



Between solace and struggle: University students' perceptions of music listening for managing depressive symptoms

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ABSTRACT

University students across the world are at high risk of depression with high prevalence rates in sub-Saharan Africa due to contextual stressors and limited access to mental health services. This causes students to employ self-directed coping strategies to cope with depressive symptoms. One such strategy is music listening whose perceived effectiveness and challenges in this context are not well understood. This study examined the perspectives of twelve self-selected students at a university in Zimbabwe on the effectiveness and challenges of music listening for coping with depressive symptoms. It adopted a qualitative descriptive phenomenological design. Data from semi-structured interviews were analysed using thematic analysis. Results revealed that students perceived music as an effective strategy for the elevation of mood, provision of solace and companionship, building a sense of agency and complementing other coping strategies. Perceived challenges included amplification of negative emotions, detachment from reality, frustration from mismatch between music and mood as well as overreliance which could deter seeking other forms of support. The results indicate the dual nature of music listening as a coping mechanism that serves as a powerful self-regulation tool and a possible source of maladaptive rumination and avoidance. These findings suggest that university mental health programmes should build on students' existing music listening practices by incorporating psychoeducation on adaptive music use, promoting self-awareness in music

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selection, and encouraging the integration of music within broader coping and help-seeking strategies.

KEY WORDS:

depression; music listening; perceptions; university students; Zimbabwe



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Introduction

University students constitute a population at high risk of depression. Worldwide, about 332 million people have depression (World Health Organization, 2025). Lin and Li (2025) reported a 28.4% prevalence rate of depression among Chinese college students. The figures for sub-Saharan Africa are even more concerning due to financial strain, unstable political climates and limited access to healthcare, which worsen vulnerabilities. A study of depressive symptoms and anxiety among college students found a prevalence of 33.6%, with the highest prevalence in Africa (40.1%) and lower middle-income countries (42.5%) (Li et al., 2022). Maziti and Majuru (2021) found a prevalence of 37.5% among students at a Zimbabwean university, with suicidal ideation being the major concern. Additionally, 33.5% of Zimbabwean undergraduate students are at risk of common mental health disorders, including depression and anxiety (Shava et al., 2024). Although tertiary institutions provide formal mental health interventions, factors such as stigma, inadequate infrastructure, and shortages of trained professionals reduce their accessibility. Consequently, students frequently rely on informal, self-directed coping mechanisms such as listening to music.

Music has long been recognized as a powerful medium for emotional expression and regulation, which can evoke, intensify, and alleviate affective states (Saarikallio, 2019). Individuals across cultures turn to music in times of joy, stress, grief and uncertainty, often as a coping mechanism for life challenges (Han et al., 2024). In the psychology of music literature, music listening has been conceptualized as a hedonic activity, which provides pleasure and distraction, as well as a eudaimonic one which facilitates reflection, meaning-making and self-understanding (Groarke & Hogan, 2019). This dual potential makes music relevant in the context of mental health where it may serve both a protective strategy, and at times, a risky one.

Research indicates that music listening contributes to improved general wellbeing (McCrary et al., 2022; Raglio, 2020). This effect is mediated by the cognitive and affective processing of intense and difficult emotions (Papinczak et al., 2015), a mechanism which is associated with mood elevation (Van den Tol et al., 2016). Furthermore, evidence suggests that music listening acts as an effective coping strategy which alleviates symptoms of anxiety (Harney et al., 2022), pain (Howlin et al., 2022) and stress (Adiasto et al., 2022; Krause et al., 2023). Additional benefits include creating perceptions of social connectedness (Schafer et al., 2020), facilitating self-awareness (Elvers et al., 2018) and eliciting nostalgic experiences (Garrido & Davidson, 2019).

The Uses and Gratifications Theory (UGT) in which this study is situated conceptualizes individuals as agents who actively choose media based on anticipated gratifications (Blumler & Katz, 1974). The theory emerged as a shift from passive models of media consumption and highlights the agency of audiences in actively selecting and using media to satisfy psychological, cognitive and social needs. From this perspective, music is consumed for hedonic enjoyment and eudaimonic purposes such as reflection and meaning-making (Groarke & Hogan, 2019). The theory, therefore, provides an interpretive lens to examine the subjective perceptions of students who manage episodes of depression through music listening. The students do not do so randomly but with a purpose, expecting that music will help them reduce sadness, feel understood and regain energy.

Importantly, UGT also provides a framework for understanding why music listening may yield both beneficial and unintended outcomes. The outcomes of media use do not always align with the desired gratifications (emotional relief, validation and distraction) although individuals actively select music (Krause et al., 2021). In coping with depression, music chosen to regulate mood may successfully promote comfort and emotional recovery for some individuals while for others it may buttress rumination, heighten negative emotions and encourage avoidance of stressors (Stewart et al., 2019). Thus, the theory provides an important lens for examining motivations for music listening and the extent to which anticipated gratifications are attained or undermined. The perspective is, therefore, relevant considering the mixed evidence on the role of music listening in coping with depressive symptoms.

Research across contexts has demonstrated the effectiveness of music listening in reducing depressive symptoms (Hawkes, 2020; Mas-Herrero et al., 2023; Zhang, 2024; Lin & Li, 2025). However, unhealthy music use can heighten

depressive symptoms (Kang et al., 2025). Evidence also indicates that music may exacerbate negative affect for some individuals. For example, listening to sad music can worsen ruminative tendencies in individuals experiencing depression (Garrido & Schubert, 2015). A study by Kanagala et al. (2021) found that depressive symptoms such as feelings of worthlessness, fatigue and suicidal ideation significantly predict maladaptive music engagement. These mixed findings illustrate a paradox where music listening can be both therapeutic and detrimental depending on individual perceptions, contexts and choices. Understanding how students themselves make sense of this paradox is thus vital.

Available Zimbabwean literature discusses the role played by peer-led music groups and music therapy integrated in cognitive behavioural therapy in addressing depression and other mental health issues (Angell & Verhey, 2015; Zinhuku, 2024). To our knowledge, there is no Zimbabwean research on music listening for coping with depression among university students. Addressing this gap is important for advancing theory in the psychology of music as well as for informing practical interventions in higher education contexts where access to formal support is affected by various factors. To do this, the study explores how university students perceive the effectiveness of music listening in the management of depressive symptoms and the challenges they experience in coping with depressive symptoms using music listening.

Methods

Study design

This study employed a qualitative approach drawing from the ideas of descriptive phenomenology which captures participants' lived experiences. In qualitative research, the researcher collects data about the experiences, perceptions and behaviour of participants while answering the how's and why's instead of how many or how much (Tenny et al., 2022).

Instruments

Data were collected through semi-structured interviews with open-ended questions. The semi-structured interview guide included predetermined questions and allowed flexibility in exploring topics based on research objectives (Eppich et al., 2019). Examples of questions on the guide are: "In your experience, how effective is listening to music in helping manage depressive symptoms?" "Explain any difficulties you have faced in using music as a way of coping with depressive symptoms?"

Participants

The demographic characteristics of participants are shown in Table 1 below. The study was conducted at a state university in Zimbabwe with a self-selected sample of twelve students who had experienced depressive symptoms and reported regular use of music listening as a coping mechanism. To be eligible for participation, students self-identified as having experienced depressive symptoms and reported regular use of music listening as a coping strategy. Since the study focused on participants' subjective perceptions and lived experiences for coping with depressive symptoms through music listening, no standardized depression screening instruments were administered. Therefore, the severity and nature of depressive symptoms may have varied across participants.

Table 1
Participants demographic data

Participant ID	Gender	Age	Year of Study
P1	Female	19 years old	First year
P2	Female	19 years old	First year
P3	Male	21 years old	Third year
P4	Male	22 years old	Fourth year
P5	Male	23 years old	Fourth year
P6	Female	23 years old	Fourth year
P7	Male	21 years old	Third year
P8	Female	20 years old	Second year
P9	Female	22 years old	Fourth year
P10	Male	23 years old	Fourth year
P11	Male	24 years old	Fourth year
P12	Female	20 years old	Second year

Data collection procedure

Ethical clearance to conduct the study was granted by Midlands State University. A recruitment advertisement was then posted on the university's notice boards and in students' WhatsApp groups inviting those who had used music as a coping strategy for depressive symptoms to take part in the study. Face to face interviews were conducted with each participant after they had been fully informed about the study and agreed to take part. Participants were also assured of anonymity and confidentiality. Each interview ranged between 45 and 70 minutes, with an average of 53 minutes.

Data analysis procedure

Collected data were analysed using six phases of thematic analysis (Braun & Clarke, 2006, 2001). These included (1) familiarisation with data, (2) generating codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes and (6) producing the report. Coding was done deductively as guided by research objectives and inductively as emergent codes captured unexpected meanings. Data analysis was performed manually because the relatively small dataset allowed for close engagement with participants' narrative and facilitated deeper immersion in the data. For coding consistency, transcripts were repeatedly reviewed throughout the analytic process, and codes were continuously compared with the original interview data. This ensured that interpretations accurately reflected participants' accounts. Emerging themes were refined through iterative examination of similarities, differences and relationships across participant responses.

To enhance the trustworthiness of findings, several strategies were employed. Credibility was strengthened through participants' review of summaries of their interview accounts to verify the accuracy of interpretations. Feedback obtained during this process was incorporated into the final analysis. It was further strengthened through prolonged engagement with the data, repeated reading of transcripts and the use of verbatim quotes to illustrate themes. The maintenance of an audit trail, documentation of coding decisions, theme development and analytical reflections throughout the study helped to promote dependability.

Reflexive engagement with the data, whereby the researchers continually examined their assumptions and grounded interpretations in participants' accounts, enhanced confirmability. Meanwhile, detailed descriptions of the study context, participant characteristics and research procedures enable readers to assess the applicability of the findings to similar settings thereby supporting transferability. Based on data collection, the major themes which emerged were categorised under perceptions regarding the effectiveness of music listening and challenges experienced by university students in managing depressive symptoms through music listening.

Results

The study aimed to explore university students' perceptions of music listening in relation to the management of depressive symptoms with a specific focus on perceived effectiveness and perceived challenges. Overarching thematic domains yielded by thematic analysis corresponded to the study objectives. Each of the domains consisted of four subthemes which are presented below.

Perceptions of University Students on the Effectiveness of Music Listening in the Management of Depressive Symptoms

Mood Elevation and Emotional Regulation

Most students perceived music listening as effective in uplifting mood and regulating difficult negative emotions related to depression. The students described music as a catalyst for a change from negative to positive affective states.

"Power metal, hip hop and garage rock music are my favourite genres because they uplift my mood from being melancholic to being sprightly. It's like these kinds of music reprogramme my mind and body to have more energy." (P1-Female-14 April 2025)

In this case, music was framed as a form of emotional reprogramming which actively countered sadness and lethargy. In the same vein, another student reported how music listening set the tone for their daily experiences.

"It primes my thought processes as well as my next activity...it is effective in transforming my mood. Music gives a push to carry on even in days when I wake up feeling low." (P7-Male-23 April 2025)

The students' accounts show that they perceived music listening as an effective strategy for achieving the gratification of emotional regulation. Their intentional selection of upbeat and energetic genres made them feel agency over their emotional states which demonstrates the effectiveness of music as a self-directed tool for mood management.

Companionship in Solitude

Participants described music as providing companionship in times of solitude. Music acted as a form of social support for those students who preferred solitude when depressed.

"I do not want to be around people when I feel depressed. I prefer to be alone listening to music. Music keeps me company without judgment." (P12-Female-5 May 2025)

Another student echoed these sentiments and emphasized the soothing quality of music as a form of companionship.

"It sometimes feels like the artist is directly speaking to me as if they understand exactly what I'm experiencing. That is a source of comfort when I don't feel like talking to people." (P7-Male-23 April 2025)

These accounts highlight the effectiveness of music listening in the fulfillment of students' relational needs without the complexities of interpersonal interactions.

Sense of Control and Agency

Music was also perceived as effective in offering students a sense of control over their emotional states in times of otherwise uncontrollable situations. It further represented a domain of agency for students who were navigating depressive symptoms due to academic and financial pressures.

"Music is that one thing I can control when everything else feels overwhelming. That's because I can choose the song with the lyrics I want which make me feel less powerless." (P6-Female-23 April 2025)

"I create a playlist according to how I want the music to make me feel...crying, thinking or feeling strong. That is not something random but deliberate." (P3-Male-16 April 2025)

This indicates that students perceived music listening as both empowering and effective in providing emotional relief. This agency over listening practices made them experience a sense of mastery which helped reduce helplessness associated with depression.

Complementing other Coping Strategies

Students perceived music listening as most effective when integrated into other coping strategies. These included journaling and exercising.

"Music is very much helpful, especially when it is used together with other activities like writing down my thoughts or dancing. It makes these activities more enjoyable and meaningful." (P4-Male-17 April 2025)

"I think such strategies like meditation and breathing exercises work well when they are paired with music. Sound guides the process and makes it deeper." (P11-Male-2 May 2025)

These perceptions indicate that students used music listening strategically as part of a wide collection of coping mechanisms. They employed music listening to enhance the effectiveness of other activities instead of solely relying on it.

Challenges experienced by university students in managing depressive symptoms through music listening.

Emotional Amplification

Although participants acknowledged the effectiveness of music listening in the management of depressive symptoms, they reported that it sometimes worsened the symptoms through the amplification of negative emotions. Listening to songs that mirrored personal struggles was identified as the cause of emotional amplification or rumination. One student admitted:

"It was like pouring paraffin on fire when I listened to a song close to my situation. This made my situation worse." (P9-Female-25 April 2025).

Another student reflected on sad music's prolongation rather than alleviation of distress.

"At times, I play sad music to match my mood but instead of improving my affect, I further sink into my sadness...I can't stop thinking about my problems." (P10-Male-2 May 2025).

These revelations demonstrate the ambivalent nature of music listening as expected gratification may not align with the outcomes. Although matching music with one's mood can provide validation, it can sometimes backfire and worsen depressive symptoms.

Detachment

Students also identified the risk of detachment from reality when they listened to music for the management of depressive symptoms. Some reported the risk of being overly immersed in music which causes escapism or avoidance of real-life problems.

"I have had situations when I got lost in music to the extent of forgetting to be present. Time went by and I had not addressed what was depressing me." (P5-Male-23 April 2025).

"When I listen to music, everything worrying me is blocked out but when the music stops, issues are not yet solved. It is kind of a temporary hiding place." (P4-Male-17 April 2025).

Even if escapism provides transient relief, students recognized it as a challenge because it interfered with daily activities and postponed problem-solving. When music produces these effects, its usage becomes maladaptive which undermines long-term well-being.

Mismatches Between Music and Mood

Students described frustration when music listened to did not match their present emotional states leading to irritation and disengagement. This was experienced when music was played on shuffle mode.

"I sometimes listen to music while in shuffle mode. When a song that does not match how I feel plays, I stop listening altogether. It just turns me off" (P11-Male-2 May 2025).

"If I am feeling low but music playing is too energetic, I become annoyed. The music begins to sound like noise." (P8-Female-24 April 2025)

These mismatches highlight a failure of expected gratification. Mismatching music ended up disrupting students' affective states instead of facilitating regulation. Such experiences underscore the need for intentionality and curation for the alignment of music with emotional needs.

Overreliance on Music

Some students expressed concern regarding their overreliance on music listening as their primary coping strategy at the expense of other supportive behaviours.

"I am worried that I sometimes depend too much on music. Rather than talking to my friends and seeking help, I just put on my headphones and listen to music. I feel like I am avoiding real solutions to depressive symptoms." (P7-Male-23 April 2025).

"Since music is always available, I do not usually reach out to people. This makes me withdraw even in times when I feel like I need support from peers." (P1-Female-14 April 2025)

These reports suggest that although music is easily accessible, it discourages engagement with other forms of support and professional help.

Discussion

This study explored perceptions of music listening in relation to managing depressive symptoms by students at a Zimbabwean state university. Its focus was on its perceived effectiveness and perceived challenges of its use. Findings revealed a duality in which music was perceived as effective for mood elevation, solace in solitude, promoting agency and complementing other coping strategies yet emotional amplification, detachment, mismatch between music and mood as well as overreliance were identified as its challenges.

The study's revelation that students consciously used upbeat and energetic music as a tool to "reprogram mood and cultivate positive affect demonstrates active, goal-directed media engagement. When this finding is interpreted through the lens of UGT, the behaviour represents students' strategic selection of music to fulfill the gratification of emotional regulation. They are not just passive recipients but active agents who curate personal music stimuli to produce a desired emotional outcome. The finding provides qualitative support for previous research showing that rhythmic and self-selected music can enhance positive emotional states (Cook et al., 2019; Volker, 2021). However, our findings extend this literature by illustrating how students consciously and strategically employ music as an accessible self-regulation tool during episodes of depressive symptoms. Rather than merely experiencing emotional benefits as passive listeners, participants described actively selecting genres and playlists to achieve desired psychological outcomes. This may reflect the limited availability or accessibility of formal mental health resources, making music a valuable self-directed coping strategy within the university context.

The reprogramming of mood described by students may leverage the Brain-stem reflex, Rhythmic entrainment, Evaluative conditioning, Contagion, Visual imagery, Episodic memory, Musical expectancy and Aesthetic appraisal (BRECVEMA) mechanisms activated by personally meaningful music. The self-administered mood regulation is consistent with therapeutic mechanisms of group impromptu music therapy reported to improve emotional regulation (Zhang et al., 2022). This convergence highlights potent applications in psychoeducation and public health in which existing competencies could be refined into more effective, personalised well-being strategies.

The study highlights that students frequently experienced music for companionship and used it to substitute interpersonal support during periods of isolation. Students' accounts demonstrate compensatory use of music for the gratification of social needs when direct human interaction is unavailable or insufficient. The perceived companionship derived from music aligns with previous evidence that music can fulfil social and emotional needs during periods of loneliness (Ayyildiz et al., 2025; Schafer et al., 2020). However, the present findings suggest that among university students experiencing depressive symptoms, music may serve a more specific function as a temporary substitute for interpersonal support. This may reflect the tendency of depression to promote social withdrawal, making music an emotionally safer source of comfort than direct social interaction. While previous studies have documented music's capacity to reduce loneliness, our findings highlight how students actively use

music to negotiate the tension between a need for connection and a desire for solitude.

Their finding that private musical engagement cultivates a sense of connection is the gratification that the current study's participants described seeking and obtaining. However, this individual coping strategy contradicts community level interventions explored by Heard et al. (2024) whose participatory music programs addressed loneliness by building actual social bonds. Therefore, there is need to recognize the importance of personal music as a first line coping mechanism while also advocating for and designing community-based musical programs that can transform surrogate connection into real-world social capital.

The description, by participants, of music as synergistic with other coping strategies reveals a sophisticated and integrative approach to the management of depressive symptoms. This shows that students construct a holistic, multi-modal toolkit for mental well-being. This integration is validated by emerging clinical and empirical research. For example, Morgan and Marroquin's (2024) study showed that the use of music for emotional regulation was linked to better mental health outcomes through its association with the use of other strategies. This suggests that the synergy reported by students was a hallmark of adaptive regulation in which music is a catalyst in a wide healthy coping repertoire. Consistent with our findings, clinical trials by Nguyen et al. (2023) revealed that combining music listening with progressive muscle relaxation resulted in significant reductions in anxiety, depression and stress as compared to standard care alone. Furthermore, a review by Liu et al. (2024) and a trial by Yari-Renani and Zare (2025) provide compelling evidence that the integration of music therapy with established psychological frameworks produces better and sustained outcomes for depression than any single approach. Worth noting is Yari-Renani and Zare's (2025) finding that the combination of music therapy with Dynamic Interpersonal Therapy (DIT) yielded the most significant and lasting improvements.

This study revealed that music listening provided a sense of agency and empowered students to actively shape their internal states when experiencing depressive helplessness. This is in line with Saarikallio et al.'s (2020) finding that a deliberate and strategic curation of playlists significantly predicts internal agency. This restoration of self-efficacy and control is an important psychological resource which depression erodes. Music's impact on an individual's sense of internal agency is potentiated by context and reasons for listening and therefore

cannot be an automatic process (Saarikallio et al., 2020). In addition, the reflections of music therapy as a process of growing strong and becoming liberated by patients with Major Depressive Disorder as in Paul et al.'s (2020) resonate with students' accounts. The findings highlight that the autonomous act of music curation provides a private and accessible means for feeling competent. Mental health promotion should thus focus on strengthening this natural competency by educating students on the intentional use of music for self-regulation. This would help counter passivity and hopelessness at the heart of depressive experiences.

This study found that one of the challenges students experienced in managing depressive symptoms through music listening was emotional amplification which sometimes led to rumination. Students' intentional pursuit of validation by listening to sad music sometimes led to the unintended consequence of deepening rumination and intensifying negative affect, a finding consistent with Van den Tol's (2016) position that although music listening plays adaptive roles, it poses a risk of maladaptive use for individuals prone to depression and anxiety. The finding that music sometimes intensified distress aligns with studies linking certain forms of music engagement to rumination and heightened negative affect (Van den Tol, 2016; Larwood & Dingle, 2022). However, an important insight from the present study is that participants often selected such music with the intention of obtaining comfort, validation or emotional release. This suggests that maladaptive outcomes may not arise from the music itself but from a mismatch between listeners' regulatory goals and the psychological processes activated by the music. Consequently, the distinction between adaptive and maladaptive music use appears less categorical and more dependent on self-awareness, listening context and individual vulnerability to rumination.

The reported sense of detachment and overabsorption is consistent with maladaptive music use identified in literature. Research by Alluri et al. (2022) and Tan et al. (2024) describe a pattern of engagement in which music is used for rumination and avoidance which may reinforce negative emotional states. This pattern is best explained by the emotion dysregulation model (Marik & Stegemann, 2016). This model posits that overreliance on a single regulation strategy becomes dysregulating.

Students' frustration with a mismatch between music and current emotional states, especially in shuffle mode, supports Randall et al.'s (2022) study which found that success in reaching mood regulation goals by listening to music

every day is inconsistent and context dependent. This suggests that self-directed music listening does not guarantee gratification and depends on alignment between user's emotional state, their goal and the music content.

The study revealed students' concern about overreliance on music as a tool for managing depressive symptoms. This presented a risk of music listening replacing essential interpersonal connection and professional help instead of supplementing them. Our findings echo Koehler et al.'s (2023) revelation that the qualitative use of music for mood regulation was associated with poor mental health. However, the prominence of music as a coping strategy among participants may also reflect contextual realities within Zimbabwe. Music occupies an important place in everyday social and cultural life. It serves the functions related to emotional expression, storytelling, identity formation and social connection. At the same time, access to formal mental health services remains limited for many university students due to shortages of mental health professionals, financial constraints and concerns about stigma associated with help-seeking.

In this context, music represents a readily available, low-cost and socially acceptable means of coping with emotional distress. Although this accessibility may explain students' reliance on music, it also highlights the importance of ensuring that music listening supplements rather than replaces interpersonal support and professional care when needed. Interventions for depressive symptoms that incorporate music listening may therefore be relevant in resource-constrained settings. This is true if they promote insight, self-compassion, balanced coping and appropriate help-seeking behaviours.

Conclusions and Implications

The study explored how students at a Zimbabwean university perceived music listening as a strategy for managing depressive symptoms. The findings show that music listening is a helpful and active multifunctional method of mitigating depressive symptoms. It directly elevates mood, regulates difficult emotions and provides a sense of companionship or social surrogacy in periods of isolation. More importantly, the selection and curation of music is perceived as therapeutic as it restores agency and control thereby helping to address the helplessness associated with depression. However, some interrelated challenges complicate the practice of music listening for managing depressive symptoms. These include maladaptive rumination, misalignment of music with current emotional states, experiences of excessive detachment and absorption as well as overreliance on music potentially undermining interpersonal support and

professional help. These student perceptions highlight that the effectiveness of music listening is influenced by a delicate interplay of strategy employed by the listener, self-awareness and individual vulnerability.

The study's small, self-selected sample of twelve students from a single university limits transferability of findings. The participants' perspectives may not represent diverse experiences of students from other backgrounds. In addition, the severity and nature of depressive symptoms could not be verified across participants since the study relied on self-reported experiences of depressive symptoms without formal clinical assessment.

Based on the findings, university mental health promotion and clinical practice should validate and incorporate students' existing musical coping strategies into broader mental health interventions. For example, psychoeducational programmes could help students develop awareness of how different types of music influence their emotions, identify listening patterns associated with rumination or avoidance and cultivate intentional, goal-congruent music selection. University counselling services could also integrate discussions of music-listening habits into routine assessments and encourage students to combine music with other adaptive coping strategies. These adaptive coping strategies include physical activity, journaling, mindfulness practices and social support seeking. In addition, student wellness programmes could offer workshops on healthy music engagement, playlist curation for emotional regulation and the recognition of situations in which professional support may be needed.

Future studies should investigate variables mediating or moderating the relationship between music listening and the severity of depressive symptoms. They should also quantitatively evaluate the effectiveness of music-informed mental health interventions among university students.

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