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Music Therapy Canning and the Healing Rituals of Catholic Charismatics in Kenya

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Introduction

In Kenya we export a variety of agricultural products such as tea and coffee. However, at the same time, some other tea and coffee is imported to Kenya. The difference is that the imported tea is canned. It is presented with names such as 'instant' tea/coffee, and is (in this case) preferred even by Kenyans. Unfortunately, it is not to be afforded by a Kenyan of average income.



In this essay I use canning to mean modified to acquire a new outlook, and in the case of tea and coffee, to also literally put into cans. Culture canning means social modification or change that causes suitability and/or acceptability of the modified/changed idea in a changed/changing environment. Canning thus implies reconstruction, reconstitution, reproduction and preservation with positive and negative readings.

An individual can be endowed with a capacity to facilitate canning, using borrowed wisdom/idea for the welfare of his own group or social class in its new circumstance. However, though an individual can facilitate this modifying process, canning in culture is mostly a process negotiated between interacting groups in a procedure that often takes years to be realized. How individuals can facilitate canning is demonstrated when an audience of classical music listen to a primitive tune in Stravinsky's 'Rite of Spring'. The primitive tune has been modified by the composer to become suitable and/or acceptable to his audience in "the Rite".

In this paper, I will discuss the Catholic Charismatic Renewal (CCR) healing ritual, which is similar in some basic ways to some traditional Kenyan rituals discouraged by Christians - therefore reconstructed as a canned variety. In Kenyan society, modern education locates individuals in either the schooled category (elite) which often identifies with Western culture that informs contemporary Kenyan education system and the less/non-schooled category which often upholds traditional culture more strongly. The CCR ritual enjoys acceptability to many Kenyan Catholic elite as negotiated between Kenyans and Western European Christian missionaries. On abandoning their 'unsuitable' so-called 'pagan' traditional rituals, many Kenyan elite appear to have placed value on this American developed ritual. Ideas that would have been condemned by these Christians are wonderfully embraced because they now appear in a privileged Christian belief system; a change/modification of the ritual gives a new and acceptable outlook in CCR canning. Contained in CCR beliefs and practices, the ritual idea has become apparently suitable and acceptable to these Kenyans. The CCR ritual is slowly replacing indigenous modes of addressing some needs that the Kenyans have mediated. At first the original and traditional ritual idea was suitable. Then rejection of it followed, after change apparently had occurred, namely the conversion of many Kenyans to Christianity. Finally, that rejection has changed to an acquiescence of the canned CCR, demonstrating the dynamism of tradition.

Literature Review

Several researchers and writers have commented on the power and place of music and religion

in healing. Thus the context and legitimation of the healing practice in CCR is justified from a number of different sources. Campbell (1992) argues that music has a place in performance of miracles. He cites the Catholic church as having recorded numerous miracles leading to canonization of many saints. Miracles, he states, are special events that cannot be explained. Events such as those cited above are associated with magic in Non-Christian circles. The difference between miracles and magic, as understood in my view of Christianity, is that miracles are God worked, while magic is propelled by competing evil forces (GNB, Acts 8: 9-24). But some miracle workers can be evil even as though they claim to be Christian (GNB, Acts 8:14-25). However, miraculous works are expected of Christian believers, and are therefore permitted and accepted in CCR healing rituals. To possibly minimize the chances of Christians being deceived by the wonder workings of evil forces, the CCR movement seeks to work with rules and regulations issued from the pope's office according to the prefect of the Congregation for the Doctrine of the Faith, the organ with utmost authority over faith issues in the Roman Catholic Church (Ratzinger 2001). The church contends that these miraculous healings do not imply a charism of healing because they are not connected to a person who has such a charism (the spiritual gift of faith healing). Ratzinger offers doctrinal clarifications over new charism of healing of the CCR kind.

About CCR healing rituals in Catholic Church Csordas (1996), in a brief history of the movement, described the ritual performances of healing, but avoided discussing music in those performances. The movement began in the late 1960s at Duquesne University in Pittsburgh USA, and spread rapidly into different parts of the world. In Kenya, majority of the members I interviewed joined the movement around the turn of the 21st century.

The link between music and inexplicable therapeutic effects has been voiced extensively at varied times in history, in different fields of study, and through mixed terms and language, e.g. Hamel (1976), Rouget (1985), Kenny (1982, 2002), Boyce-Tillman (2000), Wigram et al (2002) and Stige (2002). Without using the word 'miracle' to refer to the inexplicable occurrences they are aware of, the writers above demonstrate how music has been part of ritualised and non-ritualised, as well as professional practices in numerous healing cultures. In contemporary society when professional music therapy attempts to draw from traditional rituals, canning is expedient. Utilizable ideas are made suitable and/or acceptable to those compelled to forsake the ritual's old form, including the music therapists, who seek to posit an explanation. Like in these well-known old rituals, enquiry into the manner in which music is used is imperative. Brief accounts of traditional rites in Kenya have been recounted by Senoga-Zake (2000), Akombo (2000) and Kigunda (2003) with similar and more detailed ritual accounts from a global perspective by among others, Rouget (1985), Boyce-Tillman (2000) and Kenny (1982, 2002).

A rationale to interest in rituals (including CCR) is the health supportive role they play in people's lives, which is also the goal of music therapy (Bruscia 1998). Ritual healing differs from professional music therapy, in such ways as the people involved, their beliefs and philosophies, and, unlike indigenous rituals, contemporary professional music therapy continues to be influenced by the Western rationalistic culture (Boyce-Tillman 2000). Hence though canned CCR ritual is a potential source of additional ideas, even inexplicable ritual performances can seem illogical to the music therapist who already has to justify his/her professional practices. History will validate whether music therapists dare share language and concepts of the ritual kind (Pavlicevic 2004). I believe that making available new information in music therapy to old ritual practitioners, is imperative, in order to utilize every positive music effect from any set up in the quest for the place of music in such healing.

Even if traditional healing rituals are often expressed in myths (Kenny 2002) ways of utilizing ideas from rituals in music therapy have been documented (Stige 2002, Kenny 2002). Myths contained in Christian beliefs seem to exist in canned CCR healing rituals, myths that parallel those in Non-Christian rituals. Like in many other rituals, it may be difficult to locate exactly what part music plays here, and to clearly distinguish between music and noise, spirit possession and emotions. Since there is an indispensable place for music in the ritual operations, and because music is known to evoke emotions (Rouget 1985) in contrast to normal thinking processes (Wosch 2002), part of the discussion in CCR healing rituals could possibly be explained around emotions.

Maas and Strubelt (2003) explain that polyrhythmic music together with the Ibogaine drug are used to consciously induce trance and visions leading to the cure of serious mental and psychosomatic diseases in Gabon. Polyrhythmic music increases the effect of the dangerous Ibogaine drug which must be taken in small amounts, leading to influential near-death experiences. And a polyrhythmic effect of perhaps similar effect to that of Gabonians was worked out in CCR healing with a spontaneous construction of mainly vocal sounds. I call them

sounds because one may argue that they are not music. The trance experience in this music-dominated ritual, support the idea that music and noise are used to induce and sustain trance (Rouget 1985). Rouget's over-stimulation of senses could possibly be done through sounds of polyrhythmic or polyphonic nature. That he named music and/or noise to be possible inductors of trance is of special interest here, as sounds of polyphonic nature, as well as noisy sounds, appeared to specially control crowds; ushering for some people, moments of absolute immersion into the spiritual world evidenced by physical insensitivity among other trance expressions. That means reaching those moments calls for uniquely stimulating music and/or sound, which in CCR has here been discussed.

Catholic Charismatic Renewal (CCR) Ritual Healing

Before Christianity found its way to Africa, religion, music and general culture had been utilised in problem solving. Rain-making through rituals, treating the sick through trance dances, and a working control of moral values through faith and customs were common. In Kenya, incomprehensible events invoked explanations ascribed by traditional belief systems. Except that the Christian missionary offered commodities of superior technology, there was little other reason to convert. Meanwhile the missionary world-view labelled (some) indigenous customary functions 'pagan and primitive' and discouraged proselytes from active involvement. African music, and more so drums in music as well as healing rituals, were condemned as 'pagan'. Only in recent times, has the Catholic church in Kenya allowed incorporation of African music (especially dance) in the Holy Mass. This study highlights some traditional-ritual-like practices, earlier labelled 'pagan and primitive' by missionaries that are quickly being accepted by Kenyan Catholic communities when channeled through CCR.

CCR began in 1967 at the Spiritan Fathers' established Pennsylvania university, also called The University of the Holy Spirit in the United States. But the movement spread rapidly into many other parts of the world. Until very recently it may not have been known to many people in Kenya. Were it not that something of Kenyan traditional cultures is being expressed through this ritual, I would expect considerable resistance to such a practice. Since the ritual contains practices that were at first written off as pagan, one wonders not only whether this ritual should also be termed pagan, and also wonder why some Kenyan elite unquestioningly embrace it.

I first researched and reported on this Catholic ritual in a master's thesis at Kenyatta University (Kigunda 2002) entitled: "The Place of Music in the Catholic Charismatic Ritual Healing". My qualitative research sought to establish the role music played in the healing ritual of Catholic Charismatics in Kenya. I identified two evangelistic teams based in Nairobi and Nakuru, as the main centres through which ideas of Charismaticism in the Catholic Church in Kenya were spread. I studied the groups by participating in their events in Nairobi and the Rift Valley province, and interviewing officiating ministers and those who claimed healing at the rituals.

I collected data from eleven events, listed below:

Table 1: Table of events

Function Type	Number
Seminars	2
Crusades	2
Overnight Vigils	2
Prayer Meetings	4
Healing Retreat	1

I had prepared an observation schedule from which I noted details pertaining to the ritual and use of music therein. I further interviewed the officiating ministers regarding the use and purpose of music in the rite. I also conversed with and queried those who testified about being healed. While I notated the testimonies, I did not always get to speak with the witnesses whose word occurred at the end of the sessions and they left soon afterwards.

Music ministers responded mainly to issues pertaining to music, and the healing ministers to issues of the healing process itself and the beliefs around it. I considered evangelistic ministers as healing ministers, since they always doubled in the functions. The healed participants were required to answer questions about their individualised healing experience and their experiences with music. (See Table of Respondents, below)

Table 2: Table of respondents

Interviewee category	Number interviewed
Music ministers	19
Healing/Evangelic ministers	19

In addition to observation and interviews, I took photographs and sound recordings of the essential performance sections. Later I did qualitative analysis to draw conclusions from the participants' ideas and the observation remarks.

The Ritual

Before the ritual performance of healing the sick were shown the need for repentance and renewal, and later the master healer, "God the almighty would heal them," said the healing ministers. The healing ritual always took a similar form outlined below. There was a lengthy period of preaching and confessions, sometimes people were in long queues, before the priests for absolution of their sins. According to the healing ministers "Only when God has forgiven your sins, can He also address your physical, emotional and spiritual problems!"

The ritual began after this evangelistic program, frequently taking a form I would describe as undoubtedly ritual. A definition derived from the Oxford dictionary refers to a ritual as "any religious or solemn, repeatable function" and that is what CCR healing ritual precisely is. The function always began with lovely, danceable "praises to the Lord God". Sometimes songs contained texts of welcome and warm up for the participants. The theme in that case would be proclaimed through mainly Swahili Language songs idiomatic in CCR rituals observed (except in some Nairobi congregations who sing English hymns as well). The introduction and praise songs were followed by adoration songs. Here, the participants often lifted their hands one by one, closing their eyes and involving themselves less and less in singing with time in order to begin prayer, said the healing ministers.

The manner in which adoration songs were introduced signalled a rather different objective being assumed in the new phase. Songs of introduction and praise were in fast tempo. Adoration section was began with a slowing of one of these songs and the introduction of other songs in slower tempo even if the key was retained. Later the intensity of the music would also be lowered shortly before a healing minister begun to pray using the amplified sound system or in a loud voice, with breaks as s/he alternately returned to the singing. Sometimes s/he asked participants to articulate their needs, or touch the paining parts of the body if they were sick, and sometimes to breath heavily to receive the Spirit of the Lord. For instance they would say:

"Bwana Mungu wetu mponyaji yuko nasi sasa... Mwambieni chochote mnachokitaka.. Mpokeeni ..Mpokeeni... Mpokeeni...!"

Translates to:

"Our Lord God the Healer is in our midst.. Say to Him all you need. Receive Him.. Receive Him.. Receive Him..!"

The words were said with fluctuating intensity and varied rhythms. Sometimes people were told to repeatedly say words of praise in uniform rhythm. For example they would say:

"Asante Yesu, Sifa kwa Yesu"

which translates to

"Thank you Jesus, Praise to Jesus"

The tempo and intensity increased characteristically so that after I had observed their style a few times, I was never surprised anymore to hear people begin to make all sorts of crazy screaming, some weeping terribly, others singing their own songs in the keys of their choice, and many saying prayers louder and louder every minute. Participants said their private (but loud) prayers in somewhat blending pitches, rhythms and intensities before gradually turning noisy. Listening to the entire sound pattern, we find a section of usual chorus singing before prayers, and a polyphony of prayer lines frequently constructed musically, followed by far disorderly and noisy prayers mixed with trance sounds. (Polyphony here to mean a combination of more than one line of prayers said in unlike rhythms, intensities and pitches, and made to blend in a pleasing manner and all worked spontaneously and musically).

Prayer sound sometimes involved participants in one rhythmic pattern, and the minister in a changing rhythm. Other times individuals opening up the prayer section joined the leading minister in a somewhat sang manner, bringing about an interesting blend. And this appeared to stimulate participants uniquely. Because of the gentleness with which music gradually turned into noise, after passing through what I would term an interesting polyphony of musically

worked out prayer lines alternating and/or mixed with usual choruses, it was not easy to conceive of the ultimate noise as real noise. I felt like the noisy prayer was also musical - its own way.

Varying expressions of trance appeared from the time of this polyphonic sound construction of loud praying onwards to the peak of the ritual; ranging from mild shivering, sobbing, to falling down and foaming, uttering of unknown words, to wailing as if terribly tortured, physical insensitivity (and name them...). People assumed varied postures; some laying flat on the ground, others standing with their hands still up, others walking around the available space, and still others sitting. While some said orderly prayers, others were just making utterances such as those of a baby learning to speak, and some were unconscious or just silent. For some people trance was probably a fascination they could only watch others experience - they remained not only fully conscious, but also interested in what seemed to be dramatic. They could turn around to look at a wailing or an entranced neighbour as if they were themselves not quite into prayer, or as if disturbed.

At trance manifestation, those falling down would be helped to lie comfortably except that some were twisting and rolling on the ground making snake-like movements. But at that stage only performative acts would be done to help them. Laying hands, sprinkling blessed water, and verbal statements meant to exorcise evil spirits, would be done by an authorized person. When he felt that a spirit possessed the entranced, he could shout to the spirit in the person saying: "...Come out! I order you to come out now! In the Name of Jesus I order you to come out!.." At this time, the officiating minister had mainly only one expression of change, speaking (sometimes) in tongues, to intervene for the sick and spirit possessed, or so they said. Tongues are the only language the devil cannot understand, they frequently taught.

After the healing minister felt enough ministry had been achieved, s/he signalled to the music minister to seek a musical path back for the participants. By beginning a song in slow tempo and low intensity and building on it, participants would slowly be engaged in singing and eventually stop prayer. The dancing resumed with the vigour with which it began before testimonies were said at the close of the ritual. The music plan for the 'route back' was similar to that of the 'route up' to adoration in a reverse form. Only that after adoration, this time they substituted praise song texts with thanksgiving and introduction songs with exit and testimonial songs. The way to and from the spirit world was done with either songs in one key up, and one key down, or there were spaces of time filled with dancing, shouting and clapping 'for the Lord' without singing until a music minister oriented him/herself to a new key. Discontinued music/sound appeared absolutely not applicable.

Otherwise, "Music selection and use can cause a spiritual accident" says a popular music minister from Nakuru. He said that when such an accident occurs, people cannot worship properly, and less healing may result. Radical change of key, time, or intensity without gentle continuity was described as the cause of this 'accident'. That necessitated thorough training of the ministers in their respective ministries of service. Indeed the music ministers appeared to have mastered their task so well, insisting at interviews that nothing can work without music in the ritual. I also attended several meetings with them, thus realizing that music use was not only well planned before the ritual began, but also followed as much as possible a certain symmetrical (ideal) formula illustrated below. The formula was taught to new music ministers at two CCR seminars that I attended. What indicated an entry into a new stage was the music, particularly applying changes in tempo and intensity. It was fast and danced to from introduction through praise, slower and softer at adoration and ministry, and fast at thanksgiving and exit/testimonials.

Figure 1: Symmetrical formula for music used in CCR healing Rituals



Findings

The finding of utmost relevance is that CCR healing ritual is not dissimilar in form to the rituals mentioned as indigenous practices. CCR participants believe in one God. So do participants in the ngoma dance of the Taita in Kenya for instance (Senoga-Zake 2000). Both groups believe in spirits, and more importantly spirit possession, and find music essential in the process of helping the affected. Senoga-Zake (2000) says that the Taita sometimes identify a spirit possessing a woman through the kind of music preferred by the possessed. It needs to be fast

music with backward dancing if the spirit is pepo mwashishila, it has to be the throbbing rhythms of mwazindika drum if the spirit is pepo mwazindika. They can identify the spirit also through the way it manifests itself in the possessed. It will be termed pepo msololo if the possessed walks in a staggering manner and it must be pepo mwarabu if the woman is dumb for a long time, even a month. CCR participants believe in different spirit types: the evil and Holy Spirit. They also have their way of identifying them: the evil spirit torments, and controls a person's lifestyle in a negative way. It can instil desires to kill or oppress, hot temperament, physical sickness, insanity and so on. CCR music is carefully selected and performed 'to gratify the Spirit of the Lord'. And so beliefs and practices will appear in a modified form as you move from Taitas in Kenya to Gabonians (Maas & Strubelt 2003), Malaysian Temiars (Roseman 1993), to CCR participants in Kenya, and further to other parts of the world. Therefore, parallels of beliefs, practices and behaviours (trance) evince resemblance of CCR and traditional healing rituals. Except that in CCR all is explained in Christian terms with quotations from the Holy Bible, almost all else is similar. The healing minister behaves more or less like a shaman.

Frequently ministers emphasised that sickness was brought about by the evil spirit of Satan and his principalities. 10.5% of the healing ministers asserted that all sickness is caused by the devil, even when it is a biological problem, rather than the spiritually founded crisis resulting from affliction by evil spirits (which is exclusively believed to be caused by evil spirits). However 89.5% believed that there are also biological causes of sickness, but insisted that all diseases can be healed once a person believed.

From the healed interviewees, testimonies to varieties of physical, mental/psychological and spiritual healing were recorded. The physical illnesses healed ranged from HIV/AIDS, ulcers, long term coughs, stomach aches, back aches, cancerous breast lumps and others. A lady who claimed to have been healed of HIV/AIDS said doctors confirmed her new status after carrying out tests repeatedly (because they were not believing it). She had suffered from both HIV/AIDS and arthritis for several years, and had been hospitalised for almost a year before this happened. Those that had suffered mentally testified of having forgiven terrible mistreatments by other privileged persons in sexual, economic, employment, social and corruption deals. Still others who had themselves done evil (as called in CCR) like prostitution, abortion, murder, corruption, theft and others proclaimed (some in tears) their resolutions to amend their lives by stopping all evil and returning any stolen properties, in what is termed spiritual healing. What might sound shameful doings of their past was all being made public in these testimonies by participants claiming to have been changed.

Following the categories as described by healing ministers and sorting my healed interviewees into them, I represent them thus:

Table 3: Genres of illnesses healed

Genre	Frequency	Percentage
Physical	8	47.1
Mental	5	29.4
Spiritual	4	23.5
Total	17	100

Music was central in the healing process of CCR. Though almost all in CCR is done with music, music appeared to be especially supportive at the worship and healing stage. The ministers, (asked to choose from: Indispensable, Very Important, Important, Fairly Important, and Is Unnecessary) said that music was either indispensable or very important mainly as illustrated below. (At the key, 'Healing' stands for healing ministers, 'Music' for music ministers, and 'Healed' for the healed participants).

Figure 2: Opinions on meaningfulness of music from the healing and music ministers, and the healed participants



The graph above represents opinions from interviewees about the extent to which they thought music was required. The five categories had been clarified before they were asked to choose from options ranging from Indispensable to Unnecessary developed through a Likert scale. Under indispensable, the first three columns show percentages of interviewees in the categories of healing, music, and healed. The next three columns indicate percentages for the option very important from the three categories of interviewees. Only 5% of the healing and music ministers chose important, and none chose fairly important or unnecessary.

Entranced participants did not feel embarrassed, and so I interviewed some who had testified of healing and some who were not physically sick at all though they went into trance and claimed to feel better. They were in fact happy to talk to me about their experiences. For some, life stopped until they regained consciousness. One lady saw an angel-like person blessing those present and resting briefly over everyone's head, while one man heard voices speak to him about family issues that had for long been unresolved in his life, announcing departures of some problems, and offering counsel. Note that the stories were far more in numbers, and those interviewed could only be few of those healed and entranced. From the 17 healed interviewees, 3 simply suddenly felt well without experiencing trance. 12 interviewees experienced bodily change that was difficult to explain or describe, around the time they were healed, while one saw an angel, and another heard a voice announcing his healing of ulcers.

Table 4: Experiences of the healed

Experience	Frequency	Percentage
Suddenly healed	3	17.6
Overwhelming bodily change felt	12	70.6
Heard or saw Jesus, Mary or Angel	2	11.8
Total	17	100

There were three sorts of healing namely: physical, psychological/mental and spiritual. Some were healed instantly, others testified in the meeting that followed, and others were never to be healed at all. The healing ministers explained that God knows who and when to heal, and that one needed to sustain faith for healing to happen. There are also sufferings which are meant to glorify God; in which case one may have to give up the hope of being healed.

In the eleven events I attended, those driven into physical insensitivity took varied durations to regain consciousness. These people often came up with fascinating announcements after regaining consciousness. Some said that they had practised witchcraft, prostitution, devil worship, murder, abortion and others, and were prepared not ever be involved in these activities any more. That probably explains why falling unconscious was seen as identification with the Holy Spirit who is believed to heal from spiritual to mental and finally to the physical sicknesses. I observed the duration of time after which the last person became fully conscious in each event.

Table 5: Duration taken for all entrance to regain full consciousness

Time taken	Frequency	Percentage
<30 min	6	54.5
30 min - 1 hour	2	18.2
1 - 2 hours	1	9.1
2 - 5 hours	2	18.2
Total	11	100.0

Christian Faith and Healing

Christianity is among the world known religions that have the privilege of having many well read subscribers including philosophers, researchers and writers of varied times in history. Ideas coming from well-known religions have been associated with some rich, learned, and influential personalities, nations and cultures of our world today. That might explain why few describe the CCR ritual as primitive, compared to traditional healing rituals of the less privileged cultures. If the traditional healing rituals are outmoded, I think canned rituals should also be. At least the centrality of music, the form of ritual, the experience of trance, and the result of healing are common factors. Emergence of this canned CCR ritual in the Catholic Church (mother church) does not make it different from other ritual performances of healing with music; or distinctions other than mere change of belief are needed, which I suppose might be hard to find.

The more we discover, the more it appears that the rationalistic culture of the West pushed some useful ideas out of reach in scholarship for years - those not scientifically verifiable. I wonder if rituals are not faced with the same problem. But today new ways of knowing, endeavouring to capture and recapture much knowledge to serve mankind have emerged (Boyce-Tillman 2000). All the same, much information continues to be sceptically looked at; scholars questioning its place as knowledge in the first place, but more perplexed over how to talk and write about it in scholarly texts. When that is the case, I believe we are better asking the question whether it does help in the first place. If yes, we may need to look less at its old face, and work more to understand ourselves. Personally, I believe that we probably have too limited capacity to understand some aspects of our humanness fully - and that is what we are trying to do in scholarship, and music therapy is no exception.

Doctors now believe that faith heals (Strohl 2001, Aldridge 2001), though that would again be hard to explain scientifically. What is different in the views of above writers and CCR ritual discussed in this essay is that the ritual described here need not be, for people have experienced healing through intercession (Aldridge 2001). However, the ritual might be helpful; and besides, we have no ground to discourage institutions that are used to the ritual way of doing things. Intercession is also an important ministry in CCR though I ignored it in the study since it had little to do with music. Intercessory ministers simply stay at some place praying while the ritual proceeds. They can also lay hands on the possessed and entranced.

Considering that our own biases can unjustly discourage what may be useful, it may be useful for music therapists to be aware that they belong to a 'privileged' tradition, with the power to wrongly undermine/discourage an equally supportive health system because it sounds mysterious. It is not clear to me why there has been more interest in traditional rituals than canned church rituals such as the CCR one among music therapists. I believe that music therapy has much to do with both old traditional and canned church rituals.

Conclusion

While music therapists find ways of canning ideas of traditional and canned church healing rituals, new research findings in music therapy can themselves be canned in order to enhance the health care of people in different parts of the world. A CCR music minister is better knowing as much as possible about music therapy. That way s/he can appropriate any ideas deemed helpful at enhancing their work; the Shaman also. Ideas containing elements traceable from African roots could probably be utilised widely in Africa; just like CCR succeeded for carrying with it something of traditional Kenya. Canning music therapy for rituals is imperative if it promotes use of music in healing, reinforcing rituals with an injection of new findings from music therapy. Besides, I suppose this can provide a new avenue for trying some ideas of music therapy in what may be a workable reciprocal relationship. Rituals have potential not only to be testing ground for some workable music therapy ideas, but also to ultimately develop as a music therapy method.

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