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Music and Music Therapy: Exploring the Perspectives of Local U.S. Military Veterans

Kathleen Shing



FLORIDA STATE UNIVERSITY
COLLEGE OF MUSIC

MUSIC AND MUSIC THERAPY: EXPLORING THE PERSPECTIVES OF LOCAL U.S.
MILITARY VETERANS

By
KATHLEEN SHING

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The members of the supervisory committee were:

Jayne M. Standley
Professor Directing Thesis

Dianne Gregory
Committee Member

Alice-Ann Darrow
Committee Member

The Graduate School has verified and approved the above-named committee members, and certifies that the thesis has been approved in accordance with university requirements.

This thesis is dedicated to all veterans and service members of United States of America and their families. Thank you for your service and sacrifices.

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ABSTRACT

The purpose of this study was to better determine how local veterans use music in their daily lives and their interests in music therapy services. Data were analyzed for 45 participants, 36 non-student veterans and 9 student veterans. The participant age range was 27-78 years and the mean age of all the participants was 56.8 years. Results determined that all of the participants encountered music in their daily lives and the mean level of enjoyment in music was 8.91 with 10 being the highest level of enjoyment in music. Sixty-five percent of the participants had used music to help with positive or negative experiences related to his/her military service. The most commonly used Complementary and Alternative Medicine therapies were the following: massage therapy, meditation, chiropractic and osteopathic medicine, and nutrition/diet. Most of the participants had low levels of knowledge about board-certified music therapy services, on a Likert scale of 0-10 with 10 being the highest level of knowledge about board-certified music therapy services, they reported the highest mean level of interest in learning about or trying a music therapy session to increase relaxation (6.89), compared to coping skills (5.82) and socialization (5.80). Non-student veterans had the highest mean level of interest in learning about or trying a music therapy session to increase relaxation (7.09) and student veterans had the highest mean level of interests in learning about or trying a music therapy session to increase relaxation (6.11) and coping skills (6.11). Finally, participants were more likely to participate in music therapy sessions if they were participating at their local veteran groups or organizations (5.96) compared to creative arts or recreation therapy sessions, including music therapy, provided by their local VA facilities (4.96).

CHAPTER 1

INTRODUCTION

Every day the board certified profession and practice of music therapy is advancing. Interestingly, the practice of music therapy was utilized to help World War I and World War II soldiers needing medical and psychological services (Davis, Gfeller, Thaut, 2008; American Music Therapy Association, 2014). In addition, the professional development of music therapy after World War II was researched and supported by the Army and Office of the Surgeon General (American Music Therapy Association, 2016). However, there is still a lack of recorded research on how music therapy has and is being used to help military populations (active duty and reserve military personnel, veterans, and military families) in comparison to the research of music therapy and the following populations: autism, intellectual disabilities, developmental disabilities, palliative care, neonatal care, mental and physical rehabilitation, dementia, and medical settings. Music therapy is versatile and helps various populations achieve their non-musical goals with the help of musical interventions. The lack of specific research of music therapy with military populations may be due to the lack of accessibility to military specific populations and the unknown or uninformed expectancies a music therapist is to have before working with military populations.

According to the Florida Department of Veterans Affairs, Florida contains 1.6 million veterans, the third largest state population of veterans in the United States (Florida Department of Veterans Affairs, 2016). There are 498,000 Vietnam-era veterans and 231,000 veterans from Afghanistan and Iraq in Florida (Florida Department of Veterans Affairs, 2016). In addition, there are 187,000 military retirees who reside in Florida (Florida Department of Veterans Affairs). In 2015, the Leon County Operation Thank You reported 18,500 veterans lived in Leon county (Leon County Operation Thank You, 2015).

Military service men and women can return home from war and combat with visible and invisible wounds or injuries. Navy Surgeon General Vice Adm. Dr. Matthew Nathan stated, “Since the start of the Iraq and Afghanistan wars, some 1,500 to 1,600 service members across the services suffered amputations. But 10,000 sailors and Marines alone suffered the invisible wounds of post-traumatic stress or traumatic brain injury (Moon Cronk, 2014).” Amputations

(Moon Cronk, 2014; Kreuger CA, Wenke JC, Ficke JR, 2012; Dougherty, P., McFarland, L., Smith, D., Reiber, G., 2014;), wounds and/or scars caused from combat, hearing loss (U.S. Department of Veterans Affairs Public Health¹, 2015; Theodoroff, Lewis, Folmer, Henry, Carlson, 2015; Saunders, Frederick, Arnold, Silverman, Chisolm, Myers, 2015), vision loss (U.S. Department of Veterans Affairs Public Health⁴, 2015; Bailoor, S., Bhardwaj, R., Nguyen, T., 2015), post-traumatic stress disorder (PTSD)(U.S. Department of Veterans Affairs National Center for PTSD¹, 2015), traumatic brain injuries (TBI) (U.S. Department of Veterans Affairs National Center for PTSD³, 2015), military sexual trauma (MST) (U.S. Department of Veterans Affairs, 2015), and chronic pain (U.S. Department of Veterans Affairs Women Veteran Health care, 2015; Stewart, Karlin, Murphy, Raffa, Miller, McKeller, Kerns, 2015) are only some of the prevalent injuries or war wounds some soldiers may come home with. The families of military service men and women are also affected when their family service member is away on deployments or transitioning back into their role as a civilian. Though there is a lack of specific research on the effectiveness of music therapy with military populations, there is greater amount of evidence-based research on the effectiveness of music therapy and its utilization with civilians, who have experienced some of the similar physical and mental injuries our military service men and women can experience during their military service time.

There are currently 6, 670 board certified music therapists (MT-BC) who have received the professional credentials awarded by the Certification Board for Music Therapists (CBMT) to practice music therapy nationally (Certification Board for Music Therapists, 2016). The American Music Therapy Association (AMTA) is a professional music therapy organization that helps progress the profession and awareness of music therapy provided by board certified music therapists. There are approximately 4,000 individuals AMTA memberships (AMTA², 2016) that can be any of the following membership types: professional, associate, student, inactive, retired, affiliate, patron, life, and honorary life (American Music Therapy Association³, 2016). AMTA reports there are currently 3,000 professional members for the year 2016. Additionally, professional memberships may increase as the year progresses due to yearly renewal memberships (AMTA², 2016).

In 2014, the AMTA published a report called Music therapy and military populations: A status report and recommendations on music therapy treatment, programs, research, and practice policy. This report states there were 59 employed board certified music therapists (MT-BC) at

46 of 152 VA facilities, which means board certified music therapists are employed at 30.26% of VA facilities across the United States. In addition, some of the board certified music therapists employed at VA facilities may be employed as the recreation therapist or creative arts therapist positions. AMTA reported some additional board certified music therapists (MT-BC) could be contracted and employed through private practice services to specific VA programs or employed as Government Services Administration (GSA) service providers (American Music Therapy Association, 2014, p. 23). The AMTA published report on music therapy and military populations was the only descriptive report the researcher was able to find throughout multiple search engines accessed through Florida State University as a student and from the public search engine, Google Scholar.

Purpose of Research

The purpose of this study was to better understand how local veterans use music in their daily lives and attempt to understand their interests in music therapy services. This research will help civilian board certified music therapists gain insight on how we can better serve our U.S. military veterans.

Research Questions

- 1) Are local veterans more likely to participate in recreational and creative arts therapies (including music therapy) at Veterans Affairs facilities or at local veteran groups and organizations?
- 2) Have local veterans ever used music to help themselves with positive or negative experiences related to their military service time?
- 3) Are local veterans interested in learning about or participating in music therapy sessions to increase socialization?
- 4) How likely will local student veterans participate in music therapy sessions if they were organized at their local college or university?

Operational Definitions

- 1) **Veteran:** For the purpose of this research, the primary researcher chose to use the Veterans Affairs definition of a veteran. The Veterans Affairs (U.S. Veterans Affairs Health Benefits, 2015) defines veteran eligibility, someone who is eligible for VA health benefits and services, as “a person who served in the active military service and who was discharged or released under conditions other than dishonorable is a veteran.”

2) **Military Populations:** For the purpose of this thesis, the primary researcher has defined military populations as, “active duty and reserve military personnel, veterans, and military dependents/family members.”

CHAPTER 2

REVIEW OF LITERATURE

What Is Music Therapy

Music therapy has been used to treat physical and mental conditions since the 18th century and became an organized profession during the 20th century (Davis, Gfeller, Thaut, 2008). The American Music Therapy Association (AMTA) defines music therapy as a, “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 (American Music Therapy Association¹, 2015). Music therapy can be utilized with numerous populations to help each clients’ or patients’ treatment teams achieve non-musical goals by using music as the common element. Research shows the effectiveness of music therapy with the following, but not limited, populations: medical, mental health, geriatrics, hospice, special education, pregnancy, infant and child development, correctional and forensic setting, neonatal intensive care unit or NICU, military population. Board certified music therapists provide evidence-based music therapy interventions to help achieve their clients’ or patients’ non-musical goals. The AMTA states music therapy interventions are designed to help achieve the following: promote wellness, manage stress, alleviate pain, express feelings, enhance memory, improve communication, and promote physical rehabilitation (American Music Therapy Association², 2015).

A Brief History Of Music Therapy And Its Development

In the 1789, music therapy was referenced for the first time in the United States in the *Columbian Magazine*. The article explained the principles of music therapy and its utilization of practice in Europe. The practice of music therapy was explored throughout the 18th century. In the 19th century, Edwin Atlee and Samuel Mathews, two medical students, wrote the earliest documentations of music therapy in their dissertations. Atlee’s dissertation suggests music to have the ability to arouse and affect a variety of emotions, including joy and grief. In addition, his dissertation discussed the beneficial effects music can have on mental and physical illnesses. Mathews’ dissertation discussed the benefits of treating diseases of the mind and body with

music. During the 19th century, music therapy started being used to help persons with disabilities in educational institutions. (Davis et al., 2008, p. 22-24).

During the 20th century, Eva Vescelius wrote publications on music therapy and concepts of health and disease. In 1919, Margaret Anderton taught music therapy courses at New York City's Columbia University to help prepare musicians wanting to work at hospitals as therapists. Margaret Anderton provided music therapy services to World War I Canadian veterans. Anderton and Vescelius believed musicians needed thorough training before working with patients as therapists. In 1926, Isa Maud Ilsen founded the National Association for Music in Hospitals. Ilsen was a musician, nurse, and hospital executive, who was also the director of hospital music in World War I reconstruction hospitals for the American Red Cross. (Davis et al., 2008, p. 27-28).

Harriet Ayer Seymour was another music therapist working with World War I veterans who was involved in the Federal Music Project of the Works Progress Administration. She helped provide music programs to hospitals and prisons in New York City. "Seymour founded the National Foundation for Music Therapy in 1941. As president, she presented lectures and taught classes, emphasizing music therapy techniques used with returning World War II veterans (Davis et al., 2008, p. 29). The utilization and practice of music therapy with military populations began during World War I and World War II.

"During World War II, music was used most often to boost the morale of returning veterans (American Music Therapy Association, 2014, p. 6)." Military officials were interested in music based interventions for U.S. soldiers needing medical and psychological services. The Army and Surgeon of the General endorsed research following World War II that helped the profession of music therapy develop into what it is today (American Music Therapy Association, 2014, p. 4).

Music Therapy With Military Populations

American Music Therapy Association's published status report, *Music therapy and military populations: A status report and recommendations on music therapy treatment, programs, research, and practice policy*, discusses established music therapy Active Duty Models and Veteran Model Programs across the country. Furthermore, this report provides the following effective music therapy research topics relevant to military populations: sensorimotor and physical rehabilitation, cognitive rehabilitation, communication and speech rehabilitation,

pain management, social, emotional, and behavioral health. (American Music Therapy Association, 2014).

There is no published information on the current status of active duty, reserve personnel, or veterans who are also board certified music therapists (MT-BC). Nonetheless, Becky Watson served in the United States Navy for 25 years and earned the rank of a Captain. After retiring, she earned her MT-BC status (AMTA-Pro Podcast Series, 2015). Her exclusive military background and MT-BC credentials can provide imperative insight to civilian MT-BC and music therapy students who have interests in working with military populations. In 2015, Watson shared her military experiences on the American Music Therapy Association podcast series. She discusses the 7 C's: Character, chain of command, customs/ceremonies, comradery, communication, cadence, core values. Moreover, she provides her advice on 'Do's' and 'Don'ts' as a MT-BC working with military populations. Having an understanding and respect of the military culture is essential for any profession working with military populations (AMR-Pro Podcast Series, 2015; Hershey; 2015). The Center for Deployment Psychology offers a 75 minute continuing education course (at cost) and a free online training course (without the final test or certificate) (U.S. Department of Veterans Affairs Community Provider Toolkit; 2016) to help civilian healthcare professionals better understand military culture.

Hannah Bronson, MT-BC, is a program director at the Semper Sound Music Therapy Program in San Diego California and was interviewed on her experience working with active duty and limited duty military personnel at the Balboa Naval Medical Hospital, Wounded Warrior Program at Camp Pendleton, veteran members of the community (Hershey, 2015). She discussed working with inpatient and outpatient clients, often short-term, who have Neurological Disorders, Psychological Disorders, and Physical Injuries. "Current diagnoses are often related to stress caused by military life in general: Depression, Anxiety, Adjustment Disorders, Physical Injuries related to training or accidents, Sexual Trauma (prevalent in female service members), General Psychological Injuries, and Combat injuries that did not present symptoms immediately (Hershey, 2015)." Musicworx Inc. provides a continuing education course to further inform music therapists with a desire to work with military populations. The author's clinical music therapy experiences working with active duty military to members and veterans is called Working With Active Service Members and Veterans, Third Edition (MusicWorxInc Toolbox, 2016). Bronson's interview provides the following: recommendations on how to prepare for

working with military, music therapy methods, treatment interventions, repertoire for military populations, generalization, future for military music therapy.

Military Client Needs

Former military physician Dr. Ron Glasser stated, “Every war has its own weapons. Every war has its own strategies, and every war has its own injuries” (For Military, Different Wars Mean Different Injuries, 2011). Civilian professions working with military populations need to be aware of the wounds or injuries that are predominant to the different war eras. Dr. Ron Glasser stated, “In Vietnam you were being shot. In Afghanistan you’re being blown up (2011).” Improvised explosive devices (IED), landmines, and roadside bombs have become major threats to our soldiers during recent wars (For Military, Different Wars Mean Different Injuries, 2011; Snell FL, Halter MJ, 2010). Reports on IED blasts state the following wounds or injuries could be possible: head and/or neck wounds, concussions, traumatic brain injuries (TBI), loss of limbs, infertility, and ultimately death (For Military, Different Wars Mean Different Injuries, 2011; Snell FL., Halter, MJ., 2010; CPL C. Stevenson, 2009). Barbara Salazar Torreon from the Congressional Research Service (2015) published a report called U.S. Periods of War and Dates of Recent Conflicts. This report discusses specific periods of war for the United States and veteran eligibility dates for veterans of time served. This report provides a timeline reference for specific periods of war dates. In addition, the U.S. Department of Veterans Affairs Public Health² (2015) provides a Veterans Health Initiative (VHI) study guides for VA and non-VA health care providers interested in learning more about veteran symptoms and treatments. The U.S. Department of Veterans Affairs Public Health² (2015) provides specific VHI study guides on the following topics: Agent orange, gulf war, infectious diseases in southeast Asia, TBI, spinal cord injury, traumatic amputation, PTSD, military sexual trauma (MST), radiation, chemical, biological, and radiological weapons, cold injury, hearing impairment, visual impairment, former prisoners of war (POW).

Among post-traumatic stress disorder (PTSD) and traumatic brain injuries (TBI), moral injury is one of the signature wounds of war. The U.S. Department of Veterans Affairs National Center for PTSD¹ (2016) explain moral injury during war as, “Direct participation in acts of combat, such as killing or harming others, or indirect acts, such as witnessing death or dying, failing to prevent immoral acts of others, or giving or receiving orders that are perceived as gross moral violations. The act may have been carried out by an individual or a group, through a

decision made individually or as a response to orders given by leaders.” Journalist David Wood has done news reports on the military for over three decades and traveled with U.S. troops to Iraq and Afghanistan. Wood describes moral injury as a “bruise on the soul” (NPR, 2014). Veterans told Wood that one of the most healing things for them was to stand in a group of fellow veterans and explain what happened, what they saw, and what they did. Moreover, veterans found it healing to have veterans just listening to what they had to say without saying, “Well, you couldn’t help it,” or “You’re really a good person at heart” (NPR, 2014). Wood stated “It’s that validating kind of listening that is so important to all of the therapies that I’ve seen” (NPR, 2014). This is very important for any professions working with military populations, especially within a counseling setting.

The U.S. Department of Veterans Affairs stated that military sexual trauma (MST) is an experience, not a diagnosis, and not every veteran chooses to receive treatment for MST (U.S. Department of Veterans Affairs¹, 2015). MST is defined as “psychological trauma, which in the judgment of a VA mental health professional, resulted from a physical assault of sexual nature, battery of a sexual nature, or a sexual harassment which occurred while the veteran was serving on active duty, active duty for training, or inactive duty training (U.S. Department of Veterans Affairs¹, 2015).” Sexual harassment is defined as, “repeated, unsolicited verbal or physical contact of sexual nature which is threatening in character (Department of Veterans Affairs², 2015).” The Department of Defense does not use the term MST, but Department of Defense does periodic observations to monitor sexual assault and harassment (Barth, Kimerling, Pavao, McCutcheon, Batten, Dursa, Peterson, Schneiderman, 2016). In 2002, VA facilities started utilizing standard universal screenings for MST within the electronic medical records (Barth, et. al., 2016). In a May 2015 MST fact sheet, the Department of Veterans Affairs reported an occurrence of MST for 1 in 4 women and 1 in 100 men, whom answered “yes” to MST during their VA health screenings. For women, “MST is the leading predictor of post-traumatic stress disorder (PTSD) in the military (Rossiter and Smith, 2013).” Some possible symptoms of MST can include the following: depression, substance abuse, headaches, gastrointestinal difficulties, sexual dysfunction, chronic pain, chronic fatigue, nightmares and bad dreams, intense emotions, feelings of numbness, difficulty with memory, and/or difficulties in relationships (U.S. Department of Veterans Affairs², 2015; Rossiter and Smith, 2013) More importantly, Rossiter and Smith (2013) discuss the utilization of the VA Military Health History Pocket Card for

Clinicians to help identify health risks related to military service. MST may not be as prevalent as some of the other traumas our soldiers experience while being in the military, but as civilian music therapists or civilian health care providers, it is a topic that civilian contractors need to be aware.

The increased military survival rates are results of increased medical care and body armor (Dunbar, 2015; Wounded Warrior Project, 2016; Brainlinemilitary, 2015). Comparing to America's involvement in the Vietnam War, the survival rate of our soldiers while in the Iraq conflict increased from 86.5% to 90.4% (Congressional Budget Office, 2014). However, U.S. military veterans who served during the Iraq and Afghanistan wars between 2001-2007 have higher suicide risks compared to the U.S. general public (Kang, Bullman, Smolensky, Skopp, Gahm, Reger, 2015; U.S. Department of Veterans Affairs Public Health³, 2015). It was estimated that 22 of our U.S. military veterans commit suicide every day (Coming Back With Wes Moore, 2014; Guitar for Vets, 2015, Zarembo, 2015). It is imperative that our country invests in our soldiers' and veterans' futures, especially since there are higher survival rates for our soldiers. The future estimation costs to provide medical care and disability benefits to our veterans of the Iraq and Afghanistan wars also need to be considered. Geiling, Rosen, and Edwards (2012) suggest incorporating early interventions and preventive health programs to help treat medical conditions to potentially rule out having to treat costly secondary health complications of our Iraq and Afghanistan veterans when they become middle aged. Music therapy services with military populations is an important profession to further invest in to assist and co-treat in physical therapy and rehabilitation (Bruin, Kempster, Doucette, Doan, Bin Hu, Brown, 2015) trauma care, counseling, substance abuse (Soshensky; 2007), and stress reduction.

Post-Traumatic Stress Disorder (PTSD)

That National Institute of Mental Health (NIMH) states, "PTSD develops after a terrifying ordeal that involved physical harm or the threat of physical harm. A person who develops PTSD may have been the one who was harmed, the harm may have happened to a loved one, or the person may have witnessed a harmful event that happened to loved ones or strangers. (National Institute of Mental Health, 2015) Some examples of harmful events can be the following: combat exposure, terrorist attack, sexual or physical abuse, sexual or physical assault, natural disasters, car accidents (NIMH, 2015; U.S. Department of Veterans Affairs National Center for PTSD¹, 2015) Individuals who also are experiencing PTSD symptoms that

are lasting longer than three months, causing great distress, and/or disrupt your work or home life, should seek help. The four types of PTSD symptoms are the following: reliving the event (including nightmares, flashbacks, triggers), avoiding situations that remind you of the event, negative changes in beliefs and feelings, feeling keyed up (such as jittery, very alert, suddenly angry or irritable) (U.S. Department of Veterans Affairs National Center for PTSD², 2015). Van Der Kolk and Najavitz (2013) wrote an article on PTSD and their experiences working with individuals whose chief complaints in response to trauma were not primarily flashbacks, but being unable to be present, overwhelmed by rage, and/or not feeling involvement in their current lives (p. 517). Additionally, it is reported that persons suffering from PTSD often have difficulty relating to others, leading to loneliness (Dillingham, 2014).

“In the wars in Iraq and Afghanistan, about 1 in 10 returning soldiers is seen in the VA have a problem with alcohol or other drugs (U.S. Department of Veterans Affairs National Center for PTSD⁴, 2015). The use of heavy drinking, drugs, or excessive smoking can become an unhealthy coping skill used to try to help relieve PTSD symptoms. However, heavy drinking, excessive smoking, and drugs can make the PTSD symptoms worse (U.S. Department of Veterans Affairs National Center for PTSD⁴, 2015).

Pitts, Chapman, Safer, Unwin, Figley, and Russell’s (2014) research suggests that witnessing trauma as a combat medic does not predict PTSD after experiencing the effects of the killings; possibly due to their preparedness to cope with passive witnessing and experiencing war-zone trauma. However, Pitts et al.’s research study found that combat medics needing to participate in attempts to kill, only permitted for self-defense or for their patients’ safety, may have an impact on PTSD symptoms (Pitts et al., 2014). It is important to remember that PTSD symptoms can occur for soldiers that are not always in military branches that operate in direct combat.

The U.S. Department of Veterans Affairs National Center for PTSD¹ (2015) reports 11-20% of Operation Iraqi Freedom (OIF) and Enduring Freedom (OEF) veterans to have PTSD in a given year. About 12% of veterans who served during the Gulf War (Desert Storm) have PTSD. About 15% of veterans who served during the Vietnam war were diagnosed with PTSD. However, a study conducted by the National Vietnam Veterans Readjustment Study in the late 1980s reports approximately 30% of Vietnam veterans to have had PTSD (U.S. Department of Veterans Affairs National Center for PTSD¹, 2015).

Justin Gourley (2015) wrote an insightful online post on PTSD from a veteran's perspective. "It's very frustrating for us living with PTSD. PTSD involves rocketing into extreme states of stress re-activity (in the form of terror, rage, and uncontrollable impulses) and plunging into equally extreme states of being shut-down (exhaustion, emotional numbing, despair, and dissociation) (Gourley, 2015)." Gourley (2015) further states, "To us we aren't acting nuts, we are acting exactly how we trained. We are military, it's who we are. Our training, the military way kept us alive. We have to be able to respond to threat with minimal time pondering choices and we don't use kid gloves (Gourley, 2015)." Military family members and professions working with military populations can gain enlightenment on PTSD from a veteran's personal perspective.

Music Therapy For Veterans With PTSD

John Burt (1995) wrote, *Distant Thunder: Drumming with Vietnam Veterans*, to describe his experiences working with veterans at a VA Medical Center. Burt (1995) briefly describes some of the vivid images told by a few of the veterans, who had difficulty moving on from those images. He discusses his experiences utilizing improvisation on hand drums and says, "The goal is to have the Vet take ownership and control of the drum as he wishes to take control of himself (Burt, 1995, p. 111)." When deployed, the veterans lived in fear knowing that their lives could be taken at any moment. However, showing fear would get you killed, while showing anger would help keep you alive. Some drums and instruments can be triggers, or reminders of the traumatic event, for veterans with PTSD.

Moreover, he states, "By taking the improvisation to the edge of the explosion, then controlling it in volume, tempo, and rhythm, one can learn to control his tendency to explode in rage and modulate, and to recognize the subtler forms of anger, namely irritation, frustration, annoyance, and disappointment (Burt, 1995, p. 111)." Learning how to control and channel the anger will allow for sadness, self-expression, joy, and then celebration (Burt, 1995).

Researchers from Bar-Ilan University and Western Gaililee College in Israel published research in 2008 and 2012 on their use of group music therapy with "post-traumatized soldiers" (Bensimon, Amir, Wolf, 2008; Bensimon, Amir, Wolf, 2012). It is important to note that there is not a universal standardization for the profession of music therapy across the globe. However, it is beneficial to learn research from different perspectives from other countries. Throughout Bensimon and colleagues' research, clinical supervision was given to the music therapist leading

the group music therapy sessions from a certified music therapist, a psychologist from the Military Unit for Combat Stress reactions, and a social psychologist (Bensimon et. al, 2012, p. 115). Both research articles were written by the same three authors and analyzed the same data collection for the original published article in 2008. The group music therapy research was done in the Military Unit for Combat Stress Reactions with six participants after obtaining approval from the Helsinki Committee. Participants participated in weekly sixteen group music therapy sessions for 90 minutes, and participated in open-ended individual interviews that lasted for an hour to an hour and a half. All meetings and interviews were video recorded.

The Bensimon et. al (2008) article provides quoted information from the six participants on their perspectives of the group drumming music therapy interventions. Bensimon et. al (2008) explained, “They stated explicitly that group drumming promoted openness, sharing, closeness, connectedness and intimacy (p. 43).” The Bensimon et. al (2012) article analyzes data collected from the previous six participants, but discusses information on “Distinguishing between ‘good’ and ‘bad’ sounds and instruments, Drumming out the rage, and Listening to relaxing music.” The six participants described hearing wooden instruments to gentleness and relaxation, compared metal instruments representing trauma, injury, and destruction. One of the participants enjoyed participated in group drumming to help release some of his rage. After the fifth session, the music therapist incorporated music listening to help the participants practice entering in and out of a state of relaxation. The participants listened to the following music for 10-15 minutes at the end of group music therapy sessions: Raiki music (vols. 2 & 5) and an Israeli CD called Shoshanat haruchot. Participants had mixed reactions to this music for relaxation. It is not known if the participants’ musical preferences were considered when the music was chosen for the music listening or if the researchers incorporated the Iso-Principle, a music therapy technique used to help achieve mood management (Heiderscheit, A., Madson, A., 2015) to help achieve relaxation. However, all of the six participants reported an improvement in their well-being (Bensimon et. al, 2012) after the sixteen week group music therapy intervention.

Traumatic Brain Injuries (TBI)

The U.S. Department of Veterans Affairs defines Traumatic Brain Injury (TBI) as a “blow or jolt to the head. Brain injury often occurs during some type of trauma, such as an accident, blast, or a fall. A TBI is the injury, not the symptoms” U.S. Department of Veterans

Affairs National Center for PTSD³, 2015). Symptoms or post-concussion syndrome (PCS) can occur days, weeks, and months following the TBI injury. Common symptoms for a TBI can be physical (such as headache, feeling dizzy), cognitive (such as memory problems, trouble putting thoughts into words), and emotional (such as depression, anger outbursts) (U.S. Department of Veterans Affairs National Center for PTSD³, 2015). TBIs severity can range from mild to severe. Mild concussions are also known as TBIs (U. S. Department of Veterans Affairs Polytrauma/TBI System of Care, 2015). In 2015, the Department of Defense reported 18,066 service members diagnosed with a TBI injury. As of December 8th, 2015, there have been 339,462 medical diagnoses of TBIs among our U.S. forces worldwide since the year 2000. Interestingly, 82.5% (279,898 individual cases) of those TBIs were classified as mild injuries (Defense and Veterans Brain Injury Center, 2016).

Music Therapy For Veterans With TBIs

A quasi-experimental study by Gardner and Horowitz (2015) provides “the first known evidence of the effectiveness of a cognitive rehabilitation program featuring a combination of Neurologic Music Therapy (NMT) and group psychotherapy for treating the cognitive effects of traumatic brain injuries (p. 198).” To their knowledge, only two other previous studies (Hedge, 2014; Thaut et al., 2009) were completed to demonstrate that NMT could be used to improve cognitive skills (executive functioning) for individuals with traumatic brain injuries (Gardner, Horowitz, 2015). Gardner and Horowitz’s (2015) worked with 22 participants, who were veterans with TBI diagnoses, for a total of 54 weekly sessions at a northern VA facility. Majority of the participants received their TBIs during motor vehicle accidents or other non-combat injuries. Participants received pre and post neuropsychological assessments to assess the participant’s attention, memory, language abilities, spatial skills, executive function, and emotional adjustment. NMT group sessions were “led by a musician who is a licensed psychologist, board-certified neuropsychologist, trained in NMT, had created the NMT exercises, and is on the teaching faculty for the NMT Training Institute at Colorado State University (Gardener, Horowitz, 2015, p. 194).” Participants receiving NMT began group with a greeting song, a composed song to help learn and remember group guidelines, topic for the day, discussion with generalizations to every day life, good-bye song, 10 minute break, and then group psychotherapy sessions.

Researchers asked the participants to provide comments and suggestions for group session improvements. Participants improvement suggestions included: “more music, emphasize the homework, “don’t change anything,” keep people from talking too much, use more group discussion, and include more drumming (Gardner, Horowitz, 2015, p. 197).” The veteran participants improved significantly on measure of visual attention, verbal learning, complex verbal memory, complex visual memory, planning, and mental flexibility after 54 weeks of NMT and psychotherapy session (p. 197). Due to this study’s quasi-experimental and lack of a randomized and control group, the researchers could not conclude that NMT and group psychotherapy were the only causes for the observed improvements in cognitive skills and emotional adjustment for the participants. Gardner and Horowitz suggest music therapists with desires to help veterans with recent TBIs to wait until veterans are ready for treatment or to try and find innovative ways to engage them, possibly through social media, electronic mail, or smart phone aps to help reinforce the therapeutic benefits.

Veterans Use Of Complementary And Alternative Medicine

The National Center for Complementary and Alternative Medicine (NCCAM) defines CAM as a “group of diverse medical and health care systems, practices, and products that are not generally considered part of the conventional medicine. Conventional medicine is medicine practiced by holders of M.D. and D.O. degrees and allied health professionals (2012).” The U.S. Department of Veterans Affairs National Center for PTSD defines CAM as, “treatments not considered to be standard in the current practice of Western Medicine: Complementary refers to the use of these techniques in combination with conventional approaches, Alternative refers to their use in lieu of conventional practices (U.S. Department of Veterans Affairs National Center for PTSD², 2016).” Johns Hopkins Medicine report 38% of adults and 12% of children use CAM in the United States (Accessed in 2016). The Johns Hopkins Medicine website also provides a CAM overview with a complete list of CAM therapies within the following categories: Traditional alternative medicine, body, diet and herbs, external energy, mind, senses. Along with visualization and guided imagery within the Senses category, Johns Hopkins Medicine specifically identifies art therapy, dance therapy, and music therapy as a CAM service (Accessed in 2016).

A study by Goertz, Marriott, Finch, Bray, Williams, Hourani, Hadden, Colleran, and Jonas (2013) found that Military personnel tend to report higher use (44.5%) of Complementary

and Alternative Medicine (CAM) compared to civilians use (36% and 38.3%) of CAM. The participant total was 16,146 military personnel with a 51.8% response rate. The original sample distribution consisted of 40,000 active duty military personnel from Army, Navy, Marine Corps, and Air Force, but the participant response rates tended to be more females, officers, and members of the Air Force and Navy. For Goertz's et. al (2013) research, they used the "National Center for Complementary and Alternative Medicine's list of CAM therapies. The 8 most commonly reported usage of CAM were the following when self-prayer was omitted: 24.4% mind-body therapies, 10.8 relaxation techniques, 7.7 art/music therapy, 6.8% exercise/movement therapy, 8.9% herbal medicine, 8.4% high-dose vitamins, 14.1% massage therapy and 5.2% chiropractic. Interestingly, 7.7% of active duty participants reported using "art/music therapy" within the past 12 months, which is roughly around 1,243 participants. The researchers also noted that art/music therapy tended to be used by the younger personnel, 29 years or younger (Goertz et. al, 2013, p. 511).

Another study reported that 45% of the 1,005 participants from a U.S. Navy military treatment facility report using CAM within the past 12 months (Ross and Darracq, 2015). Massage therapy (55%), chiropractic (44%), herbal (40%) and acupuncture (31.2%) were the most used CAM therapies. Eighty-Eight percent of the total participants reported that the Department of the Navy in military treatment facilities should provide CAM therapies. Ross and Darracq discuss a few studies that researched the varying usage of CAM therapy among different regions across the United States. One study (McPherson F, Schwenka MA, 2004) reported 81% of participants from a Pacific Northwest military facility (Smith, Ryan, Smith, Reed, Riddle, Gumbs, Gray, 2007) used one of more CAM therapy, while 37% the active duty and reserve Navy and Marine personnel reported using a CAM therapy. Music therapists or any other CAM therapy professions will need to consider regional usage of CAM therapies with military populations when trying to apply for their careers or if they are trying to create their own private practices.

Barriers And Military Populations

Social stigma and perceived stigma beliefs are common reason(s) for any individual to avoid seeking help for various rehabilitative reasons (Davey, 2013; Sickel et. al, 2014). Gibbons et. al (2014) wrote an article discussing military challenges and stigma towards mental health. They provided a figure with potential Personal Barriers, Practical Barriers, and Social Barriers

military personnel or veterans may be experiencing or perceiving (Gibbons, Migliore, Convoy, Greiner, DeLeon, 2014).

A study by Steenkamp, Boasso, Nash, and Litz (2014) researched mental health stigma among deployed Marines and found the perceived stigma remained mostly stable throughout their deployment cycle of 16 months, but they did determine a slight linear decrease in perceived stigma over time. Steenkamp et. al (2014) also reported lower perceived stigma levels among military cohorts who had greater perceived vertical and horizontal group cohesion. Holland, Rabelo, and Cortina (2015) did a study on MST with help-seeking behaviors and reported, “The most commonly endorsed stigma barriers were fears that they would be seen as weak, leaders might treat them differently, and coworkers might have less confidence in them (p. 4).” In addition, Holland et. Al (2015) report logistical problems, such as lack of transportation, and stigma related beliefs, such as feelings of shame, are common barriers for military populations to seek mental health treatment. Furthermore, Gibbons et. al (2014) discuss 2 important shifts to help decrease mental health stigma among military populations: more leadership involvement and decreasing misinformation that multimedia campaigns can address to all of the military branches. Finally, Gibbons et. al (2014) mention military personnel may not seek help or mental health treatment in fear of jeopardizing their military career and/or promotions. Therefore, providers have understood why this population has been difficult to reach (Gibbons et. al, 2014, p. 368).”

Rationale For Study

Zoteyva, Forbes, and Rickard (2015) conducted research in Australia with veterans on their use of music-based emotion regulation for managing mental health issues. Some of the veterans reported using listening to music help self-manage their mental health. I chose to work with local Tallahassee veterans to better understand if this local veteran population enjoys music, if they are aware of the music therapy profession, and if there is an interest in music therapy services for this Southeastern region. There is limited qualitative research about music therapy with U.S. military veterans.

CHAPTER 3

METHOD

Subjects

The researcher collaborated with local Tallahassee veteran groups and organizations in an attempt to locate potential survey participants. All local U.S. military veterans who live in or near the Tallahassee areas qualified as potential survey participants. All participants (N= 45) voluntarily participated in the researcher's survey and were permitted to skip any question or end and exit their participation at any point while taking the survey if they did not feel comfortable with no consequences. All of the local Tallahassee veteran groups/organizations keep their member email listservs confidential. Therefore, the researcher collaborated with the local veteran groups and organizations' leaders to help distribute/forward the researcher's thesis participant invitation letter, with a hyperlink to the online survey, and the participant consent form. In addition, some of the local veteran groups and organizations invited the researcher to attend their membership meetings as a guest to introduce herself and this research study. Potential participants may have been invited to participate in this research by recent participants and/or their friends who were aware of this research study.

Dependent Measure

The researcher created a 21 item questionnaire about music and music therapy. Edits of the survey were done by the researcher after being reviewed by the researcher's thesis committee, piloted by a board certified music therapist, and reviewed by two leaders in local Tallahassee veteran groups and organizations. The 21 item questionnaire (see Appendix D) contained the following topics: demographics (6 questions), music preference (2 questions), use of music (4 questions), complementary and alternative medicine (1 question), Veterans Affairs services (1 question), and interest in music therapy services (7 questions). Question 20/Part I (see Appendix D, page 56) is a two part question for those who identify themselves as a current student veteran. Part II was visible only to those who identified themselves as current student veterans and took the survey online. The 21 item questionnaire contained 10 multiple choice questions, 2 open text response questions, and 10 number rating scale questions, including the possible Question 20 with Part II. The 21 item questionnaire was created through the Florida

State University Qualtrics Software System and distributed electronically through participants' email accounts. Paper versions of the same Qualtrics 21 question questionnaire were also distributed when appropriate for participants' participation during local veteran group meetings if time permitted.

Procedure

Prior to applying to Florida State University's Human Subjects & Institutional Review Board, the researcher contacted several local veteran groups and organizations within Tallahassee to determine if the researcher would be able to collaborate with the local veteran groups and organizations to gain access to potential participants. The researcher received an approval from Florida State University's Human Subjects & Institutional Review Board (see Appendix A).

The researcher provided electronic and paper participant consent forms (see Appendix B) and invitation scripts with a hyperlink for the online version of the survey (see Appendix C) to local veteran groups and organizations. Participants who chose to participate in taking the 21 item questionnaire in person were provided with paper participant consent forms and a paper copy/form of the 21 item questionnaire (see Appendix D). The researcher kept all participant responses anonymous and secured. The survey distribution was extended for 10 days due to low response rates. The researcher ended data collection in person and online after 40 days. The researcher manually entered all of the participants' paper questionnaire responses into the Florida State University Qualtrics System to finalize the data collection.

CHAPTER 4

RESULTS

The researcher distributed the 21 item questionnaire in person and electronically through participant email addresses. The researcher received 26 participant responses through the online Qualtrics system and 19 participant responses in person via paper copies of the questionnaire.

Thirty-six of the responses were local non-student veterans and 9 of the responses were local student veterans within the Tallahassee area(s). Of the 45 responses, 1 participant left the first 12 questions blank, but completed the remainder of the questions. Three participants clicked on the online survey link, but chose not to move forward with completing the survey at that initial time. One participant looked through questions 1-7 and then exited the survey. One participant looked through all of the questions and left all of the questions blank. One participant looked through the questions until question 20 and then exited the survey. It is possible a few of the participants reviewed the questions before deciding if they wished to participate. Participants were allowed to skip any question(s) or end the survey at any time. There was a 10% dropout rate of participants. The 21 item questionnaire was anonymous and the online survey link was open-access. Thus, anyone could participate in the online survey who received the online hyperlink.

The following section will show the researcher's 21 item questionnaire and the analyzed responses. The figures demonstrate each participant's response to the individual question. The numbers within the parenthesis of the figures represent the number of participant responses for that question choice. It is important to note that the researcher accidentally provided a '0' option choice for all of the questions asking participants to answer questions using the number levels or ranking system, making the range for these questions 11 instead of the researcher's original plan for a range of 10 (See Appendix D, p. 52). The following questions contain the '0' choice option while the directions to the question for the number levels, or ranking systems, begin with Level 1: question 5, question 8, question 13, question 14, question 15, question 16, question 18, question 19, question 20 Part II, question 21. The figures include the responses with the 0 choice levels. Only one participant brought it to the researcher's attention and stated there was a slight confusion, but assumed it was a typing error. Lastly, there was a typing error for the word

message in question 12. The researcher did not notice the typing errors until after data collection began and chose not to change these errors to avoid the possibility of skewing the research results.

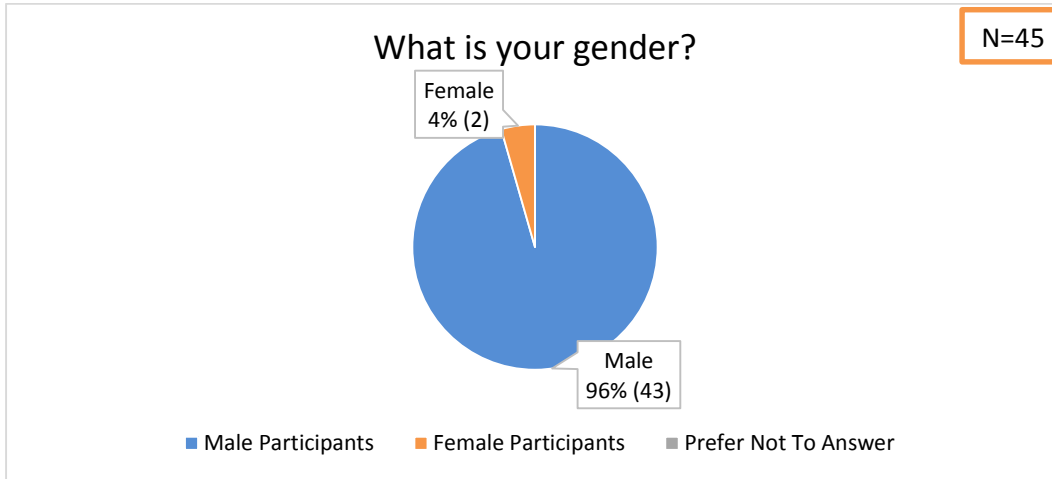


Figure 1: Identified Gender of Participants

The majority of the participants identified their gender as male. No participants selected a response for the *Prefer Not To Answer* choice.

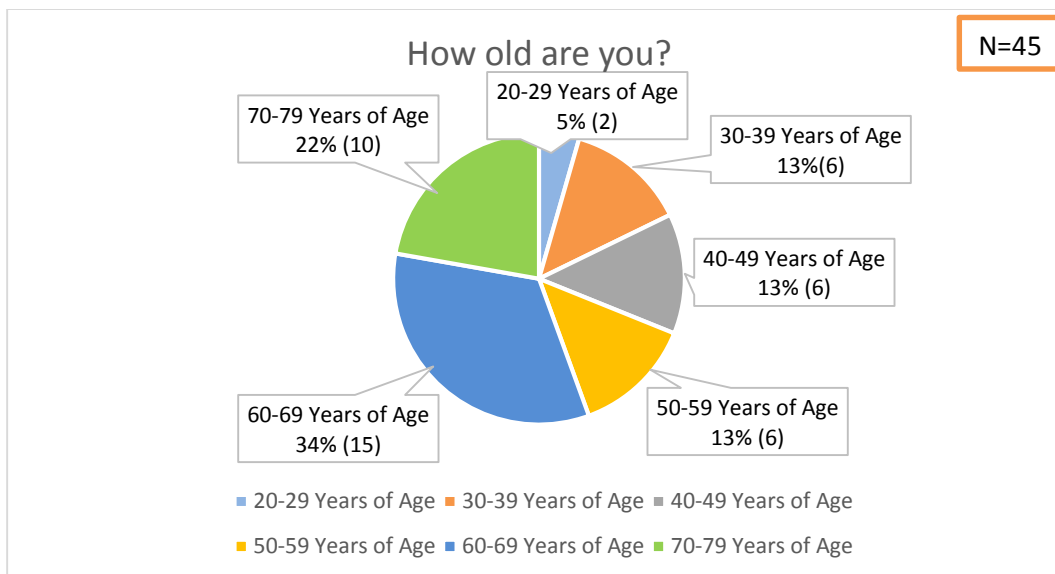


Figure 2: Age of Participants by Decade

Most of the participants reported they were in their 60s. The mean age of all of the participants was 56.8 and the most common age among all of the participants was age 67 and 69. The participants' ages ranged from 27 to 78.

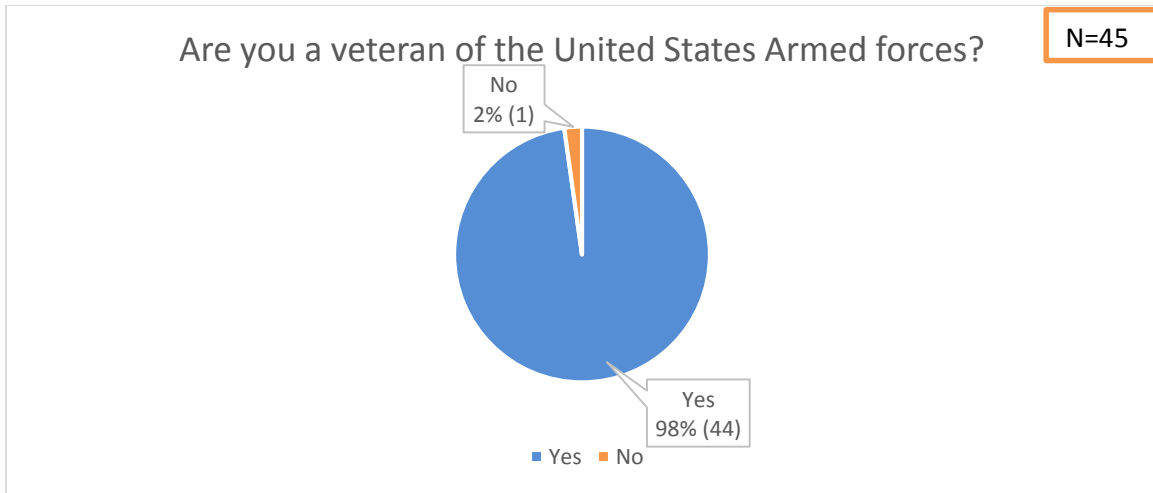


Figure 3: Number of Participants Who Identified as a Veteran.

Only 1 participant did not identify as a veteran. The researcher chose to include that participant's responses in all of the data because the participant stated, "still serving." It is possible that this participant served in active duty and is/was currently serving in the reserve, guard, or about to retire.

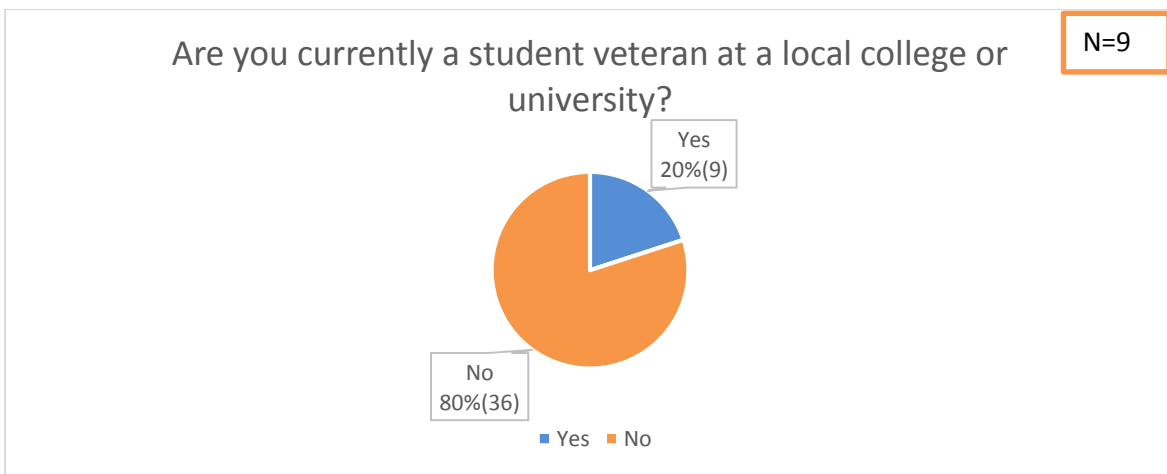


Figure 4: Number of Student Veterans

Majority of the participants were not currently student veterans.

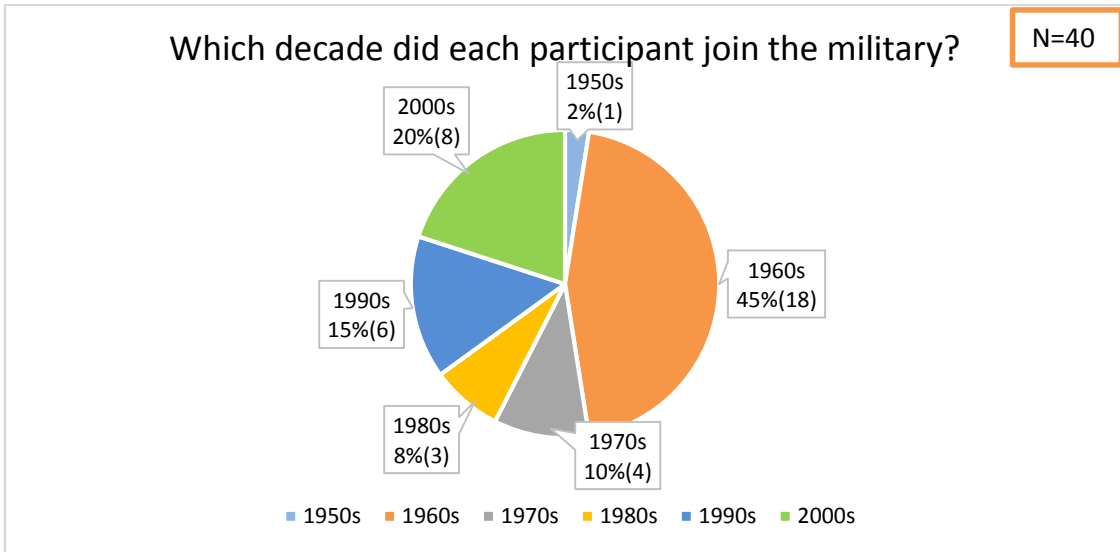


Figure 5: Decades Participants Joined the Military

In addition to the 40 participant responses, two participants identified numerically how many years they served, not which year they joined the military. One participant identified as “still serving” and two participants identified which military branch they served in.

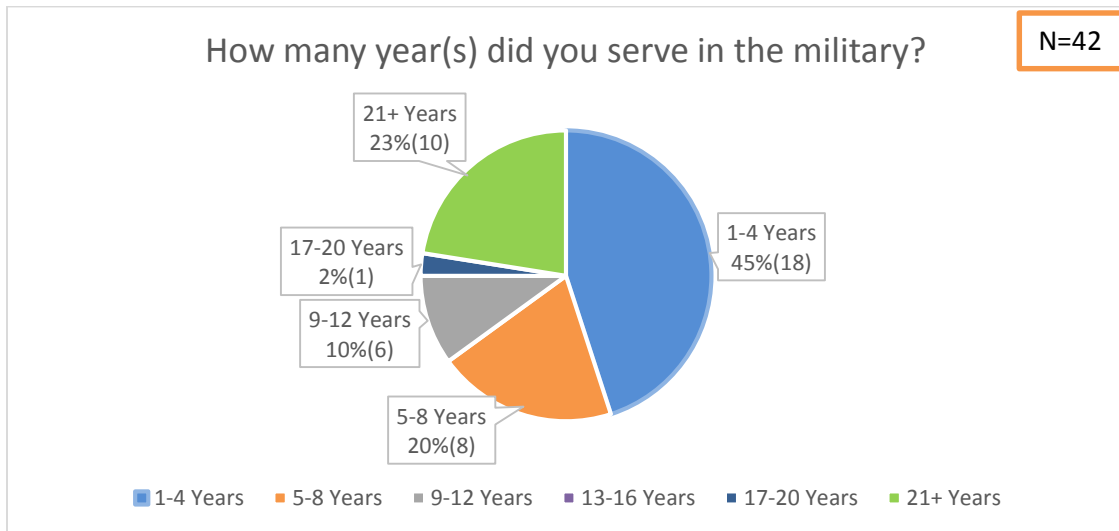


Figure 6: Number of Year(s) Each Participant Served in the Military.

The majority of participants served 8 years of service or less. Two years of service (15%) was the most common response among 6 of the participants, followed by 4 years of service (13%) among 5 of the participants, and then 3 years of service (10%) among 4 of the participants. None of the participants served within the 13-16 Years category. Two participants provided their branch of service and one participant provided “still serving” as their response.

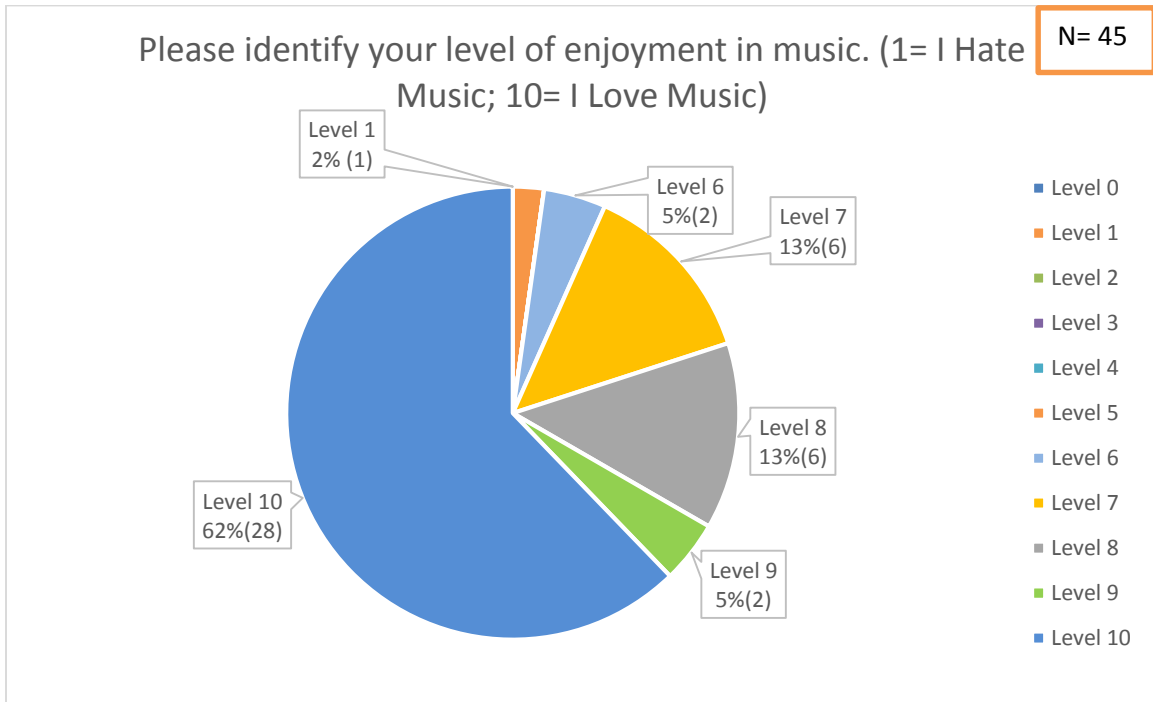


Figure 7: Participant’s Identified Levels of Enjoyment in Music

The majority of participants identified higher levels of enjoyment in music. One participant identified strongly disliking music. Participants did not identify with any of the following levels: Level 0, Level 2, Level 3, Level 4, Level 5. The mean level of enjoyment among all participants is 8.91.

Most of participants did not consider themselves to have a musical background (Figure 8).

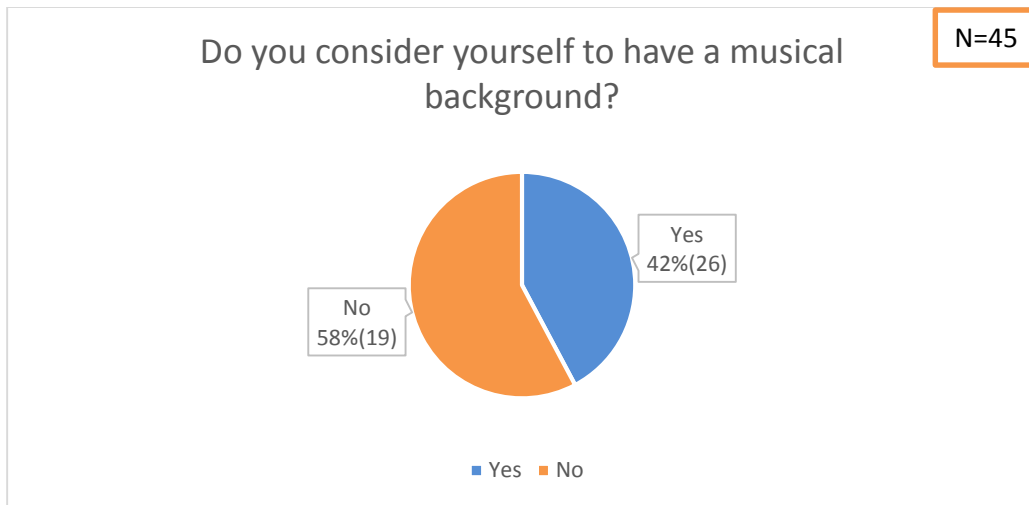


Figure 8: Each Participant’s Perspective of Their Own Musical Background

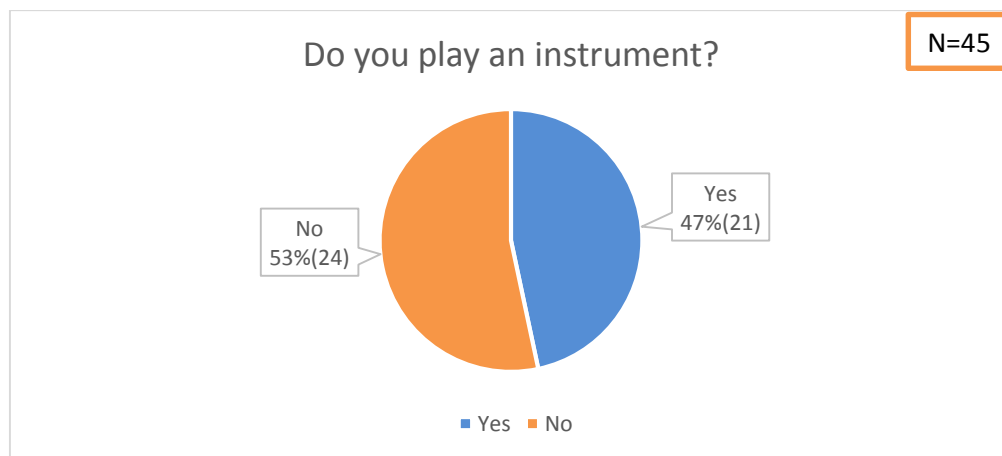


Figure 9: Each Participant’s Response to Playing an Instrument(s).

More than half of the participants stated they do not play an instrument. The majority of the participants identified knowing how to play more than one instrument. There was 47% (21) of participants who identified playing an instrument, the following are instruments participants listed: percussion (9 responses), guitar (8 responses), piano (7 responses), singing/voice (3 responses), trumpet (3 responses), bass (3 responses), baritone (2 responses), oboe (2 responses), clarinet (2 responses), violin (1 response), saxophone (1 response), trombone (1 response). Some of the participants stated that they used to play some of the previous instruments, but do not anymore. 1 participant stated, “Sometimes, not good.”

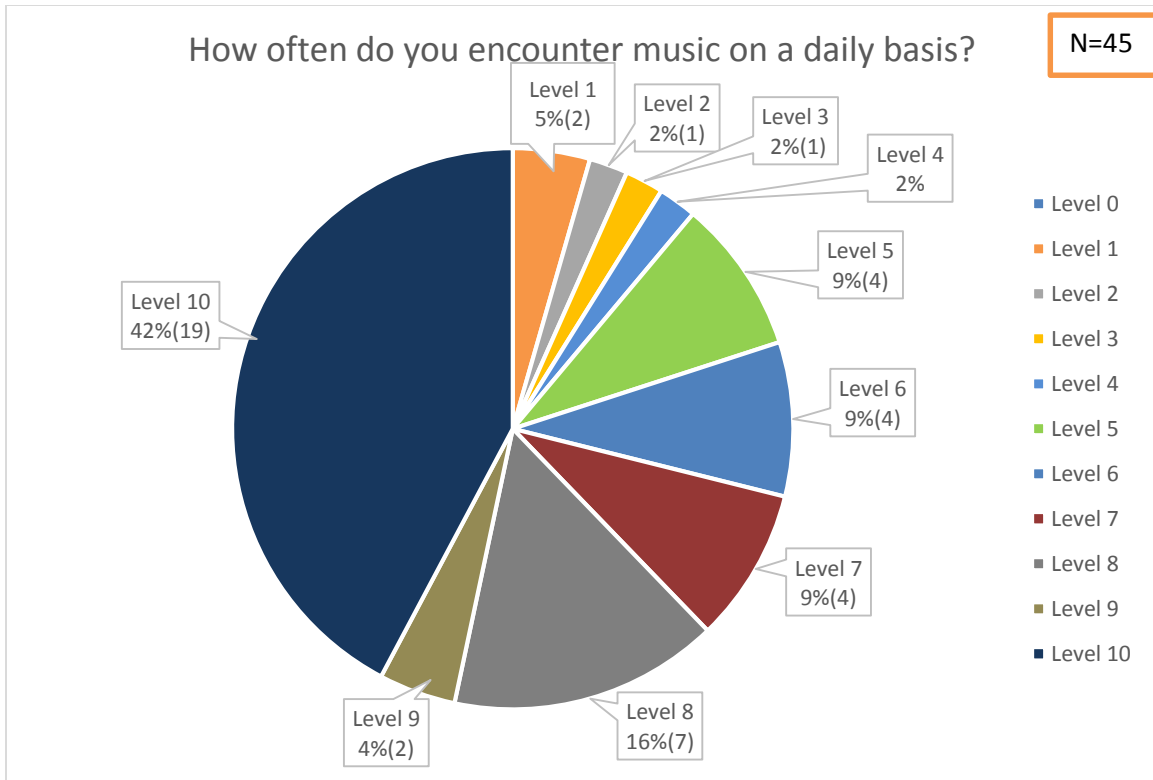


Figure 10: Each Participant’s Perspective on How Much They Encounter Music on a Daily Basis

Most of the participants perceive encountering music on a daily basis *All The Time*. The mean response level for this question was 7.71. The response range was 9. Level 0 was included in the diagram, but 0 participants selected 0.

All of the participants reported encountering music on a daily basis (Figure 11). The top three participant responses were the following: listening to music while driving 24% (34), listening to music while doing chores 19% (26), listening to music while walking or exercising 16% (22). Thirteen participants provided responses for the Other free response option.

- “PTSD play leisure/easy listening”
- While processing images in Photoshop – photography is my hobby
- “Playing in Marching Chiefs and Campus Band”
- “Just relaxing”
- “Playing video games like the nerd I am”
- “Listen and create music to worship God”
- “While working”

- “Church choir practice and worship services account for music 2 or 3 times per week”
- “Radio all day”
- “Church choir and recording”
- “Computer playlist Spotify”
- “Online/radio”

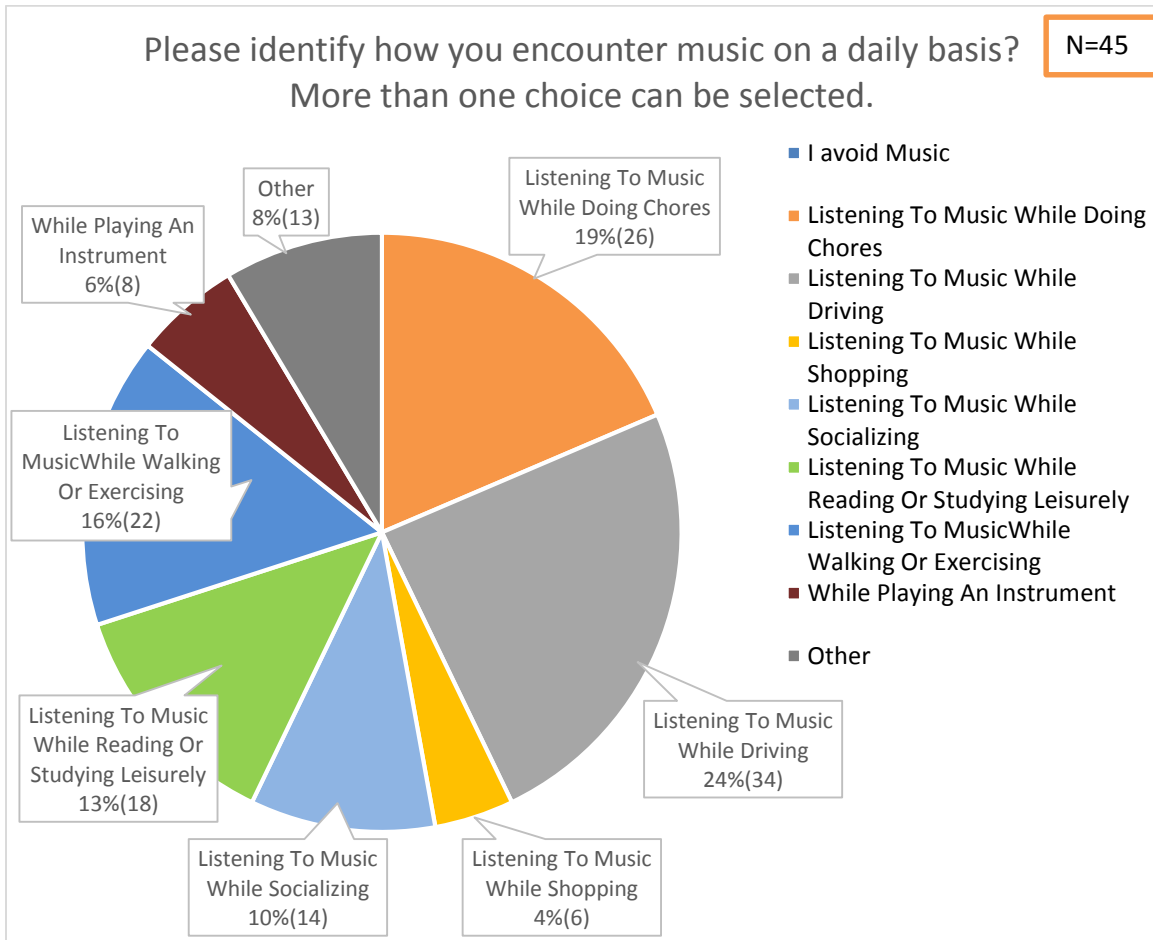


Figure 11: Participants’ Top Three Responses on Daily Music Encounters

The mean score for the participants’ age was 56.8. Among the diverse age range of participants living in the southeastern region, the three most frequently preferred musical genres were the following: Classic rock, country, blues (Figure 12).

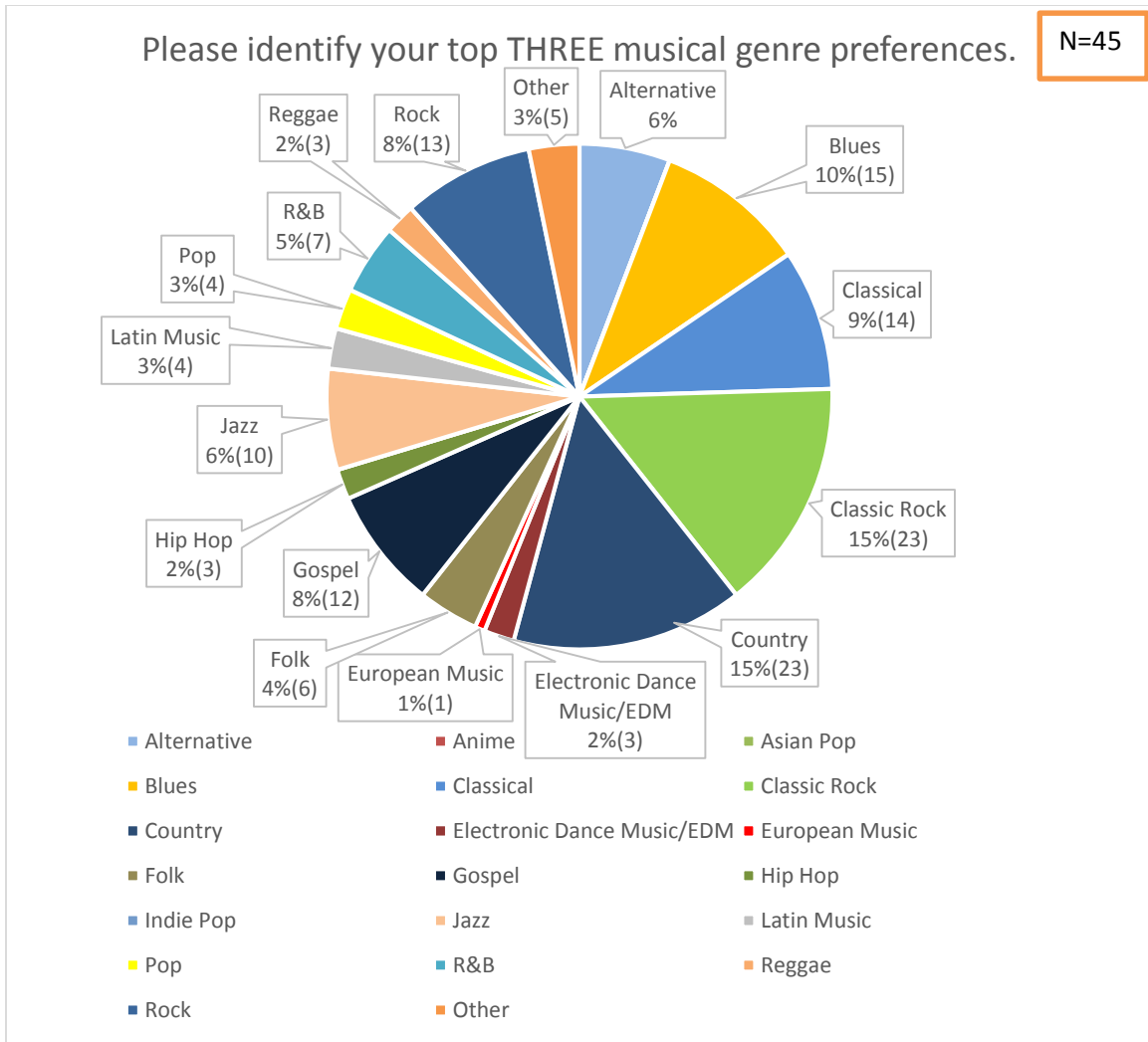


Figure 12: Participant Responses to Their Musical Genre Preferences

No participants identified with the following genres: anime, Asian pop, indie pop. Five participants selected *Other* and stated the following:

- “Christian Contemporary” (2)
- “Electronic/Techno- It’s basically video game music. Punk/Ska, and gangster rap as well-I’m pretty odd, I suppose.”
- “Jamy bands like OAR and Dave Matthews”
- “Bluegrass”

It is also important to note that this question did not limit each participant to only selecting three responses. There was a total of 153 responses from the 45 participants. Some of

the participants selected more than their top three musical genre preferences. The researcher included all of the 45 participant responses into Figure 12.

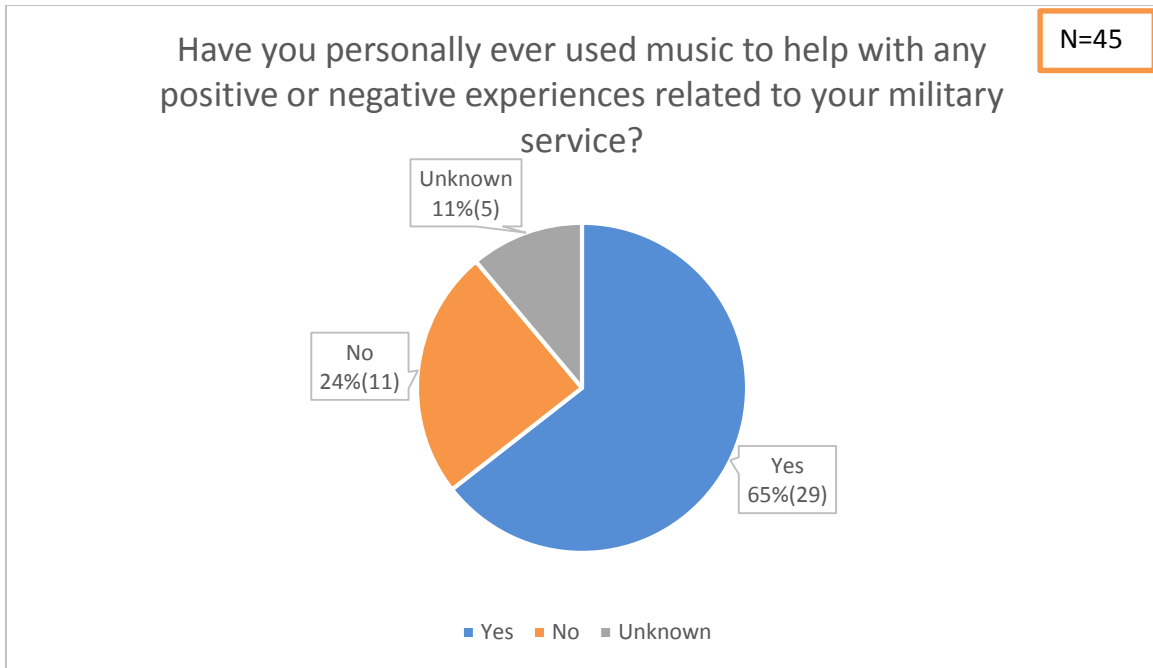


Figure 13: Participant Use of Music for Help with Experiences Related to Their Military Services

The majority of participants had used music to help with any positive or negative experiences related to their military services. One participant ended his/her participation in the survey after responding to this question.

No participants used the following CAM therapies: Avurveda, naturopathy, qigong (Figure 14). The researcher found the list of CAM therapies from the Johns Hopkins Medicine website (2016). The researcher had a typing error for the word massage. The word was typed “message” and the researcher did not become aware of this until after the data collection started. However, no participants brought it to the researcher’s attention. Only 1 participant included “massage” in the other box. Therefore, the researcher combined the responses for “message” and “massage” into the massage category.

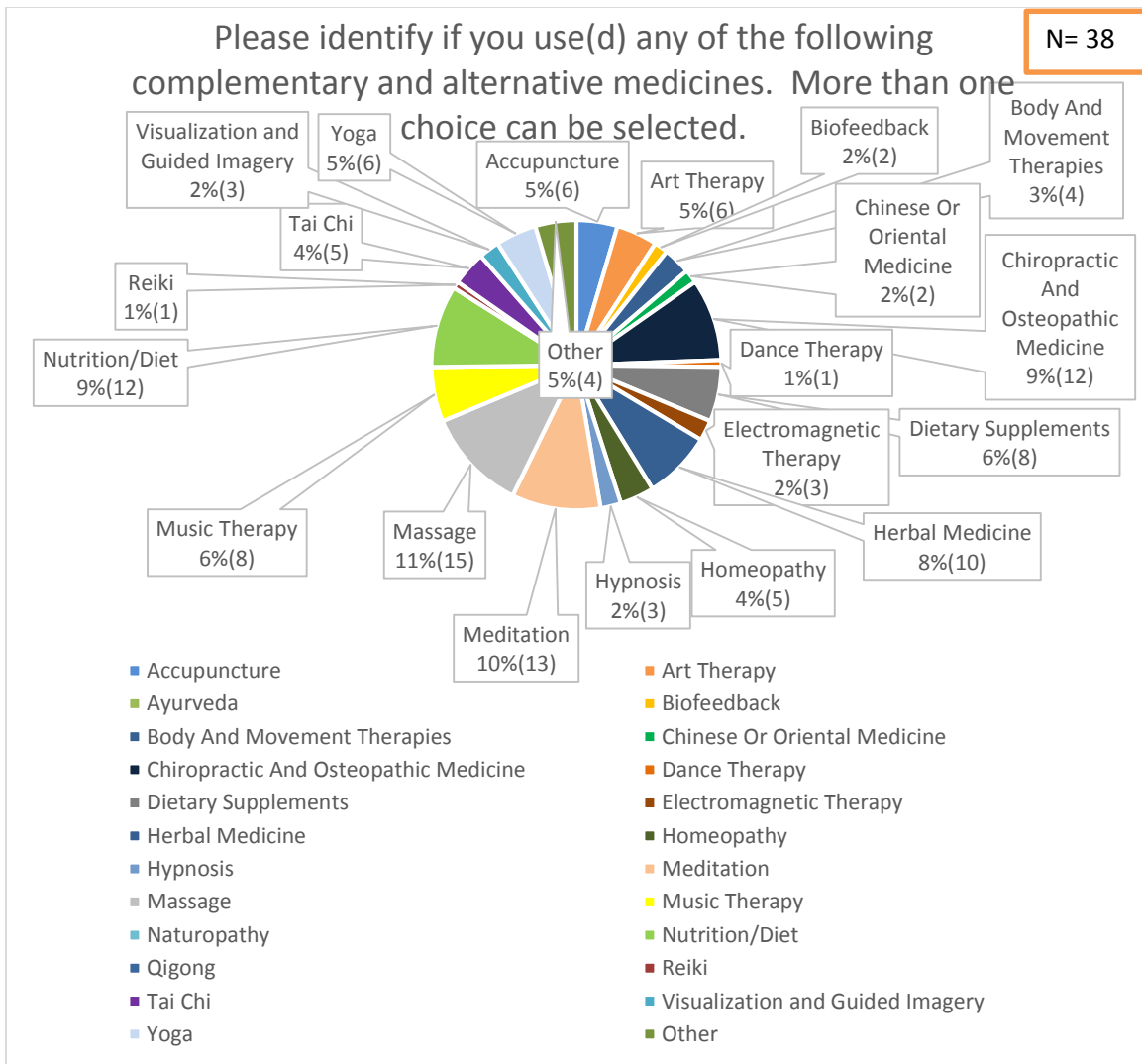


Figure 14: Use of CAM Therapies

The following provides participant responses to *Other* for Figure 14:

- “All of the above methods fail the scientific method (e.g., empirical evidence), so I have not even attempted them.”
- “Prayer”
- “Martial Arts”
- “Have Not”

Six participants did not provide a response to this question. However, question 12 did not include a choice option for participants to select *I Have Not Used Any Of The Following CAM Therapies*. It is possible some participants have not used CAM therapies before or they chose

not to provide an answer for question 12. *Massage Therapy* and *Meditation* were the two most commonly used CAM therapies. *Nutrition/Diet* and *Chiropractic And Osteopathic Medicine* were the third most only commonly used CAM therapy.

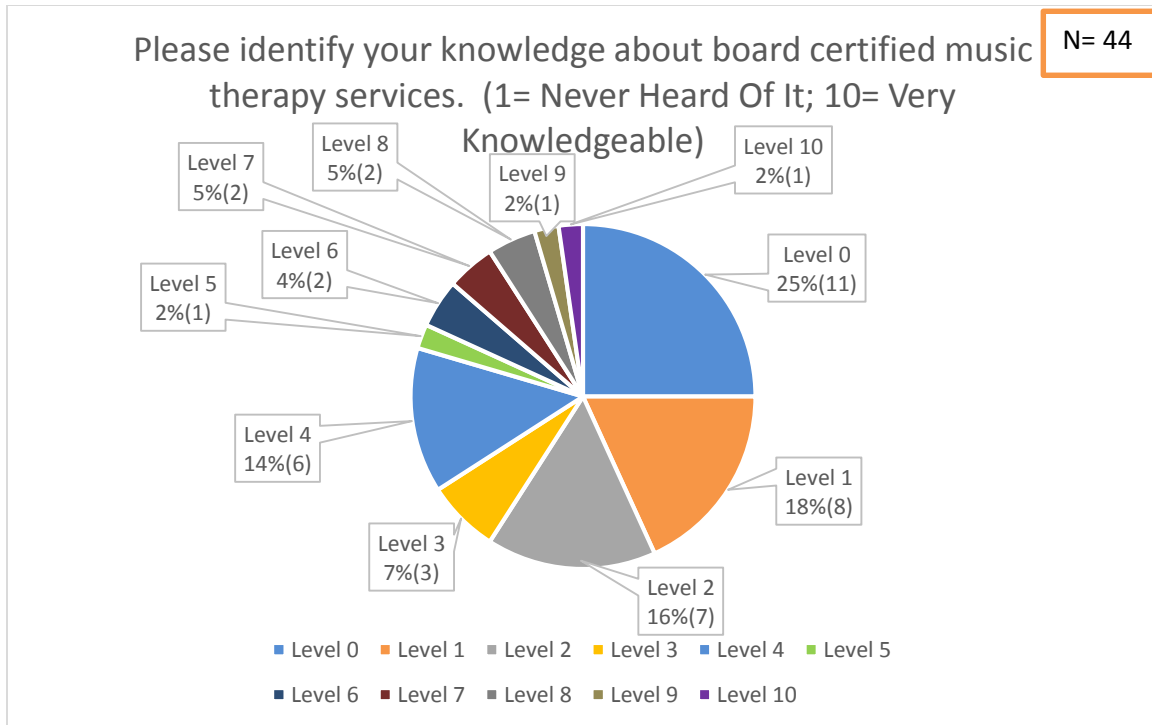


Figure 15: Participant Knowledge About Board-Certified Music Therapy Services.

Eleven participants selected Level 0 as an option choice to identify their knowledge about board certified music therapy services. Most of the participants had low levels of knowledge about board certified music therapy services. The mean participant response for knowledge about board certified music therapy services was 2.75.

The mean participant level of interest in learning about or trying a music therapy session to increase socialization was 5.80 (Figure 16). The top three levels of interest were Level 10, Level 8, and Level 5. No participants chose to identify with Level 3 to describe their level of interest towards learning about or trying a music therapy session to increase socialization.

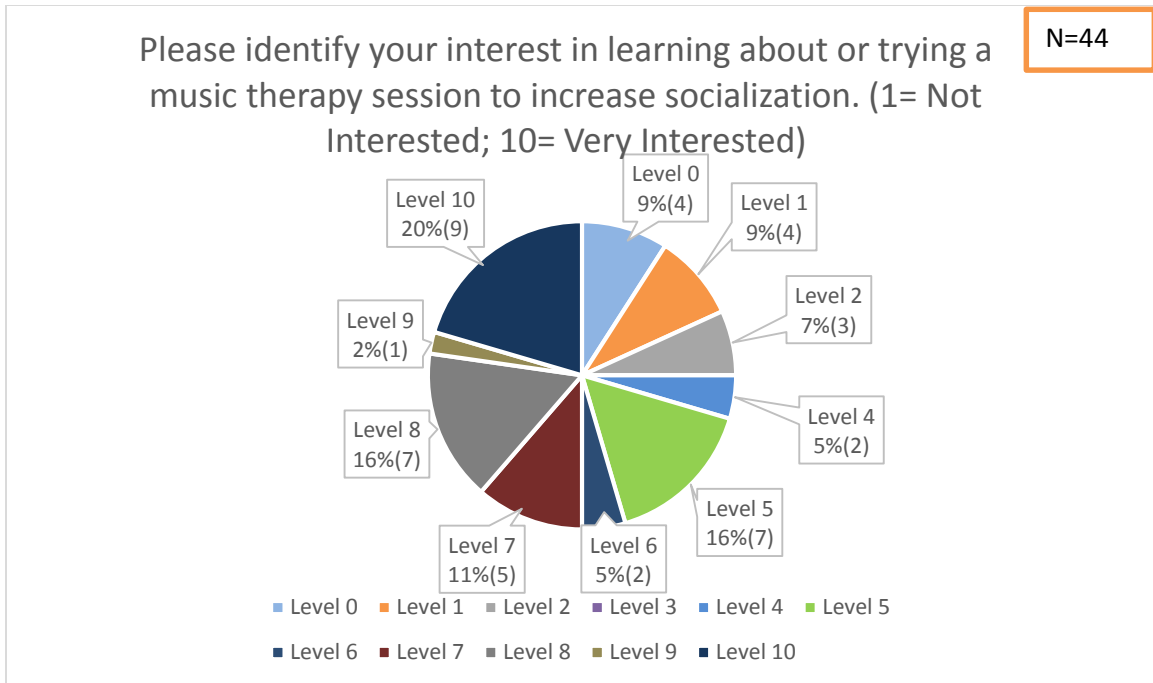


Figure 16: Participant Levels of Interest in Learning About or Trying a Music Therapy Session to Increase **Socialization**

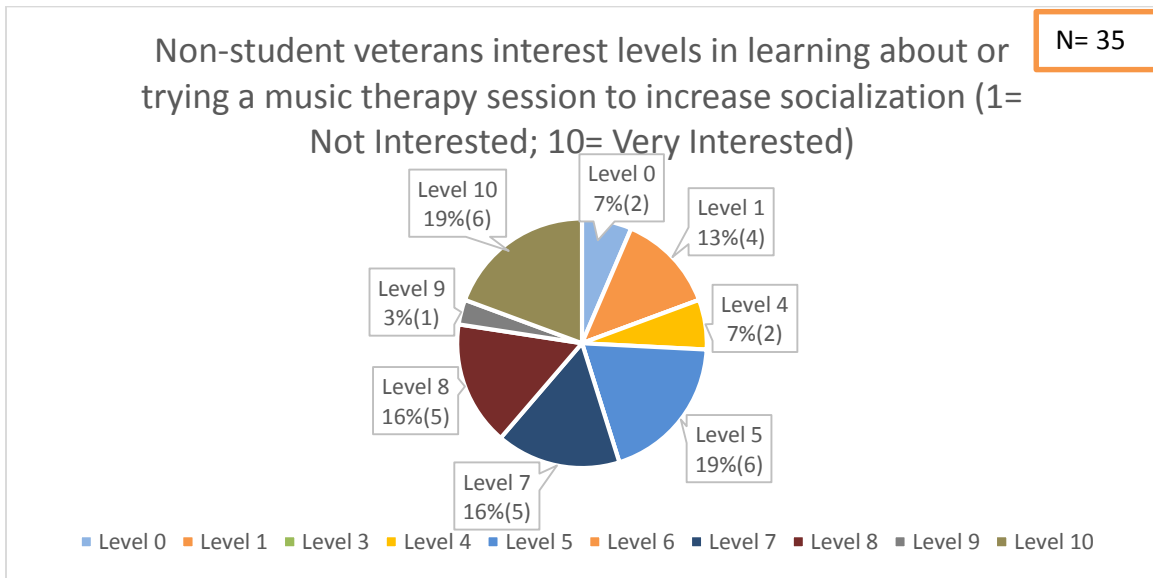


Figure 17: **Non-Student Veterans** Interest Levels in Learning About or Trying a Music Therapy Session to Increase **Socialization**

The mean participant level of interest in learning about or trying a music therapy session to increase socialization among non-student veterans was 5.77. No participants chose to identify with Level 3 or Level 6 to describe their level of interest towards learning about or trying a music therapy session to increase socialization. Among non-student veterans, the mean participant level of interest for socialization was 0.03 higher than the mean participant level of interest for coping skills.

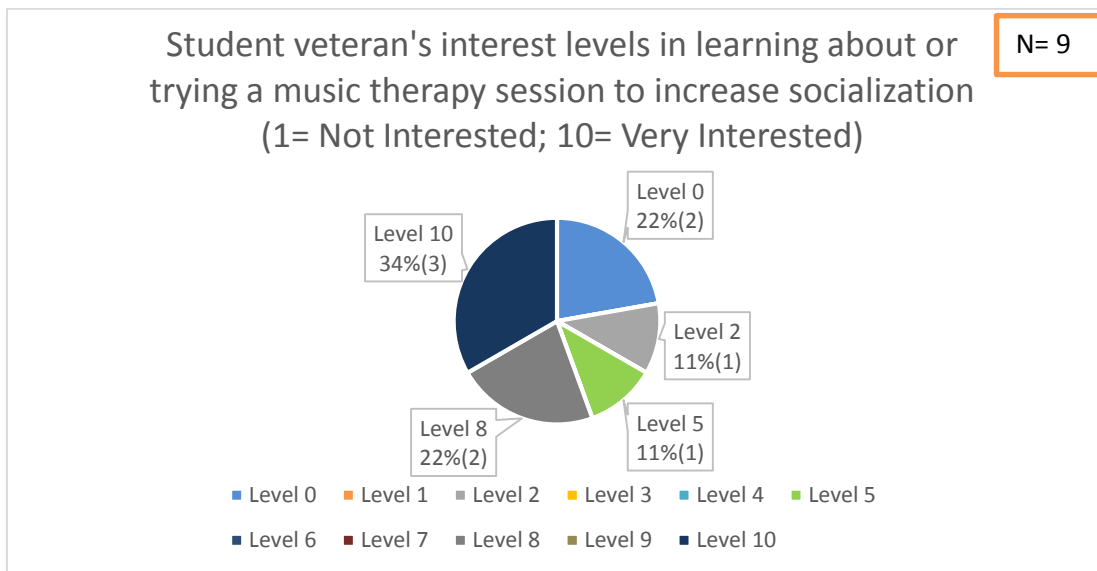


Figure 18: **Student Veterans** Interest Levels in Learning About or Trying a Music Therapy Session to Increase **Socialization**

The mean participant level of interest in learning about or trying a music therapy session to increase socialization among student veterans was 5.89. No participants chose to identify with Level 1, Level 3, Level 4, Level 6, Level 7, or Level 9 to describe their level of interest towards learning about or trying a music therapy session to increase socialization. Among student veterans, socialization received the lowest mean participant level of interest compared to relaxation and coping skills.

The mean participant level of interest in learning about or trying a music therapy session to increase relaxation was 6.89 (Figure 19). The top three levels of interest were Level 10, Level 5 and Level 9. No participants chose to identify with Levels 2 and 3 to describe their levels of interest towards learning about or trying a music therapy session to increase socialization.

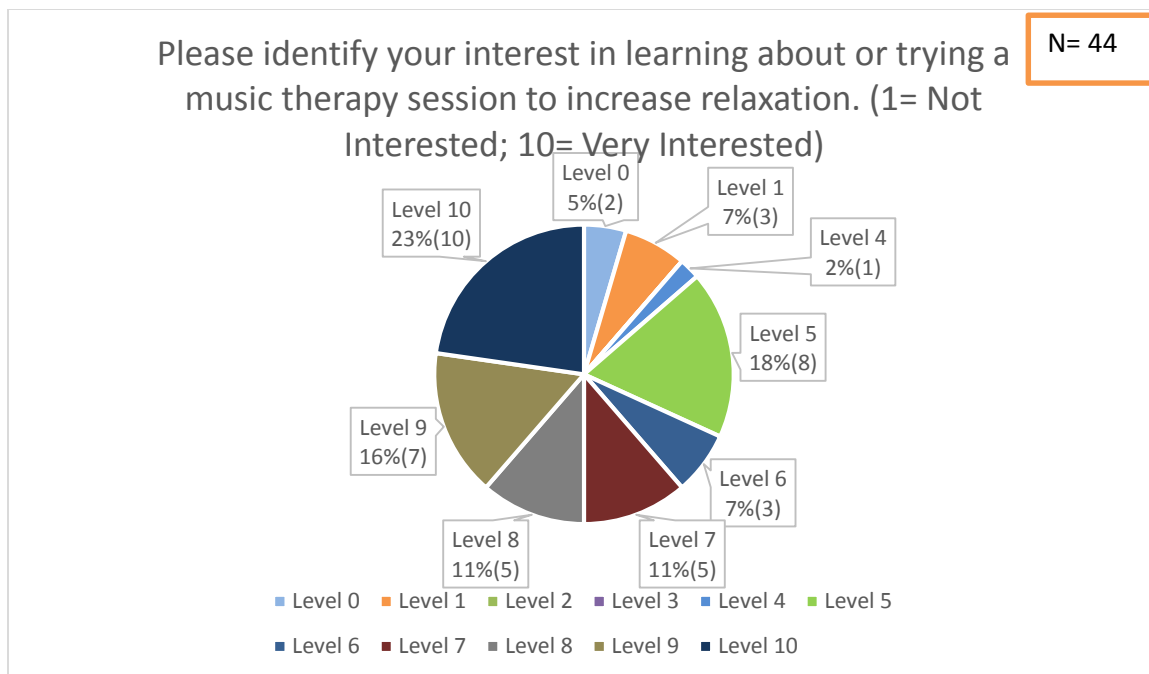


Figure 19: Participant Levels of Interest in Learning About or Trying a Music Therapy Session to Increase **Relaxation**.

The mean participant level of interest in learning about or trying a music therapy session to increase relaxation among non-student veterans was 7.09 (Figure 20). The top two levels of interest were Level 10 and Level 5. Level 9, Level 8, and Level 7 were the third most common level of interest. No participants chose to identify with Level 0, Level 2, and Level 3 to describe their levels of interest towards learning about or trying a music therapy session to increase socialization. Among non-student veterans, the mean participant level of interest for relaxation was the highest compared to socialization and coping skills.

The mean participant level of interest in learning about or trying a music therapy session to increase relaxation among student veterans was 6.11 (Figure 21). The top level of interest was Level 10. Level 9 and Level 0 were the second most common levels of interest. No participants chose to identify with Level 2, Level 3, Level 4, Level 5, Level 7, and Level 8 to describe their levels of interest towards learning about or trying a music therapy session to increase socialization. Among student veterans, the mean participant level of interest in relaxation had the same mean participant level of interest as relaxation.

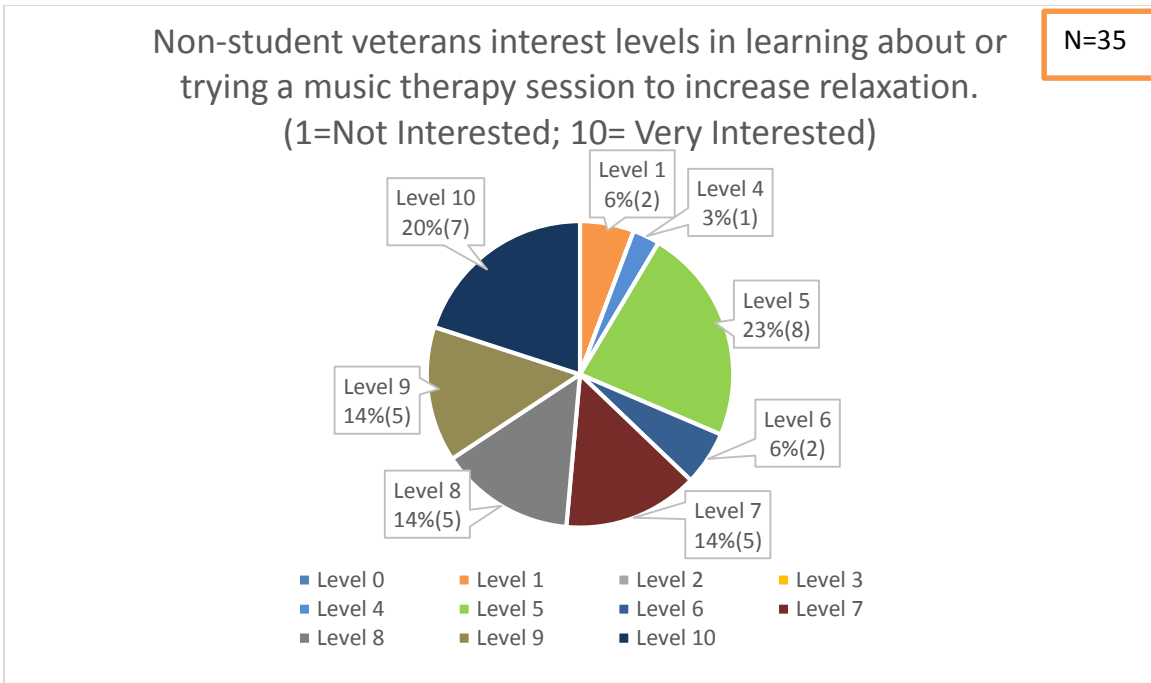


Figure 20: **Non-Student Veterans** Interest Levels in Learning About or Trying a Music Therapy Session to Increase **Relaxation**

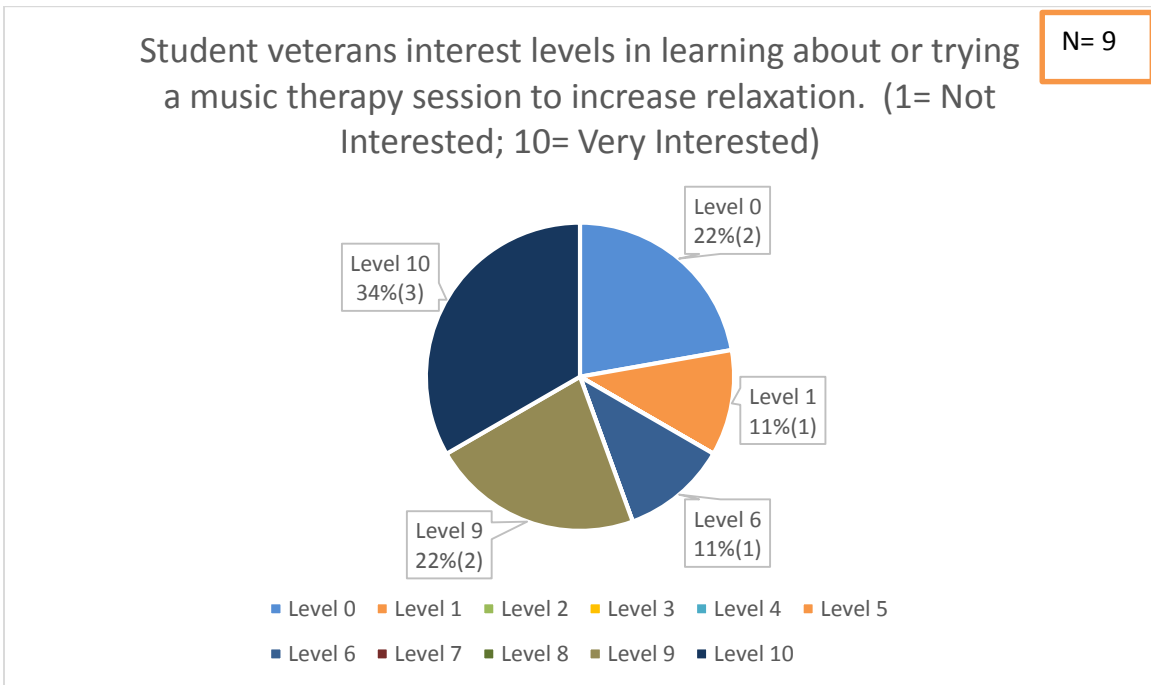
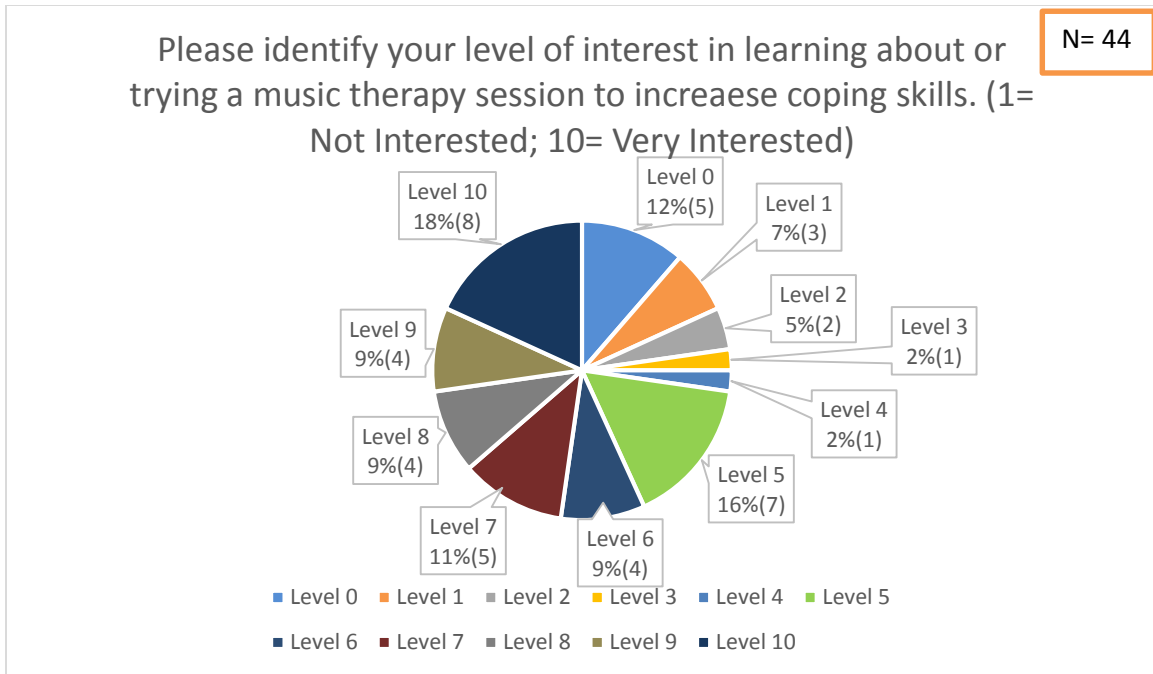


Figure 21: **Student Veterans** Interest Levels in Learning About or Trying a Music Therapy Session to Increase **Relaxation**



Question 22: All Participant Levels of Interest in Learning About or Trying a Music Therapy Session to Increase Coping Skills.

The average participant level of interest in learning about or trying a music therapy session to increase coping skills was 5.82. The top two levels of interest were Level 10 and Level 5. Level 7 and Level 0 were the third most common level of interest. All of Levels were selected to describe participant levels of interest towards learning about or trying a music therapy session to increase coping skills.

The average participant level of interest in learning about or trying a music therapy session to increase coping skills among non-student veterans was 5.74 (Figure 23). The top two levels of interest were Level 5 and Level 10. Level 7 and Level 6 were the third most common level of interest. All of Levels were selected to describe participant levels of interest towards learning about or trying a music therapy session to increase coping skills. Among non-student veterans, the mean participant level of interest for coping skills was the lowest by 0.03, compared to relaxation and socialization.

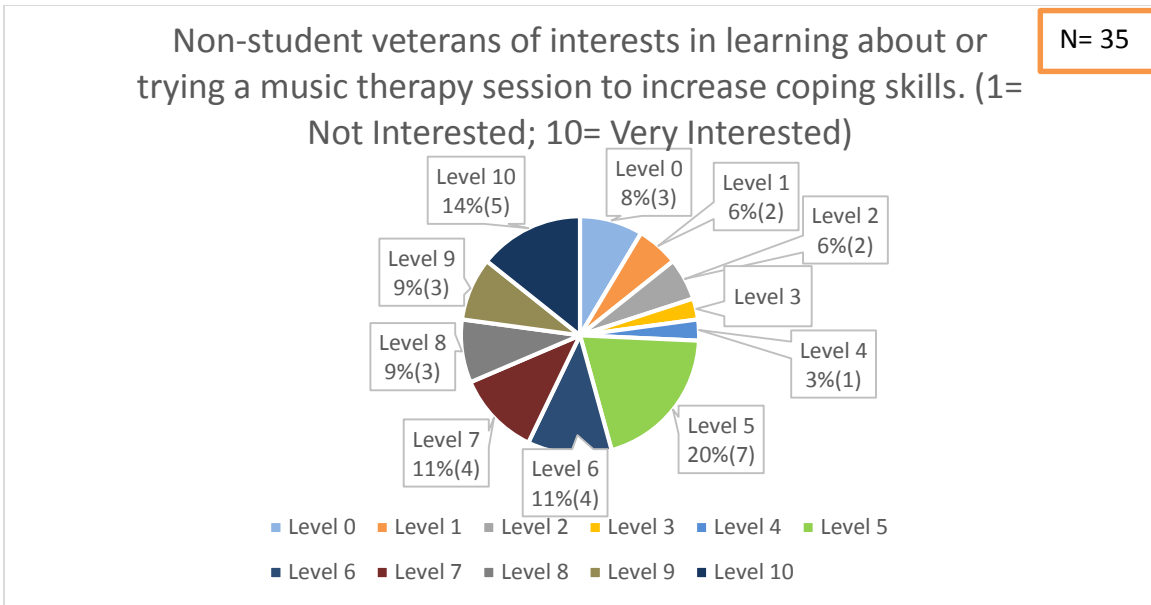


Figure 23: Non-Student Veterans Interests in Learning About or Trying Music Therapy Sessions to Increase **Coping Skills**

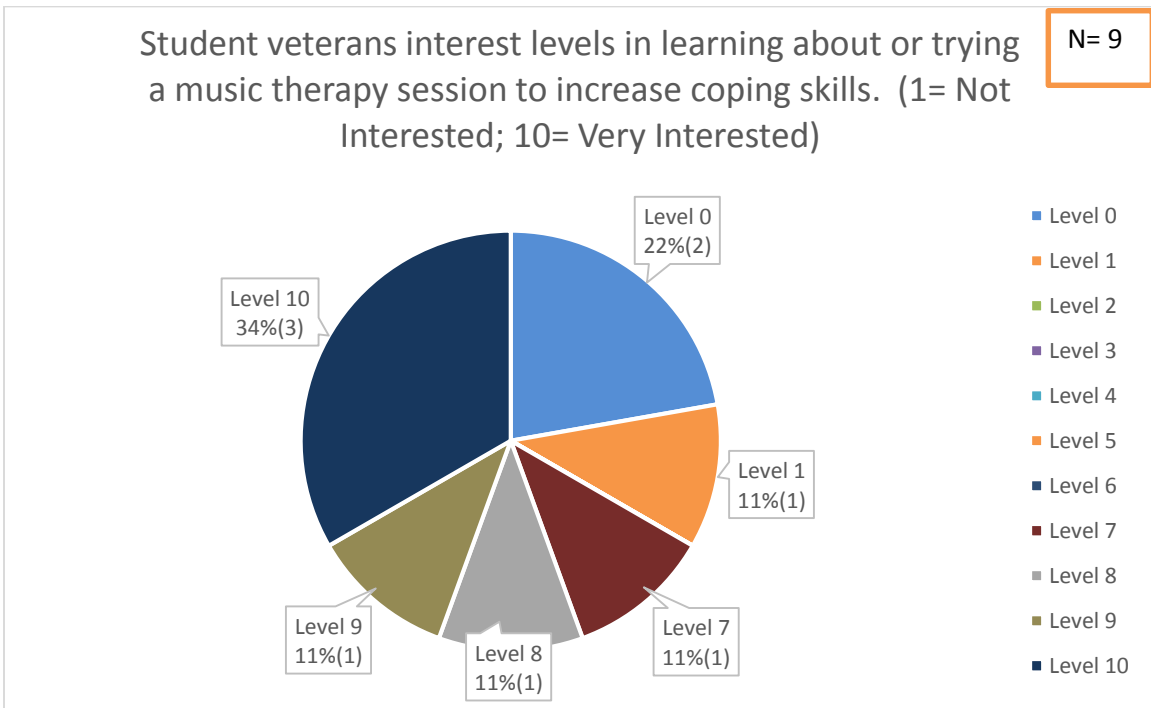


Figure 24: Student Veterans Interests in Learning About or Trying a Music Therapy Session to Increase **Coping Skills**

The mean participant level of interest in learning about or trying a music therapy session to increase coping skills among student veterans was 6.11. The top two levels of interest were Level 10 and Level 0. The following levels were not selected to describe participant levels of interest towards learning about or trying a music therapy session to increase coping skills: Level 2, level 3, level 4, level 5, level 6. Among student veterans, coping skills and relaxation received the same mean participant level of interest. The mean participant level of interest for coping skills was 0.22 higher than the mean participant level of interest for socialization for student veterans.

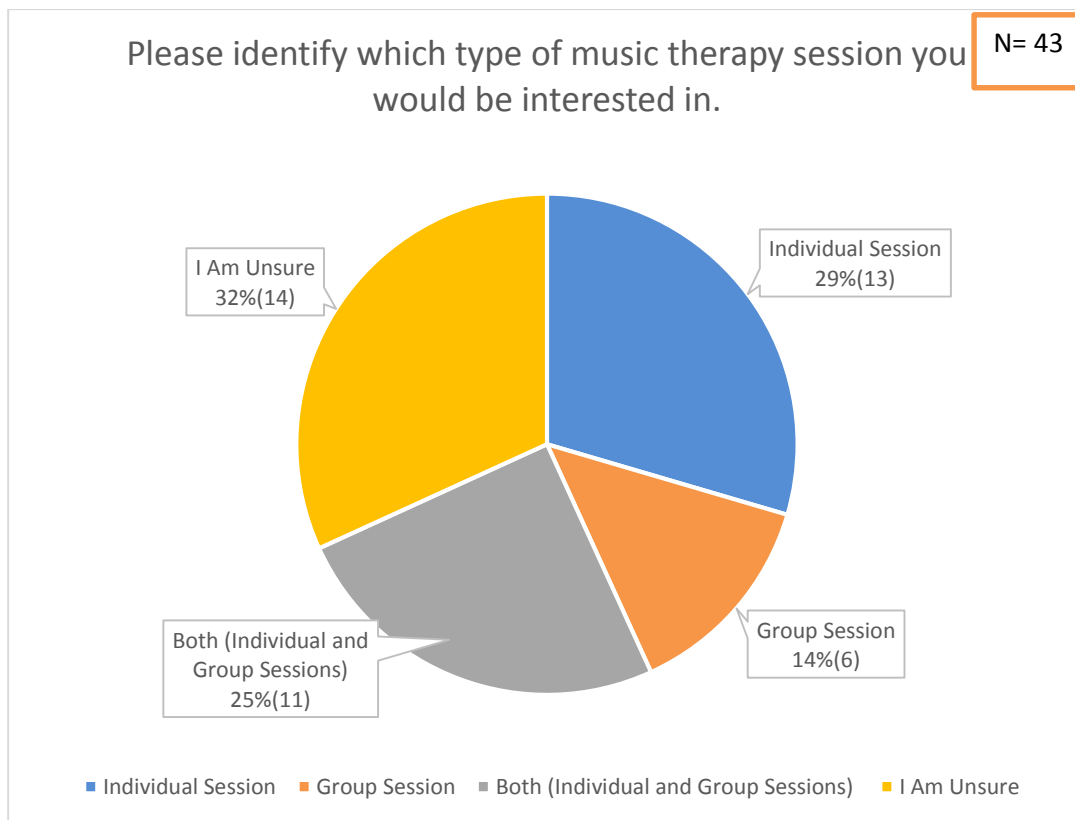


Figure 25: Types of Music Therapy Sessions Participants were Interested In

Fourteen participants identified with *Unsure* as the type of music therapy session they would have been interested in. The researcher did not provide an option for “Not Interested” or “Not Applicable.” It is possible that some of the participants chose *Unsure* due to the

participant’s limited response choices. Interestingly, *Individual Sessions* received the highest percentage of interest level towards music therapy sessions by 4%.

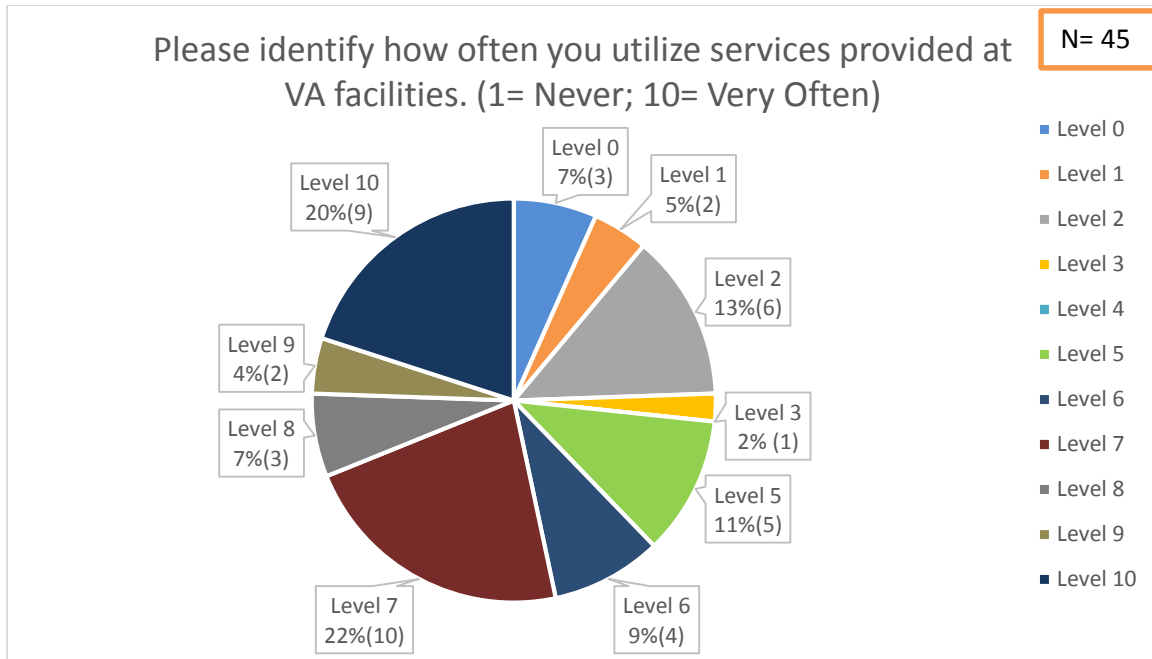


Figure 26: Utilization of VA Facility Services at VA facilities

The mean participant level for usage of services provided at VA facilities was 5.96. Level 7 received the highest level selected by participants to identify their usage of services provided at VA facilities. No participants chose to identify with Level 4.

Level 5 received the highest level of likelihood from the participants (Figure 27). Participants used all Levels to identify their likelihood to participate in creative arts or recreation therapies at their local VA facility. Level 0 and Level 7 both received the second highest levels of likelihood from the participants. The mean participant level of likelihood for participation in creative arts or recreation therapies at the local VA facility was 4.96. The mean participant level of utilization for services at VA facilities was 1.00 higher than the mean participant level of likelihood for participants to participate in creative arts or recreation therapies at their local VA facility.

Level 6 received the most participant responses (Figure 28). No participants identified with Levels 2, 3, 4, 5, 9, or 10. The mean participant level of interest for this question was 4.67.

Only participants who identified themselves as current student veterans were asked to provide an answer for this question. The mean participant level of likelihood a veteran would utilize creative arts or recreation therapies (4.96) at his/her local VA facility was higher than the likelihood for student veterans to participate in music therapy sessions if they were provided at their local university or college (4.67). However, only 9 student veterans participated in this survey and further research with student veterans on their interests in music therapy services need to be done before any further conclusions can be made.

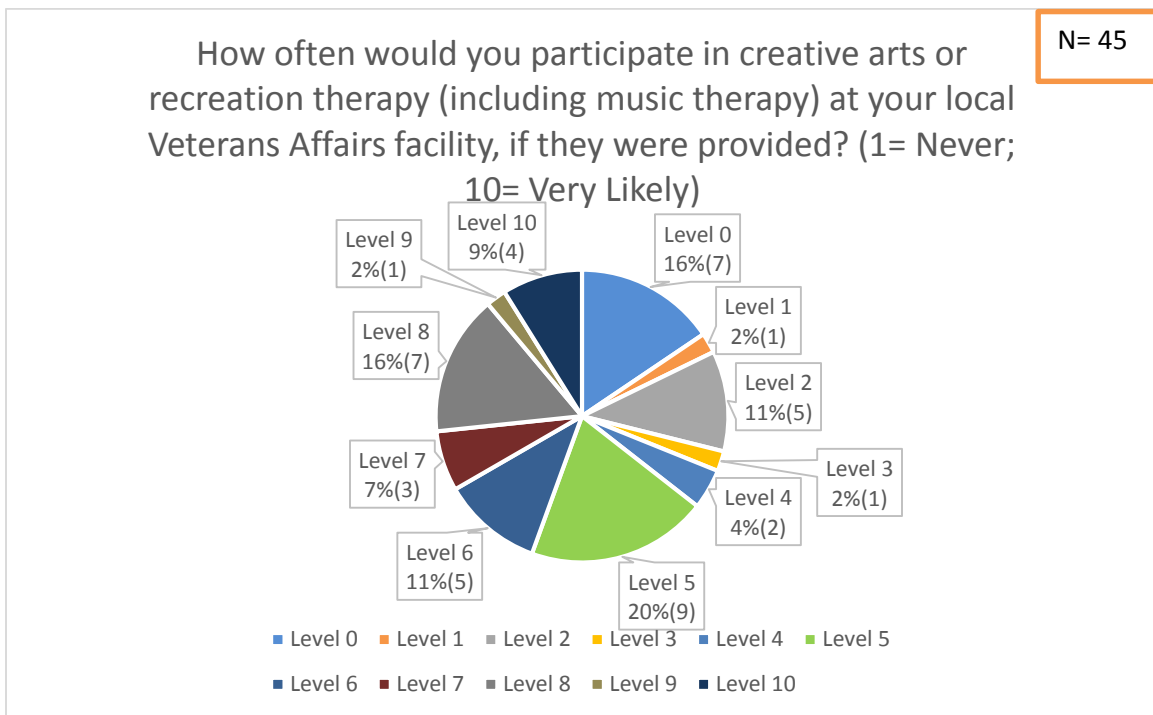


Figure 27: Participant Levels of Likelihood They Would Participate in a Creative Arts or Recreation Therapies at Their Local VA Facility if it Were Provided.

Level 5 received the highest level of interest (Figure 29). All Levels were used by participants to identify their likelihood to participate in music therapy sessions. The mean score of participants to participate in music therapy sessions organized at their local veteran group or organization was 5.60. Participants were slightly more likely to participate in music therapy sessions if they were organized at their local veteran groups or organizations (mean score= 5.60)

versus participating in creative arts or recreation therapy, including music therapy, at their local VA facility if they were provided (mean= 4.96).

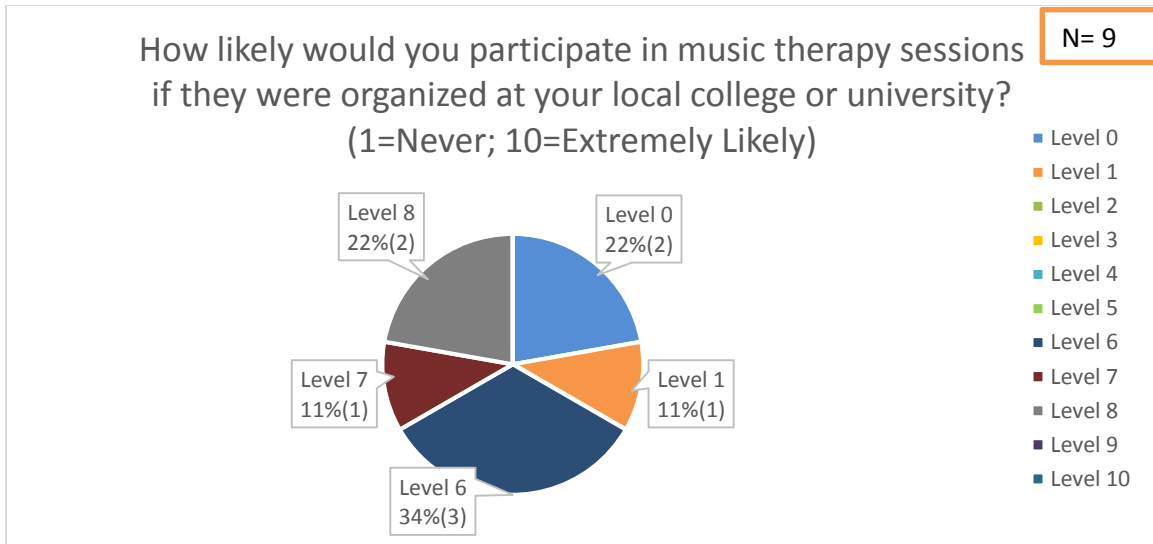


Figure 28: The Student Veteran Participants Likelihood of Participation in Music Therapy Sessions if They Were Provided at Their Local College or University.

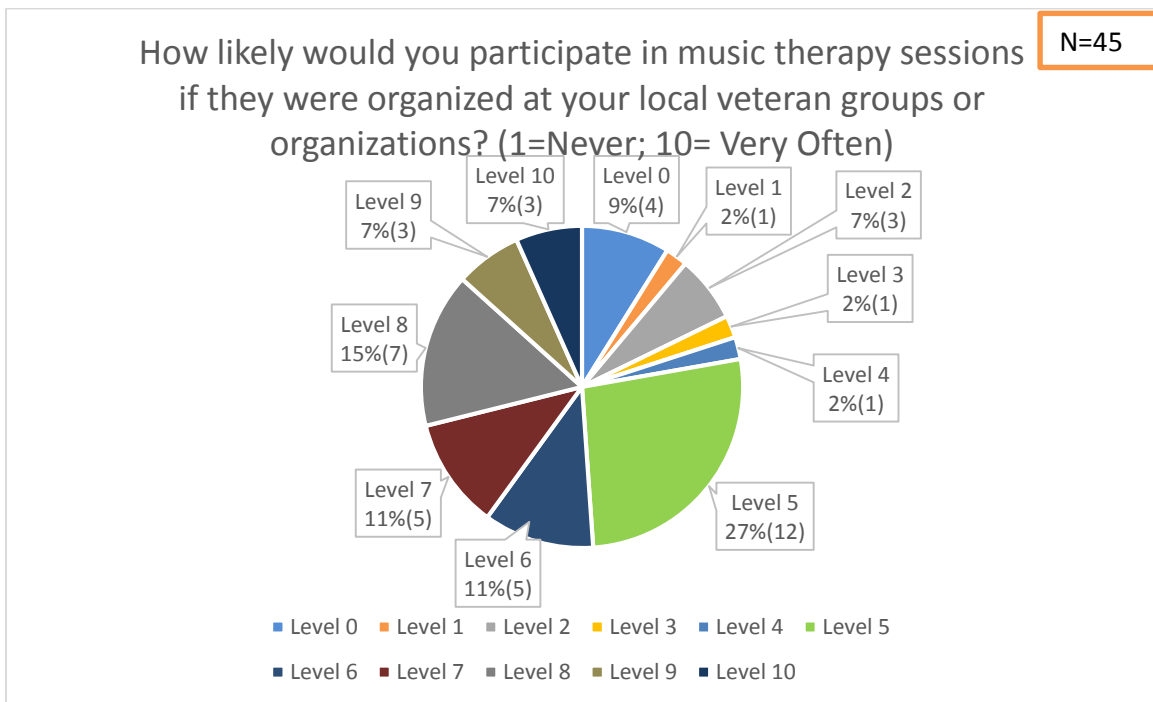


Figure 29: The Participants Likelihood to Participate in Music Therapy Sessions if They Were Organized at Their Local Veterans Groups or Organizations.

Results of Research Questions

The purpose of this research was to attempt to understand the perspectives of local U.S. military veterans in the Tallahassee areas on their use of music and interests music therapy services. Below are the responses to the research questions.

- 1) *Are local veterans more likely to participate in recreational and creative arts therapies (including music therapy) at Veterans Affairs facilities or at local veteran groups and organizations?*

The mean response score (45 participants) for participants likelihood to participate in creative arts or recreation therapies, including music therapy, was 4.96. The mean response score (44 participants) for participants' likelihood to participate in music therapy sessions at their local veterans groups and organizations was 5.60. Based on this sample population, local veterans in Tallahassee were slightly more likely to participate in music therapy group organized at their local veteran group or organization. The researcher chose the wording of "recreational and creative arts therapies, including music therapy, at your local VA facility" because practicing board-certified music therapists employed at VA facilities are within the creative arts or recreation therapies.

- 2) *Have local veterans ever used music to help themselves with positive or negative experiences related to their military service time?*

Twenty-nine participants, or 65%, identified that they had personally used music to help with some of their positive or negative experiences related to their military experiences. Five participants, or 11%, identified with Unsure and eleven participants, or 24%, identified with No. I chose to not ask the participants personal questions about their military experiences, but one of the participant's free response stated, "PTSD play leisure/easy listening." More than half of the participants of this study used music as a form of expression or an outlet to cope with positive or negative experiences related to his/her military service. Furthermore, 36 of the participants, or 80%, identified having a Level 8, or higher, for his/her enjoyment level in music.

- 3) *Are local veterans more interested in learning about or participating in music therapy sessions to increase socialization, relaxation, or coping skills?*

There were 44 participant responses for each question regarding interest levels in learning about or participating in music therapy sessions to increase socialization, relaxation, or coping skills. The mean score for socialization was 5.80, the mean score for relaxation was 6.89, and

the mean score for coping skills was 5.82. The entire sample population identified a higher interest in learning about or trying a music therapy session to increase relaxation.

For non-student veterans, relaxation received the highest mean participant level of interest score (7.09). For student veterans, both relaxation and coping skills received the highest mean participant levels of interest score (6.11).

4) *How likely will local student veterans participate in music therapy sessions if they were organized at their local college or university?*

There were 9 total student veterans who participated in this research study. The mean score for those 9 participants' likelihood to participate in a music therapy session organized at their local college or university was 4.67. Further research with local student veterans will need to be done for further conclusions about their interests in music therapy services provided at their local college or university.

CHAPTER 5

DISCUSSION

Results Summary

Data were analyzed for 45 participants, 36 non-student veterans and 9 student veterans. Ninety-six percent of the participants were male. The age range of participants was 27-78 years and the mean age of all of the participants was 56.8 years. Most of the participants were in their 60s and were Vietnam-era veterans. The majority of participants reported higher levels of enjoyment in music. Only 1 participant reported strongly disliking music. More than half of the participants did not have a musical background. However, 21 participants reported playing instruments and the three most common instruments were percussion, guitar, and piano.

One hundred percent of participants reported encountering music daily. Participants reported listening to music the most while driving, followed by listening to music while doing chores, and then listening to music while walking or exercising. The top three genre preferences for the 45 participants living in the southeastern region were the following: classic rock, country, blues. Sixty-five percent of participants (29) reported using music to help with any positive or negative experiences related to his/her military service! The two most commonly used CAM therapies were massage therapy and meditation. Chiropractic/Osteopathic Medicine and Nutrition/Diet were the third most commonly used CAM therapies.

Eighty percent of participants tended to have lower levels of knowledge about board-certified music therapy services. Some of the participants' reported lower levels of knowledge about board-certified music therapy services may have had an influence on their responses/interest levels for learning about or trying a music therapy session. Overall, 44 of the participants reported the highest mean interest score for relaxation (6.89), followed by coping skills (5.82), and then socialization (5.80). Non-student veterans reported the highest interest mean score for learning more about or trying a music therapy session to increase relaxation (7.09), followed by socialization (5.77), and then coping skills (5.74). Student veterans reported the same highest interest mean scores for learning about or trying music therapy session to increase relaxation (6.11) and coping skills (6.11), followed socialization (5.89).

Twenty-nine percent of participants had interest in trying an individual session and twenty-five percent had interest in both individual and group music therapy sessions. Fourteen percent of participants had interest in group music therapy sessions. The mean score for the participants' usage of services provided at VA facilities was 5.96. It is possible that some of the veterans seek services provided by civilian healthcare providers or do not seek healthcare services. If veterans across the country have similar usage rates for services provided at VA facilities, then board-certified music therapists wanting to work specifically with veterans could still reach veterans through private sectors or private practices. Overall, veterans tended to be more likely to participate in music therapy sessions if they participated at their local veteran groups or organizations (5.60) versus participating in creative arts or recreation therapies, including music therapy, provided at their local VA facility if they were provided (4.96).

Limitations

This research study consisted of 45 participants who identified themselves as local veterans in/near the Tallahassee areas. The online Qualtrics survey link was an open access hyperlink. The researcher chose to do this to gain more access to potential participants that the researcher may not have met in person or if the participant preferred to participate online in a more private setting. Due to the open access of the hyperlink, it is possible that some of the participants did not live in/near the Tallahassee areas. Furthermore, a couple of the participants stated that they had issues reaching the online survey through the provided Qualtrics link. It was brought to my attention that some of the older participants may not be as "tech savvy" and the researcher would have to bear with them, which was not an issue. It is possible that the researcher could have been able to gain more responses by distributing paper surveys in person with a stamped return envelope due to the wide age range of local veterans in/near Tallahassee.

Conclusion

There are 18,500 veterans who reside in Tallahassee, Florida (Leon County Operation Thank You, 2015). Further research on the perspectives of local veteran's interests and/or treatment goals for music therapy with a larger sample size could be more representative of the entire local veteran population in Tallahassee. During the data collection process, the researcher had to briefly introduce herself, briefly introduce and explain the credentialed profession of music therapy, and discuss the purpose of my research. The researcher was fortunate enough to meet many local veterans face to face. Some of the veterans she spoke to had never heard about

music therapy before and were not aware that such services were provided at certain VA facility locations. The researcher was able to raise awareness for music therapy throughout her research.

One of the veterans the researcher spoke with stated, “A lot of the more recent veterans from Iraq and Afghanistan are coming home with PTSD. I can see how music therapy could help with that. I needed help when I came back.” Another veteran the researcher spoke with stated that he volunteered and visited with some of the veterans in hospice care. He stated that music therapy was great and that he could see a difference with some of the patients whenever a music therapist was not present. A lot of the different veteran groups who worked with the researcher wanted to participate in hopes of helping provide additional services for other veterans, but especially future veterans.

Participants were not reached through any of the VA affiliated groups or organizations. It is very important to note that prior to this thesis topic, the researcher attempted to do thesis research with board-certified music therapists employed at VA facilities across the United States. The researcher’s goal was to better understand the current status of board-certified music therapists employed at VA facilities: were you hired for a music therapy position or a creative arts/recreation therapy position, does your position require you to have other non-music therapy obligations, what are some of the common topics/interventions you lead, do you tend to do more group or individualized sessions, do you work more with short-term or long-term patients, etc. The researcher received some positive feedback about the need for my research from the board certified music therapists employed at VA facilities. However, it was brought to the researcher’s attention that as VA employees, the board-certified music therapists could not answer any research questions about their employment. Furthermore, a national VA director told the researcher that she would have been required to apply for an Institutional Review Board (IRB) for each VA facility across the country that employed a board-certified music therapist. The national VA director also told the researcher that it would not be possible to do her research because the VA’s IRB process was very extensive and the researcher’s IRB application may not even get approved. Therefore, research on the current status of board certified music therapists employed at VA facilities will need to be done by AMTA or board-certified music therapists, who are not a students with as many restrictions. The researcher believes that the research on the current status of board-certified music therapists employed at VA facilities will help board

certified music therapists and music therapy students better understand what to expect when working with veterans at VA facilities and provide more accurate expectancies.

Some of our service members are coming back home with physical and invisible wounds or injuries. Every VA facility needs an employed board-certified music therapist. It is evident that music has the potential to have a large impact on our veterans' lives, as evidenced by the previously stated research. A board-certified music therapist is able to achieve or help achieve the client's goals and objectives from a non-threatening intervention. There is published research on music therapy interventions with civilian clients suffering from similar physical and invisible wounds or injuries that our military service members are coming home with. More published research is needed for music therapy with military and/or veteran populations. Our country would not be where it is today without having our courageous and selfless military service members. It is our duty to provide the best services possible for our military service members and veterans.

APPENDIX A

HUMAN SUBJECTS APPROVAL FROM FLORIDA STATE UNIVERSITY



Office of the Vice President for Research
Human Subjects Committee
Tallahassee, Florida 32306-2742
(850) 644-8673 · FAX (850) 644-4392

APPROVAL MEMORANDUM

Date: 01/19/2016

To: Kathleen Shing

Address:

Dept.: MUSIC SCHOOL

From: Thomas L. Jacobson, Chair

Re: Use of Human Subjects in Research
Music And Music Therapy: Exploring The Perspectives Of Local U.S. Military Veterans

The application that you submitted to this office in regard to the use of human subjects in the proposal referenced above have been reviewed by the Secretary, the Chair, and two members of the Human Subjects Committee. Your project is determined to be Expedited per 45 CFR § 46.110(7) and has been approved by an expedited review process.

The Human Subjects Committee has not evaluated your proposal for scientific merit, except to weigh the risk to the human participants and the aspects of the proposal related to potential risk and benefit. This approval does not replace any departmental or other approvals, which may be required.

If you submitted a proposed consent form with your application, the approved stamped consent form is attached to this approval notice. Only the stamped version of the consent form may be used in recruiting research subjects.

If the project has not been completed by 01/17/2017 you must request a renewal of approval for continuation of the project. As a courtesy, a renewal notice will be sent to you prior to your expiration date; however, it is your responsibility as the Principal Investigator to timely request renewal of your approval from the Committee.

You are advised that any change in protocol for this project must be reviewed and approved by the Committee prior to implementation of the proposed change in the protocol. A protocol change/amendment form is required to be submitted for approval by the Committee. In addition, federal regulations require that the Principal Investigator promptly report, in writing any unanticipated problems or adverse events involving risks to research subjects or others.

By copy of this memorandum, the chairman of your department and/or your major professor is reminded that he/she is responsible for being informed concerning research projects involving human subjects in the department, and should review protocols as often as needed to insure that the project is being conducted in compliance with our institution and with DHHS regulations.

This institution has an Assurance on file with the Office for Human Research Protection. The Assurance Number is IRB00000446.

Cc: Jayne Standley, Advisor
HSC No. 2015.1/250

APPENDIX B

PARTICIPANT CONSENT FORM

My name is Kathleen Shing, and I am a master's student from the College of Music at Florida State University. You are invited to participate in a thesis research survey regarding, Music and music therapy: Exploring the perspectives of local U.S. military veterans. Please read this consent form in its entirety before deciding whether you want to take part in this study.

The survey: The purpose of this study is to determine the perspectives of local U.S. military veterans about their use of music and interest in music therapy services. The questionnaire survey contains 21 brief questions on the following: background, music preference, use of music, one question about complimentary and alternative medicine, one brief question about Veterans Affairs services, and interest in music therapy services. The survey will take about 7-10 minutes to complete.

Risks and benefits: There are no known risks if you take part in this study. The benefits are that current and future music therapists will better understand how we can better serve veterans and their families with music.

Compensation: There is no compensation for this study.

Confidentiality: Your contact information will not be associated with your results and all contact information will be deleted upon completion of the experiment. The records of this study will be kept confidential, to the extent permitted by law. No identifiable information will be collected. All data collected in this study will be anonymous, and participants will not be identifiable in any future reporting of results. Research data will be kept in a locked cabinet and a secured office.

Voluntary Participation: Your participation in this study is completely voluntary. Your decision whether or not to take part will not have any negative consequences. If you decide to take part, you are free to stop at any time. You may skip any session that you do not feel comfortable completing. You are also free to withdraw at any time without affecting your relationship with Florida State University. **The researcher for this study is Kathleen Shing who is overseen by Dr. Jayne Standley, the faculty advisor for this study. You may reach Jayne Standley at [REDACTED] or [REDACTED]. You may reach Kathleen Shing at [REDACTED] or [REDACTED].** Please feel free to ask any questions you have now, or

at any point in the future. If you have any questions or concerns about your rights as a research subject, you may contact the FSU Institutional Review Board (IRB) at (850) 644-8633 or you may access their website at <http://www.fsu.research.edu>. You will be given a copy of this consent form for your records.

By going forward with this survey, you are providing your consent to participate.

APPENDIX C

PARTICIPANT INVITATION LETTER

Hello!

My name is Kathleen Shing and I am a graduate music therapy student at Florida State University. I am also a granddaughter of a WWII veteran and a daughter of a Vietnam veteran. I have a huge respect for those who have served and are currently serving our country. My ultimate goal is to be able to help veterans and their families through music and music therapy. I am inviting you to participate in my thesis research on veterans use of music and their interest in music therapy services. The brief anonymous 21 question survey will take about 7-10 minutes to complete. The attached participant consent form contains further information on the research study and it can be kept for your personal records. The participant consent form will also be provided after clicking on the following provided hyperlink to the survey. Please read the participant consent form in its entirety. Your participation is voluntary. You may skip any question(s) that you do not feel comfortable answering. There are no risks or direct benefits for your participation. Below is a hyperlink to the research study. Please let me know if you have any additional questions or concerns.

Please complete the research survey by [REDACTED]

Please hold down the "Ctrl" key and then click on the following hyperlink or copy/paste the following hyperlink in a separate Tab to direct you to the FSU Qualtrics research survey:

[REDACTED]

Thank you so much for your time and service,

Kathleen Shing
[REDACTED]

APPENDIX D

PARTICIPANT QUESTIONNAIRE

Music and music therapy: Exploring the perspectives of local U.S. military veterans

Thank you for your interest in this thesis research survey regarding the perspectives of local U.S. military veterans about their use of music and interest in music therapy services. Your participation will help current and future music therapists understand how we can better serve veterans and their families.

By answering any of the following questions in this survey, you are accepting to participate in this study and you have read the participant consent form in its entirety.

This survey is voluntary and you are free to skip any question(s) if you do not feel comfortable completing it. The survey will take about 7-10 minutes to complete. Please answer this survey to the best of your knowledge.

1) What is your gender?

- A) Male
- B) Female
- C) Prefer Not To Answer

2) How old are you? _____

3) Are you a veteran of the United States Armed Forces?

- A) No
- B) Yes

4) Which years did you serve in the military? _____

5) Please identify your level of enjoyment in music? (1= I Hate Music; 10= I Love Music)

I Hate Music

0 1 2 3 4 5 6 7 8 9 10

I Love Music

6) Do you consider yourself to have a musical background?

- A) No
- B) Yes

7) Do you play an instrument(s)? If yes, please specify.

- A) No
- B) Yes: _____

8) How often do you encounter music on a daily basis? (1= Rarely; 10= All The Time)

Rarely All The Time
0 1 2 3 4 5 6 7 8 9 10

9) Please identify how you encounter music on a daily basis?

(More than one can be identified)

- I Avoid Music
- Background Music While Doing Chores
- Background Music While Driving
- Background Music While Shopping
- Background Music While Socializing
- Background Music While Reading Or Studying
- Leisurely While Walking Or Exercising
- Leisurely While Playing An Instrument
- Other: _____

10) Please identify your top THREE musical genre preferences.

- Alternative
- Anime
- Asian Pop
- Blues
- Classic Rock
- Classical
- Country
- Electronic Dance Music (EDM)
- Gospel
- Hip Hop
- Indie Pop
- Jazz
- Latin Music
- Latin Music
- Pop
- R&B

European Music

Reggae

Folk

Rock

Other: _____

11) Have you personally ever used music to help with any positive or negative experiences related to your military service time?

A) Unknown

B) No

C) Yes

12) Please identify if you use(d) any of the following complementary and alternative medicines.

Acupuncture

Hypnosis

Art Therapy

Meditation

Ayurveda

Massage

Biofeedback

Music Therapy

Body And Movement Therapies

Naturopathy

Chinese Or Oriental Medicine

Nutrition/Diet

Chiropractic And Osteopathic Medicine

Qigong

Dance Therapy

Reiki

Dietary Supplements

Tai Chi

Electromagnetic Therapy

Visualization & Guided Imagery

Herbal Medicine

Yoga

Homeopathy

Other: _____

13) Please identify your knowledge about board certified music therapy services.
(1=Never Heard Of It;10=Very Knowledgeable)

Never Heard Of It

Very Knowledgeable

0 1 2 3 4 5 6 7 8 9 10

14) Please identify your interest in learning about or trying a music therapy session to increase socialization? (1=Not Interested;10=Very Interested)

Not Interested

Very Interested

0 1 2 3 4 5 6 7 8 9 10

15) Please identify your interest in learning about or trying a music therapy session to increase relaxation. (1=Not Interested;10=Very Interested)

Not Interested

Very Interested

0 1 2 3 4 5 6 7 8 9 10

16) Please identify your interest in learning about or trying a music therapy session to increase coping skills. (1=Not Interested;10=Very Interested)

Not Interested

Very Interested

0 1 2 3 4 5 6 7 8 9 10

17) Please identify which type of music therapy session you would be interested in.

Individual Sessions

Both (Individual and Group)

Group Sessions

I Am Unsure

18) Please identify how often you utilize services provided at VA facilities.

(1=Never;10=Very Often)

Never

Very Often

0 1 2 3 4 5 6 7 8 9 10

19) How likely would you participate in creative arts or recreation therapies (including music therapy) at your local Veterans Affairs facility, if they were provided?

(1=Not Likely;10=Extremely Likely)

Not Likely

Extremely Likely

0 1 2 3 4 5 6 7 8 9 10

20) PART 1: Are you currently a student veteran at a local college or university?

A) No

B) Yes

(If **YES** was selected in **PART 1**, please answer **PART 2**)

PART 2: How likely would you participate in music therapy sessions if they were organized at your local college or university? (1=Never; 10=Extremely Likely)

Never

Extremely

Likely

0 1 2 3 4 5 6 7 8 9 10

21) How likely would you participate in music therapy sessions if they were organized at your local veteran groups, or organizations?

(1=Never;10=Very Often)

Never

Very Often

0 1 2 3 4 5 6 7 8 9 10

You have completed the survey! Your responses are greatly appreciated. If you have any further questions or concerns, you may refer back to your participant

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BIOGRAPHICAL SKETCH

Name: Kathleen Shing

Education: University of Florida
Gainesville, Florida
Bachelor of Music
Degree awarded May 2012

Florida State University
Tallahassee, Florida
Master of Music in Music Therapy
Degree awarded May 2016

Experience: Music Therapy Internship, Tallahassee Memorial Hospital Behavioral
Health Center
Tallahassee, Florida
January 2014 – July 2014