

Music Therapy for Depression in Pakistan: A Novel Approach

Dua Azim^{1*}, Sohail Kumar¹ and Sundus Nasim¹

¹Dow Medical College, Dow University of Health Sciences, Karachi, Pakistan

Respected Editor,

Depression is a widely prevalent and debilitating mood disorder affecting 44% of Pakistan's entire population, with women affected twice as much as men [1]. It is characterized by persistent low mood, lack of interest, fatigability, worthlessness, and recurrent thoughts of suicide. At present, pharmacotherapy and psychotherapy are considered as gold standard modalities for treating depression. However, these therapies have shown reduction, but not absolute remission [2]. Moreover, poor adherence to the aforementioned treatments due to side-effects from medication and stigma attached to pursuing talking therapy suggests that alternative approaches need to be implemented urgently, either alone or in conjunction with traditional therapy.

Music therapy is defined as a non-pharmacological means of treating depression using music or its elements to ameliorate the functioning of individuals with various somatic and psychological illnesses [3]. Evidence shows that music therapy has previously been used in a variety of ways as a part of a therapeutic regimen for people with depression and, thus, needs to be investigated further as a potential treatment option. Several studies including, a meta-analysis [4] and a Cochrane systemic review [5], identified that music therapy combined with treatment, as usual, is associated with improvement in mood and functional abilities that go beyond those found with standard care alone. Music therapy also appears to be a better-tolerated treatment option, as indicated by low drop-out rates as compared to those receiving conventional psychotherapy and pharmacotherapy. Along with major depressive disorder, individual music therapy also proved to be beneficial for people suffering from other mental illnesses such as anxiety accompanying depression, social anxiety, postpartum depression, dementia, and schizophrenia [6].

Music therapy uses a diverse variety of techniques. However, they can be classified broadly as 'Active',

where people perform, improvise, or write music, and 'Receptive', which involves listening to recorded or live music [5]. However, it is yet to be discovered whether one form of music therapy supersedes the other. The limited literature and number of identified studies and contributors make it difficult to be confident about these comparisons. Furthermore, music therapy may use different vocal or instrumental versions of a wide array of genres, such as classical, jazz, rock, and country [5]. Leubner D and Hinterberger T analyzed twenty-eight original studies utilizing music as a tool to treat depressive symptoms. They found that classical, percussion (mainly drumming), and jazz compositions were the most commonly employed genres for musical intervention [7]. However, since most researchers used only a specific style of music in their experiments, it is difficult to establish which genre possesses the greatest ability to alleviate depressive symptoms. Continued efforts in this area are, therefore, required. Besides, Indian ragas, pop, rock, folk, and salsa are some other types of music used experimentally [7].

While the use of music therapy for depression and other psychiatric disorders has paved its way across the globe, Pakistan, unfortunately, still lacks awareness regarding music therapy and its practical application. Physicians and other healthcare providers need to enlighten themselves about the incredible power of music and how it can help people of varying age groups with psychological and emotional problems. The inclusion of music as a therapeutic regimen, along with conventional therapies, will speed up the healing process and hence, can be harnessed for better comprehensive care of patients with psychiatric disorders. There is hope that increased tolerability of music therapy may help curb the rising prevalence of depression in Pakistan. Moreover, further research is essential to establish clinically significant improvements in depression scores and to assess the cost-effectiveness of music therapy. Future research may usefully explore different forms of music therapy and their outcomes.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

ACKNOWLEDGEMENTS

Dua Azim and Sohail Kumar contributed to the manuscript design. All authors significantly contributed

*Corresponding author: Dua Azim, Dow Medical College, Dow University of Health Sciences, Karachi, Pakistan;

Email: duaazeem456@gmail.com

Received: October 21, 2020; Revised: November 13, 2020; Accepted: December 12, 2020

DOI: <https://doi.org/10.37184/lnjpc.2707-3521.2.14>

to manuscript preparation. Sundus Nasim critically revised the manuscript. All authors have read and approved the final version of the manuscript.

REFERENCES

1. Sarfraz H. Let's talk about depression. The express tribune website. Available at: <https://tribune.com.pk/story/1376547/lets-talk-depression/>.
2. Moret C. Combination/augmentation strategies for improving the treatment of depression. *Neuropsychiatr Dis Treat* 2005; 1: 301-9.
3. Bunt L, Hoskyns S, Swami S, Eds. The handbook of music therapy. London: Routledge; 2002.
4. Gold C, Solli HP, Krüger V, Lie SA. Dose-response relationship in music therapy for people with serious mental disorders: systematic review and meta-analysis. *Clin Psychol Rev* 2009; 29: 193-207.
5. Aalbers S, Fusar-Poli L, Freeman RE, Spreen M, Ket JCF, Vink AC, *et al*. Music therapy for depression. *Cochrane Database Syst Rev* 2017; 11: CD004517.
6. Witusik A, Pietras T. Music therapy as a complementary form of therapy for mental disorders. *Pol Merkur Lekarski* 2019; 47: 240-3.
7. Leubner D, Hinterberger T. Reviewing the effectiveness of music interventions in treating depression. *Front Psychol* 2017; 8: 1109.