DETERMINING PREDICTORS AND MODERATORS OF LIKING SAD MUSIC

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Background

- Schellenberg, Peretz, and Vieillard (2008) propose in their discussion that people with a negative affect and anxiety would like sad music. One reason may be from Social-Verification Theory, which was modified to state that people with depression like stimuli that verify their negative self-views (Giesler, Josephs, & Swann, 1996). Punkanen, Eerola, and Erkkila (2011), however, found that depressed and nondepressed individuals equally like sad music.

- Both males and females in adolescence cope with depression using music (Kurdek, 1987), but males see coping as a private process (Warren, 1983). In fact, to cope with depression, males often isolate themselves turn to addictive stimuli, such as drugs and sex. Females often address their feelings and cry to cope with depression (Kleinke, Staneski, & Mason, 1982).

- When it comes to individual differences in liking sad music, Garrido and Schubert (2011) had participants rate their general liking for sad music and compared these ratings to different individual, personality factors. About 50% of their respondents reported liking sad music, and they determined that being high in absorption was the best predictor of liking sad music. Levinson (1997) states that people who absorb themselves into the music like it more, because being absorbed increases positively reinforcing outcomes more than not being absorbed.

Purpose

- Music therapy uses preferred music during treatments but typically uses music that induces a positive mood in the client. Because musical preferences are highly individualized, our study determined to extend the research by seeing if absorption and gender moderated depression and anxiety's effects of liking sad music. By determining that depressed and anxious people prefer sad music, music therapists would be able to use this music effectively in their therapy sessions.

- **Hypotheses**
  - Step 1: Depression, Anxiety, Lassitude, and gender will positively predict liking sad music. For gender, males will like sad music more than females
  - Step 2: Depression, Lassitude, and Anxiety will each interact with Absorption and Gender. High absorption will increase liking more than low absorption as Depression, Lassitude, and Anxiety increase. Being male will increase liking more than being female as Depression, Lassitude, and Anxiety increase.

Method

- **Participants**
  - There were 481 participants (70% female, 30% male) in this study with a mean age of 22.34 (Range: 18-56) and 88% of the sample was Caucasian.
- **Materials and Procedure**
  - All of these respondents completed the entire Inventory of Depression and Anxiety Symptoms (IDAS; Watson et al. 2007) and the Absorption in Music Scale (AIMS; Sandstrom & Russo, 2011). They also completed a 3-item measure of liking sad music created by the researchers. This 3-item measure utilized a 1 (*strongly disagree) to 5 (*strongly agree) scale, and the items were as follows:
    - I like songs that make me feel sadness or grief
    - I like slow music
    - I like dark and melancholy music

Results

- **Measures**
  - The 3-item measure of liking sad music was subjected to Principal Axis Factoring with a Promax rotation. One factor was retained, and it explained 59.45% of the variance. Loading values were above .68 for each item.
  - Cronbach's alpha for the 3-item measure was .67.

- **General Depression**
  - In Step 1, General Depression (b = .20, $t[455] = 4.80$, $p < .001$) and Absorption (β = .42, $t[455] = 10.10$, $p < .001$) positively predicted liking, but gender did not, β = . 06, $t[455] = 1.56$, $p = .12$. These variables significantly explained 47.39% of the variance, $F(3, 455) = 48.39$, $p < .001$.
  - In Step 2, Absorption did not moderate General Depression's (β = .20, $t[452] = .87$, $p = .38$) or gender's (β = -.04, $t(452) = -.19$, $p = 85$) effect on liking sad music. Gender, however, moderated General Depression's effect on liking sad music, β = .43, $t[452] = 2.72$, $p = .007$. As seen in Figure 1, males (β = .10, $t[477] = 5.85$, $p < .001$) liked sad music more than females (β = .04, $t[477] = 3.76$, $p < .001$) as General Depression increased. These moderations significantly explained an increase in the variance, $\Delta R^2 = .01$, $\Delta F(3, 452) = 2.66$, $p = .048$.
  - In Step 3, the 3-way interaction between gender, Absorption, and General Depression was nonsignificant, β = .44, $t(451) = .69$, $p = .49$. It also did not explain a significant increase in the variance, $\Delta R^2 = .001$, $\Delta F(1, 451) = .48$, $p = .49$.

- **Lassitude**
  - In Step 1, Lassitude (β = .14, $t[455] = 3.42$, $p = .001$) and Absorption (β = .43, $t[455] = 10.22$, $p < .001$) positively predicted liking, but gender did not, β = . 07, $t[455] = 1.58$, $p = .11$. These variables significantly explained 22.4% of the variance, $F(3, 455) = 43.67$, $p < .001$.
  - In Step 2, Absorption did not moderate Lassitude's (β = .39, $t[452] = .1.62$, $p = .11$) or gender's (β = .02, $t(452) = .11$, $p = 91$) effect on liking sad music. Gender, however, moderated Lassitude's effect on liking sad music, β = .42, $t[452] = 2.98$, $p = .003$. As seen in Figure 2, males (β = .23, $t[477] = 4.91$, $p < .001$) liked sad music more than females (β = .07, $t[477] = 2.59$, $p = .01$) as Lassitude increased. These interactions significantly explained an increase in the variance, $\Delta R^2 = .02$, $\Delta F(3, 452) = 3.66$, $p = .01$.
  - In Step 3, the 3-way interaction between gender, Absorption, and Lassitude was nonsignificant, β = .64, $t(451) = 1.03$, $p = .30$. It also did not explain a significant increase in the variance, $\Delta R^2 = .002$, $\Delta F(1, 451) = 1.06$, $p = .30$.

- **Social Anxiety**
  - In Step 1 ,Social Anxiety (β = .10, $t[455] = 2.35$, $p = .02$) and Absorption (β = .43, $t[455] = 10.20$, $p < .001$) positively predicted liking, but gender did not, β = . 06, $t[455] = 1.34$, $p = .18$. These variables significantly explained 21.3% of the variance, $F(3, 455) = 41.07$, $p < .001$.
  - In Step 2, Absorption did not moderate Social Anxiety's (β = -.03, $t[452] = -.13$, $p = .90$) or gender's (β = .04, $t(452) = .20$, $p = .84$) effect of liking sad music. Gender also did not moderate Social Anxiety's effect on liking sad music, β = .20, $t[452] = .13$, $p = .90$. These interactions did not significantly explained an increase in the variance, $\Delta R^2 < .00$, $\Delta F(3, 452) = .03$, $p = .99$.
  - In Step 3, the 3-way interaction between gender, Absorption, an Social Anxiety was nonsignificant, β = -.05, $t(451) = =.10$, $p = .92$. It also did not explain a significant increase in the variance, $\Delta R^2 < .00$, $\Delta F(1, 451) = .01$, $p = .92$.

Figure 1

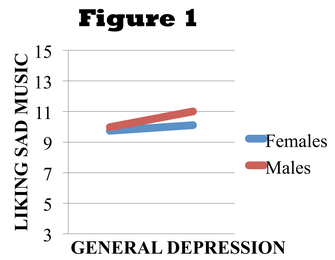

Figure 2

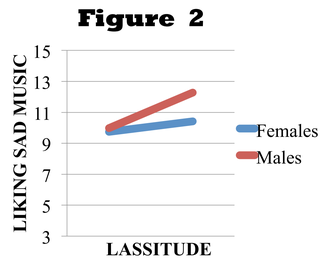

Table 1
Correlations

	Liking Sad Music	Lassitude	Social Anxiety	General Depression	Absorption
Liking Sad Music	1				
Lassitude	.19	1			
Social Anxiety	.17	.36	1		
General Depression	.27	.72	.57	1	
Absorption	.45	.12	.17	.15	1

Note: All correlations were significant at $p < .01$

Discussion

- The results of this study suggest that people high in depression, lassitude, and social anxiety like sad music more than people low in the qualities. They support Giesler et al.'s (1996) modification to Self-Verification Theory, and they give empirical evidence supporting Shellenberg et al.'s (2008) theory that people with negative affect and anxiety would like sad music. If Shellenberg et al. (2008) is correct, then these effects could be due to the song matching the respondent's mood (in depression) or the sad music's calming, slow tempo (in anxiety). If Self-Verification Theory is correct, then depressed and anxious people like sad music, because it matches their self and world view.

- These results also support the past research on gender differences in coping strategies. Perhaps men enjoy sad music more than women as depression increases, because music provides men a coping strategy where they can isolate themselves but still engage in a stimulating activity.

- These results imply that sad music can be used in a music therapy setting for people with anxiety and depression. Because they prefer sad music more as their depression increases, the session could start with the sad music to engage the client and slowly move to happier music, and that males with depression would benefit greatly. As Kleinke et al. (1982) suggests that males with depression may benefit from active coping, perhaps males would need an active music therapy session involving sad music. Active music making has been shown to effectively treat depression and anxiety (Choi, Lee, Lim, 2008; Erikkla et al., 2011), but more research needs to be done to test sad music's effectiveness in this setting.