

Understanding the missing link between musical attitudes, preferences and psychological profiles: music as auto-medication and self-administered therapy? Implications for music therapy

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Editorial

Music has a valuable impact on mental health,¹⁻⁴ both in terms of neurophysiological, neurobiological, and neuropsychological effects and emotional modulation and enhancement.¹ Music therapy has been proven to be effective in treating depression and other psychiatric disorders.⁵⁻⁸ In fact, music can be used as a means for modulating the therapeutic relationship and foster a better therapeutic alliance,⁹ acting on empathy, acceptance and genuineness, thus conjugating music therapy and Rogerian patient-centered humanistic psychology.¹⁰

Musical preferences and psychopathology is an important topic that has attracted a lot of interest and commitment from the scientific community. Musical preference has been indeed considered a potential proxy of psychological distress, such as in the six-month longitudinal study carried out by Miranda and Claes, investigating a sample of 311 adolescents.¹¹ They found that Soul music listening could be a predictor of lower depression levels in adolescent girls, having a possible positive effect. In other studies, musical tastes and preferences of rock and roll, punk, heavy metal and gothic music have been linked with peculiar behaviors (such as musician worshipping, and vicarious listening/release) and suicidal tendencies,^{12,13} even though some scholars have criticized these correlations.¹⁴ Sometimes, blues music has been associated with increased risk of committing suicide.¹⁵

Understanding better the musical preferences and correlating them with personality traits would be very useful in the field of music therapy research. Another point of view would be to explore the missing link between the musician's psychology and the impact of music on his/her mental health, which represents a rarely explored topic. Some scholars have claimed that musicians tend to be more neurotic and even more religious than non-musicians,^{16,17} but these findings should be replicated and investigated in more depth.

In our initial pilot study,¹ musical style and genre, use of music (recreational and instrumental *versus* non-instrumental/emotional use) were investigated in a sample of 81 subjects (a population made up of 17 musicians and 9 immigrants among the others), using a semi-structured questionnaire and SCL90-R (Symptom Checklist 90 Revised, developed by Leonard Derogatis). We found no age, gender and nationality effects. We found instead different and statistically significant preferences between musicians and non-musicians, a fact which may reflect a different sensibility and personality trait. We speculated that this particular psychological vulnerability could have motivated the person to become a musician and we termed this effect as *music as auto-medication*, as a kind of self-administered therapy. Musicians, exhibiting higher scores for Depression, Anxiety and Phobic Anxiety sub-scales of SCL90-R, in fact could use music to modulate and enhance their feelings and emotions and prefer well-structured and complex music, such as jazz and classical music. It seems that complex music could strengthen their personality, feeding and spiritually nourishing them. This could help to select and design music therapy programs *ad hoc*. Further research is needed in this field, and we are currently replicating our findings of our first pilot exploratory study, using a more robust sample.

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