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An Assessment of Indigenous Knowledge of Music Therapy in Nigeria

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Abstract

Indigenous knowledge of music as therapy as it is understood in Nigeria has to do with the acquisition of information about the application of music for healing in traditional settings. There is no doubt that the use of music to educate, rehabilitate, and bring about healing in Nigerian indigenous societies is an age-long tradition. A survey of traditional music which was carried out through questionnaire and interview methods allude to the fact that most Nigerian cultures firmly believe in the therapeutic potency of music. From the perspectives of some selected Nigerian traditional communities (Esan, Urhobo, Itsekiri, Igbo, Yoruba, Hausa, Bini, and others) this study, therefore, reveals the various forms of manifestations of music healing traditions in different Nigerian communities. Potent as music may be in healing, if the indigenous must beget the modern, there remains a growing need to examine the indigenous understanding of music therapy. As a major aim of this study, we examined the Nigerian construct of illness; illness causation; and how Nigerian people understand music healing and its associated healing techniques. While this work reveals that music in therapy in Nigerian traditional societies has been in use over the ages, regrettably few incidences have been captured in literature. This suggests that this very important branch of music should be introduced into tertiary institutions as an academic field that should embrace cultural and clinical approaches.

Keywords: music therapy; indigenous knowledge; healing; illness

Literature Review

Illness will never be eliminated, nor should we wish it to be. To do so would be like standing in a spring meadow graced with a profusion of wildflowers hoping that it will

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never rain again. Illness is one of the paradoxes of life. The truth is that illness serves a great purpose. In a literal sense, your body may be saying, give yourself some time to reflect on life (Bonett, 1996, p. 29).

Since humankind is constantly falling in and out of tune with health, there has been a growing need to explore the possibilities of maintenance of good health. In search of good health, many kinds of healing techniques have been devised by different cultural groups of peoples of different races. Music therapy is one example. Given its heavy emphasis on Eurocentric practices, there is a need to study traditional cultural practices to enhance the advancement of music therapy.

To address this need, a concerted effort is needed to investigate indigenous knowledge systems which could provide a genuine platform for contemporary innovations in healthcare delivery. This could be done in diverse ways: by documenting indigenous knowledge in relation to music and healing; presenting music therapy as a discipline that can fulfill this need; or upgrading indigenous knowledge from the level of orality by formal documentation of its tenets and designing a plausible curriculum thereto. Therefore, in this article we will examine the term music therapy, as well as examine Nigerian indigenous knowledge of music, health, variables in disease causation, and the therapeutic potency of music as perceived by the Nigerian people.

Music Therapy and Nigerian Indigenous Knowledge Systems

In the opinion of Heiderscheit (*University of Minnesota,* 2016), music therapy is the use of music to address the physical, emotional, cognitive, and social needs of a group or individual. It employs a variety of activities, such as listening to melodies, playing an instrument, drumming, writing songs, and guided imagery. And according to Mereni (2004), music therapy is not a new concept; neither is it a new practice. In fact, music therapy practice predates its science much in the same way as medical practice predates the science of medicine (Mereni, 2004). From the expressions above, there is a general consensus that music has therapeutic potency, and it has been an age long practice.

Quite a lot of theories on indigenous knowledge systems have evolved in recent times. Of the plethora of theories, this study draws from indigenous music therapy theory (IMTT) by Daveson, O'Callaghan and Grocke (2008). This theory analyses the lived experiences of music therapists and/or clients using "complete" grounded theory methodology. This theory is concerned with descriptions of patterns of music therapy phenomena, from which plausible generalisations can be made. Daveson et al. are using the term indigenous in their article not to represent traditional knowledge practices particular to a particular culture, but as one that originates in music therapy rather than from a related field. It is our belief that indigenous theory can exist alongside varied disciplines, and these theories can aid the understanding of music therapy.

While acknowledging the importance of generating indigenous music therapy theories such as the kind Daveson et al. describe, it is imperative for peoples around the world to explore indigenous music therapy theories related to traditional knowledge systems so as to counteract the imposition of Eurocentric practices on other cultural groups. Doing so would help highlight how traditional music and health practices preceded Eurocentric practices. To talk of Nigerian indigenous music, we are talking about that genre which encapsulates the cumulative body of songs, musical instruments and instrumentation, practices, explanations, beliefs, and intellectual resources accumulated overtime. Some aspects of this have been dealt with elsewhere by Mereni (1996, 1997) and Aluede and Omoera (2009, 2010), to mention a few.

Early in time, Mereni (2004) remarked that in Africa, it was the ancient Egyptian medical doctor, Ramothes, who was probably the first person to give a written prescription of music for therapeutic purpose. Elsewhere, Mereni (1996) noted that in African culture,

the sound component of music is not obligatory for music to exist. In African culture, aesthetic body movement alone (dance), is also music whether the sound that generates it comes to life totally, partly or even not at all. The use of music for therapeutic purposes has borrowed much of its ideals from traditional backgrounds into African conceived churches (Mereni, 2004).

Health and Variables in Disease Causation

According to the World Health Organisation (WHO) document, health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. It is important to note that since the World Health Organization first gave this definition of what disease is, and subsequently went into force in 1948, this definition has not been amended. This definition is in itself vital in that health goes beyond the physical or mental malfunctioning but shades into the social aspects. And musical activities have the propensity of positively affecting these areas. In Nigeria, disease is believed to be caused by not just one variable, but also a complex of many - including psychological, medical, socio-environment, and cultural variables. These views are supported by Aja (1999), Jegede (2002), Charles (2003), Okonkwo (2012), Akpomuvie (2014), Garba, Ajibade and Appah (2014), Borokini and Lawal (2014), and Archibong, Enang and Bassey (2017).

Illness in the view of the people of Rivers and Cross River states of Nigeria are sharply different from how it is used in many Western cultures. In this culture, young women are fattened prior to formal betrothal and so slightly obese ladies are adjudged to be living healthy lives whereas obesity among Euro-American women is regarded as an abnormal condition in their culture (Erinosho, 1998). For example, Aluede (2010) reported that among the Esan, four classes of disease causation are discernable by both the healers and the generality of the people. These are: sickness which is natural, and night sickness, which refers to a disease caused by witches and wizards. The other classes are sickness caused by ancestors, gods and spirits; and sickness carried over from past earth life through an unexposed crime before death. Thus, when one reincarnates, one begins to suffer and can only be cured by offering of sacrifices.

Aja (1999) noted that since the germ theory[1] has failed to account for some diseases, some of the factors that can cause diseases are sorcery, breach of taboo, spirit intrusion, diseased objects, ghosts of the dead and acts of the gods. In a similar vein, Garba, Ajibade and Appah (2014), captured the Hausa scenario of disease causation thus: diseases caused by natural forces which are believed to be sent from Allah, such as malaria, diarrhea, measles, etc. These can be cured by the biomedical clinic or by herbal medicine. Many people still depend largely on beliefs, knowledge and practices of lay personnel boycotting the modern health care facilities. Witchcraft beliefs and practices in disease causation is a widespread notion in Africa more generally and Nigeria specifically (Archibong, Enang and Bassey, 2017).

Given the above background, some issues could be easily elicited, and they are that:

- Illness and healing could have some spiritual connection.
- Social dysfunction is also considered as illness.
- The manifestation of an ailment could be caused by a multiplicity of variables.
- The mind has serious implication on one's general health condition.
- The past earth life could be at play in one's present challenges.

[1] This is a theory which ascribes disease causation to microbial infection.

In a similar manner, Aluede (2010) observed that among the Iyayi society of the Esan, Edo State of Nigeria, music healing rituals are held for seven or fourteen days to heal patients of psycho-somatic and anxiety related disorders; these are known in other parlances as psycholytic and anxiolytic music therapy. According to Mereni (1997), while psycholytic music therapy is that kind of music provided for a client for the sake of spirit-freeing and liberating the mind from the grip of evil spirits, the anxiolytic type frees the client from the grip of anxiety.

Similarly, in recent times, it has increasingly become clearer that religious attendance predicts longevity (Lutgendorf et al., 2004). The notion that a relationship exists between religion and health, though resisted by Western biomedical science for nearly one hundred years, has in recent times been believed. Hence, Koenig (2008) has noted that:

> In spite of this resistance, there are now close to 1,300 research studies that have examined the connection between religion and health, most of which have been published in the last decade. At least, half of these studies report that religiously involved people are healthier. Some show that those who attend church, synagogue, or mosque are healthier than those who do not. Others present evidence that religious participants live longer than their non-religious counterparts. (p.47)

In Nigeria, music healing rituals for the spirit possessed in religious homes as well as healing the land of infirmities is a routine exercise. This act is based on the understanding that music helps to strengthen individuals in times of bereavement; to cleanse the land; to create an opportunity for social interaction; to educate and rehabilitate; to create room for exercise and movement skills during music and dance; and to stabilize the emotions of community dwellers. Through group musical activities, a sort of conscious or unconscious prophylactic treatment for participants is provided to ease the tension of the day's challenges and more importantly to heal the sick among them (Aluede, 2012). Aluede noted:

> In the present-day medical practice, exercise is constantly mentioned to be good for the heart. While it is not easy to religiously keep to a fixed timetable for exercises sake, music in Nigeria, being an eclectic art form, is replete with polyrhythm and highly intertwined with dance... (and so) a form of exercise in that musical activities go with dance, drumming, hand clapping or other forms of instrumentation. In all, it will be superfluous to further mention that all these are physically challenging. (p.78)

Aluede (2012) further reported that in many Nigerian communities, that infidelity is connected with illness causation. As a patriarchal nation, women are normally the victims, not men. Indulging in any such activity by a married woman is believed to bring curses upon the immediate family of the victim spiritually, socially, economically, and medically.

The thought of having gone against the community mores is the precursor of all the shades of illnesses that the victim suffers. In a bid to heal the deviant and retune the land, music is a major vehicle in the intervention. Music obviously has a lot of promises (it is a catalyst in purging the land of impurities, healing the sick, strengthening the living in the form of prophylactic treatment and encouraging group or collective activity) if studied properly and utilized reasonably (Aluede, 2014). In the course of music making for the deviant woman, she is purged of her ills through confessions in a strict sense through music and dance performances.

In the indigenous Nigerian communities, music is an eclectic art, and it functions in every facet of community life, from entertainment to education and to healing. Music as a healing art is individualized, and also collective. This understanding is established in the literature above. Thus, this study investigates, within selected Nigerian ethnic groups, the tradition of the involvement of music in therapy. To carry out this study, an amalgam of

methodologies were used in eliciting data and these methodologies are: review of relevant and related literature, interviews, and a questionnaire.

Method

The Rationale for the Methodologies Used in the Study

This article focuses on part of a larger study that obtained both quantitative data and qualitative data through the use of a questionnaire and interviews, respectively. The quantitative data gathered by way of a questionnaire was favoured in this study in that it helps to generate objective data that can provide an overview to the views people from Nigeria have towards music and healing. This data can be clearly understood by way of generating numerical data which can be translated into usable statistics. This quantitative data was complemented with qualitative data gathered by conducting interviews. Interviews provide subjective qualitative data that allows researchers to gain more in-depth information regarding specific subjects.

Data Collection

In the course of this study, four research assistants, most of whom were conversant with the terrain of the selected localities and languages, namely the Esan, Urhobo, Itsekiri, Igbo, Yoruba, Hausa, Bini, etc. were recruited to gather research data. These included two students from Ambrose Alli University, Edo State (the institution of the lead author) and two from Delta State University, Abraka-Nigeria (the institution of the second author). A brief training session was organized for the assistants on the basic criteria for the selection of research participants. Mapping out the locale of investigation was also done. Nigeria is a multi-ethnic nation and in some Nigerian cities, including those where this research was carried out, people of certain ethnic groups such as Igbo, Hausa, and Yoruba live in quarters. Thus, we find Igbo, Hausa, and Yoruba quarters. These were the communities sampled for the research. We stressed the explanation of the details of the exercise and confirmed from participants their preparedness to take part. We also itemized a list of features our participants should have. Some of them are captured in the inclusion/exclusion criteria in this study.

Inclusion Criteria

Consenting individual participants (male and female who are twenty years and above) were included in this study. We had exclusion criteria for potential participants such as those with a cognitive impairment, those with communication difficulty (for example, those with speech defect, or who were deaf and mute) and others who were physically too ill to participate in the study. This was done because persons with speech impairments and other forms of illnesses may have difficulties in communicating objective presentation of facts.

Questionnaire and interview methods alongside reliance on relevant literature were used in this study. The questionnaire had three sections. This was administered to individuals of different ethnic groups in Nigeria namely the Esan, Urhobo, Itsekiri, Igbo, Yoruba, Hausa, Bini, and others. Section A obtained demographic information like age, marital status, employment status, occupation, sex, and so on. Section B sought information concerning personal musical orientation, while Section C sought information on awareness, knowledge, and perception of music therapy. The convenient sampling method was employed for the purpose of the present study. A total of twenty questions were used in this study which was administered to over four hundred and sixty individuals. Feedback

was received from four hundred respondents. While seven questions were used to assess the socio-demographic variables, the rest were spread over topics of personal musical experience, awareness, knowledge, and perception of music therapy. In this article, we will focus only on the quantitative data that we obtained through the questionnaire.

Ethical Considerations

Ethical approval was sought and obtained from the Ethical Research Committee of the Ambrose Alli University Ekpoma, Edo State Nigeria. A verbal, as well as written informed consent, was obtained from each research participant, and they were also informed of their right to decline or withdraw from the study at any time without any consequence. Confidentiality was maintained by replacing names with codes on the questionnaire.

Results

For this article, we are providing data obtained from the questionnaire. Data from the questionnaires were manually entered into broadsheets for easy analysis. Summary statistics were generated and presented using frequency tables below. The results are presented in Tables 1 – 3.

Table 1. Socio-Demographic Characteristics.

Variable	Frequency (Percentage)
Age group (years)	
20-29	58 (14.50)
30-39	71 (17.75)
40-49	185 (46.25)
≥50	86 (21.50)
Gender	
Male	227 (56.75)
Female	173 (43.25)
Religion	
Christian	325 (81.25)
Islam	7 (1.75)
Traditional	47 (11.75)
Others	21 (5.25)
Ethnicity	
Esan	61 (15.25)
Urhobo	43 (10.75)
Itsekiri	47 (11.75)
Igbo	46 (11.50)
Yoruba	59 (14.75)
Hausa	34 (8.50)
Bini	49 (12.25)
Others	61 (15.25)
Occupational status	
Retired	48 (12.00)
Unemployed	133 (33.25)
Employed	219 (54.75)

Marital status	
Single	107 (26.75)
Married	238 (59.50)
Divorced	18 (4.50)
Widowed	37 (9.25)
Level of Education	
No formal education	23 (5.75)
Primary education	147 (36.75)
Secondary education	174 (43.50)
Tertiary education	56 (14.00)

Table 1 presents the demographic characteristics of research participants. The importance of this table cannot be overemphasized for several reasons. A study of this kind which is centred on indigenous knowledge is considered proper to provide information on the selection of participants. Thus, we can vividly observe age groups, sexes, religions, ethnicities, occupations, and marital and educational statuses of the respondents.to ascertain a balance in representation.

Table 2. Showing the Participants' Musical Orientation.

Variable	Frequency (Percentage)
Do you enjoy music?	
Yes	400 (100.00)
No	0 (0.00)
Do you have music preference?	
Yes	287 (71.75)
No	113 (28.25)
Do you play musical instrument?	
Yes	94 (23.50)
No	306 (76.50)
Where do you play instruments?	
Church	152 (38.00)
Ceremonies	88 (22.00)
Village square	85 (21.25)
Home	125 (31.25)
Are you a music enthusiast?	
Yes	348 (87.00)
No	52 (13.00)

Under personal orientation, everyone seemed agreed on the enjoyment of music. While 71.75% of the respondents attested to the fact of having musical preferences, a relatively small number, 23.55 percent, claimed to play musical instruments. This is in itself one of the major challenges of this questionnaire. The respondents did not seem to understand what the researchers were asking. To them, playing musical instruments was read to mean playing saxophones, trumpets, guitars, pianos, etc. They are left in doubt as to whether singing in tune, hand clapping, or drumming out complex rhythms on the chest or thighs are considered playing instruments, or signs of musical skill acquisition. On the venues for playing musical instruments, although multiple responses apply, many respondents indicated playing in the church. This is not surprising as the church and music tradition

in Nigeria now operate side by side. Faseun (2008, 2015) examined the place of music in *Aladura* churches. In his studies, he revealed how certain Nigerian churches have been the conduit through which African musical heritage has blurred through the church into other nations of the world. These views are further corroborated by the duo, Borokini and Lawal (2014), when they observed that there are some religious orders and sects within Christianity that practice spiritual healing. These faith healers are called "*Aladuras*" in Yoruba. The healing procedure involves singing and dancing, with musical instruments. In all, a total of 87% of respondents indicated that they were music enthusiasts.

The data in Table 3 gives an insight into the participants' awareness, knowledge, and perception of music therapy. The findings are further discussed below the table.

Table 3. Participants' Awareness, Knowledge and Perception of Music Therapy.

Variable	Frequency (Percentage)
Do you believe in multiple variables in disease causation?	
Yes	282 (70.50)
No	118 (29.50)
Have you heard of music therapy?	
Yes	297 (74.25)
No	103 (25.75)
Place of information	
Relation	82 (20.50)
Neighbor	97 (24.25)
Village meeting	105 (26.25)
Place of worship	107 (26.75)
Literature	71 (17.75)
Do you believe that music heals?	
Yes	291 (72.75)
No	52 (13.00)
I don't know	57 (14.25)
Do you believe music has power over emotions?	
Yes	351 (87.75)
No	29 (7.25)
I don't know	20 (5.00)
Have you personally experienced the therapeutic effect of music?	
Yes	261 (65.25)
No	139 (34.75)

Table 3 sheds much light on the respondents' constructs on major issues ranging from the concept of disease causation to the place of music in therapy. Here, it was observed that 70.05% of the respondents believe in multiple variables in disease causation. This in itself is not novel considering the earlier views of many others including Garba, Ajibade and Appah (2014) and, Archibong, Enang and Bassey (2017) on this subject matter. These authors held that illness can be traced to enemies which include witchcraft, sorcery, gods or ancestors, and natural illness and hereditary diseases. In a similar vein, diseases caused by natural forces are believed to be sent from Allah, and are malaria, diarrhea, measles, etc., and can be cured by the biomedical clinic or by herbal medicine.

While we discovered that 74.25% of participants have heard of the term, music therapy, more informative is the fact that a greater proportion of the respondents declared their sources of information on music therapy as the places of worship and village meetings. This observation concurs with the earlier positions of Aluede (2010) and Faseun (2015) where they indicated that traditional religious homes and certain Nigerian churches have been avenues for the propagation of music healing.

Discussion

From this study, 72.75% of respondents believe that music heals, 87.75% say music has powers over emotions, and 65.25% declared that they have experienced the healing effect of music. This information is quite illuminative. Since over half of the respondents have attested to the therapeutic potency of music, it is thus suggested that based on the findings of this research, there is an urgent need to evolve the formulation of encapsulating healthcare policies that will enhance healthcare delivery. Seminal and expository as this work may be, the inherent lessons from this study have public health implications. They show that a holistic approach to health and healing is necessary in contemporary healthcare delivery, and that music therapy deserves pride of place in such an arrangement. Since it is not in doubt that in the participants' understanding there are multiple variables in disease causation, and that music has powers over emotions, music has therapeutic potency. It is therefore suggested that all hands should be on deck in evolving people-oriented models that are good enough to suit their understanding of healing in that it will allot anyone to hold onto a selection of viewpoints not only based on culture or peculiarities but many other factors. Worldview shapes the consciousness and forms the theoretical framework within which knowledge is sought, critiqued, and/or understood (Sarpong, 2002). If this study has revealed that 72.75% of participants believe music heals, 87.75 % say music has powers over emotions, and 65.25% declare that they have experienced the healing effect of music, it means there is a tacit belief in music therapy or the healing power of music in the Nigerian context. Consequently, there is an obvious need to evolve music therapy programmes in music offering departments in Nigerian universities. In doing so, this age-old musical tradition will be kept alive. Based on the findings of this study, we would like to challenge music therapists to take note of this current scenario in Nigeria. Furthermore, we hold that many other indigenous practices have much to offer to the current theory and practice of music therapy in different cultural contexts.

Conclusion

In this paper, we essentially assessed indigenous music therapy in Nigeria. We started by defining African indigenous knowledge systems, indigenous music, and how indigenous belief systems have contributed to contemporary discourses in music therapy. As documented in literature, the peoples of Nigeria believe in a multiplicity of factors in illness causation and the connection of the mind in it all ranks quite high (Aluede, 2010, Akpomuvie 2014; Charles, 2003). Consequently, we share the view that music has a large positive influence on the human mind. This study revealed that Nigerians know music has powers over emotions as they have attested to its healing effect. To them, music is deployed not only in the healing of humans, but also the land (environment). This was noticeable to participants through their religious worship and rituals. It is thought that proper investigation of indigenous discourses will broaden our perception in modern music therapy praxis. In this connection therefore, we would like to suggest that music therapists begin to acquaint themselves with the cultural realities of the indigenous peoples. The

academic study of music therapy should be considered an important branch of music studies in Nigeria. Doing this helps us avoid becoming rigid and offers constant opportunity for intellectual and spiritual growth. To achieve this needed growth, it is reasoned that the international community of music therapists should evolve a culture-based curriculum which will deepen not only their understanding of indigenous peoples, but help provide resources in terms of knowledge sharing, skills development, and potentially even broader training of therapists and musicians This trend will be a great contribution to the development of world music therapy.

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