Music as Therapy: The Case for Cross-Cultural Understanding and Collaboration in a Nigerian Context

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What is music therapy? According to the American Music Therapy Association, it is the "clinical and evidenced-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed" music therapist.[1] There are four types of music experiences that serve as interventions and primary methods of therapy: improvisation, re-creation (or singing/performing live music), composition (songwriting), and receptive (listening to music).[2] Interventions can focus on emotional expression, pain management, memory enhancement, communication improvement, and physical rehabilitation, to name a few.[3] In the United States, the field of music therapy was established in the mid 1940s with curricula taught at a few universities (Michigan State College, University of Kansas, and Alverno College) after it was noted that music was effective in treating World War I and II veterans in hospitals and state facilities.[4] Regional music therapy associations began to form nationwide, and in 1950, a national organization came to fruition, the National Association for Music Therapy (NAMT).[5] They established the registered music therapist credential and worked in tandem with the National Association for Schools of Music which established and accredited their music therapy degree programs.[6] Music therapy programs began to be accredited at other universities (Temple, Hahnemann, Immaculata in the Philadelphia area) and music therapists began working with different populations. Music therapists not only worked with the mentally ill, but also with clients with developmental and physical disabilities, sensory impairments, in rehabilitation facilities, geriatric settings, with medical and oncological conditions, and even in prison settings.[7] In mental healthcare, an individual music therapy session with a client may include writing lyrics and music to a song, then processing what emotions emerged or what memories were triggered from the lyrics composed, followed by performing their newly created work. A group music therapy session is typically structured around helping clients express and explore emotions, increase insight into areas of concern, learn or improve upon coping skills, and work toward resolutions with each other through the support of the four main music experiences mentioned earlier.[8] Guidelines for planning group music therapy sessions include ensuring the music has been chosen that is consistent with the age and cultural makeup of the group; the structure of the music activity matches the level of functioning of the group and the individual members; the activity aligns with the group's and individuals' needs regarding their symptomatology; and all group and individual responses to the music experience are validated.[9] Borczon noted that "the melody of a person's voice will often echo his emotional being."[10] In music therapy, a competent music therapist must be able to respond to these melodies, show that we understand and empathize, and help a client relate their emotions to the content of what they are expressing. We should also notice the silence, just as composers use silence for expressive purposes, such as to create tension, allow a breath or another instrument to enter, or leave time to

reflect. Borczon argued that these musical silences are motivated by the same concerns as silence in our own conversations.

Borczon also noted another important factor in music that is a cross-cultural phenomenon: rhythm. He stated that when one considers all music from all cultures, the most fundamental factor is rhythm; "it is the organizer and the energizer".[11] He explained that rhythm has existed for thousands of years, whereas the combinations of rhythm, counterpoint, melody, and harmony have only existed for just under a thousand years, and without rhythm, there would be no music at all. The psychological and physiological impact of rhythm cannot be understated; in human nature changing rhythms and tempi are innate.[12] On a physiological level, we all have heartbeats, a rhythm to our breathing, brain waves; and on a physical level, our mannerisms, speech patterns, and even gestures are rhythmical.[13] Helping a client "find" their inner rhythm can be an essential step in gaining trust and building therapeutic rapport; after this step, the client can explore new rhythms as they experience them in their life.[14] Borczon explained that music is many things; entertaining, energizing, contemplative, full of soul, sad at times, relaxing, and creative, and through these things it becomes therapeutic for many people. When we use music as a therapeutic medium, we involve the client in an artistic process that promotes new opportunities for development and self-discovery.[15]

Addressing Multi-Cultural Issues

As far as its reach is concerned, music therapy is still a relatively new field, is still very "Western-based" in its focus and is only beginning to address multicultural competence within its ranks. However, music is intrinsic to every culture and can be easily adapted to a person's, or community's needs. Although music therapy in the West is often very individualized, music therapists have developed Community Music Therapy, or CoMT, which as an intervention may be more effective in countries where a greater emphasis is placed on the significance and relevance of the collective rather than the individual. Community music therapy has not yet developed a specific theoretical framework, but acknowledges and supports the relationship between music, a person, their community and culture and their combined effects on the person's and the community's well-being.[16] Community music therapy is often a chorus accompanied with instrumentation, utilizing a performative narrative to tell stories or express emotions. Community music therapy programs could be created in many communities across cultures where social interaction is being stifled by stigma. Local musicians can be taught therapy techniques while working with music therapists and health workers to continue the community choruses after medical aid has left. These include songwriting and lyric discussion for emotional expression, encouragement of community engagement in the chorus, and the spreading of knowledge. Performing together as a community can improve clients' moods and help them create a new identity through a creative outlet.[17]

Although CoMT can be an effective intervention in collective cultures, music therapy itself still has a long way to go to become culturally competent as a field. Young described that in the past 10 to 15 years, an increasing range of topics on cultural considerations has been published.[18] And yet, many have not offered frameworks or information regarding how music therapists can competently negotiate the cultural complexities when working with clients with backgrounds different from their own.[19] Although music therapists are taught both music skills and a theoretical background of musics in different cultures, this hardly prepares the music therapist to understand how music is intellectualized, utilized, and understood within the culture itself.[20] Young stated that music therapists Susan Hadley and Marisol Norris created an overview that offered the foundations from which music therapists can begin to gain competencies. These included multicultural themes, ethical codes in music therapy, the theory of multicultural counseling, and how cultural identity can shape the relationship between client and therapist.[21] Young noted that Hadley and Norris stressed that our Western training has created a bias that influences the way music therapists practice their profession. Young also highlighted that becoming culturally competent cannot be, in a sense, "achieved," but must include ongoing self-awareness and continually re-forming our ideas with each client, "the therapeutic relationship, and social-political-cultural-musical context."[22]

I believe music to be a universal means of connection to people. In its ability to be universal, also therein lies its ability to become relative to the people using it. Music has been used for thousands of years as a healing practice, with songs felt to be powerful enough to influence physical and mental health.[23] According to Davis and Gfeller, these beliefs continued into modern times, such as in Nigeria today. Music, performed by a musician-healer, was connected to the supernatural and used in rituals, to drive out an illness or affliction.[24] Davis and Gfeller also noted that the musical rituals were performed as a group, including the family and community participating in choruses to offer support.[25]

Blending Indigenous and Traditional Practices in Mental Healthcare

Recently, in global mental healthcare, indigenous views and practices that value the interconnectedness of mental, social, spiritual, physical, and community factors has been utilized for refugees, other people suffering from historical or chronic traumas, and those who come from collectivist cultures where the Westernized ideal of focusing on individual identity is unusual or uncomfortable.[26] Indigenous or traditional healers typically highlight holistic understandings of wellness and health, and utilize ritual, ceremonies, herbalism, communication with ancestral family members, and music.[27] Often, in many cultures, people may only know of or seek first the care of a traditional healer, because the traditional or indigenous methods are what they may have been raised with.[28] Traditional and indigenous healers and those who work alongside them often view mental healthcare through a community lens, which recognizes diverse world views, values family and community roles, spirituality, holistic and cultural understandings of wellness, and the intergenerational effects of trauma that may have occurred due to having been part of the

colonized world, persecuted, or victims of war.[29] Here, it may be necessary for a music therapist to work with a culture broker, or a person who advocates for individuals or groups and provides information about indigenous and traditional practices to promote better communication and relationships in therapy.[30] To provide the best care, a hybrid approach, or Western evidence-based therapies combined with indigenous practices that promote holistic and spiritual well-being, may be the best method when providing care cross-culturally, such as in the African nation of Nigeria.

Mental Healthcare in Nigeria

How would we use a hybrid form of therapy in Nigeria? Is it already being used? To answer these questions, first let us look at the state of mental healthcare in Nigeria.
There is a dearth of information regarding mental illness and services offered in primary healthcare to the population of Nigeria, which has contributed to ignorance and stigma surrounding mental illness.[31] The World Health Organization Assessment Instrument for Mental Health Systems (WHO-AIMS) was utilized to gather information on the mental health system and services within Nigeria in order to offer policy direction and target areas in need of improvement.[32] It discussed the lack of information regarding mental healthcare and neglect of those suffering from mental illnesses.[33] The report noted that since the Mental Health Policy document's implementation in 1991, it has not been revised and no assessments have been done to ascertain whether its components, such as advocacy, prevention, and treatment for mental illness, have been implemented.[34] Due to the rise of mental illness in Nigeria and the stigma associated with it, the lack of mental healthcare must be addressed at local, regional, and national levels. In Nigeria, it is estimated that one in four people will experience a common mental disorder (CMD), and one in seven will experience a severe mental disorder.[35] These high proportions are being driven by socio-cultural factors such as poverty, daily stressors in a patriarchal society, and unemployment.[36] Mental illness must also be understood in its historical and cultural context, where stigma has caused those suffering from mental illnesses to be abused, tortured, or even killed to offer families redemption because of beliefs that the mentally ill are unstable or dangerous to society.[37] However, evidence is showing that changing the attitudes toward and perceptions of mental disorders will improve mental healthcare in Nigeria.[38] In order to accomplish this goal, collaborative efforts between local, regional, national, and international stakeholders must occur to implement successful policies, assessments, and treatments.

Perception of Mental Illness

Perceptions of mental illnesses can vary in Nigeria, but the most common causes are attributed to supernatural forces such as witchcraft, spirit possession, sorcery, or punishment from the gods or the divine.[39] Along with the limitations of ignorance and stigma, ethnic and age groups can also be factors in the perception and treatment of the mentally ill. Ikwuka et al. discovered that older persons in the Igbo population endorsed supernatural causes of mental disorders.[40] This

perception of mental disorder can explain cultural stigma that affects this population's treatment of the mentally ill, which advocates restricting social inclusiveness, offering less community-based care and displaying less benevolent behavior toward those who are suffering.[41] Besides avoidance and social distancing practices, marriage stigma (unwillingness to marry or stay with someone who is mentally ill) and job entrustment stigma are also sociological concepts endorsed by many.[42] Men of the Yoruba tribe trace the cause of their mental illnesses to the wickedness of others, such as extended family who wish to do them harm; however, a woman in the Yoruba tribe who is mentally ill is often believed to have become so due to promiscuousness or witchcraft.[43] Yet, sociological strengths can include gender roles and education levels. Women in the Igbo population have advocated for community care and less socially restrictive behaviors against the mentally ill.[44] And persons living in urban settings with higher education levels attributed mental illness to substance abuse or psychological causes.[45] Higher education levels also predicted less discrimination toward the mentally ill.[46]

Historical Perspectives and Current Issues

Historically, the mentally ill have often been abused, institutionalized, and mistreated. During the era of colonization by the British, the mentally ill were cared for by European doctors, who often had difficulty understanding their patients through miscommunications via interpreters.[47] The Nigerian government passed a lunacy ordinance in 1906 which led to the development of asylums, which were extensions of prisons where the mentally ill had been housed previously.[48] A report conducted in 1928 found that these asylums lacked basic supplies, adequate bathing facilities, contained congested cells, and chained the patients, with this latter being a problem that continues into the present day.[49] The passing of the Lunacy Act in 1958 allowed for persons suffering from mental illnesses to be detained in facilities without therapeutic or medical care, and many of these persons spent years or decades locked away in these facilities.[50] Although community care was suggested as an alternative, it was not implemented and due to lack of funding and services, community mental health support is still inadequate throughout Nigeria.[51] Human Rights Watch recently found that the mentally ill, even children, are being subjected to brutal treatment such as being left naked and chained, denied food, and physically and emotionally abused.[52] This maltreatment is occurring in rehabilitation centers, faith-based facilities, and state-run hospitals, where forced medication and electro-convulsive treatment (ECT) on the patients is also common.[53] Although the government ratified the Convention on the Rights of Persons with Disabilities in 2007, which ensures that the mentally ill be free from torture, maltreatment, and forced treatment, it appears it has yet to be enforced, and the government of Nigeria has yet to ban chaining.[54] The WHO-AIMS Report noted that a human rights review commission was established in 1995, but it has not developed or implemented any monitoring procedures for such mental health facilities, such as inspections or protections for patients.[55] The report also found that a low percentage (14 percent) of mental health providers in Nigeria participated in training on human rights issues in their workplaces.[56]

Nigerian culture is also rooted in a communal, interpersonal, and patriarchal context.[57] Women can suffer from traumatic stress disorders under this patriarchal society and from cultural perceptions and expectations attendant to patriarchy.[58] The perceptions and symptoms of trauma and subsequent disorders such as posttraumatic stress disorder (PTSD) experienced through this cultural lens by women of Nigeria can lead to missed diagnoses and lack of care.[59] The cultural impacts of polygamy, domestic violence, becoming property of the husband's family and being subject to abusive practices and loss of basic human rights can cause PTSD and substance use disorder (SUD) and psychologists categorize these experiences as "social trauma."[60] These cultural and social traumatic experiences manifest as emotional repression or blockade, psychosomatic symptoms, and an inability to maintain relationships, which Western doctors have difficulty diagnosing as trauma disorders in Nigerian context.[61] Improving this human rights issue concerning Nigerian women would also improve the mental health of their children and eventually, the community.[62]

In primary healthcare settings (PHCs), medical professionals typically diagnose based on globalized Western standards, utilizing the International Classification of Diseases (ICD-10 or 11) and refer cases to outpatient, inpatient, day, or community-based facilities, although there are few of these throughout the country.[63] In informal healthcare settings, which are typically run by traditional healers and the first consulted by many for mental healthcare in rural or areas lacking PHC facilities in Nigeria, the healers rely on two main factors for diagnosis: etiology and symptomatology of the presenting illness.[64] They have classifications for bizarre behaviors, mental illness caused by witches, epilepsy, psychosis by evil spirits, curses, or genetics (inherited), or from substance abuse.[65] Traditional healers diagnose illnesses through communing with spirits and nature, and use of magical symbols, which can also be used to offer therapeutic interventions.[66]

The Use of Music as Therapy in Nigeria

Aluede discussed music and its psychological, social, emotional, and physical effects, its minimal side effects as opposed to pharmacological treatments, and emphasized its communal nature.[67] Aluede described *edae*, a term in the Esan language spoken by the Esan people of south-central Edo State, Nigeria, which is a word for an amulet or potion that is worn around one's neck or waist and is used to lengthen the life of the wearer.[68] Once removed and brought into contact with the earth the wearer dies, after living a long, fulfilled life.[69] Living to a very old age in many African societies is viewed as a favor from god, and is often prayed for, and music is thought to share the same qualities of Edae, such as calming, soothing qualities, or the ability to distract from "glooming" thoughts to happier ones, even acting to make "the mind to rise above the challenges that would have weighed the body down."[70] Aluede described the poly-rhythmical, dance-heavy musical activities in Nigeria that are used in religious, ritual, and entertainment ceremonies.[71] How to then use music as Edae? Aluede illustrated this as "intentionally and periodically bath(ing) one's self [sic] in music as a preventive measure against

ill health."[72] He went on to elucidate a story about 70 Benedictine monks who had been overcome by lethargy and depression and had been unable to carry out their daily routine after they had stopped chanting.[73] Alfred Tomatis, the French doctor and author of *Oreille et la Voix*, or the *Ear and the Voice*, had been sent to care for them, and persuaded the abbot to allow them to start singing again.[74] After a few months, 68 out of the 70 monks had regained their normal routines, doing daily tasks, singing, even bickering, according to the abbot.[75] Tomatis maintained that singing "recharge(d) the brain with energy, although we cannot yet define its nature."[76] He described that when people feel good, they sometimes feeling like singing, and when they begin to sing, the more energy the create, the better they feel, and this creates a feedback loop, which enhances our mental and physical states.[77] I found this story incredibly amusing, because I remembered reading this book when I was completing my graduare degree in vocal pedagogy at Westminster Choir College, and my voice professor is the one and only Marvin Keenze, who had written the forward to this very book. What a small world!

To the point that music "recharges" our energy, in African societies, there are beliefs that music can be used to resuscitate or revive a dying person.[78] To do so, an *oja* or *oko*, or a single tone wind instrument, is played near the person's ear; it can also be done to revive animals.[79] The cultural belief is that when someone dies, it is apparently quite difficult and necessitates quiet moments when the soul detaches from the body.[80]

Before the modern era, music in Nigeria was a communal activity for many social interactions, such as during times of bereavement, cleansing of the land, supporting neighbors when one is ill, and during reconstruction of homes.[81] Grandparents told stories to musical preludes and postludes, music was used to educate, exercise, and provide prophylactic treatments.[82] In recent times, the Esan have utilized music performances lasting as long as seven days to express grief and tension, whereas the Igbo have used music for the expression of grief, cleansing and healing from "evil spirits", and faith healing with music in African indigenous churches.[83] Anxiolytic music therapy, which relieves anxiety and fear, tensiolytic music therapy, which relieves mental and physical tension, psycholytic music therapy, which is used to release evil spirits, and algolytic music therapy, which relieves physical pain, all have been utilized in Esan and Igbo cultures.[84]

The curative properties of music are well-known outside of religious circles and are utilized by many different types of indigenous or traditional healers, such as herbalists, native/witch doctors, and of course, faith healers who are found in various sects such as the Igbeuku of Delta state, Nigeria, and the Iyayi of the Esan of Edo state.[85] Some of the applications of music therapy by the faith healers include pain management during traditional surgeries, reviving people from comas, healing people from spirits, and using music to alleviate the symptoms of acute grief, which includes insomnia, fatigue, mood swings, changes in appetite, and memory loss.[86] The combination of music and dance also has immense value in that it can promote improved physical health along with psychological benefits.[87] In Asaba culture, Delta state, music and

dancing are utilized to express political, social and religious themes, and the Asaba people use music to cleanse and "heal" themselves from everyday problems such as marriage and relationship issues and financial problems, and other ways they view life as "out of balance."[88] An entire festival is devoted to dancing, music, and "cleansing" the community of these imbalances called *iche-ulor*.[89] The community comes together to burn a large bundle of sticks by the river as an act of "exorcism" performed via music and dancing, a form of community music therapy to relieve grief and tension.[90]

Conclusion

In a recent study, music therapy was combined with cognitive restructuring to help Nigerian married couples manage marital and emotional distress.[91] The researchers noted the benefits of listening to improvised music, stressing its effectiveness in treating pain, anxiety, and emotional disturbances.[92] The researchers acknowledged music's ability to elicit strong emotional catharsis and provide psychotherapeutic support for those suffering with mood disorders.[93] Participants were comprised of Igbo, Hausa, Yoruba, and other smaller ethnicities, and engaged in rhythmic-based music interventions that worked to reduce fear, anxiety, improved rhythm, articulation, and breath control.[94] The participants also played instruments, engaged in songwriting and lyric discussion that helped them process and express thoughts and emotions related to marital issues, abuse, and trauma.[95] Results indicated significant decreases in emotional distress in the music therapy group as opposed to the waitlisted group, and the reductions in emotional distress continued for the music therapy group at follow-up.[96] Music therapy adapted to Nigerian culture and combined with an evidence-based practice such as cognitive restructuring appeared to have had positive effects on reducing emotional distress that persisted over time.[97]

As more people become educated in Nigeria, studies have shown that a biomedical model is preferred when seeking treatment for mental healthcare.[98] However, 80 percent of the world's population consult traditional healers, so there is a need for collaborative efforts in care, especially in Nigeria where the majority of clients seek faith healers before arriving at psychiatric facilities.[99] If music can be utilized in general health and wellness in Nigeria and other areas, mental health can follow. Afrobeat was utilized to address stroke literacy in Nigeria, with a specific focus on using Nigerian music as opposed to secular music, its cultural relevance, and the ubiquity of music throughout Nigeria.[100] Participants interviewed noted that music can be easily accessible to most Nigerians, interventions set in "the cultural identity of music" would be effective because "music cuts across all ethnicities and it soothes," and that music has the ability to transcend demographics.[101] Participants also noted that music was a universal language in that it was "widely understood," making it a unique tool to use to promote health literacy.[102] Participants did note that many people may not listen to the music interventions unless they had a religious theme, underscoring the importance of spirituality in Nigerian culture.[103] Overall, the importance of culturally relevant music for health and wellness interventions is the focus. Much Nigerian cultural music is poly-rhythmical, dance-heavy, energetic, which has historically been

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utilized for cleansing the spirit, relieving tension, pain, or freeing one from grief.[104] If music therapists wish to work in Nigeria or with Nigerian clients, they must learn and understand the history, historical context, and its healing properties in Nigerian cultural context in order to apply Nigerian musical form properly to intervention and treatment. We also must be willing to understand and learn about indigenous or traditional healing interventions, their cultural relevance, importance, and worth, and integrate them into our evidence-based treatments, and not ignore historical and cultural experiences our clients have lived.[105] Tomatis said that

> singing is a basic human function. It is a response to the need for self-expression and self-exploration. It creates body awareness and allows the singer to explore the environment through the impact on the body of returning sound. Even more important, it feeds and stimulates the nervous system. One need not be an accomplished singer for this feeding to occur.[106]

This "care and feeding," as Professor Keenze would say, I feel extends to everything we do as music therapists. The self-expression that singing allows, the body awareness it creates, the stimulation it drives, all have a profound impact on our well-being. We, as music therapists, even as voice teachers, and singers, extend that impact to our clients, students, and ourselves when we allow ourselves to be expressive, creative, and heard. As Aluede stated, we must use music as Edae, or bathe ourselves in music to maintain wellness and to drive away ill health.[107] When we allow people to help themselves through song, through their voices, through their bodies, like Tomatis described, we are stimulated, we are energized, we are restored.[108]

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