

## Introduction

“You were never created to live depressed, defeated, guilty, condemned, ashamed or unworthy. You were created to be victorious”

- **Bhagwan Sri Sathya Sai Baba**

“Never think there is anything impossible for the soul. It is the greatest heresy to think so. If there is sin, this is the only sin; to say that you are weak or others are weak”

- **Swami Vivekananda**

Depression is one major health problem faced by the society today and is predicted to become the leading cause of disease burden worldwide by 2030 (World Health Organization, 2013). In India, a survey reported an overall prevalence of 15.9% for depression which is not much different from the western figures. Prevalence of depression in India has increased over past few decades. Studies were conducted in primary health care settings in India and it was found that the occurrence of depression is 21-84%. Prevalence of Major Depressive Disorder (MDD) were high in younger ages, female gender, unemployment, poor education, low monthly income and lower socioeconomic status (Grover, Dutt and Avasthi, 2010). People are not seeking proper treatment for mental health issues due to the social stigma attached to it. Depression remains an almost underdiagnosed and undertreated disorder because majority of patients with depression present to physicians with complaints of medically unexplained somatic symptoms, or masked depression. So there are treatment gaps and impairment in depression and many of the patients show no complete recovery even after treatment. Thus a significant need is there to sensitize and train people working in the mental health scenario for recognition and treatment of depressive disorders. And it is pertinent to mobilize more resources for dealing with depressive disorder in Indian population (Pattanayak and Sagar, 2014)

Depression is a long lasting or recurrent disorder, impairing a person's ability to function at work or school, or cope-up with daily life. Most severe depression can even lead to suicide. Hence depression, at any level, needs to be treated with medicines and necessary therapy under professional guidance.

### **DEFINITION OF DEPRESSION**

Mood disorder refers to sustained emotional states, not merely the external expressions of a transitory emotional state. These disorders mostly result in impaired interpersonal, social, and occupational functioning (Kaplan and Sadock, 2003)

Depression is defined as a common mental disorder, characterized by sadness, loss of interest or pleasure, feelings of guilt or poor self-worth, sleep disturbances, problems with appetite and feelings of tiredness and poor concentration (WHO, 2013).

In Diagnostic and Statistical Manual IV Text Revision (DSM IV TR) there are two major categories of mood disorders which are Unipolar Depression or Major Depressive Disorder and Bipolar Disorder.

### **SIGNS AND SYMPTOMS OF DEPRESSION**

The major symptoms of depression are low mood and loss of interest in pleasurable activities. Patients report feelings of hopelessness or worthlessness in life. They often describe the symptoms of depression as agonizing emotional pain and complain about being unable to express the pain by crying, a symptom that resolve as they improve. Almost all depressed patients complain about reduced energy, they have difficulty finishing tasks, are impaired at school or work and have less motivation to undertake new projects. About 80% patients complain of trouble sleeping, especially early morning awakening and will wake up many times at night, during which they think over and over about their problems. Many patients have decreased appetite and sleep but some others experience increased appetite and sleep. Anxiety is a common symptom of depression in 90% of patients. The various changes in food intake and sleep patterns can aggravate coexisting medical illnesses like hypertension, diabetes, chronic obstructive lung disease and heart disease. Other vegetative symptoms include abnormal menstruation in females and decreased interest and performance in sex. About 50% patients show a diurnal variation in their symptoms, with increased severity in the

morning and lessening of symptoms by evening. Cognitive symptoms include subjective reports of an inability to concentrate and impairment in thinking. Patients with depressed mood have feelings of guilt, difficulty concentrating, loss of appetite and thoughts of death or suicide. Other signs and symptoms include changes in activity level, cognitive abilities, speech, and vegetative functions (sleep, sexual activity, and other biological rhythms).

## **VULNERABILITY FACTORS OF DEPRESSION**

Risk factors affecting depression include heredity, age, gender, negative life events, and lack of social support (Sarason, 2002).

**Heredity:** studies of twins and families suggest a genetic component in major depressive disorder. A study comparing monozygotic (MZ) and dizygotic (DZ) twins investigated the effect of genetic similarity on negative symptoms of depression (changes in weight, appetite, and sleep) and whether or not the depression recurred after the first diagnosis, both showed influences of heredity than by life events (Kendler et.al., 1992).

**Age:** the risk for a first episode of any degree of depression is highest in women between the ages of 20 and 29. For men, the risk period is between the ages of 40 and 49 (Roseman et.al., 1990).

**Gender:** one of the greatest risk factor for depression is being female. Women are twice as likely to experience all types of depressed states as are men. Married women, during the age period from 25 to 45, have a high rate of depression compared to unmarried women in the same age group (Paykel, 1991). Greater stress due to heavy responsibility, dependency, coping strategy, and physiological differences are some of the factors responsible for the difference in the rate of depression between men and women.

**Life events:** a pile up of stressful events in a short period makes a person more vulnerable for depression. Life events and genetic vulnerability are interrelated and both factors together predispose a person to negative life events.

**Lack of social support:** social support, the belief that one is being cared by others and who are also there for them to provide help or emotional support when needed, has shown to be an important protection factor from depression (Henderson, 1992).

Behaviors of others that convey criticism are more likely to be related to depression than the mere absence of support (Harris, 1992). Marriage is one close relationship that is generally considered to provide the best support. Both divorce and quality of an ongoing marriage are associated with depression as well as with worsened mental and physical health in general (Prigerson et. al., 1999).

## **CAUSES OF DEPRESSION**

### **Biological Factors in Depression**

Depression is related to the biochemical factors in the brain. The insufficiency of chemical neurotransmitters at particular sites in the brain is the cause of depression. The monoamine hypothesis states that the activity of several neurotransmitters like serotonin, dopamine, norepinephrine and epinephrine are causing depression. Neurotransmitters like GABA and Acetylcholine are also involved in depression (Rush et.al., 1998). The level of serotonin in the synapse is regulated to alleviate depression.

Various scanning techniques suggest that depressive disorder is associated with regional brain dysfunction. Inability to experience pleasure, feeling of helplessness, low mood, feeling of sadness all are associated with changes in blood flow in the cerebrum and/or with differences in metabolism in the frontal-temporal areas of the cortex and other specific brain areas as observed from the scanning techniques (Cummings, 1993).

### **Psychodynamic Factors**

Depression was described as a complex reaction to loss. Freud in his classic paper “Mourning and Melancholia” specified the similarity between the symptoms of clinical depression and the symptoms seen in someone mourning a lost loved one. Freud hypothesized that depression could occur in response to imagined or symbolic losses. The primary difference Freud has observed between mourning and depression was that depressed people show lower self-esteem and are more self-critical. Edward Bibring (1953) viewed depression as the emotional expression of the ego’s helplessness in maintaining a desired sense of self. Other theorists such as Klein (1934) and Jacobson (1971) emphasized on the quality of the mother-infant relationship in making a

vulnerability (or invulnerability) to depression. Research supports that childhood traumas and severely stressful events in adulthood is associated with developing Major depressive disorder in later life (Sarason, 2002).

### **Humanistic-Existential Theories**

Existentialists emphasize that the person is central to depression. The change in an individual's self-evaluation as a result of a perceived real or symbolic loss is emphasized. Humanistic theorists like Carl Rogers (1980) emphasize the difference between a person's ideal self and his or her perceptions of the actual state of things as the source of depression and anxiety.

### **Behavioral Theories**

Frester (1974) stated that depression is the result of a state of extinction from positive reinforcement and also a state of major losses in one's life which can again be associated with loss of significant sources of reinforcement such as ending up an important relationship and subsequent loss of friendship or sexual partner etc. People's sensitivity to positive reinforcers change as they become depressed. Because loss of pleasure in normal activities is a common symptom of depression. People also differ in sensitivity to negative reinforcers- they become highly sensitive to negative criticism whereas others are not.

Research reviews shows that depressed persons do indeed receive fewer positive verbal reinforcements from their families than do non-depressed persons and fewer social reinforcements in their life in general. They tend to experience more negative events in life. Their moods also seem to vary with both positive and negative reinforcement rates (Kaplan and Sadock, 2003).

Behavioral theory findings shows that depressed persons may have a low rate of response-contingent positive reinforcement (such as the rewards stemming from having close friends) or a high rate of negative reinforcement (such as major life stressors). Behavioral theorists have emphasized on personality and cognitive variables that may interact with behavioral variables to produce depression (Lewinsohn, 1995).

## **Cognitive Theories**

### **Beck's Cognitive Theory**

According to Beck's Cognitive model of depression, certain kinds of experience can lead to the formation of dysfunctional assumption that leave a person vulnerable to depression later in life if certain critical incidents (stressors) serve to activate those assumptions. Once activated, these dysfunctional assumptions leads to negative thoughts that in turn produce depressive symptoms, which further fuel the depressive automatic thoughts.

Beck identified two different types of people who may be prone to depression when negative life events occur to which, their personality make them particularly sensitive. First, they are people who are high on sociotropy, who are excessively concerned with interpersonal relationships and who are overly sensitive to interpersonal loss or rejection. Second, they are people high on autonomy, who are excessively concerned with achievement issues and who are extremely self-critical. Both these personality types are more prone to depression (Sarason, 2002).

### **The Helplessness and Hopelessness Theories of Depression**

Seligman and his colleagues proposed learned helplessness hypothesis which states that when an organism learns that when it has no control over aversive events, this learned helplessness will produce three kinds of deficits (1) motivational deficit (2) cognitive deficit and (3) emotional deficit. Seligman said that this phenomenon occur across species and may underlie some types of human depression. That is, people undergoing stressful life events over which they have no control develop a syndrome like depression.

Hopelessness Theory: Hopelessness expectancy was defined by the perception that one has no control over what was going to happen and by absolute certainty that an important bad outcome will occur or a highly desired positive outcome will not occur. Having a pessimistic attributional style in conjunction with one or more stressful life events may not produce depression unless a person has already experienced a state of hopelessness. So such hopelessness expectancy may themselves be a sufficient condition for depression (Kaplan and Sadock, 2003).

## **TREATMENT**

### **Biologically Based Treatment**

Antidepressant Medication: In severe depression cases, the person must be initially hospitalized and treated with anti-depressant medication (American Psychological Association, 1994). In choosing an antidepressant for a particular person, psychiatrists and other physicians consider the person's past history, the likelihood of side effects, the safety of medication if taken overdose and the expense of the drug chosen. A drug in the Selective Serotonin Reuptake Inhibitors (SSRI) group is the first choice of antidepressants. Fluoxetine (Prozac) is a commonly used drug in the SSRI group. Lithium therapy is also used widely as a mood stabilizer.

Electroconvulsive Therapy (ECT): ECT is used when an immediate effect is needed as it produces a more rapid effect than antidepressants. ECT involves a series of generalized seizures by passing an electric current through the brain with two electrodes placed on the scalp. A typical ECT treatment involves 6 to 12 sessions in about three sessions per week. ECT is often used with severely depressed patients who may present with an immediate suicidal risk along with psychotic features. ECT is also used with patients who have not responded to other forms of pharmacological treatment (Sarason, 2002)

### **Psychodynamic Based Therapy**

Interpersonal Psychotherapy: This intervention is very useful both in the treatment of acute depression and as a way to prevent relapse in those who were recovering from a major depressive episode. (Weissman and Markowitz, 1994). It integrates the psychodynamic perspective which emphasizes the early childhood experiences, with the cognitive behavioral perspective which emphasizes the current psychosocial stressors.

### **Cognitive- Behavioral Therapy (CBT)**

CBT makes use of both behavioral- cognitive theories and perspectives. CBT focusses mainly to help clients think more adaptively, and as a result they will experience positive changes in their mood, internal motivation and behavior. The proportion of cognitive and behavioral techniques that are used depends on the client's skills and degree of depression as well as on the chosen goals of therapy. CBT sessions tend to be

active, structured, and focused on specific problem. They involve a check on client's current mood and symptoms, the setting of an agenda for the session, a review of homework assignments and feedback from the client about the session. The therapy is expected to include about 16 sessions in total.

## **SELF-ESTEEM**

Self-esteem is a person's general evaluation of his or her self-worth. It is a judgment about oneself which relates to the attitude toward the self. It affects one's trust in others, relationships and work – nearly every part of one's life. Positive self-esteem gives the strength and flexibility to take charge of one's life and grow from one's mistakes without the fear of rejection.

Most people's thoughts and feelings about themselves can change due to their daily experiences. The result one gets in an exam, how friends treat one, ups and downs in a romantic relationship can all have a temporary impact on how one feels about oneself.

One's self-esteem, however, is something more than the normal ups and downs associated with situational factors. Those who have a good self-esteem, normal ups and downs might lead to changes in how they feel about themselves only for a small period. But for people with poor self-esteem, these ups and downs can have a greater impact on the way they see themselves (Bost, 2013).

### **Defining self-esteem**

Early research into self-esteem has defined self-esteem as either feeling a sense of worthiness (feeling good about oneself) or a sense of competence. Branden (1969) defined self-esteem as confidence in a person's ability to think, cope with the basic challenges of life and his right to gain success and happiness, the feeling of being worthy, deserving, capable to ask for his own needs and wants, achieve his goals. There are two components in self-esteem like self-respect and efficacy. There was a connection between the two components that a person's actions and behavior (self-efficacy) affects one's feelings about him (self-respect), which in turn affects his own behavior and actions. In short, if a person feels that he is a worthy and valued person, he is more likely to act favorably by joining in, undertaking new tasks and so on and by doing so he will increase the sense of his own worth and value. Self-esteem is a person's opinion of himself and his

worth. It's the perception of one's value as a person, particularly with regard to the work he does, his status, achievements, purpose in life, his perceived position in the social status, capability for success, strengths and weaknesses; how he relates to others and his ability to stand on his own.

### **Dimensions of Self-Esteem**

Alexander (2001) building on the work of Branden separated out self-esteem into a number of elements or dimensions. These are:

- Unconditional self-acceptance – knowing and accepting oneself, positive attributes as well as weaknesses;
- Sense of capability or efficacy – knowing what one is capable of;
- Sense of purpose – having a goal or direction in life, and taking action to achieve that goal;
- Appropriate assertive skill – capable of asking and getting done what one wants in life;
- Experience of flow and fulfilment – a sense of satisfaction and pleasure in what one is doing, being absorbed in a task;
- Sense of responsibility and accountability – knowing how far one is responsible for his own situation and actions;
- Sense of safety and security – a feeling of trust in oneself and others, feeling comfortable and at ease in his surroundings;
- Sense of belonging – feeling part of something, feeling included; and
- Sense of integrity – living one's life according to one's own values, acting and behaving as he/she think is right.

### **Levels of Self-Esteem**

High level and low-level self-esteem are based on a person's experiences in his life. Self-esteem levels can fluctuate over time. Mruk (1999) views self-esteem as a developmental phenomenon. Childhood experiences and upbringing form the basis on

which one's self-esteem develops, but adulthood experiences and how a person deal with them also affect the self-esteem levels. Self-esteem levels will fluctuate depending on what is happening in a person's life and how they are able to deal with them. Positive and negative life events will all have an impact on a person's self-esteem levels. Self-esteem is a person's internal factor which in turn will help to deal with negative life events.

**Characteristics of High Self-esteem:**

- Like to meet new people.
- Never worry about how other people will judge them.
- Enough courage to express their feelings.
- Gets enriched with new encounters.
- Nice to be with.
- Are very interesting and other people want to hear what they have to say.
- Good leaders.
- Appreciate life and are willing to try new things – gets attracted to positive opportunities!
- Have less mental health problems.

**Characteristics of Low Self-Esteem**

- Afraid to show their creativity because of fear of getting ridiculed.
- Dissatisfied with life.
- Love to be lonely.
- Complaining and criticizing.
- Worry about everything and do nothing.
- Have more mental health issues like depression, stress and anxiety.
- Never believe in themselves.
- Always feel as a failure even before they begin.

- Unable to forgive their mistakes and make themselves pay the price forever.
- Believe that they can never compete with others.

### **Dangers of poor self-esteem**

Self-esteem is very essential for a person's psychological survival. Poor esteem could result in feeling not in control and feeling as a victim, as being ignored, excluded, unimportant, insignificant and unloved. Poor self-esteem lead a person to internalize the criticism of others but at the same time constantly searching for acceptance and acknowledgment. This can lead to chronic pleasing and giving others too much control of one's life. This will again lead to people taking advantage for their benefit.

### **Causes of poor self-esteem**

An individual's self-esteem develops throughout his life as he sees an image of himself through his own experiences with other people and various social activities. Experiences during childhood play a particularly large role in the shaping of self-esteem. A persons' success , failure and family' approach towards him, attitude of teachers, peers, authorities all have a contribution in developing his self-esteem.

### **Childhood experiences that contribute to healthy self-esteem include:**

- Always being listened to
- Given respect and spoken to respectfully.
- Getting proper care, attention and affection
- Giving recognition for accomplishments and giving acknowledgement and acceptance for mistakes or failures.

### **Childhood experiences that may lead to low self-esteem include:**

- Harsh criticism.
- Physical, sexual or emotional abuse.
- Ignored, ridiculed or teased by family, friends or teachers.
- High unrealistic expectations imposed to be perfect all the time (Bost, 2013).

Low self-esteem can be a result of various other factors like genetic factors, physical appearance or weight, mental health problems, poor socioeconomic status.

### **Two kinds of self-esteem problems**

Problems with self-esteem can be classified as situational or characterological.

- Situational self-esteem problems usually only happen in certain situations (public speaking, communicating with others, while in work place).
- Characterological self-esteem problems are more global (across all situations) and starts in childhood. The person develops a negative self-identity and find it difficult to deal with such negative evaluations that was there in his mind for a long period.

### **Self-enhancement Bias as a hindrance to improve self-esteem**

Self-enhancement bias means people's exaggerated view of themselves as being more positive than they actually are. People have the need for high self-esteem and that desire is associated with self-enhancement bias (Sedikides and Gregg, 2008). Research shows that most people think they are very funny, more logical, popular, good looking, highly trustworthy, wiser and have more intelligence than other people (Alicke and Govorun, 2005). To feel okay about oneself, one needs to feel superior to others and so they may puff the self-up and put others down.

People with high self-esteem may show anger and aggression towards other people if they didn't get the respect they want (Baumeister, Smart and Boden, 1996). They may dismiss negative feedback as unreliable or biased, or else put the blame on others. As a result, they may take no responsibility for their actions and develop an improper self-concept that will hinder their personal growth (Sedikides, 1993).

Self-esteem is also very much contingent on particular outcomes like success, achievement, acceptance, failure (Crocker, Luhtanen, Cooper and Bouvrette, 2003). This contingent self-esteem can be wavering and unstable depending on a person's latest success or failure. This type of self-esteem makes people more obsessive about the importance of negative events for self-worth, making them more vulnerable to depression and poor clarity self-concept (Kernis, 2005).

Lower self-esteem, which is a total negative evaluation of the self (Rosenberg, Schooler, Schoenbach and Rosenberg, 1995), acts as a potential mediator in the relationship between symptoms of depression and a person's need to be perfect. The cognitive psychology and psychoanalytic theories says that low self-esteem is an important contributor to depression (Cha, 2015).

## **RESILIENCE**

Resilience is a process of positive adaptation of an individual during a significant adversity. Resilience is a process of developing an active and creative capacity to survive a negative situation, learning to recoup from difficulty and gaining strength by facing the problem situations in life. The level of resilience of a person is determined by his understanding of the support system he has, beliefs they develop from his culture and experiences.

Resilience is the capacity within an individual to withstand stress and catastrophe. The capabilities of man to adapt to situations and overcome stress and adversity have long been studied by psychologists (Waugh and Koster, 2014).

## **DEFINITION OF RESILIENCE**

The definitions of resilience generally comes from one of three categories: outcome, process, and personality trait. (1) Resilience is defined as an outcome of successful adaptation of a person in stressful and adverse situations (Masten, 2007; Olsson et al., 2003). (2) It can be defined as a process of adapting well in a risk setting which includes an interaction between stressful factors and the person's protective system (Luthar et al., 2000; Masten, 2007; Olsson et al., 2003). (3) Resilience is a positive personality trait which makes an individual to bounce back from a negative situation and to adapt, survive and grow in the face of adversity (Block & Kremen, 1996). Resilient individuals have characteristics like optimism, hardiness, active coping, self-efficacy and positive self-concept (Block and Kremen, 1996). Another definition of resilience is that it's the process of experiencing a potential stressor and returning back to pre-stressor levels of functioning without experiencing significant dysfunction or psychopathology.

**Patterns of Resilience:**

Dispositional – a person having a sense of autonomy, feeling of worth, sound health.

Relational - one's capability as a social being and in building up relationships.

Situational - one's capacity for problem solving, action plans and goal achievement.

Philosophical - one's ability in developing a positive belief system that is important for a better self-development.

**Person Centered Approach to Resilience**

Person-centered approach (Masten, 2001) view resilience as a property of a person which is a relatively stable personality trait that helps to predict whether a person will experience psychopathology or not when faced with adversity (Fredrickson, Tugade, Waugh & Larkin, 2003). This implication is important in genetic studies which say that a certain genotype can lead people to a higher risk of experiencing psychopathology when faced with adverse life situations (Caspi et al., 2003).

**Multidimensional approach to Resilience**

Multidimensional approach to resilience says that resilience is not a property but each person has a different trajectory or pathway to become resilient. Each pathway will have many protective factors that help the person to better adapt to adverse life situations (Bonanno, 2004). Masten (2001) suggested that there are multiple pathways in every person and these are part of a normal functional adaptive system, and resilience is an ordinary magic.

People with psychopathology may also show some characteristic traits of resilience. Resilience is a process that can be modified and improved in people with psychopathology. A study investigated resilience in patients with PTSD and found that the resilience scores have shown significant improvement after the treatment (Davidson et al., 2005). There is also evidence suggesting that enhancing resilience is more important for people who face difficulty in adapting to negative situations than for those who are capable of adapting well in such situations (Neimeyer, 2000).

### **Characteristics of Resilience**

Harm-reduction: People with resilience try to maintain their stability during a stressful situation in order to avoid harmful consequences. They make use of their supportive system and are aware of their protective factors. So the recovery will become faster (Bonanno, 2004).

Positivity: Positivity is a prominent characteristic of resilience. It includes those positive traits, balanced emotions, and general well-being that are associated with resilience. Luthar and Cicchetti (2000) said that resilience is the confluence of two constructs - experiencing positive adaptation while experiencing adversity. Resilience involves not only the absence of negative outcomes in response to negative situations, but also the presence of positive traits (Bonanno, 2004; Fredrickson et al., 2003; Luthar&Cicchetti, 2000). Resilience interventions have to focus on developing positive traits to gain positive outcome along with reducing vulnerabilities or proneness (Luthar and Cicchetti, 2000).

### **Characteristics of Resilient Individual**

- The need to function as social beings
- Close relationships with family and friends
- A positive view of oneself and confidence in one's own strengths and abilities
- The ability to manage strong feelings and impulsive tendencies.
- Capable to solve problems and communicate things well.
- Feeling in control
- Seeking help and using resources
- Seeing oneself as capable of adapting.
- Healthy ways of coping with stress and not using harmful strategies, such as alcohol, drug usage.
- Motivation to help people.
- Capable of giving a positive meaning in any life situation.

### **Factors to develop resilience**

- Building up and maintain supportive and positive relationships in society.
- Make and implement realistic plans.
- Positive evaluation of self and giving affirmation for one's own strengths and capabilities.
- Enrich skills in communication and problem solving.
- Gaining good self-control to deal with strong feelings and impulsive thoughts.

Being resilient doesn't mean that a person is not experiencing any stress. People experience various negative emotions during or after negative life situations. A person becomes resilient when he goes through stressful events. Resilience develops as people grow up and start to think in a better way and use their skills and knowledge to manage situations. Resilience also comes from supportive relationships and the beliefs one learned from his culture that help him to cope-up with the adversities in life.

Developing resilience will show strength in the face of adversity. There are many challenges which are unavoidable in life. Most of the people will encounter adversity, in various forms like relationship issues, health problems, and financial burden. Even significant wealth provides no protection in such situations. Resilience provides a strong inner strength. That's why resilience is being pinpointed by psychologists as one of the keys to satisfaction in life. It helps in improved performance, maintaining better physical health, prevention of depression and enhancing social skills.

### **MUSIC THERAPY**

India is a land of rishis and sages. India has a rich musical tradition which has been used by sages or rishis for curing ailments and it's a part of Indian medicine, Ayurveda. In our Vedic texts, Cosmos is called by a name Naadabrahma. Music connects humans with the cyclic nature of universe. Music reflects the evolution of life from the Primal Sound "Aum" and is one with the process of growth and change. Experimenting with a sequence of sounds, a melody or Raga, one can feel that his body, mind, intellect and the whole being interpenetrated by it, and immersed in it. It is considered that when a person experiences music, he is within the sound waves of the ocean of Naadabrahma, floating in it, not aware of the physical world. The melody gives

the mind rest and relaxation and provides space for the heart to open and receive the music. Music reflects the world most accurately when it is allowed to flow and evolve as life itself evolves. Vibration and motion is inherent in music and in the reflection of culture and consciousness and hence according to Indian concept, music reflects the creative prakrithy (nature) in the ocean of Naadabrahma. From among the four Vedas- Rigveda, Yajurveda, Samaveda and Atharvaveda- Carnatic music has originated from Samaveda. The rendering of mantras in Samaveda resemble a musical pattern. The vital essence of music is sweetness and bliss. The soul of music remain uncapturable, recorded in the musician's heart. Music is spiritual energy. A musical creation, like any other creation has a play of being and becoming, arises from the union of two creative forces. Music is more than merely a harmoniously structured arrangement of sounds. It is more than bland entertainment. It does reach beyond the limits of organized sound. It has all the qualities of cosmic truth. It is the cosmic energy of love, bliss- the energy emanating from supreme transcendental truth to all being, all life, and all existence. Music is not only the expression of that energy, but the energy itself. (Nalapat, 2003). Indian civilizations were using the therapeutic role of sounds and vibrations long before it was studied as a science. While music is well recognized for its entertainment value, the Indian civilization had discovered the curative value of music.

### **DEFINITION OF MUSIC THERAPY**

The World Federation of Music defines Music Therapy as the use of music and/or musical elements (sound, rhythm, melody and harmony) by a trained music therapist with a client or group, in a process designed to facilitate and promote communication, expression, learning, organization and other relevant therapeutic objectives, in order to meet physical, psychological and social needs of the client. Music therapy aims to develop potentials and/or restore functions of the individual through which he/she can achieve better intra and inter-personal integration and, consequently, a good quality life through prevention, treatment or rehabilitation (World Federation of Music, 1996).

Music therapy was perceived as bridging the gap between art and science in Greece and ancient India, while the Western world recognized the same in recent times. There are several instances in the world literature where a disease is cured by divine music. In India, it is believed that Lord Krishna's flute and Goddess Saraswathi's veena

are powerful musical instruments to bring about a total transformation in the listeners. The mental calm and ease of tension leads to physical well-being since the mind-body complex works as a single unit. Scientists and academicians at over 18 universities and clinical sites in the U.S. and Canada are currently involved in music and brain functions research. Brain functions during the experience of music were assessed using scanning and imaging techniques. Emotional responses to music are assessed using psychological tests, physiological measures, blood pressure, hormone levels, skin responses, respiratory rate, and electromyograms. Cognitive and behavioral scales were also used.

### **EFFECT OF MUSIC THERAPY**

Music therapy is beneficial in the treatment of psychiatric disorders, as supportive to standard therapy in a variety of settings and patient groups. (Solanki, 2012). Indian system of music is believed to influence the chakras or energy centers in human body to bring about balance in the body which can bring about consequent healing (Gardner-Gordon, 1993; Sundar, 2007).

In many western countries, music therapy has proved its effect in a wide range of physical as well as psychological disorders. Practicing music therapists are reporting significant results in music therapy. Music affects our neurological, physiological and physical functioning in areas as learning, language processing, emotional expressions, memory, physiological and motor responses.

### **Indian Tradition of Music Therapy (Raga Chikitsa)**

The ancient system of Nada Yoga, which dates back to the time of Tantras, has explained on the impact of music on the body and mind and they used the vibrations emanating from music to uplift one's level of consciousness. Indian genius recognized that ragas are not only for entertainment, but the vibrations created by it and their resonance could influence with one's moods and health. Ragas could be used as a complementary medicine by stimulating the moods and controlling the patterns of brain waves (Sairam, 2004).

Raga chikitsa was an ancient manuscript, which dealt with the therapeutic effects of raga. Raga chikitsa is healing through the use of ragas. It is defined as knowing the effect of various ragas and using it for the purposes of healing. Fundamental features of

Raga chikitsa is the classification of the ragas based on the composition of ether, air, fire, water, earth and the proper use of these elements to regain the balance of the nature. Music, in all forms exhibit positive and healthy pattern which is pleasant and nice. 'Ranjayatiragah' (what remains pleasant is called a raga) is another definition for raga. In other words, the combination of unpleasant notes cannot be considered a raga.

Raga is the sequence of selected notes (swaras) that lend appropriate 'mood' or emotion in a peculiar combination. Based on their nature, a raga could induce or intensify joy or sorrow, peace or violence and it is this quality which is made use of in applying music for therapy. Thus, a whole range of emotions and their minor to major impacts are identified and communicated within certain rhythms and melodies. Playing, performing and even listening to appropriate ragas can have an effect on the mind and it works as a medicine (Baagchee, 2003). Various ragas and combinations have been found to be effective on certain ailments (Sairam, 2004).

### **Development of Music Psychology and Western Music Therapy**

Western philosophers from Pythagorous, Aristotle, and Plato to Schopenhauer and Nietzsche, have given ideas of their understanding of the healing powers of music, and their faith in its practical use for bringing out the mind-body balance and thereby curing various ailments (Wigram et al., 2002). The great philosopher Aristotle practiced psychocatharsis using music with a belief that those who suffered from uncontrollable emotions will return back to their normal functioning after listening to music, which raised their souls to ecstasy (Chiu and Kumar, 2003; Klein and Winkelstein, 1996).

During the period after World War II, music was used as an adjunct to standard therapy, to fasten the recovery of injured or disabled soldiers in certain parts of the world, and it is said that this is the beginning of music being seen as a therapy in medical settings (Cook, 1986; Chiu and Kumar, 2003).

Music psychology as a science has been developed in the last decade of the nineteenth century by establishing laboratories to study psychology of music especially in Germany and the USA. The early research was on the view that music is an objective empirical phenomenon which aimed to measure human responses to selected sound stimuli. But in the 1920s and 30s it shifted from the subcomponents and single

perceptions, to the ‘flowing’ totality of ‘music as experienced’ which are in relation to the gestalt psychology (Wigram et al., 2002).

Later, the influence of behaviorism and musical behavior became the basis of study (Wigram et al., 2002). Music therapy was then greatly influenced by psychoanalytic techniques, based on the work done by Freud, Jung and ego psychologists when they understood that music gives a better environment for deeper exploration of the client’s unconscious when it is carried out in a therapeutic setting. Recently, there is a shift in the research which has been focused on cognitive psychology of music especially in Europe, and has become the most dominant psychological viewpoint on which music therapy is done (Wigram et al., 2002).

### **Models and methods of music therapy**

Being a noninvasive intervention, music has been used as a tool to provide compact healing environment in a therapeutic setting in active music making and discussion. While there are different types of techniques in music therapy, they are broadly classified as Active, in which people re-create, improvise or compose music, and Receptive, in which the clients will merely listen to music (Bruscia, 1998).

There are five internationally known models of music therapy as follows:

1. Guided Imagery and Music (GIM), proposed by Helen Bonny (1990).

GIM is a process, where imagery is evoked during music listening’ (Bonny, 1990). GIM involved a 90–120 minutes long session. It consisted of four stages of prelude, induction, music travel, and postlude, using classical music. In this session, the therapist will guide the patient through a deep exploratory process. (Wigram et al., 2002).

2. Analytical Music Therapy (AOM), developed by Mary Priestley (Priestley, 1994).

AOM is an active form of music therapy. In this model, clients get actively involved, through tonal or atonal improvisations of music, and those improvisations are then interpreted to know the unconscious. Major focus is on the growth and functional development of the client. This is an advanced therapy aimed at obtaining

deep insight, integration and transformation of major psychological problems (Bruscia, 1998; Wigram et al., 2002).

3. Creative Music Therapy, developed by Nordoff and Robbins (Nordoff and Robbins, 1977).

In this method, the therapist has to be a highly trained musician. He creates a framework of musical improvisations, and the subsequent musical expressions by the client are incorporated and creatively expanded. So music itself becomes the medium of various therapeutic goals. In other words music making is the main technique used in the session. This technique is mainly used with disabled and emotionally disturbed children (Etkin, 1999; Wigram et al., 2002).

4. Benenzon Music Therapy, developed by Rolando Benenzon.

This model is based on psychoanalytic theory. Non-verbal interaction through music is the major focus in this approach which can improve the interpersonal communication, quality of life and well-being. (Benenzon, 2007).

5. Behavioral Music Therapy (BMT), developed by Clifford K. Madsen (Madsen et al., 1968).

BMT incorporates behavioral therapy techniques, and uses music as a contingent reinforcer or stimulus cue, to increase or modify adaptive behaviors, and extinguish negative or problem behaviors (Bruscia, 1998; Wigram et al., 2002)

Apart from the therapeutic benefits of music which is used by medical institutions the world over the music culture has other benefits on the personality development.

Goals of Music Therapy in Personality Development are:-

1. Improving communication skills
2. Improving academic/behavioral skills
3. Improving motor skills
4. Improving emotional and social skills.
5. Pain management

## **YOGA AND PRANAYAMA**

Yoga is the science of right living and is intended to be in cord in daily life. It works on all physical, psychological and spiritual aspects of a person. The science of yoga begins to work on the superficial aspect of personality, the physical body. When the imbalance is experienced at the bodily level, organs, muscles and nerves will not function properly, rather they act in opposition to each other. Yoga aims to bring the different bodily functions into a harmony so that they work for the good of the whole body. From the physical level, yoga moves on to the mental and emotional levels. There are many branches of yoga: raja, hatha, jnana, karma to name a few. In the 21st century Hatha yoga is the most popular and commonly practiced of the systems. Hatha yoga consists of the shatkarmas, asana, pranayama, mudra and bandha as its various methods.

### **DEFINITION OF PRANAYAMA**

The yoga and pranayama have been explored and practiced in India 4000 years ago. In the Bhagavat Gita, a text dated to Mahabharata period, there is reference to pranayama (4:29) which says that the practices were as commonly known during that period as was Yajna, fire sacrifice. The word Pranayama comprises of two root words: Prana and Ayama. Prana is the 'vital energy' or 'life force'. Ayama means the extension or expansion. Thus the word pranayama means the extension or expansion of the dimension of prana. Maharishi Patanjali's Yoga Sutras state:

“Thasminsati Swasapraswasayor gativicheda: Pranayama”; meaning pranayama is the stop between the movement of inhalation and exhalation when that is secured.

Pranayama includes inhalation and exhalation along with retention. The process of retention is the important part because it allows a longer period for the assimilation of prana. As the breath is also intimately connected with the functioning of mind and different organs in the body, by controlling the breath it also influence all these dimensions. The techniques of pranayama helps to activate the life force and regulation of energy in order to go beyond one's boundaries or limitations and reach a higher state of consciousness.

## **CONCEPT OF PRANA AND ITS ACTION IN HUMAN SYSTEM**

Prana is the vital force that sustains not only the body, but also mental and spiritual level of creation. The Sanskrit word prana is a combination of two syllables Pra and Na and it means constancy, a force in constant motion. Prana exists in all beings as the energy that drives every thought and action, voluntary or involuntary, at different mental and physical levels. Scientific research describes prana as a complex multidimensional energy. In the individual being, prana spreads in the entire being, mainly stored in what the yogis called Pranamayakosha- a level of existence subtler than physical. In the pranic body, prana flows through Nadis, energy channels, and is stored in Chakras, energy vortices. Prana is inherent to a being. A person is born with a certain quantum of prana, and he maintains it, increase or decrease it through controlled breathing, eating, and thinking. When death occurs, the accumulated prana leaves the body (Saraswathi, 2009).

## **BREATH AND PRANA**

Prana is not received solely from outside resources; it is also generated from within the self and its quality can be refined and directed. One can work with one's own prana to enhance inner strength, vitality and will and cure diseases, boost capability and efficiency and evolve to a higher consciousness. One must work with Pranashakti, force of prana, in order to perfect any experience in life. This is the aim of pranayama, which is one of the best practical technique to enhance and gauge prana (Ghooi, 2007).

The breath is the external manifestation of prana. The yogis say that pranic outflow can be gauged through observing the length of exhalation during different actions. More prana is utilized when there is more passage of air current. Maximum prana is utilized by the brain. If there is lack of supply of prana in the brain, the mind become restless and disturbed and easily go into negative thoughts. Although the breath is gross and prana is subtle, the two are interrelated. One can influence the level of prana in the body with the help of the breath. When prana is influenced by the modification of breath, all the functions of the body, mind and consciousness are affected. A prominent outcome of pranayama practice is gaining control over the mind (Saraswati, 2008).

When the prana moves, the mind starts to generate thoughts and the perceptions of sensory stimulations occur. By developing sensitivity to prana, one becomes aware of the minute activities of the mind, which arise in the form of thoughts, feelings, emotions and behavioral reactions. Prana is grosser than the mind, hence easier to control. Thus when the prana is controlled, the naughty mind will be controlled too. The Hatha Yoga Pradipika (2:42) states:

“Maaruthe madhyasanchare manahsthayryaprajayathe/  
Yomanah susthreebhava syvavasthamanmani”

The movement of the breath in the central passage makes the mind calm.

This steadiness of mind is the state of manomani (devoid of thought).

#### **WORKING OF PRANAYAMA**

According to Yogic physiology, the human framework is comprised of five bodies or sheath related to the existence of the being.

The five sheaths are as follows:

Annamaya kosha, the material body

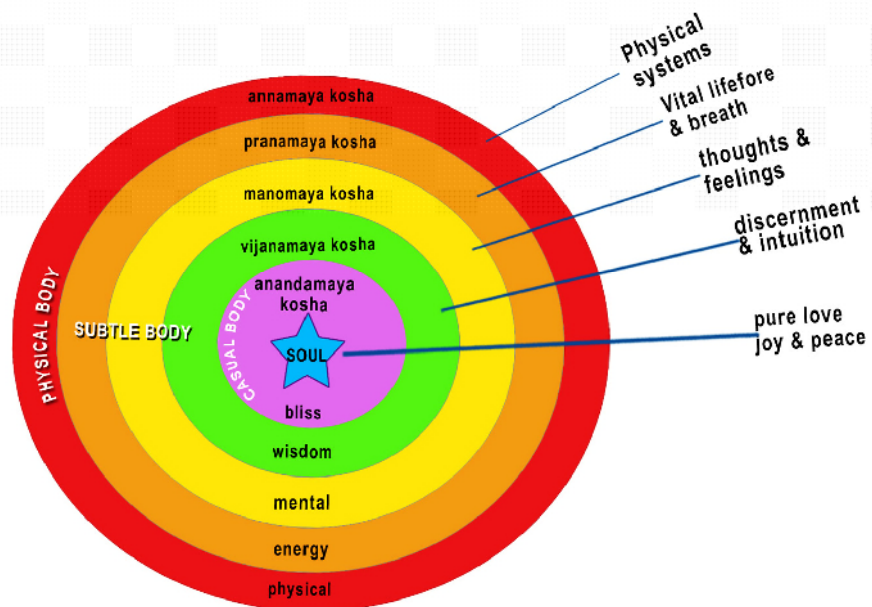
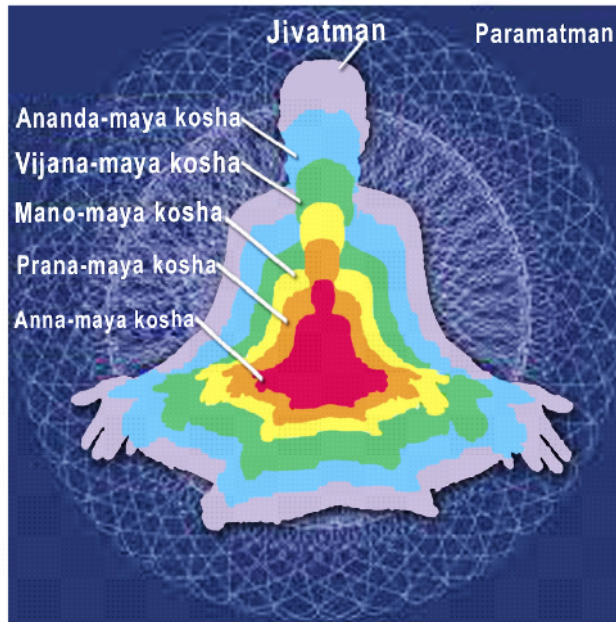
Manomaya kosha, the mental body

Pranamaya kosha, the vital energy body

Vijnanamaya kosha, the higher mental body

Anandamaya kosha, the transcendental or blissful body.

## PANCHA KOSHAS



All these five sheaths function in unison to form a whole being. The practice of Pranayama affects the Pranamaya kosha.

Pranamaya kosha is made up of five important pranas, which are the PanchaPranas: prana, apana, samana, udana and vyana.

Prana: (not the cosmic prana in this context) flow of energy governing the thoracic area and the area of larynx and the top of the diaphragm.

Apana: governs the abdomen, below the navel region, providing energy for the lower intestinal and genital areas.

Samana: between the heart and the navel governing the digestive system.

Udana: governs the head and neck, activating all the sensory receptors of the body.

Vyana: pervades the whole body, regulating and controlling whole body movements and the other pranas, act as the reserve force for other pranas. (Saraswati S.N., 2009)

#### **Four aspects of Pranayama**

In the pranayama practices there are four important types of breathing that are utilized. These are:

- Pooraka or inhalation
- Rechaka or exhalation
- Antarkumbhaka or internal breath retention.
- Bahir kumbhaka or external breath retention.

The breath being the medium of pranayama, the system is based on these stages of respiration. By permuting these three stages, different practices of pranayama are obtained.

The Five Pranas



<b>Prana</b>	<b>Physical Location</b>	<b>Function</b>	<b>Blockages</b>
Vyana (diffusive)	peripheral nervous system, pervades entire body	circulation, movement	poor peripheral circulation, numbness
Udana (ascending)	throat, upper chest, head	thought, speech, exhalation, growth, nervous system	cognition, communication
Prana (inward moving)	heart, chest, lungs	respiration, sensory perception	heart and lung conditions, lethargy
Samana (equalizing)	navel	digestion and metabolism, homeostasis	digestive problems
Apana (descending)	below the navel	elimination, reproduction & childbirth, immunity	menstrual problems, sexual disfunction, constipation, hemorrhoids

**EFFECT OF PRANAYAMA**

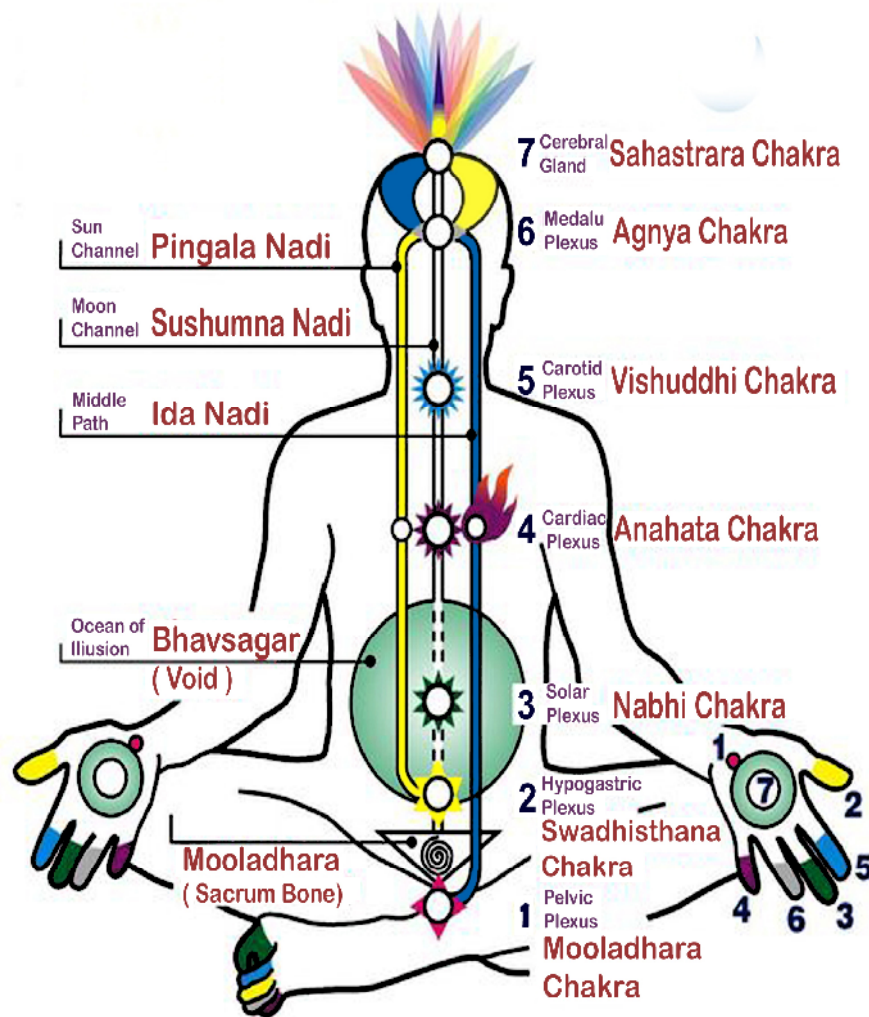
As one works with prana, the poorly active areas of the brain get activated. An average person uses only one-tenth of the human brain parts and the other nine parts remain inactive. This is because; a high level of energy is required for the whole brain to function altogether. Sustained practice of pranayama with deep concentration, acute awareness and unshakable faith can help to supply such a quantum of energy and activates the genius in a normal average individual (Saraswathi, 2007).

Life style has a profound impact on the pranamayakosha and its pranas. Physical activities such as exercise, eating, sleeping, work and sexual activities affect the distribution and free passage of prana in the body. Functions of the mind such as emotion, thought and imagination affect the pranic body even more. Irregularities in lifestyle, dietary indiscipline and stress, deplete and obstruct the pranic flow. This results in what people experience as being at a low energy level. Depletion of energy in a particular prana leads to devitalization of the various organs and leading to disease or metabolic dysfunction. The technique of pranayama reverses this process by supplying energy and balancing the panchapranas within pranamaya kosha making the individual healthy (Ghooi, 2007).

At the pranic level, the practice of pranayama clears up the Nadis, energy pathways in the body. The Vedic scriptures say that there are over 72,000 nadis of prana in the pranic body and six main chakras. In the average individual, many of the pathways are blocked and the chakras release energy only partially. In other words, one does not utilize its full physical and mental potentials. The negative conditions one experiences, physical or mental, are the causes as well as the consequence of the blockages. With the practice of pranayama, the blocks in these pathways are gradually removed so that prana moves through them smoothly. As these pathways are activated, many new experiences unfold. With pranayama, through the breathing, one develops an awareness of the subtle force within the body, and directs the mind to become aware of the activities within (Ghooi, 2007).

## NADIS AND CHAKRAS

### Yoga Pranayama Awakens Kundalini Powers



### Energy Centres & The Subtle System

### **Conceptual Framework of the Study**

Indian philosophy presents us with two of its great aspects - Music (Carnatic music) and Yoga both of which have emerged from Vedas - Samaveda and Yajurveda respectively. It's the responsibility of Indian researchers to make use of the vast amount of resources for alleviating social problems. So this study attempts to throw light into the efficacy of these two resources, music and yoga, in the area of the enhancement of mental health. The researcher gives it a try to formulate a therapeutic method combining ragas in Carnatic music and Pranayama, to deal with psychological problem, depression. As the occurrence of Depression is quite alarming these days in our society it calls for serious attention in developing preventive measures and its treatment.

The present study was designed and conducted to investigate the efficacy of both Carnatic Music Therapy (CMT) and Pranayama (breath control technique in Yoga) as an adjunct to standard treatment in managing depression. Also the study has looked into the variables Self-esteem and Resilience, and the impact of the interventions on these variables in the sample.

After careful investigation of many research studies, resilience and self-esteem were found to be two important factors that need to be studied as they have a sizable impact in mitigating depression and to a great extent contribute in formulating therapeutic interventions that can have a long-term impact on the recovery from depression.

The study has utilized Carnatic music Ragas for Music Therapy. And the other technique used is the AnulomaViloma Pranayama technique in Yoga for managing depression. The availability of music therapy modules based on Carnatic music ragas are not well identified and researched in India as there are huge number of ragas in the South Indian Classical Music/Carnatic music. Five Carnatic music ragas were selected and utilized in this study and a new therapy module is designed based on these five ragas. There were not much research reviews on the application of the combination of these particular ragas of Carnatic music for managing depression. Same is the case of Pranayama, especially, AnulomaViloma Pranayama, there were very only a few studies reporting its effectiveness in treating depression. The study is investigating on the efficacy of CMT and Pranayama separately and also a combination of both in the management of depression as an adjunct to the standard care.

## **NEED AND SIGNIFICANCE OF THE STUDY**

Man, the thinker or thinking-self is clothed with a number of garments which enable him to work on various planes according to his consciousness. The body of man is the vehicle through which consciousness works. Almost every human being is aware of only the physical body and are ignorant about the health of the mind or consciousness. For a person to lead a healthy and perfect living, both physical and mental aspects should be in proper balance. But the changes in people's life-style today and globalization, though we call it as development, are ultimately leading to an imbalance in human system. Coping effectively with the everyday challenges is demanding a healthier psyche, which is lacking nowadays that have been proved by the higher rate of crime, abuses, suicide, homicide etc. Also it is very evident in the increased rate of people seeking help from psychologists in clinics for problems like depression, anxiety etc.

Depressive disorders are posing a major public health concern due to their prevalence, associated impairment and economic burden. With a lifetime prevalence of 16.6% and a lifetime morbid risk of 29.6% major depressive disorder is the most common mental disorder in the USA. In India, the situation is not much different as there is high occurrence of Depression reported. Kerala stands on top for its highest rate of suicide in the last 10 years in our country which shows a higher rate of depression as depression is found to be an important causal factor for suicide. The negative consequences of depression pose a serious threat, not only at an individual level but also family, social, economic and spiritual level (Grover, Dutt and Avasthi, 2010).

Though psychotherapy was found to be very effective in treating depression, in many clinical settings it is offered to a very few number of clients and its use remains relatively low. Another fact is that the numbers of clients who completely attend the recommended sessions of psychotherapy are also relatively low. Pharmacological adherence is also found to be very low in persons with depression. To overcome these situations, complementary or supportive treatment methods had been used and found to be very effective as an adjunct to standard care and help to improve client outcome. (Sarris et al., 2002). So it's important for psychological scenario to look forward for developing preventive measures and new treatment modalities. Since all physical and psychological conditions are more or less culture specific, researchers can think of

developing traditional prevention and treatment methods based on our culture. Complementary treatment models developed using the resources in specific cultures could bring a “double effect”.

Bharat is very rich in resources and stands on top for Her culture and values. People in India are known for the great sacrifices and mental power which is nothing but the great adaptive and accommodative skills. Bharat beholds one of the greatest philosophies of life. Bharat literatures have enough resources to develop techniques and methods to enhance human mental power and positivity in attitude. Those powerful techniques are clearly explained in the Four Vedas in Hindu philosophy. Vedas have unbelievably explained on all the aspects of physical, mental, emotional, social and spiritual perspective and the practical ways of living a healthy life with peace and contentment.

Music therapy (Grocke et al.,2008) and yoga are two methods based on Indian culture which are proved to be effective in treating various mental disorders (Varambally and Gangadhar, 2012).

Evidence suggests that yoga has the capability for mood enhancement and also has its inhibitory effects on stress that can cause affective disorders. Yoga practice leads to better regulation of the activities of sympathetic nervous system and endocrine system, as well as a decrease in depressive symptoms. All forms of yoga including pranayama techniques, asanas and dhyana leads a human being to bring out a balance in human system and achieve a state of well-being.

Music therapy is also a safe and non-invasive technique without side-effects that has been shown to have therapeutic effectiveness in a various psychiatric disorders including but not limited to depression. Apart from its role in inducing relaxation, music could be used as a medium for non-verbal expression of emotions and ideas of the client, in the context of psychiatric disorders, and could be incorporated to help the client in reaching the therapeutic goal (Mössler et al., 2011).

Men should maintain harmony between thoughts, words and deeds in order to remain healthy inside, disharmony produces diseases. Music and Yoga are found to be powerful techniques engrained in the culture of Bharat for bringing out the harmony in

life. Carnatic Music therapy and Pranayama has not yet been recognized as well-established branches of alternative medicine in the mental health scenario. There is less awareness, if any, regarding the applications of music therapy and pranayama and its role as a mode of treatment in the realm of mental health. This study is an attempt to contribute a therapy mode based on Carnatic Music and Pranayama by giving it a more systematic way of applying and analyzing their effectiveness as a supportive therapy to standard treatment in the management of depression.