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Stress and Music-Listening for Military Personnel: A Social Work Perspective

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Abstract

Background: *Stressful work environments are highly prevalent in the military, which is a significant issue among soldiers in non-deployed settings, making it vital to address practical self-care techniques among soldiers.*

Objective: *The objective of this study was to investigate the perceptions of music as a self-care method for minimizing work-related stress among Army Active Guard Reserve (AGR) instructors in the U.S.* ***Methods:*** *This generic qualitative inquiry study included social workers and military personnel. There were 13 participants in two separate interview groups and four participants in a focus group.* ***Results:*** *Standard operating procedures, professional resources, and command support themes were identified in the data as important in developing strategies to utilize music for self-care.* ***Conclusions:*** *Our findings suggest that social workers and other mental health professionals can help implement music listening for self-care for AGR instructors. The study recommendations include developing relationships with and providing mental health resources to Regional Training Site Maintenance (RTS-M) facilities. Further studies in this area can improve social work and other mental health practices in military settings.*

Keywords: *self-care, music, stress, well-being, emotional regulation*

Introduction

Stressful work environments are highly prevalent in the military, making it vital to address practical self-care techniques among soldiers. Moreover, a considerable stigma is connected to preventative and intervention treatment in the military population, creating challenges for clinical social workers (Wooten, 2015).

Military Culture and Self-Care

The U.S. military population is one of many cultural groups that experience stigma associated with mental health issues. Recent studies specified that across all U.S. armed services (Army, Navy, Marines, Airforce), 35% of service members indicated that seeking mental health services would harm a soldier's military career (Meadows et al., 2015). In addition, soldiers in the Army were more likely to express stigma toward a person's military career than Airforce soldiers when seeking mental health services (Meadows et al., 2015).

This supports the need for investigating self-managed non-pharmaceutical treatment modalities designed to enhance emotional well-being and lasting fortitude toward stress in soldiers (Harding, 2017; Harms et al., 2013; Hartley et al., 2013).

Self-care is essential for improving and maintaining healthy emotional and physical well-being; however, the military work environment is diverse and complex, exposing soldiers and service members to work fatigue, such as stress. With the prevalence of physical and emotional problems among military personnel (Frone & Blais, 2019), social workers can help by providing crucial clinical knowledge and expertise on self-care for these issues.

Music as Self-Care

Music therapy is an evidence-based practice and a treatment modality used in the health community for clinical use. Evidence-based music interventions are used to address an individual's emotional, mental, or physical needs. Moreover, Li (2021) outlines that music therapy is used "as a solo standard treatment, as well as co-treatment with other disciplines" (p. 2), to address "cognition, language, social integration, and psychological health and family support of an individual" (p. 2). Also, music therapy is linked to improving patient health in various research areas such as "rehabilitation, public health, clinical care, and psychology" (p. 2). For example, when compared to standard care or other treatment modalities, one study's assessment of 25 randomized controlled trials on music listening and music therapy interventions' effect on neurological diseases found that psychosocial outcomes such as mood, depression, and quality of life were positively impacted (Raglio, 2015).

The link between music use and positive mental health and well-being seemingly relies on both the purpose for which music is used and "the type of emotion-regulation strategy utilized" (Zoteyeva, 2015, p. 3). For example, music therapy literature categorized music therapy interventions into two domains: active (singing and/or playing existing songs and songwriting and/or composing) and receptive (listening to live or pre-recorded music) (de Witte, 2020). De Witte (2020) and colleagues describe active interventions as a starting point for relaxation or releasing tension. In contrast, receptive interventions are used to transfer and lower "stress levels through relaxation outside of music therapy sessions" (de Witte, 2020, p.9). Considering these distinctions, the present study examined social work and military participant perspectives on receptive interventions such as music listening for stress reduction.

A recent study analyzing treatment modalities for soldier mental health recommends alternative strategies to optimize soldier health and well-being. These strategies include self-managed music listening, which aims to regulate emotions linked to antecedent and response-focused emotional regulation strategies such as cognitive reappraisal, increasing emotional awareness, distraction, and relaxation (Zoteyeva et al., 2015). Music listening is an accessible and engaging activity that literature on veteran mental health suggests may offer significant benefits to veterans who seek to self-manage their mental health (Zoteyeva et al., 2015). The principal advantage of music listening is to manage emotions. According to various studies, music listening is an effective treatment modality for controlling emotional stress and enhancing well-being (Blais-Rochette & Miranda, 2016; Chin & Rickard, 2014; Silverman, 2021). Achieving emotional regulation is vital in the military population. Failure to manage emotions in this group contributes to an increased possibility of developing psychopathological reactions due to trauma (Zoteyeva et al., 2015). Therefore, self-care management through strategies like music listening is important to investigate.

Music therapy treatment is steadily being employed to promote health, improve quality of life, and enhance functioning in military members (Landis-Shack et al., 2017; Story & Beck, 2017; Zoteyeva et al.,2015). According to Gooding and Langston (2019), since 2015, literature associated with music therapy and military personnel has expanded; however, research remains inconsistent. Numerous gaps have been found in the literature, including a need for clinical research, distinct intervention research, and the need to examine military service personnel's perspectives on the effect of music therapy interventions (Gooding & Langston, 2019). Moreover, there is relatively little empirical evidence on developing stress reduction strategies centered on self-care for Active Guard Reserve (AGR) instructors. Furthermore, limited research highlights the benefits of music listening for military members. More studies are needed to establish music as an effective self-care technique to address the complex needs of military members (Gooding & Langston, 2019; Zoteyeva, 2015). The present study aimed to explore perceptions of self-managed music listening in conjunction with social work practice strategies to enhance self-care practices and minimize work-related stress among AGR instructors.

Materials

Participants' perspectives on self-managed music listening and self-care strategies were obtained via individual interviews and a focus group. Data was analyzed with an inductive thematic analysis approach (Nowell, 2017), to help generate codes and themes from the raw qualitative data. Interview and focus group responses were recorded and transcribed using Zoom application. Codes emerged and helped establish the main themes in the study. Demographics collected included military supervisors and support staff, social workers, and other mental health provider's gender, age, and years of work experience**.**

Method

Participants

The sample was purposive to capture stakeholders' perceptions who directly worked with military personnel. Participants (N = 17), were recruited using emailed flyers containing study details and the study's purpose, explanation of processes, duration of participation, and researcher's contact information. This process recruited six AGR supervisors, seven military support staff, and four social work/mental health professionals. Much of the sample were military personnel classified as supervisors (35%) and support staff (41%). The remaining sample was licensed civilian professionals (24%). Supervisors and support staff were recruited from the same military organization, while social workers and mental health professionals were recruited from different community-based social work agencies.

Procedures

Participants were invited to participate in this study after meeting the following inclusion criteria. Inclusion criteria for both military supervisors and support staff groups were (*a*) military personnel who were senior ranking enlisted soldiers, officers, or civilians that worked one year or more in a direct support staff or supervisory role with AGR instructors (*b*) are senior ranking enlisted soldiers, officers, or civilian staff that have worked one year or more at brigade, division, or RTS-M training facility-level supervising schoolhouse operations. Additionally, inclusion criteria for clinicians entailed social workers/mental health providers; (*a*) working on a military base or surrounding communities directly outside the military base, and other locations that serve the target population (*b*) have one or more years of experience providing mental health services to soldiers and service members.

Participants provided consent to be recorded on their perspectives on self-managed music listening collected during interviews (military leadership and staff) and a focus group (social workers and other mental health clinicians). The data were collected during a 3-month period in 2021. Participants were informed that participation was voluntary, encouraged to contact researchers if they had any questions, and were provided with contact details of the researchers. Individual interviews were conducted virtually using Zoom and lasted no more than 30 minutes per individual for supervisors and support staff and approximately a one-hour focus group session for social workers and mental health providers. In-depth interviews and the focus group session used semi-structured questions (see Appendix A for interview questions). A field test that involved three licensed clinical social workers was used to provide an expert review on the usability related to strengths and problems associated with both focus group and individual interview questions. This study was approved by the Capella Institutional Review Board (IRB) and the Army Human Research Protection Office (AHRPO).

Results and Discussion

Qualitative data were coded to identify critical sections of information. Labels were attached to codes to distinguish information as they connected to a theme or subject in the data. Sections of text were uncoded, coded once, or coded multiple times to establish relevance in content (Nowell, 2017). The themes developed from the raw qualitative data were reviewed for discrepancies among the researchers, and changes to specific codes and themes were completed.

Table 1 outlines the themes developed from the coded data from interviews and focus group transcripts. The three themes that emerged from the data were professional resources, command support, and standard operating procedures. The data show a consensus across the study among participant perspectives for active support from stakeholders to promote and engage in music listening and self-care strategies. Furthermore, data analysis highlighted the recommendation that resources outside the command be used to develop a collective standard of policies and procedures to support the development of methods for employing music listening for self-care.

Professional Resources

Codes linked to professional resources were the first theme. Participants discussed the need for outside professional assistance to influence the support of music listening for AGR instructors within the organization. Additionally, participants expressed the importance of having a professional viewpoint outside of and separate from military resources to influence and teach self-care and promote self-managed music listening strategies. Frequently mentioned was the need for incorporating outside professional influences in the military organization from trained, knowledgeable, and certified individuals such as social workers in providing overall health and wellness strategies for AGR instructors. Also, all focus group social workers and mental health participants agreed that for current and future social workers to be effective in military environments, social work training, education, and curricula should be enhanced to include relevant information about the military environment.

Command Support

Codes linked to command support maintained the second theme. Participants frequently mentioned the importance and necessity for the military organization to provide training for stakeholder groups and AGR instructors centered on implementing music listening and promoting self-care. It was also stated across groups that the organization should elicit internal resources in line with available personnel and peer groups to communicate and initiate self-care strategies within the command. Various discussions emphasized RTS-M leadership stakeholders' importance in reinforcing self-care practices and utilizing music listening and self-care methods.

Standard Operating Procedures

The theme of standard operating procedures was the third theme that emerged from the coding. Among participant groups were responses suggesting that the military organization should enforce instructions or formal rules on when and how self-managed music listening should be utilized during work. They further emphasized that guidance was necessary to ensure the proper use of music. A collective pattern among study participants centered on the need for written rules and policies that promoted and enabled music listening for AGR instructors at work. However, since AGR instructors work in a rather formal military setting, participants thought written rules and policies were essential and conducive to that environment. Moreover, some responses deemed it imperative to include extensive measures related to systematic processes of varying policies, procedures, and training all in one as a more effective means of implementing self-managed music listening.

Table 1

Research Question – Themes and Codes

Themes	Freq	Codes	Freq
Professional resources	27	Third-party influence	8
		Outside perspective	6
		Licensed worker	13
Command support	26	Leadership should provide professional training	12
		Command should use internal resources	6
		Leadership needs to promote the process	8
Standard Operating Procedures (SOP)	28	Formal Guidance	4
		Rules and regulations	17
		Systematic Process	7

Discussion

In this study, we explored various perspectives and proposed strategies for the implementation of self-managed music listening to enhance and promote self-care among AGR instructors. Insight across participant groups was found to favor the involvement of licensed workers, with social workers being one of three professional resources most frequently stated as essential in providing overall health and wellness strategies for AGR instructors. Support staff highly supported the military organization's importance in developing specific training for RTS-M stakeholder groups and AGR instructors that centered not only on how self-managed music listening should be implemented during work hours for AGR instructors but also to promote individual self-care strategies for stress reduction.

More important, a noticeable pattern of needed rules and regulations among participant responses emerged; however, military supervisors frequently emphasized the need for written rules and policies that enabled music listening for AGR instructors at work. Due to the formal work environment of AGR instructors, supervisors thought that regulations and guidelines were essential in maintaining a professional work setting. The perspectives across support staff, supervisors, social workers and mental health providers broadly revealed the importance of establishing an inclusive platform of shared implementation strategies and resources for self-managed music listening. This view supported alternatives to pharmaceuticals to address stress in this population.

When used to implement self-care strategies, professional resources are needed to provide valuable ideas and guidance for resources and facilitating self-care strategies. For instance, a professional perspective identifies the significance of using expert skills and knowledge to guide individuals (Reimers, 2020). Social workers are a part of an exosystem of social structures which contain resources that can affect and influence a person's settings (Eriksson et al., 2018). Our findings suggest that social workers are an eternal resource to engage, train, and provide knowledge to various clients and populations (Rishel, 2015). Our study also suggests a need for social work literature and curriculum to highlight the variety of problems encountered by veterans and the interventions social workers use for this population. More specifically, we propose that social work curricula and care plans for military patients with mental health problems be reviewed to include receptive music therapy interventions.

Command support appeared to be a critical strategy, contributing to study outcomes. It is necessary for military supervisors and support staff to collectively strategize how the organization's stakeholders could socially support and promote self-managed music listening. Social support in this context involves information that steers individuals to believe they are "cared for and loved, esteemed, and a member of a network of mutual obligation" (Hsieh & Tsai, 2019, p. 3). Additionally, social support can be considered a critical factor in managing job stress by establishing reliable interpersonal relationships that lead to "social inclusion, reassurance, guidance, and material aid" (Hsieh & Tsai, 2019, p. 3). When social support at work emerges directly from supervisors and co-workers (Hammig, 2017), command and social support becomes synonymous. A culture that supports this can be an important element in addressing different aspects of music for self-care and lessening the stigma associated with mental health care in this population.

The use of standard operating procedures developed as a prominent recommendation. These strategies include rules and regulations that present training on guidance for utilizing resources and self-care methods and regulations to help maintain an orderly and respectful work environment. Rules and regulations in the armed forces, such as the Army, serve as written frameworks that all military personnel must obey. The hierarchical environment of military organizations is authoritative, determined by rank, and places importance on discipline and obedience, which translates to a somewhat high-stress environment (Harding, 2017; Hsieh & Tsai, 2019; Liggans et al., 2019). Thus, systematic, and feasible standard operating procedures for guidance on music listening at work may be valuable for implementing music listening for self-care.

The key limitation of this study was that it may not be generalizable to the military population. The study's non-probabilistic sampling methods directly cause generalizability limitations (Carminati, 2019). While AGR instructors may begin using music listening strategies because they are found to be beneficial for managing their issues, it cannot be concluded how other components of the Army such as active, reserve, or national guard entities, find these strategies useful. A second limitation in this study was the sample may have been partial towards army personnel and social work clinicians who were associated with the AGR population, as recruitment occurred on a military installation and social work agencies that provide services to AGR soldiers. Whether music plays a similar role in army leadership and social work clinicians who are less inclined to help or do not have resources to support soldiers with mental health issues cannot be implied from this data. However, extensive, and prospective research would be beneficial in expounding on this issue.

The findings in this study demonstrate that music as self-care was perceived as important to participants and a valuable resource for military personnel. The shared perspectives helped provide future recommendations of integrative policies, procedures, and training involving self-care strategies that will positively impact the health of AGR instructors in military training facilities. Social work implementation strategies and other suggestions derived from supervisors and support staff may address work-related stress through music listening and improve the self- managed care of AGR instructors. Given the stigma associated with seeking professional care in the military, there is a need for lifestyle management centered on self-management techniques (Zoteyeva et al., 2015).

This study provided evidence that alternative approaches, such as music for self-care, can be useful to address individual stress in military work-related settings. It is essential that collaboration and discussions about self-care strategies continue within the military setting among social workers and other mental health professionals. Future studies in this area can improve the clinical social work field centered on military mental health, encouraging self-managed music listening as a good self-care technique, and increasing positive lifestyle management of emotional health in the military population Zoteyeva et al., 2015).

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APPENDIX A: INTERVIEW QUESTIONS

Focus Group Questions

Participants	Questions
Providers	1. Given the environmental system that military instructor work in what self-care strategies would you implement with AGR instructors and what strategies would you use to implement music listening as a self-care technique for stress reduction in this population? 2. What are your perceptions of utilizing music listening as a self-management technique for reducing stress among AGR instructors? 3. Where would you go to find music therapy resources? 4. How can the organization support music as self-care for AGR instructors? 5. What are your thoughts on ways the organization can overcome barriers encountered when attempting to implement access to self-management skills (music)? 6. What are your thoughts on social workers providing training or awareness sessions on music as a self-care technique with other Army Regional Training Site Maintenance organizational systems for AGR instructors?

APPENDIX A (CONTINUED)

Supervisors

1. How important is self-care among AGR instructors?
2. When you think about self-care amongst AGR instructors, what are the first few thoughts that come to mind on how RTS-M instructors currently practice self-care, and do you think it is encouraged amongst the instructor ranks?
3. What are the top self-care strategies that your AGR instructors currently use?
4. What self-care resources can you describe are currently available to AGR instructors for stress management, and what are your thoughts on those resources?
5. How do you perceive music listening as a tool for stress reduction and enhancement of well-being for AGR instructors?
6. What barriers do you perceive, or think might be experienced by the organization in attempting to implement access to self-management skills like music listening?
7. How do you see social workers as being a resource for self-care and specifically with implementing music listening as a self-care tool?
8. As a supervisor, what are your perceptions on the organization's environmental system and the impact it has on the emotions of AGR instructors?

APPENDIX A (CONTINUED)

Support Staff

1. When you think about self-care amongst AGR instructors,
   what are the first few thoughts that come to mind on how RTS-M instructors currently practice self-care and do you think it is encouraged amongst the instructor ranks?
2. What self-care resources can you describe are currently available to AGR instructors for stress management, and what are your thoughts on those resources?
3. How do you perceive music listening as a tool for stress reduction and enhancement of well-being for AGR instructors?
4. What barriers do you perceive, or think might be experienced by the organization in attempting to implement access to self-management skills like music listening?
5. How do you see social workers as being a resource for self-care and specifically with implementing music listening as a self-care tool?
6. As an administrator, how do you think the administrative environmental system can help support music as a self-care technique? (Policies, procedures, training)