

Music Therapy

A Therapeutic Force Remains Anonymous in Kenya

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Introduction



It is apparent that Africa is lagging behind in the institutionalisation of professional music therapy. Apart from South Africa, there are no courses offered in music therapy at African universities. Music therapy has also remained a more or less suspect idea in the African academe. In Kenya, discussing music therapy must bring in an idea of traditional ritual healing processes - and this suggests confusion between the traditional ritual healing and the unfamiliar modern music therapy practices. As some questionable beliefs were attributable to the more popular traditional healing rituals, it is easy for the emerging new concept to be rather unbelievable, largely due to professional music therapy's disconnection to 'spirits' that were traditionally assumed to heal.

At a culture week seminar series at Kenyatta University, Nairobi, I presented a paper entitled 'An anatomy of music as a therapeutic agency'. The paper took ideas from (modern) professional as well as traditional views, and my hope was to make people begin to entertain the idea of research into music therapy in Kenya, in order to parallel what is currently happening in the developed world. Several participants found the idea that music can be therapeutic somewhat far-fetched and impractical, and some followed me afterwards with fascinating questions. Most frequent was *how* music can be therapeutic and *what* forms of ill health it is able to address. To some extent the paper achieved the goal; there was a fair number of participants expressing interest, and I believe we are headed for good work sooner or later.

The institutionalisation of music therapy can be quick (with an appropriate approach) in Africa because music has already been applied in therapeutic circumstances and the effects have already been felt (although the confusion seems to be that it has been called by another name). I am referring to the music in traditional ritual healing, special schools, churches and hospitals. Since the church ritual healing can be complicated, in my view, I will not discuss it for now.

Kenya shares so much of what was discussed by Nzewi (2002) on music and healing in Africa. I am concerned that, in general, writers from Africa have always kept away from the use of the terms 'music therapy' when applying this concept to Kenya. In order to institute modern music therapy easily, I suppose Westernised ideas should be introduced gradually into what already exists. However, much still needs to be done at a practical level, and to think of 'music therapy' as a pure and given 'absolute' seems to be rather inappropriate (unless 'music therapy' by definition places centrally the professionally trained therapist - which can be disputed).

But what already exists? In some parts of Kenya there exist mainly formal procedures followed once someone is diagnosed to be suffering from a primarily spiritually initiated crisis. Also, there is some music in hospitals, although doctors seem to regard this only as a comfort for the sick. Further, a few special schools have been established in Nairobi, and a number of teachers - some of whom I have been in contact with - they have noticed that nothing makes

children as responsive as music.

At the same time, the ritualised use of music in religious functions for healing is prevalent in various parts of the world, and some people in Kenya think that the function of music is only to attract the spirits who subsequently heal. Others think that music simply calms the spirits that have possessed the sick. Personally I have a problem with some of these beliefs, even those from Kenya, and prefer to pay no heed to the beliefs, and rather analyse some of the effects music has on people.

In the ritual-healing events (which are seen by some as 'social events') the music performance is organised after a diagnosis. This suggests that this musical event must be organised in order to help the sick, and the purpose of the music is then first and foremost to heal. I disagree with the notion that ritual-healing events are only social events. There are many other social events (including most African rites of passage) in which music may be purely perceived to be a social event, and here, some of the music making functions are indeed purely for socialization. In this essay, I want to consider only those ritual processes that are specifically to do with healing. I begin by discussing some existing literature.

Related Literature

Mbiti (1997) and Kavyu (1977) have discussed how music was applied in therapy in traditional Kenya. They write from the religious and ethnomusicological points of view respectively, and discuss some ideas on beliefs in spirits. For example, diagnosis in the Akamba belief system may indicate that a *kilumi* spirit possesses a woman, and a nightlong *kilumi* dance (possession dance) is organized to help her out (Kavyu, 1977) with fellow women performing this dance until the spirit leaves her. There is a great deal of drumming and singing, and ultimately the sick woman joins the dance after getting well. This story is similar to that of the Miji Kenda people (Senoga Zake, 1986) in the *Ngoma za pepo* dance. These words translate literally to *dance of the spirits*, and the dance is a possession dance.

Beliefs about music and healing among the Luhya people parallel belief trends in other communities. The Luhyas, like many other tribes in Kenya, believe that once someone dies, he not only in reality continues to live, but also influences the lives of his/her progeny directly. Thus, a dead person must be buried at home, or else a ritual is performed to ask his spirit to get back home. It is also for this reason that a ritual would be performed to commune with these spirits for getting advice on what must be done for the sick person to get well. The ancestors exist in spirit forms and are potent protectors, and would be consulted whenever need arose. The most popular way of reaching out to the ancestors is through music, but the purpose here is to heal.

Rouget (1985), writing from outside Africa, has extensively discussed the related concept of trance as a universal phenomenon necessarily resulting from music making. He ultimately establishes (in his theory of music and possession) a link in possession cults between music, gods/spirits and healing/sickness. The view appears to be all-encompassing and also covers the Kenyan situation even as it is from an outsider.

In contrast to writings from outside Africa, the writings of Mbiti (1997), Kavyu (1977), and Senoga-Zake (1986) can be said to represent the Kenyan people's view, whether 'schooled' or traditionalist, which is that the English words 'music therapy' are rather complicated. Changing the minds of people in the modern health sector so that they embrace the new music therapy profession as a bona fide form of modern treatment in Kenya, is, therefore, no easy matter.

In considering some existing definitions of professional music therapy offered in a number of texts and websites I find it necessary to mention an idea or two about those definitions. Some depict the music therapist as the central defining factor in music therapy. These include Bunt (1994) and the America Music Therapists Association (AMTA website). Kenny (1982, 1989) indicates the imperative place of a skilled music therapist. She defines music therapy thus:

"Music therapy is a process and a form which combines the healing aspects of music with issues of human need to move toward the health and development of the individual and society at large. The music therapist serves as a resource person and guide, providing musical experience which directs clients towards health and well-being" (Kenny, 1989).

The first sentence is especially a complete and satisfactory definition. But I have a problem

with the professional music therapist as central to the definition of music therapy. In other words, I do not agree when the second sentence in the above definition is merged with the first. I believe there are occasions in the Kenyan scene where music is used for/in therapy without a trained therapist, and it is these circumstances that I explore. There are possibilities that untrained individuals use music for better health far from clinics! Also, I am aware that there can be disagreements on whether what I discuss here should be considered to be music therapy (since every profession has its definite boundaries) but I would like to give reasons for my view.

Unlike traditional ritual practices, professional music therapists normally write down procedures for and/or in their practice. Although I am not a music therapist, I have read some reports in the *Nordic Journal of Music Therapy*. When reading such articles, I am most interested in the responses of clients. Certain responses are similar to those experienced in ritual healing processes, and these are often dismissed as having diminutive relevance to professional music therapy. Such experiences include alteration in the modes of consciousness and access of unconscious material (Bruscia, 1995), and the experience of spiritual meaning in Guided Imagery and Music (GIM) (Amir, 2001). In traditional rituals, when the effects of music and the experience of the sick ones are our focus, the pivotal moments in GIM have some resemblance. In an interview by Stige (entitled: 'Layers of Meaning'), Amir (2001) says that there are times when she and/or her clients experience some kind of mystical, sacred experience. It is conceivable that the experience in Amir's case is not so dissimilar to the experience of an individual within these rituals who also eventually resolves a struggle (though more dramatically) and feels well. In both of these cases music is central, there are mystical experiences and the eventual consequence of healing.

Bunt (1994) has pointed out that music was used in therapeutic circumstances long before professional music therapy became established as a modern profession. This professionalism produced literature that has resulted in enhanced understanding professional music therapy, while traditional practices have yet to explain and present themselves.

I now leave this section on literature and present findings from a small study.

My Sources of Information

The ideas presented in this essay resulted from interviews conducted with culture village dance troupe members at Kenyatta University, music department lecturers and music graduate students. The department offers units in both African and Western art music, and these musicians are drawn from different parts of the country, and from varied ethnic groups. It was expected that they would give a representative picture of Kenyan people's view of 'music therapy' from both the traditional perspective and in the African academe. The interviews were done to fulfil some requirements in my research methodology training (part of project work). The purpose of the interviews was to find out whether the musicians had been involved in either ritual healing music or modern music therapy, and if so, how they explained the healing that resulted (if any). Their involvement would indicate existence of music therapy (of whatever kind) in Kenya.

The Findings

The results suggest that the interviewees had an indistinguishable idea of professional music therapy. They were uncomfortable with the terms 'music therapy' and would rather choose 'spirit healing', and they perceived the ritual healing events as 'spirit-healing' consciously ignoring the obligatory function of music. They could envisage traditional ritual healing practices but offer an explication of this healing better elaborated by traditional musicians. All interviewees held that spirits were involved in healing the sick in these events. One traditional musician mentioned that herbal medicine was used before/alongside the ritual performance. Activities in these rituals were dominated by music making in what Rouget (1985) generalizes in the single term 'performance of trance'.

There was significant confirmation of what was discussed earlier, under literature emanating from within Africa, and that traditional practice in parts of the country continue, but at a waning rate. There was also evidence that acculturation and subsequent decontextualisation of these ritual performances have influenced the effectiveness of music in traditional healing procedures. Further, there was evidence that those Kenyan musicians (in the academe) interviewed neither reasonably identify with traditional nor with modern music therapy.

Discussion

As stated already, a number of cultures hold that in traditional healing rituals, music serves to bring up spirits who subsequently heal. I mean, the spirit may for some reason cause sickness, and within a musical set up, the spirit states what must be done. The communication is done through the sick individual. Sometimes though, the sick can only communicate through a medium since his/her language may be unknown to others. Sometimes the music performance alone is enough for healing. In the ritual healing event, the spirits (of the ancestors mainly) issue instructions that must be adhered to for healing to occur.

In professional music therapy, the idea of spirits/gods is seldom or by no means conceived, but there are indications that the sick have responded in comparable ways in both traditional rituals and professional music therapy. There is also evidence that music is used in Kenya's religious ritual healing processes (where music is obligatory), which might be seen by professional music therapists as a decontextualized music therapy. In Kenya, the manner in which music is used for therapy predisposes one to consider that it has been functional in therapy - perhaps for a very long time. Although religious and cultural beliefs are inevitably central in analysing the music's therapeutic effects, this is not my insinuation here, and may not help.

Apart from traditional rituals, music is also used in special schools and hospitals in Kenya. In these two cases, it is perceived to be for entertainment rather than as a therapeutic tool. The music has then been used for therapeutic purposes, in such cases, but the beneficiaries have not acknowledged that it is because of music that their condition improves. There has been no definite plan or procedure for its application, and this I believe is an indication that the professionalization of music therapy is urgently required in Kenya. I am aware that all over the world, and even in medical circles, there is a problem in believing that music heals (Trevarthen, 1999). If professional music therapy has had a difficult route toward establishing itself as a profession; then it seems to me that traditional healing rituals face an even tougher challenge.

I would like to propose that music is used with the objective to heal, then this should be considered to be some form of music therapy. This proposal widens the scope in the current meaning of music therapy but in no way hinders growth of professionalism in modern music therapy. However, I am aware that music therapy is hardly perceived in this way in Kenya. In other words, whereas most Kenyans think of it as spirit healing, I see traditional healing as a form of music therapy that has not been professionally recognised.

The African academe is baffled about what direction to take: whether to be for the unsystematised (and rationally inexplicable) traditional, or for the unfamiliar and quite unknown modern music therapy. This is what leads me to state that music therapy has remained an unnamed/anonymous therapeutic force in Kenya.

My personal opinion is that traditional beliefs are mainly intended to explicate what would otherwise be very hard for people to explain, and at the same time, I believe that explications of the traditional processes must not unnecessarily contain these beliefs. An approach seeking to rationalise the processes may not have room for culturally entrenched beliefs, but I see sense in the music therapist attempting to welcome some traditional practices as 'unsystematised' forms of music therapy. I believe that traditional practices can offer some ideas in the development of theory and practice of professional music therapy.

To conclude, there exists, in Kenya, an unidentified/unnamed (anonymous) form of 'music therapy' that does not belong to the music therapy profession. There is also a need to identify and develop the applicability of music in the Kenyan therapy set-ups, as well as the to begin shifting from traditional towards professional music therapy. Traditional practice can be referred by another name (to start with), or else the meaning of 'music therapy' can be expanded to be all-inclusive. My proposal, in this essay, is that the terms 'music therapy' can be used broadly for professional and traditional ritual forms.

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Acknowledgement

I would like to thank Mercedes Pavlicevic for her extensive help in revising and editing this paper.

To cite this page:

Kigunda, Bernhard Muriithi (2003). Music Therapy: A Therapeutic Force Remains Anonymous in Kenya. *Voices: A World Forum for Music Therapy*. Retrieved from <http://www.voices.no/mainissues/mi40003000126.html>

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