjoyment is ready to greet you. Music is life and love, joy and passion, hope and desire. It's something that gives you so much pleasure and expects nothing in return, unless of course, you're a musician; even then though, you make the demands on yourself to perfect a specific selection. Music is a way of communicating a message or changing one. It's everything!

Tina: Music is prayer in song. It is an experience or an opportunity to express an experience.

Barb: Music is like being able to pray twice. It is an expression of my soul.

M/M: Music is words that say it all.

Iva: Music is a God-given talent that should be cultivated.

Ginny: Music is something that is pleasing to the ear--a melody that can soothe the emotions and put a baby to sleep. It sets the body in motion.

Tony: Music is an uplifting of my soul, my whole life; it makes my life; it makes life worth living.

Jackie: Music is a closeness to the Lord.

Lee: Music is something that is sad and crazy, relaxing and stimulating. If it makes sense, I like it-all but rock-n-roll and opera.

Una: Music is a story in song. It cheers me and helps me with its meaning.

Phylis: Music is being able to sing in prayer like a scripture in song.

Mary: Music is something that is soothing.

Fritz: Music is feelings. It's love when you're in love, and sadness when your love dies. It's a way of remembering all the special things about your wife. It can move me to tears or make me so calm I could just die. It is a way of communicating with the one you love after she dies. I usually listen to our favorite music and I know it sounds crazy, but I talk to my dead wife. I miss her so much; we were more than married, we were friends. She loved music as much as I do, so I try to listen to her favorites, because it makes her seem closer.

Gily: Music is an uplifting experience.

ANALYSIS

Data from the questionnaire were descriptively summarized, labled and reported. In analyzing the data, the researcher followed the Interview Guide in assembling responses and searching for recurring themes and patterns. These identified themes and patterns were reported by major categories. This

information first presented itself in the demographic data that clearly showed that music was a vital part of the lives of the participants. Eight of the participants listed music as their primary interest, with six of these naming Classical as the style they preferred, and the other two naming Country. Table 14 shows the relationship among the participants and the specific areas pertaining to music, and it should be noted that even though music is listed as the primary interest of eight of the participants, all but three of those remaining listed music as a secondary interest.

The participants who named the church as the major source of music spoke of the warmness and non-threatening relationship they felt when participating in programs at church. This is the same cohesiveness identified by Bright (1972).

The effects of music on health were viewed by the participants as being very positive. In some cases, the participants used the words `therapeutic', `healing', `vital' and `critical' when referring to these effects. Padus (1986) identified the latest beliefs held by scientists, that music is thought to release endorphins in the brain. This supports the responses of the

TABLE 14 SHOWING THE RELATIONSHIP OF PARTICIPANT TO EDUCATIONAL BACKGROUND-INTERESTS-MUSICAL CHOICE

PARTICIPANT	EDUCATION	INTERESTS	MUSICAL CHOICE
1	7th grade	crafts music	sacred/hymns
2	BA	music church	classical
3	HS graduate	music	classical
4	8th grade	crafts music	all
5	8th grade	crafts music	sacred
6	4th grade	life	sacred
7	3rd	none	sacred
8	HS graduate	crafts visiting music	sacred
9	MS	music	classical
10	HS graduate	music crafts	classical
11	HS graduate	music people	sacred
12	HS graduate	crafts	country
13	8th grade	music	country
14	BS	music	classical
15	BS	music	classical

participants regarding the elevation of mood and other subjective signs associated with listening to specific musical compositions. This biological response is also identified by Watson (1987).

Bright (1972), Bolin (1974) and Glynn (1986) specifically identify the elderly as needing a program of music chosen with their individuality in mind. It was Glynn who stated the selections most frequently enjoyed by this age group were usually compositions that evoked memories of the past. This finding was evident in this study in that the participants were able to identify specific memories that related to a favorite musical selection.

In summarizing the findings of the effects of music on lifestyle and quality of life, it was interesting to note that all the participants viewed these areas as synonymous and the effects identified for one were repeated for the other area.

Although findings from this study would seem to indicate that the participants were all avid music lovers, it should be restated that, with the exception of the first three participants, the selections were made without prior knowledge of the researcher regarding their backgrounds, interests or knowledge of music.

CHAPTER V

SUMMARY AND IMPLICATIONS

Summary

The purpose of this study was to determine the self-perceived effects of music on the health, lifestyle and quality of life of elderly well adults living in the community. The focus of the study was on these self-perceived effects, whether or not they existed, what they were and how they affected the participant. Thus, two research questions were addressed:

1. Does music have any self-perceived effect on the health, lifestyle and quality of life of well adults living in their own homes in the community?
2. What is/are these self-perceived effects?

The 15 participants met the criteria of being well adults, age 60 and older, living in their own homes in the community. Intensive interview, demographic questionnaire and participant observation were utilized, with the interviewer acting alone to collect and analyze data.

According to the participants in the study, music was a vital part of their formative years; in many cases, it was an element identified as being responsible for family cohesion. Songs were also viewed by the participants as being a means

of relaying messages, relieving tensions and establishing relationships. The participants identified parents as being the influencing force behind their choices, with the participants whose parents preferred classical music maintaining and nurturing that preference into their adult lives. Equally important and effective were the influences identified by those participants raised in an environment filled with religious music.

Each participant was able to identify and relate a specific effect they had experienced from music. In some cases, the participants viewed music as the most important element affecting their lives. All agreed they would not want to be without music, and a few even went so far as to say they would not survive without it.

Music was identified by the participants as being a socializing agent, helping to reinforce emotional behavior, providing solace and gratification, evoking images and sensations frequently stored in memory, accomplishing physiological and physical responses that are often viewed as therapeutic and providing pure pleasure and enjoyment.

It is sufficient to say that music does have an effect on the listener. Findings of this study

support the literature, in that music is considered a vital element of life, and its effects can be identified and applications made to all areas of living. When an individual experiences an alteration to health or well-being, chances are, the experiences of the past will be called upon to aid in the return to a state of equilibrium. There was no attempt made on the part of the participants to separate the psyche from the soma. Music was viewed as the element responsible for achieving and maintaining physical and mental health, and health was seen as the force influencing lifestyle and quality of life.

Implications

This study was based on determining the existence and description of the self-perceived effects of music on health, lifestyle and quality of life. This area has not been addressed to a great degree in the literature. The results of this study have implications for anyone involved in the delivery of health care.

This study specifically identified music as a medium capable of eliciting an effect on the health, lifestyle and quality of life of the participants. For this study, lifestyle and quality of life, were viewed as synonymous by the

participants. By supplementing this knowledge with a course of study identifying methods aimed at using music to achieve and maintain mental, physical and emotional health, the health care workers have at their disposal, one of the most effective and available means of therapy known.

The therapeutic value of music in medicine has being recognized by physicians and therapists, and they have begun to incorporate music therapy into treatment modalities, expanding and including nursing services for the delivery of care. The knowledge required for the proficient practice of nursing is vast and demands that nurses continue to expand and perfect their skills. They must be motivated to keep abreast of the latest findings and make application of these findings to their individual needs. Recognizing and understanding the effects of music on the health, and well-being of the individual will enable the conscientious nurse to incorporate this knowledge into a plan of care aimed at achieving and maintaining wellness.

Using the concept of the "therapeutic use of self," nurses can, by their knowledge and actions, help individuals learn to appreciate and apply music as an element that can help them cope with the pressures and problems associated with life.

Music goes beyond other forms of communication because it has a unique system of organized sound, and characteristics that can be appreciated and applied to achieve any desired outcome. Music is a medium for social communication (Glynn 1986); it meets the goals for physical stimulation and alertness training (Ward 1981, Nordoff and Robbins 1977, Michel 1976, Hinds 1980 and Levin & Levin 1972). Music improves coordination and provides a soothing, restful, sedative effect (Wolfe 1978 Hastings et al 1980 and Watson & Drury 1987). Music is communication; it stems from tender emotions and is a source of gratification and comfort; it has order and predictability and both are essential for the effects it achieves.

Recommendations

This study identified self-perceived effects of music on health, lifestyle and quality of life from the perspective of well adults living in the community. Recommendations for further study and suggestions for the future are:

1. Incorporate a course of study into the curriculum of nursing programs, that identifies aspects of music as a means of bridging the gap between the inner and outer self, achieving and maintaining health and wellness; or at least a

course that would show the relationship between music and well-being.

2. A larger sample containing more Blacks and males might provide different findings or additional information.

3. This study was conducted using well adults, living in their own homes in the community. Similar studies might include well adults living in nursing homes, or a study with no parameters of age.

4. More involvement on the part of the interviewer in participant observation might offer additional insight into the use of music in the community.

5. A study not as heavily skewed to `singles' might produce some interesting or different findings.

APPENDICES

APPENDIX A

INTERVIEW GUIDE

SAMPLE INTERVIEW GUIDE

DISCUSS YOUR FEELINGS ABOUT MUSIC, WHETHER OR NOT YOU LIKE IT

IDENTIFY YOUR FAVORITE TYPES(S) OF MUSIC

FAVORITE SONG

REASON FOR CHOOSING

PARTICIPATION IN MUSICAL ACTIVITIES

SPECIAL MEANING MUSIC HAS HAD IN YOUR LIFE

WAYS IN WHICH MUSIC HAS HELPED YOU

ASPECTS OF MUSIC YOU WOULD LIKE TO KNOW MORE ABOUT

SPECIAL MUSICAL ACTIVITIES YOU WOULD PARTICIPATE IN

TYPES OF EFFECTS YOU HAVE EXPERIENCED FROM MUSIC

HOW DOES MUSIC MAKE YOU FEEL

CHIEF SOURCE OF MUSIC (CHURCH, RADIO ETC.)

FAVORITE SINGER

REASON FOR CHOOSING

EFFECTS OF MUSIC ON HEALTH OR LIFESTYLE

PART MUSIC PLAYED IN YOUR FORMATIVE YEARS

HAVE YOU EVER VIEWED MUSIC AS HEALING

IF DEPRESSED OR LOW, HOW WOULD MUSIC EFFECT YOU

DESCRIBE FEELINGS WHEN CERTAIN TYPES OF MUSIC ARE PLAYED

EFFECTS OF "PIPED-IN" MUSIC

MUSIC IN STORES

MUSIC ON THE PHONE SYSTEM

DEFINITION OF MUSIC

APPENDIX B

DEMOGRAPHIC QUESTIONNAIRE

DEMOGRAPHIC QUESTIONNAIRE

NAME

AGE

GENDER

MARITAL STATUS

YEARS MARRIED/WIDOWED/DIVORCED

NUMBER OF CHILDREN

GENDER OF CHILDREN

EDUCATIONAL BACKGROUND

OCCUPATION

YEARS RETIRED

INTERESTS

RELIGION

RACE/CULTURAL/ETHNIC BACKGROUND

HOUSING ARRANGEMENTS/RESIDENTIAL PATTERN

AVAILABILITY OF TRANSPORTATION

APPENDIX C

COMMITTEE ON HUMAN VOLUNTEERS

EXEMPTION FORM

Statement of Approval

Committee on Human Volunteers

Salisbury State College

Date March 24, 1988

MEMORANDUM TO: Mary Ann Fry

FROM : Chairman, Committee on Human Volunteers

SUBJECT : A Naturalistic Inquiry Exploring the Perceived Therapeutic Effects of Music on Lifestyle, Health and Quality of Life.

Title of Study

Grant Application No.	S.S.C. Sponsoring Agency

Dr. Mildred Robenson

Principal Investigator or Program Director

The Committee on Human Volunteers has considered the above application and, on the basis of available evidence, records its opinion as follows:

(1) The rights and welfare of individual volunteers are adequately protected.

(2) The methods to secure informed consent are fully appropriate and adequately safeguard the rights of the subjects (in the case of minors, consent is obtained from parents or guardians).

(3) The investigators are responsible individuals, competent to handle any risks which may be involved, and the potential medical benefits of the investigation fully justify these studies.

(4) The investigators assume the responsibility of notifying the Committee on Human Volunteers if any changes should develop in the methodology or the protocol of the research project involving a risk to the individual volunteers.

Chairman

c: Dr. Mildred Robenson

8/86

APPENDIX D

INFORMED CONSENT

Informed Consent

My name is Mary Ann Fry, and I am a Graduate Student in the Nursing Program at Salisbury State University. I am doing a study to explore the self-perceived effects of music on health, life-style and quality of life. I would like to ask you some questions about music, and if it has had any effect on your life; and, if it has, what the effect was. If you are willing to talk to me about any experiences you have had in this area, it would be at a conveniently arranged time and place. This information will be strictly confidential; your name will not appear in the study. I will take notes and/or tape record our conversation. If you do not wish to be taped, I will honor that request. If I ask you any question you do not want to answer, you just tell me, and we will skip that one. If at any time you want to drop out of the study, you may do so. If you want to know the results of the study, I will be happy to share them with you. Please understand that participation is strictly voluntary, and you will not be in any danger from the study. Our initial meeting will take about an hour, and we will probably have to meet on several occasions. I would also like to share in any music or program (e.g. church, choir, records) you find most rewarding. Thank you for agreeing to take part in this study.

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Salisbury State University, Salisbury, MD. MSN 1989.

Salisbury State College, Salisbury, MD BSN, 1984, cum laude.

Mercy Hospital, Baltimore, MD RN diploma, 1958.

Western High School, Baltimore, MD Graduated, 1955.

Other professional training includes seminars in Alcohol Abuse, Critical Care, Mental Health, Family Systems Theory, Family Counseling, Physical Assessment, Managerial Techniques and Quality Assurance

EMPLOYMENT

February 1988-present	DHMH State of Maryland, Holly Center Nursing Division Chief, Quality Assurance Coordinator
1987-1988	Instructor/Coordinator (HAT) Health Assistant Training for SHORE UP!
1985-present	Instructor Continuing Education Program Wor-Wic Tech Community College, Salisbury, MD. (Courses include Basic Nursing Skills, Certification course for Medication Aides, Surgical Technology, Re-certification course for Medication Aides, Basic and Advanced Home Care Provider.
1985-1987	Nurses Unlimited-Private Duty/Home Health Agency.
1980-1987	Peninsula General Hospital, Salisbury, MD Operating Room. Charge and Staff nurse duties. Member of the Heart Team.
Summer 1985	Somerset County Health Department, Supervisor-Coordinator Summer Migrant Program.
1977-1980	Director of Nurses/Acting Administrator Hartley Hall Nursing Home, Pocomoke, MD.
1970-1976	Anne Arundel County Health Department Annapolis, MD. Community Health Nurse, President of Nurses Council.

1963-1970	Mercy Hospital, Baltimore, MD Float Team.
1958-1963	Johns Hopkins Hospital Baltimore, MD. Head Nurse/Supervisor Newborn Nursery (1961-1963) Head Nurse/Supervisor Operating Room (1958-1961).
PROFESSIONAL AND CIVIC ACTIVITIES	Association of Operating Room Nurses Mercy Hospital Alumni Association Salisbury State Alumni Association Nursing Honor Society March of Dimes Volunteer Kidney Foundation Volunteer
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REFERENCES	Available upon request.