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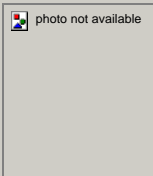
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Reporting on Music Therapy in Kenya

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Traumatized Refugees in Kenya



There are approximately 500,000 refugees living in Kenya today, with approximately 20,000 children attending formal education in about twenty refugee schools. These children often show severe emotional distress that is observable through consistent evaluation. The children's hopes need to be restored and their mental health rejuvenated. Several Kenyan music teachers and paramedics including myself came together in August 1998, and thought about new ways and means of helping these children. One way we thought was worth trying was music therapy. This we thought could be achieved by incorporating a music therapy component into their co-curricular (after school) activities. We thought singing and dancing after school could be a good stepping stone for the provision of therapy to the kids in the refugee camps.

These children in Kenyan refugee camps have not been given due opportunities that would encourage their total growth and make them whole again. Even some essential activities in our day-to-day psychosocial development services, like entertainment have not been addressed. The children are often confined within their refugee camps for several reasons including insecurity, hate crimes and other social problems that are inherent in the life of a refugee. Even though there are several complications of trauma-related conditions among refugees, there are several ways of countering this condition. Since music is a vital form of healing, we felt it was imperative that we should endeavour to develop this discipline for the benefit of the traumatized children.

Curriculum: Music Overlooked

Schools in Kenyan refugee camps have a cohesive curriculum and are also very challenging. It is designed to cater to basic literacy needs. Cultural norms and social interaction form part of the vital section of both the formal and the non-formal curriculum. Music as a whole has not been incorporated into any of the curricula. The reason for this is because most administrators lack awareness for the potential that can be found within music as a form of therapy in these circumstances. Policy makers in Kenyan Education need this vital tool of music therapy especially when designing a curriculum for the refugees. Application of music therapy coupled through music education can go a long way in the healing of trauma and trauma related conditions.

In considering music therapy in Kenya, its future and its past, it is essential that an appreciation of its cultural environment and evolution be taken into account. It is believed that the present day trends and tastes of music bring a direct rejection of traditional modes of music therapy in Kenya. But this is not entirely true in the refugee camps. For we found out that using a cultural idiom in the practice was more profitable for the children in the camps. As most of them have not mastered a second language local dialect or otherwise apart from their own mother tongue. It is difficult to come up with a more generic idiom for the overall practice in music therapy. We can logically hypothesize that the terrain of music therapy is positively correlated with culture. Among the *Digo* people of Kenya for instance, the term music therapy is synonymous with their tradition. In the same light, the cultural orientation of a client generally may therefore be considered when selecting the elements of music to be used in the provision of music therapy.

The refugee population of Kenya is divided into several tribes, speaking different languages from the East African countries. They have diverse cultural and religious traditions worshipping various gods and differing completely from one another in manners and customs. A question that came to our mind at the inception of this idea was: How do these kids possibly live together in a refugee camp? We had never asked ourselves such a question? Of the origin of these people little is known as they come from different countries in the war torn zones in Eastern Africa such as Somalia, Sudan, Rwanda and Burundi.

Numerically the largest of these tribes is the Somali, which includes innumerable orphans left as a result of the country's worst civil war in the history of that nation.

Some Origins of Refugees in Kenya

We can recall that in 1960 the United Nations adopted a plan in which many countries gained their independence. Somalia gained her independence from Italy in 1960, and in 1967, Major General Said Barre seized power and declared Somalia a socialist state. His aim as president was to pit clan against clan and inflame clan passions in order to divert public attention from his weak regime. This led into a civil war in the early 1980's consisting of power struggles among various clans. The fighting led to wide spread famine, and the United Nations and the United States sent forces to restore order and distribute aid. However, the troops gradually withdrew as the clashes between them and the Somali clans became frequent. The civil war continues today; and it has sent millions of Somali nationals to seek refuge in the neighboring country of Kenya.

There is no definite proof that these children will ever go back to their native countries and resume their life and culture to which they once were accustomed. Having been driven to Kenya from Somalia, Ethiopia, Sudan, Rwanda and Burundi, the children have no choice but to try and adapt to the new culture of Kenya's thirty tribes. But this is not usually very easy, as the refugees have to learn not only a new language, but a new tradition. Swahili is Kenya's national language and the refugees have the obligation to try and learn the language to ease their communication with the Kenyan people. As the Kenyan government already has a strained economy, it cannot adequately support any refugees in the camps. The UNHCR used to provide most assistance to the refugees, but currently this responsibility is shared with the rest of aid coming from the general public and other international organizations. The children who find some refuge in homes nearby are encouraged to leave the camp in order to ease the already existing pressure on the available resources. There is general starvation, disease, and lack of essential amenities for the majority of the refugees. The

The Initial Institutionalization of Music Therapy in Kenya

The staff of Music Therapy International has endeavoured to visit the refugee children in their villages and camps in an effort to enhance the clinical practice of music therapy in Kenya. Last December in Kitale, a small town 200 miles west of Kenya's capital city of Nairobi, I visited the children of Lucky, a Somali refugee who lives in San Diego. Her children named Mohammed, Ali, Yassin and Muna were highly traumatized during the war in Somalia. They fled Somalia several years ago to find a new home in Kenya, and thereafter their mother found her way to the United States as a refugee. The children are malnourished, emaciated and dejected. I took time with the children as did a traditional music therapist from Burundi, whom I brought. Even though the kids could not understand the words, the authentic African idiom, together with the syncopated and captivating rhythms, made the children move to their heels. I danced with them and at the end I saw a vitality in their spirit as they manifested a better emotional outlook. This was revealed by Yassin: « *ambia mama tuko wazima* » (tell our mother we are OK). Even though this was a temporary remedy, it had a long-term effect on the minds of the children as it gave them some captivating moments to remember after their day-in-day-out routine.

Ethnomusic Therapy in Kenya - A Historical Perspective

Under the traditional practice of music therapy in Kenya, the Digo people from the coastal region have raised the banner. Some of their influential dances are the *Kishavi*, *Pepo*, and *Mwazindika*, which are still being performed to date. One of the most popular places in Kenya that every ethnomusic therapist (Moreno, 1995) should visit is Taita Taveta. The healing songs sung in this region are based on seasons. If the dances are held during the rainy season, the soloist would start the song by praising a god for the rain, and then that god should control the rain so as not to bring floods. During harvest the songs are composed to thank the gods for the harvest, and other songs and dances would begin by praising warriors for a job well done such as fighting an enemy of the village.

Tribal infiltration, however, has complicated our analysis and the traces of ethnomusic therapy in Kenya. However, in tracing its history and applying the customized formats to it, I found I could divide each area broadly into groups of what I call *ethnomusical villages* springing from indigenous tribes to the Arabs of the pre-colonial era. Both Arabia and Portugal had a lot of influence on the coastal strip of Kenya due to their long-distance trade in ivory and other items. The music used in the practice of music therapy among these Bantu speakers forms a matrix upon which these foreign influences work. It may seem strange to couple the influences of Arabia and Portugal together as having had an impact on the music therapy of the *Digo* ethnomusic village. Their connection here in terms of the musical influences is complex and difficult to unravel.

The use of the drums and voice in the traditional healing practices of the Digo people of Kenya are very similar with those I have heard from the Sudan classical library. There are traces of this ancient civilization, particularly in respect to the percussive use of wooden blocks, the solo singer's use of falling intervals, the application of a bass drum either as introduction accompaniment or in solo, the «hidden» voice, and so on. But what is significant about the Western music therapy influence? The title of this article is «Progress of Music Therapy in Kenya.» Of course, this is referring to the coastal belt to which European settlers, Indian Coolies, missionaries, Arabian traders, and other visitors brought their music and cultural heritage. The influences of British school curriculum and the Oriental settlers on the overall tradition of the authentic Kenyan healing music among the Digo people is easy to recognize. The children in schools in Taita Taveta region in Kenya, where the traditional music therapy is still in practice, are drifting away from the traditional to modern music. The characteristic therapeutic *Bumbumbu* drums can hardly be found in schools today. The singing has taken a new dimension. We no longer hear the music that comes out as if the mouth has been wrapped in a blanket of sand, nor do we hear the immense vastness that colors the stories. Lost also is the buzzing behind it all that was once such an important expression of emotion. After a century of the imported cultures, the modes have altered geographically, tapering down to the Lydian mode at the strongest field of influence. The heavy boom of low pitched drums and the busy buzzing of *chivoti* (flute) typifies the music for healing for the *Digo* people of Kenya.

Conclusion

Ethnomusic therapy is storytelling. Kenyan folk music is no exception, for it is the advice of the elders sprinkled liberally among the fairy tales of youth. If this is surely a medium to use to treat the traumatized children in the refugee camps, then through music therapy we should sing on and tell stories; stories of love, stories of a means to survival, stories of forgiveness, stories of hope and positive thinking. They must be no less than this, for this is all the children need from us: a renewed life. There are many relationships between music therapy, music education and the traditional mode of healing through music. If the foregoing dimensions could be developed further through integration, music therapy as a whole would have more diverse approaches to benefit the clientele of African societies.

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