

An Exploration of Music Therapy in the Bible

Michael A. Bakare

Department of Music

School of Arts and Social Sciences,

Adeniran Ogunsanya College of Education, Lagos

Oludele S. Babalola

Department of Music

School of Arts and Social Sciences,

Adeniran Ogunsanya College of Education, Lagos

Abstract

Music affects the brain in the way that scientists are suggesting, or is it hearsay? The notion of collaboration between music therapists and the clergy becomes more pertinent. The paper is a preliminary approach to the exploration of music therapy and biblical principles on healing. It presents a model, using psychotheology as a premise of the study, while it uses Prayer - a concept compatible with both fields - to integrate music therapy and theology. Findings reveal that there is much to be gained from such an approach, including potentially improved therapeutic outcomes with prayers in recent times, while relying on biblical foundation of music healing, the researcher also reveals that the healing exercises between the therapist and clergy are significant contributions to the overall therapeutic potency of music. The paper recommends that collaboration with the clergy is a prerequisite for improved spiritual health care, which is required of both professions in their work as members of the holistic health care team. It recommends that further study be made of this relationship in general and of the model of 'compatibility' as it applies to the integration of music therapy and biblical principles for healing in particular.

Keywords: *Music, Music therapy, Healing, Psychotherapy, Biblical Principles*

INTRODUCTION

Have you ever heard the rumor that music makes you smarter? It is an adage that is often used to defend music's merits and is a statement that has drawn the attention of music researchers and scientists alike. Music, like language, is one of the universal aspects of human existence. Regardless of nationality, age, or ethnicity, everyone has experienced music in some form or fashion, even if only in a primitive sense. Even from ancient times, as evidenced by Paleolithic cave drawings and the remains of rudimentary flutes, it seems that music-making is a human

capability that is fundamental to human culture. The Bible discusses music frequently and contains a book of Psalms, which is a collection of songs without musical scores. Music's existence in every culture points to its importance and influence. Therefore, if music has had such an important role in the lives of humans throughout all the history, is it not far-fetched to consider the potentially far-reaching impact that music has on our minds?

Health as exemplified in the prevention and treatment of illness ranks highest in the agenda and financial budgets of most nations of the world including Nigeria. The various ethnic groups, which make up Nigeria, are not left out in this chase of good health. However, it could be observed that against their primordial beliefs of disease causation, vigorous attempts are often made and directed towards the importation of drugs, vaccines and bio-medical laboratory equipment in the service of the citizenry. Meanwhile, collaboration between music therapists and the clergy comes to us highly recommended by the literature. In the first place, the concept of interdisciplinary collaboration is fundamental to music therapy's professional identity (Bruscia, 1988), to its processes of theory development (Ruud, 1978), and to the philosophy of holistic health to which it now ascribes (Bunt, 1988). In the second place, music therapy's heritage includes the field of religion (Alvin, 1979).

Relying on the Bible, Adamo (2004) and Fatokun (2004) attested to the fact that God is primarily concerned with the wholeness of man, hence His inclusion of medical institutions in the framework of creation. This he displayed by making trees, herbs and crops. Hackett (1981), Adedeji (1998) and Faseun (2005) also talk of healing in the Bible which required musical intervention. Beyond the Bible, they drew instances from selected Nigerian churches where music is used as a vehicle for healing.

Collaboration between music therapy and other related disciplines has already been attributed numerous treatment benefits: special education (Macmahon, 1985), art therapy (Milford and Caldwell, 1988), physiotherapy (Robbins and Robbins, 1988), speech pathology (Steel and Tassell, 1988). Lastly, collaboration between music therapists and the clergy is recommended by convincing descriptions of music therapy's unique role in spiritual health care (Bright, 1986; Muirhead, 1982, Munro, 1984; O'Callaghan, 1988), and by virtue of limitations only now becoming apparent in the scope of the currently favoured behavioural methodology (Bunt, 1988; Codding, 1987; Gfeller, 1987).

Despite its credentials, however, music therapy's partnership with the church has not kept pace with these other collaborative efforts. There may be several reasons for this apparent delay including that which fundamentally hinders the process of integration per se - the fear that one field (e.g. music therapy) will be 'swallowed up' by the other (e.g. the church) (Collins, 1986). Other possibilities include the lack of a framework within which collaboration between these two fields could be described (Bunt, 1988), there are yet poorly understood relationships between

man's spirit and his music (Bright, 1986), and the frequent absence of clergy from health care teams (Dombeck and Karl, 1987).

In summary, the pursuit of the man-music relationship has brought music therapy into collaboration with several related fields. It is the premise of this paper, however, that the relationship between music therapy and theology is among those least well developed. Its purpose is to devise a preliminary model by which collaboration between music therapists and the clergy may proceed. In doing so, 'the clergy' are assumed to be of the Christian church and to be best represented ideologically subject by the discipline of 'theology'. The field of 'psychotheology' is assumed to be a valid model from which music therapy can develop its own integration processes with theology, and it shall be used as such in this paper.

Literature Review

Psychotheology

Interdisciplinary integration has been described as the attempt to unite or combine aspects of two distinct disciplines by examining their assumptions, foundational issues, conclusions and methods so as to achieve some fruitful outcomes (Bouma-Prediger, 1990). Such a process has been strenuously exercised by several fields in recent years, but perhaps in none more so than those of psychology and theology. Psychotheology is that discipline which seeks to integrate the fields of psychology and theology. Its ultimate purpose is to enable each field to effectively facilitate those changes which bring individuals into a state of spiritual and psychological wholeness (Collins, 1986). A tremendous variety of models have been devised to facilitate this process, and, more recently, a number of systems by which to categorize them.

The resulting classification systems have served to clarify the relationship between the two disciplines, and to give direction to research efforts (Foster, Horn & Watson, 1988). Of particular interest to music therapy in its search for integration with theology should be those styles which seek to retain each other's boundaries. In one such classification system Foster, Horn and Watson (1988) described two contrasting methods of psychotheological integration - 'manipulative' and 'correlative' - the latter of which enables each discipline to be retained in their original form throughout the integration process. 'Correlative' models focus on the complementarity of the psychological or theological concepts and are of two types: (a) the 'compatibility method' whereby similar psychological and theological facts are correlated with both sets being given equal weight; and (b) the 'complementarity method' in which the two disciplines are seen as answering different kinds of questions and so no attempt is made to alter inconsistencies. The 'compatibility method' of psychotheological integration has already been used by music therapists - at least in principle - as a means of achieving interdisciplinary collaboration. Several concepts have been chosen including the following: 'communication' for the collaboration between music therapy and speech pathology (Steel and Tassell, 1988), 'movement' with physiotherapy (Robbins and Robbins, 1988), 'artistic expression' with art therapy (Milford and

Caldwell, 1988), and 'music' with the psychology of music (Bunt, Cross, Clarke & Hoskyns, 1988).

Since the process of 'communication with the Divine' is common to both music therapy and theology, the concept of 'prayer' which it describes is proposed by this author as an initial meeting point for collaboration. Prayer has been described as the generic term for all aspects of humanity's conscious relationship with God, particularly that part which consists of mental and verbal communication (Selby, 1986). The concept of prayer is traditionally divided into praise, thanksgiving, confession and supplication, describing the essential components of man's relationship with God, thus giving "shape and definiteness to the mysterious communion between God and man" (Macquarrie, 1982, p. 494).

Music therapists working in the spiritual realm have paid particular attention to the concept of prayer, describing their role as including enhancement of the person's relationship with the Divine, either their consciousness of God's presence (Muirhead, 1982), expression of their spiritual feelings (Munro, 1984), affirmation of their spirituality (Bright, 1986) or referral to appropriate spiritual advisors (Bright, 1986). In a sensitive anecdotal paper, Muirhead (1982) described the role music therapy can play in helping patients "relax and centre down for prayer". The church, for its part, recognizes the benefits of music as a spiritual health care medium. In the Bible, music functions as a vehicle for prayer, being used at different times to give expression to the various elements of the people's relationship with God (Maries, 1983). It appears from recent literature, however, that the clergy are almost as lacking in knowledge about music therapy and its role functions as music therapy is of theology.

The structured use of music has been used by the clergy as an adjunct to pastoral care (Froehlich, 1987; Houts, 1981), but "[has] not been fully exploited for [its] therapeutic, restorative, and reconciling capacities" (Houts, 1981, p. 202). As such, the concept of prayer has already been used to some extent as a meeting place between music therapy and theology. While the efficacy of this approach has yet to be addressed, research by which the therapeutic value of prayer per se may be gauged has already produced encouraging results. In a comprehensive review, Finney and Maloney (1985) noted the potential of prayer as a tool in group therapy, its effectiveness in integrating a person's sense of self, in providing an adjunct to psychotherapy and in enhancing Christian spirituality.

What is Music Therapy?

The word therapy originated from the Greek word "Therapeia" which literally means "Healing", in other word, treatment of a disease. A curative intervention for the purpose of healing a sickness or restoring health. Music therapy is not a new concept globally; nor is it a new practice truth be told, music therapy practice predates its science just like medical practice predates the science of medicine. There are quite a number of works which has been done on the formulation of a working definition that captures the meaning of music therapy; some of these are: Alvin

(1975, p.4) who postulated that music therapy is the controlled use of music in the treatment, education and rehabilitation of children and adults suffering from physical, mental or emotional disorders. These definitions hint on certain points in view of the interest of this paper. According to Bunt (1994), music therapy is the use of sounds and music within an evolving relationship between child or adult and therapist to support and encourage physical, mental, social and emotional well-being. Music therapy can play an important role in special education because many students with disabilities need special instructional treatment. Wagram (2000) opined that music therapy is the use of music in clinical, social and education or psychological needs. Mereni (2004) explained music therapy as an imperial study research in systematic musicology with necessary resources and relevant ancillary disciplines particularly, social and health sciences and aimed at the practical exigency of health care giver.

Based on the foregoing, the word musicology was employed in Mereni's definition, not in the now obsolete sense of Guido Adler, but in the contemporary sense of the science of global music. In this contemporary sense, musicology represents all that can be studied and known about music starting from its most elemental genetic materials through its manifestation in the life and culture of different peoples and races of the world, to its effects on man and nature.

The Beginnings of Music Therapy

Since the ancient world relations have existed between music and medicine. In the prehistoric music, dance, rhythm and religious practice were important parts of shamanism and early medical procedures. Important philosophers of the classic period already began with the scientific research of musical and medical questions. During the middle age, convents conserved ancient knowledge. They offered medical care and taught the ancient knowledge of medicine, arts and music. The Gregorian choral was created. Traditions of popular believe expressed the relations between music and medicine. The Renaissance became the great époque of art, music and science. Leonardo da Vinci and Andreas Vesalius presented a new style of artistic working and scientific knowledge. In addition, in the basic of western music, tonality was developed. With the separation of scientific subjects in natural sciences and humanities, the relationships between music and medicine fell into oblivion. During the classic and romantic era, music and art were important parts of the cultural live of the well-educated society. With the development of neurology, psychiatry and psychoanalysis, more physicians and scientists were interested in musical questions. Questions about the role of music in human behavior and the ancient method to use music in medical treatment became popular. In the early 20th century, the music therapy was developed. Today the effects of music to the human brain are investigated with radionuclear methods. Many investigations showed the effect of music and music performance on humans. Music plays an important part in psychotherapy, therapeutic pedagogy and medical care, the importance of music and music therapy increases. In the 20th century, the performing arts medicine was developed, which asks for the medical problems of performing musicians (1).

The history of the use of music to lessen the pain of rheumatism is seen in the use of musical therapy in medicine as a whole. Sources citing the use of music specifically in rheumatism are rare; often, rather than rheumatism, terms like "gout (podagra)" or "joint-pain" are mentioned. This is connected with the obscure and pathognomic perceptions of rheumatism. In the archeo-medicine and for primitive cultures, the considered potency of music was primarily dominated by animistic thinking. In antiquity humoral pathology developed a philosophy that tried to explain the benefits of music, even for rheumatism, but found little acceptance.

In the Middle Age and in the Baroque period, iatromechanistic conceptions determined music as useful in fight against pain. In the Romantic period, there was speculation about music as a causal therapy, but it was short-lived. In the 20th century, music is applied as an active therapy in the care of persons suffering from rheumatism; its empiric success as a remedy in rehabilitative and palliative therapy is recognized (2). Healing powers have been ascribed to music at least since David's lyre, but a systematic discourse of pathological music emerged only at the end of the 18th century. At that time, concerns about the moral threat posed by music were partly replaced by the idea that it could over-stimulate a vulnerable nervous system, leading to illness, immorality, and even death. During the EnlightenmentAge, the relationship between the nerves and music was more often put in terms of refinement and sensibility than pathology. However, around 1800, this view was challenged by a medical critique of modern culture based on a model of the etiology of disease that saw stimulation as the principal cause of sickness. Music incorporation into that critique was made possible by a move away from regarding music as an expression of cosmic and social order toward thinking of it as quasi-electrical stimulation, something that was intensified by the political and cultural changes unleashed by the French Revolution. For the next hundred and fifty years, nervousness caused by musical stimulation was often regarded as a fully fledgedZivilisationskrankheit, widely discussed in psychiatry, music criticism, and literature (3).

As music therapists continue to discover more about the therapeutic powers of music, it is interesting to look to the past in order to seek the roots of our contemporary practices. In this regard, the writings of eighteenth-century physicians are pivotal in the development of music therapy, for these individuals who first began to depend greatly upon scientific experimentation and observation to formulate their procedures. Representative of this stage in the history of music therapy are the findings of the renowned London physician Richard Brocklesby, the only doctor to write a treatise on music therapy in 18th century in England. The subjects treated by Brocklesbyin his *Reflections on the Power of Music* (1749) included his musical remedies for the excesses of various emotions-particularly fear, excessive joy, and excessive sadness. He discusses his musical remedies for diseases of the mind recognized in the eighteenth century - delirium, frenzy, melancholia, and maniacal cases. He considered music as an aid to the elderly and to pregnant women. Brocklesby provides a lively account of the curative powers of music as viewed in the mid-eighteenth century by an excellent medical mind (4).

The purpose of this study was to provide biographical information and description of a series of music therapy experiments conducted by Leonard Corning (1855-1923), a prominent neurologist practicing during the late 19th century in New York City. His 1899 article appearing in the *Medical Record: A Weekly Journal of Medicine and Surgery* summarized a series of inventive experiments using music to affect emotional states in people with mild behavioral-emotional and sleep disorders. Information was analyzed using a set of primary and secondary sources from contemporaneous books, newspapers and journals. These sources provided biographical information and insight into his experimental methods. Recent sources provided a framework to help understand his conclusions from the viewpoint of late nineteenth-century physicians and for current practitioners of music therapy. Findings indicate that Corning's rationale for using music, visual figures and occasional medication in the treatment of behavioral-emotional disorders was successful in influencing feelings and emotions in a positive way. He believed that during pre-sleep and sleep, cognitive processes became dormant, allowing the penetration of "musical vibrations" into the subconscious eliminating morbid thoughts that plagued his patients. Understanding of Corning's contributions to music therapy will assist contemporary educators and therapists to better understand the impact of early contributions to music therapy by late 19th century practitioners such as Corning (5).

In modern Western medicine, music therapy has been available since the 1950s and it is now often incorporated into conventional medicine care. Music therapy is a common modality that is used in hospital settings as part of complementary and integrative medicine programs. It is also a key therapeutic tool used within most integrative medicine programs at large cancer centers in the US. When used in conjunction with conventional cancer treatments, music therapy helps patients promote a better quality of life; better communicate their fear, sadness, or other feelings; and better manage stress, while alleviating physical pain and discomfort (6). In the United States, the evidence suggests that the public press introduced the idea of using music as an adjunct to medicine in the late 18th century. This was followed by scholarly tracts written by medical students at the University of Pennsylvania in support of music therapy. The era concluded with implementation of organized musical activities in institutions for visually-handicapped and hearing impaired students and renewed advocacy of music therapy. Primary sources for the study include articles and dissertations from the era and contemporaneous accounts and reports. The study concludes that music therapy grew at a slow but steady pace and the profession developed on an apparently secure foundation (7).

Nordoff-Robbins Music Therapy is an improvisational and compositional approach to individual and group therapy that resulted from the pioneering teamwork of Paul Nordoff and Clive Robbins over a period of 17 years. Nordoff and Robbins developed this approach for practical clinical purposes while working with the children at Sunfield Children's Home in 1959. This paper explores the critical academic year of 1959-1960 as a watershed in the early development of Nordoff-Robbins Music Therapy. By way of context, it also examines (a) how Paul Nordoff, as a distinguished American pianist and composer, became a music therapist; (b) how Nordoff's

former musical career as a composer and pianist affected his clinical musicianship as a music therapist; (c) how Clive Robbins, a British special educator, became a music therapist; (d) how their team work emerged; and (e) how they developed their own approach. In conclusion, the early development of Nordoff-Robbins Music Therapy resulted from Nordoff and Robbins' similar philosophical background, the supportive environment of Sunfield Children's Home, the guidance of Herbert Geuter, M.D., and their courage. Since the 1959-1960 academic years, the application and practice of Nordoff-Robbins Music Therapy has undergone many changes. However, the pioneering spirit of Nordoff and Robbins manifested in watershed year remains strong among contemporary Nordoff-Robbins music therapy practitioners (8).

This historical study explored the contributions of Juliette Alvin to the early development of Japanese music therapy. Alvin visited Japan twice, once in 1967 and once in 1969. Despite the brevity of her stays, Alvin presented Japanese music therapy pioneers with a vivid picture of music therapy profession and clinical practice. Professional associations were launched, catalyzed by her visit. Alvin's clinical demonstrations inspired one of the music therapy pioneers to explore not only his own philosophy but also a comprehensive view of the future direction of Japanese music therapy. A young musician, who worked as an assistant in Alvin's sessions, adopted her approach and became a leader in Japanese music therapy. Information about Alvin were obtained from letters, books, newspapers, journal articles, interviews with Japanese music therapy pioneers, and Alvin's own reports on her practice in Japan. Implications of Alvin's approach are for the role that music therapy today can play in addressing the needs of clients (9).

Music therapy is a science that has been applied many centuries ago, but it has been organized as a profession during the past century. This science studies the therapeutic effects of music in human beings. Professionals who practice this science are called "music therapists" and they must be trained not only in music theory and performance, but also in psychology, anatomy, and research techniques, and other subjects. Today, we can find music therapy research in many areas such as the effects of music in children with autism, adults with psychiatric illnesses, elderly with Alzheimer and Parkinson disease, and people with brain injuries. Numerous studies demonstrate the functionality of music therapy in patients with neurological disorders. These studies show that music helps patients to gain control over their walking patterns after a brain injury, stimulates long and short term memory in patients with Alzheimer disease, and increase self esteem and social interaction in elders (10)

Brief Historical Development of Music Therapy Practice in Nigeria

Given the circumstances of colonial history, which virtually emasculated cultural-mental originality among the society's elite, the case of Music Therapy in Nigerian scene, as an African example, was pioneered by literate, culturally secure creative craftsperson. Literate creative innovators are only beginning to emancipate, and these are the composers that are confidently advancing knowledge through cognitive research, as well as cultural creative integrity in engaging with the global knowledge discourse.

The British colonial governance introduced modern music literacy in Nigeria along with the British education system. Music was not a school subject. Music literacy (solfa notation in particular) became expedient for the missionary as well as the colonial education agenda and content: transformation of the African person into an unimaginative consumer of imperialist knowledge and material inventions. Music literacy served the purpose of producing church choirs and recreational school activity that continue to consolidate intellectual-cultural dependency. The vision and resources were, and continue to be exogenous.

Systematic literary music education started at the tertiary level in the University of Nigeria, Nsukka in 1961. Before then, however, the isolated interest or needs of British colonial officers and missionary educators dictated the teaching of European instruments and music literacy composers who emerged from this system additionally took correspondence courses from music institutions in Britain in order to gain competence in European music theory, history and the piano. They thereby were able to take the Graded Certificate course Examinations of the overseas institutions in these subject areas.

In Nigeria, Music Therapy has been practiced in one form or the other in the Medical profession. Apart from this, It is also practiced in schools, churches and homes. Gaston (1986) stated as follows: Personal interviews with some relevant medical professionals have revealed that music has been found helpful and effective in treatment of many diseases, maintaining physical fitness of pregnant mothers and giving relaxations and relief to patients. Other therapies such as physiotherapy and psychotherapy have always made use of music. Presently, there is no Department of Music Therapy in any university, hospital or church throughout the country.

Although, Music therapy is yet to be standardized in Nigeria but there is ongoing work and research in this direction. Aluede (2005) posits that the journey of creating music therapy practice in Nigeria, despite its potential, is challenging. It is piloted by only a handful of people and as yet, the real lack of facilities for research, infrastructure and lack of support and assistance from organizations both in the private and public sectors has hindered the growth of this discipline. However, there have been many efforts in the direction of promoting professionalism in Music Therapy through the works and research of individuals across different regions in Nigeria. The most prominent is Prof. Anthony E. Mereni.

Biblical Principles for the Use of Music

It is not enough to simply outline what the biblical practice of music in worship was. From this record principles must be drawn that can reach through time and be useful for application to the use of music in worship today. As seen, the Bible gives a large resource from which to draw these principles, and they are extremely helpful in informing the therapist. Arising are seven principles which need to be outlined briefly and developed in order to outline the theology of music for which this study is seeking.

Music is a Divine Expression

All music originates in the Creation of God, and that God is a Musician Himself. We have seen how God performs music in his work of creation. He is also musically active in the ministry of Jesus and His work of salvation. Music is present at the final judgement, and plays a vital role in this work. In God's ongoing relationship with his people, music is also significant. God also chooses to use music as a way to be present with His people. It also makes music a vehicle for encountering God, as well as a channel for His savings, healings, and restoration power.

Music is a Human Expression

It is necessary to understand that human uses music as a means of expression and creativity. When used in the context of worship and healing, it provides an opportunity for human beings to express their love and devotion to God in a way that is creative, which flows from the inner depths of the person. In this way, music becomes a uniting force between God and His people, facilitating the sense of Spirit-filled. This indicates that the practice of giving music prominence in worship services is both good and necessary. Since music is central to human life, it should also be central to the life of the church and the therapist. As it has always been used for religious expression, so it must continue to be.

A further implication of this principle is the human perspective of music, as it is culturally defined, and so our worship has human cultural elements to it. This is part of the reason for different Church traditions, or different worship styles within a single tradition. People who offer music up to God, offer "their" music - the music culture with which they identify - in order to make their worship expression authentic and personal.

Music is Neither 'Sacred' nor 'Secular'

Its value in spiritual terms is not defined by the music itself, but by the people that compose, arrange or perform it. The role of the lyrics which are set to the music is also significant, as it is evidenced by the fact that so-called secular music can be used for sacred lyrics, and thus become an expression of worship (as in the likely case of some of the Psalms). It is also important to note that instrumental music without lyrics can have a place in worship and healing.

Music Has A Variety of Functions

The Biblical witness to music usage gives strong evidence of the variety of functions which music performed in the life of God's people. It was used for worship - expression of devotion to God; it was used for gathering and facilitating, fellowship or communion between people -- building up the church and encouraging one another; it was used to demonstrate God's greatness to people - even to other nations (implying an evangelical function, although this was not specifically applied in the Old Testament); it was used to facilitate the experience of God's supernatural power - either through the receiving of prophetic messages, or for healing or for victory over evil forces, or human enemies. Many of these functions can be fulfilled within the worship context, and this needs to be explored further by the Church and its musicians. One of

the important facets of this principle is that music does not always have to be used for its own sake. It can be used in a very effective way in a supportive role, facilitating the expression of other art forms, or bringing greater worship value to liturgical events or even preaching.

Music Is Powerful for Both Healing and Destruction

Certainly from a biblical perspective, it is to be expected from something that is close to God's heart, and so extensively used by Him. However, the testimony of Scripture is that this power is "a-moral". Like 93 the discussion of Paul about authority - that it is given by God, but the way in which it is used is determined by the person to whom it is given 121 - so the power in music is given by God, but can be used for good or evil as the person using it determines. Scripture demonstrates sound and music being used both for healing and for destruction. Science is now attesting the fact that music can be healing or harmful. Church musicians need to be aware of this, and treat this power with great care.

Music Healing in the Bible and Its Kinds

Relying on Mereni's (1997) model, music healing is of five kinds and they are: (a) Anxiolytic music therapy: Music meant to free one from fear, fright or anxiety. (b) Tensiolytic music therapy: Music meant to relieve one from physical or mental pain as a result of labour. (c) Algolytic music therapy: Music meant to relieve physical pain. (d) Psycholytic music therapy: Music meant to loosen a person from the grip of evil forces. (e) Patholytic music therapy: Music meant to relieve grief of bereavement, heavy loss or heavy burden borne on one's mind. Having identified these five shades of musical intervention in the well-being of man, we will be examining the therapeutic applications of music in the Bible and the ailments which informed the objectives of the forms of musical types and intervention so applied. Although the Bible is ornamented with a lot of ailments where music was used to bring about well-being, for the purpose of this research, we shall limit our discussions to four and they are: 1. The invasion of Saul by evil spirits 2. David and the Ark of God 3. Jephthah's daughter's two months retreat 4. Paul and Silas in Prison.

The Invasion of Saul by Evil Spirits

Saul was sick and through investigation and diagnosis, it was discovered that the spirit of God had departed from him and was invaded by evil spirits (1 Samuel 16:14 – 23). The method of treatment was that David played harp for him to release Saul from the firm grip of evil spirits. The setting where this healing exercise was conducted was Saul's bedroom. The harp is an instrument known to have the power of playing melodies as well as harmonies. From the provisions in the Bible, the music was not danced to but performed solely to sedate Saul. David alone was recorded to be a known person who could play the music. This discovery therefore means that it was not ensemble performance but directed for the aesthetic and therapeutic

enjoyment of Saul. It may not be wrong to suggest that the music was soft and the results and follow-up of this healing is found in 1 Samuel 14:23 when it is thus recorded that Whenever the spirit from God came upon Saul, David would take his harp and play. Then, relief would come to Saul; he would feel better and evil spirit would leave him. The kind of music therapy applied in the above sense is the psycholytic music therapy and the sole aim was just to free the patient (Saul) from the grip of evil spirits.

David and the Ark of God

The antecedents associated with the Ark of God, that is how a person who wanted to save it from falling was struck dead and his unworthiness to house the ark were some of the major reasons for David's fear and hesitation in bringing the ark to his home. In the house of Obed, where the ark was, God blessed his household and everything he has (1 Samuel 6:12). *Abinitio*, King David was under the serious threat of fear and so did not want the ark. Having made up his mind to bring the ark home, a collective musical intervention was sought. The Bible said: "David, wearing a linen ephod, danced before the Lord with all his might, while he and the entire house of Israel brought up the ark of the Lord with shouts and the sounds of trumpet" (1 Samuel 6:14 – 5). The biblical excerpt above talks of David dancing with his might, the kind of music was associated with shouting and the trumpets were also employed. Trumpets are known for vulgarity and brilliance. The setting for the musical performance happened to be the street side with the whole lot of Israelites in attendance. Hearing very brilliant music with high pitches attenuates fright, anxiety or fear. Invariably, David was subjected to anxiolytic music therapy. There and then, his mind rose above fear and he danced very vigorously, came to the once dreaded ark, made sacrifice and blessed the land of Israel and his household.

Jephtah's Daughter's Two Months Retreat

The Bible gives a very clear remark on the vow of Jephtah and his only daughter who then became the object of sacrifice. To be prepared for the intended sacrifice, his daughter then requested for two months to mean herself. The Bible is ornamented with the concept of weeping, wailing and great lamentation. Of these terms italicized above, one may not be wrong to say that they also had strong relationship with singing. In our present day societies, women are apt to crying more easily than the men, and when they cry, they hum or sing accordingly. Relying on the Bible, Cole (1998:17) opined that Women often seem to be music makers: see the stories of Miriam (Ex. 15:20), Deborah (Judges 5), Jephtah's daughter (Judges 11:34) and the women meeting David after he had slain the Philistine (1 Samuel 18:6-7). They were the ones who sang the dirges in times of lamentation (2 Samuel 1:12-18; 2 Chronicles 35:25). From the Biblical account, the event that will culminate to Jephtah's daughter being sacrificed was grief filled hence she asked for some time to go into the wilderness to bewail and bemoan her incipient death. That she choose the wilderness as the place to stay for sometime means she opted for a calm and serene environment. This setting is significant because every Bible student may be touched with the similarities with John's mission in the wilderness, Jesus' mission in the garden

of Gethsemane. These factors informed the researcher when he used the term, the two months' retreat. Put simply, she went to the wilderness to be free from worldly cares and to combat great grief, pain and tension associated with her being sacrificed shortly. The kind of musical intervention which she got from this retreat is both tensiolytic and patholytic music therapy.

Paul and Silas in Prison

“And at midnight, Paul and Silas prayed, and sang praises unto God: And the prisoners heard them” (Acts 16;25). Middle Eastern prisons were never known as places of comfort, but were frequently nothing more than dreary dungeons. There were no toilet facilities and prisoners lay with their feet fastened in wooden stocks on the bare ground. Under such circumstances, it must have seem highly unusual to hear two people singing praises to God (special insert to the Herald of Christ Kingdom January/February, 2006). From the quotation above, it is obviously clear that the prison where Paul and Silas were kept was not good for human habitation. It was a place of tension, mental and physical pains. In that deplorable condition they sang, the objective of the singing was to attenuate the tension, mental and physical pains associated with their imprisonment. Therefore, the kind of music therapy which they sought in songs was a combination of Tensiolytic and Algolytic music therapy.

Summary and Conclusions

Beyond mere speculation, music is beginning to be known to have healing functions. These healing functions should not be seen in the vein of wound healing. Music aids movements, corrects speech disorder, enhances good character formation, enhances team work, and through songs the ills and vices in the society are unveiled. From this paper, it has been specifically observed that music attenuates tension, anxiety, emotional depression, and redirects individuals by strengthening them. Music also helps in geriatric cases. According to the holistic health philosophy, each member of the health care team will encounter clients' spiritual needs at some time. At those times the health care professional has the following options:

- (1) ignoring the spiritual dimension of the client;
- (2) referring the client to the clergy without participating in that aspect of care;
- (3) co-operating with the clergy so that relevant information is shared;
- (4) collaborating with the clergy in an interdisciplinary mode, each contributing the unique skills of his or her discipline to address such problems (Dombeck and Karl, 1987)

The findings of the study support the premise that collaboration between music therapists and the clergy has benefits beyond those already realized in clinical practise, and that further integrative efforts are warranted. While music therapy has made progress in seeking collaboration with other

related fields, most notably the allied health therapies, work with the clergy is as yet less well defined.

The lack of a framework by which to proceed has been one factor apparently hindering the development of collaboration between music therapists and the clergy. The 'compatibility model', borrowed from the disciplines of psychotheology, has at least surface validity when applied to this new field of endeavour. From this model the concept of 'prayer' may be derived as a potentially fruitful meeting place for music therapists and theologians. The purpose of this paper has been to excite and inform music therapists and clergy alike, of the tremendous potential for spiritual enrichment which lies in structured collaboration such as is available using the concept of prayer. If it has served this end then the story is only just beginning.

Recommendations

Based on the results realized from the findings, the following recommendations are made in order to achieve effective synergy among the therapist and clergy.

1. Therapist and clergy should utilize music more in their healing activities, in other words, most of the pedagogy can be set to music in order to achieve results with the speech impaired and other health related issues.
2. Department of music in Nigerian universities, colleges of education, and theological seminaries should include music therapy and special music education in the curriculum in order to train people who will adequately fit in, in the various schools and organizations where services will be required in the society.
3. Music therapist and clergy who are willing to administer in such specialty should adhere to the above mentioned procedures and strategies in order to achieve results.

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