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Social and Economic Political Affiliations of Music Therapy Students and Professionals

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SOCIAL AND ECONOMIC POLITICAL AFFILIATIONS OF MUSIC THERAPY
STUDENTS AND PROFESSIONALS

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ABSTRACT

This study examined the social and economic political affiliations of music therapy students (n = 186) and professionals (n = 40) using an adapted version of an internet-based political compass instrument. Participants were placed in liberal, moderate, and conservative categories for both their social and economic views based on responses to several political statements. Current knowledge of the Affordable Care Act (ACA) and the anticipated effect on the profession of Music Therapy were also investigated. Results indicate 66% of participants hold Socially Liberal Economically Liberal (SLEL) political views while 15% are classified as Socially Conservative Economically Conservative (SCEC). The remaining individuals fall somewhere in between the two ends of the spectrum. A chi-square test for two independent samples revealed that there were no significant differences between the political affiliations of music therapy students and professionals, $X^2 = 6.88, p > .05$; however, there were significant differences found between political affiliations of participants studying or practicing in the Southeastern and Southwestern regions compared with participants in the remaining regions, $X^2 = 103.36, p < .05$. There were also significant differences between the political affiliations of religious and non-religious participants, $X^2 = 18.36, p < .05$. Overall, slightly more than half of participants agreed with all but one of the true statements regarding the ACA while just a single false statement was selected by a similar amount of participants. When asked how much they believed the ACA would affect their current job, the greatest number of participants (29.5%) responded with "5" followed by 18.1% who answered, "0." The mean and standard deviation for this question were 4.53 and 3.01 respectively.
CHAPTER ONE

INTRODUCTION

Although several political parties exist in America, the Democratic Party and the Republican Party represent the two most prominent forces within the current system of government. These two parties have dominated every presidential election since Franklin Pierce took office in 1853 ("American Presidents," 2012). This two-party system originated during the time of the ratification of the Constitution when conflict arose between Anti-Federalist, Thomas Jefferson and Federalist, Alexander Hamilton (Podmore, 2012). The Anti-Federalists opposed the signing of the Constitution due to concerns regarding the former oppression of the British government, which they had just escaped. The Federalists on the other hand, believed that the Constitution would facilitate a stronger nation (Podmore, 2012). Throughout history, American politics have remained divided primarily between two schools of thought. Even citizens who do not agree with either the liberal ideology of the Democratic Party or the conservative views of the Republicans end up casting a voting for one of the two candidates and third-party concerns remain inconsequential (Podmore, 2012).

History of the Democratic and Republican Parties

The Democratic Party, one of the oldest political parties in the world, can trace its origins back to 1792 when the anti-monarchial followers of Thomas Jefferson deemed themselves the "Republicans." This party, also known as the Jeffersonian Republicans, advocated for a decentralized government in which the power would be distributed amongst a group of people rather than lay in the hands of one single person ("Democratic Party," 2013). The Jeffersonian Republicans were subsequently referred to as the Democratic-Republican Party and it wasn't until the election of Andrew Jackson in 1828 that they finally adopted the "Democratic Party" as
their official name (Burns, n.d.). Following the Civil War, the Democratic Party tolerated slavery and opposed civil rights legislation in order to keep their Southern supporters; however, they experienced an enormous ideological shift during the middle of the 20th century. They reinvented themselves as a progressive party that favored increased governmental interference concerning the economy, but avoided meddling in the private lives of citizens ("Democratic Party," 2013). Some of the most monumental pieces of legislation have been passed under Democratic leadership including the amendments that ended discrimination against African Americans and gave women the right to vote. The Social Security System and the Medicare program were also established by Democratic presidents, affirming the nation's commitment to the elderly for the first time ("Our History - Democrats," 2012).

The Republican Party emerged in the early 1850's when a group of individuals joined together in opposition of slavery. The name "Republican" was taken from Jefferson's Democratic-Republican Party because it had come to represent equality. They became an official political party in 1856, only four years before Abraham Lincoln, their first presidential candidate, was elected to the White House. The Republicans believed in the power of the people to make their own decisions and opposed a large governmental system. They were the first major political party to support women's suffrage and worked diligently to end gender and racial discrimination in the United States. The most notable pieces of legislation passed by Republican presidents include the 13th Amendment, which banned slavery and the 15th Amendment, which granted African-American citizens the right to vote ("Our History - GOP," 2012).

Over the years, Democrats and Republicans have each come to adopt their own unique set of beliefs on specific issues facing the country. According to the Democratic National Platform, the Democratic Party is the "party of inclusion" ("The Democratic Party Platform,"
They pride themselves on being open to accepting a variety of beliefs and respecting individuals regardless of their differences. They believe that any law-abiding citizen that works hard should be able to receive an education, find a job that pays the bills, have good quality health care that they can count on if they become ill, and retire with confidence and dignity. They advocate for marriage equality, immigration reform, and believe that women have the right to make their own decisions regarding reproduction. They also support continued research and potential use of embryonic stem cells in the treatment of disease. The Democratic Party pictures an America that leads the world in innovation, new technology, renewable energy, and scientific discoveries ("The Democratic Party Platform," 2012).

The Republican Party also celebrates innovation and entrepreneurship and believes that hard working citizens should be able to achieve the American Dream ("GOP Platform," 2013). They differ from the Democratic Party in that they support a smaller and more efficient government. They believe the current system is in control of too many things and that people should be more self-governing. They support the idea that individuals with low-incomes should be entitled to a fair shot, but believe each citizen should be evaluated based on his or her personal merit. The Republican Party is comprised of people from all faith backgrounds and they condemn discrimination against any citizen based on religion, sex, age, race, disability, creed, or national origin ("GOP Platform," 2013). They have a more traditional view when it comes to social issues and uphold the sanctity of heterosexual marriage and of human life ("GOP Platform," 2013).

In the years since the formation of these two parties, who were at one point strikingly similar in their beliefs, Democrats and Republicans have become increasingly more polarized. Beginning in the 1960's, Democrats became involved in civil rights issues and the Republicans
started to align with the Religious Right. By the 1980's there was an increased amount of tension in Congress as liberals and conservatives grew more uncomfortable with each other's beliefs. The American National Election Study has conducted surveys since the 1970's in which citizens are asked to rate different interest groups using a "feeling thermometer." Their findings suggest that Democrats and Republicans have always been passionate about their own causes, but hostility toward the opposing party is accelerating (Haidt & Hetherington, 2012). This is especially true when it comes to health care.

**Political Affiliation and Healthcare**

The Democratic Party views health care as a right that should be granted to all citizens regardless of their economic status. They believe health care should be affordable and allow individuals access to high quality medical services. They do not believe anyone should have to go bankrupt in the event they become ill. Democrats advocate for mental health and substance abuse services, are committed to strengthening Medicaid and Medicare, and are fighting to save the Social Security System in order to benefit future generations. They are passionate about supporting veterans and increasing their access to mental health care and have fought to grant same-sex couples the right to visit one another in the hospital ("The Democratic Party Platform," 2012).

The Republican Party is also in favor of strengthening Medicaid and Medicare and is committed to ensuring that low-income individuals as well as the elderly receive the care they deserve. However, as 80% of health care costs can be attributed to lifestyle, Republicans believe in placing personal responsibility on individuals for maintaining their health (GOP Platform, 2013). They would like to "move Medicaid and Medicare away from a defined-benefit entitlement model to a fiscally sound defined-contribution model" ("GOP Platform," 2013,
"Reforming Government to Serve the People," para. 8). They believe this would prevent fraud, lower costs, and give citizens a choice of providers, which would increase the competitive market. In addition to keeping Medicare as an option, the Republican Party has outlined a plan that would give individuals a set amount of money to cover their health care costs and allow them to choose their own insurance (Kliff, 2012).

**Affordable Care Act**

On March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act, a health care reform law that aims to provide every American citizen with accessible, affordable, and good quality health coverage. This piece of legislation is also referred to as the Affordable Care Act (ACA) and many opponents of the law have embraced the title ObamaCare (McDonough, 2012). According to the nonpartisan Congressional Budget Office, approximately 33 million Americans that would have been uninsured without the ACA will have access to health insurance by 2022 (Klein, 2012). Some of the provisions outlined in the law have already been implemented such as the ability to receive select preventative services at no cost. These services may include blood pressure, diabetes, and cholesterol screenings, mammograms and colonoscopies, counseling for weight loss, smoking cessation, healthy eating, and depression as well as standard wellness visits for children under the age of 21, and vaccinations ("Preventive Care," 2012). As of 2010, insurance companies can no longer deny coverage to children under the age of 19 with pre-existing conditions and in 2014 this will apply to individuals over the age of 19 as well. Beginning in 2014, insurance companies will be prohibited from placing lifetime monetary limits on essential benefits such as hospital stays; however, they will still be able to place a cap on the number of visits permitted for mental and physical health services (Tague, 2012).
Approximately four million small businesses are now receiving tax credits in order to provide health insurance to their employees ("Key Features," n.d.). Additionally, if employers do not offer health insurance to their employees, they will be faced with a penalty. In this case, plans may be purchased through federal and state exchanges; however, only 18 states have actually agreed to offer this option (Tague, 2013). Once these exchanges become available in October of 2013, they will include rehabilitation services, prescription drug coverage, and behavioral health treatment (Tague, 2013). Individuals that do not purchase health insurance by 2014 will be subject to a tax. Young adults under the age of 26 are now eligible to remain on their parents’ health insurance plan unless they are already offered coverage through their employer (Klein, 2012). The ACA will also require new screening procedures for health care providers and contribute additional resources in order to reduce fraud within the medical system. In the past, citizens that utilized a great amount of health services could be dropped from their insurance coverage, a process termed rescission; however, with the passing of the ACA, this will be illegal except in cases of fraud (Klein, 2012). Individuals who make less than 133% of the Federal Poverty Level ($29,000 for a family of four) will now be covered through Medicaid and those making between 133% and 400% of the Federal Poverty Level ($88,000 for a family of four) will be eligible to receive a tax credit on a sliding scale in order to assist with the cost of private health insurance (Klein, 2012). A Supreme Court ruling issued on June 28, 2012 gave states the ability to opt out of this Medicaid expansion (The Henry J. Kaiser Family Foundation, 2012).

In 2010, the amount of money the United States spent on health care was almost 18% of the gross domestic product. Medicare and Medicaid are enormous contributors to the national deficit and due to the aging population, the financial burden continues to increase as well. At the
current rate, Medicare is expected to run out of money in 2024 ("Obama May Turn," 2013). The ACA is projected to save $716 billion between 2013 and 2022 by scaling back on Medicare expenditures. This money will be removed from hospice, skilled nursing, home health, and hospital services, hospitals that serve large quantities of individuals without health insurance, and Medicare Advantage, a private alternative to Medicare that covers 27% of Medicare beneficiaries. The Medicare actuary predicts the cuts to Medicare Advantage will reduce enrollment in this plan by 50% before 2017. More seniors will therefore switch to traditional Medicare, giving them fewer benefits and increasing their out-of-pocket costs (Moffit & Senger, 2012).

**Music Therapy**

Music Therapy is an allied health profession in which a Board Certified Music Therapist utilizes evidence-based music interventions with individuals in order to accomplish non-musical goals (AMTA, 2013a). Music therapists work in a variety of settings including hospitals, long-term care facilities, special education classrooms, hospices, and psychiatric hospitals. As the majority of these institutions will be affected by the ACA, it is important to understand the implications of the bill in order to prepare for possible changes. In many ways, the ACA will positively impact the individuals with whom music therapists work. For example, since individuals with pre-existing conditions will no longer be denied health insurance, those with developmental disabilities will have greater access to treatment. Due to restrictions within each specific insurance plan, this treatment may not include speech therapy, physical therapy, occupational therapy, or music therapy unless a baseline of the person's functioning level is taken first (Tague, 2013). Individuals with Autism Spectrum Disorders or Developmental Disabilities who require frequent therapy will have no annual cap on their benefits and screening for these
conditions will potentially be covered under preventative services, which would lead to earlier diagnosis and therefore increase the opportunity for early intervention therapies (Tague, 2013).

The cost of music therapy services is typically covered through private payers; however, some music therapists have been successful at receiving reimbursement for their services through third-party insurance providers. In addition, several music therapists employed in rehabilitation settings as well as facilities that serve the older-adult population have been able to include their treatment under services covered by Medicare; however, these music therapists do not receive their salaries through this benefit. With $716 billion in cuts to Medicare, music therapy services will potentially be affected. At this point, since the full law has not yet been implemented, it is unknown exactly how the ACA will affect these reimbursement procedures (Tague, 2012).

Due to the creation of federal and state health insurance exchanges, more individuals will have access to coverage, but music therapists will have to research their own state's program. Music therapy is not typically funded through Medicaid, unless it is covered by a grant from a state agency, which has the option to choose how they spend their money. Therefore, the Medicaid expansion will not likely increase access to music therapy services with the exception of facilities offering mental health treatment (Tague, 2013). There has been discussion about changing Medicaid reimbursement for hospital care from a per diem rate to a Diagnosis Related Group rate (DRG) (Tague, 2013). Hospitals reimbursed through per diem rates receive a fixed amount each day for the services that they provide. Conversely, hospitals that receive payment through DRG rates are paid based on the average cost of providing services to individuals with specific diagnoses ("Hospital Inpatient," n.d.). If more hospitals implement the DRG reimbursement system, the desire to decrease length of stay while increasing quality of care will increase. This will provide an excellent opportunity for music therapists to advocate for their
services (Tague, 2013). Prior to advocating for the field, it is critical that music therapists take the time to understand the ACA and the effect that it could possibly have on the profession of Music Therapy.

**Purpose**

The purpose of this study was to examine the social and economic political affiliations of music therapy students and professionals as well as determine the anticipated effect of the ACA on the profession of Music Therapy. Participants' current knowledge of the implications of the ACA was also investigated.

**Research Questions**

1) Where do music therapy students and professionals fall on the political compass?

2) Is there a difference between political affiliations of participants based on demographic information?

3) Which participants knew more about the implications of the ACA?

4) Do music therapists believe the ACA will affect the profession?

5) How do music therapists feel about controversial political issues such as the use of embryonic stem cells, legalization of abortion, and same-sex marriage?

6) How do music therapists feel about the responsibility of the government to provide health care to its citizens?

**Operational Definitions**

**Socially Liberal**

Any individual whose position on the political compass lies above the x-axis.

**Economically Liberal**

Any individual whose position on the political compass lies to the left of the y-axis.
Socially Conservative

Any individual whose position on the political compass lies below the x-axis.

Economically Conservative

Any individual whose position on the political compass lies to the right of the y-axis.

Socially Moderate

Any individual whose position on the political compass lies directly on the x-axis.

Economically Moderate

Any individual whose position on the political compass lies directly on the y-axis.

Religious

Any individual who responded to the question "Do you consider yourself to be religious?" with "yes," "somewhat," "spiritual, not religious," or just "spiritual."

Music Therapy Student

Any individual who is currently enrolled in an undergraduate or graduate music therapy program. This includes graduate students who also work as professionals, music therapy interns, and individuals in between internship and certification.

Music Therapy Professional

Any practicing music therapist who did not fall into the student category.

Not Religious

Any individual who responded to the question "Do you consider yourself to be religious?" with "not really" or "no."
CHAPTER 2

REVIEW OF LITERATURE

The development of an individual's personality is based on a combination of nature and nurture ("What a Personality!," 2008). An infant is born with temperament, which is the predecessor to personality that has a purely genetic influence (Rothbart, 2007; "What a Personality!," 2008). Temperament consists of nine traits that will eventually either be reinforced or extinguished by the environment and thus establish neural connections contributing to the child's beliefs about self, others, and the physical and social world while additionally forming values, attitudes, and coping strategies (Rothbart, 2007; "What a Personality!," 2008). Traits present upon birth include activity level, regularity, sociability, adaptability, intensity, disposition, distractibility, persistence, and sensitivity ("What a Personality!," 2008). Once beliefs, values and attitudes are shaped, individuals form groups based on these shared characteristics (Mooney, 2012). This influences career decisions and contributes to political party affiliation (Mooney, 2012; Steele & Young, 2008). Personality traits common to individuals with liberal political views include openness and creativeness while characteristics representative of persons with conservative views include conscientiousness and cleanliness (Caprara et al., 1999; Carney et al., 2008; Gerber et al., 2011). Several studies examining the personalities of musicians and music therapists in particular have observed common traits such as openness to change, agreeableness, and abstractedness, attributes associated with liberal ideology (MacLellan, 2011; Vega, 2010; Woody, 1999).

Political Party Statistics

American political ideology runs along a continuum from the very liberal on the left to the very conservative on the right. A conservative scholar by the name of Dinesh D'Souza has
described liberalism as "the recognition that all people should be free in their economic, political, religious, and expressive endeavors" whereas conservatism is "the desire to conserve the ideals that the country was founded upon" (Notgarnie, 2007, p. 87). Individuals who identify with liberal ideology tend to prefer the Democratic Party while those who hold conservative views typically align with the Republican Party (Abramowitz & Saunders, 2006). Whether a person associates with the Democratic or Republican Party depends more on their ideological views than on other factors such as their social identity; however, as members of social groups often have similar interests and concerns, they frequently gravitate toward the same political belief system (Abramowitz & Saunders, 2006).

As of 2011, there were 42 million registered Democrats in the United States (Wolf, 2011). Individuals who vote Democratic tend to be working class citizens living in urban environments. Democratic voters are slightly more likely to have a college education than their Republican counterparts (Wolf, 2011). Members of racial and ethnic minorities, women, and singles as well as those who are less religious also tend to affiliate with the Democratic Party (Abramowitz & Saunders, 2006; Edlund & Pande, 2002). Since 1964, the Democratic Party has had few supporters in the Southern part of the country and this trend has intensified within the past 30 years (Rae, 1992).

The Republican Party, which has 30 million registered voters, has grown both in and out of the South since the 1970's especially amongst married individuals, Caucasians, men, and Catholics (Abramowitz & Saunders, 2006; Wolf, 2011). Republican voters tend to live in smaller, more rural towns and are typically members of traditional families. They are frequently wealthier and more religiously observant than individuals who prefer the Democratic Party (Abramowitz & Saunders, 2006). These two schools of thought maintain different views on a
variety of issues including gun control, environmental concerns, the economy, national security, family, and health care.

The Role of Religion in Shaping Political Beliefs

Although the American government upholds the separation of church and state, religious beliefs play a significant role in shaping political policy. This is especially evident in the Southern United States where gambling, drinking, pornography, and Sunday business are outlawed (Morgan & Meier, 1980). Hirschl, Booth, Glenna, and Green (2012) studied the effect of religious affiliation on US Presidential voter choice and examined the relationship of these two factors over time. Results suggest that religious identity did affect voter choice from 1980 to 2008. Individuals who maintained a more conservative interpretation of the Bible (meaning they believe it is the literal word of God) were more likely to vote for a Republican candidate while those who view the Bible as merely a book of legends and fables recorded by men were more inclined to vote Democratic (Hirschl, et al., 2012). This trend increased significantly over the period of the study as the political climate continued to polarize. Additionally, Caucasian participants from wealthier economic classes were more likely to be influenced by their religious beliefs than individuals from other backgrounds (Hirschl, et al., 2012).

Olson and Warber (2008) examined the effect of religion on US presidential approval ratings. They found that a conservative interpretation of the Bible was significantly related to the approval of Republican presidents and a disapproval of Democratic presidents. Religious affiliation and religious commitment (frequency of attendance, prayer, and implementation of doctrine) were not significant (Olson & Warber, 2008). Newport (2006) surveyed individuals regarding their religious identities in the state of Indiana, a population representative of America
as a whole. Results suggest a positive correlation between religious commitment and closed-mindedness and a negative correlation between the former and participants' self-esteem.

Fifty-three percent of Republican participants and 29% of Democratic participants were found to attend church weekly while 21% and 42% of Republican and Democratic participants respectively stated they seldom or never attend (Newport, 2006).

An individual's religious affiliation significantly affects their stance on several controversial social issues such as abortion and same-sex marriage (Hess & Rueb, 2005; Sherkat, Powell-Williams, Maddox, & Mattias de Vries, 2011). Hess and Rueb (2005) surveyed 396 college students at a Midwestern university in order to determine factors contributing to their attitudes toward abortion. They found that as an individual's religiosity increased, the likelihood of holding a pro-choice position decreased. Both Democrats and liberals were more inclined to support a woman's right to choose than Republican and conservative participants (Hess & Rueb, 2005). In the years between 1972 and 1998, Evangelical Protestants became increasingly more conservative in their abortion views while Catholic and mainline Protestant opinions remained the same (Evans, 2002). This polarization was not affected by demographic variables.

Sherkat et al. (2011) explored the religious influence on attitudes concerning same-sex marriage. Results suggest that both Republican participants as well as those who maintain a conservative interpretation of the Bible are significantly more opposed to legalizing same-sex marriage than other Americans. However, despite this fact, religious groups significantly shifted their views on this issue between 1988 and 2008, adopting a more liberal stance (Sherkat et al., 2011). Jewish respondents, those with no religious affiliation, and other non-Christians were significantly more likely to support same-sex marriage than remaining participants.
In addition to shaping opinions on social issues, religious beliefs also influence views on health care policy (Fogel & Rivera, 2004). Catholic bishops in the United States have been fervently advocating against health care reform due to religious principles that prevent them from supporting certain women's health services ("Everybody's Healthcare," 2009; Fogel & Rivera, 2004). In some cases, their opposition to abortions, sterilizations, and emergency contraception has failed to provide patients with the care they need in order to survive (Fogel & Rivera, 2004). Morgan (2009) studied factors contributing to positions on embryonic stem cell research. He found that church attendance and importance of religion significantly increased the chance of holding a negative opinion on the issue and that political identity had no effect. Personal interest (having a family member with an illness that could potentially be treated with embryonic stem cell therapy) was a significant cause for supporting continued research; however, this correlation did not apply to Catholic participants (Morgan, 2009).

Religious beliefs are especially important when making health care decisions at the end of an individual's life. Opinions concerning advanced directives and do-not-resuscitate orders are directly affected by a person's culture and religious identity (Clarfield, Gordon, Markwell, & Alibhai, 2003). Judaism, for example, upholds the sanctity of human life; therefore, feeding tubes, life-support, and other life-saving measures are often taken as long as they do not cause discomfort or undue suffering. The Catholic religion also stresses the value of human life; however, individuals are not obligated to continue treatment if death is a likely outcome (Clarfield, et al., 2003).

**Perceptions, Implications, and Current Knowledge of the Affordable Care Act**

The Affordable Care Act (ACA) has numerous implications for a variety of populations; however, the following list contains the key components of the law:
1. Insurance companies can no longer deny coverage to children under 19 with pre-existing conditions.

2. Insurance companies can no longer enforce lifetime dollar limits on essential benefits such as hospital stays.

3. Approximately four million small businesses are now eligible to receive tax credits for providing insurance benefits to their employees.

4. New insurance plans are required to cover certain preventative services such as mammograms and colonoscopies without charging a deductible, co-pay, or coinsurance.

5. Resources are being invested in order to crack down on fraud within the Medicare, Medicaid, and Children's Health Insurance Programs (CHIP).

6. States will have the option of providing Pre-Existing Condition Insurance Plans for individuals who have been uninsured for six months due to a pre-existing condition.

7. Young adults under the age of 26 are now able to remain on their parents' health insurance plan unless they are offered coverage through an employer.

8. If insurers do not spend at least 80% of their premium dollars on patient care and quality improvements, they will have to provide a rebate to customers.

9. By 2014, states will be required to expand Medicaid coverage to non-elderly individuals with incomes less than 133% of the Federal Poverty Level. ("Key Features," n.d.).

   Opinions about the ACA vary throughout different regions of the country (Brodie, Deane, & Cho, 2011). Brodie, Deane, and Cho (2011) have attributed this fact to the political affiliations held by citizens in each region. Americans who vote Democratic tend to support the law while the majority of Republican voters oppose it; however, Independents remain evenly
split on the issue. The national opinion of the ACA differs by age and race, but this does not hold true when taking region into consideration (Brodie, Deane, & Cho, 2011). Individuals living in either the New England or Pacific States are more likely to support the ACA than those in the East South Central (Alabama, Mississippi) and West South Central (Kansas, Nebraska, North Dakota) regions. Fifty percent of New England residents approve of the act while only 36% disapprove. The opposite is true in the East South Central states where just 32% of citizens support the ACA and 58% oppose it (Brodie, Deane, & Cho, 2011). Having a greater number of uninsured citizens or residents below the Federal Poverty Level does not have an effect on the opinion of that region. For instance, the New England states have both the lowest percentage of uninsured individuals and the highest level of support while the East South Central region has highest percentage of low income Americans and maintains the least favorable opinion. The aforementioned researchers suggest that attitudes are currently formed on the basis of ideology as the majority of the ACA has yet to be implemented (Brodie, Deane, & Cho, 2011).

Henderson and Hillygus (2011) explored citizens' views on health care between 2008 and 2010. They found the most significant factors influencing opinions on the ACA were political party affiliation and self-interest. During this time, Republicans became increasingly more opposed to the act with the exception of those who were personally troubled by medical expenses. In 2008, 30% of Republicans supported health care reform legislation and by 2010 this number had dropped to 17%. Conversely, 76% of Democrats supported the ACA in 2008 and 72% continued to maintain this stance in 2010 (Henderson & Hillygus, 2011). Although Americans remain divided in their opinions regarding the ACA, it important to note the act is endorsed by the American Medical Association and by a large number of primary-care providers (Abbott & Meara, 2012).
Knowledge about the implications of the ACA is limited especially amongst individuals who could potentially benefit from the changes (Tumicki, 2012). Many people are afraid that the new system will in some way increase their cost and there is concern about how the law will affect small businesses (Tumicki, 2012). These concerns may not be based in fact, but rather lack of understanding. There is presently an absence of familiarity with state exchanges amongst possible consumers, which will be the avenue through which the majority of currently uninsured individuals obtain coverage (Tumicki, 2012). In a study by Eddens (2012), a sample of low-income individuals was surveyed regarding their beliefs about the ACA. Results suggest 64% feel confused about the law, 54% believed it would help their families, and 52% were concerned about increased costs for health care (Eddens, 2012). Park et al. (2012) interviewed childhood cancer survivors about their current knowledge of insurance related laws. Findings indicate that many individuals who were already insured did not understand how to utilize their coverage and almost all participants lacked knowledge relating to insurance regulations. Both insured and uninsured participants expressed concern over raising health care costs (Park et al., 2012).

Knowledge of the ACA has yet to be studied amongst health care professionals.

The ACA has unique implications for a variety of individuals. Children, for instance, have received little attention from capital investors in the past due to their infrequent use of health care services; however, the ACA will attempt to provide access to good-quality health insurance for a majority of this population (Rosenbaum, 2012). Those with preexisting conditions under 19 years of age will no longer be denied coverage and it will now be illegal for insurance companies to revoke service due to application errors once a child becomes ill (Abbott & Meara, 2012). In addition to receiving health care coverage, children will enjoy continuity of care, enabling them to maintain relationships with their pediatric providers and avoid constant
changes in physicians. Children will experience greater involvement in their treatment due to an alignment of evidence-based care and a more patient centered approach (Rosenbaum, 2012).

Due to an expansion of the Children's Health Insurance Plan (CHIP), families whose income is greater than the Medicaid limit will now be able to provide health insurance for their children. The act also ensures full coverage of well-child visits and preventative care services under both public and private plans (Abbott & Meara, 2012). Furthermore, young adults under the age of 26, a population that typically has a low rate of health insurance, now have the option to stay on their parents' plan (Abbott & Meara, 2012).

Americans with disabilities tend to have lower employment rates and higher medical needs than other citizens, thus increasing the necessity of health care reform for this population (Gettens, Henry, & Himmelstein, 2012). Gettens, Henry, and Himmelstein (2012) predict that many uninsured individuals with disabilities will now have access to coverage due to the passing of the ACA. Many working Americans with disabilities do not currently meet the Medicaid criteria for severe disability due to either the duration of their condition or earnings capacity. Noncategorical Medicaid, which will expand coverage to citizens making below 133% of the Federal Poverty Level, will change this; however, it is uncertain at this time exactly how comprehensive this program will be (Gettens, Henry, & Himmelstein, 2012). Previously, states had a financial incentive to expand Medicaid coverage due to an increase in revenue. The ACA reverses this incentive and there is a possibility that some individuals with severe disabilities will lose Medicaid coverage (Gettens, Henry, & Himmelstein, 2012). In 2006, the state of Massachusetts implemented a health care reform law similar to the ACA. Based on a comparison of these two bills, it is estimated that the ACA will cut the percentage of uninsured
individuals with disabilities in half, increasing access for approximately two million citizens (Gettens, Henry, & Himmelstein, 2012).

The ACA seeks to reform the damaged mental health care system currently in place in the United States (Mechanic, 2012). In addition to increasing access to health insurance for 3.7 million individuals with mental illnesses, the law will allow reimbursement for services that were not previously reimbursable, chronic comorbidities will be more effectively addressed, and more evidence-based interventions will be implemented (Mechanic, 2012). Insurance offered through state exchanges will require coverage for both mental health and substance abuse services (Gettens, Henry, & Himmelstein, 2012). The present lack of evidence-based interventions to increase social functioning within the mental health setting offers a unique opportunity to add programs that provide a more holistic approach to care (Mechanic, 2012).

As of 2012, there were approximately 22.2 million veterans in the United States (Kizer, 2012). When it comes to health insurance, 37% are enrolled in the Department of Veterans Affairs (VA) health care system, over 80% are covered by Medicare, and 25% have two or more non-VA federal health care plans such as Medicare, Medicaid, or TRICARE. Additionally, 56% have their own private health insurance and 7% are uninsured (Kizer, 2012). The ACA will not significantly affect health care for this population as eligibility for VA health services, benefits, and co-payments will remain unchanged; however, it may alter access, quality of care, and the health care work force (Kizer, 2012). Currently uninsured veterans will be eligible for coverage through Medicaid and state exchanges, which will expand health care choices amongst these individuals. This may potentially contribute to a decrease in quality of care due to greater utilization of primary care physicians who might not be as knowledgeable about veterans' needs (Kizer, 2012).
As the population continues to age, geriatric care is becoming increasingly more important. The ACA focuses greatly on growing the workforce by training physicians, nurses, social workers, pharmacists, therapists, and other allied health professionals in issues specifically concerning elderly individuals (Stone & Bryant, 2012). One provision within the ACA increases payments to primary care physicians that serve Medicare beneficiaries, which will potentially add more practitioners to this field. Additionally, the ACA enabled the expansion of the Geriatric Career Incentive Award Program in order to persuade nurses, social workers, pharmacists, and psychologists to receive an education in geriatric health care. Within the hospice and home health settings, the ACA has focused primarily on reducing Medicare fraud and abuse (Markette, 2011). More funding will be provided for fraud enforcement, which will increase investigations and more closely examine hospice enrollment and recertification procedures (Markette, 2011).

**Political Affiliation and Personality**

Political affiliation and personality is a topic that has been studied for over 75 years (Carney, Jost, Gosling, & Potter, 2008). Political parties have distinct opinions on issues that appeal to specific individuals based on their beliefs and values (Caprara, Barbaranelli, & Zimbardo, 1999). Gerber et al. (2011) found that extraverted individuals were more likely to affiliate with a major political party, while a person's openness to experience decreased that likelihood. Some studies have suggested that individuals who vote conservatively tend to be more energetic and conscientious while those who vote liberally display greater degrees of openness, agreeableness, and friendliness (Caprara et al., 1999; Gerber et al., 2011).

Block and Block (2006) conducted a longitudinal study in which the personalities of nursery school students were examined and related to their political affiliations 20 years later.
Children who later identified themselves as liberal were described to be self-reliant, energetic, emotionally expressive, gregarious, and impulsive while those who identified themselves as conservative were rigid, inhibitive, indecisive, fearful, and over controlled. Carney et al. examined this relationship using three separate measures: self-report, nonverbal behavior during social interactions, and possessions found in working and living environments (2008). Results suggest there is indeed a significant difference in personality between liberals and conservatives. Liberals were found to be more open-minded, creative, curious, and novelty seeking while conservatives were more orderly, conventional, and organized. Possessions found in the living spaces of conservatives included traditional items such as postage stamps and calendars. Conservatives were also more likely to have standard decorations such as sports paraphernalia, flags (especially the American flag), and alcohol containers. Their rooms were cleaner, neater, fresher, more organized, and better lit than the rooms of liberals. Liberals were more likely to own books especially related to ethical issues, feminism, travel, and music and possessed a greater number and variety of CDs consisting of folk, world music, classic rock, and oldies (Carney et al., 2008).

**Personality of Musicians and Music Therapists**

Personality characteristics found to be associated with liberal ideology are also common to musicians. Research has suggested that musicians tend to be more creative and flexible than non-musicians, qualities that have been linked to liberalism (Woody, 1999). In a study by MacLellan (2011), high school orchestra, band, and choir students were evaluated using the Myers-Briggs Type Indicator (MBTI), which analyzes personality based on an individual's basic preferences: Extraversion (E) vs. Introversion (I), Sensing (S), vs. Intuition (N), Thinking (T) vs. Feeling (F), and Judging (J) vs. Perceiving (P), resulting in a total of 16 possible combinations.
(Steele & Young, 2011). The first preference (E vs. I) measures an individual's tendency to direct attention either toward the external environment (E) or toward an inner world of thoughts and ideas (I) (Myers, 1962). The second index (S vs. N) determines the way in which a person perceives situations. A preference for Sensing (S) indicates the individual processes surroundings using their five senses whereas Intuition (N) implies the individual makes associations based on ideas rather than on concrete stimuli (Myers, 1962). Subsequently, T vs. F examines whether an individual makes judgments based on either thoughts or feelings respectively and lastly, J vs. P determines if an individual uses a judging (T vs. F) or perceiving (S vs. N) process in interacting with the external environment (Myers, 1962). When compared to the MBTI high school norms, these results suggest that musicians were significantly more likely to be intuitive and feeling. Steele and Young (2008) administered the MBTI to undergraduate students majoring in either music education or music therapy. Findings indicate the largest percentage of each group consisted of the ENFP personality type. The second most frequent type amongst music education majors was ENFJ and the music therapy majors were evenly split between ENFJ, INFJ, and INFP (Steele & Young, 2008). In a follow up study, Steele and Young (2011) compared the MBTI personality types of professional music educators and music therapists with their respective undergraduate counterparts. The majority of both groups of professionals were found to be either INFJ or ENFJ; however, the highest percentage of professional music therapists exhibited traits consistent with the INFJ personality type. These results suggest that a large percentage of both music therapy students and professionals prefer Intuition (N) and Feeling (F). According to MBTI theory, individuals who prefer Intuition and Feeling tend to recognize patterns, search for deeper meanings, and are imaginative as well as creative (MacLellan, 2011).
In a study by Lim (2011), freshman, sophomore, and first year master's equivalency students were given the Music Therapy Career Aptitude Test (MTCAT), a 20 question assessment instrument that examines activities, interests, personality, thinking process, and interpersonal skills of individuals. Participants were asked to respond to a variety of statements using a 5-point Likert-type scale, which consisted of strongly disagree, disagree, undecided, agree, and strongly agree. Ninety-nine percent of music therapy students either strongly agree or agree they like to help others and 74.3% either strongly agree or agree they often volunteer their time to help less fortunate individuals (Lim, 2011).

In a similar study, Vega (2010) used the Sixteen Personality Factor Questionnaire (16PF), an assessment that examines a variety of personality characteristics, in order to determine the relationship between the personalities of professional music therapists and burnout level. Traits common to the majority of participants were emotional sensitivity, reasoning, apprehension, warmth, openness to change, self-reliance, extraversion, anxiety, abstractedness, rule-consciousness, and self-control.

**Summary**

Personality develops as a result of the interaction between nature and nurture. As individuals mature, those with similar personality traits tend to choose career paths and political parties that represent their common beliefs, values, and interests. As music therapy students and professionals exhibit comparable characteristics and concerns, there is a chance they also align in their political affiliations. The fact that more women are inclined to associate with the Democratic Party may also suggest that music therapists, of which a majority of whom are female, lean to the left in their political views. Several of the traits exhibited by both music therapy students and professionals including open-mindedness, creativity, openness to change,
tendency to make decisions based on feeling and emotion, and the desire to help those in need correlate with values that are important to members of the Democratic Party.

Religious beliefs have a tremendous effect on politics especially when it comes to health care. Opinions also vary by region of the country. An overwhelming majority of Democrats support the ACA and self-interest has been shown to increase this as well. As the American Medical Association endorses the ACA, the views of music therapists are of interest. Knowledge of the ACA is limited amongst those who would potentially benefit from the act and no studies currently exist that examine awareness amongst health care professionals. As with any piece of legislation, there are pros and cons to the implementation of the ACA and several implications directly affect the profession of Music Therapy. Therefore, it is important to understand the political beliefs of music therapy students and professionals, especially regarding health care policy.
CHAPTER THREE

METHOD

The purpose of this study was to determine the social and economic political affiliations of music therapy students and professionals throughout the United States. Current knowledge of the Affordable Care Act (ACA) and the anticipated effect of this piece of legislation on the field of Music Therapy were examined. Also investigated were beliefs about the responsibility of the government to provide health care to its citizens as well as opinions on controversial issues potentially affecting the field such as embryonic stem cell therapy.

Participants

Participants (N=226) were music therapy students (n=186) and professionals (n=40) from all seven regions of the United States as determined by the American Music Therapy Association: Great Lakes Region (IL, IN, MI, MN, OH, WI) (n = 28); Mid-Atlantic Region (DE, DC, MD, NJ, NY, PA, VA, WV) (n = 26); Midwestern Region (CO, IA, KS, MO, NE, ND, SD, WY) (n = 46); New England Region (CT, ME, MA, NH, RI, VT) (n = 10); Southeastern Region (AL, AR, FL, GA, KY, LA, MS, NC, SC, TN) (n = 87); Southwestern Region (NM, OK, TX) (n = 27); Western Region (AK, AZ, CA, HI, ID, NV, OR, UT, WA) (n = 2) (AMTA, 2013b). The researcher obtained the email addresses of Music Therapy Program Directors by accessing each individual university’s webpage. An introductory email was sent explaining the purpose of the current study and professors were asked to forward an attached survey to their students. Additionally, several participants were recruited directly through social networking as well as in person during a national music therapy conference. Participants were required to be either music therapy students or professionals studying or practicing in the United States; however, there were no other stipulations for participation in this study.
Dependent Measure

Participants were administered a survey (Appendix A) created by the researcher using the online survey generator, SurveyMonkey®. The first five questions collected demographic information such as status within the field of Music Therapy, gender, geographic location, and religious affiliation. The next 35 questions were adapted from www.electoralcompass.com, which uses a 5-point Likert-type scale to determine the political affiliation of respondents. Questions require participants to respond using the descriptions completely agree, tend to agree, neutral, tend to disagree, completely disagree, or no opinion regarding various political statements. Once submitted, results are displayed as a single point on a graph with economic affiliations represented along the x-axis (liberal to the left and conservative to the right) and social affiliations represented along the y-axis (liberal up and conservative down). The final two questions asked participants to check statements they believed to be true regarding the ACA and rate the expected effect of the act on their current job on a scale of 0-10 (0 being no effect and 10 being the greatest effect).

Procedure

The researcher was granted consent from Florida State University's Institutional Review Board (Appendix B). Upon receiving approval, the researcher obtained the email addresses for every Music Therapy Program Director in the United States through each individual university's website. An email was sent to each professor explaining the purpose of the current study and inviting them to forward the attached survey on to their students (Appendix C). A reminder email was sent the following week (Appendix D). Several of the researcher's colleagues were invited to participate in the current study through a private Facebook® message (Appendix E) and a link to the survey was also posted in a Music Therapy networking group on the same social
networking site. A few others were recruited in person at a music therapy conference, in which completion of the survey indicated consent. The first page of the online survey contained a consent form informing participants of the expected duration as well as the risks and benefits of participation. The consent form explained the anonymity of participation and notified participants that they may withdraw from the survey at any time by simply exiting out of the window (Appendix F). Participants were required to agree to the terms and conditions outlined in the consent form in order to continue with the survey. One additional question regarding geographic location of the participants also required an answer. The survey remained open for three weeks.
CHAPTER FOUR

RESULTS

The purpose of this study was to examine the social and economic political affiliations of music therapy students and professionals as well as determine the anticipated effect of the Affordable Care Act (ACA) on the profession of Music Therapy. Current knowledge of the ACA amongst participants was also investigated.

Research Questions

1) Where do music therapy students and professionals fall on the political compass?

2) Is there a difference between political affiliations of participants based on demographic information?

3) Which participants knew more about the implications of the ACA?

4) Do music therapists believe the ACA will affect the profession?

5) How do music therapists feel about controversial political issues such as the use of embryonic stem cells, legalization of abortion, and same-sex marriage?

6) How do music therapists feel about the responsibility of the government to provide health care to its citizens?

Data Analysis

Participants (N = 226) consisted of students (n = 186) currently enrolled in either an undergraduate or graduate music therapy program in the United States including graduate students who also work as professionals in the field, music therapy interns, and individuals in between internship and board certification. Professionals (n = 40) were identified as music therapists working in the field who no longer fell into the student category. Individuals were excluded from the study if they did not practice in the United States or if they did not complete
the survey question regarding their knowledge of the Affordable Care Act (ACA). Participants represented all seven regions of the country as determined by AMTA: Great Lakes Region \((n = 28)\); Mid-Atlantic Region \((n = 26)\); Midwestern Region \((n = 46)\); New England Region \((n = 10)\); Southeastern Region \((n = 87)\); Southwestern Region \((n = 27)\); Western Region \((n = 2)\). For the purposes of this study, individuals were classified as either religious (which included those who indicated that they were more spiritual than religious or somewhat religious) \((n = 160)\) or not religious (encompassing responses such as not really) \((n = 66)\). A complete demographic overview of participants is included in Table 1.

Table 1

*Demographic Overview of Participants*

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Students</th>
<th></th>
<th>Professionals</th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>∑</td>
<td>%</td>
<td>∑</td>
<td>%</td>
<td>∑</td>
</tr>
<tr>
<td>Overall</td>
<td>186</td>
<td>82</td>
<td>40</td>
<td>18</td>
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<td>Regions</td>
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<td>24</td>
<td>2</td>
<td>5</td>
<td>46</td>
</tr>
<tr>
<td>New England</td>
<td>8</td>
<td>4</td>
<td>2</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Southeastern</td>
<td>75</td>
<td>40</td>
<td>12</td>
<td>30</td>
<td>87</td>
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<tr>
<td>Southwestern</td>
<td>21</td>
<td>11</td>
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<td>15</td>
<td>27</td>
</tr>
<tr>
<td>Western</td>
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<td>0</td>
<td>2</td>
<td>5</td>
<td>2</td>
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</table>
Table 1 (continued)

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Students</th>
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<th>Professionals</th>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>∑</td>
<td>%</td>
<td>∑</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Religious</td>
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<tr>
<td>Yes</td>
<td>130</td>
<td>72</td>
<td>30</td>
<td>75</td>
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</tr>
<tr>
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<td>56</td>
<td>30</td>
<td>10</td>
<td>25</td>
<td>66</td>
</tr>
</tbody>
</table>

**Research Question One**

In order to determine political affiliations of participants, the researcher administered a survey adapted from www.electoralcompass.com, which uses a 5-point Likert-type scale. Questions require participants to respond using the descriptions completely agree, tend to agree, neutral, tend to disagree, completely disagree, or no opinion regarding various political statements. Once submitted, results are displayed as a single point on a graph with economic affiliations represented along the x-axis (liberal to the left and conservative to the right) and social affiliations represented along the y-axis (liberal up and conservative down). Individuals whose points were located directly on either the x or y-axis were considered moderate. Nine different combinations were possible including: Socially Liberal Economically Liberal (SLEL), Socially Liberal Economically Moderate (SLEM), Socially Liberal Economically Conservative (SLEC), Socially Moderate Economically Liberal (SMEL), Socially Moderate Economically Moderate (SMEM), Socially Moderate Economically Conservative (SMEC), Socially Conservative Economically Liberal (SCEL), Socially Conservative Economically Moderate (SCEM), and Socially Conservative Economically Conservative (SCEC). Of the 226 participants, 66% were classified as SLEL and 15% were determined to be SCEC. The
remaining individuals fell somewhere in between the two ends of the spectrum as noted in Table 2.

Table 2

*Political Affiliations of Participants*

<table>
<thead>
<tr>
<th>Political Affiliation</th>
<th>∑</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLEL</td>
<td>149</td>
<td>66</td>
</tr>
<tr>
<td>SLEM</td>
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<td>2</td>
</tr>
<tr>
<td>SLEC</td>
<td>21</td>
<td>9</td>
</tr>
<tr>
<td>SEMEL</td>
<td>1</td>
<td>0.4</td>
</tr>
<tr>
<td>SEMEM</td>
<td>1</td>
<td>0.4</td>
</tr>
<tr>
<td>SMEC</td>
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<td>0.4</td>
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<td>5</td>
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<tr>
<td>SCEM</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>SCEC</td>
<td>35</td>
<td>15</td>
</tr>
</tbody>
</table>

Sixty-two percent of students and 83% of professionals were found to hold SLEL political views while 17% of students and 8% of professionals were classified as SCEC. See Table 3 for a complete breakdown of political affiliations amongst student and professional participants.

Table 3

*Political Affiliations of Music Therapy Students and Professionals*

<table>
<thead>
<tr>
<th>Political Affiliation</th>
<th>Students $(n = 186)$</th>
<th>Professionals $(n = 40)$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>∑</td>
<td>%</td>
</tr>
<tr>
<td>SLEL</td>
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<td>62</td>
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<tr>
<td>SLEM</td>
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<td>2</td>
</tr>
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</table>
Table 3 (continued)

<table>
<thead>
<tr>
<th>Political Affiliation</th>
<th>Students ($n = 186$)</th>
<th>Professionals ($n = 40$)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>∑</td>
<td>%</td>
</tr>
<tr>
<td>SLEC</td>
<td>18</td>
<td>10</td>
</tr>
<tr>
<td>SMEL</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>SMEM</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>SMEC</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>SCEL</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>SCEM</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>SCEC</td>
<td>32</td>
<td>17</td>
</tr>
</tbody>
</table>

One hundred percent of participants in the Great Lakes, Mid-Atlantic, Midwestern, and New England Regions were determined to hold SLEL political views while 100% of those in the Southwestern and Western regions were classified as SCEC. The only region that displayed variance amongst results was the Southeastern region in which 45% of respondents were found to be SLEL, 5% SLEM, 21% SLEC, 1% SMEL, 1% SMEM, 1% SMEC, 14% SCEL, 2% SCEM, and 7% SCEC. Table 4 includes a list of political affiliations of participants by region.

Table 4

*Political Affiliations of Participants by Region*

<table>
<thead>
<tr>
<th>Region</th>
<th>SLEL</th>
<th>SLEM</th>
<th>SLEC</th>
<th>SMEL</th>
<th>SMEM</th>
<th>SMEC</th>
<th>SCEL</th>
<th>SCEM</th>
<th>SCEC</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>∑</td>
<td>%</td>
<td>∑</td>
<td>%</td>
<td>∑</td>
<td>%</td>
<td>∑</td>
<td>%</td>
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</tr>
<tr>
<td>Great Lakes</td>
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</tr>
<tr>
<td>Mid-Atlantic</td>
<td>26</td>
<td>100</td>
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<td>0</td>
<td>0</td>
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</table>
Of the 226 participants, 160 (71%) identified themselves as "spiritual," "somewhat religious," or "religious." The remaining 29% stated they were "not really religious" or "not religious." Fifty-six percent of religious respondents fell into the SLEL category compared with 86% of those who were non-religious. Twenty-one percent of religious respondents were classified as SCEC compared with only 2% of non-religious participants. Table 5 displays political affiliations of participants organized by religious belief.

Table 5

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<th>SLEM</th>
<th>SLEC</th>
<th>SMEL</th>
<th>SMEM</th>
<th>SMEC</th>
<th>SCEL</th>
<th>SCEM</th>
<th>SCEC</th>
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Research Question Two

In order to determine whether there was a significant difference between political views of students and professionals, a sample of 40 random students was generated by www.random.org. A chi-square test for two independent samples indicated that there were no significant differences between the political affiliations of music therapy students and professionals, $X^2 = 6.88, p > .05$. There were significant differences found between political affiliations of participants studying or practicing in the Southeastern and Southwestern regions compared with participants in the remaining regions, $X^2 = 103.36, p < .05$. These significant results were found between the categories of SLEM and SCEC, SLEC and SCEC, SMEL and SCEC, SMEM and SCEC, SMEC and SCEC, SCEL and SCEC, and SCEM and SCEC. There were also significant differences between the political affiliations of religious and non-religious
participants, $X^2 = 18.36, p < .05$. This was determined by randomly selecting 66 religious participants using www.random.org and performing a chi-square test for two independent samples. Significant results were found between the categories of SLEL and SLEC, SLEL and SMEC, SLEL and SCEC, SLEL and SCEL, SLEM and SLEC, SLEM and SMEC, SLEM and SCEC, SLEM and SCEL, SMEC and SMEC, SMEC and SCEC, SMEC and SCEL, SMEC and SCEC, SMEC and SCEL, SMEM and SMEC, SMEM and SCEC, SMEM and SCEL, and SCEM and SCEC. Further analyses were not calculated due to small numbers comprising each individual cell.

**Research Question Three**

Participants were asked to select statements they believed to be true regarding the ACA: Insurance companies will no longer be able to put a lifetime cap on how much care they will provide if an individual becomes ill (Statement 1), The government will increase funding for abortions (Statement 2), Small businesses will be required to provide health insurance for their employees (Statement 3), Young adults under the age of 26 will be able to remain on their parents' health insurance plan (Statement 4), Illegal immigrants will be able to receive health care at a reduced cost (Statement 5), Beginning in 2014, insurance companies will no longer be able to deny coverage to anyone with a pre-existing condition including individuals with disabilities (Statement 6), Medicare will cover preventative services such as mammograms and colonoscopies at no cost to the patient (Statement 7), Individuals will be sentenced to time in jail if they do not obtain health coverage by 2014 (Statement 8), If insurers do not spend at least 80% of premium dollars on patient care and quality improvements, they will have to provide a rebate to customers (Statement 9), Medicare benefits will be cut in order to extend care to individuals with low incomes (Statement 10), By 2014, states will be required to expand Medicaid coverage to non-elderly individuals with incomes less than 133% of the Federal Poverty Line (Statement 11), and
11). Of the 11 statements, six were accurate (1, 4, 6, 7, 9, 11) and five were fabrications (2, 3, 5, 8, 10). With regard to the true statements, 55% of participants believe insurance companies will no longer be able to put a lifetime cap on how much care they will provide if an individual becomes ill, 83% agree young adults under the age of 26 will be able to remain on their parents’ health insurance plan, 84% think beginning in 2014, insurance companies will no longer be able to deny coverage to anyone with a pre-existing condition including individuals with disabilities, 64% know Medicare will cover preventative services such as mammograms and colonoscopies at no cost to the patient, 32% believe if insurers do not spend at least 80% of premium dollars on patient care and quality improvements, they will have to provide a rebate to customers, and 53% agree by 2014, states will be required to expand Medicaid coverage to non-elderly individuals with incomes less than 133 percent of the Federal Poverty Line. Of the false statements, 20% believe the government will increase funding for abortions, 58% agree small businesses will be required to provide health insurance for their employees, 23% think illegal immigrants will be able to receive health care at a reduced cost, 4% believe individuals will be sentenced to jail if they do not obtain health coverage by 2014, and 32% agree Medicare benefits will be cut to extend care to individuals with low incomes. Table 6 provides a summary of overall knowledge of the ACA by study participants.

When looking at knowledge of the ACA amongst students and professionals, a higher percentage of professionals selected accurate statements with the exception of Statement 6, "Beginning in 2014, insurance companies will no longer be able to deny coverage to anyone with a pre-existing condition including individuals with disabilities." The majority of both students and professionals agreed with true statements except for Statement 9, "If insurers do not spend at least 80% of premium dollars on patient care and quality improvements, they will have to
Table 6

Knowledge of the ACA Overall

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<th>%</th>
<th>Statement</th>
<th>Σ</th>
<th>%</th>
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</table>

provide a rebate to customers." More than half of students and professionals disagreed with incorrect statements except for Statement 3, "Small businesses will be required to provide health insurance for their employees." A breakdown of knowledge of the ACA amongst students and professionals is provided in Table 7.

With regard to true statements, at least half of the participants in each region with the exception of those in the Southwest agree with Statement 1, "Insurance companies will no longer be able to put a lifetime cap on how much care they will provide if an individual becomes ill." Additionally, at least half of participants in all regions agree with Statement 4, "Young adults
Table 7
Knowledge of the ACA Amongst Students and Professionals

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</table>

under the age of 26 will be able to remain on their parents' health insurance plan." Over 70% of participants in each region believe Statement 6, "Beginning in 2014, insurance companies will no
longer be able to deny coverage to anyone with a pre-existing condition including individuals with disabilities."

The majority of participants in all regions agree with Statement 7, "Medicare will cover preventative services such as mammograms and colonoscopies at no cost to the patient." Less than half of participants across each region selected Statement 9, "If insurers do not spend at least 80% of premium dollars on patient care and quality improvements, they will have to provide a rebate to customers."

Concerning false statements, less than 51% of participants in each region believe Statement 2, "The government will increase funding for abortions." Less than 69% of individuals across all regions agree with Statement 3, "Small businesses will be required to provide health insurance for their employees." Fewer than 51% of participants in all regions believe Statement 5, "Illegal immigrants will be able to receive health care at a reduced cost." Less than 11% of individuals in each region believe Statement 8, "Individuals will be sentenced to time in jail if they do not obtain health coverage by 2014." Less than half of participants in all regions with the exception of those in the West agree with Statement 10, "Medicare benefits will be cut in order to extend care to individuals with low incomes." Table 8 displays knowledge of the ACA by region.

The highest percentage of individuals who selected Statement 1, "Insurance companies will no longer be able to put a lifetime cap on how much care they will provide if an individual becomes ill," were SLEL. Eighty-eight percent of participants with SLEL views believed Statement 4, "Young adults under the age of 26 will be able to remain on their parents' health insurance plan" compared to 69% of those who were SCEC. Ninety-one percent of SLEL participants and 74% of SCEC participants selected Statement 6, "Beginning in 2014, insurance companies will no longer be able to deny coverage to anyone with a pre-existing condition"
Table 8
Knowledge of the ACA by Region

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</table>
including individuals with disabilities." Fifty-four percent of participants who held SCEC views agreed with Statement 2, "The government will increase funding for abortions" compared to only 11% of SLEL participants. Table 9 displays knowledge of the ACA amongst participants with various political beliefs.

### Table 9

**Knowledge of the ACA by Political Affiliation**

<table>
<thead>
<tr>
<th>Statement</th>
<th>SLEL</th>
<th>SLEM</th>
<th>SLEC</th>
<th>SMEL</th>
<th>SMEM</th>
<th>SLEC</th>
<th>SCEM</th>
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<td>%</td>
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<td>6</td>
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<td>75</td>
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<td>12</td>
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41
Table 9 (continued)

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<th>SMEM</th>
<th>SMEC</th>
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<th>(\sum) %</th>
<th>(\sum) %</th>
<th>(\sum) %</th>
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<td>Disagree 107 72 3 75 13 62 0 0 1 100 1 100 9 75 1 50 18 51</td>
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Upon receiving each individual participant's score from www.electoralcompass.com, questions were combined into categories such as environment, national security, and health care and results could be viewed by how the individual responded to each group of questions. Possible outcomes for the health care category were Socially Moderate Economically Liberal (SMEL), Socially Moderate Economically Moderate (SMEM), and Socially Moderate Economically Conservative (SMEC). A higher percentage of participants who held SMEL views regarding health care selected true statements than the remaining two groups except with regard to Statement 11, "By 2014, states will be required to expand Medicaid coverage to non-elderly individuals with incomes less than 133 percent of the Federal Poverty Line." Those who were classified as SMEC selected the highest percentage of incorrect statements with the exception of Statement 8, "Individuals will be sentenced to time in jail if they do not obtain health coverage by 2014." Table 10 shows knowledge of the ACA amongst participants with differing views on health care.

**Research Question Four**

For this particular research question, all participants who responded were included regardless of whether or not they had been counted in previous analyses (\(n = 232\)).
Table 10

Knowledge of the ACA by Views on Health Care

<table>
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<th>SMEC</th>
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</tr>
<tr>
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<td>21 14</td>
<td>6 29</td>
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<td>Statement 6</td>
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<td></td>
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<tr>
<td>Agree</td>
<td>130 87</td>
<td>13 62</td>
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<td>9 43</td>
<td>34 61</td>
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<tr>
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<td>Disagree</td>
<td>93 62</td>
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<td>Agree</td>
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<tr>
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<td>129 87</td>
<td>16 76</td>
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<tr>
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<td>8 38</td>
<td>35 63</td>
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<tr>
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<td>21 38</td>
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<td>Statement 5</td>
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<tr>
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<tr>
<td>Disagree</td>
<td>118 79</td>
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<tr>
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</tr>
<tr>
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<tr>
<td>Agree</td>
<td>44 30</td>
<td>6 29</td>
<td>23 41</td>
</tr>
<tr>
<td>Disagree</td>
<td>105 70</td>
<td>15 79</td>
<td>33 59</td>
</tr>
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</table>

Participants were asked to rate on a scale of 0-10 how greatly they believed the ACA would affect their current job (0 indicating not at all and 10 meaning very much). The greatest number
of participants (29.5%) responded with "5" followed by 18.1% who answered, "0" ($M = 4.53$, $SD = 3.01$).

**Research Question Five**

For this particular research question, all participants who responded were included regardless of whether or not they had been counted in previous analyses ($n = 249$). With regard to the statement, "Using embryos for stem cell research is acceptable as it enables us to find cures for diseases," 32.5% of participants completely agree, 27.7% tend to agree, 12.9% have a neutral opinion, 12% tend to disagree, 11.2% completely disagree, and 3.6% have no opinion. Concerning the item, "Abortion should be made completely illegal," 20.5% completely agree, 10% tend to agree, 8% have a neutral opinion, 17.3% tend to disagree, 43% completely disagree, and 1.2% have no opinion. When it comes to same sex marriage, 65.5% of participants completely agree it should be made legal, 10% tend to agree, 5.6% have a neutral opinion, 6.4% tend to disagree, 10% completely disagree, and 2.4% have no opinion.

**Research Question Six**

For this research question, all participants who responded were included regardless of whether or not they had been counted in previous analyses. Of those that responded to the statement, "Providing health care is not the responsibility of the government" ($n = 246$), 8.5% completely agree, 13.8% tend to agree, 11% have a neutral opinion, 37.4% tend to disagree, 26.8% completely disagree and 2.4% have no opinion. Of those who answered, "The government should provide health care coverage for the millions of uninsured Americans" ($n = 249$), 20.1% completely agree, 29.3% tend to agree, 14.9% have a neutral opinion, 20.5% tend to disagree, 11.2% completely disagree, and 4% have no opinion.
CHAPTER 5

DISCUSSION

This study sought to examine the social and economic political affiliations of music therapy students and professionals as well as gather current knowledge and opinions of the Affordable Care Act (ACA). The survey instrument collected demographic information including status within the field, geographical region of study/practice, and religious affiliation. Participants were asked to respond to political statements using a 5-point Likert-type scale indicating either their agreement or disagreement. Additionally, questions regarding the ACA intended to determine knowledge of the act and calculate its anticipated effect on participants' current occupation. Results are of importance to the field of music therapy as the health care climate impacts the majority of settings in which practitioners work. As a young profession, it is imperative for music therapists to be as informed as possible regarding governmental policies in order to prepare for possible changes and continue to advocate effectively for the field.

Political Affiliations of Music Therapy Students and Professionals

The majority (66%) of music therapy students and professionals were classified as Socially Liberal Economically Liberal (SLEL) while only 15% were determined to be Socially Conservative Economically Conservative (SCEC). The remaining 19% fell somewhere in between the two ends of the spectrum. This finding is consistent with previous research, which suggests a majority of Americans identify with one of two vastly different schools of thought (Haidt & Hetherington, 2012). These results also support the correlation between creative personality types and liberal ideology (Caprara et al., 1999; Carney et al., 2008; Gerber et al., 2011). Sixty two percent of students and 83% of professionals held SLEL views while 17% and 8% respectively classified as SCEC. This indicates that music therapy professionals as a whole
may be slightly more liberal than their student counterparts; however, these differences were not significant and as the number of student participants was much greater than professionals, generalizations are difficult to make.

There were significant differences in the political affiliations of participants in the Southeast and Southwest \((n=114)\) compared with those in remaining regions \((n = 112)\). Results were analyzed in this way in order to determine whether findings were consistent with previous research, which indicates the majority of conservative voters reside in the South (Rae, 1992). Of the seven groups displaying significance, 100% were between the classification SCEC and an additional category; however, there was no significant difference between the categories of SLEL and SCEC. This suggests that geographic location influences political behavior especially concerning conservative ideology. One hundred percent of participants in the Great Lakes, Mid-Atlantic, Midwestern, and New England Regions were determined to hold SLEL political views while 100% of those in the Southwestern and Western regions were classified as SCEC. The only region that displayed variance amongst results was the Southeastern region. The Southeastern Region represented the largest category of participation \((n = 87)\) therefore it is possible that this affected the outcome.

Religious affiliation was also found to have a significant impact on political ideology. Participants who stated they were "spiritual," "somewhat religious," or "religious" held different views than those who answered "not really religious" or "not religious." In order to determine whether religious affiliation had an effect on political ideology, 66 random religious participants were chosen by www.random.org and responses were compared with the 66 non-religious respondents. Sixteen of 36 categories displayed significant findings; however, generalizations cannot be made regarding these differences. There were no significant differences between the
categories SLEL and SCEC, which suggests religion did not influence results for these groups. Of the original 226 participants, 160 considered themselves either spiritual or religious (71%). There is a chance that these two responses elicit vastly different results; however, this was not within the scope of the current study. Fifty six percent of religious participants were found to hold SLEL beliefs compared to 86% of those who were non-religious while 21% of the former were classified as SCEC and just 2% of the latter. This finding is consistent with previous research, which suggests religious individuals tend hold more conservative views than their non-religious counterparts (Hirschl, et al., 2012).

**Knowledge of the Affordable Care Act**

Overall, the majority of participants agreed with true statements regarding the ACA with the exception of, "If insurers do not spend at least 80% of premium dollars on patient care and quality improvements, they will have to provide a rebate to customers," which only 32% believed to be true. The two most well known implications of the act were the ability of young adults under the age of 26 to remain on their parents' health insurance plan (83%) and the capability for individuals with pre-existing conditions, including those with disabilities, to no longer be denied coverage beginning in 2014 (84%). It is possible that participants were more familiar with these provisions due to their age, as most were students and therefore more likely to have been impacted by the former implication, and their chosen career path, which predicts an interest in the affected population. The remaining true statements elicited the support of just over half of participants, indicating that there is still a need for continued education amongst students and professionals concerning the ACA. With regard to false statements, only one was selected by over half of participants. This falsification, which stated, "Small businesses will be
required to provide health insurance for their employees" generated the support of 58% of respondents.

Professionals as a whole knew more about the implications of the ACA than students with the exception of the provision which states, "Beginning in 2014, insurance companies will no longer be able to deny coverage to anyone with a pre-existing condition including individuals with disabilities." This suggests that perhaps there is a need to further educate students regarding health care policy as part of the music therapy curriculum. Knowledge of the act did not differ greatly by region.

With regard to political affiliation, the highest percentage of individuals who selected, "Insurance companies will no longer be able to put a lifetime cap on how much care they will provide if an individual becomes ill," were SLEL. Eighty-eight percent of participants with SLEL views believed, "Young adults under the age of 26 will be able to remain on their parents' health insurance plan" compared to 69% of those who were SCEC. Ninety-one percent of SLEL participants and 74% of SCEC participants selected, "Beginning in 2014, insurance companies will no longer be able to deny coverage to anyone with a pre-existing condition including individuals with disabilities." Fifty-four percent of participants who held SCEC views thought, "The government will increase funding for abortions" compared to only 11% of SLEL participants. A higher percentage of participants who held Socially Moderate Economically Liberal (SMEL) views regarding health care selected true statements than the remaining two groups except with regard to the statement, "By 2014, states will be required to expand Medicaid coverage to non-elderly individuals with incomes less than 133 percent of the Federal Poverty Line." Those who were classified as Socially Moderate Economically Conservative (SMEC) selected the highest percentage of incorrect statements with the exception of, "Individuals will be
sentenced to time in jail if they do not obtain health coverage by 2014." This suggests that participants with liberal political affiliations knew slightly more about the implications of the ACA than those who were classified as conservatives.

**Anticipated Effect on the Profession**

Participants were asked to rate on a scale of 0-10 how greatly they believed the ACA would affect their current job (0 indicating not at all and 10 meaning very much). The greatest number of participants (29.5%) responded with "5" followed by 18.1% who answered, "0" ($M = 4.53, SD = 3.01$). This indicates that the majority of music therapists do not know how the ACA will affect their jobs at this time. As the ACA has not yet been implemented completely, it is possible clinicians will remain unsure of the exact implications until the majority of the provisions have gone into effect. Another possible explanation for uncertainty is general lack of knowledge about the ACA amongst participants. Additionally, students who responded to this question may have answered "0" based on the fact that they do not yet work in the field.

**Beliefs Regarding Controversial Political Issues**

Approximately 60% of participants completely agree or tend to agree with the use of embryonic stem cells in the treatment of disease. With an ever-changing political environment and the progression of modern medicine, it is possible that patients undergoing embryonic stem cell therapy will become part of the clientele served by music therapists; therefore, it is important to know where practitioners and students stand on this matter. With regard to controversial social issues, 60.3% of participants completely disagree or tend to disagree that abortion should be illegal and 75.5% completely agree or tend to agree that same-sex marriage should be legal. This suggests that music therapists as a whole are more liberal in their views concerning controversial social issues. A possible explanation for high support of same-sex marriage may be
having exposure to individuals of homosexual orientation through participation in the arts. Of those that responded to the statement, "Providing health care is not the responsibility of the government" \((n = 246)\), 64.2% completely disagree or tend to disagree. Of those who answered, "The government should provide health care coverage for the millions of uninsured Americans" \((n = 249)\), only 49.4% either completely agree or tend to agree. This suggests that support for the ACA amongst music therapists may be varied.

**Conclusion**

The purpose of this study was to examine the social and economic political affiliations of music therapy students and professionals, determine current knowledge of the ACA, and measure the anticipated effect of the legislation on participants' current occupation. A great number of music therapists were found to maintain politically liberal views; however, opinions regarding the ACA may vary. There is a need for continued education concerning health care policy and legislation especially amongst students in music therapy programs in order to prepare for an ever-changing political climate and ensure effective advocacy for the profession. It is difficult to predict exactly how the ACA will affect the health care system in America let alone the profession of Music Therapy as the majority of the provisions have not yet been implemented. Once this occurs, it will be of interest to investigate the number of professionals impacted by the legislation and to determine the ways in which jobs have been affected.
APPENDIX A

SURVEY

1. Which best describes your current status within the field of Music Therapy?
   A. Student (Undergraduate or Graduate)
   B. Professional

2. Are you male or female?
   A. Male
   B. Female

3. Which state do you study/practice in?

4. Do you consider yourself to be religious?

5. If you answered yes to the previous question, which religion do you associate with?

6. People should have a background check and obtain a license before they can buy a gun.
   A. Completely agree
   B. Tend to agree
   C. Neutral
   D. Tend to disagree
   E. Completely disagree
   F. No opinion

7. Stricter gun control will not reduce crime.
   A. Completely agree
   B. Tend to agree
   C. Neutral
   D. Tend to disagree
   E. Completely disagree
8. All semi-automatic weapons should be banned. (A semi-automatic, or self-loading firearm is a weapon that performs all steps necessary to prepare the weapon to fire again after firing)
   A. Completely agree
   B. Tend to agree
   C. Neutral
   D. Tend to disagree
   E. Completely disagree
   F. No opinion

9. The effects of global warming are grossly exaggerated.
   A. Completely agree
   B. Tend to agree
   C. Neutral
   D. Tend to disagree
   E. Completely disagree
   F. No opinion

10. An additional carbon tax on fuel will effectively reduce pollution.
    A. Completely agree
    B. Tend to agree
    C. Neutral
    D. Tend to disagree
    E. Completely disagree
    F. No opinion

11. The US should never sign international treaties on climate change that limit economic growth.
    A. Completely agree
    B. Tend to agree
    C. Neutral
    D. Tend to disagree
    E. Completely disagree
    F. No opinion
12. The US had every right to invade Iraq.
   A. Completely agree
   B. Tend to agree
   C. Neutral
   D. Tend to disagree
   E. Completely disagree
   F. No opinion

13. The US is safer because of the invasion of Iraq.
   A. Completely agree
   B. Tend to agree
   C. Neutral
   D. Tend to disagree
   E. Completely disagree
   F. No opinion

14. The best way to reduce the federal deficit is to raise taxes.
   A. Completely agree
   B. Tend to agree
   C. Neutral
   D. Tend to disagree
   E. Completely disagree
   F. No opinion

15. The tax cuts for people with a higher income should be reversed.
   A. Completely agree
   B. Tend to agree
   C. Neutral
   D. Tend to disagree
   E. Completely disagree
   F. No opinion

16. The government has no responsibility to provide retirement funds.
   A. Completely agree
   B. Tend to agree
C. Neutral
D. Tend to disagree
E. Completely disagree
F. No opinion
17. Mortgage lenders should be more tightly controlled.
   A. Completely agree
   B. Tend to agree
   C. Neutral
   D. Tend to disagree
   E. Completely disagree
   F. No opinion
18. People with higher incomes should receive less Medicare benefits.
   A. Completely agree
   B. Tend to agree
   C. Neutral
   D. Tend to disagree
   E. Completely disagree
   F. No opinion
19. The federal government should reduce income inequality.
   A. Completely agree
   B. Tend to agree
   C. Neutral
   D. Tend to disagree
   E. Completely disagree
   F. No opinion
20. The US should reduce its financial contribution to the UN.
   A. Completely agree
   B. Tend to agree
   C. Neutral
   D. Tend to disagree
   E. Completely disagree
21. Iran is not an imminent threat to world peace.
   A. Completely agree
   B. Tend to agree
   C. Neutral
   D. Tend to disagree
   E. Completely disagree
   F. No opinion

22. The US should decrease its spending on defense.
   A. Completely agree
   B. Tend to agree
   C. Neutral
   D. Tend to disagree
   E. Completely disagree
   F. No opinion

23. Same sex marriages should be made legal.
   A. Completely agree
   B. Tend to agree
   C. Neutral
   D. Tend to disagree
   E. Completely disagree
   F. No opinion

24. Abortion should be made completely illegal.
   A. Completely agree
   B. Tend to agree
   C. Neutral
   D. Tend to disagree
   E. Completely disagree
   F. No opinion

25. Using embryos for stem cell research is acceptable as it enables us to find cures for diseases.
   A. Completely agree
B. Tend to agree
C. Neutral
D. Tend to disagree
E. Completely disagree
F. No opinion

26. To prevent illegal immigration, the US should complete the fence along the entire Mexican border.
   A. Completely agree
   B. Tend to agree
   C. Neutral
   D. Tend to disagree
   E. Completely disagree
   F. No opinion

27. All illegal immigrants without a criminal record should be given the right to stay in the US legally.
   A. Completely agree
   B. Tend to agree
   C. Neutral
   D. Tend to disagree
   E. Completely disagree
   F. No opinion

28. Illegal immigration threatens our national security.
   A. Completely agree
   B. Tend to agree
   C. Neutral
   D. Tend to disagree
   E. Completely disagree
   F. No opinion

29. Providing health care is not the responsibility of the government,
   A. Completely agree
   B. Tend to agree
C. Neutral
D. Tend to disagree
E. Completely disagree
F. No opinion
30. US law should obligate all companies to provide health care insurance for their workers.
   A. Completely agree
   B. Tend to agree
   C. Neutral
   D. Tend to disagree
   E. Completely disagree
   F. No opinion
31. The government should provide health care coverage for the millions of uninsured Americans.
   A. Completely agree
   B. Tend to agree
   C. Neutral
   D. Tend to disagree
   E. Completely disagree
   F. No opinion
32. The death penalty helps deter crime.
   A. Completely agree
   B. Tend to agree
   C. Neutral
   D. Tend to disagree
   E. Completely disagree
   F. No opinion
33. The government should spend money on keeping drugs off the streets, not treating drug addicts.
   A. Completely agree
   B. Tend to agree
   C. Neutral
D. Tend to disagree
E. Completely disagree
F. No opinion

34. For each crime, there should be a fixed minimum sentence.
   A. Completely agree
   B. Tend to agree
   C. Neutral
   D. Tend to disagree
   E. Completely disagree
   F. No opinion

35. Better teachers should be paid higher wages than their colleagues.
   A. Completely agree
   B. Tend to agree
   C. Neutral
   D. Tend to disagree
   E. Completely disagree
   F. No opinion

36. Creationism should be taught in science classes in school. (Creationism is the belief that the universe and living organisms originate from divine creation, as in the biblical account)
   A. Completely agree
   B. Tend to agree
   C. Neutral
   D. Tend to disagree
   E. Completely disagree
   F. No opinion

37. More government funding should go into public schools, not to education vouchers. (A school voucher, also called an education voucher, is a certificate issued by the government which parents can apply toward tuition at a private school, rather than at the public school to which their child is assigned)
   A. Completely agree
   B. Tend to agree
C. Neutral
D. Tend to disagree
E. Completely disagree
F. No opinion

38. Anti-terrorism legislation, such as the Patriot Act, unacceptably violates civil liberties.
   A. Completely agree
   B. Tend to agree
   C. Neutral
   D. Tend to disagree
   E. Completely disagree
   F. No opinion

39. Some form of torture is acceptable if it can prevent terrorist attacks.
   A. Completely agree
   B. Tend to agree
   C. Neutral
   D. Tend to disagree
   E. Completely disagree
   F. No opinion

40. Iraq is just one front in a broader fight against Islamic terrorism.
   A. Completely agree
   B. Tend to agree
   C. Neutral
   D. Tend to disagree
   E. Completely disagree
   F. No opinion

41. Please check all of the statements you believe to be correct regarding the Affordable Care Act:
   □ Insurance companies will no longer be able to put a lifetime cap on how much care they will provide if an individual becomes ill.
   □ The government will increase funding for abortions.
   □ Small businesses will be required to provide health insurance for their employees.
☐ Young adults under the age of twenty-six will be able to remain on their parents’ health insurance plan.
☐ Illegal immigrants will be able to receive health care at a reduced cost.
☐ Beginning in 2014, insurance companies will no longer be able to deny coverage to anyone with a pre-existing condition including individuals with disabilities.
☐ Medicare will cover preventative services such as mammograms and colonoscopies at no cost to the patient.
☐ Individuals will be sentenced to time in jail if they do not obtain health coverage by 2014.
☐ If insurers do not spend at least 80% of premium dollars on patient care and quality improvements, they will have to provide a rebate to consumers.
☐ Medicare benefits will be cut in order to extend care to individuals with low incomes.
☐ By 2014, states will be required to expand Medicaid coverage to non-elderly individuals with incomes less than 133 percent of the federal poverty line.

43. To what extent do you believe the Affordable Care Act will affect your current job?
Please circle a number.

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APPENDIX B

INSTITUTIONAL REVIEW BOARD APPROVAL LETTER

The Florida State University
Office of the Vice President For Research
Human Subjects Committee
Tallahassee, Florida 32306-2742
(850) 644-8673  FAX (850) 644-4392

APPROVAL MEMORANDUM

Date: 10/4/2012

To: Elisa Aven

Address: 2039 North Meridian Road Apt 151 Tallahassee, Fl 32303
Dept.: MUSIC SCHOOL

From: Thomas L. Jacobson, Chair

Re:  Use of Human Subjects in Research
Social and Economic Political Affiliations of Music Therapy Students and Professionals

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

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

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

If the project has not been completed by 10/3/2013 you must request a renewal of approval for continuation of the project. As a courtesy, a renewal notice will be sent to you prior to your expiration date; however, it is your responsibility as the Principal Investigator to timely request renewal of your approval from the Committee.

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

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

This institution has an Assurance on file with the Office for Human Research Protection. The Assurance Number is FWA00000168/IRB number IRB00000446.

Cc: Kimberly VanWeelden, Advisor
HSC No. 2012.8917
APPENDIX C

INTRODUCTORY EMAIL

Dear Music Therapy Professor,

My name is Elisa Aven and I am currently pursuing a Master's Degree in Music Therapy from Florida State University. I am writing to you today to request your participation in a survey study I am conducting for my thesis. The purpose of my study is to examine the social and economic political affiliations of Music Therapy students and professionals across the United States as well as determine the anticipated effect of the Affordable Care Act on the field of Music Therapy. In order to acquire participants from all seven regions of the country, I am contacting Music Therapy professors in each region in hopes that you will be willing to forward this email along to your students. A consent form is located on the first page of the survey. AMTA did not grant permission to use member data from printed Sourcebooks, the online directory or any other lists published or distributed by AMTA. Thank you for your time.

Please click on the following link to complete the survey.
https://www.surveymonkey.com/s/D82BKG3

Sincerely,

Elisa Aven, MT-BC, NICU-Music Therapist

elisa09e@my.fsu.edu
(678) 485-1849
Dear Music Therapy Professor,

My name is Elisa Aven and I am currently pursuing a Master's Degree in Music Therapy from Florida State University. I am writing to you today to request your participation in a survey study I am conducting for my thesis. If you have already completed the survey and/or forwarded this email on to your students, thank you for your assistance and please disregard the following message. The purpose of my study is to examine the social and economic political affiliations of Music Therapy students and professionals across the United States as well as determine the anticipated effect of the Affordable Care Act on the field of Music Therapy. In order to acquire participants from all seven regions of the country, I am contacting Music Therapy professors in each region in hopes that you will be willing to forward this email along to your students. A consent form is located on the first page of the survey. AMTA did not grant permission to use member data from printed sourcebooks, the online directory or any other lists published or distributed by AMTA. Thank you for your time. Please click on the following link to complete the survey. https://www.surveymonkey.com/s/D82BKG3

The survey will be open until January 25, 2013.

Elisa Aven, MT-BC
NICU-Music Therapist
APPENDIX E

SOCIAL NETWORK MESSAGE

My name is Elisa Aven and I am currently pursuing a Master’s Degree in Music Therapy from Florida State University. I am writing to you today to request your participation in a survey study I am conducting for my thesis. If you have already completed this survey, please ignore the following message. The purpose of my study is to examine the social and economic political affiliations of music therapy students and professionals across the United States as well as determine the anticipated effect of the Affordable Care Act on the profession of Music Therapy. A consent form is located on the first page of the survey. AMTA did not grant permission to use member data from printed sourcebooks, the online directory or any other lists published or distributed by AMTA. Thank you for your time.

Please click on the following link to complete the survey.

https://www.surveymonkey.com/s/D82BKG3

Sincerely,

Elisa Aven, MT-BC

NICU-Music Therapist
APPENDIX F

ELECTRONIC CONSENT FORM

Thank you for choosing to participate. This survey will take approximately 20-30 minutes to complete. Your identity will be kept completely anonymous and your responses will in no way be connected to your email address. You may withdraw from this study for any reason. If you would like to withdraw after beginning the survey, simply exit out of the window and your answers will not be submitted. Participation in this study is voluntary and there is no penalty for choosing not to participate.

There are minimal risks associated with participating in this study as questions may deal with sensitive political topics pertaining to your views on controversial social and economic issues. There are no known benefits to you if you choose to participate; however, results of this study will benefit the field of music therapy as political and legislative issues affect the profession. There is no cost to participate in this study, nor is there any compensation. If you are interested in seeing the results, please email me and I will contact you once the research is completed.

If you understand and agree to the above conditions, please check that you agree to these terms to begin the survey.
REFERENCES


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What a personality! The 9 traits that make up your baby's nature, and how to make the most of them. (2008, March). *Parenting, 22*(2), 70+. Retrieved from http://go.galegroup.com.proxy.lib.fsu.edu/ps/i.do?id=GALE%7CA209042910&v=2.1&u=tall85761&it=r&p=AONE&sw=w


**BIOGRAPHICAL SKETCH**

Name: Elisa Maurene Aven

Birthplace: Arlington Heights, Illinois

Education:
- Florida State University
  Tallahassee, Florida
  Major: Music Therapy
  Degree: B.M. (2011)
- Florida State University
  Tallahassee, Florida
  Major: Music Therapy
  Degree: M.M. (2013)

Professional Experience:
- Hospice of Palm Beach County (2011)
  West Palm Beach, Florida
  Music Therapy Intern
- Healing Hearts Music Therapy Services (2012-2013)
  Tallahassee, Florida
  Music Therapist
- Hospice of Palm Beach County (2013)
  West Palm Beach, Florida
  Music Therapist