Kelli/Hannah

Level of Achievement	Abstract (5 points)	Review of Lit. (10 points)	Method (10 points)	Results (15 points)	Discussion (15 points)	References (5 points)	APA Style (10 points)	Scholarly Writing Style (15 points)
Exemplary	Clearly presents topic and summarizes other sections. Length is no longer than 200 words. 5 points	Clearly presents research-based topic and question(s). Includes a minimum of 11 relevant, citations that contribute in some way to the study. 10 points	Describes all methods and materials with clarity and in detail, such that study is easily understood and could be replicated by others. 10 points	Results are presented in a clear and concise manner with no conclusions, personal references or information. 14-15 points	Demonstrates clear conceptual understanding through synthesis of previous sections. Provides multiple, relevant conclusions. 14-15 points	All required information is present in each citation. Minimum of 11 citations in both text and reference section of paper. 5 points	APA format is adhered to throughout the work. 10 points	Clear organization, Smooth transitions, Consistent tense, Third person writing, correct grammar and spelling throughout 14-15 points
Quality	Presents research topic and summarizes other section but lacks clarity. Or length is far above or below 200 words 4 points	Presents research-based topic and/or question(s) but lacks clarity in one of these areas. Includes less than 11 relevant, citations that contribute in some way to the study. 8-9 points	Describes methods and materials but lacks detail and/or clarity, such that study is easily understood and could be replicated by others. 8-9 points	Results are presented in a clear and concise manner with some conclusions, personal references or information. 11-13 points	Demonstrates clear conceptual understanding through synthesis of previous sections. Provides single relevant conclusion. 11-13 points	All required information is present in most citations. Minimum of 11 citations in both text and reference section of paper. 4 points	APA format is adhered to with only minimal errors. 8-9 points	Clear organization, Smooth transitions, Correct grammar and spelling with only minimal errors. 11-13 points
Adequate	Presents research topic but lacks summary of other section(s) but lacks clarity. 3 points	Minimally presents research-based topic and/or question(s). Includes only a few citations that contribute in some way to the study. 6-7 points	Describes methods and materials but vaguely and/or not in a form that is easy to follow. 6-7 points	Results presented but not clearly and concisely. Might include information that should be placed in other sections of the paper. Inclusion of raw data. 7-10 points	Demonstrates minimal conceptual understanding of method, results and research topic. 7-10 points	All citations in text are listed. References are consistently formatted. Less than 11 citations in both text and reference section of paper. 3 points	APA format is adhered to with several errors. 6-7 points	Clear organization, Smooth transitions, Correct grammar and spelling with several errors. 7-10 points
Needs Improvement	Fails to present research topic adequately or lack summary of other sections 1-2 points	Fails to present background and research question(s). Includes only a few citations that contribute in some way to the study. 1-5 points	Describes methods and materials but vaguely and/or not in a form that is easy to follow. Major pieces of information/steps not referenced or addressed at all. 1-5 points	Results not presented in narrative format. May include information that should be placed in other sections of the paper and/or include raw data. 1-6 points	Does not demonstrate conceptual understanding of method, results and research topic. Presents poor conclusion or no conclusion at all. 1-6 points	Some text information lacks citation. Some citations in text aren't listed. Formatting is inconsistent. 1-2 points	APA format is neglected throughout with many errors. 1-5 points	Clear lack of effort in organization, transitions, correct grammar and spelling throughout most of the work 1-6 points
No Effort	Section is missing completely or has severe lack of information and/or formatting. 0 points	Section is missing completely or has severe lack of information and/or formatting. 0 points	Section is missing completely or has severe lack of information and/or formatting. 0 points	Section is missing completely or has severe lack of information and/or formatting. 0 points	Section is missing completely or has severe lack of information and/or formatting. 0 points	Section is missing completely or has severe lack of information and/or formatting. 0 points	APA format is not adhered to through most or all of the work. 0 points	No apparent attempt at organization, transitions, correct grammar and spelling in the work 0 points

Turned is previous drafts with final draft (15 points): 15

TOTAL POINTS: 78

Sorry, we forgot to put this w/our paper. The grade sheet was lost, but it was a 15/20

Kelli [redacted] & Hannah [redacted]
MEMT 366
Review of Literature
10/09/06

It has always been assumed that music has a relaxing effect. People far and wide claim that when they are stressed music helps them to calm down. The terms relaxing and stressed are basically common terms for a combination of certain physiological factors. says who?

¶ According to Hamel (2001), anxiety levels, heart rate, and arterial blood pressure in patients waiting for cardiac catheterization were decreased significantly by listening to 20 minutes of preselected music. ¶ In a similar ~~The case is the same in a~~ study, Smolen (2002) tested ~~testing~~ the effects of music therapy on self-reported and physiological signs of anxiety among patients undergoing colonoscopy. Instead of listening to music while waiting for the procedure, these patients listened during the procedure and reportedly had significantly decreased heart rate and systolic and diastolic blood pressure as compared to a control group. Wang (2002) did another study on preoperative stress and the effects of music showing the exact same results. These findings even expanded to studies with induced stress put upon subjects such as in Knight's (2001) study that gave undergraduate students a cognitive stressor task to complete and the test group was to listen to Pachelbel's Canon in D major while the control group performed in silence. ~~It was found~~ Results indicated that music prevented stress-induced increases in subjective anxiety, heart rate, and systolic blood pressure. Barnason's (1996) study showed that music interventions reduce heart rate and systolic and diastolic blood pressure in patients after coronary artery bypass grafting.

little more detail please

You can talk about each of these in their own ¶

Your language is very informal

So, all studies seem to be pointing the same direction, but the problem is that a vast majority of studies that claim music therapy's power to affect physiological factors

on any kind of subject don't seem to be actually implementing music therapy. Many people are confused about what music therapy really is. All of these studies involve patients listening to music they have chosen; almost exclusively recorded music. There is no one else in on the activity or sometimes even present. It is just the subject and the sound. The whole point of music therapy is the application of the music; not just the music itself. The problem is just that it is possible that music listening is all that is necessary to create all of these effects that are being found. It is also possible that music therapy would do even better, but it is just unknown.

so it's not MT it's music listening

A literature review or A review of current lit.

Our ~~research findings~~ yielded many studies in which claimed to employ music therapy techniques in the reduction of stress through listening to music however, few actually used true therapeutic applications to achieve the desired behavior. While the aesthetic value of mere music listening does account for minimizing levels of stress, research has found that reduction of stress is greatly increased when music listening is coupled with a variety of either verbal or physical prompts as well as the use of imagery to help assist in the relaxation process, music therapy. In a study by Thaut and Davis (1993), ~~they found that a~~ high percentage of participants combined music perception techniques (attending to the music) with physical 14- based techniques when instructed to relax while listening to music. Rob (2000) then suggests that these findings

> support the notion that the combination of music and physically-based relaxation exercises are a natural tendency. The use of music-assisted relaxation, therefore, would serve to support and improve a client's ability to cope, using strategies that are preferred, familiar, and easy to integrate into their current response schemes.

not this study

Robb (2000), Walworth (2003), and Pelletier (2004) experimented with the incorporation of music therapy as an induced treatment? in lowering levels of stress. Each of these studies explored the effectiveness of straight music listening with no verbal or physical prompts or direction vs. guided relaxation through verbal, physical, or mental imagery instruction in an environment with music as a background stimulus.

While Pelletier's (2004) results concluded the experimental conditions to have little significance in the levels of reduced anxiety/stress, Robb (2000) and Walworth (2003) both found music assisted relaxation techniques to have a strong effect on increasing relaxation. Results of these two studies found that across the board participant's levels of stress were reduced with the treatment implementation of guided relaxation. However, when guided relaxation was incorporated with music as a background stimulus, higher levels of relaxation were achieved.

There have been limited studies that have compared music listening and a given relaxation technique (Kibler &Rider, 1983; Reynolds, 1984; Scartelli, 1984; Stoudenmire, 1975). It is important to explore methods in which ultimate levels of stress relief and relaxation can occur. The purpose of this study is to compare the effects of music therapy applications for relaxation vs. music listening for relaxation.

So what does all this mean? What is the purpose of your study as related to this

Sources

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Running head: THE EFFECTS OF MUSIC THERAPY VS. LISTENING

The Effect of Music Therapy Application for Relaxation Versus Music Listening for Relaxation.

Hannah F. [redacted] and Kelli R. [redacted]

University of Kansas

Abstract

The purpose of this study was to examine the effects of listening to pre-selected music in comparison to hearing a guided imagery sequence while listening to pre-selected music. Eight undergraduate music majors were randomly assigned to either the listening group or the guided imagery group. Before and after the application participants were asked to rate their stress level on a Leikert scale and their heart rate was taken. The Leikert scale ratings were reduced in the majority of participants, regardless of group. Results show that Leikert scale ratings were more reduced in the guided imagery group than in the listening group. Heart rates were reduced overall, but with no significant differences between groups. These findings imply that while music listening alone is effective in lowering stress levels, music listening with a guided imagery sequence could potentially be even more so.

New pg. ↓

It has always been assumed that music has a relaxing effect. People far and wide claim that when they are stressed music helps them to calm down. Most studies conducted involving music's effect on stress and relaxation measure physiological factors to gauge changes in these levels.

According to Hamel (2001) anxiety levels, heart rate, and arterial blood pressure in patients waiting for cardiac catheterization were decreased significantly by listening to 20 minutes of preselected music. While being hospitalized is enough to make many

patients anxious, the prospect of cardiac catheterization increases this anxiety. This study tested the reduction of anxiety achieved by the usual treatment in comparison with allowing each patient to listen to preselected music for 20 minutes prior to their catheterization. It was found that there was a significant reduction in anxiety in the test group and in comparison to the control group.

In a similar study, Smolen (2002) tested the effects of music therapy on self-reported and physiological signs of anxiety among patients undergoing colonoscopy. Instead of listening to music while waiting for the procedure, these patients listened during the procedure and reportedly had significantly decreased heart rate and systolic and diastolic blood pressure as compared to a control group, which showed no change. Also, the group that received the music intervention did not need as much physician-administered sedation during the colonoscopy. While this study shows good results in favor of music listening, it is labeled as studying effects of music therapy—which it does not employ.

Wang (2002) did another study on preoperative stress and the effects of music showing very similar results. The participants were adult patients undergoing surgery and anesthesia. One group listened to patient-selected music for 30 minutes prior to surgery, while patients in the other group received no music. This study actually showed that

music significantly lowered the music group participants' state anxiety but no differences were observed between groups in terms of physiological outcomes.

These findings even expanded to studies with induced stress put upon subjects such as in Knight's (2001) study that gave undergraduate students a cognitive stressor task to complete and the test group was to listen to Pachelbel's Canon in D major while the control group performed in silence. Results indicated that music prevented stress-induced increases in subjective anxiety, heart rate, and systolic blood pressure.

Barnason's (1996) study showed that music interventions reduce heart rate and systolic and diastolic blood pressure in patients after coronary artery bypass grafting. However, in comparison with the non-music group, those who received music interventions did not experience any significant change in state anxiety levels.

Most studies seem to be drawing the same conclusions, but the problem is that a vast majority of studies that claim music therapy's power to affect physiological factors on any kind of subject don't seem to be actually implementing music therapy. Many people are confused about what music therapy really is. All of these studies involve patients listening to music they have chosen; almost exclusively recorded music. There is no one else in on the activity or sometimes even present. Therefore, it is not music therapy, but only music listening. It is just the subject and the sound. The whole point of music therapy is the application of the music; not just the music itself. The problem is just that it is possible that music listening is all that is necessary to create all of these effects that are being found.

It is also possible that music therapy would do even better, but it is unknown.

Several literature reviews claimed to employ music therapy techniques in the reduction of stress through listening to music however, few actually used true therapeutic applications to achieve the desired behavior. While the aesthetic value of mere music listening does account for minimizing levels of stress, research has found that reduction of stress is greatly increased when music listening is coupled with a variety of either verbal or physical prompts as well as the use of imagery to help assist in the relaxation process, music therapy. In a study by Thaut and Davis (1993) they found that a high percentage of participants combined music perception techniques (attending to the music) with physical based techniques when instructed to relax while listening to music. Robb (2000) then suggests that these findings

> "support the notion that the combination of music and physically-based relaxation exercises are a natural tendency. The use of music assisted relaxation, therefore, would serve to support and improve a client's ability to cope, using strategies that are preferred, familiar, and easy to integrate into their current response schemes."

Robb (2000), Walworth (2003), and Pelletier (2004) experimented with the incorporation of music therapy as an induced treatment in lowering levels of stress. Each of these studies explored the effectiveness of straight music listening with no verbal or physical prompts or direction vs. guided relaxation through verbal, physical, or mental imagery instruction in an environment with music as a background stimulus.

While Pelletier (2004) results concluded the experimental conditions to have little significance in the levels of reduced anxiety/stress, Robb (2000) and Walworth (2003) both found music assisted relaxation techniques to have a strong effect on increasing relaxation. Results of these two studies found that across the board participant's levels of stress were reduced with the treatment implementation of guided relaxation. However, when guided relaxation was incorporated with music as a background stimulus, higher levels of relaxation were achieved.

There have been limited studies that have compared music listening and a given relaxation technique (Kibler &Rider, 1983; Reynolds, 1984; Scartelli, 1984; Stoudenmire, 1975). Because of the few amount of studies that have been conducted in this area it is important to further explore methods in which ultimate levels of stress relief and relaxation can occur. There are a number of populations in which music therapy is being implemented as a means of relaxation such as, hospitals, within operation waiting rooms and additionally in post-surgery and recovery units. In addition, Neonatal Intensive Care Units have implemented music therapy techniques with music listening to decrease stress levels and allow for proper auditory development to occur (Standley, 2003). Even hospice care facilities incorporate music therapy relaxation techniques to help comfort clients. Further research in the field of relaxation and the incorporation of music therapy techniques is necessary to provide a better understand of how best to provide relaxation treatment for music therapy clients. The purpose of this study is to

compare the effects of music therapy applications for relaxation vs. music listening for relaxation.

Participants

Participants included 8 undergraduate music majors studying at the University of Kansas. The participants, 1 freshman, 4 sophomores, 2 juniors and 1 senior, were all recruited in Murphy Hall by verbal request. Ages ranged from 18-30, with a mean age of 21.

Procedure

The 8 participants were divided into two groups containing 4 individuals; each session of relaxation was conducted individually. Each participant underwent a series of pretests which included measure of heart rate and to verbally rate their current stress levels using the Likert Scale from 1, being the most relaxed to 10, being unbearably stressed. All participants were given a choice of 5 musical selections to be played using an ipod and dock speaker system during relaxation period. The musical selections included Brahms' Symphony No. 3, Mvt 3, Enya's "Deora Ar Mo Chroi", Jack Johnson's "It's All Understood", and 50 Cent's "High All the Time." The relaxation periods lasted the duration of 5 minutes. Group A was instructed to find the most relaxing position and merely listen to the music in order to relax. Group B was instructed to find the most relaxing position and follow the provided guided imagery relaxation exercise while their choice selection of music was played in the background. Post tests were then administered immediately after relaxation periods, measuring heart rate and stress levels using the Likert Scale.

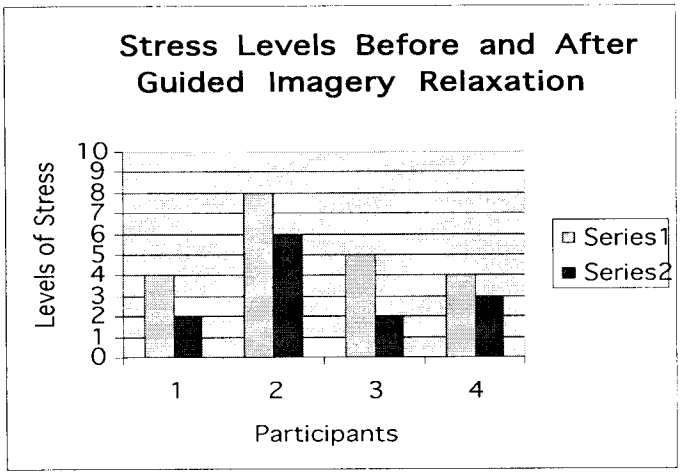
Tools of Assessment

Heart rate was administered by taking participants pulse for 30 seconds then multiplied by 2 to calculate participant's heart rate per minute. Participants verbally rated their current stress levels before and after relaxation using the Likert Scale.

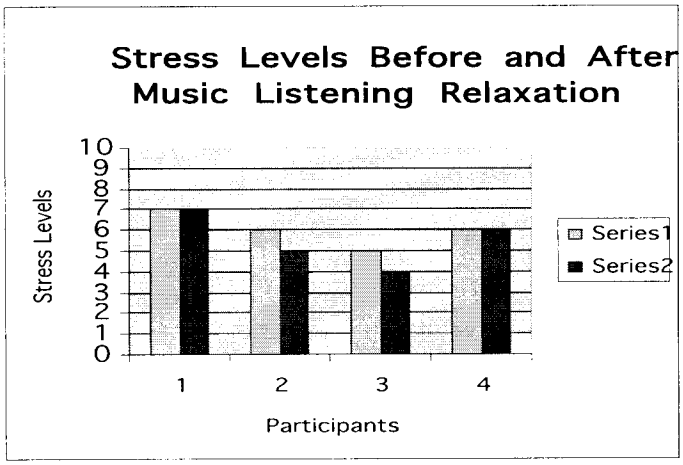
Results

Pre and Post tests comparing stress levels and heart rate before and after relaxation periods were analyzed. Results indicated that participants who were administered treatment of music listening with guided imagery during the relaxation period experienced greater decrease in stress levels compared to those who just listened to music with out guided imagery. While levels of stress either stayed the same or were only lowered by one level during just music listening relaxation, stress levels during music listening with guided imagery decreased by at least one level, in most cases decreasing by two levels. Within the control group of just music listening 2 participants reported no change in stress levels while the other 2 participants reported a decrease in stress level by one point. In the treatment group of music listening with guided imagery 1 participant reported a decrease in stress levels by 1 point, 2 participants reported decreasing stress levels by 2 points, and 1 participant reported a decrease in stress levels by 3 points. Graphs 1 and 2 depict these results, Graph 1 showing the difference between stress levels before and after treatment of music listening with guided imagery and Graph 2, the different stress levels before and after just music listening for relaxation. Heart rate before and after relaxation periods in both the controlled group and treatment group fluctuated between decrease and increase. Results are shown in Graphs 3 and 4. Series 1 represents pre-test results while Series 2 indicates post-test results. Additionally results revealed Brahms Symphony as the preferred music during relaxation with 5 out of the 8 participants choosing this genre, the remaining 3 all choosing the selected music by singer/songwriter Jack Johnson.

Graph 1



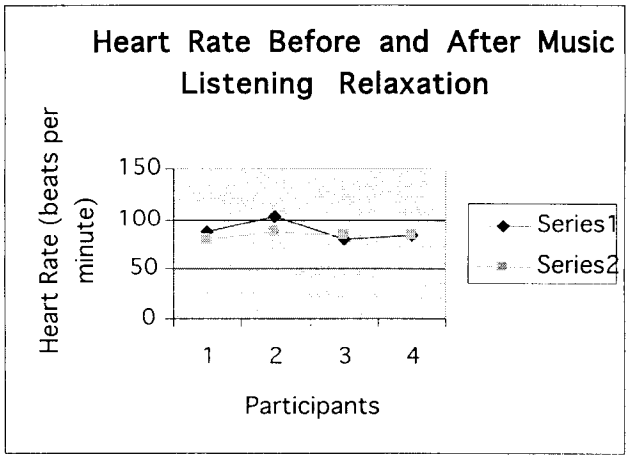
Graph 2

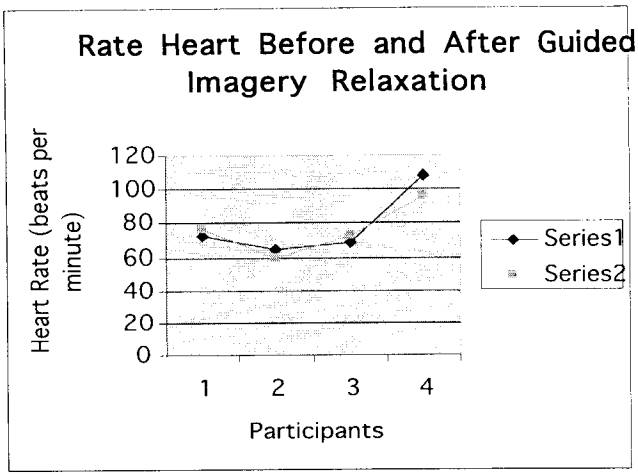


Graph 3

2

Graph 4





Discussion

Overall this study provided useful information in the direction of helping music therapist to develop efficient treatment strategies by using guided imagery as a component in the application of music therapy in relaxation. However, volume of music, environment of relaxation area, and mandating 20 second music sampling of the five choice music genres prior to participant selection of choice relaxation music are factors in which could possibly alter results.

A major concern during data collection was the volume music was played during relaxation periods. Volume levels were not always consistent from one participant to the other subsequently causing alterations to occur during relaxation periods. Particularly in those participants who selected the Brahms Symphony volume levels tended to initially be quite loud, which could have effected the ability for participants to achieve maximum levels of relaxation.

Data was collected in a small research room with florescent lighting in Murphy Hall where participants were asked to sit on revolving stools. Though, participants were allowed to position themselves in any preferred manner, only 2 participants laid down on the floor, while the other 6 participants chose to remain in a seated position on the provided stools. Results may have differed if pillows and blankets had been provided or if lights had been turned out during relaxation periods.

Lastly, if a similar study were to be conducted again, revisions involving the process participants chose music selection during relaxation periods would be made.

Participants were asked which musical selection they preferred to listen to during relaxation period by solely composer/artist, song titles were not given. Musical selections might have varied more if 20 sec. music samplings of each selection were played prior to asking participants which they preferred.

Sources

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