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PREFERENCES OF ELDERLY MUSIC LISTENERS
RESIDING IN NURSING HOMES
FOR ART MUSIC, TRADITIONAL JAZZ,
POPULAR MUSIC AND COUNTRY MUSIC

presented by

Jennifer Lynn Jonas

has been accepted towards fulfillment
of the requirements for

~~Master of Music~~ degree in ~~Music Therapy~~

Major professor

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RESIDING IN NURSING HOMES
FOR ART MUSIC, TRADITIONAL JAZZ,
POPULAR MUSIC AND COUNTRY MUSIC

By

Jennifer Lynn Jonas

A THESIS

Submitted to
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ABSTRACT

PREFERENCES OF ELDERLY MUSIC LISTENERS RESIDING IN NURSING HOMES FOR ART MUSIC, TRADITIONAL JAZZ, POPULAR MUSIC AND COUNTRY MUSIC

By

Jennifer Lynn Jonas

The purpose of this study was to investigate seniors' comparative music preference for four generic styles including art music, country music, popular music of today, and traditional jazz. The study also attempted to identify certain variables that have an effect on preference. Sixty-three subjects with a mean age of 82.5 from four nursing homes in the South Central Michigan area participated in the study. An interview and musical preference test was administered to the subjects individually. The listening test consisted of 16 music selections, four being from each style. The seniors judged how much they liked the selections on a scale from 1 to 5, with 5 indicating greatest preference. Results indicated that the style of country music was preferred the most, followed by traditional jazz, art music, and lastly popular music. Variables that were found to have an effect on preference were education level, community size in which the seniors grew up, and music training outside of school.

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In addition, I would like to extend my gratitude to the four nursing homes that participated in this study. Special thanks should be given to the activity directors at each home who introduced me to the seniors and who helped make my study run more smoothly.

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CHAPTER I

INTRODUCTION

BACKGROUND OF THE STUDY

The subject of music preference has been a topic of interest for many researchers, who have tried to identify those factors which influence one's preference of music. For example, age, gender, socio-economic status, education and personality are all factors that may contribute to our preference of certain types of music. LeBlanc (1982), after years of research into music preference, defined a formal theory about the various factors influencing one's preference for music. Since then, he has continued to research this area. In this research, LeBlanc's subjects have strictly been young children and young adults up to the age of approximately 25, rather than middle aged and older adults.

In order to look at the affect of age on preference it would be necessary to do studies with subjects in their middle and later years. Gibbons (1977), Haack (1988), and Lathom (1982) have looked into the musical preferences of either the middle aged adults or the elderly. Their research has helped to further the knowledge regarding the affect of age and maturation on music preference, but the topic requires further investigation.

PURPOSE

The purpose of this study was to increase the knowledge about the music preferences of the elderly. More specifically the study investigated the seniors' comparative music preference of four generic styles including art music, country music, popular music and traditional jazz.

This researcher's interest in this topic has stemmed from past experience using music with elderly residents in nursing homes. It has also come from an interest in music preference which developed from taking courses with Dr. A. LeBlanc, who is presently researching the area.

This researcher believes the investigation of the musical preferences of seniors will be beneficial for music therapists and activity directors who work in nursing homes with the elderly. By knowing which music is preferred by the seniors, the therapists and activity directors can provide more stimulating and successful music programs. If the music used is appreciated and enjoyed by the seniors, then it will be more stimulating and, in turn, more effective. The music therapists may find more therapeutic gains if they are employing music that is preferred by the senior.

PROBLEM

The problem of this study was to determine the preferences of elderly music listeners for art music, country, popular music and traditional jazz.

SUBPROBLEMS

The examination of the problem suggested the following subproblems: to investigate whether or not there was a preference for vocal or instrumental performance medium and also to determine the affect of the seniors' demographic, educational and experiential background on their music preference.

DEFINITIONS

The following definitions are listed in order to provide an understanding for the terms used in this study:
Senior: In our society the term "senior" has come to mean all those people 65 years of age and older. This term is often interchanged with "elderly," "older adult," or "senior citizen." All of the subjects in this study are considered seniors and their ages ranged from 59 to 101 with a mean age of 82.5.

Music Preference: Music preference was defined as a senior's expressed like or dislike for the specific music example on a scale of 1 to 5, in which 5 is "like very much" and 1 is "dislike very much."

Art Music: Art music is serious music from the formal concert tradition, often associated with the high culture and commonly called "classical" music. The art music chosen for this particular test included excerpts from the Baroque, Classical and Romantic periods of music history.

Popular Music: Popular music is defined by the Harvard Dictionary of Music as being mass-disseminated music. The

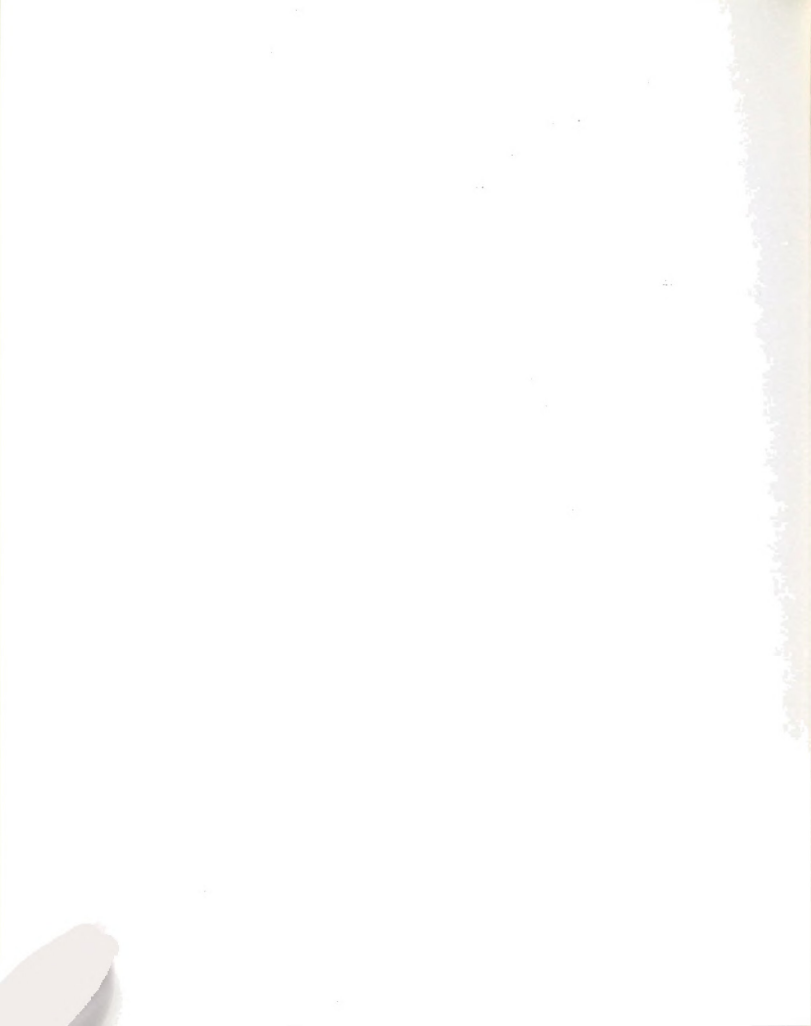
music is characterized as being brief, simple, and making fewer demands on both the performer and listener. This style of music is played frequently on commercial radio stations. The popular music selections chosen for this study were primarily from the 1980's with one example from the 1970's.

Country Music: The Harvard Dictionary of Music states that country music is a mass-disseminated product of the present century in America, especially of rural white Southerners. The usual accompaniment is on banjo, fiddle, guitar or some combination of these or similar instruments. The musical examples used in this test came from both the earlier and later parts of this century.

Traditional Jazz: Traditional jazz is a Black American style which became popular in the early part of the twentieth century in New Orleans. This style, which emphasizes the wind instruments, dominated the popular music scene from about 1925 to 1940. The examples for this test came from that time period.

SPSS/PC+: This term stands for the microcomputer version of the Statistical Package for the Social Sciences. It is a computer program for statistical analyses, and in this study it was utilized to analyze the data.

BSS: BSS stands for Basic Statistical Subroutines and it is a program used to perform statistics. In this study it was used to perform the Spearman correlations and Wilcoxon matched pairs signed-ranks test.



ASSUMPTIONS

In this study, the following was assumed:

1. It was assumed that the researcher's instructions were understood by each participant.
2. It was assumed that the subjects participating in this study were representative of other seniors residing in nursing homes.
3. It was assumed that the subject's self-report was a valid measure of that senior's music preference.

LIMITATIONS

In this research study, the following limitations existed:

1. This research looked specifically at the preference for four generic styles and not for the preference of music of a specific time period as was researched by Gibbons (1977).
2. Only the following styles were investigated: art music, easy listening popular music primarily of the 1980's, country music, and traditional jazz. These styles were defined in the previous definition section.
3. For each generic style only four examples were provided, two of which were vocal and the other two strictly instrumental.



CHAPTER II

RELATED LITERATURE

Overview

The public outcry for meaningful improvements in the quality of nursing home care for the elderly has grown increasingly loud in recent years. Recognition of the poor conditions faced by seniors in nursing homes requires that consideration be given to a range of approaches aimed at enhancing the quality of life of these seniors.

Music has been found to be a powerful tool when working with the elderly and especially for those residing in nursing homes or residential homes. Since music has been found to be stimulating and enjoyable for seniors in nursing homes it seems that the use of music could be a vital contributor to maintaining and enhancing the quality of life of these seniors.

Herth (1978) addressed a very important issue regarding the effectiveness of music. He found that "in order for music to have a beneficial influence, the senior had to like the music" (p. 23). He found that the therapeutic effects of music related directly to one's appreciation and preference for music. This simple finding addresses the great importance of music preference.

Thaut and Davis (1989) emphasized the importance of



individual preference in their article on the affects of preferred relaxing music on anxiety, relaxation and physiological responses in college students. These researchers found that the individual selections of relaxing music differed markedly from person to person. They said that their study "supports the importance of considering a client's unique musical preferences and background when selecting music" (p. 184).

Music therapists and activity directors working with elderly populations ought to know the specific musical preferences of that particular group. Knowing the preferences for certain musical styles can affect success in any music therapy situation. As stated by Smith (1988) "to maximize therapeutic gains with seniors, it seems imperative that music therapists investigate factors related to the musical preferences of this population" (p. 65). In addition, Haack (1988) also noted that by knowing the music people feel more comfortable with and least threatened by, the therapists will have better access to the attention, motivation and interest of their clients. If the music used in a music therapy session is disliked by the clients then it would be likely that the attention, motivation and interest of the clients would decrease and in turn, lower the therapeutic gains. Thus, it is important for the music therapists and others working with the seniors to discover their particular music preferences.



Music Preference Research

The subject of music preference has received much attention from researchers, but the bulk of this research has been with young people. Music preference among the elderly and the middle aged has received less attention. In fact, the attention paid to the overall topic of aging has been lacking greatly, and it is only in the recent two decades that the topic has received the attention it deserves. Carol Prickett (1988), in her review of music therapy for the aged, stated that health professionals have only recently begun to devote attention to the special problems of the aged and that the "advances in medicine and nutrition that are extending lifespans require the rapid development of knowledge and techniques to meet the needs of an increasingly large portion of the population" (p. 209).

Regarding the research into music preferences of the elderly, Lathom, Peterson and Havlicek (1982) criticize it as being not only "limited, largely dated, and narrow in scope, but it fails to recognize the wide range of differences likely to be present among the elderly themselves" (p. 156). It seems then, that additional research into this subject area is greatly needed.

Gibbons (1977) conducted a study in order to determine if elderly people have preference for popular music of their younger adult years (age 20 to 30) compared to periods later in their adulthood. In addition, the



researcher tried to determine if seniors prefer sedative or stimulative music. Gibbons justified the purpose of her study by explaining that if music preference is a factor in successful musical experiences for elderly people, then it should be addressed. In the study Gibbons found that the seniors preferred music of their younger adult years, and there was no significant difference existing in preference for stimulative or sedative music. Gibbons concluded that if preference influences participation, then popular music of the young adult periods should be used. Therapists should also use both sedative music and stimulative music.

Gibbons (1988) stated later in her review of music with elderly that although the hypothesis that elderly persons prefer popular music of their young adult years was confirmed "knowledge of preferences for other musical styles is essential for effective music therapy programming" (p.37). It was the purpose of the present study to discover what musical styles are preferred by the elderly. The preferred styles will be discussed later.

McCullough (1981) conducted a survey assessing the musical needs and preferences of 276 volunteers aged 65 and over. The purpose of her survey was to provide an objective evaluation of older adults self-assessed musical needs and preferences. McCullough found that respondents rated music as important and that its importance had, in fact, increased as they got older. The role of music was



considered to be recreational and a personally fulfilling endeavor. She also found that a majority of the seniors listened to music daily.

In her study, McCullough administered a 12 minute music listening test to analyze the preference for musical style. Rankings of the musical selections placed popular music first followed by opera, folk, country, classical, non-Western music and rock. Other samples of seniors may place these musical styles in different rankings because of their unique characteristics, yet this will remain unknown until more researchers investigate this issue.

Gilbert and Beal (1982) addressed the importance of musical preference in planning effective music education programs for seniors. They explained that it is not only necessary to assess general abilities and skills but also important to determine preferences for selected musical experiences and activities.

Gilbert and Beal conducted a nationwide survey in order to discover the musical activity preferences of the elderly. They categorized their results into three areas: topic areas which were popular, middle range and unpopular. The items attaining relatively high scores included such areas as listening to music that was popular several years ago, singing church hymns, attending musical performances and concerts, and listening to church music and carolers. Items falling into the mid range of music education interest included participation in bands, choirs



and orchestras and exposure to music history and music appreciation. Low response items included learning to write songs, performing music solos, and participating in barbershop quartets.

It is apparent from this study that the most preferred musical activities are listening to music and singing. This finding was also supported by Hylton (1983) in his review of music programs for the institutionalized elderly in a Midwestern metropolitan area. Hylton found that programs of listening and singing accounted for the higher percentages of resident participation. The music activities that require more participation and effort, such as writing songs or performing solos, were less popular in the survey by Gilbert and Beal. Similarly, Hylton found that the instrumental and dance programs were less frequently attended by nursing home residents. These findings suggest that it could be important to know which types of music seniors prefer for listening and singing.

Gilbert and Beal (1982) also discovered that the living situation and community size influence the expressed preferences for specific types of musical activity. They found that the individuals living in more independent settings expressed a stronger preference for listening to serious music and for musical experiences involving movement than did the individuals in more restricted settings like the nursing home. These researchers

hypothesized that those seniors in nursing homes have lower preference for activities involving movement because of their physical limitations.

At the conclusion of Gilbert and Beal's article they extended a call for further research. They asked researchers to consider investigating the general music preferences of seniors as well as preferences specific to particular settings or communities. This present study has taken a look at the preferences of seniors residing in nursing homes. The results of this study may shed light on the music preferences of elderly who live in nursing homes or other similar institutions.

Larson (1983) did an exploratory study of lifelong musical interest and activity. From his sample of 12 seniors he found that they had established preferences for specific kinds of music by their late adolescence and that these preferences remained stable throughout their life span.

Haack (1988) investigated the prevailing notion that the popular styles and pieces of late adolescence are the ones which tend to be retained through adult life as favourites. The participants of this study were 108 volunteers from a variety of educational and socio-economic backgrounds with ages ranging from 25 to 54. The younger respondents aged 25 to 34 preferred popular music from their pre-teens, whereas, the older respondents 45 to 54 preferred music from their post-teens.



When Haack measured the preference of his older subjects, he found that music which was popular when the subjects were in their mid twenties was most preferred. This finding is similar to that of Gibbons (1977) since she also found music of the young adult years to be more popular. The difference between the samples of these two studies was that the respondents in the Gibbons' study were much older older than Haack's respondents.

"Musical preferences of older people attending nutrition sites" was the title of the study performed by Lathom, Peterson and Havlicek (1982). The purpose of their study was to determine the possible relationship between a subject's musical style preference and the following variables: religious preference, age, gender, marital status, health, education, previous musical experience, and residence category. Their study, which was in the form of a questionnaire and musical preference test, was given to 104 adults aged 55 and older. Eight styles of music were presented in the test, and each style was represented in vocal and instrumental media. Respondents were asked to choose, from two musical examples, the one they liked best. Each excerpt was 20 seconds long with 3 seconds of silence between the two excerpts that made up the pair. The rank ordering by preference of the eight musical styles were as follows: patriotic music, big band jazz, religious, musical shows, music of the twenties, folk music, symphonic music and opera.

It is interesting to note that in this particular study, opera came last and yet in McCullough's study it was ranked second. This demonstrates the variability one can find among different samples of seniors. This could also demonstrate the effect of different selections used to represent opera. Differences between experimental designs and/or research methodology could also be responsible for the great differences found in the rankings.

It was found that religious preference, gender, and marital status were variables that produced statistically significant influences, yet the researchers believed that these influences were not as strong as education or past musical experience. The researchers found that education influenced the preference for symphonic and operatic music. These styles were most preferred by college graduates and much less preferred by those with a lower education. The opposite was found for music of the twenties. This style had a high preference by those who were minimally educated and a low preference for the college graduates. The weakness in this finding is that the researchers used only one musical example to represent music of the twenties. It is difficult to judge one's preference for a specific style by using only one music example. A preference for or dislike of a particular musical example may not reflect a preference or dislike of that particular style of music.

After reviewing this literature, one can gain knowledge about music preference among the elderly, but one can also see a need to fill in the gaps of this research. Lathom et al. (1982) noted that "if music therapists or activity directors know that certain variables are associated with particular preferences, they can be more effective in planning programs for particular groups" (p. 156). If future research attempts to look into some of these issues, then our knowledge will be extended.

Therapists and directors will be able to provide more successful programs to their senior clients by utilizing music that was found to be highly preferred in these studies. If, however, the preference of some seniors differs from the preferences found in these studies, then it is critical that the therapist or activity director find out what unique preferences they have. If one senior happens to prefer rock music or twentieth century twelve-tone music, his or her needs should be met by providing him or her with this particular style of music. As Bright stated "we have our tastes and preferences in music and no one piece yet composed will suit everybody" (1972, p. 83). Therefore, let us seek the musical styles appreciated by each senior.

One way therapists and directors can discover the individual music preferences of their senior residents is to give each senior a list of questions on their music preference. An example of a checklist created by this



researcher for musical preferences is provided in Appendix A. By using this checklist or others similar to it, therapists and directors can address each senior's music preference and consequently, achieve higher therapeutic success.

Importance of Choice and Personal Control

By simply acknowledging the seniors' specific music preferences the music therapist is allowing the seniors to express their own personal choice and opinion. To allow them independence in their 'choice making' is also to acknowledge them as human beings with rights and privileges. These points may seem trivial to many people working with seniors, yet it is quite evident that by simply increasing the seniors' control, personal choice and independence, there may be highly positive results. As noted by Lefcourt (1973), the sense of control and the belief that one can exercise personal choice has a definite and positive role in sustaining life.

These ideas have been tested in several laboratory studies. For example, Seligman (1975) found that people learn to be helpless when they experience uncontrollable situations where the outcomes are independent of their behaviour.

Langer (1976) gave participants control and found dramatic results. In her study, the responsibility-induced group, made up of 47 residents ranging in age from 65 to 90, were encouraged to make decisions about how they

chose to spend their time and with whom they chose to associate. They were told that it was their responsibility to air their complaints and to exert their influence to change any aspects of the home with which they were dissatisfied. In contrast, the 44 nursing home residents making up the control group were told that the nursing home personnel were making decisions for their care. Both groups were given plants, and the residents in the responsibility-induced group were told that they could take care of their plants, whereas the residents in the control group were told that their plants would be cared for by the nurses.

The results indicated that the sense of control produced strong effects that lasted as long as eighteen months. The experimental group became more active, reported feeling happier and showed improvement in health. The most striking result was the difference in death rates recorded eighteen months later (Langer, 1977). Seven of the 47 subjects in the responsibility-induced group died, constituting 15 percent of the group. Thirteen of the 44 subjects in the control group died and they constituted 30 percent of the control group. These findings suggest that the decline of the residents can be slowed if not reversed by offering residents control which can provide an increased sense of autonomy.

Miller (1985) conducted a study on the dependency of elderly patients and found that the introduction of



individualized care could reverse dependency and increase the patients' sense of self-control. This concept of individualized care is the focal point of King's goal attainment theory. In this theory King described the importance of the interaction between the caregiver and the patient. This process ultimately involves the personal choice of the resident and thereby the individual can exercise his or her sense of self-control and independence. Jonas (1987) stated that "the older person in an institution should be given the opportunity to meet his or her developmental tasks, maintain individuality, dignity, self-worth and personhood during a time when these values may be threatened" (p. 12).

Music therapists have the opportunity to offer nursing home residents control and an increase in autonomy by encouraging the seniors to make decisions about the music they would like to sing, play or hear. Acknowledging seniors' musical preferences could be an effective way for music therapists or activity directors to start their music sessions. Immediately the seniors are reinforced by seeing that their decisions have meaning and worth.

For seniors who have lived independently in their community, a move to a nursing home or institution can be associated with a loss of independence and control. Morgan (1982) studied seniors living in a specially designed building that had apartments on one side and a



nursing home on the other. When the residents were unable to care for themselves they had to move to the nursing home. This move held negative connotations and was considered by most residents to be 'the beginning of the end' as a death in one's social well-being. Consequently, the seniors developed strategies to delay this move. For example, they disguised their health problems and appeared competent in public whenever possible. They would also try to reduce their health problems by being less active. The staff, on the other hand, saw the move to the nursing home as an attempt to preserve or extend the resident's physical well-being. By focusing on quality of life, residents assessed the value of moving in terms of severe social costs and few medical benefits. The staff, by focusing on length of life, emphasized the medical benefits more than the social losses.

Many advocates for the elderly living in nursing homes feel that in order to improve the well-being of the senior residents, a radical departure from current residential practices must be taken. Do we really need this radical departure? Recall that Langer observed dramatic improvements by giving the residents control over something as minor as a plant. Therapeutic changes can be achieved by enhancing the residents' responsibilities, by offering them more choices, and by asking for their opinions more often. Music therapists and activity directors can offer this to their seniors very simply, by



taking time to discover the seniors' preferences in music. Choice and independence can continue in the music program too. Seniors residing in nursing homes are relatively unaccustomed to making decisions, having choices, or assuming responsibilities, and it is these individuals that stand most to gain from the introduction of even limited forms of control.

Limitations of the Elderly

Music therapists and activity directors working with seniors in nursing homes should be aware of certain biological and physiological problems which place the senior in a special position for learning or participating in an activity. Researchers should also be aware of these problems when giving their tests to the senior participants. One technique to facilitate communication is to deliver instruction at a slower pace. As noted by Schaie and Willis (1986), seniors process information more slowly and therefore, a slower delivery of instruction is important for success to take place.

In addition to having a slow pace, the information presented should be given in a simple and clear manner. Seniors tend to be easily distracted by irrelevant features, so the music therapist would help the seniors focus their attention on the relevant material by keeping their messages simple and clear.

In her book Music in Geriatric Care, Ruth Bright (1972) discussed some of the problems common to seniors.

"One of the problems of teaching the aged is their forgetfulness, and one must be prepared for this, and be willing to go over the lessons step by step as if for the first time" (p. 35).

Another factor influencing the seniors' learning is anxiety level. Older people are often more anxious or cautious about their performance especially if it involves a solo performance. It is important therefore, that the educators and researchers be supportive and helpful when giving instruction and that they try to create a relaxing and comfortable atmosphere. With this type of atmosphere the seniors can decrease their caution and anxiety and, in turn, perform more successfully.

Music Therapy with the Elderly

The effectiveness of music with seniors has been recognized by many therapists and activity directors, and many of these therapeutic results have been documented. Palmer (1977) outlined the effective use of music at Cedar Lake Home in Wisconsin in her article entitled "Music therapy in a comprehensive program of treatment and rehabilitation for the geriatric resident". A primary goal in this music therapy program was to help each senior resident achieve and maintain the highest possible level of functioning and "thus restore rightful dignity" (Palmer, p. 192). In reaching this goal three major areas were addressed: physical functioning, mental functioning and social/emotional functioning.

In the area of physical functioning, music was used in the interventions to correct many physical problems. For example, music was used with seniors who had just experienced a stroke and had become nonambulatory. The stroke patients were required to exercise to music. This led to increased tolerance for the exercises, increased physical strength and an enlarged range of motion. Palmer also noted that the usual pain of these exercises was reduced greatly by the use of the music.

The common physical problem of arthritic fingers was also helped through the use of music. Palmer stated that "while it is frequently painful to stretch the arthritic fingers, hearing a lively tune such as a German drinking song was enough to encourage the residents to clap along" (p.193). The therapist used the motivation of the enjoyable musical experience to accomplish the goal of straightened fingers.

For the seniors who were ambulatory the music therapist worked on dancing and marching. Through these exercises the seniors developed more grace and security in their walking ability. The therapist found that the sound of a polka or march was usually sufficient inducement to assure the seniors' participation, even when it was painful. The music served not only to stimulate the seniors to do the movement activity but also to redirect their thinking away from the pain and toward the music.

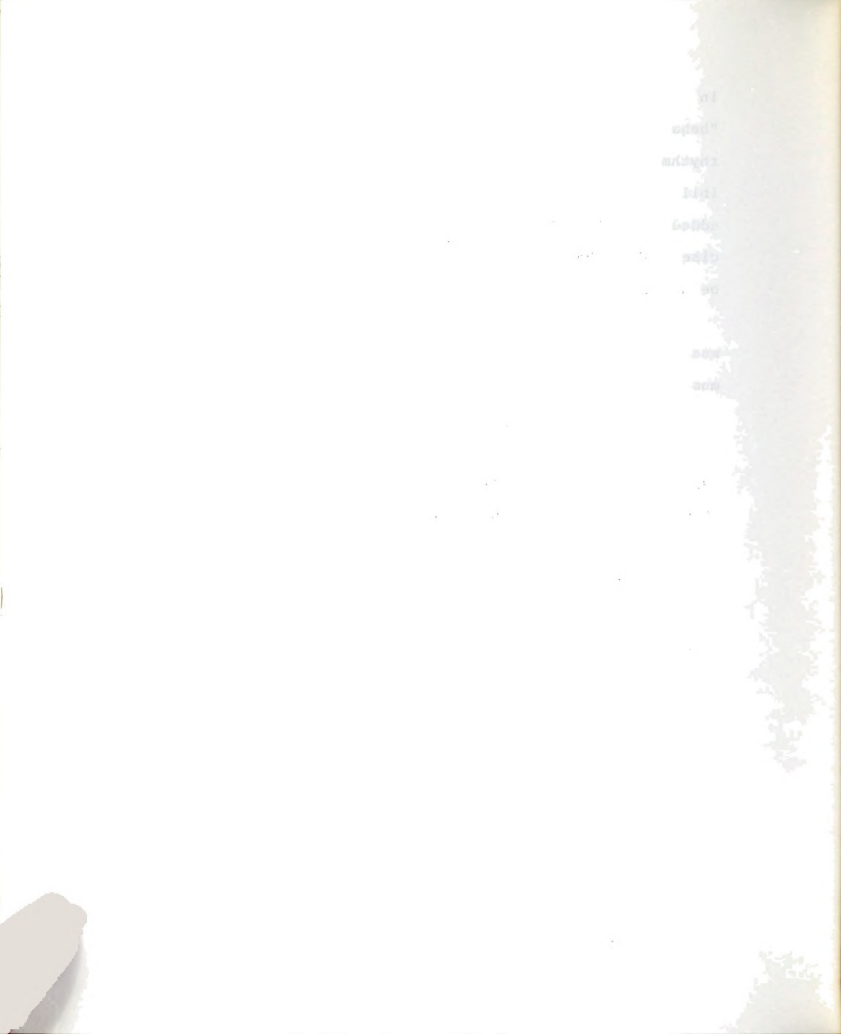
Glynn (1985) also addressed the importance of music



in exercise in a nursing home setting. She stated that "behaviors such as clapping or tapping one's foot to the rhythm of a song can prevent contractures, improve flexibility, muscle tone and circulation" (p. 8). She also added that the physical benefits gained from this exercise enable the elderly to have a greater sense of well-being, independence and self-esteem.

In the second area, mental functioning, Palmer used music primarily as a tool for reality orientation. The music therapist used the music to reinforce basic concepts and to bring the residents in touch with reality. For example, by using seasonal songs the concepts of season, day, year and time were reinforced. Spatial concepts were reinforced by using the walking around the 'Maypole' activity or eurythmic experiences.

Mental functioning was also stimulated by a technique Palmer entitled the 'call and response' technique. This technique involved a sing-along session in which senior residents were encouraged to recall not only the words to the song, but also where they had learned it and the other events associated with it. The seniors were encouraged in this exercise to discuss their recall among members of the group. Palmer found that the shared similar experiences not only stimulated an improvement in mental functioning but also encouraged greater social interaction within the group.



Glynn (1985) found that this type of group reminiscence stimulated by music could help in overcoming memory loss. This act of reminiscing also increased the self-esteem of the seniors as they realized that others in the group have had similar experiences and that their memories were valued and respected.

Another technique Palmer used at the nursing home to improve mental functioning was the teaching of new songs. The new songs were taught by rote technique, in which the leader sang a line and the group repeated it. By learning a new song the mental functioning was stimulated, and the participants were provided with an opportunity to experience success. This success led to a sense of pride in accomplishment and ultimately to an enhanced self-concept.

Another method used by Palmer for providing success and improvement in mental functioning was that of writing songs. Palmer described a situation where one particular group wrote a song about their frustrations. The song writing became an outlet for feelings and a stimulation of communication and interaction. The seniors contributed their thoughts to the therapist who wrote the phrases and fit them to the familiar melody of 'Jack and Jill'. Palmer found this to be an excellent way for the seniors to air complaints and interact with each other while working on a meaningful project.

In Palmer's article she failed to address the area of social/emotional functioning which was initially outlined

as one of the three major areas, although it seems to be covered indirectly in the other areas. In the foregoing examples, the exercises not only addressed physical and mental functioning but also the area of social/ emotional functioning. The seniors were usually given the opportunity to improve in this area each time they worked in groups. Even though Palmer failed to cover this area, it is a very important part of each successful activity. This importance is also recognized by the following three researchers.

Hylton (1983) found that for many individuals, music is the primary mode of communication and emotional expression. He stated that "[music] provides an avenue whereby people socialize and work together for a goal, through group performance" (p. 213). Hennessey (1976) also found that music can encourage the sharing of feelings with others and decrease the sense of isolation experienced by the elderly in nursing homes. In addition, Glynn (1985) stated that "the therapeutic use of music can establish a cohesiveness within the group that enhances self-expression among its members" (p. 10).

Thus, one can see how music can enhance the areas of physical, mental and social/emotional functioning. One can also see the therapeutic effects of music with the elderly in the institutional setting. The possibilities of therapeutic experiences are numerous, "depending on the interest of the group, the individual needs of the



residents involved, and the ingenuity of the therapist" (Palmer, p. 194).

In Palmer's quote she addresses the importance of music preference when she speaks of the "interest of the group." The therapeutic experience seems to depend on the condition that preferred music will be used. This is an important issue that music therapists and activity directors should address when they are building their programs. It is hoped that this research study and others that have been done previously on music preferences of the elderly will help therapists and directors to provide more music that is preferred and enjoyed and, as a consequence, achieve more therapeutic results.



CHAPTER III

PROCEDURE

The following section describes the steps that were followed to carry out this study.

The initial preparations involved developing a set of questions for the seniors. The purpose of these questions was to identify important variables that could effect the seniors' preference for the musical styles in this study. The questions directed to the seniors were: how old are you; in what size community did you grow up; when did you complete your education; did you receive music training in school or out of school; and, do you listen to the radio? A set of these questions can be found in Appendix B.

A set of questions intended for the activity directors was also prepared for the study. These questions were presented to the directors at each nursing home in an interview format after the listening test was completed. This set of questions is found in Appendix C.

The response sheets that were used in the study for the seniors to record their preferences were prepared next. They were prepared in such a way that the seniors could make a check on a scale from one to five indicating how much they preferred each music example. This scale

represented a continuum of one to five, in which one indicated a dislike; three meant neutral preference; and five indicated a liking for the selection. The scale was chosen by the researcher to go to a maximum of five in order to keep it fairly easy for the seniors. A scale from one to five seemed to be a comfortable range for the senior residents. The answer sheets are provided in Appendix D.

Following this preparation, the administrators of each nursing home were given an initial, informal contact. After the administrators were informed about the study, the activity directors from each home were contacted. The activity directors were informed about the manner in which the listening test would be presented to each senior. The researcher requested that each of the activity directors select 15 to 20 seniors who would be capable of participating in this preference test. The researcher also asked that only those seniors who were lucid and mentally alert be nominated to participate in the study.

During this time, application was made to the University Committee on Research Involving Human Subjects in order to obtain permission to conduct this study. A copy of an informed consent form was also sent to the committee. The purpose of the consent form was to inform the seniors of what would be required of them during the study, and to explain their rights as research participants. If they agreed to participate, all that was

required was their signatures. A copy of this consent form can be found in Appendix E.

The next step involved creating the actual listening test. Four musical selections were chosen from the following styles of music: art music, country, popular music, and traditional jazz, creating a total of 16 selections. Of the four selections in each style, two were instrumental and two were vocal in performing medium. The majority of music selections were recorded from compact discs onto a high-quality tape, while other selections originated on LP records. The duration of each musical example was between 20 and 30 seconds with five seconds of silence between each example. All music selections were recorded onto a stereo cassette tape, originated on a Pioneer CTF 900. Selections chosen for this listening test are listed by musical style and found in Figure 3-1 with their composers and recording labels.

For the jazz selections, the performer for "Singin the blues" was Frankie Trumbauer and his orchestra. Sarah Vaughan sang "Ain't no Use", while "Stars fell on Alabama" was sung by Jack Teagarden. The selection "In a Mello-tone" was performed and composed by Duke Ellington.

Within the style of art music, the sixth symphony by Beethoven was performed by the Hungarian Philharmonic. "Panis Angelicus" was sung by Kiri te Kanawa, and the Bach motet was performed by the Rostok Motet Choir. The orchestra performing the Brahms's third symphony was unknown.

Figure 3-1. Compositions used on the Listening Test

TITLE	MEDIUM	COMPOSER(S)	RECORDING LABEL / #
Jazz Examples:			
Singin' the Blues	VO	D. Fields/J. McHugh	Columbia P611891
Ain't No Use	VO	L. Kirkland/S. Wyche	Columbia P611891
Stars Fell on Alabama	VO	Frank Perkins	Time Life STL-J08
In a Mellotone	IN	Duke Ellington	Columbia P6 11891
Art Music Examples:			
Sixth Symphony 1st movement	IN	Beethoven	Delta 15 903
Panis Angelicus	VO	Cesar Franck	Philips 412 629-2
Third Symphony 3rd movement	IN	Brahms	LDMI 2529
Jesu Meine Freude	VO	J. S. Bach	Delta 10 030
Country Examples:			
Tennessee Waltz	IN	Pee Wee King/ Redd Stewart	Columbia P8 15640
Singing the Blues	VO	M. Endsley	Warner 9 25988-2
Wabash Cannonball	IN	A.P. Carter	Capitol 51158
The One Song I Never Could Write	IN	W. Holyfield	CBS KE 35442
Pop Examples:			
Sacrifice	VO	Elton John/Taupin	MCAD 6321
Canyon Lands	IN	David Lanz	Narada 63003
Evergreen	VO	Barbara Streisand	Columbia 37678
Midnight Motion	IN	Kenny G	Arista 8496

Note. Medium refers to performing medium, in which
Instrumental=IN Vocal=VO

For the style of country, Pee Wee King performed "Tennessee Waltz" while "Wabash Cannonball" was performed by A. P. Carter. The selection "Singing the Blues" was sung by Randy Travis and "The One Song I Never Could Write" was sung by Tammy Wynette. The performers for the pop selections happened to be the composers in each case. For example, the performer and composer of "Evergreen" was Barbara Streisand.

The next step in preparing for this study was to create a codesheet for all of the relevant data in the test. This codesheet provided a short name, the field width, the column location, and a full description of each variable that was investigated in the study. The purpose of the codesheet was to give names to the variables considered in this study and to provide a structure for the systematic input of data into the computer. A copy of the codesheet is provided in Appendix F.

After final approval had been given from the Human Subjects Committee and the directors of each nursing home, a time was set up for the researcher to go to the homes to administer the test. Each of the four nursing homes were located in South Central Michigan, with three of them in the greater Lansing area. Ingham Medical Care Facility of Okemos, was the first home visited in the beginning of May, 1990. Fifteen seniors from this home participated in the study. The next nursing home attended was Hazel Findley Manor in St. Johns. The researcher met with

fifteen seniors at this home. Seventeen seniors were interviewed next at Burcham Hills nursing home in East Lansing. The last nursing home attended was Martin Luther Home in Holt. At this home, sixteen seniors participated in the listening test. A total of 63 seniors were interviewed.

The music preference test was administered on an individual basis to each senior participant. The researcher was provided with a private room at each home where she could bring the seniors to listen to the music. The music was played on a Sony CFS-W501 stereo cassette recorder. In a few cases, some of the senior residents refused to leave their own rooms, and in these cases the researcher conducted the test in the resident's private room.

Each senior participant was given a sequential identification number, so that no names were retained. The seniors were then asked the prepared questions about their age, education, community in which they grew up and music training in and out of school. These answers were recorded on a separate sheet for each participant. At the bottom of the sheet the researcher wrote special comments that the seniors made about the music examples as they were being played.

The researcher had a short interview with each activity director after all of the senior participants had been given the test. The purpose of this interview was to

gain a better understanding of the music preferences of the seniors at each nursing home. These interviews helped the researcher make some important observations that she was not able to make in the interviews with the seniors. Following this interview the researcher inspected the listening facilities and recorded music collections in each nursing home in order to discover what was actually available for the seniors at the nursing home. The results of this interview and inspection were recorded by the researcher.

On concluding this test at the four nursing homes, all the information obtained was entered into a Zenith 159, Model 13 microcomputer in the format prescribed by the codesheet. The results were initially analysed using the SPSS/PC+ program. The procedures used on SPSS were the following: FREQUENCIES, DESCRIPTIVES, COMPUTE, RELIABILITY, MEANS TABLES and WRITE VARIABLES. The FREQUENCIES procedure provided the frequency tallies for the demographic and music background variables, while the DESCRIPTIVE procedure gave information for means and standard deviations for the variables. The COMPUTE procedure allowed the researcher to combine the four selections from each style together in order to find the average preference response. A comparison could then be made on the total scores for each of the four music styles to discover which style was the most and the least preferred.

By using the RELIABILITY procedure, the researcher



was able to determine the reliability of this preference test. The MEANS TABLES allowed the researcher to compare preference means to specific variables. For example, one could discover the preference means of the country selections for the three education levels, grade eight, highschool, and college. The WRITE VARIABLES procedure was used to provide a list of the variables in order for the researcher to do some computations by hand.

The Friedman two-way analysis of variance by ranks, and the chi-square test for independent samples were the two tests computed by hand. These two tests were used to determine whether the preferences of the seniors from the differing levels of education, community sizes, music training and nursing homes were significant.

A Spearman's rank-order correlation coefficient was computed using the Basic Statistical Subroutines (BSS) program. This program was used to compute the correlations for total listening preference score with education level and community size. The preference for the individual styles was also correlated with these variables. Each obtained correlation then was evaluated to see if it was statistically significant.



CHAPTER IV

RESULTS AND ANALYSIS OF DATA

This study examined the preference of seniors residing in nursing homes for four musical styles. These styles were art music, country, traditional jazz, and pop music. The investigation consisted of presenting the senior participants with sixteen musical examples and asking how much they liked each musical example. Sixty-three subjects, 58 female and 5 male ranging in age from 59 to 101, with a mean age of 82.5 participated in this study. The seniors were white Caucasians except for one black man. The following section presents the results from this study.

Test Reliability

Before any conclusions could be drawn from this study, it was essential to determine the reliability of this listening test and its component subtests. In order to discover the reliability, a Cronbach's coefficient alpha model was utilized in the SPSS/PC+ system. This coefficient alpha measured the internal consistency of the test. The alpha obtained for the overall listening test was .70 while the alphas obtained for the country, jazz, art and pop subtests were .60, .60, .74 and .51, respectively. The findings mean that the reliability of

this listening test is adequate for the purposes of this study.

Descriptive Statistics for Overall Test

The test scores and descriptive statistics for this study were computed and analysed using the Statistical Package for the Social Sciences (SPSS/PC+) program for the microcomputers. The preference results for the listening test were obtained from the DESCRIPTIVES procedure and they are presented in Table 4-1. The musical examples are presented in the order that they were heard in the listening test. There are two songs with similar titles, "Singin' the Blues" and "Singing the Blues". The first one was a jazz selection performed by Frankie Trumbauer and the second one is a country selection performed by Randy Travis. The mean, standard deviation and preference rank are given for each musical example. The mean represents the average preference among the 63 participants for each music example. Mean ratings were based on a scale of one to five, with five indicating greatest preference. The means for the music examples ranged from 2.41 to 4.82 while the mean for the overall test was 3.58.

The standard deviation shows the average deviation from the mean score and in this test the lowest deviation was .52 and the highest was 1.62. The lowest deviation was matched with the highest mean score for the music example "Tennessee Waltz". This means that the "Tennessee Waltz" was highly preferred by the majority of



seniors with very little deviation.

The examples were also given a rank number. This number shows the rank order in which the musical examples were preferred. In this test, the country selection "Tennessee Waltz" was the example most preferred and the pop selection, "Canyon Lands" was least preferred.

TABLE 4-1

Mean Standard Deviation and Rank for each Selection

Title	Mean	SD	Rank
Singin' the Blues	4.21	1.31	4
Sixth Symphony(Beethoven)	3.49	1.48	10
Sacrifice	2.71	1.18	14
Tennessee Waltz	4.82	.52	1
Panis Angelicus	3.31	1.62	11
Ain't No Use	2.60	1.44	15
Singing the Blues	3.86	1.50	6
Canyon Lands	2.41	1.36	16
Stars Fell on Alabama	4.09	1.24	5
Wabash Cannonball	4.46	1.09	2
Evergreen	3.79	1.14	7
Third Symphony(Brahms)	3.30	1.28	12
The One Song I Never Could Write	3.60	1.47	9
Midnight Motion	2.73	1.17	13
In a Mellotone	3.70	1.43	8
Jesu Meine Freude	4.22	1.10	3



Descriptive Statistics by Subtests

To discover which of the four styles was preferred the most, the four selections for each musical style were combined to form subtests using the COMPUTE procedure. For example, the means for each of the four country selections were added together and then divided by four. The standard deviations for each style were also combined. The style subtests are listed in rank order of preference and presented in Table 4-2. The results revealed that the style of country music was most preferred, followed by traditional jazz, art music and lastly the style of popular music. The small standard deviations associated with country music and popular music indicated that these seniors had a high level of agreement regarding their preference for country music and their comparative dislike of popular music.

TABLE 4-2

Mean, Standard Deviation and Rank for the Four Subtests

Style Subtest	Mean	SD	Rank
Country Music	4.19	.82	1
Traditional Jazz	3.65	.91	2
Art Music	3.58	1.04	3
Popular Music	2.91	.78	4

In this study the investigator also gathered information on each senior's background. The purpose of this

investigation was to examine certain variables that have an affect on preference. The variables that influenced preference in this study were education level, community size in which the senior grew up, music training outside of school and the nursing home in which the seniors currently lived. The variables that did not significantly affect preference in this study were the performance medium of the music selection, for example, instrumental or vocal, and the music involvement of the individual in school.

Level of Education Influencing Preference

Education level was defined in this study as the grade in which the senior graduated and it was coded with the numbers one to three. One signified graduation in grade eight, two in highschool and three signified graduation in college. This scale ranged from one to three while the preference scale ranged from one to five. In these scales a higher score meant more education and more preference.

In order to assess the degree of relationship between education level and preference, a Spearman rank-order correlaton coefficient (ρ) was computed. The Basic Statistical Subroutines (BSS) program was used to perform this computation. The criterion for statistical significance was set at $p < .10$ for all of the results. To begin with, ρ was computed for education level and preference for all of the examples put together. From this

computation, a coefficient of $-.244$ was obtained, which was significant beyond the $.05$ level. When a correlation coefficient based upon a sample is found to be significant, then the correlation in the overall population can be considered to be significantly greater than zero. The negative correlation found in this computation identified an inverse relationship. That is, as education level decreased overall preference increased.

Next, Spearman's ρ was computed to assess the relationship between education level and preference for each of the musical styles. The coefficient obtained for country music was $-.344$ which was significant beyond the $.01$ level. The negative result indicated that as education level decreased, the preference for country music increased. For traditional jazz, a coefficient of $-.191$ was found. This coefficient was significant at the $.10$ level. This result also identified an inverse relationship in which a decrease in education meant an increase in preference for jazz. The correlation coefficient obtained for art music and education level was non-significant. This means that, in this study, education level did not affect preference for art music. A coefficient of $-.220$, which was significant at the $.05$ level was found for pop music. Similarly, this result indicated that as education level decreased, preference increased.

The correlation analysis measured the degree of association between education level and preference for



different styles. In order to determine whether the differences among seniors with varying education levels were significant, a chi-square test for independent samples was computed by hand by the researcher. This test is used to "determine whether the observed sample differences signify real differences among populations or whether they are merely the type of differences that are to be expected among random samples from the same population" (Siegel & Castellan, p. 190). The chi-square was computed for the three education levels and each of the music styles. The only significant result was obtained for country music. The chi-square obtained was 9.49 (4, $N = 63$) and this was significant at the .05 level. Therefore, the seniors with varying education levels had significant differences in their preference for country music.

The Friedman two-way analysis of variance by ranks was computed to determine whether the seniors with the different levels of education had the same distribution of preference scores (coming from the same population) for the four music styles. The Friedman analysis was also computed by hand. In this analysis, the seniors with the three different levels of education were balanced so that there was an equal number of seniors in each group and then they were placed in rows. Their preferences for the four styles were then ranked from one to four, with one being the least preferred. The Friedman test determined whether the rank totals denoted by R_t for each style

differed significantly from the values which would be expected by chance. The result for this Friedman test was 8.2 which lies between the .05 and .01 levels of significance. Therefore, the seniors with differing education levels had significantly different preference scores for the four styles of music which were presented to them.

Community Size in which the Senior Grew Up Influencing Preference

A Spearman rank-order correlation coefficient (rho) was computed on BSS to assess the degree of relationship between community size in which the senior grew up and preference. Community size was coded with numbers one to three, where one signified a rural community, while two meant small town and three signified city. The rho was first computed for community size and average preference for all of the music examples. A coefficient of -.258 was obtained, which was significant at the .05 level. The negative coefficient identified an inverse relationship in which an increase in community size represented a decrease in overall preference for the musical styles presented in this study.

Spearman rho was also computed for each of the styles of music. A significant result was obtained only for the style of country music. For this style, a coefficient of -.347 was found which was beyond the .01 level of significance. This result indicated that as community

size decreased, there was an increase in preference for country music. The coefficients computed for traditional jazz, art music and pop music were $-.16$, $-.13$ and $.002$ respectively, and these were nonsignificant.

The chi-square test for independent samples was computed to determine whether the seniors from varying community sizes actually had significant differences in their preferences for the four musical styles. The chi-square test was computed for each of the styles but only country music obtained a significant result. For the style of country, a chi-square of 9.73 (4 , $N = 63$) was obtained and this number was significant at the $.05$ level. This result demonstrated that there were substantial differences among the seniors who grew up in different community sizes in regards to their preference for country music. Those from smaller communities had a stronger preference for country.

A Friedman two-way analysis of variance by ranks was computed to determine whether the seniors differed significantly on their overall preference scores according to the size of community in which they grew up. The three community sizes; rural, small town, and city; were placed in rows and the seniors' preferences for the four styles of music were ranked from one to four, with one being the least preferred. The rank totals for each style were computed together to ascertain whether they differed significantly from the values that would be expected by chance. The result acquired from this Friedman test was

6.6, which was significant at the .10 level. Thus, the seniors from differing community sizes did not have the same distribution of preference.

Previous Music Training Influencing Preference

In the interview given before the music listening test, the seniors were asked a few questions about their background in music training in or outside the school. These answers were then analysed to see whether the kind of music training received might have influenced preference for the different styles of music. The chi-square test for independent samples was computed in order to see whether there was a difference between the seniors who had musical training outside the school and those who had not received this training, in their preference for the musical styles.

Music training outside of the school, which was piano lessons in the majority of cases, had an influence only on the preference for art music. The chi-square acquired was 5.06(2, $N = 63$) and this was significant at the .10 level. This result indicated that seniors who had music training outside of school differed from seniors without this training in their preference for art music. From the means tables, it was found that the seniors with music training had a higher mean preference score for art music ($\bar{M} = 4.04$) than seniors without this training ($\bar{M} = 3.36$).

Nursing Home Influencing Preference

The last variable that was found to significantly affect the preference for styles was the nursing home where the senior presently lives. It was found that seniors from each nursing home differed in their preference for the different styles of music.

The Friedman two-way analysis of variance was used to determine whether the seniors from different nursing homes have the same distribution of preference. The four nursing homes were placed in rows and their preference for the four styles of music were ranked. The rank totals were computed for each style to see if the differences were significant and, therefore, not due to chance. The Friedman test yielded a score of 9.3 which lies between the .05 and .01 levels of significance. Therefore, the seniors from the four nursing homes differed significantly in their preference for the four styles of music studied in this test.

To analyse whether the nursing home affected the preference for any of the individual styles a chi-square test for independent samples was computed. The only significant result was found for the style of country music. The chi-square computed was 18.55 (6, $N = 63$) and this was significant at the .01 level. Therefore, the seniors from the four nursing homes differed significantly in their average preference for the country selections in this test.

To discover why the seniors from the different nursing homes had different preferences, a few questions were considered. These questions were: is there a difference in the seniors' education level; is there a difference in socio-economic status; is there a difference in the size of community in which the nursing is located; is there a difference in their religious background? Education, socio-economic status, size of community, and religion are all variables that could influence one's preference for musical style.

In this study, the investigator was able to test whether the education levels of the seniors from the various nursing homes differed significantly by using the chi-square test for independent samples. A chi-square of 21.02 was found and this was significant at the .01 level. Therefore, the seniors' education level differed significantly between the four nursing homes. Burcham Hills had the highest education level followed by Martin Luther, Ingham, and lastly, St. Johns.

An estimate of the seniors' socio-economic status was obtained from the activity directors at each nursing home. It was found that the seniors from Burcham Hills nursing home come from the upper socio-economic status, while the seniors at Martin Luther are middle to upper class. Ingham and St. Johns nursing homes contained a mixture of seniors from the lower-middle, middle to upper-middle socio-economic statuses.



The three nursing homes, Ingham, Burcham and Martin Luther are situated in urban areas. Burcham is located closest to Michigan State University and consequently there are very many professors living there. Ingham nursing home is located in Okemos, Michigan and Martin Luther nursing home is located in Holt, Michigan. St. John's nursing home, on the other hand, is located in a rural area. It is possible that the population density of the area in which the nursing home is located may influence preference for style, but this was not formally assessed in this study.

The religious background of the seniors from each of the homes was very mixed. In most of the homes there were seniors of the Catholic denomination, Lutheran, Jewish, Baptist, Reformed, Presbyterian, Methodist, Mormon, and so on. This study did not examine the effect of religion on preference yet it would be a variable that future researchers should investigate.

In the interview given to the seniors before the listening test, they were asked whether they listen to the radio in their rooms. It was found that only 20 percent listen to the radio, while 38 percent watch the television. For the 20 percent of seniors who listen to the radio, the majority listen to WJIM with progressively smaller numbers listening to WJR, WITL and WKAR. WJIM plays easy listening popular music of recent times, while WJR broadcasts 80 percent news and information and 20 percent light, contemporary music. WITL plays mainly



country music and WKAR plays classical music the majority of the time. It is interesting to find that seniors listen to the radio station that plays popular music when they had ranked it last in the preference test.

Results from the Interview given to the Activity Directors

In the interview given to the activity directors, they were asked whether the seniors had an interest in the activities involving participation. They commented that seniors are less interested in music activities involving participation mainly due to the fact that they might fail. Some of the directors commented that the seniors are self-conscious and feel incompetent for the activities involving participation. Two directors said that if seniors are requested to participate then they do not come. The simple passive listening activities were preferred the most amongst these seniors. This finding is also supported by the research of Gilbert and Beal (1982) and Hylton (1983) as discussed in chapter 2.

The music activities offered at the four nursing homes in this study were: sing alongs, hymn sings, reminiscing to music, exercising to music, and concerts by children's groups, visiting barbershop quartets, and visiting piano, accordion or guitar players. On the average, music activities are offered two to three times a week. The directors said that 25 to 45 percent of the seniors attend the music events. In most cases, it is the bedridden seniors who do not participate.

When asked what the common music requests are, the directors replied that hymns, and popular songs of the 1920's, 30's, and 1940's are most often requested. All of the nursing homes supplied records and tapes for the seniors. The recordings were mainly of church music, traditional jazz, Christmas music, classical music, old radio dramas, and Glen Miller and Mitch Miller recordings.

The directors were also asked what music is most often heard in the residents' rooms. Some directors answered country or soft music. Two of the directors said that many times it is the nurse aids who choose the music played in the residents' rooms, and most often this is rock music. Knowing how the seniors dislike this style of music makes one question how this makes the seniors feel. For the senior who is bedridden, this playing of popular music in their room against their wishes could have some negative effects. The director of one of the homes has developed a way of overcoming this problem. She finds out what style of music the seniors like once they are admitted to the home and records them in the seniors' charts. Then, if she ever hears music playing in one of the rooms that is not of the style that the senior likes, she speaks directly with the nurse aid who had turned it on. The nurse aid then is informed about the styles of music that that particular senior prefers. This system could work very easily for any activity director of a nursing home and if employed, could possibly improve the senior's state of mind and health.

The last questions asked of the directors concerned the importance of religious music at the home. Each director explained that religious music is extremely important. Some of their comments were: "it is very high in importance and in the end it is always the music that is chosen"; "it is so important to them and all of them seem to know the hymns by heart"; "seniors are at a point in their lives where they have spiritual needs and so this music means a lot to them"; "many of the seniors talk of God"; "it is very important because of their generation's strong values in Christianity." Thus, it seems that if religious music were included in a study such as this one, it would be ranked very high, if not first.

Summary

The results of this study suggest the following conclusions: the 63 seniors from the four nursing homes preferred country music the most, followed by traditional jazz, art music and lastly pop music. The variables that influenced the preference of these seniors were education level, the community size in which they grew up, having received music training outside of school, and the nursing home in which they reside. The relationship of education level and community size to preference is inverse. This means that as education level or community size decreases the preference increases. Education level influenced overall preference for all of the styles combined, as well as preference for country, traditional jazz and pop music.

On the other hand, the community size in which the senior grew up only influenced the overall preference and preference for country music.

Having music training outside of school, which in the majority of cases was receiving piano lessons, influenced the seniors' preference for art music. Those who had the training tended to prefer art music more than the seniors who had not received this training.

The nursing homes, which had seniors with different education levels, socio-economic statuses, and religious background, also demonstrated a significant difference in overall preference and the preference for country music.

It was discovered that the majority of seniors in this study do not listen to the radio in their rooms. If music is being played in their rooms, it is not always the music chosen by the seniors.

Directors explained that seniors in the nursing home prefer activities that do not involve participation. Therefore, many of the activities offered are music listening and singing. The common music requests seniors make are for hymns or popular music of the 20's, 30's and 40's. It was also found that the religious music is very high in importance at each nursing home.

Further discussion and interpretation regarding the research findings will be discussed in the next chapter. Included in the next chapter will be the subjective data from this study which will include comments from the seniors.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

Summary

The overall purpose of this study was to discover the preference of seniors residing in nursing homes for four musical styles. The musical styles that were included in this study were art music, country, traditional jazz and popular music. In addition, this study also examined some variables that might affect the seniors' preferences for the musical styles.

Sixty-three seniors from four different nursing homes in South Central Michigan were interviewed by the researcher. In this interview the seniors, who were mainly white and female, were asked a few questions about their background, for example, where did you grow up, when did you graduate from school, did you ever sing in a choir or play in a band in school, and did you receive music training? The purpose of this interview was to identify variables that might affect the preference for the musical styles as a whole and individually. After the questions were answered, the seniors listened to the music selections and judged how much they liked them on a scale from one to five, with five indicating greatest preference.

Statistical analysis revealed that amongst the 63

seniors, the style of country music was preferred the most, followed by traditional jazz, art music, and popular music. A possible key reason for the high preference for country music could be that two of the country selections were fairly old songs. These older songs were the "Tennessee Waltz" and "Wabash Cannonball". When these selections were played, the seniors often commented on how they loved the old songs. Some of these comments were: "I think us seniors like those old songs"; "I like the old-fashioned music"; "I am acquainted with the songs from long ago, and it is those I like"; "I like the old ones, you see, I'm the old girl"; "I like the old songs because they bring back good memories." The older traditional jazz selections, "Singin' the Blues" and "Stars Fell on Alabama" were also highly preferred by the seniors as seen in their rank scores of four and five. This finding supports the previous research by Gibbons (1977) in which the elderly people prefer the popular music of their younger adult years.

The art music selections were ranked 3, 10, 11, and 12. The selection ranked 3, which was Bach's motet "Jesu Meine Freude" was preferred considerably more than the others. The researcher believes that this selection was preferred better because of the fact that it sounded like religious music. The majority of seniors commented that they like religious music. In fact, when the Bach example was played many seniors stated "oh that is religious music so I like it." The term "religious music" was



interchanged with "church music" or "Christian music" by the seniors.

The style of popular music was least preferred by the 63 seniors in this study. From the negative comments the seniors made about the popular music of today, it was no surprise to the researcher that it was least preferred. Some of the comments made about the popular music examples in this listening test were: "that's that new rock and roll beat, and I don't like it"; "I don't like those rock and roll songs that you can't even understand"; "when you get old, you don't associate yourself with this modern music."

An interesting factor affecting the preference of the music selection was how loud it was played. Many seniors would state "oh that is too loud so I do not like it." When the seniors said this, the researcher responded by turning the volume down. After the volume was lowered, the preference for the selection often changed to the positive. The seniors would make comments like, "I like quiet music" or "when you get old you want more peaceful sounds." Thus, it was important for the researcher to find the optimum volume level for each senior in order to get a better representation of their preference.

Smith (1989) found a similar result in his study investigating preferences for frequency loudness levels in older adults. The results of his study indicated that the younger subjects 18 to 53, preferred louder volume levels

than the older subjects. Even though the older subjects had poorer hearing abilities, they did not compensate by increasing the listening volume.

Another interesting finding made by the researcher was that many of the seniors were worried about their performance on the listening test. This was evident in comments such as: "am I doing alright"; "did I do well"; and "are you sure I was o.k." One particular senior was afraid to participate because she thought she would fail. Thus, it was important for the researcher to make the seniors feel very comfortable and to reassure them that failure was impossible. And, as discussed in chapter 2, creating this more comfortable environment can decrease the seniors' caution and anxiety and in turn, they can perform more successfully.

Conclusions

A Spearman rank-order correlation coefficient revealed some significant correlations for education level and community size where the senior grew up. Each correlation was negative which represented an inverse relationship. In the case of education, it was found that as education decreased, overall preference increased. When the individual music styles were correlated with education it was found that as education decreased, preference for country, jazz, and popular music increased. Lathom et al. (1981) found that the lower education levels were related to a higher preference for older music of the

twenties. Since our selections for country and jazz included older songs, it is likely that this study supports this finding.

Lathom et al. also found that with a higher education level there was a greater preference for symphonic and operatic music. In this study, there was no significant relationship found between education level and preference for art music, although seniors from Burcham Hills nursing home, who had higher education levels, ranked art music as first compared to the other nursing homes that ranked country music first.

The community size in which the seniors grew up; rural, small town, or city; was significantly related to the seniors' overall preference. It was found that as community size decreased, overall preference increased. When studying the individual music styles, only country music produced a significant result. This relationship was also inverse, so that as community size decreased preference for country music increased. This may strengthen the belief that people from rural communities appreciate country music more than city folk.

To assess whether there was a significant difference between the preferences of seniors with varying education levels or the seniors who grew up in different community sizes, a chi-square test and Friedman analysis was computed. When analysing only one of the styles, the chi-square test was utilized but when looking at all of the

1892

1893

styles together, the Friedman test was used. By using the Friedman test, it was discovered that seniors with different education levels had significantly different preference scores for the four styles of music. The chi-square test revealed significant differences among preference scores only for the style of country music. Seniors with a lower level of education preferred country music more than seniors with a college education.

Regarding seniors who grew up in different community sizes, it was found that their preferences differed significantly. The Friedman test showed that the seniors ranked the styles in different orders depending on what size community they grew up in. For example, the seniors from the city ranked art music first while the seniors from the rural and small towns ranked country music first. The chi-square test revealed that seniors from the varying community sizes had different preferences for country music. The seniors from the rural communities tended to prefer country music more than the seniors from the city.

From the statistical analysis it was also discovered that having music training outside of school affected preference. In most cases the musical training was in piano lessons. Only in one case did the senior take violin lessons. The seniors who had outside music training differed significantly from those who lacked this training in their preference for art music. From the means tables, it was evident that those seniors with

musical training had the higher preference for art music. Similarly, Lathom et al. found that having private lessons increased preference for symphonic music. Lathom explained that a higher preference for art music could be due to the affect of familiarity. Having musical training or private lessons would increase one's familiarity with classical music and thereby possibly increase one's preference for it.

A Friedman test revealed that seniors from the different nursing homes had significantly different preferences for the four musical styles. The chi-square test also revealed that country music was preferred more at some nursing homes and not others. Each of these findings point to the importance of assessing each nursing home for preferences. From this study, it is evident that seniors from different nursing homes may prefer different styles of music. Therefore, it is important that therapists or activity directors do not expect all seniors to favour any one type of music style more than another. If seniors have unique preferences then they must be acknowledged.

In the listening test, each style was balanced with two instrumental and two vocal selections. This was done in order to discover if there was an affect of performing medium on preference. A Wilcoxon matched-pair signed-ranks test was computed using BSS and this computation revealed that there was no significant difference between preference for instrumental or voice selections. Even

though the statistics revealed no significant differences, many of the seniors commented that they liked instruments more than voices. It is possible that future research may find performing medium to affect the preference of seniors.

Recommendations

Future researchers should continue to investigate preferences of the elderly. It is hoped that future exploratory research could provide more information regarding the likes and dislikes of seniors in our society, especially since they are now the fastest growing population in America.

It may be interesting to compare preferences of seniors residing in nursing homes and those living in the community. It is possible that the difference in the living environments could influence preference. For example, Gilbert and Beal (1982) found that seniors in the community preferred serious music and music experiences involving movement more than the seniors in the nursing homes. It is also possible that the differing health conditions of the seniors in the nursing home and community could influence preference.

With the increased attention given to Alzheimer's disease, it would be valuable for researchers to investigate the preference of seniors with this illness. The challenge for this research would be in creating a specialized preference test that could be administered to

the seniors with this illness.

In this study, females were by far the majority. This was probably because the majority of persons living in nursing homes are women, and this in turn is most likely due to the fact that women outlive men by approximately nine years. It would be interesting to investigate the differences in preferences of musical styles for senior men and women. Lathom et al. for example, found that women preferred musical shows more than men did.

A difficulty in preference research is choosing the right musical selections. As Lathom indicated "preferences given could have reflected a preference for or a dislike of a particular work rather than the style of music" (p. 164). Therefore, further research will need to investigate the same styles of music as found in this study, with different musical selections.

The purpose of this study was to discover the preferences of seniors residing in nursing homes. The results from this study should not be generalized to other seniors, since it was evident from this study that each nursing home differed in its preferences. It is important that therapists and activity directors take time to assess these preferences either by informal conversation or by using sample questionnaires as provided in Appendix A. By understanding the preferences of seniors, music therapists and activity directors can offer more individualized and effective programs.

APPENDIX A



Sample Music Preference Questionnaire that
Music Therapists or Activity Directors
Could Give to their Clients

1. What types of music do you like? For example:
(the lists provided here are only suggestions and
thus, many other answers are possible)

a)popular	g)gospel
b)jazz	h)rock
c)ragtime	i)classical
d)country	j)marches
e)bluegrass	k)religious
f)opera	l)patriotic
2. Do you have a favourite artist? or group?

i.e. Barbara Streisand	Beatles
Louis Armstrong	Abba
Vladimir Horowitz	Canadian Brass
3. Do you have a favourite song or large work
composition?
4. Do you have a song that reminds you of your spouse
or "the good old days"?
5. Do you have a favourite musical or opera?
6. What types of musical performances do you enjoy?

a)church choirs	c)marching bands
b)orchestras	d)musicals or operas
7. Do you sing?
Do you enjoy sing alongs?
What kinds of music do you like to sing?
8. Do you enjoy dancing to music?

a)waltzes
b)polkas
c)square dancing
9. Do you play any instruments? if yes, which ones?
10. Do you have any of your own instruments?
11. What kind of music relaxes you?

APPENDIX B



Questions for the Interview Given Prior to the Test

(c1-2) Respondent #: _____

(c3) Nursing Home #: _____ 1=Ingham 2=Hazel 3=Burcham 4=MLH

(c4-6) Age _____

(c7) Gender: _____ 1=male 2=female

(c8) Race: _____ 1=white 2=black

(c9) Where did you grow up: 1=rural 2=small town 3=city

_____(c10) When did you complete your education:
1<grade 8 2=highschool 3=college

_____(c11) When you were in school were you in a band, choir
or orchestra: 0=no 1=yes _____

_____(c12) When you were out of school were you involved in
musical training: 0=no 1=yes _____

_____(c13) Do you listen to the radio; if yes, then what
station do you listen to: 0=no if yes write down
the station

Any special comments for the researchers interest:

APPENDIX C

Interview with the Activity Director

1. What kinds of music activities do you have here at the nursing home?

2. How often are music activities offered?

3. How many attend the music events (what %)

4. Do you find the seniors are more or less interested in music activities that involve participation?

5. What are the common music listening requests you get?

6. Do you have records/tapes/cds available for the seniors?

7. What kinds of music do you hear most frequently in the residents' rooms?

8. What % of residents actually listen to music on the radio or stereo in their room?

-Over-

9. Is Sunday a time where many seniors go to a hymn sing?

10. Which denominations are at this nursing home?

11. What is the importance of religious music at this home?



APPENDIX D



Response Sheets

Example 1

I like I _____ I _____ I _____ I _____ I _____ I I dislike

Example 2

I like I _____ I _____ I _____ I _____ I _____ I I dislike

Example 3

I like I _____ I _____ I _____ I _____ I _____ I I dislike

Example 4

I like I _____ I _____ I _____ I _____ I _____ I I dislike

Example 5

I like I _____ I _____ I _____ I _____ I _____ I I dislike

Example 6

I like I _____ I _____ I _____ I _____ I _____ I I dislike

Example 7

I like I _____ I _____ I _____ I _____ I _____ I I dislike

Example 8

I like I _____ I _____ I _____ I _____ I _____ I I dislike

Example 9

I like I _____ I _____ I _____ I _____ I _____ I I dislike

Example 10

I like I _____ I _____ I _____ I _____ I _____ I I dislike

Example 11

I like I _____ I _____ I _____ I _____ I _____ I I dislike

Example 12

I like I _____ I _____ I _____ I _____ I _____ I I dislike



Example 13

I like I _____ I _____ I _____ I _____ I _____ I I dislike

Example 14

I like I _____ I _____ I _____ I _____ I _____ I I dislike

Example 15

I like I _____ I _____ I _____ I _____ I _____ I I dislike

Example 16

I like I _____ I _____ I _____ I _____ I _____ I I dislike

APPENDIX E



Consent Form

Spring Term, 1990

Dear Senior:

I am writing to ask your consent for your participation in my research study. The objective of this study is to find out what the music preferences are of seniors residing in nursing homes. To accomplish this I will play a variety of music examples and you can tell me whether you like them or not. This study has been explained to university authorities, and I am contacting you with their permission. I hope that you would be able to participate in this study. If you would like to participate then please sign your name to the bottom of this sheet.

Yours sincerely,

Jennifer Jonas
Masters student in music therapy
Michigan State University

Consent Form

I have read the explanation above and hereby consent to my own participation in your study. I understand that I am free to withdraw from the study at any time. I also understand that I will be anonymous and that my responses will remain confidential. Within these restrictions, I comprehend that when this study is completed, I will be able to find out the overall results.

Signed: _____

Date: _____

APPENDIX F



Codesheet for Computer Analysis of Results

Field Width	Column Location	SPSS Mnemonic (Variable Name); description of information for each variable; instructions for coding
2	1-2	RESPDID; ID number used to identify each respondent; the first senior will be 1 and this will follow sequentially to the last respondent
1	3	NURSHMID; ID number used to identify the nursing home in which the respondent lives
3	4-6	AGE; this is the exact age of each senior respondent
1	7	GENDER; number used to identify a respondent's gender male = 1 and female = 2
1	8	RACE; number used to identify a respondent's race white = 1 and black = 2
1	9	COMMUNID; number used to identify the size of community senior grew up in rural = 1, small town = 2 and city = 3
1	10	LVLATTND; number used to identify the level attained in school <grade 8 = 1 and highschool = 2 and college = 3
1	11	MUSCHOOL; response to the question whether they were involved in a band, orchestra or choir during school no = 0 and yes = 1
1	12	MUSOUTSL; response to the question whether they were involved in music training outside school no = 0 and yes = 1
2	13	RADIOST; response to the question whether they listen to the radio and what station it is they listen to no station = 0 yes = 1 WJR = 2 WJIM 3 WKAR = 4 WITL = 5

1
sixteen
times

14-29

R1 TO R16; responses to the listening
test from music examples 1 to 16; like
very much = 5 on a contium to dislike
very much = 1

2000
2001

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