

the changes in their inappropriate behavior when background music was played. A negative correlation that the higher a listening patient's cognitive level score was, the less they were affected by background music was found in this study. This correlation may be interpreted by the theory of selective attention, which states that a person usually ignores any auditory input he or she receives very often, and instead accepts any novel auditory input. In the wards of the psychiatric department, patients with a low cognitive level usually have poor performances in their daily live (including leisure activities); thus whenever they are idle, their minds are dull, and they engaged in auditory hallucinations and hallucinatory dialog, self-talking, etc. By contrast, patients with a high cognitive level can usually control their symptoms better and arrange their own leisure activities. For this reason, they have a greater chance of listening to music at a coffee shop or on the radio. They, therefore, have a greater chance of encountering musical input in their daily lives than do patients with a low cognitive level. Background music is not a new auditory stimulation to patients with a high cognitive level; thus according to the theory of selective attention, they are more likely to ignore it.^{28,29}

This research found that Mozart's music lessened inappropriate behavior among patients much more effectively than did the other 3 types of music. If subsequent experiments based on related data yield the same findings repeatedly, then occupational therapists may generally select Mozart's music or similar music in the therapy they conduct to benefit almost all patients. They also can select patients' favorite kinds of music for a special indication to eliminate some inappropriate behavior or improve some emotions to facilitate working efficiency. If the results of this study could be reproduced in further applications, selected background music might be widely used to relieve other inappropriate behaviors in other places in the hospital or other settings.

This preliminary study, only recruited 15 cases gathered in the same hospital, so the sample may not necessarily represent all schizophrenic patients hospitalized in the occupational therapy department. Since different types of music were selected, each type of

music was represented by only 1 to 10 pieces, thus it is impossible to represent all varieties of each type of music. More pieces of different types of music should also be studied to confirm our preliminary results. Different tone colors, pitches, and lengths of sound of the same composition should be tested for variable effects on inappropriate behavior of schizophrenic patients during occupational therapy. More trials on the effect of different types of background music on different populations of patients, as well as with people with different tastes in music, will provide more-accurate information for applying music therapy in this medical field.

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