

THE` NEED FOR THE STUDY OF MUSIC THERAPY IN GHANAIAAN TERTIARY INSTITUTIONS.

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ABSTRACT

Philosophers, priests, medical men, scientists, educationist, psychologists and musicians have observed and sometimes made use of the healing power of music. However, the practice of music therapy with trained personnel (the music therapist) who has acquired the necessary skill and knowledge is a modern phenomenon. Music therapy is used to improve social interaction and communication. It is also known to develop and improve the attention span and the ability to follow directions. It aids in the development of senses by improving sensory functions such as self-awareness, textures, spatial awareness, orientation, and body sensations. The object of this paper is to sensitize educators in Ghanaian tertiary institutions to consider the establishment of music therapy as a rational discipline which can add to music, a new dimension in the school environment, and open job avenues for the youth in Ghana. It is however refreshing to note that the Methodist University College Ghana, is preparing to commence a reflexology center which will combine the practice of music therapy and body massage. Considering the immense contribution of music therapy to physical, emotional, and mental health; it becomes imperative that tertiary institutions in Ghana consider it as one of their course structures. Furthermore, it can open more job avenues for the youth and add new dimensions to the study of music in Ghana.

Introduction

Music is thus, in her health, the teacher of perfect order, and is the voice of the obedience of angels, and the companion of the course of the spheres of heaven; and in her depravity she is also the teacher of perfect disorder and disobedience.-Ruskin. (2003)

According to Juliette Alvin (2004), music therapy is the controlled use of music in the treatment, rehabilitation, education and training of children and adults suffering from physical, mental or emotional disorder. On the other hand, Bruscia (1998), defines music therapy as an interpersonal process in which the therapist uses music and all of its facets-physical, emotional, mental, social, aesthetic, and spiritual-to help clients to improve or maintain their health. In some instances, the client's needs are addressed directly through music; in others they are addressed through the relationships that develop between the client and therapist. Music therapy is used with individuals of all ages and with a variety of conditions, including psychiatric disorders, medical problems, physical handicaps, sensory impairments, developmental disabilities, substance abuse, communication disorders, interpersonal problems, and aging. It is also used to improve learning, build self-esteem, reduce stress, support physical exercise, and facilitate a host of other health-related activities.

According to Bernarr Rainbow (2005), the origin of music therapy goes as far back to the period when incantations and dances were performed by primitive tribal magicians to drive evil spirits from people who were possessed with such spirits. In ancient Greece, music was an integral part of life. Their philosophers therefore carried out profound investigations into the ethics and character of music and its effects on the soul and body of man.

Additionally, Bernarr Rainbow (2005), stipulates that the theories of these philosophers were generally related to modes or sequences of notes which carried a mathematical meaning. Certain modes were supposed to possess an ethical value whilst others possessed an emotional one. For example, Aristotle asserts that as a means of educating the younger generation, ethical melodies and their corresponding harmonies should be employed in the development of character. He therefore advocated, for instance, the use of the Dorian mode which had a spirit of valour, or the Lydian mode which was particularly suited to young children.

On the other hand, the use of the flute as a therapeutic means was followed by the Arabs, who inherited many of the Greek traditions in medicine. They used it in their hospitals for mental patients. Similarly, Roman physicians and temple priests used music as a therapy up to the time when the empire was completely Christianized. The popular story in the Bible where David used the harp to heal Saul from a peculiar disease caused by an evil spirit testifies that in ancient Israel, music therapy was being practiced. This is found in 1Samuel 16:16 and 1Samuel 16:23.

The Significance of the study of Music Therapy

The words 'music therapy' sometimes bring about doubts and skepticism among some people. Thus such persons may doubt whether music therapy will be of any use in schools. In Ghana, a research carried out by the writer of this article revealed that none of the tertiary institutions has music therapy as a course of study in their respective programmes. Furthermore, none of the hospitals in Ghana is formally practicing music therapy with a trained music therapist as a means of healing or curing various types of diseases.

Statement of the problem

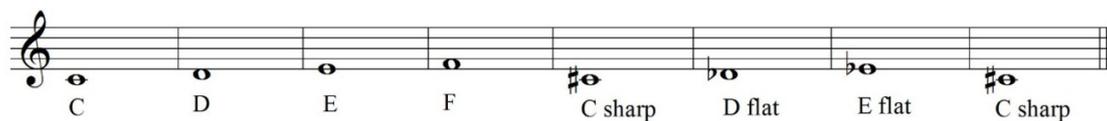
Though throughout the ages, philosophers, priests, medical men, scientists, educationist, psychologists and musicians have observed and sometimes made use of the healing power of music, however, the practice of music therapy with trained personnel (the music therapist) who has acquired the necessary skill and knowledge is a modern phenomenon. In countries where there are trained music therapists, for example as pertains in the United States of America, music therapists work in general hospitals, psychiatric facilities, schools, prisons, community centers, training institutes, private practices, and universities.

However, in Ghana the practice of music therapy in hospitals and as a course of study in tertiary institutions is non-existent. It is therefore the hope of the writer of this paper that it will sensitize educators in Ghanaian tertiary institutions to consider the establishment of music therapy as a rational discipline which can add to music a new dimension in the school environment, and open job avenues for the youth in Ghana. It is however

refreshing to note that the Methodist University College Ghana, is preparing to commence a reflexology center which will combine the practice of music therapy and body massage.

Modern Practice of Music Therapy

According to Robert Lewis (2004), in modern practice of music therapy, a unique rate of vibration of the human body can be determined by setting the medulla oblongata into sympathetic vibration with a musical tone. This unique rate of vibration is said to be the keynote of the individual. Individual keynotes are determined scientifically by polygraphic examinations as follows: an electric conductor transferring nerve impulses to the polygraph is attached at the back of the head as near as possible to the medulla oblongata of the individual. A series of recorded musical pitches (chromatic scale) preferably on a violin could be played. This is because graduations of pitch are easiest to produce on a string instrument. The strongest nerve impulses registered on the polygraph machine indicate when the medulla oblongata is set into sympathetic vibration giving an indication of the individual's keynote as labeled on the polygraph. This may be one of the basic musical tones or their variations, for example, C, D, E, F, C flat, D flat, E flat or C sharp, etc.



According to Robert C. Lewis, (2004), the medulla oblongata is the lowest part of the human brain. It is thus connected to the top of the spinal column. It contains an inner auditory nucleus which in turn, through the spinal cord and the brain, is connected to all the nerves, muscles and organs of the body. Furthermore, Robert C. Lewis (2004), states that the medulla oblongata controls the heartbeat, the expansion and contraction of the blood vessels and breathing. Thus when it is set into sympathetic vibration through the playing of musical instrument (when played softly) it helps to improve the general health of the individual or in some cases help to heal the individual of certain diseases.

Music as a therapeutic discipline in school.

In a school environment where music therapy is practiced, there may be aggressive or excessively self-assertive students. A student portraying such qualities can be encouraged to sing in the school choir. By so doing, he will come to the realization that his voice should be kept within the limitation of the group. On the other hand if there is a shy or an introvert student, he or she should be made to learn some musical instrument and later made to perform solo portions of pieces. This can go a long way to boost his confidence level. Considering the above functions of music therapy, it becomes imperative for the introduction of music therapy as a course of study in Ghanaian tertiary institutions. Furthermore, according to Juliette Alvin (2004), music encompasses all human longings and opens the door to creative beauty and emotional outlets. As part of cultural and social environment, it has helped man to relate to his community and has often acted as a catalyst. With regard to man's personality, music works at the id, ego and super ego levels helping to strengthen and integrate them. The result of this will produce individuals with strong personalities who will be able to face the pressures from society or inevitable difficulties that arise as a result of man's encounter with the world around him.

In order to effectively practice music therapy in the school environment, the therapist should possess certain qualities for example; he should have basic psychological knowledge. The reason for the psychological knowledge is that many mental diseases have a psychological background. For example, according to Juliet Alvin (2004), as evidenced in most cases, those with mental defects are usually those whose three levels of personality are not well integrated. Nonetheless, nobody has a perfect integration of all the three levels of one's personality.

In addition to the above quality, the music therapist should have a high level of musical skills in handling many musical instruments, especially in the area of musicianship. Even though sound systems could also be used (especially when the music therapist is endowed with the knowledge of virtual sound technology) there may be instances where a direct production of sound from the instrument may achieve better results. This explains why the knowledge of virtual sound technology could be of tremendous help, because with the aid of Musical Instrument Digital Interface, (MIDI) direct sounds of all musical instruments are produced by the use of an electronic organ or a synthesizer.

Furthermore, the therapist should be one with a great deal of patience. This is because the behavior sometimes put up by people with some level of mental defects may be very provoking. Another important quality of the music therapist should be that of compositional and improvisational abilities. This is because with such qualities, the music therapist will use music as a language of communication between him and the patient. The type of instrument used should be the one known by the patient since tone colors have effect on one's emotions.

It should however be known to the music therapist that one method which may work with one individual may not work with another. According to Thayer Gaston (2003) one technique which is usually adopted by music therapist is the 'instant music' or 'collective improvisation'. It is a free atonal rhythmical improvisation which could be performed by one individual or a group in which no specific musical ability is needed. This technique aims at developing the patient's awareness and assertion of self, either alone or within a group. In the process, the patient can overcome his self-consciousness, his sense of fear and reveal an untouched side of his inner life.

In the school situation, music therapy can be undertaken in special music rooms with good studio acoustics or even in an open garden or field. The best results seem to occur when informality and a minimum of control create an atmosphere of ease. Moreover, a musical instrument producing live or recorded music may contribute better results towards the integration of the group when it is placed in the middle of the group in a circular formation. It serves as a means of uniting the group or may even give them a homely feeling in a situation that resembles the gathering of the tribe around the communal fire which gave life.

Furthermore, an experienced music therapist does not play the listening progress ahead, but tries to catch the mood of the group at the beginning and plays music reflecting that mood. Thus he can reach the listeners at once and, if desirable, works from one mood towards other feelings. Sing-song, popular community singing, proves to be the best repertoire for informal, spontaneous singing, in which note-reading or part-singing is not

specially required. Thus in Ghana for instance, some popular local choruses or highlife music could be used.

Case Studies

It has been established that music therapy is the controlled use of music in the treatment, rehabilitation, education and training of children and adults suffering from physical, mental or emotional disorder and that it had been an ancient practice in countries like Greece and Israel. The significance of the study of music therapy in Ghanaian tertiary institutions has been stated in addition to some techniques adopted by music therapist in a bid to treat people of various ailments. This general introduction will be followed by case studies which are being used as research method in acquiring knowledge on the practice of music therapy.

The following case study was conducted at the Ankaful Hospital in Cape Coast. The programme on the case study started on the 5th of May, 1982 with a subject from Sunyani. He attended both primary and middle schools in the same town. He completed his elementary school in 1974 and worked with a private company after school. He later shifted to farming in a joint partnership with his elder brother. The elder brother, we were later told cheated the subject whenever it came to the sharing of the proceeds got from the farm. The subject was a member of a spiritual church. He was married without children.

The following is a report we received from the hospital officials describing the illness of the subject. He was said to have suffered from catatonia. Early symptoms of the disease (which the subject exhibited) were limitation of activity and gradual withdrawal from contact with environment. This was later followed by expressions of delusions of a persecutory nature, and hallucinations. There was a condition of Negativism often in the form of resistance to any attention even to the extent of refusing food.

The subject was made to realize that the team had come to the hospital as friends, to enjoy with (the subject) certain pieces to be performed by the team and also to teach him how to play the guitar. To get more information about the subject, we strategically indulged in a friendly conversation with the subject in a manner that he was not aware information was being tapped from him. At the initial stages we couldn't get much information, because the subject did very little talking. In order to let him become

integrated to the group and also to mix freely with other patients we sometimes made him lead a performance before the other patients. This made a lot of impact on the subject for we later noticed he was gradually becoming an active participant in the group work.

Another thing to be taken into consideration was the idea of teaching him a musical instrument. The essence of this was to help the subject build up self-confidence and remove any symptom of inferiority complex. Such confidence will come about when he can boast of doing something which many people cannot do. Secondly, the act of playing the guitar will draw many friends in whose company the subject will have a feeling of belongingness and a sense of security. Furthermore, the choice of the instrument was not done arbitrarily. The guitar was specifically chosen for it is a common instrument which can easily be used to accompany songs and can easily be carried from one place to the other. Furthermore, it is one of the musical instruments which can be learned without much difficulty.

Later, a female student who joined the team was made to give the subject some guitar lessons. This was done with a purpose in that the subject was very fond of his mother who had died sometime before. In view of this the female student played the role of a mother and this made the subject have the feeling of having his mother with him. We were thus not surprised that the subject co-operated very well with his tutor. Thus he progressed very rapidly in such a manner that within a very short time he was able to strike some chords on the guitar.

Another subject was later invited to join the team. The purpose of such an invitation was to find out more about the reaction of the two subjects to each other. At the initial stage we noticed that there were not much of a cordial relationship between the two, even though they happened to be in the same ward. To strengthen the cordial relationship between the two, we asked the first subject to teach the second subject some songs in his own spare time. This was done and our aim was achieved after a few sessions with the subject. Nonetheless, each session was preceded and followed by series of songs which were strategically chosen in terms of key, rhythm, melodic structure and harmonic progression which inherently had the spirit of joy and love.

After some time we received the following reports from the hospital officials.

Report A: - 15/6/82-

“Patient has clinically improved.

He is coherent and logical.

He recollects his past behavior which resulted in his admission.

He is now co-operative and mixes well with follow patients.

Maintains personal hygiene.

It is apparent that he can be managed at home’.

Report B: - 22/6/82

‘Patient is fine today. No sign of mental disorder.

He has complete insight into his past behavior.

“I used to behave ‘*basabasa*’. (unreasonably) Please contact relatives for patient.

The next case study, though it did not take place in Ghana, is cited in this paper as a further example to lay emphasis on the procedures used in the practice of music therapy.

The case study was reported by Juliette Alvin (2004). It was conducted by a team of two psychiatrists and a music therapist working in a mental hospital in London. Mr. X, a patient suffering from a neurotic anxiety depression, had disturbed relationships in early childhood. Present marital difficulties gave rise to severe conflicts and her realization that she would never bear children led to an acute breakdown. The psycho-therapeutic session centered in emotions awakened by the music and the patient’s resistance was quickly broken down. She improved steadily and found deep satisfaction in her own music playing. She is now well and working.

The psychotherapist found that music therapy sessions immediately prior to psychotherapy sessions facilitated the emergence of repressed unconscious material which was of much psychotherapeutic value. In cases where interviews preceded psychotherapy, the reports forwarded to the psychotherapist were valuable but not as much as those after music therapy sessions. The team therefore concluded that patients treated with psychotherapy in combination with music usually responded to treatment more rapidly and required total treatment of a shorter duration than those receiving psychotherapy alone.

The following is not a case study as such but a project work in music therapy conducted by Paul Mordoff and Clive Robins (2003) in Atlanta. The essence of discussing this

project work is to assist the teacher who wishes to have insight into music therapy and probably undertake a future course in music therapy. The project was first based in a school containing just four classes of trainable children with ten in a class. This made an ideal demonstration center. The ages of the children, from seven to sixteen, gave scope for developing activities emotionally suitable to different age-levels. There was a mixture of pathologies typical of group of trainable children: brain-injury with different behavioral effects, and different degrees of emotional disturbances. The children therefore presented varied qualities of responsiveness and the range of their conditions enabled the team of therapist to get children with different pathologies to work together so that their capacities could supplement each other.

The facilities of the school were excellent for the project. The music room was a large classroom that could hold groups of up to twenty-five comfortably seated with plenty of room for movement. A great asset was the moderately sized auditorium, in which all the children and teachers could gather for singing. The acoustics of the auditorium were favorable –an important consideration in group musical activities. There was sufficient reverberation to vivify the tones of voices and instruments without any prolonged echoing to blur melodic phrases or harmonic progressions.

In the first two days the team introduced several play-songs to all the children. Then to gain a more direct insight into the children, the team explored their reactions to drum-beating and piano improvisations. Each class was taken separately, the children coming up in turns for five minutes work at the drum and cymbal. Both improvisation and the songs they had sung or heard were used. Each child's response was explored to the limit of its musical ability; basic beating, tempo mobility and sensitivity to rhythmic patterns, melodic rhythms, dynamics and phrase structure were all used as testing criteria. From close observation of the children at work and the analysis of the recordings made, the team gained a clear impression of the condition and character of each child and also direct information about his inherent musical responsiveness. In this way the team obtained practical indications for immediate work.

These findings were discussed and confirmed with the teachers and the first objectives of the project outlined. It was agreed that in the musical activities, class control should be flexible, the children being given the freedom to express their responses and to develop

their own feelings for what belonged constructively to a situation. It was also agreed that no child's difficulties should be discussed to his hearings. One can learn a lot from the above project with regard to techniques adopted in the process of music therapy, the place where the therapy is to be conducted and the use of single instrument to gain insight into the child's behavior patterns.

Conclusion

It has been established that music therapy is the controlled use of music in the treatment, rehabilitation, education and training of children and adults suffering from physical, mental or emotional disorder and that it had been an ancient practice in countries like Greek and Israel. The significance of the study of music therapy in Ghanaian tertiary institutions has been stated in addition to some techniques adopted by music therapist in a bid to treat people with various ailments. With regard to the practice of music therapy in a school environment, the importance and contribution of such a discipline has also been established. One case study in a form of research was conducted whereby the technique revealed the efficacy of music therapy in healing mental patients. This was followed by two project works whereby techniques adopted in music therapy in a school environment is explained. The process of learning (an important activity of life) which leads to expansion of one's consciousness is very vital to the progress of life, and that anything contributing to its success needs attention and a critical study. It is in the light of this that the writer of this paper is sensitizing tertiary institutions in Ghana to add to their programmes, the study of music therapy.

On the other hand, in a hospital situation, the work of the music therapist will complement the work of the medical officers. For example, think of a situation where before a medical officer does his or her rounds in respective wards, the minds and the emotional aspects of the patients might have been set at ease to make the work of the medical officer very easy. Furthermore, the fact that the practice of music therapy in a school situation help to improve the mental and emotional aspects of students makes the study of it very paramount.

In addition, music therapists have many career options. They may be employed as a practitioner or clinician, a consultant, an administrator, a supervisor, or a lecturer in

music therapy. Each option involves different places of employment and different qualification requirements. Clinicians spend the majority of their time doing therapy with clients. They may work in private or governmental agencies, including hospitals, institutions, schools, clinics, residential treatment centers, group homes, day-care centers, nursing homes, etc. Music therapists, who serve as consultants, work in an agency part-time, either providing diagnostic or treatment services to certain clients or developing programs which can be implemented by other staff members at the agency.

An administrator or supervisor directs clinical staff in a public or private agency. When the agency has a large music therapy program, the individual may be in charge of only music therapy; however, in many instances the music therapy program is part of a larger department which also includes other arts therapists, activity therapists, or recreation therapists. Administrators and supervisors have various responsibilities, including ordering and maintaining equipment, developing and managing budgets, hiring and dismissing staff, supervising and evaluating staff, etc. Another career option is to become a university lecturer who trains others to become music therapists. In addition to teaching classes, lecturers supervise students in the clinic, evaluate students for admission and retention, attend meetings, and perform a variety of academic and administrative responsibilities. Lecturers are also expected to do research and to write articles and books.

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