

Coping with Loneliness through music

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Abstract

Loneliness can be defined as a personal feeling of a lack - absence of meaningful human relationships, thus, is a negative feeling and is related to the occurrence of depressive symptoms. This state is a crucial risk factor for human health that can impair both physical and mental health. Social and emotional isolation impairs the quality of life. Music can act as a mood regulator, thus enhancing the person who feels alone. Musical experiences affect the emotional state, altering emotions and mood. Music has the potential to change, maintain and enhance mood, while provides solace, acting as a comforting friend. Music listening is an effective means for mood regulation, relaxation and emotional self-regulation. Music helps adolescents to regulate and express their feelings and emotions, while serve as a means for the elderly to express their emotions and reduce their loneliness. Participation in a choir, singing and listening to music provide joy, enjoyment, experiences of togetherness, company, moments that give meaning to life.

Moreover, significant research data derived from the field of music therapy, as complementary therapy. Everyone has a unique musical past, while the ability to create and correspond to or feel music maintains irrespective of impairment, disease or other damage. In music therapy sessions, music is the medium for communication. During the receptive (listening to music) or active (improvisation, playing instruments, lyric-writing, singing) individual or group music therapy sessions, music activities provide opportunities for sharing feelings and common experiences, alleviating loneliness, setting the ground for Self-realization, thus, gaining a deep sense and awareness of self and finally change the way of one's life.

Key-words: Loneliness, music, mood regulation, emotion induction

Introduction

Loneliness affects not only physical but also mental health of individuals. It is correlated with depression, anxiety, poor quality of life, cognitive decline, and life's expectancy decrease (Fratiglioni, et al., 2000, Tilvis, et al., 2000, Jakobsson & Hallberg, 2005).

Music listening has been recognized as an effective means not only for mood regulation and improvement (North, Hargreaves, & O'Neill, 2000) but also for stress reduction and relaxation (Saarikallio & Erkkilä, 2007).

Moreover, music acts as a specific mood stimulator or reinforcer. It can be used by all humans, regardless of age, for emotional self-regulation (Greasley & Lamont, 2006, Saarikallio & Erkkilä, 2007, Davidson, Lange, McNamara, & Lewin, 2008). Hargreaves and North (1999) notice "the power of music to act as a vehicle for feelings which may not be possible to be expressed by other means." According to Juslin & Laukka, (2004), people listen to music "because of the valued emotional experiences it offers. Meanwhile, music is used to enhance or alter emotions (to relax or to comfort) or to evoke emotional memories." (Juslin & Laukka, 2004).

Also, music is often felt to be a respected and valued friend (Small, 1998, Laiho, 2004). Music is a friend who helps and provides aid, if nobody is around. People, from all ages, who feel alone, sad, hopeless and melancholic, they feel of being accepted and find themselves being understood by listening music of their preference. That consolation is caused because music raises some nostalgic memories related to moments of pleasure and happiness with significant people, providing a calming atmosphere of safety and acceptance. Additionally, research data have demonstrated that people frequently involve in musical activities simply for improving or increasing positive mood and feelings. Listening to favourite

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music- musical preferences- are often associated with positive emotions. Musical experiences offer pleasure that may evoke a sense of well-being, stability, completeness and purpose in life.

ADOLESCENTS

Music acts as a catalyst for adolescents, providing them with experiences of solace. According to Schwartz and Fouts (2003), music is a means by which adolescents recognize and understand their feelings by assuring them that they are not emotionally alone, and that their feelings are existent and real.

Regarding emotional self-regulation and coping, music provides adolescents with a variety of ways of dealing with stress, negative emotion and their loneliness, while, at the same time, offers experiences of relaxation and joy. Adolescents live with music so as to modify their moods and emotions. Thus, they listen to melancholic mood-congruent music while seeking solace and comfort, aggressive music in order to express their anger, happy music for maintaining a current positive mood, or for «escaping» from worries (Saarikallio & Erkkilä, 2007).

ELDERLY

Recent research data have also suggested that music is a crucial agent for the elderly, too (Gembris, 2008). A musical hobby like sing in a choir enhances both mental and physical health, provide positive mood benefits and increased social interactions (Davidson et al., 2008). Both listening to music (Laukka, 2006) and singing or learning an instrument (Davidson et al., 2008, Gembris, 2008) seem to be important to the elderly because they promote emotional self-regulation, emotional expression, and relaxation. They, also, reduce loneliness and provide experiences of happiness, enjoyment, togetherness, company, experiences that provide meaningful content to life.

MUSIC THERAPY

Music therapy is a therapeutic approach that utilize music as a medium in order to achieve a meaningful change in both psychosocial and physical sta-

tus of an individual. It can be applied to all humans, regardless of age, gender, or mental – physical illness. Quantitative research (Psaltopoulou, Micheli, Kavardinas, 2012) displayed that music therapy contributes to psychosomatic status improvement, irrespective of pathology or/and the patient's participation to other therapies. Indeed, it is worth mentioning that the improvement and the overall benefits derived from music therapy are dependent on the seriousness of health of the individual, thus patients being in a more severe state of health gain greater improvement through music therapy.

Music therapy sessions can be conducted individually or in a group and intervention techniques can be based either to receptive / passive (listening to music) or to active music therapy (active involvement – participation and action taken from the patient) (Argstatter et al., 2007).

As previously mentioned, there two ways of doing music therapy. Active Music therapy techniques include several forms of music interaction such as improvisation and singing, while receptive music therapy requires from the patient or group of patients to listen to music that the therapist plays for them or listening to prerecorded music, chosen by the therapist or the client. Most of the models utilize both forms (Bruscia, 1998, Καραπέτσας, Λασκαράκη, Λασκαράκης, 2014).

As mentioned below there is a variety of methods that can be utilized in a music therapy session:

Active music therapy techniques

1) Singing (decrease hormone levels associated with stress and depression, development of sociability and social skills).

2) Improvisation – playing musical instruments, exercises with rhythm (expression of feelings) (Stanczyk, 2011).

3) Music composition or lyric writing (Argstatter et al., 2007).

Receptive music therapy techniques

1) Progressive muscle relaxation (Stanczyk, 2011).

2) Guided imagery (patient expresses and recalls thoughts, memories, evoked by music that he is listening (Korlin, 2005, Paik-Maier, 2010).

At this point, it should be mentioned that loneliness is correlated with the occurrence of **depression** symptomatology. Listening to music of one's preference can serve as a means for relaxation and consequently may affect and have positive influence by eliminating depression symptoms (Chu, Yang, Lin, Ou, Lee, O'Brien, & Chou, 2013, Λασκαράκη, Καραπέτσας, Ζυγούρης, Μπάμπου, 2014).

In mental health care, apart from the typical, standard psychiatric care and psychotherapeutic approaches, totally crucial and promising are the results derived from the domain of *Complementary and Alternative Therapies*. Music Therapy is a complementary therapy and it is defined as the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship. The main aim of music therapy is to restore, promote and maintain, and restore mental, physical, emotional and spiritual health (American Music Therapy Association).

Through active music therapy, thus lyric writing, singing, musical games, improvisation, depressive patients may regulate and lessen their symptoms. Meanwhile, through improvisation depressive

patients may improve their mood and sense of well being (Schmid & Aldridge, 2004).

In a research conducted by Maratos, Gold, Wang, & Crawford (2008), depressive patients randomised to music therapy sessions reported greater reduction in symptoms of depression and improvement of their mood than those in standard care conditions.

As Psaltopoulou (2006 a, b) notices, in music therapy relationship we can find the "framework" so as to discover our inner desire to get closer and closer to our truth. Through experiences in this nonverbal communication level, the person who feels alone discovers certain aspects of himself. Improvisation serves as a means to manage and experience emotions in a symbolic, non-verbal level and help the lonely person to find the causes – that are responsible for the current situation- in earlier life events. Music is the medium through which man can express emotions, thus music is acting as a cathartic for man himself while is helping him to manage and actually cope with himself (Karapetsas, Psaltopoulou, Laskarakis, 2010).

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