Vocal Music: A Therapeutic Tool in the Late Romantic Period and Present Nigeria

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Abstract

Music therapy is a flexible treatment modality, able to promote wellness, facilitate symptom management, and improve the quality of life of those with mental illnesses. Qualified, credentialed music therapists use active and passive music therapy interventions to target specific objectives like improving mood, increasing compliance and motivation, and enhancing emotional expression. Data suggest that music therapy intervention results in clinical improvement in individuals with a range of mental health needs, and these benefits are seen among individuals with varying diagnoses, ages, and ethnicities. The data also suggest that music therapy is cost effective, has little adverse effects, and is well received by those with mental illnesses. This study provides an overview of music therapy in mental health treatment, including commonly found diagnoses among individuals served, evidence-based practices, and outcomes found in the literature. Descriptions of music therapy interventions are provided, as are case examples to illustrate music therapy in mental health treatment. Finally, service provision is discussed, as is current music therapy research and areas for future investigation.

Introduction

Music therapy is an evidence-based clinical use of musical interventions to improve clients' quality of life. It is the systematic approach of applying musical ingredients to people in order to improve life and well-being. Music therapists use music and its many facets physical, cognitive, emotional/psychological, social, aesthetic, and spiritual to help clients improve their health in cognitive, motor, emotional, communicative, social, sensory, and educational domains by using both active and receptive music experiences. These experiences include improvisation, re-creation, composition, receptive methods, and discussion of music.

Many of us have favourite songs or singers to whom we love to listen. You might belong to a church choir, or maybe you have had a role in a school choir. And you have probably

sung "Happy Birthday" to a family member or friend. But what do these things have in common? They are all examples of vocal music.

Vocal music is music that uses and emphasizes the human voice. Sometimes instruments are used, but the voice is the most important part. Vocal music is the opposite of instrumental music, which uses any combination of instruments, such as strings, woodwinds, brass, or percussion, and occasionally with the human voice.

People have used voices to make music for thousands of years, and vocal music is found in cultures around the globe. It's a fundamental part of human expression.

Instrumental music on the other hand is music performed by musical instruments. Instrumental music is not exclusively performed by musical instruments as there are other forms of sound production by humans which includes: humming, whistling, clapping, snapping etc.

That music as a construction of the human brain has multifarious functions is not controvertible. Chanda and Levitin (2013) opine that:

> "Music is one of a small set of human cultural universals, evoking a wide range of emotions, from exhilaration to relaxation, joy to sadness, fear to comfort, and even combinations of these. Many people use music to regulate mood and arousal, much as they use caffeine or alcohol. Neurosurgeons use it to enhance concentration, armies to coordinate movements and increase cooperation, workers to improve attention and vigilance and athletes to increase stamina and motivation" (p. 179).

Earlier, Levitin (2012) observed that music itself also functions as 'amphetamine' and 'barbiturate' do. If this view is to be held on to, it means that music can as well function as medicine and if so, the onus is on everyone concerned with health and healing to explore healing through music as a major tool in modern healthcare delivery. (Benson, 2012) affirms that there is perhaps an obvious reason why music in healing should be explored. (Cortrell, 2002) records that apart from musicogenic epilepsy which is attributable to music, no side effect is noticed with musical intervention in the wellness of a patient, as against the use of drugs.

It is evident enough that music can affect a client's attention, emotion, cognition, behavior, and communication; It also help bring about relaxation and pleasure. According

to Koelsch. (2009), "Music also affects perception. Training in music promotes an individual's skills in the decoding of acoustic features, such as pitch height and frequency modulation".

Music transcends time and is present in all communities throughout the world. Given the universal nature of music, music therapy is uniquely able to reach individuals across all backgrounds and ages. It does not require any previous knowledge for individuals to meet their goals and be successful. Music therapy provides individualized treatments to help treat individuals with disabilities, injuries, illnesses or to improve their well-being.

Some common music therapy practices include developmental work (communication, motor skills, etc.) with individuals with special needs, songwriting and listening in reminiscence, orientation work with the elderly, processing and relaxation work, and rhythmic entrainment for physical rehabilitation in stroke victims. Music therapy is used in some medical hospitals, cancer centers, schools, alcohol and drug recovery programs, psychiatric hospitals, and correctional facilities.

There is a wide qualitative and quantitative research literature base for music therapy. Music therapy is distinctive from Musopathy, which relies on a more generic and non-cultural approach based on neural, physical, and other responses to the fundamental aspects of sound.

According to Dr. Daniel Levitin, "Singing and instrumental activities might have helped our species to refine motor skills, paving the way for the development of the exquisitely fine muscle control required for vocal or signed speech."

Evidence suggests that music therapy is beneficial for all individuals, both physically and mentally. Benefits of music therapy include improved heart rate, reduced anxiety, stimulation of the brain, and improved learning. Music therapists use their techniques to help their patients in many areas, ranging from stress relief before and after surgeries to neuropathologies such as Alzheimer's disease. One study found that children who listened to music while having an IV inserted into their arms showed less distress and felt less pain than the children who did not listen to music while having an IV inserted. Studies on patients diagnosed with mental disorders such as anxiety, depression, and schizophrenia have shown a visible improvement in their mental health after music therapy.

Music therapy is not limited to only sick people around us or for the purpose of clinical attention, we all in one way or another need music to ease off tension and relax or even to re-direct our mood swing. Common effects of stress on our body includes:

- Headache
- Muscle tension or pain
- Chest pain
- Fatigue
- Upset stomach
- Sleep problems

Common effects of stress on your mood includes:

- Anxiety
- Restlessness
- Lack of motivation or focus
- Feeling overwhelmed
- Irritability or anger
- Sadness or depression

Common effects of stress on behaviour

- Overeating or undereating
- Angry outbursts
- Social withdrawal

One of the best remedies for these outlined issues is music. Music is often linked to moods and certain music can make individuals feel a variety of emotions from happy, calm, energetic or relaxed.

For children and teens with cancer and other illnesses, the pain can be unimaginable and unbearable. No matter how much medication is given to them, sometimes it just is not enough. Through listening and playing music as well as song writing and singing, pain among patients reduces. Music therapy can help to relieve pain and reduce stress and anxiety for the patient, resulting in physiological changes, including:

- Improved respiration
- Lower blood pressure
- Improved cardiac output
- Reduced heart rate
- Relaxed muscle tension

This form of therapy has been shown to have a significant effect on a patient's perceived effectiveness of treatment, including pain reduction, relaxation, respiration rate, and lower levels of anxiety.

According to Professor Suzanne Hanser, EdD MT-BC at Berklee College of Music, there is a protocol for handling pain management through music therapy. "It is based on a cognitive behavioral model of therapy, which posits that new thoughts, feelings and body states may be conditioned to replace dysfunctional patterns. Specifically, a relaxed body and pleasant visual images may replace tension and worry when they are conditioned as a response to familiar, calming music. The conditioning process takes place when listening to this music is paired with deep relaxation through repeated practice. Over time, the music alone cues the response. The music therapy protocol is designed to perform several functions:

- To direct attention away from pain or anxiety, distracting the listener with comforting music.
- To provide a musical stimulus for rhythmic breathing.
- To offer a rhythmic structure for systematic release of body tension.
- To cue positive visual imagery.
- To condition a deep relaxation response.
- To change mood.
- To focus on positive thoughts and feelings and to celebrate life."

Forsblom and colleagues (2009) conducted two parallel interview studies of stroke patients and professional nurses to ascertain the therapeutic role of listening to music in stroke rehabilitation. They found music listening could be used to help patients relax, improve their mood and afford both mental and physical activation during the early stages of stroke recovery Forsblom, Lantinen, Särkämö, & Tervaniemi, (2009). Opines that music listening was described as a 'participative rehabilitation tool' (Forsblom, et al. 2009), hence this study on "vocal music, a therapeutic tool in the late romantic period and the present".

Statement of objectives

Humans go through stress, pain and anxiety, mood swing, restlessness and other mental or medical challenges everyday of our lives; vocal music then, closes the gap and has proven to be the most effective tool in salvaging the situation. The effects of vocal music as a therapeutic tool in arresting these situations in our lives can never be over-emphasized; hence the need for this study. As a therapy, music is a proven way to reduce stress and to get into a mindful state of consciousness.

The use of music for healing in Nigeria is a very old tradition. Music healing is performed in various traditional cultures in Nigeria. Basically, it has been in oral form. Traditional music healing is mostly carried out by specialized native doctors. In few communities, they are specialists who are not doctors (native doctors), but just specialized music healers. The major tool of the healing intervention is music of special types, often played with special instruments and dancing. The therapy takes place at a specific place and at particular hours of the day or night; thus, location and timing are very important.

According to Scott, (2018). Psychologists believe that music therapy improves the quality of life, from pain to personal loss, attentional disorders to relationship issues, music therapy is one fix that suits all.

Thesis Statement

The study is centered on the need for the use of vocal music as a therapeutic tool in the late romantic period and the present time. It outlines the numerous benefits of the use of vocal music to harness life situational challenges that affects our mood and actions, as well as mental disorderliness and its control and possible cure; viz a viz the need for the use of vocal music as a therapeutic tool.

Review of Related Literature

This chapter embodies a comprehensive review of related literatures of other authors and those of the researcher's current findings on the subject matter. The review of related literature to this study focuses on the following frameworks: conceptual, empirical and theoretical.

Theoretical framework

Psychoanalysis

In the words of McLeod, (2014). Psychoanalysis is a type of therapy that aims to release pent-up or repressed emotions and memories in or to lead the client to catharsis, or healing; in other words, the goal of psychoanalysis is to bring what exists at the unconscious or subconscious level up to consciousness.

This goal is accomplished through talking to another person about the big questions in life, the things that matter, and diving into the complexities that lie beneath the simple-seeming surface.

Freud who propounded this theory was born in Austria and spent most of his childhood and adult life in Vienna (Sigmund Freud Biography, 2017). He entered medical school and trained to become a neurologist, earning a medical degree in 1881.

Soon after his graduation, he set up a private practice and began treating patients with psychological disorders.

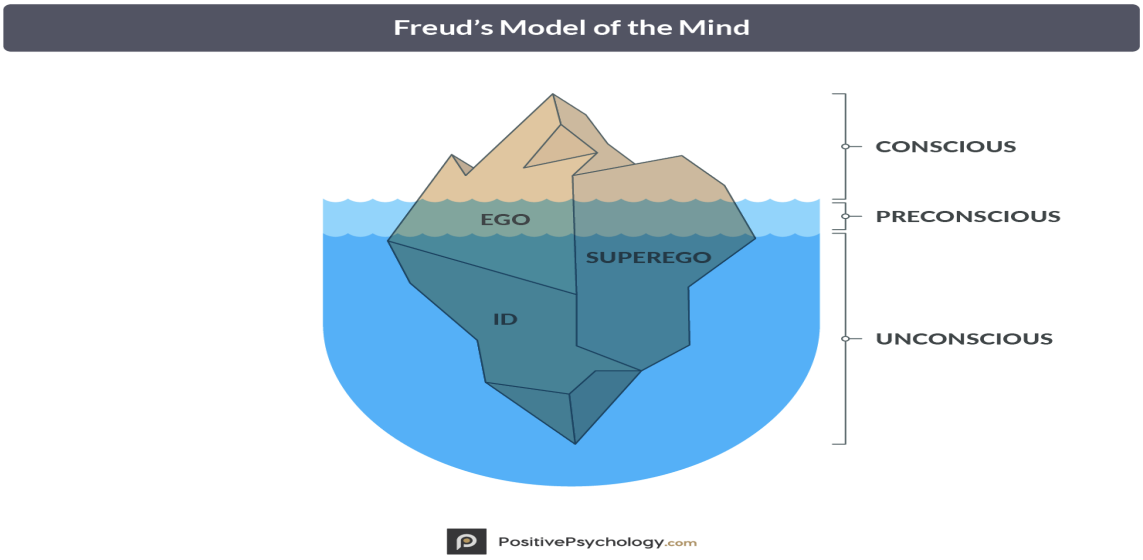
His attention was captured by a colleague's intriguing experience with a patient; the colleague was Dr. Josef Breuer and his patient was the famous "Anna O.," who suffered from physical symptoms with no apparent physical cause.

Dr. Breuer found that her symptoms abated when he helped her recover memories of **traumatic experiences** that she had repressed, or hidden from her conscious mind.

This case sparked Freud's interest in the unconscious mind and spurred the development of some of his most influential ideas.

The researcher strongly affirms this and the use of this theory to support his claims that music is a strong therapeutic tool used for people who suffer from amnesia. Relating this to the topic under discuss, the patients undergo certain procedures that calms their worried minds to a soothing state.

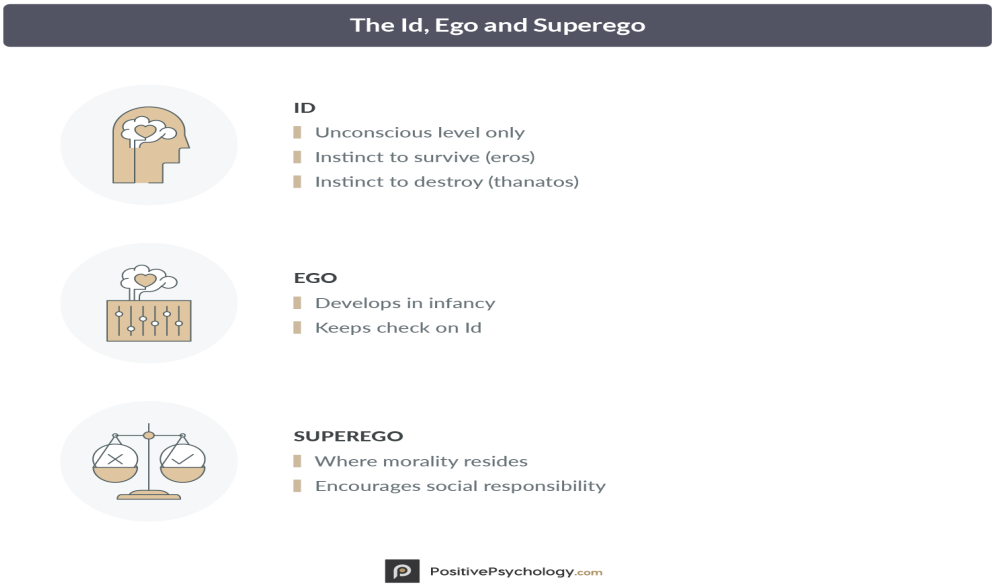
Models of the Mind



Perhaps the most impactful idea put forth by Freud was his model of the human mind. His model divides the mind into three layers, or regions:

1. Conscious: This is where our current thoughts, feelings, and focus live;
2. Preconscious (sometimes called the subconscious): This is the home of everything we can recall or retrieve from our memory;
3. Unconscious: McLeod, (2013). Posits that at the deepest level of our minds resides a repository of the processes that drive our behavior, including primitive and instinctual desires.

Later, Freud posited a more structured model of the mind, one that can coexist with his original ideas about consciousness and unconsciousness.



In this model, there are three metaphorical parts to the mind:

1. **Id:** The id operates at an unconscious level and focuses solely on instinctual drives and desires. Two biological instincts make up the id, according to Freud: eros, or the instinct to survive that drives us to engage in life-sustaining activities, and thanatos, or the death instinct that drives destructive, aggressive, and violent behavior.
2. **Ego:** The ego acts as both a conduit for and a check on the id, working to meet the id's needs in a socially appropriate way. It is the most tied to reality and begins to develop in infancy;
3. **Superego:** According to McLeod, (2013). The superego is the portion of the mind in which morality and higher principles reside, encouraging us to act in socially and morally acceptable ways.

The image above offers a context of this "iceberg" model wherein much of our mind exists in the realm of the unconscious impulses and drives.

On the Therapeutic Use of Music

Music therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals, within a therapeutic relationship, by a credentialed professional who has completed an approved music therapy program (American Music Therapy Association [AMTA]. It is the art of using musical sounds in bringing changes from undesirable unhealthy conditions to a more comfortable one in a person's life. Music as a healing force has a long history dating back many centuries. It was well recognized by the Greeks who have Apollo as the god of music and medicine.

In Africa, the Egyptians used music therapy in the temples. The Native American medicine men used chants and dance as healing methods for patients. An important figure with great interest in how music affects humans was the Greek philosopher Plato.

Degmecic (2005). A modern form of music therapy was said to have begun after World War II when musicians travelled to hospitals playing music for soldiers having emotional and physical trauma. Music has been found useful with proven evidence in certain health conditions. It has been found helpful in children having problems with communication, motivation, attention and behavioural difficulties. Modern healthcare has recognized and is utilizing the benefit of music in therapeutic modification of symptoms of mental disorders such as schizophrenia, Alzheimer's disease, parkinsonism, depression, dementia and mood disorders.

A study carried out by Field. (1998), indicates that music reduces stress hormone (cortisol) levels significantly, and can shift depressed adolescents towards positive affect. To corroborate this finding, the American Music Therapy Association (2014) asserts that when music is used therapeutically, it reduces muscle tension; decreases anxiety and agitation; enhances interpersonal relationships; increases motivation, self-esteem and selfimage; improves group cohesion; and increases verbalization and emotional release. Most of these items mentioned above are symptoms related to mental illness.

Almost every aspect of the life of the people has its social and spiritual meaning. According to Onyeji, (2009). Spiritual interpretation and essence of figures, such as four and seven, for instance, find relevance and social meaning in many African societies. Thus, African music is spiritualizing, ennobling and healing to both the musicians and the people and is as well, the soul of African life. It is always a process of harmonization of the physical and the spiritual, a fundamental philosophy of life activities in Africa. Spirituality and therapy give value to music in Africa.

The theory of music, mood and movement to improve health outcomes

International guidelines for physical activity recommend that adults engage in regular, moderate–intensity physical activity for at least 30 minutes per day for 3–5 days per week to obtain health benefits. Unfortunately, physical inactivity is increasingly prevalent in industrialized countries and contributes to obesity and chronic diseases, such as cancer, cardiovascular disease and diabetes. Hence, cross-cultural, innovative, evidence-based strategies to promote physical activity and improve a wide range of health outcomes continue to be an important area for nursing research and practice worldwide.

One strategy is to develop a middle-range theory with music as an intervention to increase physical activity and improve health outcomes. Through the ordering of tones or sounds to produce compositions, music produces psychological and physiological responses within the human body. Currently, there are two middle-range nursing theories that emphasize the psychological responses of music to improve health outcomes: the theory of pain: a balance between analgesia and side effects and the theory of individualized music intervention for agitation. Based on the Parse Research Method, music is the medium for expressing feelings, the experience of being listened to and quality of life in patients with dementia. As for physiological responses, the rhythmic auditory stimulation (RAS) technique uses music as a cue for movement. By combining psychological and physiological responses to music, the proposed theory of music, mood and movement (MMM) provides potential cross-cultural prescriptions for music as a nursing intervention to promote the initiation and maintenance of physical activity. Thus, this paper presents a discussion of a middle-range nursing theory developed from physical activity guidelines and music theory to improve the health outcomes of weight, blood pressure, glycolated haemoglobin, cardiovascular risk factors and quality of life.

According to Murrock, (2005). Historically, music has been universally valued for its psychological and physiological effects on humans. Ancient Egyptians, Chinese and Florence Nightingale have documented the therapeutic uses of music for healing purposes. In fact, the word music comes from the Greek word 'mousike', and the Greeks were the first to investigate music and its influence on health. A comprehensive review of music theory is beyond the scope of this paper, but basic discussions of the five elements of music are provided.

Music, which is both a science and art, is created by ordering tones or sounds in succession, in combination, and in temporal relationships to produce a composition having unity and continuity (Merriam-Webster's Collegiate Dictionary 1994). Musical compositions are complex blends of expressively organized sound consisting of five elements: rhythm,

melody, pitch, harmony and interval. As proposed by the MMM, these five elements are vital when selecting music to invoke both psychological and physiological responses within the listener. The first element, rhythm, is the pattern of repeated sounds and silences and is music's most fundamental, essential, structural and organizational element. By capturing an individual's attention, rhythm is an auditory cue for the synchronization of skeletal muscle movement and is the most important consideration when selecting music for specific and therapeutic purposes. As the second element, melody is the sequencing of musical pitch and intervals between musical notes. Structured by its length and intensity, melody expresses a mood, a thought, an idea or an emotion. Melody is a form of non-verbal communication that can elicit a broad spectrum of emotions from one extreme response (happy, calm and euphoric) to another (sad, anxious and angry). The number of cycles that a particular sound vibrates per second is the third element, pitch. Faster vibrations cause high-pitched tones that are usually associated with cheerful or happy reactions. On the other hand, slower vibrations cause lower tones and typically connote dreariness or depression. The vibration rate per unit of time can influence an emotional response as rapid vibrations and are viewed as stimulating and slow vibrations are considered as relaxing. The fourth element is the product of blending pitches together to form a combination of sounds known as harmony, which links rhythm to the melody. These blended combinations can be characterized as consonant or dissonant and form distinct patterns from the simultaneous musical notes resulting in a musical chord. In conjunction with timbre, which is the quality of sound, the composition of chords results in a specific sound that enables a person to identify a particular musical instrument or type of singing voice. The fifth and final element is interval, which is the distance between two notes. It is an integral component of the melody giving it its character and emotional response. As evidenced by the rich variety of music among cultures, the five elements of music, along with its set of rules, combine a finite range of sounds in an infinite number of ways. As one of the oldest and most accepted modes for expressing cultural diversity, music elicits emotional responses and stimulates movement that can be used for therapeutic purposes.

In the words of White, (2000). Over the years, workers in various schools of thought have worked to explain the psychological responses of music to alter mood and serve as auditory distraction. For example, referentialists claim that music summons memories of past experiences and the associated emotional responses to alter mood while absolutists believe that it is only the sound of the music that produces the meaning and emotional responses to alter mood. Building on this, the middle-range theory of IMIA used music to alter mood by decreasing agitation in patients with Alzheimer's disease and related disorders. In addition, the theory of pain: a balance between analgesia and side effects used

music as a type of auditory distraction to relieve the sensation and distress of pain. However, these theories do not address the physiological responses of music to improve health outcomes.

Throughout history and across societies and cultures, music has stimulated and shaped physical movements for religious ceremonies, entertainment and coordinated physical efforts during work. The connection between music and movement is described by the RAS technique as the manner in which rhythm influences muscle control and provides predictable cues for movement. The RAS has improved balance and gait in stroke survivors and those with traumatic brain injury, and Parkinson disease. Also, RAS has been tested as a cue for movement to increase physical activity in healthy adult populations. However, RAS does not account for the psychological responses to music and associated improved health outcomes. To fill this gap, the MMM proposes relationships among the psychological responses of mood alteration and auditory distraction and physiological responses as a cue for movement to increase physical activity and improve health outcomes in adult populations.

Statement synthesis

The first step in statement synthesis was to review the physical activity guidelines to identify the prescriptive relationships. Next, the physical activity guidelines were used to identify the concepts that represent the problem (lack of physical activity), prescriptions (music intervention) and the desired outcome (improved health outcomes). The final step was to identify the relationships among these concepts that would be most useful in achieving the desired outcome of increasing physical activity (Walker & Avant 2005). Statements should predict the relationships among the concepts and produce testable hypotheses to guide practice. Hence, developing a theory from physical activity guidelines offers more efficiency and prescriptive power that other methods of theory development.

Theory synthesis

The purpose of theory synthesis is to combine the relational statements into an organized theory. At least three theoretical statements are needed to develop a theory, which should also be expressed in a relational model with definitions and measurements of the concepts. Prescriptive theories need to demonstrate connections between the concepts and between the relational statements and indicate the intervention needed to achieve the anticipated health outcome. In writing a theoretical statement for the theory of MMM, the intervention (music) and outcome (improved health outcomes) were combined. For example, physical activity is any moderate-intensity activity that can be engaged in for at least 30 minutes for 3–5 days a week to produce health benefits. As an intervention, music produces both

psychological and physiological responses to promote the initiation and maintenance of a physical activity programme leading to the desired result of improved health outcomes. Thus, the theoretical statements must be measurable, produce testable hypotheses, and guide research and practice.

There are three theoretical statements of the middle-range MMM theory, and the theoretical model (Figure 1), together with the definition of the concepts and their measurements, is shown in Table 1.

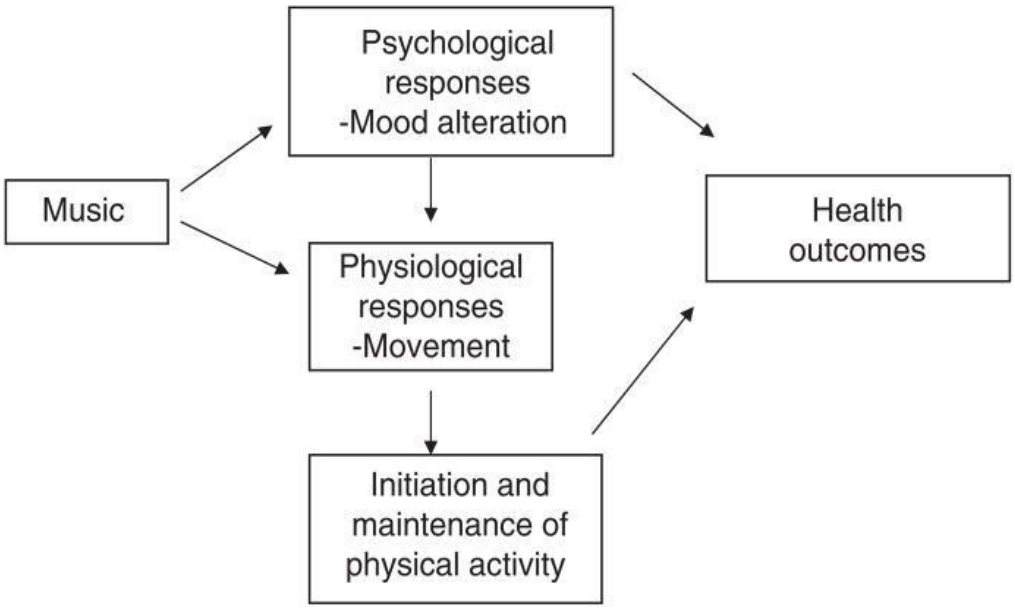


Figure 1
Theoretical model.
Table 1
Definitions and measurement of concepts of the of theory of music, mood and movement
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The first theoretical statement for the MMM is that music produces the psychological response *of altered mood leading to improved health outcomes.* Based on the elements of rhythm, melody, pitch and harmony, music produces psychological responses within a person when it passes through the auditory cortex of the brain, which processes the music. This processing occurs in the limbic system, which is known as the centre of emotions, sensations and feelings. Tramo, (2001). Opines that human responses to music occur predominantly in the right hemisphere of the brain, which is involved in intuitive and

creative methods of processing information. Through affective response and cognitive recognition, music is able to alter mood. Thus, a person's current mood, response to the given music, and musical preference play an important part in mood alteration leading to various health outcomes. As a nursing intervention, music has been used across various cultures to alter mood, decrease anxiety, and reduce depression. Nurses have also tested music to decrease agitation in patients with dementia. Gerdner (2000). Records that only one study used the Theory of IMIA to decrease agitation in patients with Alzheimer's disease. Thus, music altered mood to improve the health outcomes of anxiety, depression and agitation in various international patient populations.

Music can also alter mood when used as a type of auditory distraction. By helping a person pay minimal attention to an unpleasant stimulus, music can be used as a stimulus-substitution. For example, pain typically leads to a stress response that signals the release of epinephrine and norepinephrine, resulting in increased heart rate, respiratory rate, blood pressure, and state anxiety (Lazarus 1991). Music may interrupt this stress response as it is thought that listening to calming music releases beta-endorphins, the body's natural opioid pain relievers. Several researchers have reported using a music intervention to decrease blood pressure, heart rate, respiratory rate and oxygen consumption during percutaneous coronary interventions, mechanical ventilation and for patients after heart attack. Nursing studies that used music interventions based on the theory of pain: a balance between analgesia and side effects (Good 1998) have shown decreased surgical pain, labour pain and chronic knee pain. By interrupting the stress response, music decreased blood pressure, heart rate, respiratory rate, oxygen consumption and pain.

Another way that music alters mood is by encouraging social interaction. As a means of socially acceptable self-expression, music plays an important role in the communication of feelings and group identity. Because it is based on cultural experiences and expectations, music appeals to diverse groups of people regardless of language, economic, religious or educational factors. Music interventions conducted in group settings have resulted in improved social well-being, sense of belonging, companionship, and perceived psychological well-being among stroke survivors and those with traumatic brain injury. Therefore, music alters mood, leading to the improved health outcomes of decreased anxiety, depression, agitation, pain, altered physiological responses and improved social interaction.

The second theoretical statement for the MMM is *the physiological responses to music are a cue for movement leading to the initiation and maintenance of physical activity.* From the auditory cortex, the neural impulses of auditory rhythm stimulate the neural motor impulses,

resulting in the auditory motor entrainment described in the RAS technique. The physiological mechanisms for this technique are based on interactions between auditory and motor systems, or sound and movement. As the first element of music, rhythm has important influences on motor control and function due to its recurring patterns and predictable cues. Rhythmic cueing leads to synchronization that determines timing, cadence and dynamics of physical movements. This occurs in both the upper and lower extremities, as demonstrated by finger and toe tapping. Studies based on the RAS technique have used music as an external time cue to regulate body movement and improve gait in adults with disabilities such as Parkinson disease and stroke. Furthermore, relationship between musical rhythm and human movement has been shown to increase physical activity maintenance in patients with pulmonary disease and in healthy older adults (Hamburg & Clair 2003). Thus, music is an auditory cue for movement that can lead to the initiation and maintenance of physical activity in various adult populations.

The third theoretical statement for the MMM is *both the psychological response of altered mood and the physiological response of movement to music promotes the initiation and maintenance of physical activity leading to improved health outcomes.* Although physical activity has been associated with the improved health outcomes of weight loss, weight management, reduced cardiovascular risk factors, blood pressure management, blood sugar management, and improved quality of life, initiation and maintenance of physical activity is difficult for many adults. Exercising to music can improve mood, and positive mood changes might influence an individual's intention to continue exercising. Thus, music has important implications for increasing physical activity. For the MMM, enjoyment is also an important component of mood alteration. Enjoyment of physical activity has been linked with decreased perceived effort and improved feeling states, and enjoyment has been identified as a mediator between physical activity and positive mood changes. Enjoyment is defined as an optimal psychological state that leads to performing an activity primarily for its own sake, and is associated with positive feeling states, such as pleasure, liking, and fun. Music interventions designed to increase physical activity should focus on promoting enjoyment as this is a reinforcement of the behaviour and is critical to initiation and maintenance of a physical activity programme.

Methodology

This chapter deals with the methodology and procedures employed by the researcher in this study. These include Research design, Population for the study, Sample and sampling techniques, Nature/sources of Data collection, methods of Data collection/instrument, and validity/Reliability of the instrument.

Research Design
This involves the design of the study adopted by the researcher. The researcher adopted case study design of the descriptive research methodology.

Sample and Sampling Techniques
This involves the techniques of the sample and sampling employed by the researcher. A total of fifty (50) students' opinion were sampled through questionnaires, and were studied through observation and oral interview.

Nature/Sources of Data
This study was carried out by the researcher, and he got the data of this study first hand, again, the researcher also consulted works by different scholars. Hence, the nature of data/information were students from tertiary institutions.

Methods of data collection/instrument
The techniques/methods employed by the researcher in this study is the interview and observation methods. This method involves the researcher getting his facts/information first hand. The researcher also employed sub divisions of direct observation method like, obtrusive participant, obtrusive non participant, unobtrusive participant and unobtrusive non participant. The instruments used by the researcher to collect data is the inventory. (this was done using his writing pad to make a comprehensive list of his observations).

Methods of data analysis
The data was effectively analyzed using interviews fashioned from the three solid research questions.

Validity/Reliability of instrument
Due to time constraint and health issues, this work has not been validated. It is yet to be given or shown to my supervisor and the Head of Department. Apologies rendered, I will do the needful as soon as possible.

Conclusion
Musical performances are rationalized to provide mental and physical well-being through the mental, emotional and physical involvements in the performance activities. Relaxation of the muscles and emotional stresses through dancing, singing and playing of instruments make music performance a source of health management and physical fitness in Africa.

Music has also been effectively employed in traditional healing practices of traditional healers. The success recorded in the past has motivated the application of music in modern medical treatments. The healing power of music is noted in the efficacy of metal bell used in handling vocal problems in many societies in the past. Its employment by traditional healers and diviners is noted and quite significant.

To the African therefore, the massed music making is valued as outlet for community and individual therapy through social bonding, participatory creativity, collaboration in the achievement of a social interest and creative exploration of sound structures. Music is indeed, life for Africans and Nigerians.

It interconnects and supports all facets of life, physically and spiritually. It is believed that a person must be very sick or have some special reason not to participate in a music activity around him/her. Even the mentally sick generally participate in a music performance uninhibited.

The middle-range theory of MMM is a prescriptive theory synthesized from physical activity guidelines and music theory that is supported with empirical evidence from music intervention studies. It fits the definition of a middle-range theory as it refines a substantive area in nursing science and practice, directs an intervention, and has the potential for cross-cultural application. Nurses need to test the theory empirically to determine its usefulness for developing physical activity programmes to improve health outcomes around the world.

The system is for anyone who have stress that by listening to music, they can relief their stress. Also, they can know more about the therapy and promote to others. The music selection is in certain criteria and measurements. The music is acted to be a virtual music agent and wanted to provide music therapy for free at any time. However, the system is not like a professional music therapists. The system has no professional accreditation from any professional therapists and professional organization. It is just an imitation of professional music therapy.

The system has information and background about music therapy. Also, the music therapy has high cost involved. This system can help them relieve the stress. Many people may have misconception that music therapy is all about listening music. The music therapy activities can let those involved understand deeper and entertain themselves.
However, the music therapy has rooms for improvement and limitation. More music need to be selected and more problems need to be included. The music selection is selected base

on public copyright licenses that enable free distribution of copyrighted work. As it is expected, the evaluation result shows that there really has been stress reduction effect to a greater extent.

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