

**INFLUENCE OF CLASSICAL MUSIC THERAPY ON GENERALIZED ANXIETY  
DISORDER AMONG CHILDREN IN CHARITABLE INSTITUTIONS IN  
NAKURU COUNTY, KENYA.**

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**A RESEARCH PROJECT REPORT SUBMITTED TO THE SCHOOL OF LAW,  
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PSYCHOLOGY OF KENYATTA UNIVERSITY.**

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## DECLARATION AND RECOMMENDATION

### Declaration

The research work presented in this document is my unduplicated study for the award of degree of Master in Counselling Psychology at Kenyatta University. This is my original work.

.....

.....

Signature

Date

**SARAH MIRITI ,**

**C50/NKU/PT/26299/13.**

### Recommendation

This study report has been submitted with my consent as supervisor in Kenyatta University.

.....

.....

Signature

Date

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## **DEDICATION**

The researcher dedicates the Report of this study to all counselling psychologists, caregivers at different institutions and homes, as well as policy makers. It is a research report that any person would love to have to mitigate Generalized Anxiety Disorder through Music Therapy. I also dedicate this report to music medicine therapists and all affected by GAD.

## **ACKNOWLEDGEMENT**

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## **LIST OF ABBREVIATIONS AND ACRONYMS**

<b>APA</b>	American Psychiatric Association
<b>CBT</b>	Cognitive Behavioral Therapy
<b>CTSA</b>	Center for Treatment and Study of Anxiety
<b>CWSK</b>	Child Welfare Society of Kenya
<b>DSM-V</b>	Diagnostic and Statistical Manual of Mental Disorder (5 <sup>th</sup> Edition)
<b>GAD</b>	Generalized Anxiety Disorder
<b>NACOSTI</b>	National Commission for Science, Technology and Innovation
<b>SMGAD-C</b>	Severity Measure of Generalized Anxiety Disorder – for children
<b>WHO</b>	World Health Organization

## **OPERATIONAL DEFINITION OF TERMS**

- Music:** Music is an artistic form of auditors talk in cooperating instrumental or vocal tones in a structured and continuous manner.
- Classical Music:** It's a traditional genre of music conforming to an established form and appealing to critical interest and developed musical state.
- Music Therapy:** This is the scientifically detached and knowledge on which to base a belief of music interposing to put in an effect to peoples aim in curative process with certified musically equipped with testimonials.
- Generalized Anxiety Disorder** It is that constant recurrent feeling of insecurity about everyday activities
- Worry:** Relates to the daunting emotional state that renders an individual agonizing over actual or perceived problems or circumstances.
- Restlessness:** It is the increased desire for movement, an inability to calm the mind, or a combination of the two.
- Irritability:** It is the spontaneous short bursts of anger, displeasure and aggregated emotions by an individual as a result of a negative occurrence.
- Sadness:** It is a condition where one feels down or unhappy as a response mechanism for unpleasant experiences such as misery, dejection, regret and sorrow.

*The research adopted the definitions above, For the influence of classical music Intervention to children suffering Anxiety Disorder in Charitable Institution.*

## ABSTRACT

This study examined the Influence of Classical Music Therapy on Generalized Anxiety Disorder (GAD) among children in Charitable Institutions in Nakuru East Sub-County, Kenya. Using Quasi Experimental Design, 100 children aged 12-17 years were randomly sampled from three institutions. Beck's Anxiety Inventory and SMGADC were used for data collection. Findings showed a 58.2% prevalence of anxiety before intervention and a significant reduction after six weeks of music therapy. The study concludes that classical music therapy effectively reduces symptoms of worry, irritability, restlessness and sadness among children with GAD. Additionally, the finding concurred with other studies where anxiety in males was greater than that of their female children. In the assessment of the six week of music therapy the children who were moderately and always felt terrified or afraid had a mean of 7.3. Felt uneasy, worried, or unsettled 9.4, Had ruminations of weird happening such deaths, sicknesses, loss of a retrenchment, or accidents 5.3, Felt sweaty hands, difficulty breathing, faint or dizzy 10.5, Had trouble sleeping, felt restless and flimsy legs 13.6, Felt withdrawn, or stayed clear of places that cause me to worry 9.4, dodged from activities or participated only minimally due to worries 8.4, wasted much moments thinking about issues, searched reassurance from others due to worries.12.5 and those who needed help to cope with anxiety (e.g. Illicit brew, treatment, phobia, or other people). Were 10.4 respectively. All children minimized anxiety by half. This agrees with the previous study in Kenya and other countries. Vuust and Kringelbach (2010) espoused there exists an interplay of physiological and emotional stimulation resulting from the simultaneous activity receptors that translates in the predictive coding in the brain when making music with another. Such sensory elements permeate our consciousness adding to heightened bonding while at the same time also be a catalyst for imagination The research findings contributed to the body of knowledge as a reference point useful to scholars, researchers, medical practitioners, counselors, correctional institutions, and the general populace. The Study recommends Music Therapy as almost nil pharmacological intervention to children with Generalized Anxiety Disorder can be more effective.

## CHAPTER ONE: INTRODUCTION

### 1.1 Background of the Study

Mental health has become a major global concern, with anxiety disorders ranking among the most prevalent conditions. Statistics presented by different scholars indicate the estimated prevalence rates in the general medical practice as of 2016 stood at between 2.8% to 8.5% and in the general population of between 1.6% to 5.0% (Byrne, 2014). The severity of Anxiety Disorder ranges with the population age groups where a number of adolescents report to having this Anxiety Disorder (approximately 25%), while under 6% suffer acute anxiety disorder as reported by the National Institute of Mental Health [NIMH], as well as the World Health Organization statistics indicating its prevalence of up to 20% of children and adolescents worldwide (World Health Organization [WHO], 2021).

American psychiatric association, (2023) defined anxiety as state of strong feeling that portrays state of mental strain, anxiousness, phobia, notable bodily changes like quick heart beat rate, shortage of air, nausea that may come due to strains concerning future or issues at hand. This kind of mental strains is just normal for normal issues but when it goes beyond with high phobia, may advance to Generalized anxiety disorder if not subjected to treatment, the worldwide research for Generalized Anxiety disorder was approximately 7.3 %. However, this strenuous disorder is couples with inadequate quality of living. (Masman, K. ,2010)., lack of jobs, (Wilber, K. 2022). thoughts of killing self (Borkovec, T.D. (2020). Engaging with high debts and high social status (Holtzman, S.et al.,2018)

Research shows that great number of people have Subclinical Anxiety symptoms ( Harrison, N.A et al, 2019). In conclusion, it need quick action to find the best cure for the sequence

harm brought about by anxiety. The artificial medicine was deemed good but accompanied with high side effects (Craske, M et al. 2015). These side effects are gastrointestinal discomfort, running stomach, small rapid variation in a wave from resulting from fluctuations in the voltage supply or mechanical vibrations or other sources, lack of sleep, headache etc., (Regier,, 2017). More to this people with anxiety didn't approve pharmacological therapy to be their best (Katie Hurley, 2016. On the same note cognitive behavioral therapy frontline psychotherapy for anxiety (Bandelow et al, 2014, Katzman et al; 2014, Lishes et al 2015)

More research indicates that up to 36% of the people with anxiety did not recognize CBT, then 40% of the teenagers dropped CBT following relapse (Ginsburg et al; 2011, silver man et al; 2018) therefore the current treatment for anxiety were not enough. The researchers and experts have studied different method that supports psychological intervention while some researches realized that MT, can significantly improve or minimize anxiety levels. (Katie Hurley ,2018). It is vital to put down that MT is not equivalent to Music Medicine. The latter was offered by doctors and they could ask the client to put on head phones and listen to their favorite music. (Deleo et al 2009). A good example, doctors could put a CD, in audio or video player gadget with music for relaxation or diverting mind from stimuli causing anxiety. On the other side MT uses different elements of music such as succession of noted forming a distinctive sequence, properties of a complex sound, basics recurring at regular intervals arranged spoken words alternating stressed and unstressed elements harmonious notes. And a property of sound that varies with variations in the frequency of vibrations to support and to enhance physical, psychological and social well-being through building therapeutic relationships between children and the therapist. (DiTomasso,, 2018) different from music

medicine, MT can be broadly divided into active and receptive music or mixer of both formats. These diverse creativities can be done to a single child or a group (Bruscia, 2018)

For this reason, MT being a treatment without side effects, research has shown to be secure, nice compliance, and eases tolerance. MT has taken slowly in a serious way an alternative or supplementary treatment for the wide range of psychiatric disorder (Lin et al, 2011)

Globally, research shows tremendous rise in the number of orphanages and young ones living in the orphanages for the last few years (Ravishankar et al; 2016). The children in the orphanages often have psychological problems among them being anxiety. If this anxiety is not mitigated, it does not permit the student to cope with the demands of schooling and as a result, it negatively affects other children in the orphanage and drop socially and academically.

The frequency at which anxiety and depressive symptoms presented on overanxious people fluctuated by gender and age distribution. Anxiety level recorded on clinical diagnostic was 12.9% of all students having anxiety (Ndetei, et el; 2018). Both physiological and demographic differentials have contributed to the rise of anxiety among children and young adults and as such, increase in some cases is said to be attributed to incessant love for money and personal luxuries more than relationships (Sowmya, 2017). Anxiety may also include the elements of worrying, sadness, and restlessness. (Nkechi, et al; 2019) in their study of school going adolescents in South East Nigeria reported that 20% suffer from anxiety disorder, yet despite this high prevalence in developing and developed economies, these adolescents rarely receive treatment.

In Kenya, studies on teenagers living in some community settings as the west indicated that the frequency at which participants showed anxiety and depressive symptoms that need intervention were similar to those studies done in the west hence the need to address the situation (Ndetei *et al.*, 2008). A psychiatrist and mental health rights campaigner, posits that the depressive, anxious and conduct disorder conditions are often a chain reaction of the current life experiences. He further called for appropriate clinical practices and policies. Statistics from several other studies further show that majority of children and young people who experienced a mental health problem due to anxious related conditions never received early intervention (Sowmya, 2017).

These statistics reveal a worrying trend that necessitated the World Health Organization to come up with a seven-year action plan to mitigate the undesirable effects of mental disorders (WHO, 2013).

The scale to which behavioral, societal and mental challenges affect teenage children is dependent on the nature of the disorders with many presenting comorbid disorders (Gold, (Voracek & Wingram, 2014). Although clinical research studies on anxiety is minimal, there is need to carry out substantive research in order to get empirical results that can be relied upon for future reference and case management.

The constant recurrent feeling of insecurity about everyday things and hypersensitivity are characteristics associated with Generalized Anxiety Disorder (GAD). Individuals presenting these characteristics associated with GAD spend much more time worrying over the same things than the average person. Many a times, this anxiety impairs the social functioning of individuals and are vulnerable to unhealthy relationships. For the case of children and

adolescents, school going teenagers are the most endangered populations known to be living with overanxious symptoms. In an education setting, for a student to perform well and enjoy the full benefit of schooling, they need to be in the correct psychological state. However, in some children anxious symptoms can cause them to withdraw and significantly regress with their school work.

Anxiety disorders in children poses serious mental health concerns. They affect how they reason, feel, and respond to their immediate environment (Katie, 2016). However, some of the effects of anxiety are part of mental disorders. Agonizing over events or getting worked up drains the body defenses at the mention and even cause illness (Joseph, 2017). Worrying is a daunting emotional state that renders an individual agonizing over actual or perceived problems (ibid). Restlessness is one of the most common symptoms of anxiety, it is characterized by the inability to be still in one thing or feeling as though you are on edge and something is about to or need to happen (Micah, 2017).

Spitzer (2016), posits that measurement tools for anxiety diagnosis are rarely entrenched in clinical settings since they are lengthy and monotonous in nature. Further, he states that the nature and gravity of disorders cannot be quantified to compel a clinician determine a case for management unless he or she rely on the self-reports provided for by the child. Though his objective was intended to generate a tool for identification of underlying characteristics or symptoms for Generalized Anxiety Disorder and assessment of the degree of association from the patient self-report, findings revealed that a combination scale highlighting the prevailing features necessary for the identification of Generalized Anxiety Disorder can be valuable in clinical diagnosis. Few interventions have been attempted to treat anxiety disorder in children unsuccessfully. Several studies have revealed the possibility of a

combination of (CBT) cognitive behavioral therapy and (MT) Music Intervention in reduction of anxiety among anxious school going adolescents in charitable institutions.

Music offers teenagers the opportunity for expression, sharing, and resolution amongst themselves the recurrent fits of anger, rage, grief and psychologic breakdown (Tervo, 2001). Further, music has been found to be an invaluable asset in the management of over anxious and dysfunctional tendencies. The use of Music Therapy in the past has proved to assist individuals who are over anxious. Therefore, scholars together with enthusiasts in mental health field continue to explore the efficacy of music therapy on young adults experiencing Generalized Anxiety Disorder and the related improvement outcomes when administered among patient populations (Novortney, 2013). Tervo (2014) also espoused that music therapy improves an individual's well-being through increased memory cognition, interpersonal interactions, enjoyment, and social inclusivity. Tervo (2019) further posits that channels for self-expression from a personal perspective by adolescents can be opened up through music. Other studies of music therapy interventions on anxiety disorder conducted using different styles, sample size and parameters have concluded there exists positive results that may aid in further interventions (Lin, & Yang, 2011).

From the Kenya perspective, there is almost no existing literature on music intervention research. It is from this existing knowledge gap that the researcher seeks to study the influence of music intervention on reduction Generalized Anxiety Disorder among adolescents in charitable institutions in Nakuru County, Kenya. There is few regional information in Africa and outside continent which is insufficient. Lack of enough information has contributed to widening gap which the researcher worked on.

## **1.2 Statement of the Problem**

Rise in social decadence within the family and societal setup has significantly increased in proportionate measure with the number of charitable institutions in Kenya. These institutions become quantum of solace for victims of sexual and gender-based violence, survivors of early teenage marriages, female genital mutilation survivors, total orphans, and children who have escaped the wrath of indulgent and violent parents and guardians. These children often suffer in silence and as they grow, signs of withdrawal, anger, and psychological disintegration sometimes begins to show. For school going children, their performance in education dwindles. With no treatment sought, there is need for alternative non pharmacological intervention to mitigate these Generalized Anxiety Disorder effects. This study purposed to find out the Influence of Classical Music Therapy on the reduction of Generalized Anxiety Disorder among children in these charitable institutions.

However, other treatment for anxiety disorder has been sought but most of them portrayed to be very expensive. For example, CBT and pharmacological interventions. For this reason, there was a need to seek a quick action to find the best cure for the harm done in children's life. Well, the artificial medicine has been used at past ages but with great side effects (Wilson et. al; 2015). These additional problems normally affect food track system causing gastrointestinal discomfort, diarrhea, insomnia, pains and others. Therefore, people didn't approve medicines from pharmacy.

On the other side, Cognitive Behavioral Therapy seemed good but not for adolescent in charitable institutions was not favorable due to many sessions, need for concentration, boredom and dis interest.

Thompson and Groske (2018) explains how best music intervention can work particularly for adolescents. They say, music uses different elements, succession of notes, forming distinctive sequence, properties of compels sounds, recurring notes at regular intervals which sound great to adolescents. With adolescents MT seemed viable intervention to anxiety, enjoyable, and without side effects. It has proved to be secure and nice compliance to adolescents and caregivers in charitable institutions.

### **1.3 Study Purpose**

The research work intended to find out the influence of classical Music Therapy on reduction of Generalized Anxiety Disorder (GAD) among children in charitable institutions in Nakuru East sub-county, Nakuru County, Kenya.

### **1.4 Objectives of the study**

The underpinned objectives were adopted in this research work

- i. To establish the Influence of Classical Music Therapy in the reduction of worry among children in charitable institutions in Nakuru East Sub County, Kenya.
- ii. To find out the Influence of Classical Music Therapy in reducing restlessness among children in charitable institutions.
- iii. To examine the Influence of Classical Music Therapy in the reduction of irritability among children in charitable institutions.
- iv. To evaluate the Influence of Classical Music Therapy in reducing sadness among children in charitable institutions.

### **1.5 Research Questions**

- i. How does Classical Music Therapy have an effect on the reduction of worry among children in charitable institutions in Nakuru County?
- ii. Does Classical Music Therapy influence the reduction of restlessness among children in charitable institutions in Nakuru County?
- iii. Does Classical Music Therapy influence the reduction of irritability among children in charitable institutions in Nakuru County?

- iv. Does Classical Music Therapy influence the reduction of sadness among children in charitable institutions in Nakuru County?

### **1.6 Significance of this research work**

Mental health is a fast growing concern in the general medical practice as it arises with the paradigm shift in socio-economic, family, and environmental dynamics. These changes necessitated the World Health Organization to institute action plans for alternative treatment of mental disorders. Inasmuch as there is extant literature from research studies that has aided medical practitioners point out certain symptoms and disorders, only a few of these research studies have addressed the influence of Music Therapy on anxiety. But none brings to the fore the root cause of its existence and subsequent mitigation in children. It is in this regard therefore that a further in-depth exploration of the Generalized Anxiety Disorder experience is important with reference to children and the possible interventions. However, counseling psychologists, caregivers, and parents with children suffering from GAD will untimely benefit from this study. The study findings contributed to the knowledge pool as a point of reference and case management useful to scholars, researchers, medical practitioners, counselors, correctional institutions, and sites where research took place.

### **1.7 Scope of the research and limitation of the research work**

This research study used quasi experimental design undertaking the study at Nakuru county Kenya. The researcher chose this approach because in this particular study, purposes to set up an event that provides a generative force and effect as state of connectedness between variables which are independent and dependent. Quasi experimental design is a utilizable item in place where true experiments cannot be used for ethical or practical reasons. The researcher does not have control over the treatment but instead studies preexisting groups

that received different treatment after the fact that control group are not required. Participants in the groups were assigned after a series of screening sessions guided by the Beck's Anxiety Inventory 2013) to check eligibility criteria. The pre- assignment of research subjects was intended to prevent any kind of bias from contaminating the research results as they had no influence on which level of the experimental condition they were assigned. Further, quasi experimental design ensures equality in expectation of all research subjects before the commencement of the experimental observation (Ojmarrh, 2015). The treatment group comprised of randomly selected 12 to 17 year olds. They observed for a period of six weeks and data recorded on a weekly basis and they were subjected to a 30 minutes' musical intervention sessions once a week for six weeks and any observable changes recorded on a weekly basis. Consequently, after six weeks, there was observable changes compared with initial trial or screening and consequent experiment. The data was analyzed through tables, means and percentages. Despite the research being carried out, there was limitations to the research like weather, Covid 19 rules, some research participants going back to school and charitable institution programs. The researcher was able to adjust and carried out the research effectively.

### **1.8 Assumption of the Study.**

The research presumed Generalized Anxiety Disorder exists among children in charitable institutions in Nakuru County. Also, it was expected that the respondent gave honest answers, and that they cooperated with the administrators. It was assumed that children with GAD would accept music intervention for those three intervals and that there would be observable change. Furthermore, it was assumed the affected children would accept the

process of active and receptive music. Finally, there would be full accessibility to the target institutions which came to pass.

## **CHAPTER TWO: REVIEW OF LITERATURE**

### **2.1 Introduction**

This work in study gives an in-depth review on work done on influence of Generalized Anxiety Disorder by Classical Music Therapy, and its effect on children in the charitable institution, the underlying theories informing this particular study, a visual representation of the research study, and a brief of what others have contributed to the reviewed research.

### **2.2 Music Therapy.**

Anxiety presents itself in various states of matter and takes different shapes, forms, and structures depending on the immediate environment. While promoting stimulation or relaxation as well as enhancing mood and reducing anxiety is only a portion of the whole therapeutic process, others have to be expressed in unique settings to achieve the ultimate goal (Zarate, 2020). It is important to have an informed understanding on what behavioral mechanisms are triggered in the individual's brain when they respond to music from the scientific point of view.

Vuust and Kringelbach (2018) espoused there exists an interplay of physiological and emotional stimulation resulting from the simultaneous activity receptors that translates in the predictive coding in the brain when making music with another. Such sensory elements permeate consciousness adding to heightened bonding while at the same time also be a catalyst for imagination.

Robert E. Krout (2021), a therapist guru whose vast experience is documented on music listening, neuroscience and relation, represented a paradigm in the interpretation of the use music in a medical setting. Krout's interpretation is pegged on the notion that the intrinsic

interplay of music and the unwinding effect it brings triggering our imagination into new horizons to explore, can serve several functions, including helping patients suffering from anxiety.

Beck's (2010) and Kenny's (2016) interpretation of anxiety is an intrinsic human experience that is consciously brought about by a fear response pattern to perceived danger. Other scholars try to explain what transpires in any given musical therapy session. Scheiby (2015) affirms that the presence of music in the background creates an environment that connects both the music therapist and the client in the imagination realm, thus opening up to each other while journeying together" (pg. 10).

However, Enrique and Victor (2015) in their study presented the findings of their pilot study involving clients under clinical comparison and receiving medication. They introduced Music Therapy to reduce the set of symptoms associated with Generalized Anxiety Disorder following an established code of procedure. They concluded that Music Therapy achieves significant improvements in clients diagnosed with Generalized Anxiety Disorder.

Porter et al; (2016) in their study examined the classical Music Therapy practice usefulness in the treatment of young ones and teenagers with mental disorders. The primary outcome in their study was improvement in communication while secondary outcomes included the societal and family interaction, emotional breakdown and self-esteem. However, there was no identifiable difference in the primary outcome (communication) and overall, results from the controlled trial group indicated a remarkable improvement in self-esteem and a reduction in emotional breakdown. They argued that there is need for further research relating to the differences various subgroups findings in the study presented, though circumstantial

evidence suggested the integration of music therapy in clinical practice would greatly generate the desired outcomes.

### **2.3 Generalized Anxiety Disorder**

Generalized Anxiety Disorder can be described as that constant recurrent feeling of insecurity about everyday things and hypersensitivity. Inasmuch as these recurrent feelings dominate an individual's daily living, its severity is dependent on the degree to which the individual reacts with the environment in which he/she is exposed to.

Currently there are numerous measures and models used by mental health professionals in the evaluation and verification of Generalized Anxiety Disorder, the first step being known as the diagnostic criteria. A review of the extant literature shows there are several validly designed measures used in the evaluation and screening of Generalized Anxiety Disorder from those connected with conscious mental processes, those that evoke strong feelings for or against something, and in terms of the way individuals respond under particular conditions. These measures are self-reporting as there are many to choose from depending on the nature and approach being used. The prominent self-reporting tools available are the Beck Anxiety Inventory and the Anxiety State-Trait Inventory (Martin et al 2017).

The tests outline useful information regarding certain psychological, societal, pre-conceived, and cultural symptoms recurrent in an individual's behavior that one can deduce they meet the criteria required for Generalized Anxiety Disorder.

In the guide for dealing with mental issues the fourth edition [*DSM-IV*] (2000) describe the significant features attributed to GAD that one can easily set it apart from other anxiety disorders. For instance, the manual describes the normal functionality of individuals

experiencing GAD without resistance to particular unpleasant situations. Further, the tendency to always distance oneself from certain situations emotionally is a big contributor in the assessment and diagnosis of GAD as the hypersensitivity and insecurity about everyday things is often manifested, (Beck, 2010).

Studies by Tomas and Ayelet, (2019) used this approach and they concluded a recent history in clinical therapeutic trials in the treatment and management of Generalized Anxiety Disorder. This is informed by the unique signs and symptoms presented by the disorder as compared to other Generalized Anxiety Disorders. Thus, findings from these studies revealed the potency of a mix of Cognitive Behavioral Therapy yields better results in the treatment of both anxiety and depression than when no intervention is administered, or when only one of either cognitive therapy or behavioral therapy is used.

When unchecked, GAD can be disastrous in the long term in an individual. The effects may cut across an individual's work-family life balance, societal disappointments since interaction with others is affected leading to low self-esteem and eventual depression. While GAD symptoms may suppress and outgrow over longer time frames, untreated disorder rarely disappears and a relapse can impact negatively all facets of life. It is therefore prudent to get assistance if you, or a significant other suffers such a disorder.

### **2.3.1 Worry**

Worry relates to the daunting emotional state that renders an individual agonizing over actual or perceived problems or circumstances (Borkovec, 2022). In the primary diagnosis of Generalized Anxiety Disorder, excessive worry is a standout feature that qualifies an individual to be suffering from this type of disorder. Inasmuch as it is normal for people to

have worrisome experiences in the short-term, positive ramifications accrue as a result of a mild amount of worry.

This proves true when individuals take a proactive approach to dealing with the unpleasant circumstances that they face or avoid risky behaviors. On the other hand, excessive worrisome individuals are always on the extreme. Everything that is perceived to endanger them is magnified prompting them to act as a direct response to the situation. When worry becomes chronic in individuals, it is likely that they may experience low self-esteem, develop a defense mechanism to counteract potential threats and over time may feel withdrawn and slip into depressive emotional state if unchecked (Bredemeier & Berenbaum, 2008).

### **2.3.2 Restlessness**

Restlessness can be defined as an increased desire for movement, an inability to calm the mind, or a combination of the two. Regier and Gitlin (2017) espouse that discomposure is a behavioral manifestation frequently advocated by caregivers as agonizing and can be quantified and computed.

A recent research by Franklin, Mathersul, and Ruscio (2021) on restlessness indicated that restlessness was connected to persistent excitement not more intense reactivity. For them to arrive to this conclusion, 102 children with Generalized Anxiety Disorder and those without were assessed for restlessness. Results showed that the GAD group registered higher levels of discomposure than the no GAD group. Further results indicated that although individuals with GAD report greater intuitive excitement than healthy individuals, they show comparable or even reduced bodily functional reaction to threats.

GAD patients encounter a variety of excitable manifestations such as increased desire for movement. For children suffering from GAD, they may show signs of perfection while regularly seeking praise and validation from the elderly concerning the degree of excellence of their work (Center for the treatment and study of anxiety [CTSA], 2020). One study by Ginsburg, Riddle, and Davies (2016) on 128 children diagnosed with AD found that 74% reported restlessness as one of their main anxiety symptoms.

### **2.3.3 Irritability**

The spontaneous short bursts of anger, displeasure and aggregated emotion characterizes irritability (Toohey & DiGiuseppe, 2017). Irritability can be manifested through aggression and anger in humans. For instance, when an individual exhibits strong emotions of displeasure or annoyance, it may sometimes get out of control and lead to aggressive actions. These aggressive actions may vary depending on the ability of the individual to manage himself or herself. The severity of aggression may be demonstrated through hurtful comments and if it goes to the extremes may result in violence (Eshel & Leibenluft, 2019).

Since irritability is characterized by a mix of anger and aggression, individuals who become irritable may exhibit anger without being aggressive, or may exhibit a combination of both. Hence clinicians may want to understand the specificity of the phenomenon to properly diagnose for Generalized Anxiety Disorder (APA, 2020).

### **2.3.4 Sadness**

Sadness is a condition where one feels down or unhappy as a response mechanism for unpleasant experiences such as misery, dejection, regret and sorrow. When manifested in the

short term, it is said to be a normal occurrence. But an individual may exhibit longer periods of sadness which points to a possible depressive situation.

Jellesma & Vingerhoets (2022) in their report on gender differences suggests that crying can be a sign of sadness. When feelings of sadness take control in an individual, it alters the biological functioning of the brain leading one to feel emotionally drained, reach the breakpoint and end up crying in order to release the pressure buildup. When feelings of sadness are ignored or “screened off” as Skinner & Cleese (2022) argue, may lead to angry outbursts or frustrations even over small matters in adults. The opposite is true of teenage children, they would withdraw and lock themselves up in their own imaginary cocoons and tear themselves away as a coping strategy towards sadness.

Some scholars have argued that sadness can be detected from the human voice and facial expression in individuals (Johari, et al; 2015). Their argument is that when someone is sad, the intonation of sounds in his or her speech oscillates between low, weak, and slow tempo. Sometimes some words when spoken may not be audible. Other scholars suggest that emotions in facial expressions are far too visible to ignore. They further suggest that the eyes are sensitive organs that can express sadness with the size of the pupils. Just like a cat during the day, the pupil size become smaller when subjected to much light as compared to its large size at night when there is minimal light, a human being’s pupil behaves the same way when sad.

Approximately 50% to 85% of children suffering in charitable institutions were reported to have anxiety and depression (APA & DSM -IV, 2017). Quality of life has been highly affected by depression and anxiety which in turn causes carcinogenic cells for cancer and its

growth for the children in charitable institutions. Applying classical music therapy, helps in healing and elevates important aspects of life by musicians who are well trained to be therapists. In collaboration with other curative measures, music therapy has its unique advantages (Antonio, et al; 2019) it is pointed out as commonly used is assistance and innovative way of curing psychosocial problems in children living in charitable institutions (APA & DSM- IV,2018). However, MT gives its outline as characterized by order and planning or relating to taxonomy that helps in energizing, positioning or keeping a certain state and making better people mental and bodily good state. The aim of Music Therapy is to minimize or remove mental instability and elevate wellbeing of children disturbed or having trouble from misery resulting from affliction and other issues of the same kind.

Again, the use of this therapy as a substitute as tentative suggestion designed to elicit the reaction of others to curing mental problems can be retrieved from early writings referring to Saul and David. When Saul experienced sadness and anger, David used to harp for him and the evil spirit could calm down. Consequently, the MT is considered as a therapist-a person- with superior mind of the composer. Therefore, it helps in reducing the state of worry, sadness, irritability, and sadness as it elevates cheerfulness, joy, calmness and peace. (Edward J, 2017). Ultimately, this research work targets on the necessity to present children with GAD by Music Therapy use. Moreover, this research aimed to raise knowledge among caregivers in charitable institutions through music therapy

Enrique and Victor (2018) In their study to evaluate the Influence of Music Therapy on Generalized Anxiety and pain in crucial traumatized children in to the resuscitation unit of a tertiary level hospital in Spain used Randomized clinical trial performed in a higher level

hospital, from June 2016 to May 2018. The study sample was 60 patients, 30 belonging to the intervention group (IG), and 30 to the control group (CG). The intervention group were given a 30-minute music session and heart rate (HR) and blood pressure (BP) were measured. The VAS (Visual Analogue Scale) was applied for anxiety and pain before and after each session. The same measures and scales were applied in the CG who did not receive a music session. The music session comprised 3 parts: the first was standard music selected by music therapists; the second was personalized, chosen by the patient and the third was a new standard. The intervention took place in a booth with headphones. The Results was Significant changes in anxiety levels ( $P<.01$ ) were detected in the group of patients undergoing the intervention, measured with the VAS scale for anxiety, and pain levels ( $P<.01$ ), measured with the VAS scale for pain. No significant differences were found in the physiological parameters of HR and BP this is evident that stress and anxiety level were significantly dropped.

In Conclusion according to Enrique and victor 2018 admitted that the use of Music in critical traumatized patients reduces anxiety and pain levels, increasing the patient's well-being and improving the quality of care. Music Therapy, therefore, is considered beneficial as a complementary measure in critical care units. Post traumatized people suffer anxiety disorder traits that are characterized by irritability, worry, restlessness and sadness. This proves among others that music therapy can sought issues of children in charitable institutions.

In another study by Johari, Harrison, Singer, Rothstein, Dolan, and Critchley, 2015; Medicine on Mental Health as Rehabilitation and charitable institutions. Durham University

indicates that much advantages have been seen in children with autism when this music therapy is applied. (Gattino et al., 2011), depression (Erkkilä & Gold, 2021), schizophrenia (Murow, 2021), dementia (Svansdottir & Snaedal, 2016) and physical disabilities (Ford, 1984). Children suffering from depression and many other mental disabilities have been helped through this non pharmacological therapy. (Bunt, 2019).

The rhythm, beats brings great effect to enhancement of bodily functions brains relationships and connectedness to supernatural beings. (Bruscia, 2024). However, music is interpreted as a systematic procedure of mediating incase the experts assists the child to elevate wellbeing by the use of songs experiences, and friendships that develops in them as a powerful change force.

Several ideas and approaches has been wrought to deal with anxiety through music therapy. These are educational or humanistic behavioral approach, psychoanalytic models etcetera. Therefore, it is believed that music intervention has standardized care which elevates patients or child's state. In another study, MT has clearly indicated to have help in releasing tension, enhances self-esteem, in groups and individuals. In additional, checking the difference between CBT and other form of interventions, MT, has not been highly utilized apart from being used in charitable institutions from ages past. however, considerable positive outcome has been pointed out (Gold, et al; 2025)

Grocke et al (2018), reveals that through qualitative outcome of their study, shows MT has big positive results especially dealing with relationships as the therapy presents. Some of the advantages included group motivation, contentment and elevation of personal skills and relaxation. Again, MT was a great tool based with little or no pressure was required for the

evil doers to vocalize their feelings during music therapy especially as morning activities were required to be done without apology, self-evaluation was also done to determine the effectiveness of MT.

Davison and Edward, (2019) researched on influence of MI on five females in charitable institutions. The sample was minimal but the impact was very positive to adolescent in charitable institutions. Twelve sessions within twelve weeks indicated that the low self-esteem due to AD improved in great deal. They experienced self-worth. Cheerfulness, joy and peace of mind. The children in charitable institutions noted that when different techniques were used and applied e.g. listening, singing, playing instruments and dancing brought about the intended influence. This is because it increased relaxation standards, minimized anxiety symptoms like worry, irritability, sadness etcetera, and enhanced self-expression. Interestingly, the expertise of music, realized that in every session, there was children decrease due to the music intervention.

Lin et al. (2020) noted in her study that relaxing songs can have permanent positive effect after each session. Therefore she inspires that in MT the choice of music is very important. The beats, rhythm, tempo, makes the music curative or destructive. The lower temple from semibreve and minim are the best rather than quavers and semiquavers

In this research, music is regarded as non-crisis or not prompt cure to crisis like those proved in biological therapies but deemed as rehabilitative as well as cure for other mental illnesses. Ultimately, the study gives the suggestion that music has much positive effect in charitable institutions which calls for more studies especially on the area of GAD being influenced on music.

Charles O. Aluede (2018) conducted a research on *The Implications for Music Therapy in Nigeria*. He says that the use of music under social, political, moral, and religious circumstances in Africa is evidenced not just by the quality and quantity of the work done in this area of scholarship but, by the corpus of traditional songs whose texts, when critically examined lead us to important conclusions in forming opinions of their utility. This work examines the use of music in the restoration of good health. In the course of investigation, field work which involves participant observation, library search for relevant literature, interviews and chance talks were employed in eliciting germane information. Interestingly, this paper observes that there is a disconnect between the old use of music in Nigerian societies and its present use. It remarks that this disconnect is possibly the bane of the myriads of general ill health often experienced by man in contemporary Nigerian societies. It was suggested that if music is to uplift and heal man, then it should be culturally relevant, performed communally, the repertoire carefully selected to suit the target group and above all, have a determined duration of performance within a cultural context.

In Kenya Mackenzie's O Mackenzie in his paper on *Music Therapy on depressed children* remark music has great therapeutic potentials irrespective of our awareness. For example, studies in physiological response to music support the hypothesis that listening to music influences a person's autonomic responses. Music played at a higher register increases tension and that on a lower one decreases tension. Music that is played at 80-90 beats per minute increases tension while that played at 40-60 beats per minute decreases tension Cottrell (p.5). Although Cottrell's idea of frequency of beats may not have the same *The Implications for Music Therapy in Nigeria* influence on people of different races irrespective

of geographical location and culture, it attests to the fact that music in itself has serious influence on mortals.

Ultimately, from global, continental and nationwide, music therapy has been the alternative to pharmacological intervention proving effective in sorting out anxiety in different situations and ages. Though there are very minimal literature on the study but the available literature shows Generalized Anxiety Disorder lowering significantly and the child being able to cope with others in charitable institutions. This gives the importance of the study in this barely touched area.

### **2.3.5 Summary of Related Literature**

The objectives of the study were four working on influence of Classical Music Therapy on children with Generalized Anxiety Disorder in Charitable Institutions in Nakuru county Kenya, which is characterized by worry, restlessness, irritability, and sadness. Few literatures currently available for the same have been used to enhance this work study.

Bredemeier and Berenbaum(2018) cites that, when worry becomes chronic in individuals, it is likely that they may experience low self-esteem, develop a defense mechanism to counteract potential threats and over time may feel withdrawn and slip into depressive emotional state if unchecked (Bredemeier & Berenbaum, 2008).for this reason, this study worked with non-pharmacological alternative which indicated great improvement on worry

Child with restlessness cannot concentrate either. One study by Ginsburg, Riddle, and Davies (2016) on 128 children diagnosed with GAD found that 74% reported restlessness as one of their main anxiety symptoms. Thus, Robert E. Krout (2017), a therapist guru whose vast experience is documented on music listening, neuroscience and relation, represented a

paradigm in the interpretation of the use music in a medical setting. Krout's interpretation is pegged on the notion that the intrinsic interplay of music and the unwinding effect it brings triggering our imagination into new horizons to explore, can serve several functions, including helping children suffering from restlessness. This helped to curb restlessness and concentrate.

Irritability is the spontaneous short bursts of anger, displeasure and aggregated emotion characterizes irritability (Toohey & DiGiuseppe, 2017). Irritability can be manifested through aggression and anger in humans. For instance, when an individual exhibits strong emotions of displeasure or annoyance, it may sometimes get out of control and lead to aggressive actions. These aggressive actions may vary depending on the ability of the individual to manage himself or herself. The severity of aggression may be demonstrated through hurtful comments and if it goes to the extremes may result in violence (Eshel & Leibenluft, 2019). However, Scheiby (2015) affirms that the presence of music in the background creates an environment that connects both the music therapist and the client in the imagination realm, thus opening up to each other while journeying together without irritability”.

Lastly, sadness is another indicator of anxiety. Jellesma & Vingerhoets (2022) in their report on gender differences suggests that weeping can be cursor of sadness. When feelings of sadness take control in an individual, it alters the biological functioning of the brain leading one to feel emotionally drained, reach the breakpoint and end up crying in order to release the pressure buildup. When feelings of sadness are ignored or “screened off” as Skinner & Cleese (2017) argue, may lead to angry outbursts or frustrations even over small matters in adults. The opposite is true of teenage children, they would withdraw and lock themselves

up in their own imaginary cocoons and tear themselves away as a coping strategy towards sadness. Vuust and Kringelbach (2016) espoused there exists an interplay of physiological and emotional stimulation resulting from the simultaneous activity receptors that translates in the predictive coding in the brain when making music with another. Such sensory elements permeate our consciousness adding to heightened bonding while at the same time also be a catalyst for imagination. This is meant to stop outburst and focus on required imagination through music therapy.

The current study has proved that music can work to prevent anxiety disorder which has been missing or little applied.

#### **2.4 Theoretical framework.**

Various approaches for Generalized Anxiety Disorder have been developed and tested to evaluate the efficacy of such treatments over time. The most typical approach to Anxiety Disorder is the Cognitive Behavioral Therapy which involves the training of a professional person to identify intrinsic and extrinsic anxiety signals then applying new managing techniques aimed at diminishing the undesirable effects of the disorder.

Music intervention improvised techniques which are useful such that it compliments a patient's routine. Kenny (2017) in her theory *field of play* postulates that music is the metaphoric umbilical cord from which the unborn child connects. Just as a mighty river receives fresh supply of water from its tributaries as it meanders downstream, Kenny reveals the connection of the human life and the critical element of a person's healing process as the spaces occupied by love, compassion that joins everyone to the great river. The connection to all living organisms or objects with their environment with conditions necessary for their

survival is the core of Kenny's theory. Kenny describes the human conditions that must exist for musical improvisation to take place. These conditions represent certain aspects peculiar to a person's existence which a music therapist must understand in order to create the "musical space". Once the therapist and the client have gained the trust of the other and the musical space created, it is when that they can close themselves in what Kenny terms as a musical cocoon. Such a phenomenon can be viewed as ecosystems with conditions within a single improvisation. With these various ecosystems, the conditions determine what survives and what dies.

Lee (2016) posits that "the technical music therapist's precision is what triggers the client to appreciate the inner beauty, which does not depend on illness. A closer inquiry into Kenny's (2016) theory denotes interplay of aesthetics to communicate the transformative beauty as they move towards wholesomeness. There exists such a relational knowing which is triggered by certain occurrences which is then revealed through significant aspects that informs a person's being. One of the emotions associated with Generalized Anxiety Disorder is worry. This tendency to worry creates an unsettling situation triggering a chain reaction to rid oneself from perceived danger.

Different theories try to explain how and why anxiety occurs with the two prevalent ones eliciting new school of thought are *Social Learning Theory (SLT)* and *State via Trait Anxiety Theory*. Social Learning Theory (Bandura 2019) suggests the continuous observation of an individual's social environment lead them to learn new behavior. The State via Trait Anxiety Theory (Otto & Hoffman, 2020) suggests that state anxiety can be a spontaneous intrinsic reaction to a disturbing state of affairs, while a trait anxiety influences an individual's set of

behavior and cognitive ability to develop a defense mechanism in responding to those disturbing situations.

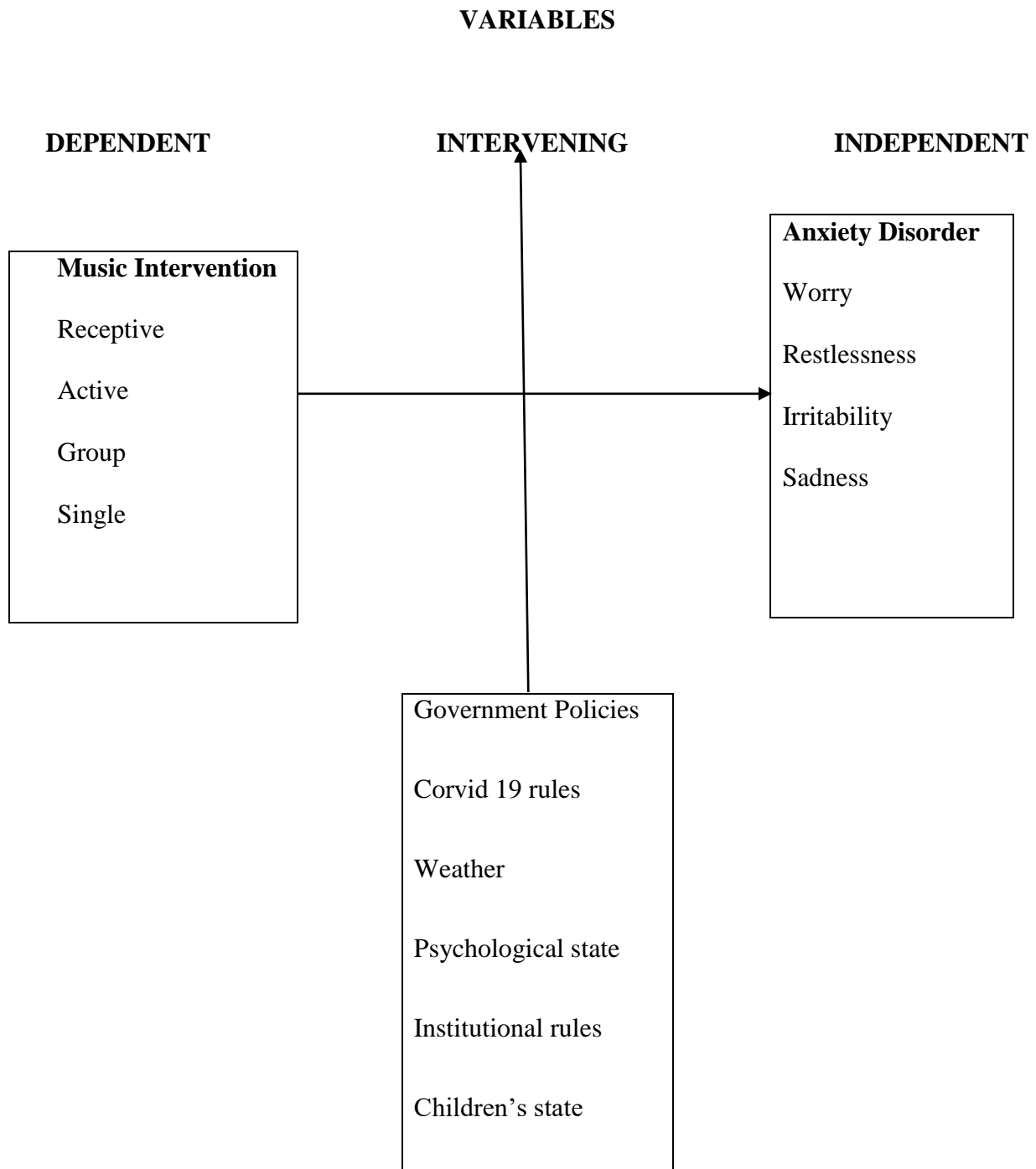
In trying to connect anxiety in relationships, *Attachment Theory* originally formulated by John Bowlby in 1950, influenced various approaches in the field of social sciences. Two aspects came to the fore, anxious and disorganized attachment in children borne out of primary caregiver experiences. All these revelations conclude that anxiety revolves around the various emotional states converging as a result of repeated experiences.

Upon a closer look at some of the contemporary theories, Beck (2010) reviews an array of the systemic processes at play in the individual's life that complicates the social landscape and their resultant effect on anxiety disorders. These processes include the relational interpersonal domains associated with choice of friendship, the everyday communication patterns between nuclear family members, internal body functioning and experiences gained through social interactions. Beck (2010) also point out how influential behavioral aspects of early bullying contributes to children's social anxiety.

## **2.5 Conceptual Frame work**

A conceptual framework is a visual representation of the research study variable, its relation and possible outcome of the cause and effect of the study variables have on the tested phenomenon. Those abstract ideas generated as a result of a mix of relevant theories, study results, and present gaps in topics under study gives rise to a new school of thought that can only be relied upon once a series of interpretations are done and verified. The independent variable is the variable the researcher alters or restricts in order to manipulate the dependent variable. The dependent variable is a variable whose value is determined by the value of

another variable. In this research the dependent variable is Music Therapy. The dependent variable; receptive and active music therapy is expected to have a contributing effect on the independent variable; Generalized Anxiety Disorder; worry, restlessness, irritability, and sadness. The intervening variables are Government policies, Students psychological factors, Institutional policies, nature and COVID-19 rules. The researcher will not concentrate on intervening variables but adhere with the guidelines of those institutions. In this experiment, the researcher was looking for the possible effect on the independent variable that might be caused by manipulating the dependent variable. The dependent variable influences the independent variable. That is music therapy influences changes to the generalized anxiety disorder. While the middle arrow intersecting between dependent and independent variable is the intervening variable. The intervening variable tends to curtail the performance of music therapy from influencing GAD. However, it was put into check by following government and institutional policies, adhering to Covid 19 rules but for the nature and students' psychological factors which beyond researcher's control.



*Figure 2.5: A Hypothesized representation showing the interaction between Independent Variables, Intervening Variables, and Dependent Variables.*

## **CHAPTER THREE: RESEARCH METHODOLOGY**

### **3.1 Introduction**

The third chapter of this research gives a detailed account of the design to be used, variables of the research, targeted location, population, sampling procedures to be followed as well as determination of the sample size, instrumentation, the procedure to collect data, data analysis of data, ethical consideration and data management.

### **3.2 Research Design**

In this research work, quasi experimental design was used. The main aim for the researcher to use this particular study was to check causes of set up and find out events that provide the generative force that is the origin of something and the phenomenon that follows and is caused by previous phenomena in the state of connectedness between ideas which are free from external contamination or constraints which are contingent to something else. This type of design is free due to lack of a definite plan or order and its duty is assigned to perform on the contrary such that the children are given groups without definite order. Again, it is a useful tool in a place where true conduct of controlled test or investigation cannot be used for conforming to acceptable standards of social or professional behavior or practical rational motive for a believe or action. The researcher did not have power over the therapy but rather studies preexisting groups that received different treatment that control group are not required. Participants in the groups were assigned after a series of screening sessions guided by the Beck's Anxiety Inventory (1993) to check eligibility criteria. The pre- assignment of research subjects was intended to prevent any kind of bias from contaminating the research results as they had no influence on which level of the experimental condition they were

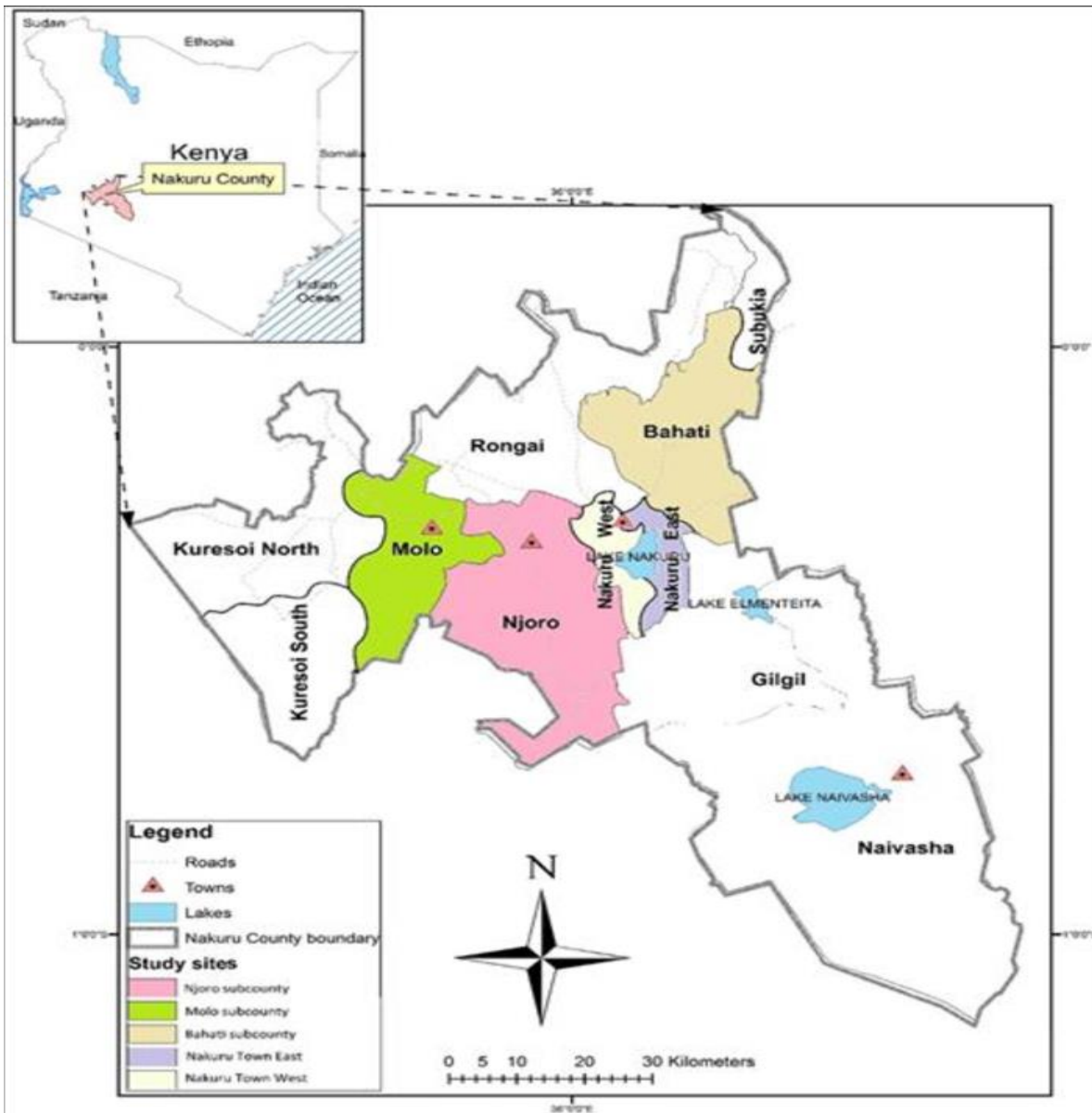
assigned. Further, quasi experimental design ensures equality in expectation of all research subjects before the commencement of the experimental observation (Ojmarrh, 2015). The treatment group comprised of randomly selected 12 to 17 year olds. They were observed for a period of six weeks and data recorded on a 2-week basis and they were subjected to a 30 minutes' musical therapy sessions once a week for six weeks and any observable changes recorded on a weekly basis. After six weeks, there was observable changes compared with initial trial and consequent experiment.

### **3.3 Variables of the study**

This study focused on reduction of Generalized Anxiety Disorder as the independent variable whose primary characteristics include worry, sadness, restlessness and irritation as well as other observable characteristics that was guided by Becks Anxiety Inventory manual. Classical Music Intervention was the dependent variable while GAD was independent variable. The dependent variable influences the independent variable. That is, music intervention influences changes to the generalized anxiety disorder. The intervening variable tends to curtail the performance of music therapy from influencing GAD. However, it was put into check by following government and institutional policies, adhering to covid 19 rules but for the nature and student's psychological factors were beyond researchers control.

### **3.4 Location of the Research Work**

The study was conducted in Nakuru East sub-county in Nakuru County in a prominent area that harbors many destitute homes or charitable institutions. Nakuru County is county number 032 in the Kenya county codes. It is located in the Rift Valley region of the country and borders Nyandarua to the east, Kajiado to the south, Narok to the south west, Baringo to the north, Laikipia to the north east, with Bomet and Kericho to the west covering an area of 7,496.5Km<sup>2</sup>. It is having population of 2,162,202 people according to 2019 census. With population density of 290 per square kilometer. The more people in Nakuru county the more charitable institutions.



*Figure 3.4: Nakuru East sub-county in Nakuru County*

### **3.5 Target Population.**

The target population was comprising 200 children in 3 charitable institutions in Nakuru East sub-county. The charitable institutions listed are those that support children between the age of 12 years to 17 years.

$$n = \frac{N}{1+N(e)^2}$$

Where:

n= Sample size

N= Target population=300

e = Confidence level= 0.05

$$\begin{aligned} & 200 / (1 + 400(0.05)^2) \\ & = 200 / (1 + 400(0.0025)) \\ & = 200 / (1 + 1) \\ & = 200 / 2 \\ & = 100 \end{aligned}$$

**Table 3.5: Accessible Population**

<b>Institution Category</b>	<b>Number of Institutions</b>	<b>Sampled Population</b>	<b>Accessible</b>
Boys Orphanage	1	25	30
Girls Orphanage	1	50	20
Mixed Orphanage	1	125	50
<b>Total</b>	<b>3</b>	<b>200</b>	<b>100</b>

*Source: Child Welfare Society of Kenya, Nakuru branch 2021*

### 3.6 Sampling Procedures and sample sizes

#### 3.6.1 Sampling Procedures

The study used Mugenda (2003) formula to determine the sample size expressed as:

$$n = \frac{N}{1+N(e)^2}$$

For:

Sample size=n

Target population=N=200

$e$  = Confidence level= 0.05

$$200 / (1 + 400(0.05)^2)$$

$$= 200 / (1 + 400(0.0025))$$

$$= 200 / (1 + 1)$$

$$= 200 / 2$$

$$= 100$$

The target participants were children aged between 12 years and 17 years in selected Nakuru East Sub County charitable institutions as the primary respondents. The study applied stratified random sampling to categorize institutions into three strata, namely, boys' orphanages, girls' orphanages, and mixed orphanages. In each stratum representing the orphanage category, a simple random sample 30% of institutions was selected. There were three orphanage institutions that are 30% of the total 15 institutions, (which is three institutions on the ground) therefore representative (Mugenda, 2013). A proportionate

sample of 100 children were picked from the three institutions who met the screening criteria and were assigned to the treatment group respectively.

### 3.6.2 Sample size

*Table 3.62: Distribution of Sample Size*

<b>Orphanage category</b>	<b>Sampled Institutions</b>	<b>Sampled Children</b>	<b>Research Participants</b>
Orphanages 1	1	25	30
Orphanages 2	1	75	20
Orphanages 3	1	100	50
<b>Total</b>	<b>3</b>	<b>200</b>	<b>100</b>

### 3.7 Instrumentation

In this study, Beck’s (2011) Anxiety Inventory was the key screening tool for Anxiety Disorder in children aged between 12 and 17 years. Once screening and random assignment was made, the researcher used the SMGAD-C age 11-17 self-report version developed by Craske, Wittchen, Bogets, and colleagues (2013) to assess the severity of GAD in the last fourteen days. The tool for children for assessing GAD is a ten item measure for rated on a five-point scale as shown: Zero-None; one - Occasionally; two -Half of the time; Three-Most of the time; and four- Always. This self-reporting assessment were repeated in groups after every two weeks for the researcher to assess the variations when the proposed music therapy intervention is introduced. The informants were matrons and caregivers on duty for the day. They were interviewed on the condition of the subject during the week to give the

information of how children reacted during week days. The observation made was also recorded by the key informants. There was customization of tools to fit the requirement according to the objectives. For example, checking points on the tool that fits worry, or restlessness, or irritability or sadness. When a child filled a certain point we could know the objective responded to. Interview schedules were administered orally and later filled report sheets.

### **3.7.1 Questionnaires for the children in charitable institutions.**

#### **BECK'S ANXIETY INVENTORY**

The following list shows some common signs of anxiety. For each sign in the list, please indicate the level for which you have experienced that sign in the last four weeks, including today, by marking the equivalent value in the column next to each sign. Never, Just a little, Much, It lasted some long time, Always-the experience was not bearable. The symptoms that were indicated in BAI were: Unresponsive nerves, Suffocating or burning up, Flimsy, legs, Feeling discomfited, Panic attacks, Feeling faint, Heart pulsing, Unbalanced,, Aghast, Unsettled, Tightness in the throat, Shaky hands, Unstable, Apprehensive, Shortness of breath, Frightened, Petrified, Heartburn, Jittery, Embarrassed, Perspiration. The child was expected to record the feeling for the last fourteen days and sum up.

In the next tool was meant to measure how severe GAD was in children. Whereby they wrote the names, age, , gender. And the date. Follow the instructions on the statements that reflected thoughts, health, finances, school, moral sensitivities well as actions mostly linked with fears for relatives and jobs. They marked the frequency of the occurrence Felt terrified or afraid, Was marked with anxiousness, uneasy, or unsettled.

Experiencing weird ideas of evils Had such as relative's deaths, chronic health, retrenchments, or road tragedies, Had difficulty breathing, faint or dizzy. Felt sweaty hands, Had trouble sleeping, felt restless and flimsy legs, felt withdrawn, or stayed clear of places that cause me to worry, minimally participated in activities or stayed away due to worries.

Delay in working out, or preparing for situations, due to worries, asking confidence restoration from others due to worries, to deal with worry required assistance (for example; illicit brew, hospital bills, phobia for unknown.). these were the questions that the respondents received.

### **3.7.2 Interview Schedule for the care givers in charitable institutions.**

The interview schedules were based of questionnaires presented to the children. the interview had open questions to bring out understanding whether children have Generalized Anxiety Disorder or not. After every session the same questionnaires were presented inform of interview to acquire any positive or negative change in children's behavior after music therapy.

1. Did the children felt terrified or afraid? Yes, or no.
2. Did they seemed or Felt uneasy, worried, or unsettled? Yes, or no.
3. Did the children had sweaty hands, difficulty breathing, faint or dizzy. Yes, or no.
4. Were children having trouble sleeping, felt restless and flimsy legs? Yes, or no.
5. Did the children Stayed away from activities or participated only minimally due to worries? Yes, or no
6. Did the children seen to require of assistance to deal with worry, irritably, and others (e.g. superstitious objects, or other people alcohol, or medication)? Yes, or no.

### **3.8 Validity and reliability of the study**

#### **3.8.1 Study Validity of the study**

Validity is the extent to which the accuracy of the results derived from analysis of the data actually stand for the event worked on. It is the agreement between value of measurements and its true value. Validity is quantified by comparing estimations with values that are as close to the true values as possible. The researcher ensured content validity of study instruments by involving the supervisor and psychotherapeutic consultants to ensure relevance, preciseness and clarity of questions. The researcher used Beck's anxiety screening tool which validated the study by 79%.

#### **3.8.2 Reliability of the Study**

Reliability is the extent to which consistent inferences are yielded across different timelines and observations, degree of consistency that the research instruments or procedures demonstrate. It is qualified by taking several measurements on the same subjects. Cronbach's alpha was applied to measure the quality of being dependability of the research instruments which yielded 78% of the returned questionnaires shows that children had bit of GAD at different levels.

### **3.9 Screening Study.**

The information below provides a descriptive statistic on anxiety disorders among children in charitable institutions before administration of Music Intervention. The overall aggregate mean was 4.03 and a standard deviation of 0.89

According to the findings on the various items, the results indicated a frequency of 86(83.5%) of the children felt terrified or afraid, A majority of 86(83.5%)felt uneasy,

worried, or unsettled, moreover 86(83.5%) had ruminations of evils occurring for example sicknesses, retrenchments, or road tragedies, family misfortunes, besides 81(77.2%) felt sweaty hands, shortage of breathing, faint or dizziness, also 83(79.7%) had trouble sleeping, felt restless and flimsy legs, furthermore 87(84.8%) felt withdrawn, or stayed clear of places that cause me to worry. The findings also indicated that 85(82.3%) stayed away from activities or participated only minimally due to worries. 85(82.3%) delayed in deciding, and preparing for situations, due to worries. 82(78.5%) seeking reassurance from others due to worries. 70(63.4%) required help to deal AD (e.g. Phobia of unknown, or sicknesses, or other evil people). The screening was administered successfully and indicated that children had anxiety that required intervention

### **3.10 Data Collection Procedure.**

Data collected was coded and processed using Statistical package of social sciences version 23. SPSS is capable of handling great volume of information, it saves time and is much effective compared with other soft wares. (Orodho, Nzabalirwa, Odundo, Waweru, & Ndayambaje, 2016). Information derived from the quantitative data in form of percentages, means and standard deviations was presented. Data analysis entailed the detailed scrutiny of the questionnaire, separation, editing, coding, entry. This happened after the researcher had acquired all the necessary authorization documents including the research permits from the (NACOSTI), an introductory letter from Kenyatta University, approvals from the County Administration, the County and Sub-County Directors of Education, and the Child Welfare Society of Kenya [CWSK] representative in Nakuru County.

### 3.11 Data Analysis

The collected data inform of quantitative and Qualitative was analyzed based on study objectives. After scrutiny of the returned questionnaires. To analyze qualitative data, the researcher used themes. This thematic approach concentrates on categorizing and describing themes in the study. Thematic conclusions processes involved, information, understanding and well recognition, cipher, designation, of perceptual structure, and giving meaning of the pattern. In this customary way of operation or behavior identified in the study, were utilized to enhance themes that were in line with study objectives. The researcher compared emerging themes from different data collection instruments. Qualitative analysis was presented in narrative form.

#### Summary of Data Analysis Procedure

<b>Research objective</b>	<b>Quantitative Data Analysis</b>	<b>Qualitative Data Analysis</b>
1.To establish the influence of Classical Music Therapy in the reduction of worry among children in charitable institutions in Nakuru East Sub County, Kenya.	<ul style="list-style-type: none"><li>• Percentages</li><li>• Mean</li><li>• Standard Deviation</li></ul>	<ul style="list-style-type: none"><li>• Thematic Analysis</li></ul>

2.To find out the influence of Classical Music Therapy in reducing restlessness among children in charitable institutions in Nakuru East Sub County, Kenya.	<ul style="list-style-type: none"> <li>• Percentages</li> <li>• Mean</li> <li>• Standard Deviation</li> </ul>	<ul style="list-style-type: none"> <li>• Thematic Analysis</li> </ul>
3.To examine the influence of Classical Music Therapy in the reduction of irritability among children in charitable institutions in Nakuru East Sub County, Kenya.	<ul style="list-style-type: none"> <li>• Percentages</li> <li>• Mean</li> <li>• Standard Deviation</li> </ul>	<ul style="list-style-type: none"> <li>• Thematic Analysis</li> </ul>
4.To evaluate the influence of Classical Music Therapy in reducing sadness among children in charitable institutions in Nakuru East Sub County, Kenya.	<ul style="list-style-type: none"> <li>• Percentages</li> <li>• Mean</li> <li>• Standard Deviation</li> </ul>	<ul style="list-style-type: none"> <li>• Thematic Analysis</li> </ul>

### 3.12 Ethical Considerations

The researcher ensured conformance to the ethical principles of respect for respondents, beneficence and justice. Since human participants targeted by research studies have the right

to decide whether or not they would participate, the researcher ensured there is need for informed consent by explaining the study, its purpose, potential benefits that are to accrue to education, and the need for voluntary participation. In the execution of research instruments, the researcher affirmed to the respondents the need for observing voluntary consent and liberty of not participating, assurance of not revealing their identities and guaranteeing the respondents anonymity and confidentiality. Moreover, the permits and permissions were sought and acquired from relevant authorities to undertake the research with their indirect supervision. Permission to carry out the study was sought from Ethical Clearance office at Kenyatta university, then NACOSTI, and children's office of Nakuru county. the County. The researcher assured the participants that confidentiality will be highly considered and no personal information would be bleached to a third party. The researcher assured personal biodata will not be disclosed to any other person. The children and the workers received reassurance of no point of discloser, or information that describes a person, recorded in electronic form like flash or phone. However, reassurance was made as well to the participants that no discloser to any other whatsoever. The real essence of the study and aim of the study was discussed to the children and caregivers by the researcher and the formula to be considered the time of collecting information for them to be willing to respond. To retrieve raw information, data was received, and filed. After that, the information was well considered in details and subjected to conclusion then printed and filed again. While audios, videos, and other soft copies were stored in flash disks and emails. The document is attached at the appendices.

## **CHAPTER FOUR:**

### **RESEARCH FINDINGS AND DISCUSSION**

#### **4.1 Introduction**

In this chapter, the findings derived from the research was presented. The data has been arranged into four objectives and four research questions of which answers have been presented. The fourth chapter has been divided into sections that is introduction, biodata, questions of the research that study was seeking to answer and study objectives. The study objectives were;

- i. To establish the influence of Classical Music Therapy in the reduction of worry among children in charitable institutions in Nakuru East Sub County, Kenya.
- ii. To find out the influence of Classical Music Therapy in reducing restlessness among children in charitable institutions.
- iii. To examine the influence of Classical Music Therapy in the reduction of irritability among children in charitable institutions.
- iv. To evaluate the influence of Classical Music Therapy in reducing sadness among children in charitable institutions.

#### **4.2 Study Response Rate**

The administered questionnaires were 100 in number and 79 managed to respond and return successfully. Below is table 3 that gives the response rate.

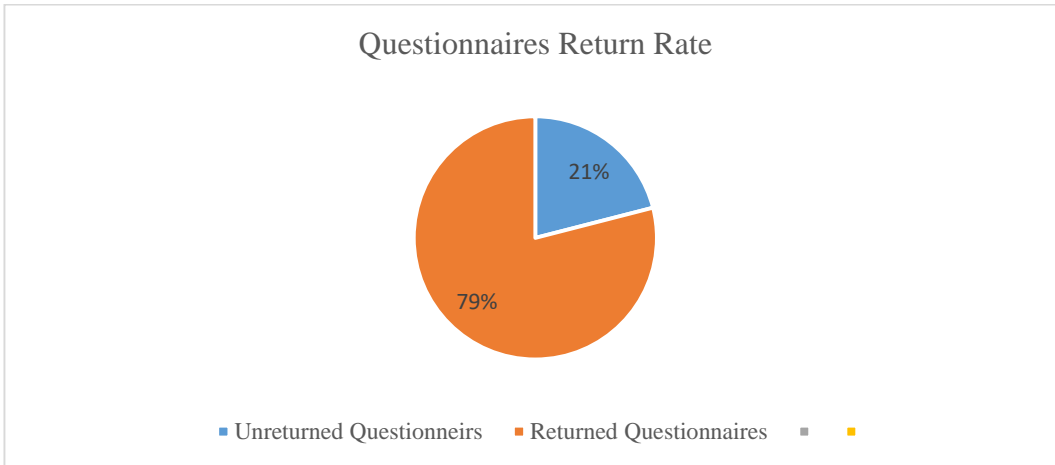
*Table 4.2: Response Rate: Questionnaire for Children*

<b>Respondent Categories</b>	<b>Sampled Respondents</b>	<b>Returned Questionnaires</b>	<b>Achieved Rate</b>
Children	100	79	79.00%
<b>Total</b>	<b>100</b>	<b>79</b>	<b>79.00%</b>

Table 4 reveals all questionnaires returned were 79% conquering the most important principle accepted to enable generalization of the target population of 75% (Kothari, 2005). Apart from administering questionnaires to the children in charitable institutions, there was also oral interviews from caregivers like matrons, teacher on duty and others. Another method of data collection was observation.

#### **4.2.1 Response Rate for children**

Table 3 shows the response rate the children. 100 questionnaires were presented to the children. Due to intervening variables within the institution only 79 were well filled and returned 79 in blue color and 21 in orange color.



**Figure 4.2.1 Response rate of the children in charitable institutions**

**4.2.2 Response Rate for Care Givers (Qualitative data)**

The care givers were readily available for the children and for oral interview every time and sessions. They responded always positively eagers to see how music can help the institution through music therapy.

**4.3 Respondents Demographic Information**

The demographic information of the respondents was extracted by the instrument of data collection. These are gender and age.

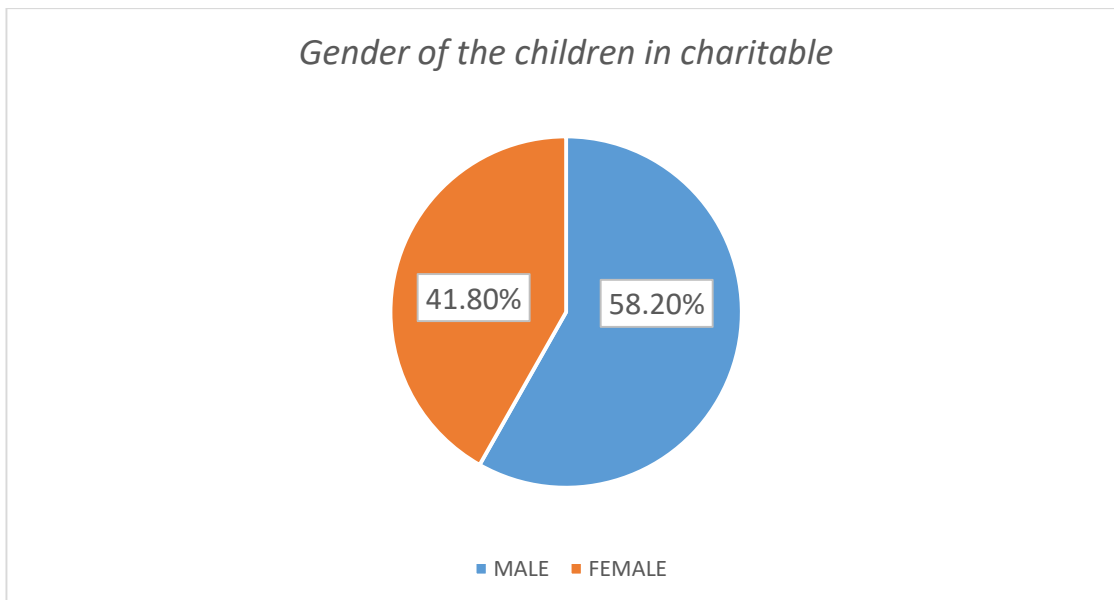
**4.3.1 Gender of the children in charitable institutions**

**Table 1.3.1: Distribution of Children Respondents by gender**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	46	58.2	58.2	58.2

Female	33	41.8	41.8	100
Total	79	100	100	

Figure below shows the gender of the respondents who participated in the study where 46 (58.2%) were male while 33 (41.8%) were female. This showed that majority of the children were male.



**Figure 4.3.1:** Gender of the children in charitable institutions

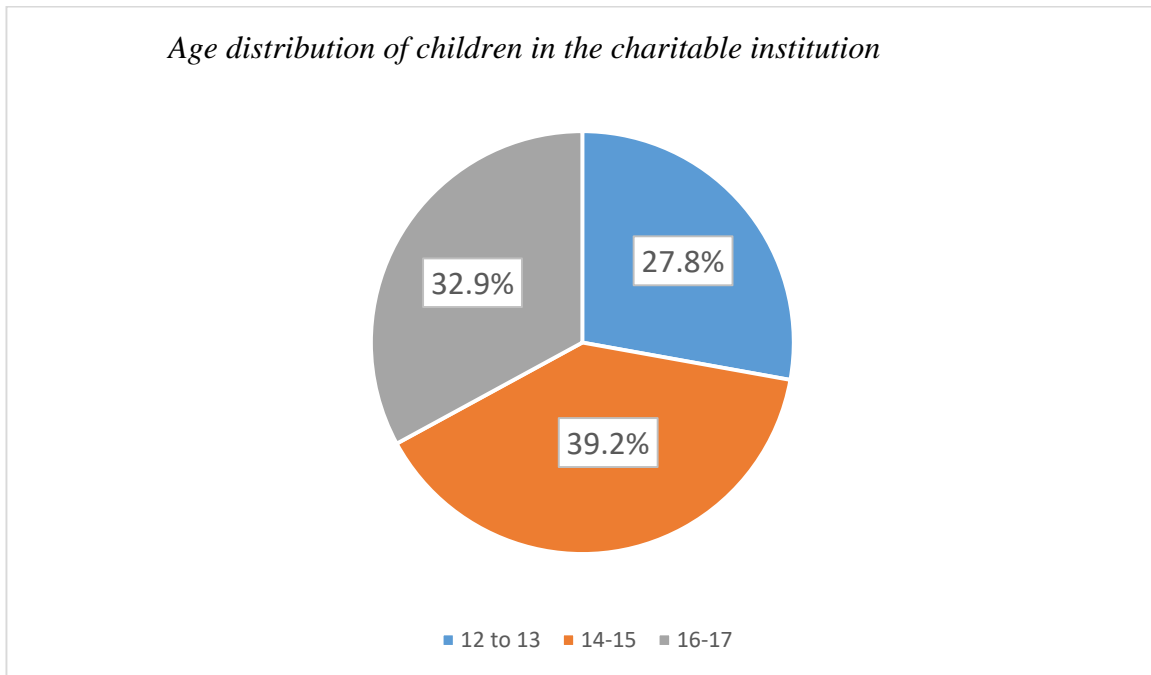
The figure above implies that male children in charitable institutions are more than female children with 58% which were 56 in number while female population is 41.8% indicating they were 33. This calls for more research behind this data.

*Figure 4.3.2 Age of the children in charitable institutions*

*Table 4.3.2: Distribution of respondents by Age*

		Frequency	Percent	Valid	percentage
<b>Cumulative</b>		<b>Percent</b>			
<b>Valid</b>	12-13	22	27.9	27.9	27.9
	14-15	31	39.2	39.2	39.2
	16-17	26	32.9	32.9	<b>23.9</b>
<b>Total</b>		<b>79</b>	<b>100.0</b>	<b>100.0</b>	

*Table 6 shows the age group of respondents. Those respondents in the age bracket of 12-13 years were 22(27.9%), 31 (39.2%) of the children were of age group 14-15 years, and 26 (32.9%) were of age group 12-17 years.*



**Figure 4.3:** *Age distribution of children in the charitable institution*

The above pie chart indicates that the children between 12 to 13 years old were 22 which was few compared to the rest. Age 14 to 15 (31) are the majority with 39% and moderate age is 16-17% (26) in the charitable institutions.

#### **4.4. Descriptive Analysis of Anxiety during screening**

Music was administered to children in charitable institutions to screen and test whether there was anxiety among children in those institutions. The instrument was administered to them, the filled and this was the results. A descriptive statistic on anxiety disorders among children in charitable institutions before administration of music therapy. The overall aggregate mean was 4.03 and a standard deviation of 0.89

According to the findings on the various items, the results indicated a frequency of 86(83.5%) of the children felt terrified or afraid, A majority of 86(83.5%)felt uneasy,

worried, or unsettled, moreover 86(83.5%) had ruminations of weird occurrences e.g. family accidents, retrenchments, sicknesses etc., besides 81(77.2%) felt sweaty hands, difficulty breathing, faint or dizzy, also 83(79.7%) had trouble sleeping, felt restless and flimsy legs, furthermore 87(84.8%) felt withdrawn, or stayed clear of places that cause me to worry. The findings also indicated that 85(82.3%) stayed away from activities or participated only minimally due to worries. 85(82.3%) delayed in decisions, due to worries. 82(78.5%) seeking reaffirmation from friends due to GAD problems. 70(63.4%) required assistance to deal with GAD (for example; superstitious objects, or other people alcohol, or medication,). The results indicate that before administering Music Therapy, anxiety disorders were high. Children felt more withdrawn, they stayed clear of places that caused them to worry as compared to the need for help to cope with anxiety thus seeking help due to alcohol, medication and superstitious objects from other people.

#### **4.4.1 Analysis of Generalized Anxiety Disorder first week of Music Therapy**

Below provides a descriptive statistic on anxiety disorders among children in charitable institutions after administration of music therapy. The overall aggregate mean was 4.04 and a standard deviation of 0.88.

According to the findings on the various items, the results indicated a frequency of 66(83.5%) of the children felt terrified or afraid, A majority of 66(83.5%)felt uneasy, worried, or unsettled, moreover 66(83.5%) had thoughts of evil things happening such as loss of a job, or accidents, family tragedy, ill health, besides 61(77.2%) felt sweaty hands, difficulty breathing, faint or dizzy, also 63(79.7%) had trouble sleeping, felt restless and flimsy legs, furthermore 67(84.8%) felt withdrawn, or stayed clear of places that cause me

to worry. The findings also indicated that 65(82.3%) escaped from activities or participated only minimally due to worries. 65(82.3%) delayed in decisions, because of GAD issues. 62(78.5%) searching reassurance from others due to worries. 50(63.4%) required assistance to deal with GAD.

The results indicate that before administering Music Therapy, anxiety disorders were high. Children felt more withdrawn, they stayed clear of places that caused them to worry as compared to the need for help to cope with anxiety.

#### ***4.4.2 Analysis of Generalized Anxiety Disorder after four weeks of Music Therapy***

	N	Mi	Max	Mean	Std. Dev
Felt terrified or afraid.	59	2	5	2.9	.86
Felt uneasy, worried, or unsettled.	59	1	5	3.1	.88
Had thoughts of evil occurring	59	1	5	2.8	1.1
Felt sweaty hands, difficulty breathing	59	1	5	2.4	1.10
Had trouble sleeping, felt restless and flimsy legs.	59	1	5	2.6	1.2
Felt withdrawn, or stayed clear of places that cause me to worry.	59	1	5	2.8	1.14
Stayed away from activities or participated only minimally due to worries.	59	1	5	2.6	1.2
Delayed decision making.	59	1	5	2.9	1.16
Sought reassurance from others due to worries.	59	1	5	2.9	1.1

sought assistance for dealing with anxiety	59	1	5	2.2	1.2
<b>Aggregate mean and Standard Deviation</b>				<b>2.78</b>	<b>1.1</b>

*Table 4.4.2: above provides a descriptive statistic on anxiety disorders .*

Table 4.4.2 above provides a descriptive statistic on anxiety disorders among children in charitable institutions after four weeks of administration of music therapy. The overall aggregate mean was 2.78 and a standard deviation of 1.1

According to the findings on the various items, the results indicated a frequency of 13(11.9%) of the children felt terrified or afraid, A majority of 21(17.7%)felt uneasy, worried, or unsettled, moreover 19(16.1%) had thoughts of weird things happening such as, road accidents, sickness, retrenchment, besides 10(8.1%) felt sweaty hands, difficulty breathing, faint or dizzy, also 15(12.7%) had trouble sleeping, felt restless and flimsy legs, furthermore 18(15.2%) felt withdrawn, or stayed clear of places that cause them to worry. The findings also indicated that 14(11.9%) stayed away from activities or participated only minimally due to worries. 20(17%) used much time in decisions making, refusing decisions and does not work on issues because of worries. 22(18.6%) sought reassurance from others due to worries. 11(9.3%) required assistance to deal with worry for example; illicit brew, medicines, believe in unknown etcetera.

The results indicate that before administering music therapy, anxiety disorders were minimized. Children sought reassurance from others due to worries. Sought assistance to deal with anxiety. felt uneasy, worried, or unsettled, felt more withdrawn, they stayed clear of places that caused them to worry as compared to the sought for help to cope with anxiety thus seeking of alcohol, medication and superstitious objects from other people. decision

was delayed, ignoring decisions, used much moments deciding, refusing decisions due to strong feeling of anxiety.

#### 4.4.3 Descriptive statistics of Generalized Anxiety Disorder after six weeks of Music Therapy

	N	min	Max	Mean	SD
Felt terrified or afraid.	48	1	5	2.8	.93
Felt uneasy, worried, or unsettled.	48	1	5	2.7	.96
Had ruminations of bad things happening.	48	1	5	2.2	1.1
Hands were sweating, difficulty breathing.	48	1	5	2.6	1.17
Had trouble sleeping, felt restless and flimsy legs.	48	1	5	2.6	1.3
Felt withdrawn, or stayed clear of places that cause me to worry.	48	1	5	2.5	1.2
Stayed away from activities or participated only minimally due to worries.	48	1	5	2.6	1.1
Wasted much moments making decisions, due to worries.	48	1	5	2.9	1.4
searching confirmations from others due to worries.	48	1	5	2.7	1.2
Sought help to deal with anxiety (e.g. superstitious objects, alcohol, or medication, or other people).	48	1	5	2.3	1.3
<b>Aggregate mean and Standard Deviation</b>				<b>2.6</b>	<b>1.1</b>

Table 4.4.3: above provides a descriptive statistic on anxiety disorders

Table 8 above provides a descriptive statistic on anxiety disorders among children in charitable institutions after two weeks of administration of music therapy. The overall aggregate mean was 2.6 and a standard deviation of 1.12

According to the findings on the various items, the results indicated a frequency of 7(14.6%) of the children felt terrified or afraid, A majority of 9(18.8%)felt uneasy, worried, or unsettled, moreover 5(10.5%) had thoughts of evil things happening such as family tragedy, besides 10(20.9%) felt sweaty hands, difficulty breathing, faint or dizzy, also 13(27.1%) had trouble sleeping, felt restless and flimsy legs, furthermore 9(18.7%) felt withdrawn, or stayed clear of places that cause me to worry. The findings also indicated that 8(16.7%) stayed away from activities or participated only minimally due to worries. 13(27.1%) took much of precious time making decisions, due to worries. 12(25%) sought reassurance from others due to worries. 10(20.8%) searching assistance to cope with GAD issues (e.g. illicit brew, or sickness, phobia of unknown).

The results indicate that before administering music therapy, anxiety disorders were high. Children felt had trouble sleeping, felt restless and flimsy legs, furthermore felt withdrawn, or stayed clear of places that caused them to worry. The findings also indicated that they stayed away from activities or participated only minimally due to worries, spent lots of time making decisions, putting off making decisions, or preparing for situations, due to worries and sought reassurance from others due to worries. This study conquers with Craske, M., Wittchen, U., Bogets, S. *et al* (2013), Integrating music therapy into daily routines can be a transformative step for individuals seeking effective anxiety management strategies. One practical method to begin is by curating personal playlists that resonate with individual

emotions and preferences. playlists included calming melodies, empowering anthems, or even nature sounds, tailored to fit different moments throughout the session. For example, soothing music can be played during stressful work tasks, while upbeat tracks might be appropriate for moments requiring motivation. Creating distinct playlists for various activities encourages regular engagement with music therapy, enhancing emotional well-being.

Alesta Ristic (2019) argues that Mindful listening is another valuable technique to incorporate into daily life. This practice involves immersing oneself in the music – focusing on the sounds, rhythms, and lyrics without distractions. Engaging in mindful listening can help individuals cultivate awareness of their feelings and thoughts, creating an opportunity to process emotions related to anxiety. Setting aside a few minutes each day to listen to music intentionally can serve as a grounding exercise, elevating mood and reducing anxiety levels over time.

#### **4.5 Influence of Classical Music Therapy in the reduction of worry among children in charitable institutions in Nakuru East Sub County, Kenya.**

The first study objective was to establish the influence of Classical Music Therapy on the reduction of worry among children in charitable institutions in Nakuru East Sub County, Kenya.

##### **4.5.1 Descriptive Statistics Analysis on Level of worry among children in charitable institutions in Nakuru East Sub County, Kenya.**

This was the first week.

*Table :4.4.1 Statistical analysis of worry in the first week of Music Therapy*

<b>Item</b>	<b>N</b>	<b>Aver.</b>	<b>SD</b>
Escaped from activities or rarely participated due to worries.	79	4.06	.87
Delayed in decisions making, .	79	4.18	.87
Seeking confirmations from friends.	79	3.90	.84
<b>Mean Average and SD</b>		<b>4.05</b>	<b>.86</b>

In the first week of music therapy the respondents were 79 in number. The average mean was 4.5 % and a standard deviation of 0.86 %. After two weeks:

*Table 10: Statistical analysis of worry after two weeks of Music Therapy*

<b>Item</b>	<b>N</b>	<b>Av</b>	<b>SD</b>
Stayed away from activities or participated only minimally due to worries.	59	2.59	1.18
Used lots of time making decisions	59	2.92	1.16
Sought reassurance from others due to worries.	59	2.88	1.10
<b>Mean average and SD</b>		<b>2.80</b>	<b>1.15</b>

After two weeks of music therapy application the mean of respondent with worry minimized to 2.80 and standard deviation of 1.15. this indicated there was positive impact of music to respondents suffering from anxiety disorder.

*Table 4.4.4.3 After four weeks:*

<b>Item</b>	<b>N</b>	<b>M</b>	<b>SD</b>
sneaked from activities or rarely participated due to worries.	48	2.63	1.19

Squandered much moments trying to make decision.	48	2.94	1.14
Searching confirmations from friends	48	2.69	1.21
<b>Mean average and SD</b>		<b>2.75</b>	<b>1.18</b>

After two more weeks of music therapy application, the mean of respondent with worry minimized from 2.80 to 2.75 and standard deviation from 1.15 to 1.18. This indicate there was positive impact of music to respondents suffering from generalized anxiety disorder.

Objective 1 of the study intended to assess worry among respondents, three items were evaluated thus escaped from work and scarcely collaborated with others, and searching confirmations from others because of GAD. The findings indicated an average mean of 4.05 and a standard deviation of 0.86. the results indicated that in making decisions and preparing for situations as compared to evading activities and seeking reassurance from others. Used much time

After two weeks of music therapy the finding reveals there was 2.80 and standard deviation of 1.15. the worries minimized among respondents. After again two more weeks a mean of 2.75 and standard deviation of 1.12 resulted indicating minimal worries among respondents.

Anxiety is a pervasive mental health condition that affects millions globally, characterized by excessive worry, fear, or apprehension. It manifests in various ways, often disrupting daily life and impairing an individual's ability to function effectively. Having different kinds of disorder in GAD, each disorder presents unique symptoms and challenges, but common factors include restlessness, fatigue, irritability, difficulty concentrating, and physical symptoms such as increased heart rate or muscle tension. Studies indicates that

Psychologically, anxiety can lead to debilitating effects, including avoidance behaviors, where individuals steer clear of situations that trigger their anxiety. In charitable institutions, Krout, R. E. (2017) says, Music listening to facilitate relaxation and promote wellness getting rid of worry and sadness.

#### **4.6 Influence of Classical Music Therapy in reducing restlessness among children in charitable institutions in Nakuru East Sub County, Kenya.**

Objective two of the study was to find out the importance of Classical Music Therapy in reducing restlessness among children in charitable institutions in Nakuru East Sub County, Kenya.

##### **4.6.1. Descriptive Analysis on the level of reduction of restlessness among children in charitable institutions in Nakuru East Sub County, Kenya.**

*Table 4.6.1: In the first week therapy the finding resulted as follows*

<b>Item</b>	<b>N</b>	<b>M</b>	<b>SD</b>		
Felt uneasy, worried, or unsettled.	79	2	5	4.15	.79
Had trouble sleeping, felt restless and flimsy legs.	79	1	5	4.08	.89
<b>Mean average and SD</b>				<b>4.12</b>	<b>.84</b>

This table indicates that the mean average of respondents experiencing restlessness was 4.12 and standard deviation of 0.84. this results shows there was restlessness among respondents in charitable institutions.

**Table 4.6.2 After two weeks:**

Item	No	min	max	mn	SD
Felt uneasy, worried, or unsettled.	59	1	5	3.07	.89
Had trouble sleeping, felt restless and flimsy legs.	59	1	5	2.63	1.19
<b>Mean Average and SD</b>				<b>2.85</b>	<b>1.04</b>

The respondents revealed a mean of 2.85 and standard deviation of 1.04 after two weeks of administration of classical music therapy among children in charitable institutions. Compared to the first week figures restlessness reduced almost to half.

**Table 4.6.3 After four weeks:**

Item	No	min	max	mn	SD
Felt uneasy, worried, or unsettled.	48	1	5	2.73	.96
Had trouble sleeping, felt restless and flimsy legs.	48	1	5	2.63	1.30
<b>Mean Average and SD</b>				<b>2.68</b>	<b>1.10</b>

The above table shows restlessness after four weeks of administering music intervention among respondents in charitable institutions. A mean of 2.68 was the result and a standard deviation of 1.10. This sign post shows great change in first, second and third administration of music therapy.

Objective 2 of the study intended to check restlessness among respondents, two items were evaluated thus had Felt uneasy, worried, or unsettled and had trouble sleeping, felt restless

and flimsy legs. The findings indicated an average mean of 4.12 and a difference of 0.84 the results indicated that many respondents had anxiety and exhibited the character of restlessness

After two weeks of Music Therapy the finding reveals there was 2.85 and standard deviation of 1.04. the worries minimized among respondents. After again two more weeks a mean of 2.68 and standard deviation of 1.10 resulted indicating minimal restlessness among respondents. With these statistics, it implies that music intervention has great influence to children suffering from restlessness. Music has ability to soothe and calm mind and help children suffering from restlessness as an indicator of generalized anxiety disorder to concentrate with the requirement of that specific time.

Jillian Levy (2017) shares the six major health benefits of Music Therapy. The study supports his claim that Music Therapy reduces anxiety and physical effects of stress, such as restlessness, It improves healing, It can help manage Parkinson's and Alzheimer's disease, Music intervention reduces depression and other symptoms in the young age of children, It helps to reduce symptoms of psychological disorders including schizophrenia and finally, Music intervention improves self-expression and communication in charitable institutions.

#### **4.7 Influence of Classical Music Therapy in the reduction of irritability among children in charitable institutions in Nakuru East Sub County, Kenya.**

Objective 3 was meant to examine the influence of Classical Music Therapy in the reduction of irritability among children in charitable institutions in Nakuru East Sub County, Kenya.

**4.7.1: Descriptive Analysis on the reduction of the level of irritability among children in charitable institutions in Nakuru, Kenya.**

**Table 4.7.1: In the first week of administration:**

Item	No	Min	Mu	Mn	SD
Felt terrified or afraid.	79	2	5	4.15	.82
Had ruminations of weird things happening such as loss of a job, or accidents. Family tragedy, ill health,	79	1	5	4.09	.94
Felt sweaty hands, difficulty breathing, faint or dizzy.	79	1	5	3.90	.89
<b>Mean Average and SD</b>				<b>4.04</b>	<b>.88</b>

This table indicates that the mean average of respondents experiencing irritability was 4.04 and standard deviation of 0.88. this results shows there was irritability among respondents in charitable institutions in Nakuru east sub county, Nakuru county.

**Table 4.7.4: After four weeks:**

Item	No	min	mux	mn	SD
Felt terrified or afraid.	59	2	5	2.86	.86
Had ruminations of weird things happening such as loss of a job, or accidents. Family tragedy, ill health	59	1	5	2.81	1.14
Felt sweaty hands, difficulty breathing, faint or dizzy.	59	1	5	2.42	1.1
<b>Mean Average and SD</b>				<b>2.70</b>	<b>1.03</b>

The respondents revealed a mean of 2.70 and standard deviation of 1.03 after two weeks of administration of classical music therapy among children in charitable institutions.

Compared to the first week figures restlessness reduced almost to half. This shows there was influence of music therapy among respondents.

**Table 4.7.3: After six weeks of classical Music Therapy:**

<b>Item</b>	<b>N</b>	<b>min</b>	<b>max</b>	<b>aver</b>	<b>sd</b>
Felt terrified or afraid.	48	1	5	2.75	.93
Had ruminations of weird things happening such as loss of a job, or accidents, Family tragedy, ill health.	48	1	5	2.17	1.08
Felt sweaty hands, difficulty breathing, faint or dizzy.	48	1	5	2.60	1.09
<b>Mean Average and SD</b>				<b>2.51</b>	<b>1.03</b>

The above table shows irritability after six weeks of administering music therapy among respondents in charitable institutions. A mean of 2.51 was the result and a standard deviation of 1.03. this marker a great change in first, second and third administration of music therapy.

Objective 3 of the study envisioned to check irritability among respondents, three items were evaluated for those who had Felt terrified or afraid. Had ruminations of weird things happening such as loss of a job, or accidents. Family tragedy, ill health and Felt sweaty hands, difficulty breathing, faint or dizzy. The findings for the first week indicated an average mean of 4.04 and standard deviation of 0.88. The results indicated that many respondents had anxiety and showed the tendency of being irritated.

After two weeks of music intervention the finding reveals there was 2.70 and standard deviation of 1.03. the irritability minimized among respondents. After six weeks a mean of 2.51 and SD of 1.03 resulted indicating minimal irritability among respondents.

Enrique et al; (2015). Admits that, everyone from children to the elderly can benefit from music intervention. It can be conducive for those with mental health needs, specifically social, developmental, and learning disabilities. Music intervention delivers a unique approach to mental health and opens avenues for healing and expression that simply aren't available in other forms of interventions. While it can assist in the development of communicative, social, emotional, and cognitive skills for people of all ages, starting young people with music therapy early can have a huge impact on their development. It can help develop skills for autonomy and prepare young people for physical, social, and emotional changes later in life. And don't let the word "therapy" affect you — students with special needs are not the only youngsters who can benefit from music therapy. Music therapy can assist all developing youth by providing an engaging educational opportunity that gives young people structure and meaning in their lives.

**4.8. Evaluating the influence of Classical Music Therapy in reducing Sadness among children in charitable institutions in Nakuru East Sub County, Kenya.**

Objective 4 was for evaluating the sway of Classical Music Therapy in reducing sadness among children in charitable institutions in Nakuru East Sub County, Kenya.

**4.8.1 Descriptive Analysis on the level of reduction of sadness among children in charitable institutions in Nakuru East Sub County, Kenya.**

*Table 4.8.:1 In the first week, the findings were as follows:*

Item	N	Mn	Mux	MN	SD
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Felt withdrawn, or stayed clear of places that cause me to worry.	79	1	5	4.19	.83
Required assistance to deal with GAD. (e.g. illicit brew, or sickness, phobia of unknown ).	79	1	5	3.73	1.12
<b>Mean Average and SD</b>				<b>3.96</b>	<b>0.98</b>

This table indicates that the mean average of respondents experiencing sadness was 3.96 and standard deviation of 1.95. this results shows there was sadness among respondents in charitable institutions in Nakuru east sub county, Nakuru county.

**Table 4.8.2: After four weeks of Music Therapy**

Item	N	min	max	aver	sd
Felt withdrawn, or stayed clear of places that cause me to worry.	59	1	5	2.85	1.14
Searched for help to deal with GAD. (e.g. illicit brew, or sicknesses, phobia of unknown,).	59	1	5	2.20	1.20
<b>Mean Average and SD</b>				<b>2.53</b>	<b>1.17</b>

This table indicates that the mean average of respondents experiencing sadness was 2.53 and standard deviation of 1.17. this results confirmations there was sadness among respondents in charitable institutions in Nakuru east sub county, Nakuru county. Furthermore, in comparison with first figures, there was minimal sadness compared to first application of therapy.

**Table 4.8.3: After six weeks of Music Therapy:**

<b>item</b>	<b>N</b>	<b>Mi</b>	<b>Mux</b>	<b>Ave</b>	<b>SD</b>
Felt withdrawn, or stayed clear of places that cause me to worry.	48	1	5	2.54	1.18
sought assistance to deal with GAD (e.g. phobia of unknown, illicit brew, or sickness).	48	1	5	2.27	1.27
<b>Mean and SD</b>				<b>2.41</b>	<b>1.23</b>

The above table shows sadness after six weeks of administering music therapy among respondents in charitable institutions. A mean of 2.41 was the result and a standard deviation of 1.23. this points a great change in first, second and third administration of music intervention.

Objective 4 of the study projected to evaluate sadness among respondents, two items were evaluated thus had Felt withdrawn, or stayed clear of places that cause them to worry. Sought assistance to deal with GAD (e.g. phobia, illicit brew, sickness). The findings for the first week shows a mean of 3.96 and SD of 1.95 the results indicated that many respondents had anxiety and showed the tendency of being sad.

After two weeks of Music Therapy the finding reveals there was 2.53 and standard deviation of 1.19. the sadness minimized among respondents. After six weeks a mean of 2.41 and standard deviation of 1.23 resulted indicating minimal sadness among respondents.

Jelsma & Vingerhoets (2012) in their report on gender differences suggests that crying can be an indication of sadness. When feelings of sadness take control in an individual, it alters the biological functioning of the brain leading one to feel emotionally drained, reach the

breakpoint and end up crying in order to release the pressure buildup. When feelings of sadness are ignored or “screened off” as Skinner & Cleese (2020) argue, may lead to angry outbursts or frustrations even over small matters in adults. The opposite is true of teenage children, they would withdraw and lock themselves up in their own imaginary cocoons and tear themselves away as a coping strategy towards sadness. It is with this information that music therapy was dealing with those marks of sadness

In a study conducted by Bredemeier, K., & Berenbaum, H. (2018) concludes that, Many studies suggest that music therapy can reduce feelings of anxiety, including in people with cancer Trusted Source, those undergoing surgery, and individuals going into intensive care units. Some studies also suggest that music can reduce blood pressure and the heartbeat, which can have a direct impact on how stressed a person feels. There is also evidence to suggest that those undergoing music therapy experience reduced anxiety immediately after the session, which indicates that music therapy could be a convenient way to reduce symptoms quickly. These symptoms include sadness, irritability, restlessness and worry.

Music affects the amount of stress hormones, such as adrenaline and cortisol, that the body releases, and reducing these hormones can help relieve symptoms of anxiety.

#### **4.9 Summary and Interpretation of Data.**

The components of anxiety include children who felt terrified or afraid. Felt uneasy, worried, or unsettled. Was having ideas of evil occurrences, retrenchment, or accidents, family tragedy, diseases, felt sweaty hands, difficulty breathing, faint or dizzy. Had trouble sleeping, felt restless and flimsy legs. Felt withdrawn, or stayed clear of places that cause me to worry. Escaped from activities or rarely participated due to worries. Delayed in decision making, due to worries. Sought reaffirmation from others due to worries. Searched assistance to counteract worry (e.g. superstitious objects, or other people, alcohol, or medication,).

On whether worry affected children in charitable institutions, it can be determined that worry can significantly be reduced with the right dosage of Music Therapy as evidenced by the gradual decline of the mean from 4.05 to 2.75. The results are consistent with that of Borkovec (2022) who argued that when individuals take a proactive approach to dealing with worry in the short-term, positive ramifications accrue.

On the reduction of restlessness, the gradual reduction from a mean of 4.12 to 2.68 also points to the importance of treating anxiety disorder through music Intervention. Since some of the characteristics of GAD cannot be completely done away with, continued therapy may significantly take away the restlessness among generally anxious individuals (CTSA, 2020).

Irritability on the other hand was manifested on the treatment group and music Intervention administration marked a remarkable impact on the reduction of irritability on the individuals. This too can be seen from the results a gradual decline on the mean from 4.04 to 2.51 in six weeks. This finding is consistent with that of Enrique and Victor (2015) whose conclusion

from their pilot study suggested that music therapy achieves significant improvements in clients diagnosed with Anxiety Disorder.

Findings related to sadness indicated that music intervention played a significant role in reduction of sadness from a mean of 3.96 to 2.41 after repeated Music Therapy. It is from this perspective that the researcher agrees with Krout's (2007) interpretation that the intrinsic interplay of music and the unwinding effect it brings, can serve several functions which include generally anxious patients.

Research by (Chirico et al; 2020) shows that children with anxiety can highly elevate their physical functioning and psychological state when subjected to music intervention which is much cheap compared to other treatment methods for children suffering from GAD. It becomes most important due to non-side effects that signifies vital consideration due to lack of side effects. Again, in charitable institutions some children suffer from various cancers seems to have mental problems like stress and anxiety. Most anxious children and their relative's experts as well as medical experts feels enthusiastic concerning the curer provided by music therapy. Zang et al (2022), due to great influence of music therapy in lessening anxiety and stress, indicators associated has considered to use MT. The findings of this research work has a vital contributory point for medical m practitioners, and rules governing oncological maladies and curative procedures. Finally, the researcher recommends more research and investigation to address GAD observed in charitable institution children.

The results obtained on the becks measure of generalized anxiety disorder, which was applied before and after treatment with MT, indicate that while the mean on the mean and standard deviation dropped significantly. (Fig. 4.4.2). Similarly, the results on the objectives

of the study down scaled from worry restlessness, irritability and sadness. At the end of all sessions of Music Intervention children revealed settlement, happiness, concentration and free. The application of MI was effective in significantly reducing the scores on the anxiety disorder than those who were receiving pharmacological treatment. However, although these results are promising, the results could possibly be more robust if future studies address the different threats to external validity, for example, with the inclusion of a control group. Earlier studies of intervention using music had reported that active MT could reduce anxiety symptomatology. It appears that MI was an effective psychotherapeutic treatment in the psychiatric care of patients with GAD. The results of this study demonstrate that MT was effective in reducing anxiety and depression levels in GAD children, though it is necessary to conduct additional evaluations that consider the limitations of this study before considering this as a therapeutic option. However, the significant results of the application of MT in these cases of GAD encourage and allow us to affirm.

## **CHAPTER FIVE:**

### **SUMMARY, CONCLUSION AND RECOMMENDATIONS**

#### **5.1 Introduction**

Chapter 5 gives briefs of the main results, ideas of the research, what can be added from this research in various institutions and stakeholders and proposals for in-depth study.

#### **5.2 Summarized findings**

##### **5.2.1 Anxiety levels among children in charitable institutions**

A high level of anxiety at 46 (58.2 %) was found among the children in charitable institutions. Compared to other institutions, charitable institutions have level of anxiety than others. The findings agreed with previous studies conducted in several countries which indicated that there was anxiety among children in charitable institutions. Additionally the finding concurred with other studies where anxiety in males was greater than that of their female children (De Nobile & McCormick, 2007). The age mostly affected by anxiety was 14-15 with 31 (39.2 %), followed by 16-17 with 26 (32.9) % and finally 12-13 having 22 (27%) respectively. The children who experienced unresponsive nerves sometimes and always were 28 (35.5%), flimsy legs 42 (53.2%), suffocating or burning up were 34 (43%), feeling discomfited 56 (70.9%), panic attack 50 (63.3%) feeling faint 38(48.1%), heart pulsing 62 (78.4%), unbalanced 55 (69.6%), aghast 53 (67%), unsettled 54 (68.4%) toughness in the throat 56 (70.9%), shaky hands 43 (44.4%), unstable 45 (57%), apprehensive 62(78.4%), shortness of breath 48 ( 60.7%), frightened 57(72.2%) petrified 46 58.2%) , heart burn 58 (73.4%), jittery 60 (76%), embarrassed 66(83.5%) and finally those who experienced perspiration were 53(67.1%) this shows that the majority of children in

charitable institutions had were embarrassed and heart pulsing and apprehensive while few had unresponsive nerves. The findings concur with Vuust and Kringelbach (2010) who espoused that there exists an interplay of physiological and emotional stimulation resulting from the simultaneous activity receptors that translates in the predictive coding in the brain when making music with another. Such sensory elements permeate our consciousness adding to heightened bonding while at the same time also be a catalyst for imagination.

#### **5.2.1.1 Anxiety first assessment**

In the assessment of the first week of Music Therapy the children who were moderately and always felt terrified or afraid had a mean of 41.8. Felt uneasy, worried, or unsettled 41.8, Had ruminations of weird occurrences in family e.g. sicknesses, retrenchment, 41.8, Felt hands sweating, difficulty inhaling, faint or dizzy 38.6, Had trouble sleeping, felt restless and flimsy legs 39.9, Felt withdrawn, or stayed clear of places that cause me to worry 42.4, escaped from activities or rarely participated due to worries 41.1, delayed in decision making.41.2, seeking from friend's reaffirmations.39.3 and those who required assistance to deal with GAD eg illicit brew, sickness, phobia. 36.1 respectively The majority children who experienced anxiety had a mean of 42.4 who Felt withdrawn, or stayed clear of places that cause me to worry, while the least needed assistance to deal with anxiety (e.g. illicit brew, treatment, or phobia) with mean of 36.1

#### **5.2.1.2 Anxiety second assessment**

In the assessment of the second assessment of music therapy the children who were moderately and always felt terrified or afraid had a mean of 11.9. Felt uneasy, worried, or unsettled 17.8, Had ruminations of evil occurring to relatives for instance accidents,

sicknesses, retrenchments etcetera with 8.1, Felt sweaty hands, difficulty breathing, faint or dizzy 8.5, Had trouble sleeping, felt restless and flimsy legs 12.7, Felt withdrawn, or stayed clear of places that cause me to worry 15.9, escaped from activities or participated only minimally due to worries 11.9, wasted much moments planning what to decide, refusing decisions, or preparing for situations, due to worries., searched for reassurance from others due to worries.18.7 and those who required assistance to work on anxiety (e.g. illicit brew, or treatment, phobia). Were 10.2 respectively. All children minimized anxiety by half. This agrees with the previous study in Kenya and other countries. Lee (2006) posits that “the technical music therapist’s precision is what triggers the client to appreciate the inner beauty, which does not depend on illness. This changes the condition of anxiety to better.

### **5.2.1.3 Anxiety Third Assessment**

In the assessment of the six week of music therapy the children who were moderately and always felt terrified or afraid had a mean of 7.3. Felt uneasy, worried, or unsettled 9.4, Had ruminations of weird happening such deaths, sicknesses, loss of a retrenchment, or accidents 5.3, Felt sweaty hands, difficulty breathing, faint or dizzy 10.5, Had trouble sleeping, felt restless and flimsy legs 13.6, Felt withdrawn, or stayed clear of places that cause me to worry 9.4, dodged from activities or participated only minimally due to worries 8.4, wasted much moments thinking about issues, searched reassurance from others due to worries.12.5 and those who needed help to cope with anxiety (e.g. Illicit brew, treatment, phobia, or other people). Were 10.4 respectively. All children minimized anxiety by half. This agrees with the previous study in Kenya and other countries. Vuust and Kringelbach (2010) espoused there exists an interplay of physiological and emotional stimulation resulting from the simultaneous activity receptors that translates in the predictive coding in the brain when

making music with another. Such sensory elements permeate our consciousness adding to heightened bonding while at the same time also be a catalyst for imagination

### **5.2.2 Influence of Classical Music Therapy in reducing worry.**

The objective number one of the study was to find out the influence of Classical Music Therapy in the reduction of worry among children in charitable institutions in Nakuru East Sub County, Kenya. The average mean for the first week was 4.05, after four weeks the mean was 2.85 and finally 2.75. This indicates that the influence of music therapy was high. For the second application of classical music worry reduced by half. Then after six weeks, worry among children in charitable institutions decreased at considerable amount. This study confirms the previous study by CTA 2020 For children suffering from GAD, they may show signs of perfection while regularly seeking praise and validation from the elderly concerning the degree of excellence of their work (Center for the treatment and study of anxiety [CTSA], 2020). This was done through music and resulted positively.

### **5.2.3. Influence of Classical Music Therapy in reducing restlessness.**

The objective two of the study focused to find out the importance of Classical Music Therapy in reducing restlessness among children in charitable institutions in Nakuru East Sub County, Kenya. The outcome of the study indicated there was a mean of 4.12, after two weeks' restlessness reduced by 2.85, and finally 2.68 after six weeks of music therapy. These outcomes designate impact of music therapy an anxiety particularly restlessness. The results concur with previous study by CTA 2020

#### **5.2.4. Influence of Classical Music Therapy in reduction of irritability**

Third objective was examining the impact of Classical Music Therapy in the reduction of irritability among children in charitable institutions in Nakuru East Sub County, Kenya.

In the first, second and third application of music therapy the aggregate means 4.04, 2.70 and 2.51 respectively. This study results designates impact of classical music therapy on irritability. This approves the previous study done by (APAet al; (2020). They posit Since irritability is characterized by a mix of anger and aggression, individuals who become irritable may exhibit anger without being aggressive, or may exhibit a combination of both. Hence clinicians may want to understand the specify of the phenomenon to properly diagnose for Generalized Anxiety Disorder. The music that was applied dealt with irritability symptoms and worked magic

#### **5.2.5. Influence of Classical Music Therapy in reducing sadness.**

Evaluating the sway of Classical Music Therapy in reducing sadness among children in charitable institutions in Nakuru East Sub County, Kenya was the fourth objective of the study. The study results display aggregate mean of 3.96 after two weeks of music therapy application, it minimized almost by half to 2.53 and lastly 2.41. This confirms the previous research done by Jellesma & Vingerhoets (2012). In their report on gender differences suggests that crying can be an indication of sadness. When feelings of sadness take control in an individual, it alters the biological functioning of the brain leading one to feel emotionally drained, reach the breakpoint and end up crying in order to release the pressure buildup. When feelings of sadness are ignored or “screened off” as Skynner & Cleese (1994) argue, may lead to angry outbursts or frustrations even over small matters in adults. The opposite is true of teenage children, they would withdraw and lock themselves up in their

own imaginary cocoons and tear themselves away as a coping strategy towards sadness. It is with this information that music intervention was applied to anxiety of children in charitable institutions.

### **5.3 Conclusion**

The level of Generalized Anxiety Disorder among children in charitable institutions was evident through Unresponsive nerves, Flimsy legs, Suffocating or burning up, feeling discomfited, Panic attacks, feeling faint, Heart pulsing, Unbalanced, Aghast, Unsettled, Tightness in the throat, shaky hands, Unstable, Apprehensive, Shortness of breath, Frightened, Petrified Heartburn, Jittery Embarrassed, and Perspiration. the statistics shows there was a big number of those who sometimes and always had unresponsive nerves, others had flimsy legs, those who were suffocating and burning up reported fainting due to lack of enough air due to anxiety, a number felt discomfited. compared with those with little and never, those who had sometimes and always were fifty-six versus twenty-three. Reporting on gender, men respondents and higher anxiety than female respondents where as men had higher percentage in number than girls.

Additionally, many respondents had feelings of being terrified or afraid, felt uneasy, worried, or unsettled, experienced ideas of evil occurrences like retrenchment, diseases, or accidents, , felt sweaty hands, difficulty breathing, faint or dizzy. Had trouble sleeping, felt restless and flimsy legs, felt withdrawn, or stayed clear of places that cause me to worry, escaped from work or rarely cooperated with others. Wasted much time deciding what to do, seeking confirmations due to GAD problems. Required help to deal with anxiety issues (e.g. illicit brew, or treatment, phobia).

## **5.4 Recommendations**

Research project made the following recommendations:

### **5.4.1 Policy recommendations**

1. to the policy makers, government, medical, educational and any other institution, the researcher recommends music therapy to be adopted in institutions to curb GAD.
2. Music Therapy is alternative non pharmacological strategies to deal with anxiety which can be cheaper to be introduced to charitable institutions without any negative side effect.

### **5.4.2. Practice recommendation**

3. More concentration of music classes in tertiary institutions to train more music therapists will be helpful to reduce GAD in charitable institutions.
4. Introduction of music classes in elementary and secondary schools to help curb anxiety disorder among children.
5. Matrons and patrons in charitable institutions should engage in relaxing activities such active and reflective music where children can sing, involve actions or listen to selected classical music.

### **5.4.3 Recommendation for Further Study/ Research**

6. Influence of classical music intervention on the psychological wellbeing of children in charitable institutions

7. Other non-pharmacological interventions to curb Generalized Anxiety Disorder in charitable institutions.

8. More effective interventions to relief anxiety of children in charitable institutions

There was fierce limitation to this study due to intervening variables which posed great challenge during the study. The study adopted school-going children and due to lengthy time for music therapy, the numbers were dropping. The researcher recommends new invention to deal with such limitations.

Finally, the study recommends the adoption of classical music therapy as safe, non-pharmacological intervention for managing anxiety among children in charitable institutions.

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## **APPENDIX I: INFORMED CONSENT FORM**

### **INFORMED CONSENT**

My name is Sarah Nyambura Miriti. I am a Master student from Kenyatta University). I am conducting a study titled “**Influence of classical Music Intervention on Reduction of Anxiety Disorder among children in charitable institutions in Nakuru County**” The information will be used to find out the effect of classical music Intervention on Reduction of Anxiety Disorder (GAD) among children in charitable institutions in Nakuru East sub-county, Nakuru County, Kenya.

#### **Procedures to be followed**

Participation in this study will require that I ask you some questions and I also examine you in order to screen you for **Anxiety Disorder**. I will record the information you provide in a questionnaire.

#### **Voluntarism**

You have the right to refuse participation in this study. You will get the same services and care whether you agree to join the study or not and your decision will not change the care you will receive. Please remember the participation in this study is voluntarily. You may ask questions related to the study at any time.

You may refuse to respond to any questions and you may stop an interview at any time. You may also stop being in the study at any time without any consequences to the services you receive here or any other organization now or in the future.

#### **Discomforts and Risks**

Some of the questions you will be asked are on intimate subject and may be embarrassing or make you uncomfortable. If this happens, you may refuse to answer these questions if you so choose. You may also stop the interview at any time. The interview may add approximately half an hour to the time you wait before you receive your routine services.

#### **Benefits**

If you participate in this study you will help us to learn how to provide effective screening services that can improve in reduction of generalized anxiety disorder. You will also benefit from being screened for worry, sadness, restlessness and if you are found to have a problem you will be advised on the treatment.

#### **Reward**

If you agree to participate in this study, classical music, individual and group counseling will be provided to open the blind spot and strengthen the ego without payment from the client.

**Confidentiality**

The interviews and examinations will be conducted in a private setting within the institution. Your name will not be recorded on the questionnaire. The questionnaires will be kept in a locked cabinet for safe keeping at Kenyatta University. Everything will be kept private and only shared with the study team.

**Contact Information**

If you have questions about the study call the Dr. Davis Gatua-0721911717 who is my Supervisor or Investigator’s number; Sarah Miriti-0727798290.

However, if you have questions about your rights as a study participant: You may contact Kenyatta University Ethical Review Committee Secretariat on [chairman.kuerc@ku.ac.ke](mailto:chairman.kuerc@ku.ac.ke),

**Participant’s statement**

The above information regarding my participation in the study is clear to me. The study has been explained to me and I have been given a chance to ask questions and my questions have been answered to my satisfaction. My participation in this study is entirely voluntary. I understand that my records will be kept private and that I can leave the study at any time. I understand that I will still get the same care and medical treatment whether I decide to leave the study or not and my decision will not change the care that I will receive from the clinic today or that I will get from any other clinic at any other time.

Name of Participant: \_\_\_\_\_

Signature or Thumbprint      Date

\_\_\_\_\_  
Name of Representative/Witness (where necessary)    Relationship to Subject

**Investigators statement**

I, the undersigned, have explained to the volunteer in a language s/he understands, the procedures to be followed in the study and the risks and benefits involved

Name of Interviewer \_\_\_\_\_

Signature      Date

## **APPENDIX II: INTERVIEW SCHEDULES FOR THE CAREGIVERS**

1. Did the children Felt terrified or afraid?
2. Were the children marked with anxiousness, uneasy, or unsettled?
3. Were children Experiencing weird ideas of evils Had such as relative's deaths, chronic health, retrenchments, or road tragedies?
4. Were some children having difficulty breathing, faint or dizzy, Felt sweaty hands?
5. Did children have trouble sleeping, felt restless and flimsy legs?
6. Were children seemed withdrawn, or stayed clear of places that cause me to worry?
7. Were children active or Minimally participated in activities or stayed away due to worries?
8. Did children worked hard or Delayed in working out, or preparing for situations, due to worries?
9. Were they consulting or asking confidence restoration from others due to worries?
10. To deal with worry, id children required assistance (for example; illicit brew, hospital bills, phobia for unknown?

### APPENDIX III: BECK'S ANXIETY INVENTORY

The following list shows some common signs of anxiety. For each sign in the list, please indicate the level for which you have experienced that sign in the last four weeks, including today, by marking the equivalent value in the column next to each sign.

	Never	Just a little	Much- It lasted some long time	Always-the experience was not bearable
Unresponsive nerves	0	1	2	3
Suffocating or burning up	0	1	2	3
Flimsy legs	0	1	2	3
Feeling discomfited	0	1	2	3
Panic attacks	0	1	2	3
Feeling faint	0	1	2	3
Heart pulsing	0	1	2	3
Unbalanced	0	1	2	3
Aghast	0	1	2	3
Unsettled	0	1	2	3
Tightness in the throat	0	1	2	3
Shaky hands	0	1	2	3
Unstable	0	1	2	3
Apprehensive	0	1	2	3
Shortness of breath	0	1	2	3
Frightened	0	1	2	3
Petrified	0	1	2	3
Heartburn	0	1	2	3
Jittery	0	1	2	3
Embarrassed	0	1	2	3
Perspiration	0	1	2	3
<b>Column sum</b>				

**Scoring:** Sum each column. Then sum the column totals to achieve a grand score.

Write that score here .....

**Appendix IV: Severity Measure for Generalized Anxiety Disorder- Child Age 11 to 17**

**Name:** ..... **Age:** ..... **Gender:** ..... **Date:** .....

**Instructions:** The statements below reflect thoughts, feelings, and behaviors, often linked to fears about family, health, finances, school, and work. **Please respond to each item by marking one box per row.**

							Research er's use
No.	In the last 14 days, I have	Never	Occasionally	Mildly	Moderately	Always	Item Score
1.	Felt terrified or afraid.	0	1	2	3	4	
2.	Felt uneasy, worried, or unsettled.	0	1	2	3	4	
3.	Had ruminations of bad things happening such as family tragedy, ill health, loss of a job, or accidents.	0	1	2	3	4	
4.	Felt sweaty hands, difficulty breathing, faint or dizzy.	0	1	2	3	4	
5.	Had trouble sleeping, felt restless and flimsy legs.	0	1	2	3	4	
6.	Felt withdrawn, or stayed clear of places that cause me to worry.	0	1	2	3	4	
7.	Stayed away from activities or participated only minimally due to worries.	0	1	2	3	4	
8.	Spent lots of time making decisions, putting off making decisions, or	0	1	2	3	4	

	preparing for situations, due to worries.						
9.	Sought reassurance from others due to worries.	0	1	2	3	4	
10	Needed help to cope with anxiety (e.g. alcohol, or medication, superstitious objects, or other people).	0	1	2	3	4	
<b>Total/ Partial Raw Score:</b>							
<b>Prorated Total Raw Score:(if 1-2 items left unanswered)</b>							
<b>Average Total Score</b>							

**APPENDIX V: WORK PLAN**

<b>ACTIVITIES</b>	<b>JUNE 2021</b>	<b>JULY 2023</b>	<b>AUGUST 2024</b>	<b>DEC 2024</b>	<b>JAN 2025</b>	<b>FEB 2025</b>	<b>APRIL 2025</b>	<b>JUNE 2025</b>
Proposal Writing	❖							
Departmental Defense	❖							
Correction Of Proposal	❖							
School Proposal Def	❖							
Correction Of Proposal	❖	❖						
Data Collection			❖	❖				
Project Writing								
Project Defense				❖				
Project Correction					❖			
Project Submission						❖	❖	
Graduation								❖

**APPENDIX VI: Budget**

S/NO	DESCRIPTION	UNITS	QTY/NO.	UNIT COST	TOTAL COST
1.0	<b>Personnel</b>				
1.1	Research assistant	Person	1	15,000	15,000
1.2	Data analyst	Person	1	10,000	10,000
	<b>Sub total</b>				<b>25,000</b>
2.0	<b>Equipment</b>				
2.1	Laptop HP	Pcs	1	25,000	25,000
2.2	CDs/flash drive	Pcs	2	1,000	2,000
2.3	Toners/cartridges	Pcs	5	2,000	10,000
2.4	Printer	Pcs	1	20,000	20,000
	<b>Subtotal</b>				<b>57,000</b>
3.0	<b>Stationery</b>				
3.1	Pens/pencils	Pcs	20	20	400
3.2	Printing papers	Rim	3	500	1,500
3.3	Erasers	Camel	10	10	100
	<b>Sub total</b>				<b>2,000</b>
4.0	<b>Material/services</b>				
4.1	Binding	Copies	6	100	600
4.2	Data	Sh.		2,500	2,500
4.3	Consultation	Sh.		10,000	10,000
4.4	PA Systems/hall	Days	12	1,500	18,000
	<b>Subtotal</b>				<b>31,100</b>
5.0	<b>Travel</b>				
5.1	Fare	Sh.		2,500	2,500
5.2	Meals	Sh.		3,600	3,600
	<b>Sub total</b>				<b>6,100</b>
	<b>GRANDTOTAL</b>				<b>121,100</b>

*Source of funding- Sel*

