

Spring 2024

Music as a Coping Mechanism: Clinical Implications of How College Students Utilize Music to Cope with Anxiety, Depression, and Daily Stressors

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ABSTRACT

Many college students face stress, anxiety, and/or depression in their daily lives which they cope with in their own ways. Listening to music or playing an instrument are particularly powerful forms of coping that can have a plethora of positive effects on an individual. The purpose of this study was to conduct a survey amongst the University of South Carolina student body to determine how they utilize music to cope in their daily lives. Of 847 respondents, almost all of them reported experiencing some extent of anxiety and/or stress and listening to music to help them cope. Respondents agreed that the lyrics and sound of the music help them to cope more than feeling like the artist or other people relate to the song in the same way. Other interesting findings included relationships between frequency of stress, anxiety, and/or depression symptoms and the type of coping utilized; increased depression and lack of social connection in the senior class; greater extent of anxiety and stress in females and gender differences in type of coping used; and differences in the genre of music used to cope by respondents with different personality traits. Due to the ability of music to improve mood and mental health, pain during and after medical treatment, and so much more, mental health practitioners and physicians should incorporate music into their practices more often. The results of this survey revealed sub-groups that could benefit most from the use of music for coping as well as trends that would allow use of music in clinical settings to be tailored to individuals with different ages, genders, personality types, and frequency of stress, anxiety, and/or depression.

INTRODUCTION

Literature Review

As many people know, stress and anxiety in college aged students is an increasing concern for many campuses across the United States. According to the Penn State Center for Collegiate Mental Health, in 2023, 65.5% of college students receiving mental health care presented with anxiety, 46.9% presented with stress, and 44.3% presented with depression, and the prevalence of these conditions is likely higher when those who are not receiving professional care are considered (Center for Collegiate Mental Health, 2023). To exacerbate the issue further, the average ratio of counseling staff to students at colleges and universities is 1:1,737 (Reetz et al., 2016). As not everyone who needs psychological help has access to it, each person has their own ways of coping with stress and anxiety.

Coping can be defined as “an agentic, purposeful, and goal-oriented effort to manage stress, which is a self-regulatory process that resides within one’s conscious awareness” (Miranda, 2019). In one model of coping, there are 13 families of coping including beneficial coping mechanisms such as support seeking and emotional regulation, or detrimental mechanisms like escape-avoidance, distraction, social withdrawal (Miranda, 2019). Two main groupings of coping styles are emotion-focused coping where one tries to change their emotional reaction to a stressor, and problem-focused coping where one acts to directly address or eliminate the stressor (Carver & Connor-Smith, 2010). It has been found in several studies that there are gender, age, and personality differences in coping, such as the trend that women are more likely to use emotion-based coping and men are more likely to use problem-focused methods to handle stress (Carver & Connor-Smith, 2010; Graves et al., 2021; Kelly et al., 2008). Many activities

and strategies can be used to cope with anxiety or negative feelings, but one important form of coping that is particularly prevalent amongst adolescents and young adults is listening to music.

In a meta-analysis of randomized controlled trials studying the effects of music listening or music making on physiological arousal and anxiety, it was found that when comparing music interventions groups to comparison groups, physiological arousal ($d = 0.380$) as well as anxiety and nervousness ($d = 0.545$) were reduced in those who experienced some kind of music intervention (de Witte et al., 2019). In addition, different types of music can have different psychological and physiological effects. For example, one study examined these effects in college students with self-selected music, classical music, heavy metal music, or silence after completing a stress test. Their results showed that classical and self-selected music led to a reduction in state anxiety, heart rate, and respiration, while heavy metal music was more likely to cause an increase in state anxiety (Labbé et al., 2007). A recent survey of young adults wanted to determine how common it is for this population to use music for consolation and coping as well as which specific qualities of music had the most emotional impact such as the lyrics, sound of the music, or connectedness to the artist. The majority of respondents reported that they do use music as a source of consolation, and anxiety and depression were positively associated with consolation through lyrics as well as the sound of the music. (ter Bogt et al., 2016).

Expert Perspective

Upon speaking with Dr. Michelle (Miki) Kitchen who is a Senior Instructor in the Psychology department at USC, a crisis and trauma therapist, and an Industrial and Organizational Psychologist, I discovered several ways in which she has tapped into the power of music and tones in a classroom setting with her students and in a clinical setting with her clients.

Throughout many of her counseling sessions, Dr. Kitchen recounted playing megahertz tones of different frequencies for her clients because different tones are known to promote healing, reduce cortisol, provide energy and motivation, reduce pain, and/or help improve insomnia, anxiety, or depression. She also plays music in the background during her sessions for a multitude of reasons, including emotional release to help clients let go of a prolonged fight-or-flight state or grounding to help those experiencing trauma or stress to feel in control again. If she does not directly ask clients which snippet of a song or tone they prefer, she often plays a playlist in the background of their session. She watches their body language to see when they relax, and this signifies to her which songs are benefitting the client in that moment.

Dr. Kitchen shared several pieces of anecdotal evidence that represent the significant impact music has made on her clients and students. First, she mentioned a particular client she had who struggled with dissociation. After just two sessions in which Dr. Kitchen played music or tones, her client had improved significantly as if the music was able to unlock what had been holding her back for so long. Dr. Kitchen also plays background music while she lectures, and she has noticed that her students smile more, pay more attention in class, make more eye contact, and fall asleep less. Even more compelling is that during her time as a nurse, she played music for her patients in the recovery or in the emergency room, and she noticed that this greatly improved their mood and pain levels and helped them recover several days faster than other patients. These stories relate to evidence found in the literature about the impact of music in the medical field and in individual lives. It has been shown in several studies that listening to music can cause euphoria and emotional arousal through activation of the dopaminergic reward pathway in the brain, take someone away from a one-sided thought pattern, or allow them to shift their focus to the music and put other thoughts into the background (Fink, n.d.; Hennenberg et

al., 2023). This shift may allow people to have different thoughts or feelings on the subject after listening. A slow, steady rhythm in itself can lower stress by slowing body rhythms such as heart rate (Thaut et al., 1999; Thaut & Hoemberg, 2014). It has also been shown that music improves patients' physical and psychological outcomes and reduces anxiety and pain during and after treatments and procedures, as Dr. Kitchen saw firsthand (Hennenberg et al., 2023).

Personal Connection

Speaking from personal experience, early on in my own childhood, I struggled with anxiety related to school performance. Upon recommendation from my first-grade teacher, I began learning to play the guitar, and it quickly became one of the main sources of emotional consolation and coping in my life because it has the ability to relax my anxious thoughts and take my mind off of what is worrying me in that moment. It is likely that there are many others out there who have likely had similar experiences to this, which emphasizes the importance of making music as a form of coping and healing more widespread in people's everyday lives as well as clinical settings.

Study Rationale

Clearly, the psychological and physiological effects of music are widespread and well-studied, especially amongst young adults, and it can even be applied in many different clinical settings. If used in a healthy way and not as a means of avoiding one's problems or feelings, music has the power to improve one's well-being and elevate the mood of anxious and depressed individuals (Thompson, 2015). The purpose of this study as part of a University of South Carolina (USC) Honors College Senior Thesis was to conduct a survey amongst the USC student

body to determine how these students utilize music to cope in their daily lives and identify particular sub-groups that may be struggling or thriving more than others in regards to their mental health and coping skills. Based on the literature cited, I hypothesize that most students are experiencing some form of stress, anxiety, and/or depression and utilize music to cope with it in their own way, with the potential for differences between class levels, genders, and/or personality traits.

The possible psychological benefits of music have been underrecognized in mental healthcare settings, depriving many college aged individuals of a simple and effective form of coping with stress and anxiety. I propose that music listening as a form of coping can be applied more often in daily life as well as in clinical settings. This is important because the data collected from this survey can be shared with USC's Center for Health and Well-Being, specifically the counseling and psychiatry department, to potentially influence their promotion of music use with patients and the general student body and improve the lives of USC students. This data could also help to encourage clinical practices beyond those on USC's campus to incorporate music into their patient interactions.

METHODS

Survey Development

The survey for this project was created using Qualtrics Research Suite. The structure of the survey and wording of many questions were based off of a similar study by ter Bogt et al. in 2016 in which a survey was utilized to discover how frequently a large group of young-adult students used music as consolation and which aspects of their preferred music impacted them the most. The survey of USC students consisted of four main sections: demographic background; personality traits; frequency of experiences with anxiety, stress, and/or depression; and experiences with music in daily life. It included multiple-choice, multiple-answer, and Likert scale questions. The full list of survey questions and answer choices are found in Appendix A.

Survey Distribution

The link to the survey was sent in several group chats for USC-affiliated organization such as Alpha Gamma Delta, Alpha Epsilon Delta, and Dance Marathon. Professors teaching courses in the departments of public health, exercise science, psychology, chemistry, biology, neuroscience, honors, and foreign language were also asked to send the survey out to their current students. This was in an attempt to reach a representative sample of students of different ages, backgrounds, and areas of study. Participants were offered the option to be entered into a raffle for a fifty-dollar gift card of their choice, and four winners were selected randomly. After a response period of three weeks, a total of 847 USC students responded to the survey.

Statistical Analysis

Descriptive statistics for all Likert scale questions including mean with standard deviation, median, mode, and range were calculated in the numerically coded Excel spreadsheet exported from Qualtrics. For questions with 5-point Likert scales (questions 3-7, 11, and 15; Appendix A), 1 represents strongly disagree and 5 represents strongly agree. For questions with 4-point Likert scales (questions 8-10 and 12-13, Appendix A), 1 represents not at all and 4 represents daily.

Cross-tabulation analysis was conducted in the Qualtrics Research Suite to compare categorical variables. Differences in responses to each question were compared by class level, school that their major falls under, and gender. Responses to personality questions (questions 3-7, Appendix A) were then compared to responses to questions about frequency of anxiety, stress, and depressive symptoms as well as quality of coping skills and likelihood to listen to music, play an instrument, use music for a certain purpose, and listen to certain genres (questions 8-17, Appendix A). To answer the main question of this project, responses to questions about frequency of anxiety, stress, and depressive symptoms (questions 8-10, Appendix A) were compared to the coping and music-related questions (questions 11-17, Appendix A). Finally, responses to the question asking about quality of one's coping skills (question 11, Appendix A) were also compared to all music-related questions (questions 12-17, Appendix A).

To simplify the cross-tabulation analysis, the percentage of respondents who chose "strongly agree" or "agree" for the applicable Likert scale questions were grouped together to be considered respondents who agreed to some extent. Similarly, the percentage of respondents who chose "strongly disagree" or "disagree" were considered those who disagree to some extent (questions 3-7 & 15, Appendix A). In addition, those who answered "often", or "daily" to the

Likert scale questions in section 3 of the survey asking about respondents' experiences with stress, anxiety, and depression were also grouped together with "sometimes" and "not at all" as separate categories (questions 8-10, Appendix A). For Likert scale questions in section 4 of the survey that asked about the frequency of which respondents use music or an instrument to cope, "sometimes", "often", and "daily" were grouped together such that these responses made a separate category from "not at all" (questions 12-13, Appendix A).

For most of these cross-tabulations, p-values were obtained with a 95% confidence interval and a p-value of < 0.05 indicating statistical significance. For questions that asked respondents to select multiple answers, p-values could not be obtained because tests of normality are not done on categorical data, but rather on continuous data only.

RESULTS

Demographics

Of 847 total survey respondents, 205 (24.4%) were classified as freshmen at USC, 221 (26.3%) were sophomores, 230 (27.4%) were juniors, and 183 (21.8%) were seniors (Figure 1). Meanwhile, 455 of the respondents (54.2%) responded that their major falls within the Arnold School of Public Health (ASPH), 269 (32%) were in the College of Arts and Sciences (CAS), 50 (6%) were in the Darla Moore School of Business (DMSB), and another 73 (8.6%) of respondents were in a variety of other colleges (Figure 2). For the question concerning gender, 169 respondents (20%) identified as males, 663 (78.6%) identified as females, 7 (0.8%) responded that they prefer not to say, and 4 (0.5%) chose “other” and wrote in an answer (Figure 3).

Figure 1. Class Level Distribution of Respondents

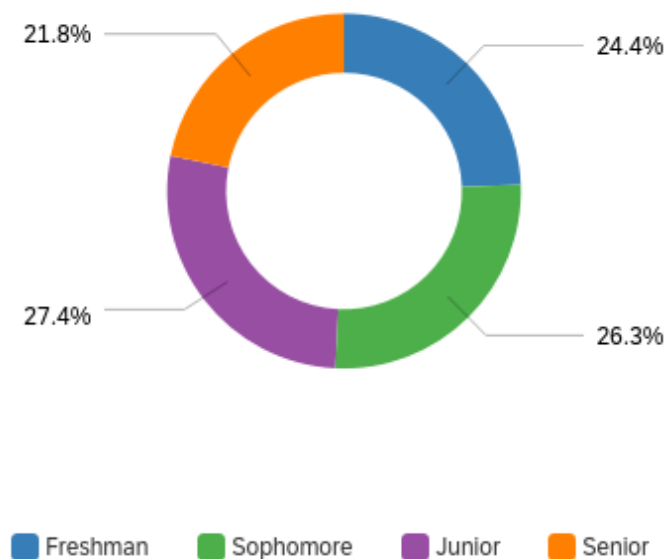
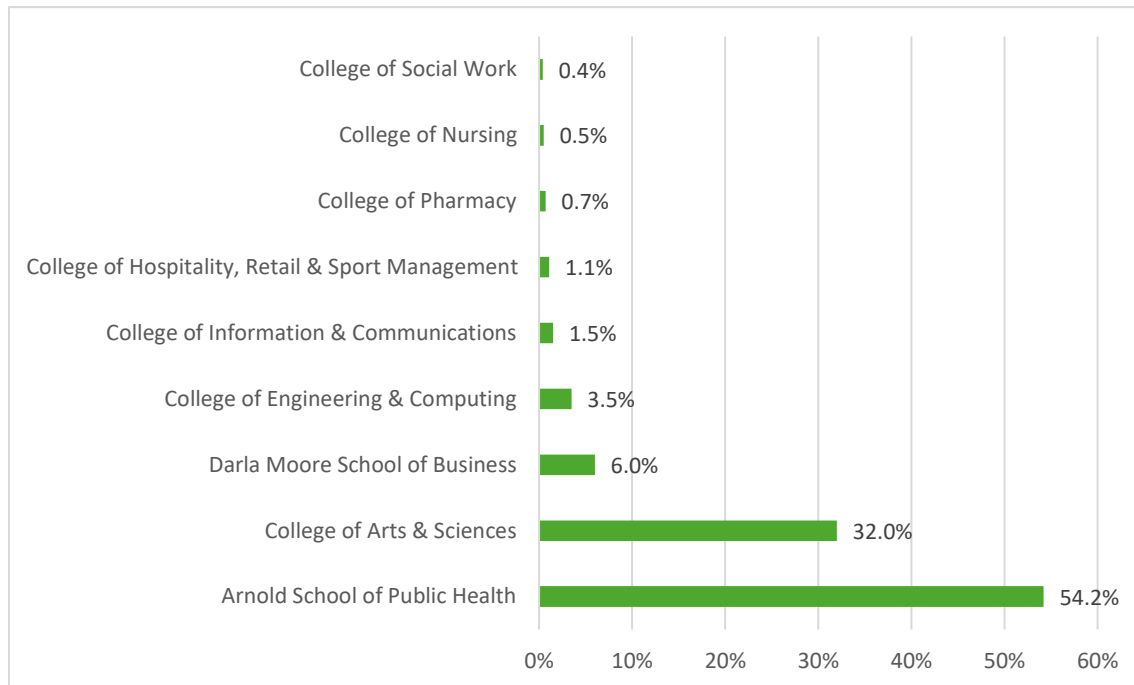
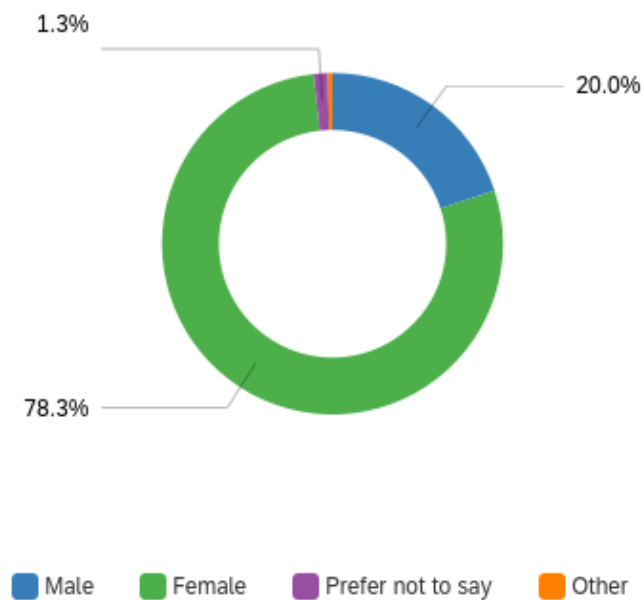


Figure 2. Academic College Distribution of Respondents**Figure 2. Gender Distribution of Respondents**

Personality Traits

In the second section of the survey that asked respondents to describe their personality, 91.7% of respondents agreed that they are open to new experiences, 93.6% agreed that they are conscientious, and 81.6% agreed that they are agreeable. On the other hand, only 49.7% agreed that they are extroverted, and 36.7% agreed that they are neurotic, with a noteworthy 25.2% answering “neither agree nor disagree” about being neurotic (Table 1).

Frequency of Anxiety, Stress, and Depression

In the third section of the survey regarding respondents’ experiences with anxiety, stress, and depression, 96% of respondents reported experiencing some level of anxiety (sometimes, often, or daily) with 58.6% experiencing anxiety often or daily. Similarly, 99% of respondents experience some level of stress with 74.6% saying they experience stress often or daily. Concerning experiences of depression, 71.1% of respondents reported experiencing some level depressive symptoms with 20.8% reporting having symptoms often or daily. (Table 1).

Utilization of Music

In the final and largest section of the survey that asked about respondents’ experiences using music to cope with anxiety, daily stressors, difficult feelings, and/or symptoms of depression, 97.1% of students reported listening to music to cope to some extent, and 74.2% use music to cope often or daily. On the other hand, only 24.2% of respondents play an instrument to some extent to help them cope. When asked what purpose music serves in their lives, 86.3% of respondents chose relaxation, 84.8% chose mood enhancement, 69.8% chose distraction, 69.1% chose emotional release, and 60% chose focus. Notably, many respondents chose “other” and

wrote in “entertainment” and “working out.” Respondents were then asked which aspects of music help them to cope, and 72% agreed that the lyrics of the music help them cope, 65.4% agreed that feeling that the artist or other listeners relate to the song in the same way helps them cope, and 88.3% agreed that the sound of the music itself helps them cope. (Table 1).

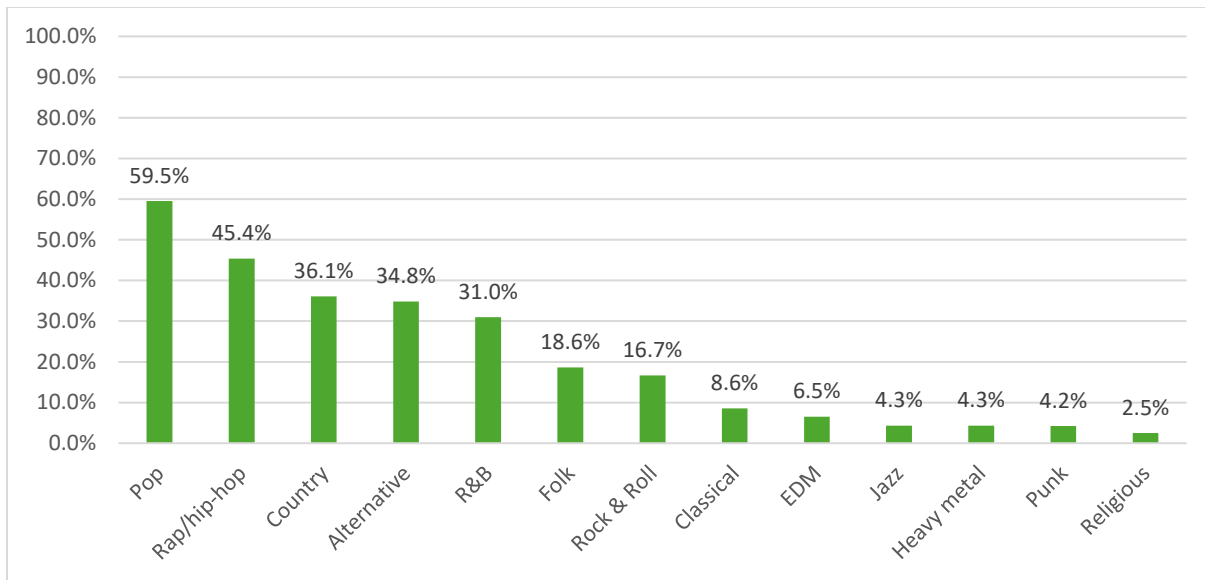
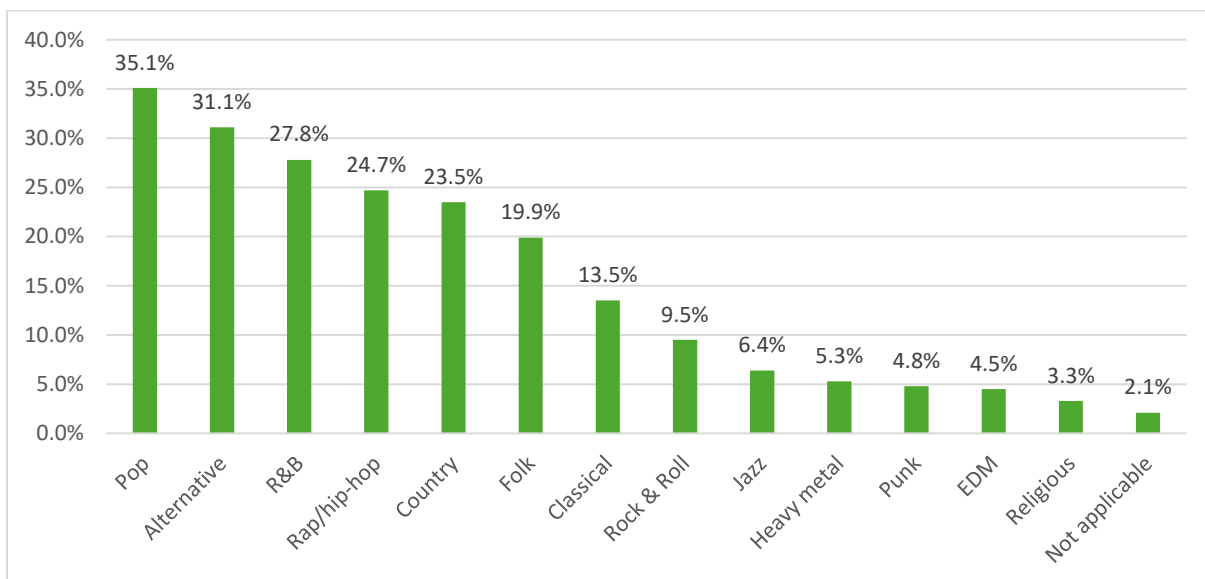
Table 1. Descriptive Statistics of Likert Scale Question

Question	Percentage of agree/strongly agree, good/very good, or daily/often/sometimes	Mean \pm Standard Deviation	Median	Mode	Range
Q3 I am open to new experiences.	91.7%	4.22 \pm 0.74	4.0	4.0	1-5
Q4 I am conscientious.	93.6%	4.33 \pm 0.66	4.0	4.0	1-5
Q5 I am extroverted.	49.7%	3.36 \pm 1.09	3.0	4.0	1-5
Q6 I am agreeable.	81.6%	4.03 \pm 0.79	4.0	4.0	1-5
Q7 I am neurotic.	36.7%	2.98 \pm 1.09	3.0	2.0	1-5
Q8 How frequently do you experience anxiety?	96%	2.82 \pm 0.88	3.0	2.0	1-4
Q9 How frequently do you experience stress?	99%	3.09 \pm 0.79	3.0	3.0	1-4
Q10 How frequently do you experience symptoms of depression?	71.1%	1.98 \pm 0.83	2.0	2.0	1-4
Q11 How would you rate your ability to cope with anxiety, daily stressors, difficult feelings, and/or symptoms of depression?	42%	3.39 \pm 0.75	3.0	3.0	1-5
Q12 To what extent do you listen to music to cope with anxiety, daily stressors, difficult feelings, and/or symptoms of depression?	97.1%	3.11 \pm 0.85	3.0	4.0	1-4
Q13 To what extent do you play an instrument to cope with anxiety, daily stressors, difficult feelings, and/or symptoms of depression?	24.2%	1.37 \pm 0.74	1.0	1.0	1-4
Q15a To what extent do you agree with the following statements? - The lyrics of	72%	3.90 \pm 0.91	4.0	4.0	1-5

the music help me cope.					
Q15b To what extent do you agree with the following statements? - Feeling that the artist or other listeners relate to the song in the same way that I do helps me cope.	65.4%	3.73 ± 1.03	4.0	4.0	1-5
Q15c To what extent do you agree with the following statements? - How the music itself sounds (melody, tone, instruments used, etc.) helps me cope.	88.3%	4.35 ± 0.78	4.0	5.0	1-5

Music Genres

Amongst all respondents, the top five preferred genres in general were pop (59.5%), rap/hip-hop (45.4%), country (36.1%), alternative (34.8%), and R&B (31%) (Figure 3). Although the top five preferred genres that respondents reported using to cope when they are anxious, stressed, dealing with difficult emotions, and/or experiencing difficult emotions or symptoms of depression are the same as the top five generally preferred genres, they fall in a different order. The top genre used to cope was pop (35.1%) followed closely by alternative (31.1%), R&B, (27.8%), rap/hip-hop (24.7%), and country (23.5%) (Figure 4).

Figure 3. General Genre Preferences**Figure 4. Genre Preferences for Coping**

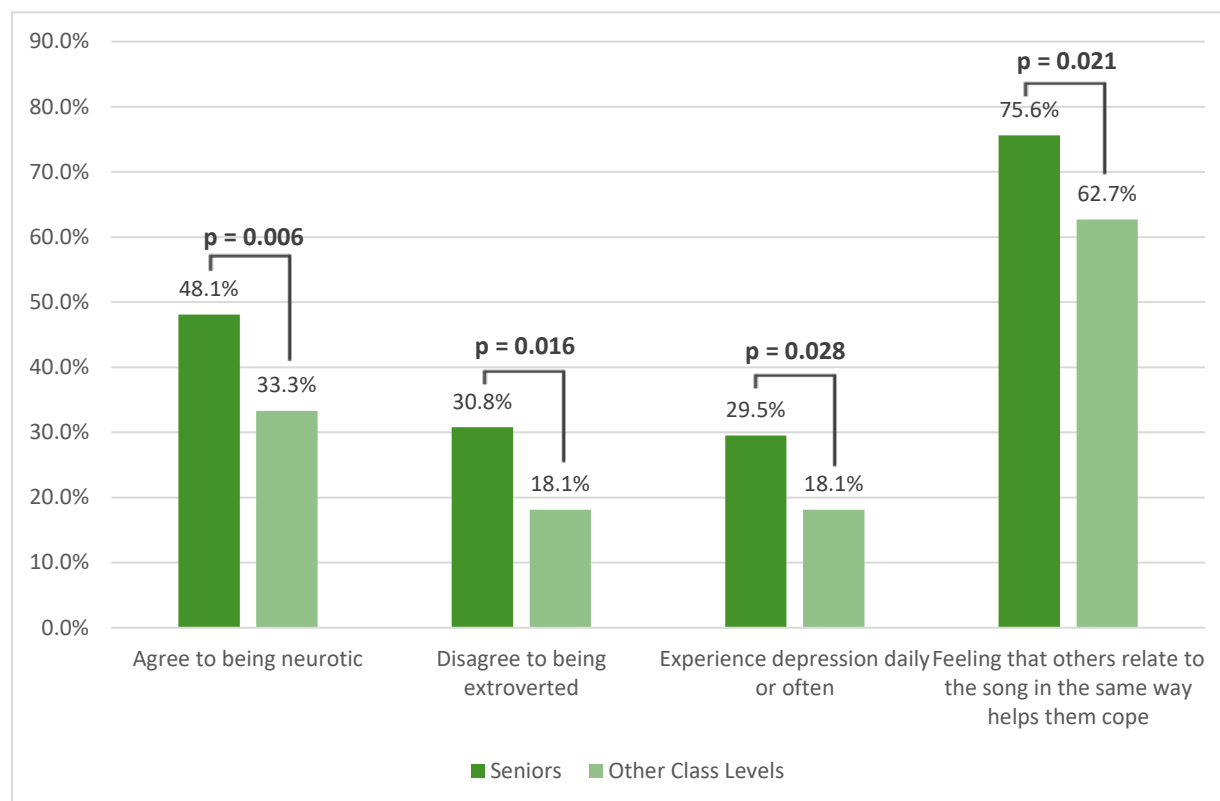
Differences in Responses by Class Levels

Stratified analysis was then conducted to reveal any statistically significant differences in responses by class level, the college or school containing their major, and gender identity. The first trend that appeared when looking at differences between class levels was that statistically

significantly more seniors than other class levels agreed that they are neurotic (48.1% vs. 33.3%, $p = .006$), disagreed that they are extroverted (30.8% vs. 18.1%, $p = 0.016$), and answered that they experience depression often or daily (29.5% vs. 18.1%, $p = 0.028$) (Figure 5).

When asked to what extent they listen to music to help them cope, statistically significantly more freshmen answered daily than juniors and seniors (45.6% vs. 34.7%, $p = 0.026$), while there was no statistically significant difference between freshmen and sophomores. Of those that reported listening to music to some extent, statistically significantly more seniors than any other class level agreed that feeling that others relate to the song in the same way helps them cope (75.6% vs. 62.7%, $p = 0.021$). All class levels had the same top five responses for the purpose music serves for them in slightly different orders of ranking: relaxation, mood enhancement, distraction, focus, and emotional release. As for general music genre preference or genre preference for coping, the same five genres were predominant in all class levels: pop, country, rap/hip-hop, R&B, and alternative music. The one major trend was that more seniors than all other grade levels reported listening to alternative music both in everyday life and for coping (49.7% vs. 30.3%; 43.6% vs. 27.5%).

Figure 5. Comparisons Between the Senior Class and Other Class Levels

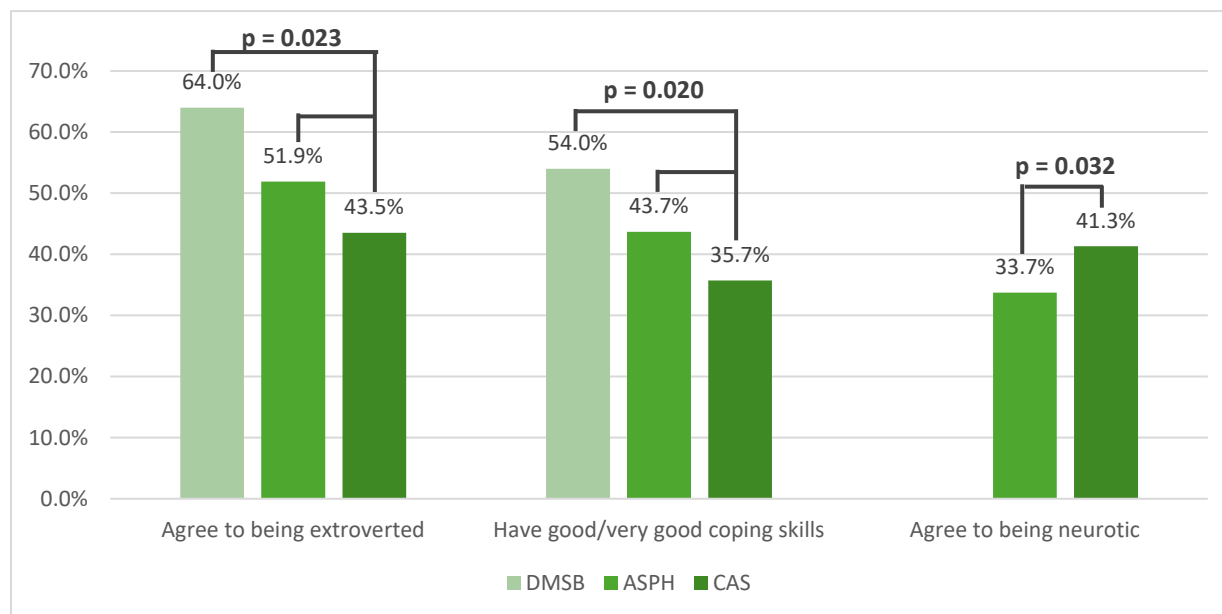


Differences in Responses by Academic Colleges

Upon investigating differences in responses between those in different colleges or schools, comparisons were mainly drawn between respondents in the ASPH, CAS, and DMSB as these had the largest number of responses. Over half of respondents in the DMSB (54%) strongly agreed that they are open to new experiences compared to 34.8% of respondents in all other schools ($p = 0.033$). Compared to those in the CAS, respondents in the ASPH and DMSB were more likely to indicate that they are extroverted (51.9% and 64% vs. 43.5%, $p = 0.023$) and have good or very good coping skills (43.7% and 54% vs. 35.7%, $p = 0.020$) (Figure 6). More respondents in the CAS than the ASPH indicated that they are neurotic (41.3% vs. 33.7%, $p = 0.032$) (Figure 6), with 38% of the DMSB indicating this as well. Also, although it was not statistically significant, more CAS students than ASPH and DMSB reported experiencing

symptoms of depression often or daily (24.5% vs. 18.3% vs. 16%, $p = 0.484$). Regarding music-related questions, there were no statistically significant differences amongst schools.

Figure 6. Selected Statistically Significant Differences in Responses by Academic College



Differences in Responses by Gender Identity

Additionally, there were many differences in responses between those who identified as male and those who identified as female. Statistically significantly more respondents that identified with the female gender agreed that they are open to new experiences (93.8% vs. 84.5%, $p < 0.001$) and extroverted (52.3% vs. 39.9%, $p = 0.025$). Males were more likely to disagree that they are agreeable (9.5% vs. 3.3%, $p = 0.007$). More female respondents compared to males reported experiencing anxiety (62.7% vs. 41.1%, $p < 0.001$) and stress (78.4% vs. 58.9%, $p < 0.001$) often or daily (Figure 7), while more male respondents compared to females reported that they do not experience depression at all (35.7% vs. 27.6%, $p < 0.001$). Although it was bordering statistical significance, males were also more likely to report having good or very

good coping skills than females (51.8% vs. 39.5%, $p = 0.076$). When asked about their use of music to cope, more male respondents answered that they do not use music to cope at all (7.1% vs. 1.8%, $p = 0.008$); however, 17.3% of male respondents reported using an instrument to help them cope often or daily compared to 7.1% of females ($p < 0.001$). Males were more likely to use music as a form of avoidance (38.2% vs. 28.7%), and females were more likely to use it as emotional release (70.9% vs. 61.1%) (Figure 7).

Interestingly, although bordering statistical significance, more female respondents agreed that feeling like the artist or other listeners relate to the song in the same way helps them to cope (67.9% vs. 54.4%, $p = 0.053$) as well as the lyrics of the music (73.3% vs. 65.2%, $p = 0.127$). In general, more female respondents preferred alternative (36.2% vs. 28%), country (64.9% vs. 46.7%), folk (21.4% vs. 7.1%), and pop (65% vs. 38.1%), while male respondents were more likely to prefer EDM (11.3% vs. 5.1%), heavy metal (10.1% vs. 2.9%), rap/hip-hop (60.7% vs. 41.8%), and rock & roll (30.4% vs. 13.1%). Similar trends remained prominent when respondents were asked which genres of music they use to cope, as seen in Figure 8. The only genre that did not show this pattern was alternative which was comparable between genders.

Figure 7. Anxiety and Stress Levels in Females vs. Males and How They Use Music to Cope

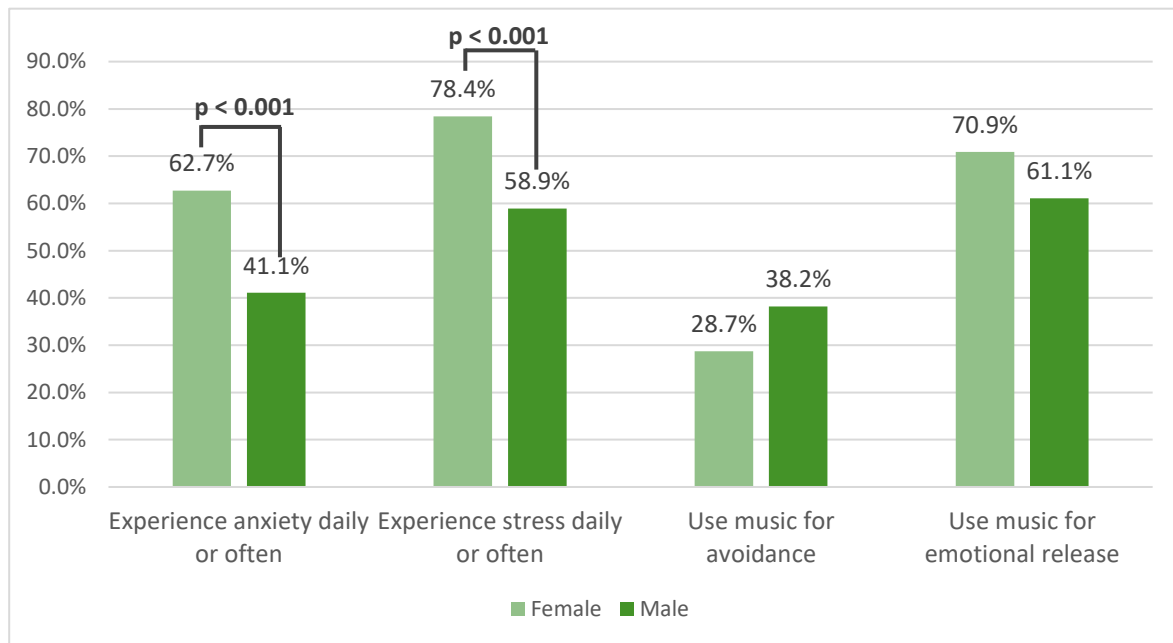
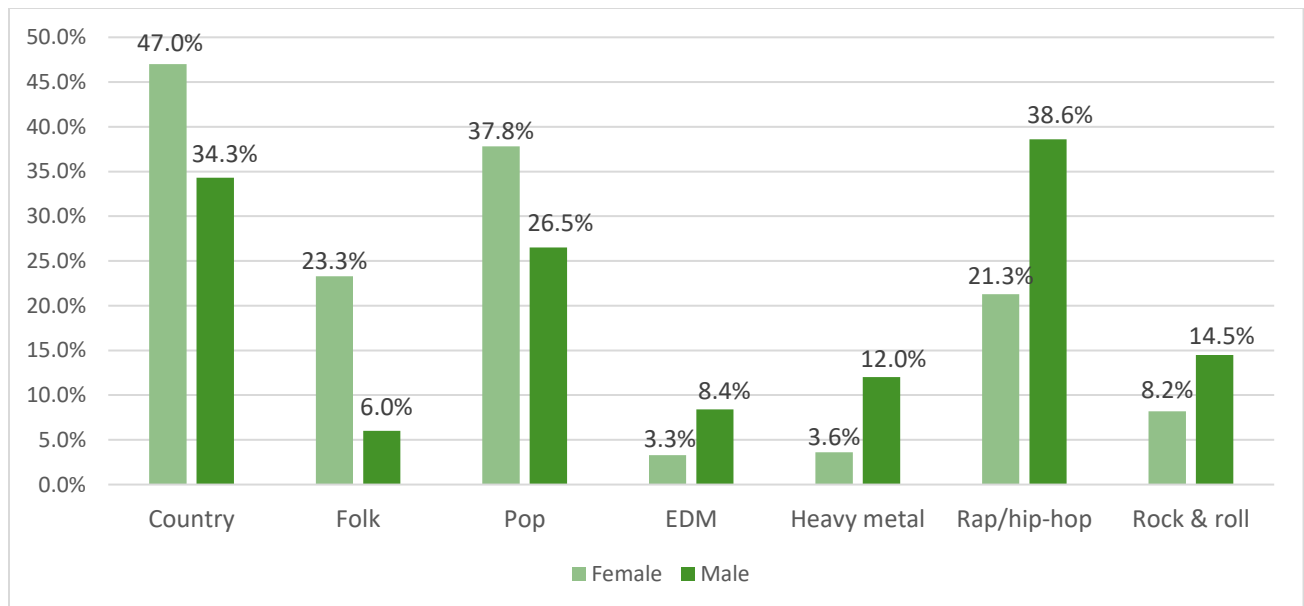


Figure 8. Genre Preferences for Coping in Females vs. Males



Differences in Responses by Personality Traits

When comparing the relationship between personality traits; frequency of anxiety, stress, and/or depression; and how they use music, several interesting trends were found. First,

respondents who agreed that they are open to new experiences were compared to those who disagreed. Those who were open were more likely to say that they experienced anxiety (96.6% vs. 72%, $p < 0.001$) or stress (99.4% vs. 88%, $p < 0.001$) to some extent, while those who are not open were more likely to report very poor coping skills (12% vs. 0.65%, $p < 0.001$), although the proportion stating they have very poor coping skills is still quite low. Those who said they are open reported listening to more pop music to cope (35.5% vs. 16%), while those who are not open reported listening to more EDM (16% vs. 4%), heavy metal (16% vs. 4.7%), and rock & roll (24% vs. 9.1%).

Respondents who agreed that they are conscientious were also more likely to report that they experience anxiety (96.3% vs. 66.7%, $p < 0.001$) or stress to some extent (99.4% vs. 75%, $p < 0.001$), while those who are not conscientious more often reported poor or very poor coping skills compared to those who are conscientious (33.3% vs. 7.4%, $p = 0.005$).

Those who disagreed to being extroverted were more likely to report experiencing depression to some extent (77.2% vs. 67.2%, $p = 0.031$) and having poor or very poor coping skills (15.0% vs. 6%, $p < 0.001$). Extroverted respondents reported listening to more country music to cope (50.2% vs. 31.8%) than not extroverted respondents, and those who are not extroverted were more likely to use music as distraction (77.8% vs. 67.3%) and listen to heavy metal (8.8% vs. 3.6%), punk (8.8% vs. 3.4%), and alternative (40.4% vs. 28%) music to cope.

Those who reported being agreeable were more likely to report experiencing anxiety (96.7% vs. 78.9%, $p < 0.001$) or stress (99.4% vs. 89.5%, $p < 0.001$), and those who are not agreeable reported having poor or very poor coping skills (18.4% vs. 7.7%, $p < 0.001$). Agreeable respondents were also more likely to listen to country music to cope (47.4% vs. 10.5%) and say they use music as distraction (69.5% vs. 48.6%) than non-agreeable respondents.

Respondents who agreed that they are neurotic were also more likely to report experiencing anxiety (83.1% vs. 34%, $p < 0.001$) and depression (89% vs. 51.7%, $p < 0.001$) to some extent and having poor or very poor coping skills (14.6% vs. 4.4%, $p < 0.001$), though this proportion is relatively low. Neurotic respondents were also more likely to play an instrument to cope (12% vs. 7.2%, $p = 0.175$) and use music as distraction (74.8% vs. 65.9%), avoidance (37% vs. 26.3%), dealing with difficult emotions (54.1% vs. 38.3%), emotional release (71.5% vs. 64%), and grounding (47.2% vs. 32.1%) than those who did not rate themselves as neurotic. Additionally, more of those who said they are neurotic reported listening to alternative (38.3% vs. 25.9%) and folk (27.3% vs. 13.9%) music to cope.

Differences in Responses by Frequency of Stress, Anxiety, and Depression

Next, students' reports concerning the frequency of experiencing anxiety, stress, and depression were considered in relation to how they reported using music to cope. Logically, those who reported that they experience anxiety (76.3% vs. 58.8%, $p < 0.001$), stress (76.1% vs. 37.5%, $p < 0.001$), and depression (77.7% vs. 67.1%, $p = 0.004$) daily or often were more likely to report using music to cope on a daily basis in comparison to respondents who reported struggling with these negative emotions sometimes or not at all. As seen in Figure 10, a positive correlation between frequency of anxiety and frequency of listening to music to cope was found. Moreover, although it is bordering statistical significance, those that answered that they experience depression often or daily were more likely to report playing an instrument to cope than those who reported sometimes or not at all (12.6% vs. 6.6%, $p = 0.11$).

Additionally, when analyzing the type of coping being utilized, it was found that those who reported not experiencing any anxiety were less likely to report that they use music for

distraction or avoidance (53.3% vs. 73.7% and 20% vs. 34.2%). This same trend was seen in those who reported no stress, those who reported no depression, and those who reported good or very good coping skills (Figure 11). Those experiencing anxiety often or daily reported listening to alternative (36.2% vs. 17.6%) and folk (25.2% vs. 8.8%) to cope more than those who did not report that level of anxiety, and the same trend was seen in those who reported experiencing depressive symptoms often or daily. Those experiencing stress often or daily reported listening to country (45.7% vs. 0%) and pop (37.1% vs. 0%) to cope more than people not experiencing as much stress. Those who reported having no stress were more likely to report listening to more classical music to cope (50% vs. 13%).

Figure 10. Correlation Between Anxiety Level and Use of Music to Cope

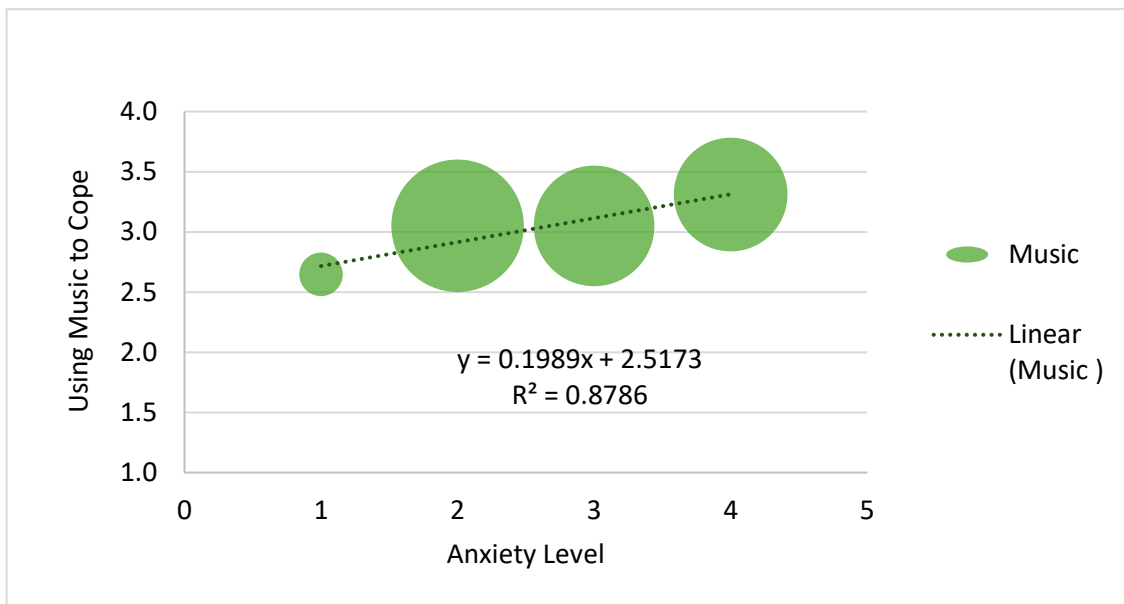
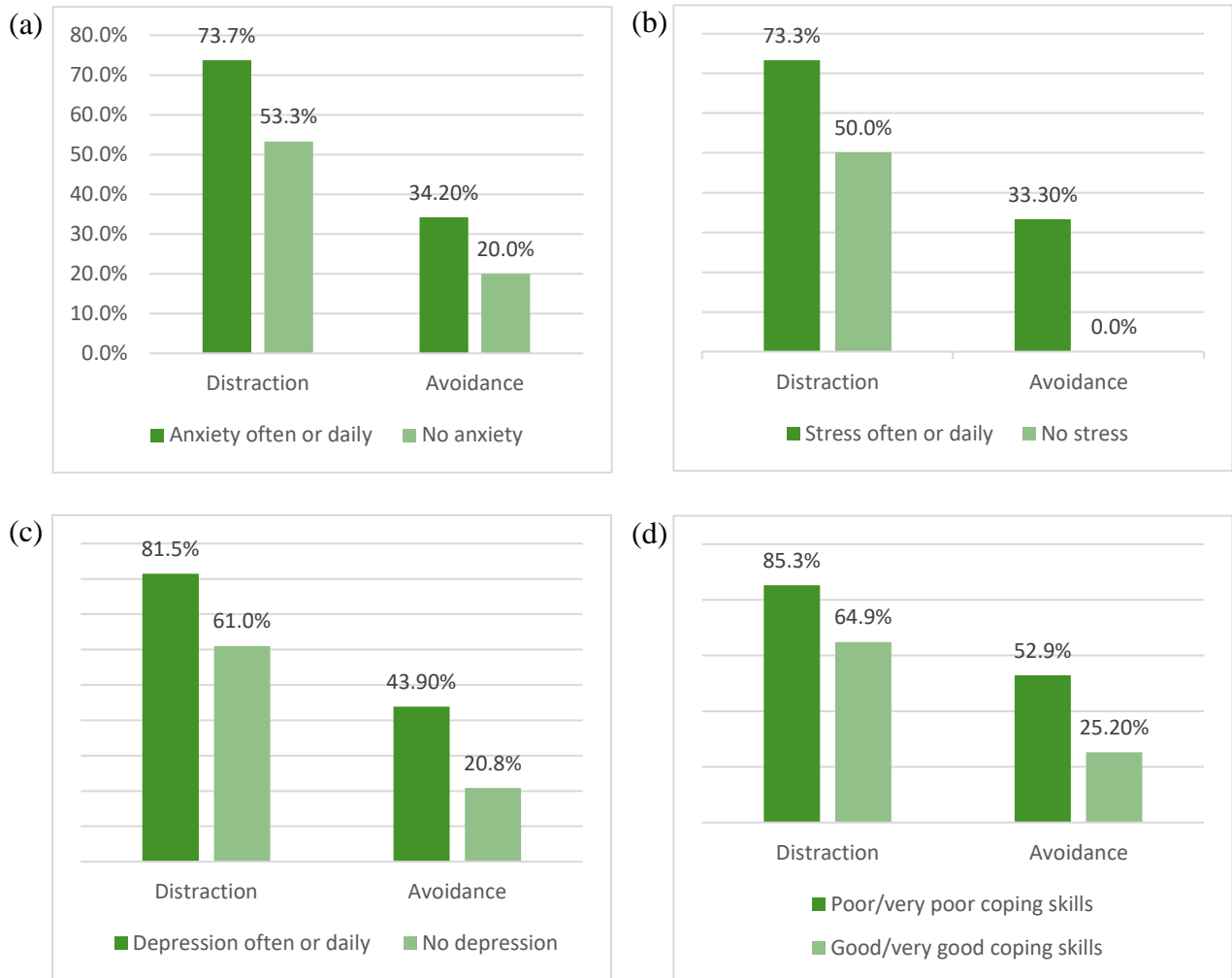


Figure 11. Use of Music as Distraction or Avoidance Based on Frequency of (a) Stress, (b) Anxiety, & (c) Depression and (d) Quality of Coping Skills



DISCUSSION

Upon further analysis of data from this survey, six main themes arose. The first theme was that most USC students that were surveyed reported experiencing some level of anxiety, stress, and/or depression (Table 1), and almost all of them reported that they listen to music to cope, with higher frequency of symptoms being associated with higher frequency of listening to music to cope (Figure 10). About a quarter of respondents reporting playing an instrument to cope. This aligns with the original hypothesis and provides evidence that listening to music plays a large role in the daily lives and well-being of USC students. The frequency of stress found in this survey is similar to the results of the 2023 National College Health Assessment (NCHA) in which 98.4% of students reported experiencing some level of stress. Also in this assessment, it was reported that 31.7% of students that took the survey were diagnosed with anxiety, and 24.2% were diagnosed with depression, both of which are much lower than the self-reported experiences of anxiety and depression in USC students. (American College Health Association, 2024). This suggests the many students with symptoms of anxiety and depression are likely not getting diagnosed or receiving professional help, which emphasizes the importance of using music in their daily lives to help cope with these experiences on their own. It is possible that music is helping to keep some individuals' anxiety, stress, and/or depression at a manageable level, but for those whose symptoms are frequent even though their music listening is also frequent, it is likely that they need more than music to help manage their symptoms.

The second theme involves the relationship between level of stress, anxiety, and depression and the type of coping that respondents reported using. It is first worthy to note that of the top chosen purposes that music serves; relaxation, mood enhancement, distraction, emotional release, and focus; four of them are generally considered positive forms of coping. Interestingly, those who had less anxiety, depression, and stress and/or reported good coping

skills also tend to not use music for distraction and avoidance, which alludes to greater use of positive emotion-focused coping rather than avoidance or distraction (Figure 11). Although distraction can be considered a positive form of coping in some situations where it reduces negative feelings temporarily and diffuses a tense situation, distracting oneself or avoiding one's emotions and internal struggles are generally considered maladaptive forms of coping and have been shown to lead to more depression and worse mental well-being overall (Miranda, 2019). Thus, it is logical that those who are experiencing less anxiety, stress, and depression are not using music as a means to avoid or distract themselves from these negative emotions.

Thirdly, there were certain qualities of music that were shown to be particularly helpful for coping. An intriguing finding was that more respondents agreed that the lyrics and sound of the music help them cope more than feeling like the artist or other people relate to the song in the same way does (Table 1). This aligns with the ter Bogt study from 2016 that this survey was largely based off of in which young adults with anxiety and depression tended to find consolation through lyrics and the sound of the music as well (ter Bogt et al. 2016). Relating to or just enjoying the lyrics of a song can significantly alter one's mood or state of mind, and the sound of music itself can physiologically relax or stimulate someone, showing that using music to cope can have conscious or subconscious effects (Miranda, 2019). Also, blood flow to the limbic system where emotions are processed in the brain has been shown to increase when listening to music, reinforcing this connection between music and one's emotional state, which from this survey data seems to have more to do with the meaning of the words and the sound of the music than other factors (Fink, n.d.). Additionally, a recurring finding was that alternative music was frequently chosen as a genre that helps people cope. Anecdotal evidence shows that this genre of music may tend to express deeper emotions that listeners relate to but are unsure how to express

themselves, and it often directly discusses issues such as mental health, which may be why it is particularly popular for coping.

The fourth theme is that the senior class level seems to be particularly at-risk for depression and lacking social connection. The survey results showed that seniors were more neurotic and depressed as well as less extroverted than younger class levels. On top of this, they were more likely to answer that the quality of music that helps them to cope is feeling like other listeners or the artist relate to a song in the same way. (Figure 5). When these trends are looked at together, it appears that students in their senior year may be lacking social connection, which may be contributing to their increased likelihood of depression and tendency to turn to music to feel like they relate to others. At USC, students in their senior year are more likely to be living off campus and coming onto campus less frequently than other class levels, which may contribute to a sense of social isolation for some, especially if they are less likely to be extroverted. Additionally, many studies have found that seniors experience more depression than younger students, largely due to the stress of planning for their post-graduate life and entering society on their own, which could also help to explain this trend in the current study (Liu et al., 2022).

Seeing as this class of students graduated from high school and began attending USC in the year 2020, it is also possible that the COVID-19 pandemic has negatively impacted this class's sense of social connection and feelings of depression. In a study examining two cohorts of first-year college students, stress related to COVID-19 played a distinct role in predicting depression in students entering college in 2020, but these effects were diminished in those entering college in 2021 (Lourie et al., 2023). This alludes to lingering effects of social isolation and lack of social support during the lockdown period of the pandemic as well as strict policies

limiting social interactions for those who started college in the fall of 2020. These effects seem to be having a more significant impact on the current senior class than younger classes. The responses suggest that seniors at USC are at higher risk for depression and more reliant on music as a form of social connection.

The fifth theme is that female respondents were more likely to report experiencing anxiety and stress and that they utilize music for emotional release more so than male respondents who tend to use music for avoidance (Figure 7). Also, male respondents were also more likely to report not experiencing any depression at all. These trends align with the experiences of college students across the nation as shown by the 2023 NCHA, in which 20% of men compared to 32% of women reported experiencing high stress levels, 15% of men compared to 36% of women were diagnosed with anxiety, and 12% of men compared to 26% of women were diagnosed with depression (American College Health Association, 2024). It is possible female respondents are more comfortable recognizing and reporting their stress and anxiety than male respondents due to stigma surrounding men's mental health. This sentiment is illustrated in the 2023 NCHA as well which reported that 32% of men compared to 52% of women have ever received psychological or mental health services (American College Health Association, 2024). Another possible indicator of men's potential discomfort with recognizing and reporting these negative emotions is the increased tendency of male respondents in the USC survey to use music as a form of avoidance compared to female respondents.

The tendency for female respondents to use music for emotional release aligns with the literature that shows women's tendency to utilize emotion-based coping (Kelly et al., 2008). However, since female respondents concurrently reported more anxiety and stress, using emotion-based coping rather than problem-based may not be addressing the issues at the core of

their distress (Sinha & Latha, 2018). The trend found in the literature of men tending to use problem-based coping was not evident in the survey data because male respondents reported using music for avoidance, which is often a maladaptive coping practice that shows they are less likely to be confronting their emotions or issues (Kelly et al., 2008). All of this shows that although female students on USC's campus seem to be experiencing more mental health struggles, male students might be more at-risk of not recognizing their anxiety, stress, or depression or using music to cope in a healthy way. Thus, there is opportunity for those identifying as male to use music more often as a form of positive coping rather than avoidance.

The final theme of the survey results was that respondents with different personality traits had differences in prevalence of anxiety, stress, and/or depression; quality of coping skills; and purpose and genre of music used for coping. Interestingly, not all of the traits that tended to correspond with poor or very poor coping skills aligned with the traits associated with using music as a form of distraction, which could mean that respondents do not perceive distraction as being a negative form of coping, rather they may consider it to be quite beneficial. There were also several notable differences in the genres of music that different personality types utilize to cope. Those who reported being neurotic and or not extroverted were also more likely to report experiencing more depression and listening to alternative music to cope, which aligns with other studies analyzing the connection between the Big 5 personality traits, the likelihood of depression symptoms, and coping strategies (Gashi et al., 2022). Additionally, those who are not open or not extroverted were more likely to listen to heavy metal music to cope, while those who said they were extroverted or agreeable were more likely to choose country music. It can be inferred from these trends that there is a relationship between certain personality traits and music genre preference for coping. Genres such as alternative and heavy metal seem to be more popular

amongst those who are not open to new experiences or extroverted, implying they may tend to keep to themselves, while genres like country are more popular amongst extroverted and agreeable respondents, implying that this genre might be more related to social connection as a form of coping.

Despite the unique findings of this study, there are limitations. First, the pool of respondents may not have established a representative sample of USC students based on demographics. On campus, 24.8% of the USC student body are freshmen, 24.8% are sophomores, 22.7% are juniors, 27.7% are seniors (University of South Carolina, n.d.). These numbers do align closely with the population that answered the survey (Figure 1). However, although the proportion of respondents in the CAS was representative of campus-wide statistics, the schools and colleges that respondents fell within were significantly skewed towards ASPH with an underrepresentation of the other colleges with high enrollment including DMSB; the College of Engineering and Computing; and the College of Hospitality, Retail, and Sport Management (University of South Carolina, n.d.).

Additionally, the gender distribution on USC's campus is 59% females and 41% males (University of South Carolina, n.d.). The survey population was 78.3% females and 20% males, which is significantly more skewed towards females compared to the total campus population (Figure 2). Typically, as seen in an analysis of survey response rates from over 300 colleges and universities in 2023, females respond to surveys at a much higher rate than their male peers, especially in college populations (Porter & Umbach, 2006). Thus, this gender bias was expected. However, as a result of the demographics of respondents, it is uncertain whether the results of this survey can be generalized to the entire USC campus, or to other college campuses. Another limitation of this study could be variability in individual interpretation of what a specific genre

includes, or the meaning of the words used to describe the purpose music holds for each respondent, which could have altered respondents' selections. The survey format also limited the depth of the questions about personality and experiences with anxiety, stress, and depression.

CONCLUSIONS AND CLINICAL IMPLICATIONS

Overall, this study has shown that using music to cope with anxiety, stress, and/or depression is very common on USC's campus, and there are several key differences in how music is utilized amongst different class levels, genders, and personality traits. This illustrates the importance that music is serving in the everyday lives of USC students, which is most likely analogous to other college campuses. However, these findings may also be important in the context of other clinical settings. As mentioned previously, numerous studies have shown that music has the ability to improve the following: emotional state during counseling or therapy sessions, physical and psychological outcomes during medical treatment, anxiety and pain levels during and after medical treatment, improving memory to some extent, and so much more (Hennenberg et al., 2023). It can also boost serotonin release which can improve mood and social functioning (Bradley & Viswanath, 2019). Finally, there is evidence that implementing music listening and music making into educational settings starting at younger ages can teach children the power of using music as a form of emotional self-regulation and have long-term benefits on their ability to cope (Hennenberg et al., 2023).

All in all, the trends found in this study should be taken into consideration by doctors, mental health professionals, and even teachers to begin using music as part of their practices and tailor their use of music towards specific individuals or small groups based on their personal preferences, frequency of emotional symptoms, age, gender, and personality traits. Although almost all respondents in this study of USC students reported using music as a form of coping to

some extent, the results indicate that it would be particularly useful to increase use of music in positive, helpful ways amongst those who experience more frequent anxiety, stress, and/or depression symptoms; college seniors; males; and those who are neurotic and/or not extroverted. In summary, there is significant opportunity for the use of music as a coping strategy to become much more widely used in daily and clinical settings, and this study of USC students reinforces that using music to cope is both a unique and collective experience that can have benefits for people of many different backgrounds.

REFERENCES

- American College Health Association. (2024b). *American College Health Association-National College Health Assessment III: Undergraduate Student Reference Group Data Report Fall 2023* [Report]. https://www.acha.org/documents/ncha/NCHA-IIIb_FALL_2023_UNDERGRADUATE_REFERENCE_GROUP_DATA_REPORT.pdf
- Bradley, D., & Viswanath, O. (2019). Why we need a music player in every patient room. *AMA Journal of Ethics*, *21*(3), E303-308. <https://doi.org/10.1001/amajethics.2019.303>
- Carver, C. S., & Connor-Smith, J. (2010). Personality and coping. *Annual Review of Psychology*, *61*, 679–704. <http://dx.doi.org/10.1146/annurev.psych.093008.100352>
- CCMH, Center for Collegiate Mental Health. (2023). *2023 Annual Report*. https://ccmh.psu.edu/assets/docs/2023_Annual%20Report.pdf
- de Witte, M., Spruit, A., van Hooren, S., Moonen, X., & Stams, G.-J. (2019). Effects of music interventions on stress-related outcomes: A systematic review and two meta-analyses. *Health Psychology Review*, *14*(2), 294–324. <https://doi.org/10.1080/17437199.2019.1627897>
- Enrollment Overview Dashboard - Institutional Research, Assessment, and Analytics | University of South Carolina*. (n.d.). https://sc.edu/about/offices_and_divisions/institutional_research_assessment_and_analytics/uofsc_data_dashboards/enrollment/overview.php
- Fink, J. (n.d.). *Why — and how — music moves us | Pfizer*. https://www.pfizer.com/news/articles/why_and_how_music_moves_us
- Gashi, D., Gallopeni, F., Imeri, G., Shahini, M., & Bahtiri, S. (2022). The relationship between big five personality traits, coping strategies, and emotional problems through the

- COVID-19 pandemic. *Current Psychology (New Brunswick, N.J.)*, 42(33), 29179–29188.
<https://doi.org/10.1007/s12144-022-03944-9>
- Graves, B. S., Hall, M. E., Dias-Karch, C., Haischer, M. H., & Apter, C. (2021). Gender differences in perceived stress and coping among college students. *PloS one*, 16(8), e0255634. <https://doi.org/10.1371/journal.pone.0255634>
- Hennenberg, J., Hecking, M., Sterz, F., Hassemer, S., Kropiunigg, U., Debus, S., Stastka, K., & Löffler-Stastka, H. (2023). Exploring the Synergy of Music and Medicine in Healthcare: Expert Insights into the Curative and Societal Role of the Relationship between Music and Medicine. *International Journal of Environmental Research and Public Health*, 20(14), 6386. <https://doi.org/10.3390/ijerph20146386>
- Kelly, M. M., Tyrka, A. R., Price, L. H., & Carpenter, L. L. (2008). Sex differences in the use of coping strategies: predictors of anxiety and depressive symptoms. *Depression and Anxiety*, 25(10), 839–846. <https://doi.org/10.1002/da.20341>
- Labbé, E., Schmidt, N., Babin, J., & Pharr, M. (2007). Coping with Stress: The Effectiveness of Different Types of Music. *Applied Psychophysiology and Biofeedback*, 32(3), 163–168. <https://doi.org/10.1007/s10484-007-9043-9>
- Liu, X., Guo, Y., Zhang, W., & Gao, W. (2022). Influencing factors, prediction and prevention of depression in college students: A literature review. *World Journal of Psychiatry*, 12(7), 860–873. <https://doi.org/10.5498/wjp.v12.i7.860>
- Lourie, A., Kennedy, S., Henshaw, E. J., & James, D. (2023). College transition Fall 2020 and 2021: Understanding the relationship of COVID-19 experiences and psychosocial correlates with anxiety and depression. *PloS One*, 18(7), e0287792. <https://doi.org/10.1371/journal.pone.0287792>

- Miranda, D. (2019). A review of research on music and coping in adolescence. *Psychomusicology: Music, Mind, and Brain*, 29(1), 1–9.
<https://doi.org/10.1037/pmu0000229>
- Porter, S. R., & Umbach, P. D. (2006). Student Survey Response Rates across Institutions: Why Do they Vary? *Research in Higher Education (Dordrecht. Online)*, 47(2), 229–247.
<https://doi.org/10.1007/s11162-005-8887-1>
- Reetz, D., Whitlock, M., LeViness, P., & Bershad, C. The Association for University and College Counseling Center Directors. (2016, August). 2016 Annual Survey.
- Sinha, S., & Latha, G. (2018). Coping response to same stressors varies with gender. *National Journal of Physiology, Pharmacy and Pharmacology*, 1.
<https://doi.org/10.5455/njppp.2018.8.0206921032018>
- ter Bogt, T. F., Vieno, A., Doornwaard, S. M., Pastore, M., & van den Eijnden, R. J. (2016). “you’re not alone”: Music as a source of consolation among adolescents and young adults. *Psychology of Music*, 45(2), 155–171. <https://doi.org/10.1177/0305735616650029>
- Thaut, E. B. M. H., & Hoemberg, V. (2014). *Handbook of neurologic music therapy* (Issue 1). <http://ci.nii.ac.jp/ncid/BB16938580>
- Thaut, M. H., Kenyon, G. P., Schauer, M., & McIntosh, G. C. (1999). The connection between rhythmicity and brain function. *IEEE Engineering in Medicine and Biology Magazine*, 18(2), 101–108. <https://doi.org/10.1109/51.752991>
- Thompson, W. F. (2015). *Music, thought, and feeling: Understanding the psychology of Music*. essay, Oxford University Press.

APPENDIX A: Full Survey – Questions & Format

This short survey aims to gather information regarding the student experience at the University of South Carolina as it relates personal utilization of music in one's daily life to help deal with anxiety, depression, or daily stressors. The survey will be broken into four parts – demographic background; personality traits; frequency of experiences with anxiety, stress, and/or depression; and experiences with music in daily life.

All answers will be confidential and used solely for data collection relating to this thesis project. Participants are not obligated to finish the survey or answer every question if they are uncomfortable for any reason. Following the survey, participants will have the option to provide contact information should they want to be entered to win a \$50 gift card of their choice. Identifiable personal information will not be used for data collection and will only be recorded for communication efforts.

Thank you for your participation!

Section 1: The following 3 questions will ask about your demographic background.

1. What is your current class level at USC?
 - Freshman
 - Sophomore
 - Junior
 - Senior

- 1a. Which college or school contains your major?
- College of Arts and Sciences
 - Darla Moore School of Business
 - College of Education
 - College of Engineering and Computing
 - College of Hospitality, Retail, and Sport Management
 - College of Information and Communications
 - School of Music
 - College of Nursing
 - Arnold School of Public Health
 - College of Social Work
 - Other (specify)
2. What is your gender identity?
- Male
 - Female
 - Prefer not to say
 - Other (specify)

Section 2: The following 5 questions will ask about your personality traits. (Source: Big five Personality Traits: Definition & theory. (n.d.). The Berkeley Well-Being Institute.)

Please rate your level of agreement with the following:

3. I am open to new experiences. (Openness to experience means showing curiosity and interest regarding a variety of ideas, values, ways of thinking, and behaviors.)
 - Strongly disagree
 - Disagree
 - Neither agree nor disagree
 - Agree
 - Strongly agree
4. I am conscientious. (Conscientiousness is being disciplined, orderly, and striving to do what is right.)
 - Strongly disagree
 - Disagree
 - Neither agree nor disagree
 - Agree
 - Strongly agree
5. I am extraverted. (Extraversion is being warm and enthusiastic in social interactions and assertive and sensation-seeking in general.)
 - Strongly disagree
 - Disagree
 - Neither agree nor disagree

- Agree
 - Strongly agree
6. I am agreeable. (Agreeableness is wanting to get along with others and put their needs before your own.)
- Strongly disagree
 - Disagree
 - Neither agree nor disagree
 - Agree
 - Strongly agree
7. I am neurotic. (Neuroticism is how much negative emotion a person experiences and how much those emotions impact them. People who experience a lot of depression, anxiety, or self-consciousness, for example, would be described as high in neuroticism.)
- Strongly disagree
 - Disagree
 - Neither agree nor disagree
 - Agree
 - Strongly agree

Section 3: The following 4 questions will ask about your experiences with anxiety, stress, and depression.

8. How frequently do you experience anxiety (excessive worry)?
- Not at all
 - Sometimes
 - Often
 - Daily
9. How frequently do you experience stress (a state of worry or tension created by a difficult situation)?
- Not at all
 - Sometimes
 - Often
 - Daily
10. How frequently do you experience symptoms of depression such as feelings of worthlessness, extreme sadness, or despair that interfere with daily life?
- Not at all
 - Sometimes
 - Often
 - Daily
11. How would you rate your ability to cope with anxiety, daily stressors, difficult feelings, and/or symptoms of depression?
- Very poor coping skills
 - Poor coping skills

- Fair coping skills
- Good coping skills
- Very good coping skills

Section 4: The rest of the questions will ask about your experiences with music in your daily life.

12. To what extent do you listen to music to cope with anxiety, daily stressors, difficult feelings, and/or or symptoms of depression?

- Not at all
- Sometimes
- Often
- Daily

13. To what extent do you play an instrument to cope with anxiety, daily stressors, difficult feelings, and/or or symptoms of depression?

- Not at all
- Sometimes
- Often
- Daily

If they answered not at all to both question #13 and #14, they were moved to question 17

14. What purpose does music serve for you? (Select all that apply)

- Distraction
- Avoidance
- Dealing with difficult emotions
- Mood enhancement

- Relaxation
- Emotional release
- Focus
- Grounding
- Other (specify)

15. To what extent do you agree with the following statements?

The lyrics of the music help me cope.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

Feeling that the artist or other listeners relate to the song in the same way that I do helps me cope.

- Strongly disagree
- Disagree
- Neutral
- Agree
- Strongly agree

How the music itself sounds (melody, tone, instruments used, etc.) helps me cope.

- Strongly disagree
- Disagree
- Neutral

- Agree
- Strongly agree

16. In general, which genre(s) of music do you prefer? (Select up to 3 choices)

- Alternative
- EDM
- Classical
- Country
- Folk
- Heavy Metal
- Jazz
- Pop
- Punk
- Rap/hip-hop
- R&B
- Rock & Roll
- Religious
- Other (specify)

17. Which genres of music do you use to cope you are anxious, stressed, dealing with difficult emotions, and/or experiencing difficult emotions or symptoms of depression? (Select up to 3 choices)

- Alternative
- EDM
- Classical

- Country
- Folk
- Heavy Metal
- Jazz
- Pop
- Punk
- Rap/hip-hop
- R&B
- Rock & Roll
- Religious
- Other (specify)
- Not applicable

18. What is one specific song that helps you deal with anxiety, stress, difficult emotions and/or symptoms of depression?

- Respondents write in an answer.

19. Do you want to be entered to win a \$50 giftcard?

- Yes (Click submit and you can enter your email for a chance to win. Your email will not be connected to your survey responses.)
- No (Click submit)

20. Please provide your email address so that we can contact you if you are chosen as one of the random winners. Your address will not be used for any purpose other than the prize drawing.

- Respondents write in an answer.

APPENDIX B: Handout for Health Professionals

Music as a Coping Mechanism: A USC Student Survey

About the Survey

- **Purpose:** Determine how USC students use music in their daily lives to cope with stress, anxiety, and/or depression
- **847 respondents**
 - 78.3% female, 20% male, 1.3% prefer not to say or other
 - 24.4% freshmen, 26.3% sophomores, 27.4% juniors, 21.8% seniors

Key Results

- **97.1% of respondents reported listening to music to cope** sometimes, often, or daily
- **Positive correlation** between frequency of anxiety & listening to music to cope
- Those who reported often/daily anxiety, stress, or depression or reported poor coping skills also reported **using music for distraction and avoidance**
- **The lyrics & sound of the music** are what primarily help respondents to cope
- **Top genre preferences for coping** include pop, alternative, R&B
- **The senior class** reported being more depressed & neurotic, less extroverted, & more likely to turn to music for social connection than all other classes ($p < 0.05$)
- **Females** reported having more frequent stress & anxiety ($p < 0.001$), using music as emotional release, & listening to country, folk, & pop music to cope
- **Males** reported using music as avoidance & listening to EDM, rap/hip-hop, heavy metal, & rock music to cope

Recommendations

- **Play music in common areas & patient rooms** from the genres suggested above or playlist provided below
- Utilize relationships found above and/or ask patients what type or qualities of music they prefer to **tailor what each patient listens to** during their appointment & improve patient experience
- **Discuss using music as a coping mechanism with patients** when applicable - to help with physical pain, difficult emotions, stress, anxiety, relaxation, etc. - using songs they can relate to and use to confront emotions, not avoid them

For further questions or data, contact:
karlypikel@gmail.com

& Check out this playlist of songs that help USC students to cope!

