

**EFFECT OF MUSIC THERAPY ON SELF ESTEEM OF VISUALLY  
IMPAIRED STUDENTS OF SPECIAL EDUCATION SCHOOL, TUDUN  
MALIKI, KANO**

**BY**

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**SPS/10/MHE/00038**

*A DISSERTATION SUBMITTED TO THE DEPARTMENT OF PHYSICAL AND HEALTH  
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PHYSICAL AND HEALTH EDUCATION (ADAPTED PHYSICAL EDUCATION)*

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**JANUARY, 2016**

## APPROVAL PAGE

The research has been read and approved, as meeting the requirements for the award of Master of Science Degree in Physical and Health Education (Adapted Physical Education). Bayero University, Kano.

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## **DECLARATION**

I declare that this research work was conducted, written and compiled by me, I also declare that to the best of my knowledge, this work has never been presented, wholly or partly for award of degree or publication anywhere. Equally, all sources of information used in this research have been cited and are reflected in the reference.

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## **CERTIFICATION**

This is to certify that the research work for this desertification and subsequent preparation of this desertification by Chigozie Livina Ojukwu (SPS/10/MHE/00038) were carried out under my supervision.

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## **DEDICATION**

This work is dedicated to the Almighty GOD, for giving me the grace to finish this study.

## **ACKNOWLEDGEMENT**

All praise be to God Almighty for giving the researcher the opportunity of conducting this research work. She is indeed indebted to many people too numerous to mention, who in one way or the other have contributed to the success of this work. All should please accept her gratitude.

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## **ABSTRACT**

Music therapy according to Macdonald (2010), is the skilful use of music and elements by an accredited music therapist to promote, maintain and restore mental, physical and spiritual health. This study investigated the effect of music therapy on self esteem of visually impaired primary students of special education school, Tudun Maliki, Kano. Out of the population of 40 visually impaired students, a total of 16 visually impaired students ( 8 male and 8 female ) found with low self esteem were randomly selected as experimental group ( n=8 ) and control group (n= 8), which was used for the study. The researcher used pre-test and post-test experimental control research design for the study. The experimental group were subjected to music intervention (Ala Waka) for 30 minutes per day and 3 times per week, for 6 weeks. While the control group were allowed to continue with their normal activities. The researcher also used Rosenberg Self Esteem Scale Questionnaire for the study. The questionnaire was standardized and consisted of 10 items in the likert scale format with items answered on a four (4) point scale from strongly agree to strongly disagree. Descriptive statistics of ANCOVA was used to test the hypotheses at 0.05 level of significance. The finding of the study showed that music therapy has positive effect on self esteem of visually impaired students. The study therefore recommended that music should be included and emphasised in the curriculum in every special education school, to help visually impaired students improve in their personality trait.

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# CHAPTER ONE

## INTRODUCTION

### 1.1 Background of the Study

Music is a fundamental channel of communication. It provides a means by which people can share emotions, intentions and meanings even though their spoken languages may be mutually incomprehensible. It can also provide vital lines to human interaction for those who have special needs of communication difficult. Music can exert powerful physical effects, it can produce deep and profound emotions within us and can be used to generate infinitely subtle variations of expressiveness by skilled composers and performers. Music plays a greater part in everyday lives of more people now than at any time in the past.

Individuals with Disabilities Education Act (IDEA 1997), defined music therapy as a related service modality in special education. It can play an important role in special education because students with visually impairment needs special instructional treatment. Music therapy is an allied health profession and one of the expressive therapies, consisting of an interpersonal process in which a trained music therapist uses music and all of its facets, physical, emotional, mental, social and spiritual, to help clients improve or maintain their health. Music therapists

primarily help clients improve their health across various domains (e.g. cognitive functioning, motor skills, emotional and effective development, behaviour and social skills) by using music experiences.

According to Branden (1969) self-esteem is a word, used to describe a person's overall sense of self-worth or personal value. Self esteem is often seen as a personality trait, which means that it tends to be stable and enduring. It involves a variety of beliefs about the self, such as the appraisal of one's own appearance, believes, emotions and behaviours (Branden, 1969). Arline (2012) also defined self esteem as personality trait that reflects a person's overall sense of value and self-worth. Self esteem involves how you generally feel about yourself, your abilities, appearance, attributes and behaviours. Some people have very high self-esteem while others may have low. Healing by means of music is an ancient medical art with many approaches to boost learning and practice today, is a systematic application of music in the treatment of physiological and psychological aspects of any disequilibrium in the body. Music therapy neutralizes negative feelings; increases stress tolerance level and harmonize inner peace. The use of music therapy can help people who are visually impaired to improve the quality of their life. The idea of music as a healing influence which could affect health and behaviour is as old as the writings of Aristotle and Plato (Branden, 1969).

Visual impairment is defined as the extent of light or physical object, through the functional use of sight, resulting from disease, trauma, congenital or degenerative condition that can be corrected by conventional means such as surgery (Arditi and Rosenthal, 1998).

According to Agarwal, (1997) categories of visual impairment includes partially sighted, low vision, legally blind, and totally blind. Partially sighted indicates some type of visual problem, with a need of the person to receive special education in some cases. Low vision is generally refers to a severe visual impairment, not necessarily limited to distance vision, it applies to all individual with sight problems who are unable to read the newspaper at a normal viewing distance, they use a combination of vision and sense to learn, although they may require adaptations in lighting or the size of print, and, sometimes, Braille. Legally blind indicates that a person has less than 20/200 vision in the better eye (contact lenses or glasses), or a field of vision of less than 20 degrees in the better eye. Totally blind students learn with Braille, meaning that the student is unable to utilise his or her functional sight. WHO (2009) defined blindness as visual acuity of less than 20/400 (6/120), or a visual field loss to less than 10 degrees, in the better eye with best possible correction.

Major causes of visual impairment according to Agarwal (1997) are cataract, trachoma, and glaucoma, accounting for over 70 percent of all cases of sightlessness. Cataract is the leading cause of low vision, glaucoma is the second leading cause of visual impairment, while age-related macular degeneration is the third leading cause. Trachoma has decreased in significance as cause of visual impairment. Other minor causes include, disease such as measles, accidents, and genetics. However, visual impairment can be prevented by improving hygienic conditions of our environment, public Education on accident prevention, and expanding programme on immunization (EPI).

## **1.2 Statement of the Problem**

Visually impaired students are often non-participants in physical activities because of parental concern about accidents. Actually, parental restrictions applied to childhood activities of visually impaired children are more in the minds of these parents than as a result of physical limitations. When parents and teachers do not provide encouragement for physical exploration of the immediate environment, mobility training is reduced. Lack of environmental exploration at an early age result in physical uncertainty and limited locomotion in later years, this give rise to low self esteem (Freed, 1987).

Music therapy is the most suitable therapy for the visually impaired students, student with visually impairment will rely more heavily on listening skills, such students should be exposed to audio cassettes, records, radio and television to encourage them Albert (2002). In Special Education School Tudun Maliki, Kano it has been observed by the researcher that visually impaired students enjoy free education, they are been taking care of by special teachers who help them to get familiar with their environment and gives them close observation.

According to Haruna (2014), who stated that visually impaired students of special education school, Tudun Maliki Kano have negative feelings about themselves, they feel that they are not deserving the respect of others; they put little or no value on their opinion, ideas and constantly believe that they are not good enough. They do not appreciate themselves, for the fact that they do not see others, they believe that others looks better than them. They feel inferior, criticise, hate themselves and always feel like victims. These feelings could have negative effect on their personality and academic achievement.

In Kano, many people with visually impairment, who are supposed to have attended special education and be involved in music therapy, which could boost their self-esteem have been neglected to roam about the street as beggars (Muhammed, 2007). Such observations make the researcher to examine the effect

of music therapy on Self Esteem of visually impaired students. Previous researcher did not review literature on gender, but the findings of this study reveals that both male and female have benefited so much on music therapy.

This study answered the following research questions.

1. Will there be any effect of music therapy on self esteem of visually impaired students of Special Education School, Tudun Maliki, Kano.
2. Will there be any difference in the effect of Music Therapy on Self Esteem between male and female visually impaired students of Special Education School, Tudun Maliki, Kano.

### **1.3 Purpose of the Study**

The purpose of this study is to find out whether music therapy will enhance the Self Esteem of visually impaired students of Special Education School, Tudun Maliki, Kano.

### **1.4 Hypotheses**

The following hypotheses are formulated for this study:

## **Hypothesis I**

1. Music therapy will not have any significant effect on the self-esteem of visually impaired students of Special Education School, Tudun Maliki, Kano.

## **Hypothesis II**

2. Music therapy will not have any significant difference on self-esteem among visually impaired male and female students of Special Education School, Tudun Maliki, Kano.

## **1.5 Significance of the Study**

In view of the significance of using music therapy as a therapeutic measure to increase comprehension abilities and improve the overall wellbeing of individuals, the conduct of this study will have the following significance.

1. The findings of this study would enable visually impaired students to realize the importance of music therapy, and use it to improve their self esteem
2. Enlighten and educate the visually impaired student's teachers and parents on the effect of music therapy as a therapeutic measure for assisting such students.
3. The findings of this study would serve as a guide to social workers on how music therapy can be of help to visually impaired students and others.

4. It is the researcher's desire that the study will contribute to the existing knowledge of the effect of music therapy and self-esteem of visually impaired students.
5. It will enable the society to know the importance of music therapy in enhancing the life of visually impaired students.

#### **1.6 Delimitation of the Study.**

This study was delimited to male and female selected primary school visually impaired students of Special Education School, Tudun Maliki, Kano. The study was also delimited to six weeks music therapy intervention.

#### **1.7 Limitation of the study**

The limitation encountered during the collection of data in this study is that the researcher depended on the research assistance to read the questionnaire to the visually impaired students, since the questions were translated into the local Hausa language of the visually impaired students, for better understanding. Also, the researcher assistants that helps to assemble the students in experimental group to the music therapy class were not consistence, especially on Fridays, they get busy with their normal work, since school closes earlier on Fridays than other days. But effort was made to engage the student after school hour, Since most of the students were boarders.

## **1.8 Operational Definition of Terms:**

1. Self-esteem: Is the picture of how an individual feels about himself.
2. Visually impaired students: These are students with problems in their eyes, as found in the special Education school, Tudun Maliki, Kano
3. Special education school: A place where the physically challenged students are being trained as in the special Education school, Tudun Maliki, Kano.
4. Passive based listening music: This is the music that is based only on listening of the students.
5. Music therapy: The use of special music to systematically heal or improve the health especially the visually impaired students in the study

## **CHAPTER TWO**

### **REVIEW OF RELATED LITERATURE**

#### **2.1 Introduction**

This study investigated the effect of music therapy on self esteem of the visually impaired students in Special Education School, Tudun Maliki, Kano.

Related literature for the study was reviewed under the following headings.

- ◆ Overview of Music therapy.
- ◆ Concept of self esteem and its classification
- ◆ Music therapy and self esteem.
- ◆ Music therapy and self esteem of visually impaired students
- ◆ Music therapy and self-esteem of physically challenged persons
- ◆ Summary and uniqueness of the study

#### **2.2 Overview of Music Therapy.**

According to Bruscia (1998) music therapy is a process of systematic intervention, in which therapist helps the patient to improve their health through music experience. Music therapy can also be defined as an interpersonal process in which the therapist uses music and all its facts, physical, emotion, mental, social aesthetic to improve the health of visually impaired student, in some instance, the

clients need are addressed directly through music and the relationships that develop between the client and therapist.

Music therapy can as well be defined as clinical and evidence based use for 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 2005), defines it as an established health profession in which music is used within a therapeutic relationship to address physical, emotional cognitive and social needs of each client. The qualified music therapist provides the indicated treatment including creating, singing, moving or listening to music. Through music involvement in the therapeutic context, client's abilities are strengthened and transferred to other areas of their lives. Music therapy also provides avenues for communications that can be helpful to those who find it difficult to express themselves in words especially deaf (Henderson, 1983).

The 20<sup>th</sup> century discipline began after world war 1 and world war II when community musicians of all types both amateur and professional, went to veterans hospital around the country to play for the thousands of veterans suffering both physical and emotional trauma from wars. Patient's notable physical and emotional responses to music led the doctors and nurses to request the hiring of musicians

needed. Music in the combination with dances or words along with songs and the music producing instruments were considered to be efficacious in healing people. The first music therapy degree programme in the world founded 1914, celebrated its 70<sup>th</sup> anniversary in 2014. The American Music Therapy Association was founded in 1998 as a union of the National Association for Music (AMTA 2005).

According to De Silva (2009) music therapy is used to help people with health and educative problems as it helps them improve their physical psychological, intellectual or social functioning. Music therapy is used with children, adults and old aged pensioners with physically, emotional, intellectual or social problems. The use of music for healing does not have any side effects, and so it's use has to be strengthened. Cottrell (2002) confirms that since the beginning of recorded history, music has played a significant role in the healing of mankind.

**Music therapy techniques can be applied on children:**

Music therapy is used on children to improve their self-esteem, attention and concentration, co-ordination learning and social skills with others. There are currently a great numbers of scientific investigations that support the use of music therapy with different types of people.

Music therapy help children with learning difficulties, behavioural problem, deep development disorders, mental problem, socializing difficulties, low esteem, chronic medical disorders (cancer, heart problem, pain etc) (De Silva 2009).

**Music therapy according to De Silva 2009, can be applied on adult with the following illness:**

Degenerative illness due to old age, substance abuse (adults that are addicted to pharmacies), brain damage due to illness, physical incapacities due to degenerative illness or accident and terminal illnesses. Music therapy techniques according to De Silva (2009) can also be applied by healthy individuals to: Reduce stress through playing or listening to music, support the labour process of women, decrease anxiety, improve self esteem and to manage stress. Music therapy allows people to: explore their feelings, make positive changes in a person's emotional state, and develop a sense of control in their lives through successful experiences and to improve social skills.

According to De Silva (2009) music therapy is practiced in different locations including: special and mainstream schools, pupil referral units, nursing and residential care homes, prisons and juvenile detention units, hospitals (medical), mental health day centres, bereavement support centres, psychiatric hospitals, rehabilitative facilities, outpatient clinics, agencies serving developmentally

disabled persons, community mental health centres, drug and alcohol programs, senior centres, correctional facilities, half way house, private practice.

Music therapy intervention can be designed to promote wellness, manage stress, alleviate pain, express feelings, improve communication, promote physical rehabilitations, encourage emotional expression, promote social interactions, relieve symptoms, improve physical movement, enrich patients quality of life, increases self awareness, reducing tension, anxiety and challenging behaviour, increased sense of satisfaction and achievement, improve concentration, enhance memory and self esteem. Playing music to patients undergoing surgery reduces their anxiety and could improve healings. Easy listening to music and chart classics can lessen fear among patients who stay awake, patients with neurological disorders who cannot talk or move are often able to sing and sometimes even dance to music. Its advocates say music therapy also help ease the trauma of grieving lessen depression and provide an outlet for people who are otherwise withdrawn (De Silva 2009).

Robbin and Robin (1980) stated that almost all children respond to music as open sesame and if you can use it carefully and appropriately, you can reach that child's potential. Music therapy has been successful as a therapeutic intervention for persons with physical challenge whether congenital or adventitious. Music therapy

may play an important role in developing, maintaining and restoring physical functioning. Because it is reinforcing, it can be used to motivate movements or structure exercises which are prescribed in association with some physical rehabilitation. Involvement in music may provide a distraction from pain, discomfort and anxiety often associated with some physical challenges or disabilities. Music therapy is regarded as a tool of great power in many neurological disorders, such as Parkinson's and Alzheimer's because of its unique capacity to recognize cerebral function when it has been damaged. Music is not just an activity. Music is a tool used to facilitate changes in communication, decision making, social behaviour, motor skills, personal management, career education, community skills, recreation and leisure skills and cognitive skill. Music therapy focuses on musical activities that are designed to promote specific cognitive, motor, perceptual, communication and behavioural goals. Music therapy can help the hearing and visually impaired students to learn to adapt to a seeing and hearing world despite their physical challenges. (De Silva 2009).

Music therapists may use active or passive methods with patients depending on the individual patient's needs and abilities. Music therapy can be used to reduce high blood pressure, rapid heartbeat, depression, and sleeplessness. Scientific studies have shown the value of music therapy on the body, mind and spirit of children

and adults. Researchers have found that music therapy, when used with anti-nausea drugs for patients receiving high-dose chemotherapy, can help ease nausea. Hospitalized patients find music listening helpful in relaxing, reducing stress, managing pain and regulating body functions such as heart rate, breathing. It can also be a rousing energizing reassuring (Kivland 1986).

Psychiatric patients, listening to song invariably accesses ideas and thoughts that need to be examined and discussed, while also bringing to the surface feeling that need to be expressed and shared. Psychotherapy, music listening can be used to stimulate lineages, fantasies, associations, and memories, all of which contribute immeasurably to the process (AMTA 2005).

Music therapy can help people of all ages and abilities. It is often used when a person's communication skills are limited or when engaging in a verbal therapy. This may be due to emotional distress or a physical or learning disability; some examples of the types of difficulties which can benefit are listed below. People with communication difficulties due to: autistic spectrum condition, speech and language disorders, development delay, learning disabilities, physical disability, elective mutism, neurological conditions, brain injury, dementia (Swanson 2010).

Emotional difficulties such as low self esteem due to: marital breakdown, bereavement, attachment difficulties, domestic violence trauma. Swanson (2010).

Other applications of music therapy include, behavioural problem, such as attention deficit, hyper activity disorder (ADHD), mental health problem, Terminal illness, Stress, acute and chronic pain including mothers in labour, depression, addiction, eating disorder, and substance abuse problem (Swanson 2010).

**What people say about music therapy and visually impaired/deaf individuals:**

According Steve (2011) music does not exist solely in the hearing world. Music is a feeling, a certain communication that can be feel through any sense. music is universal, sign language adds a grace and a style that is Unique to me, watching a person sing a song is like listening to the most beautiful voice in the world. Patients with visual impairment at the end of 10 music therapy session showed significant improvement of the brief psychotic rating scale and increases their level of musical intervention of the therapist (Steve 2011). Music therapist uses many aspects of music to help people heal and adjust their lives. The use of music therapy in deaf and blind children is very effective. Using vibration, deaf and blind children can experience music without having to see or hear it. Music helps to provide deaf and blind children with tactile stimulation while it increases self awareness and awareness of others. It increases the attention span by requiring children to focus on an activity and improves social interaction by incorporating others into music activities because music is so versatile, it can reach everyone.

Music therapy used on deaf and blind children is an effective way to help them learn basic skills and adapt to their disabilities (Corner 1982).

### **2.2.3 Types of Music**

Music expresses our feelings as well as emotions in melodious and pleasant way. Music has been an integral part of human existence ever since the early stages of civilization. Over the years music has involved to become an inseparable part of national cultures all over the world. Music can be considered as a panacea for many diseases and plays an important role in recovery of the patients in prime hospitals all over the world (Ajanta 2011).

There are various types of music as people have different taste: for example; Classic music, County music, Originated from USA, Rock music, Blues music, Jazz/instrumental music, Techno music/Fusion, Mental/instrument, Reggae music, Rap/instrumental music, Chamber music that has soul touching, Folk/traditional, Celtic music, Trance (electronic dance music), Religious music, Hip Hop/Rap, Opera Music (Theatre art music). But the objective remains the same. The aim of all music is to touch the core of the heart and thus music can be called on expression of our heart's saying (Ajanta 2011).

Hip hop music: Referred to as rap and has been developed in USA. This form of music, the performer keeps on charity rhyming speech in a definite rhythm. (Ajanta 2011).

Techno music: It was developed in Detroit, Michigan during the latter half of 1980s, its electronic dance music includes the instrument normally used in this form of music include drum machines, keyboards, and sequencers. (Ajanta 2011).

Avant-garde music: It is a classic music that can be used to denote any genre that is more advance than its contemporaries. (Ajanta 2011).

Latin music: originated from the South and Central America.

Rock music: was developed during the 1960s and 80s in UK and USA, its origin lies in rock and roll instruments include; guitars, drums and keyboard (Macmillan dictionary.com, 2013).

Country music: originated from the Southern USA during the 1920s, it became one of the more popular genres all over the world. Instruments include; electronic keyboards, double bass-drum etc. (Ajanta 2011).

Trance: Is a type of dance music with fast regular beats and electronic sounds that develop from technique the early 1990s (Ajanta 2011).

Trip hop: Is a type of dance music influenced by hip hop in its speed and style of beats but using more instruments. (Ajanta 2011).

Swing: Is a type of Jazz dance music that was popular in the 1930's and 1940s and played by large groups of musicians. (Ajanta 2011).

Soul music: Is a type of African-American music that developed in the 1960's, combining R and B, with gospel styles. Soul music usually has a strong beat and places emphasis on singing. It is often simply called soul. (Ajanta 2011).

Rhythm and blues: Is a type of popular music that African jazz, Rhythm and blues are often and called R and B. (Ajanta 2011).

Pop Music: Is a type of music, usually played on electronic instruments, by many people because it consists of short songs with a strong beat and simple tune that are easy to remember by each client. (Macmillan dictionary.com, 2013).

### **2.2.6 Music Therapist**

Music therapist direct therapeutic music activities prescribed to patients as a form of mental and physical health care. Therapy performed with music created by therapist can help patients to restore and maintain mental health, increase comprehension abilities and improve their overall well being. Music therapists will coordinate activities using music that will cater to a patient's individual needs.

Music therapist can incorporate the use of instrumental or vocal activities into a patient's daily life to give them a feeling of accomplishment, and feel that they have contributed to a piece of work with their own talent. Some therapy may also include groups of people to help patient work with others and feel part of the group, creating a project through team work. Music therapy will also help to relax patients and make them better aware of conscious feelings and emotions. The objective of a therapist is to observe a patient's physical or mental state and construct a plan involving music that will stimulate their mind and relax their body.(careers.stateuniversity.com>jobdescriptionsandopportunities>communication and the arts).

According to a music therapist Kate (2013) anyone who has listened to music can understand many calming, motivating and uplifting benefits the sounds can have. But did you know that music can help teach? When a trained music therapist puts together the right instrument and words to create a music session, that music can help children learn different (typical non-music) skills-social verbal, motor etc. In a positive environment studies have showed that this method of teaching is especially effective with the special need population perhaps it is because the brain, responds to music differently. Visually impaired children depends more on listening and are been motivated, even children with other physical disabilities who

typically cannot follow instruction but sit and attend can display their potential during a music session. And the beauty of it all is that the children learn while enjoying themselves. Teachers are then able to carry these skills over to the everyday work they do in the classroom (Kate 2013).

Kate's voice grant provides a music therapy programme to group of student with special needs. This grouping of student can be part of a mainstream public school, special education collaborative, a private special education school or any other facility that provides learning to special needs children or young adults. Working within grant budget, the teachers and hired music therapist develop the music therapy program. Typically, the music provides a session every week.

Kate voice is non-profit, tax-exempt org. that provides music therapy service to students with special needs through interactive sessions, music therapy offers student with special needs opportunities to develop a wide range of skills in the social, self expression, communication and gross/fine motor areas. And it's just a plain old fun environment for students to learn and enjoy themselves through the powerful medium of music. The inspiration behind Kate's voice comes from the founders, daughter, Kate and her love for music. The sound and rhymes of music have always lifted Kate's spirit and enabled her to connect with the people around her. Music therapy has helped Kate develop her social and motor skills while

adding joy to her school days. Most special needs programs do not have funding for music, much less music therapy. Any teacher or parent of a child with special needs will tell you that finding effective ways to assist in learning is essential for student's motivation and success, music therapy is just the effective method (*Kate, 2013*).

### **2.2.8 What People Say About Music Therapy Services**

Our therapist Kate, treats Alex with respect and is committed to helping him with processing memory and communicating. Music therapy has been a life saving service for Alex. Without it, I feel he cannot communicate his thoughts as well as he now does. Music therapy has opened the door to Alex's self esteem.

Our son enjoys music and has bonded well with his therapist. He seems to be making progress in communication and other areas. The therapist is very encouraging and praises. We tell others of your services to us and your great company, we strongly recommend you. Our son looks forward eagerly to each music therapy session. Our therapist is truly a professional.

([musictherapy.com/quotes.htm](http://musictherapy.com/quotes.htm)).

### **2.3 Concept of Self Esteem.**

Self-esteem can be defined as how favourably individuals evaluate themselves. (Baumeister, 2008). Self-esteem is a term in psychology to reflect a person overall emotional evaluation or appraisal of his or her own worth. Self esteem encompasses belief for example, I am competent, I am worthy. According to Leary (1999), self-esteem is the relationship between one's ideal self, feeding off of favourable behaviours. Self-esteem and self concept is what we think about the self, positive or negative evaluation of the self is how we feel about it. A person's self concept consists of belief one has about oneself. Self concept is a total perception which people hold about themselves. It is not the fact but rather what one believes to be true about one self. Therefore, self esteem is as well defined as both descriptions and valuated self-related statement. As a social psychological construct, self esteem is attractive because researches have conceptualized it as an influential prediction of relevant outcomes such as academic achievement Baumeister (2008). It is also defined as the capacity that people has to value themselves, love themselves and appreciate themselves ( Brandon 1969).

Self-esteem is a very important aspect of our personality. It helps us to achieve our identity and to adapt to society. In other words, the degree in which individuals have positive or negative feelings about themselves and the degree in which individual value themselves. Self esteem is crucial and is a cornerstone of a

positive attitude towards living. It affects how you think, act and even how you relates to other people. It allows you live life to your potentials. Self esteem is the opinion you have of your value as a person, high self esteem is a good opinion of yourself and low self esteem is a bad opinion of yourself. Your self esteem depends on many questions such as: Is your job worthwhile, do others respect what you do?, do you believe you are successful?, how do you see yourself (your self-image)?, how do you feel about your strengths and weakness?, are you comparing yourself with others and ignoring the unique value that you have?, what do you think of your social status?, how do you relate to others?, can you make your own decision?, lack of choice leads to low self esteem (Kivland, 1986).

### **2.3.1 Types of Self Esteem**

According to Branden (1969), there are 2 major types of self esteem, they include; High self esteem and low self esteem. People with high Self esteem love themselves and accept who they are, while people with low self-esteem tend not to love themselves and accept who they are.

### **2.3.2 High Self Esteem**

According to Kliewer (1992), high self esteem is based on our ability to assess ourselves accurately and still be accepting of who we are, this means being able to acknowledge our strengths and weakness (we all have them) and at the same time

recognize that we are worthy and worthwhile. Self esteem is often based on how much we are different from others, how much we stand out or are special. It is not Okay to be average, we have to feel above average to feel good about ourselves. This means that attempts to raise self-esteem may result in narcissistic, self-absorbed behaviour, or lead us to put others down in order to feel better about ourselves. We also tend to get angry and aggressive towards those who have said or done anything that potentially makes useful bad about ourselves. High self esteem is the opposite of the low self esteem. If you have a high level of self esteem you will be confident, happy, highly motivated and have the right attitude to succeed.

### **2.3.3 Low Self Esteem**

Low self esteem comes from a poor self image. Your self-image is based on how you see yourself. It reflect in questions such as: Do you think you are good, reliable, hardworking, honest or a friendly person? You like what you see when you look at the mirror or do you believe others look better than you? Low self esteem depends on other factors like your job. For example, do you value the job you do? Does the job you do make you happy with whom you are? Do others in your office respect you? Low self esteem feeds your negative thinking and causes you to believe the criticism others make of you. Do you take what others say and

not speak up? This can cause you to lose confidence, so it's vital to end negative thoughts if you want to build your self-esteem (Alex, 2012).

Low self esteem means poor confidence and that also causes negative thoughts which means that you are likely to give up easily rather than face challenges, it can result from various factors, including a physically appearance or weight, socio economic status or peer pressure or bullying. It can lead to suicidal behaviour, self imposed isolation, feelings of rejection and drug abuse. (Purdie, 1994).

Low esteem feeds on negative thoughts so don't indulge in self criticism. You can choose to please yourself, it is good to care about others but neglect yourself. Don't try to be like someone else, this leads to lack of self work and confidence. You are unique and cannot be someone else. Take life and yourself less seriously, failure just mean you are not successful yet. Everybody fails before succeeding, don't look at it, as failure just means to learning. Low self esteem makes you wake up in the morning and feel like you should just stay in bed. Feeling like nobody appreciate you and most people don't even think you can do anything right. Feeling unloved and that no one wants you around. Feeling that you are not good enough for others to accept you as you are, struggling to make friend, you find social situation make you feel so nervous that you cannot even speak. Knowing you could achieve much more, but you don't have the confidence to face new

challenges. Feeling powerless like a victim all the time, feeling trapped just like you are tied to tracks and the train bearing down on you. However, you don't have to feel this anymore, because music therapy can help you build your confidence and your self esteem (Alex, 2012).

According to Martin (1998) low Self-Esteem wears the following faces:

1. The Imposter: Acts happy and successful, but is really terrified of failure. Lives with constant fear that he/she will be found out. Needs continuous success to maintain the mask of positive self-esteem, which may lead to problems with perfectionism, procrastination, competition and burnout.
2. The Rebel: Acts like the opinions or goodwill of others, especially who are important or powerful do not matter. Lives with constant anger about not feeling good enough. Continuously needs to prove that others judgments or opposing criticisms do not hurt, which may lead to problems like blaming others excessively, breaking rules or laws or opposing authority.
3. The Victim: Acts helpless and unable to cope with the world and waits for others to come to their rescue. Uses self-pity of indifference as a shield against fear of taking responsibility for changing his/her life. Looks repeatedly to others for guidance, which can lead to such problems as

unassertiveness, underachievement and excessive reliance on others in relationship.

### **2.3.4 Consequences of Low Self-Esteem**

According to Alex (2012) low self-esteem can have devastating consequences such as:

1. It can create anxiety, stress, loneliness and increased likelihood of depression.
2. It can cause problems with friendships and relationships.
3. It can lead to underachievement and increased vulnerability to any self destructive behaviours.
- 4 It can seriously impair academic and job performance.
- 5 Worst of all, these negative consequences themselves reinforce the negative self image and can take a person downward.

### **2.3.5 Steps to Improve low Self-Esteem**

Change does not necessarily happen quickly or easily, but it can happen, you are not powerless. Once you accept or are at least, willing to entertain the possibility that you can change, there are two steps you can take to begin improving the way you feel about yourself.

1. Reboot the Inner Critic: The first step is to begin to challenge negative messages of the critical inner voice. For example, I got an 'F' on the test, I

don't understand anything in this class, I am such an idiot, who am I fooling? She turned me down for a date; I'm so embarrassed and humiliated.

2. Practice Self-Compassion: Practicing self-compassion means treating yourself with the same impunity you would show others (Martin, 1998).

### **2.3.7 The implication of high and low self esteem:**

Self-esteem helps motivate people to achieve their goals. High self-esteem leads to coping in situation and low self-esteem leads to avoidance (Leary 1999). Self-esteem is a picture of how you feel about yourself what do you think you deserve, how you relate yourself and whether you approve and accept your character and your own existence a healthy self esteem is characterized by the fact that you like yourself, believe that you deserve love and happiness and that you have confidence that you can do and accomplish things in your life (Jochims, 1995).

The healthy self esteem is necessary for you to enjoy positive emotional situations such as joy, pleasure, relation and gratitude. These positive feelings offers protection from stress and other difficulties of live while contributing to mental and psυχical health .Also a healthy self-esteem is important for the generation of positive psychological situations. Healthy self- esteem brings about laughter and humour, which makes a stronger immune system. For students with visually impaired, the positive emotional situation eliminates the negative effects of stress

in their body, provide better sleep, allowing versatility in a more creative thinking effective (Alex, 2012)

People with a healthy level of self esteem, firmly believe in certain values and principles and are able to act according to what they think to be that best choice, trustily their own judgment, and not feeling guilty when other didn't like their choice. They consider themselves equal in dignity to others, and do not lose time worrying excessively about what happened in the past (Maslow, 1987).

According to Maslow (1987) without the fulfilment of the self esteem needs, individuals will be driven to seek it and unable to grow and obtain self actualization. Maslow states that psychological health is not possible until the essential core of the person is fundamentally accepted, loved and respected by other and by one-self. Self esteem allows people to face life with more confidence.

### **2.3.6 Components of Self Esteem**

It is helpful for us to be able to identify those concepts that we exhibit when our self esteem is under attack and when it is being reconstructed. The following are components of self esteem:

Self acceptance, self respect, self worth, self confidence, self reliance, self discipline, self help, self image, self improvement, self love, self protection, self preservation, self sustaining, self assurance, self discovery, self expression, self

examination, self pity, self criticism, self hatred, self denial, self righteous, self mutilating, self contempt, self abuse, self humiliation, self conceited, self determination, self admiration, self satisfaction ,self state ,self approval, self destruction, self inflict, self conscious, and self identity. [www.12steps.org/esteem.html](http://www.12steps.org/esteem.html).

**Self Image:** A person's conception of one-self, abilities and worth, which are the different ways in which we see ourselves. These self-concepts can be context or situation-specific (e.g. how I see myself as being able to cope under stress or in an emergency).

**Self Acceptance:** Means understanding who you are and accepting your faults. It is only after you begin to accept yourself that you can begin to change and grow into the person you want. If you don't initially accept yourself, you are constantly feeling ashamed of who you are. Self acceptance also means accepting the level and pace of your growth and giving yourself permission to be you.

**Self Respect:** Taking care of you and treating yourself right. This includes not just the actions you take but also how you talk to yourself, which is so important. It cannot be understated. You are going to be talking to yourself all day. Feeding yourself image and subconscious with messages of who you are. Are you going to beat yourself up all day, or treat yourself with respect?

Self Belief: Trusting yourself and having faith in your judgment, skills, and yourself as a person. Self belief is the thought that regardless of the outcome, you will be able to handle it. No matter what happens, you will be okay. [www.12steps.org/esteem.html](http://www.12steps.org/esteem.html).

Self Love: If you think about the euphoria of falling in-love, a large proportion of that is the same with confidence. You feel energetic, excited and like you could take on the world. With practice, building this feeling inside of your self will really boost your overall confidence and happiness.

Self Assurance: This is what most people will say, when you ask them whom a confident person is? Self assured. Being aware of your purpose and being the one to validate yourself, rather than looking to others to validate us is a major part of self assurance. ([www.12steps.org/esteem.html](http://www.12steps.org/esteem.html).)

Self Determination: Is a freedom, being in complete and total control of your reality with self determinism, you are the ultimate authority in your own life, deciding what your values and beliefs are then acting in total accordance with them. You make the rules of your own reality.

Self Admiration: To be proud of whom you are to acknowledge and celebrate the great things you've done and the fantastic person you are.

Self Confidence: This is what everyone needs to have and should develop. Be confident as the main piece of advice given to every nervous person in the world.

Self identity: William Davis, Kate, Gfler and Michael (1999), distinction between two components of identity, the 'I' and the 'me', has had a long-lasting impact. The 'me' is that part of our identity which can be observed and known, while the 'I' is that part that is able to reflect on the 'me i.e. which has subjectivity and is the knower. The 'I' therefore constitute the 'real' and unchanging self for James, where as 'me' was seen as subject to change since it is composed of social categories. James identified four aspect, the 'me', the spiritual self, the material self, social self, and the bodily self, all of which were seen as plural, in that they came in different forms.

#### **2.4 Music therapy and Self esteem**

Moreno (1995) described music therapy as similar to traditional healing methods in its ability to support positive belief systems, enhances feelings of group support and individual self esteem. Henderson (1983) found self esteem had increased following a music therapy intervention with thirteen hospitalized patients diagnosed with adjustment reaction to adolescence. Within a population of autistic children, Brunk (1999) argued that music therapy and adapted music lessons may both influence self esteem.

Music therapy has been highly effective with individuals who typically lack crucial self esteem and self concept (Henderson, 1983; Johnson, 1981 and Kivland, 1986). Song writing, provides a successful, pleasant experience and that a great deal of additional information about the participant can be gained through such techniques. Music therapy not only allows for the development of self esteem through successful educational and social interaction, it also enables the child to use the group as a support system. It is important to remember that toning (the release of tension and anxiety through the voice), is the body's natural regulation mechanism for healing, both emotionally and physically (Kivland, 1986).

Music therapy is presented in two modes. One is passive mode, which gives no importance to participating. Passive form of music therapy may be beneficial to all forms of ailments. Active form of music therapy helps in neurological problem, like neurological aphasia in the segment of alternative medicines to help children to reduce speech problems, to enhance speech fluency, to reduce hyper activity in hyperactive children, and so on. Passive form is more helpful in enhancing the concentration and memory, in boosting self confidence, to reduce the stress and strain, to cope up with series of heart problems, like hypertension, in bringing down the blood pressure and normalize the patients (Mythili, 2010).

Music therapy works with the relationship between learning and music by reflecting an awareness of self perception, allowing subsequent growth and facilitating intrinsic change at many levels. Wilson (1991) . Music can reduce aggressive behaviour and improve self esteem in children with highly aggressive behaviour (Choi, Lee & Lee, 2007).

Research has shown that low self esteem makes a person more vulnerable, as individuals with low self esteem adopt passive coping style which focused on emotions where as individuals with high self esteem or a high feelings of control adopt active coping strategies, focused on problems. Thoits (1995) studies indicate that self esteem plays an important role in developing and controlling the stress of students. Students who were more stressed were found to have lower self esteem and less awareness of their health (Hudd et al, 2000).

Teachers, educationists, social scientists, and parents are increasingly becoming concerned about issues related to academic stress, examination anxiety and their effect on physically challenged students learning process and well being, mental health and measures to control these effects.

Modern neurologists while analysing human brain have attributed functional characteristics to the two hemispheres: assigning the left to perform analytical functions and the right to emotional functioning. These hemispheres are

interconnected through the corpus callous. Music therapy is thought to activate biochemical and electrical memory material across corpus callous, thus enhancing the ability of the two hemispheres to work in unity, rather than in opposition (Updike, 1990).

Self esteem and self confidence are factors found to be improved with the application of music as a therapeutic tool (Magee, 1999). Within the literature there is a wide variety of examples of music helping to increase self esteem and self confidence with various types of individuals. Certain diagnostic groups such as depressed patients are clearly more in need of activities to build self esteem. Sausser and Waller (2006) concluded that music enhances self expression and self esteem.

Music therapy promotes high self esteem in domestic violence victims, in an effort to restore a healthy sense of being, some women who are victim of domestic violence are finding unique methods for healing. In many battered women's shelters, the use of the creative arts promoted a powerful healing outcome from dance to music to art, many women are recovering from domestic violence in both individual creative art classes as well as group therapy Music therapy has become more common in recent years due to the natural healing effect that is used in both

group and individual settings. Victims of domestic violence are encouraged not only to write lyrics but to also create musical accompaniment.

Music is used in people with low self esteem to prove their self esteem attention and concentration, coordination learning and social skills with others. Music therapy uses spontaneous music making as a means of communication within a therapeutic relationship where both the client and therapist are generally involved in playing the instrument, using their voice and listening. No previous music knowledge or skill required and no teaching is involved as the instruments are chosen for their accessibility and ease of use. There is a wide range of instrument available ranging from instrument as well as a guitar and or piano. The therapist may also respond verbally to the client expressions, noticing and linking themes that have emerged during the session. The extent of verbal input depends on the client level of awareness and the focus of the work (Gfeller, 1989).

Gfeller (1989) further explains that a client with low self esteemed can be treated with one to one music therapy. One to one music therapy is client led, meaning that therapist allow space and time for the client to develop their own ways of interacting with the sounds and the settings. The therapist responds to the clients musical expressions and build a music framework within which they can express and discover new ways of relating to their selves. To the music therapist and to

their surrounding this support approach allows the client confidence to grow and a trusting relationship to form. A client with low self esteem can as well be treated by group music therapy. Group music therapy involves group of up to six clients, depending on their level of need. It is particularly beneficial to client who are socially isolated or those who finds it difficult to communicate with peer where clients attend a group due shared difficulty such as low esteem dementia or a learning disability a strong sense of emotional support can develop. There is also opportunity to address new insight within the group through improvisation and verbal discussed. Group work commonly increases the limits self esteem and brings and enhanced sense of well being to the group as whole as well as the individual (Gfeller, 1989).

## **2.5. Music Therapy and self esteem of the visually impaired student.**

Music is an exceptional tool for helping people because of its power to reach everyone like nothing else as music creates multiple stimuli allowing many different people to experience its effects regardless of their disability. While music is usually thought of as an auditory stimulus, or a series of pitches that people can hear, it also creates tactile stimulation when a large cymbal is struck with a mallet the vibrations can be felt by touching the cymbal. When the loud booming bass on

a stereo is heard it is also possible to experience the power of the vibrations in the body music does not need to be heard to be beneficial. (Heller, 1987).

Music therapy is the use of music by a trained professional to help patients make changes in their lives so as to adjust better to or overcome obstacles. There are two types of music therapy: adaptive and palliative. (Heller, 1987) Adaptive music therapy is used to help the blind adapt to their handicaps. Palliative music therapy is used to treat the symptoms of patients with physical, mental and emotional disturbances. According to Heller (1987) both forms of music therapy help patients with impaired vision to achieve their goals and have a better life.

Using music to help the visually impaired students better function, basic skills is an example of adaptive music therapy. For the visually impaired child, basic skills are difficult to learn because they have impairment in the sight. Visually impaired children grow up in an isolation world. They are often unaware of their surroundings, cannot communicate, and have difficulty in hearing motor skills. In working with a visually impaired child, the goals of a music therapist according to Corner, (1982) includes: providing sensory stimulation, increasing self awareness of the absent of sounds, increasing the accuracy of motor skills, improving social interaction, providing a means of emotional expression and concepts (Corner, 1982)

According to Marry land school of the blind, music therapy is a vital tool for the visually impaired client. Using auditory perception training visually impaired client can reach new levels of auditory awareness and pressing abilities. Through playing a musical instrument, the visually impaired client can increase self awareness and tact awareness. Music therapy also provides stimulation, awareness of absence of sound and an aid to developing language and concepts. Through therapeutic musical performance, the visually impaired client can experience an increase in the accuracy of motor skills. All of these abilities increase the visually impaired client's daily living skills leading to a more productive and meaningful life (Alexander, 2003).

According to Nordoff, and Robbins, (1977) song writing can be valuable for developing the self esteem, self -expression, self -confidence, and group social skills of visually impaired student. In song writing, students often create a theme for a song, which then becomes the basis for lyric discussion and construction. Music therapy is an integral part of each day, but music is also used in other ways throughout the school. Music is used in the class room to reinforce good behaviour; it is brought to students in many different ways. For instance, through the radios, class room instruction, special guest performer, private music instruction and through other instructional staff. The music therapist often

consult with classroom teacher, to assist on daily activities such as field trips, skill acquisition, and behaviour programs. Music is essential to the visually impaired students because sound is one of the important cues a visually impaired individual can use in the environment, that is why, not only sound, but music, plays an important role in our students' lives. Music is an avenue the students use to make life changes. Sound is also important to the deaf/blind students too. Sound and vibration or the field of music is another way to, make possible, non-verbal communication. Sound can facilitate interactions with seeing and hearing world for an individual who are deaf blind.

## **2.6 Summary and Uniqueness of the study.**

Music is an exceptional tool for helping people because of the power to reach everyone. Like nothing else, music creates multiple stimuli, allowing many different people to experience its effects regardless of their disability. . Music does not need to be heard to be beneficial because of the universality of music. Music therapy becomes an aid that can help student with impairments to improve function.

### **Uniqueness**

This work is the first of its kind in the department of physical and health Education, Bayero University Kano. The research work was conducted using

primary school visually impaired students, it is also unique in the sense that it bothered the researcher on the issues concerning disadvantage individuals who are often neglected in our society. Music therapy have benefited both male and female students.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.1 Introduction**

This study investigated the effect of music therapy on self esteem of visually impaired students of Special Education School, Tudun Maliki Kano. This chapter described, the research design, population of the study, sample and sampling techniques, data collection instrument, data collection procedures, validation of instrument, reliability of instrument and data analysis.

#### **3.2 Research Design**

Pre-test and post-test experimental control group research design was used as recommended by Krysik and finn (2007). The choice of the design of pre-test and post-test was given to experimental and control group by the researcher to determine the effect of music therapy on self esteem of the visually impaired students.

#### **3.3 Population of the Study**

The population of this study included all the male and female primary visually impaired students of Special Education School, Tudun Maliki, Kano, which were 40 subjects (Haruna (2014)).

### **3.4 Sample and Sampling techniques**

The Sample size of the study was 16 visually impaired students, (8 males and 8 female) with low self esteem. The 40 visually impaired students were given the Rosenberg self-esteem questionnaire, to determine the students with low self-esteem. 16 students were identified and were randomly selected into experimental and control groups respectively. Eight subjects served as experimental group while the remaining eight serve as the control.

### **3.5 Instrument for Data Collection**

The instrument used for data collection was the Rosenberg self esteem scale. The instrument was adopted for the data collections as recommended by Rosenberg (1965). The scale consisted of 10 items which are both negatively and positively formed questions. Question 1,2,4,6 and 7 are positively formed with a score of strongly agree (3) agree (2) disagree (1) strongly disagree (0), whereas questions 3,5,8,9 and 10 are negatively formed with a score of strongly agree, (0) agree, (1) disagree, (2) strongly disagree (3).

The score of the scale ranges from 0-30 scores. Between 15-25 scores are considered normal self esteem while scores below 15 are considered low self esteem, while above 25-30 scores are considered high self esteem. The instrument was adopted from self esteem work of Rosenberg (1965).

### **3.6 Validation of Instrument**

A standardised Rosenberg self esteem questionnaire was adopted.

### **3.7 Reliability of Instrument**

The instrument is a standardised Rosenberg self esteem reliability of 0.82

### **3.8 Procedure for data collection**

For the purpose of this study, an introductory letter was collected from the Department of Physical and Health Education ,Bayero University Kano and was submitted to Special Education School, Tudun Maliki, Kano, by the researcher to enable her collect data . The instrument Rosenberg self esteem questionnaire was first used to score all the 40 visually impaired students. This was done in order to determine students with low self esteem. A total of 16 visually impaired students were identified with low self esteem, which was divided into two groups of 8 each. One served as experimental group and the other as control group. Three research assistants were used (a male and 2 female), which are the regular class room teacher to the visually impaired students. The research assistant introduced the researcher to the visually impaired students, helped in arranging the classroom for music therapy. They also assisted the researcher to administer the questionnaire to the students. The questionnaire was translated in the local Hausa language of the students, since all the participants were very comfortable with Hausa language.

while the teacher read it to their hearing and they provided the answer verbally and the teachers thick.

### **3.9 Intervention.**

The Music (Ala Waka) was used as the intervention for the study, which was the music therapy given to the visually impaired students. Ala waka is a country music, which was passively listened to. Passive form of Music is the kind of music that is based only on listening, which is suitable for the visually impaired. Passive listening form of Music Therapy is beneficial to many disabilities and ailments. Passive form of music according to Mythili (2010) is helpful in enhancing concentration, memory and in boosting self-confidence of the visually impaired students.

The entire subjects were given the Rosenberg self esteem questionnaire as pre-test, out of which the 16 visually impaired students with low self esteem were identified, 8 served as experimental group and other remaining 8 served as control group.

Ala waka was used as the intervention for the study. The participants in the experimental group were subjected to Ala waka music, 3 times in a week, (Monday, Wednesday and Friday) for the duration of 30 minutes for 6 weeks. The control group were allowed to continue with their normal activity.

After 6 weeks of passively listening to Ala waka music (intervention), Rosenberg Self Esteem questionnaire was administered again to both groups to find out whether there is significant effect on the self-esteem of visually impaired students. Result revealed that music therapy enhanced the self-esteem of visually impaired students as post-intervention scores of experimental group on self-esteem were high as compared to control group which did not show much statistical difference between its pre and post-intervention scores

### **3.10 Data Analysis**

Descriptive statistic of mean and standard deviation will be analysed from both pre and post, and male and female. Ancova was used to determine the effect of music therapy on self esteem of visually impaired students at 0.05 level of significance.

## CHAPTER FOUR

### RESULTS AND DISCUSSION

#### 4.0 Introduction

This research investigated the effect of Music Therapy on self esteem of visually impaired student of Special Education School, Tudun Maliki, Kano. This chapter consists of result, presentation and discussion of findings.

#### 4.1 Results

**Table i: Demographic information of the respondents.**

<b>Gender</b>	<b>Frequency</b>	<b>Percentage</b>	<b>Age Mean</b>
Male	8	50	16.125
Female	8	50	14.375

The mean age of respondents were 16.125 male and 14.375 female, male were 8, representing 50% and the female were also 8 representing 50%, therefore, their is equal respondents among male and female.

Hypothesis 1: Music therapy will not have any significant effect on the self-esteem among visually impaired students of special education school, Tudun Maliki, Kano.

**Table i:**

**Pretest/Posttest Scores of control and experimental groups**

Control group		Experimental group	
Pretest	Posttest	Pretest	Postets
Mean    SD	Mean    SD	Mean    SD	Mean    SD
26.25 <sub>±</sub> 2.90	26.25 <sub>±</sub> 3.26	23.75 <sub>±</sub> 5.74	32.58 <sub>±</sub> 7.87

A pretest posttest analysis was conducted and the result indicated that the means of pretets score of control group is 26.25 and the SD is 2.90 while the mean of the post test score in the control group is 26.25 and the SD is 3.26.

The mean of pretest score of experimental group is 23.75 and SD is 5.74 while the mean of the posttest score in experimental group is 32.58 and SD is 7.87. This shows that there is significant difference in self esteem of visually impaired students.

**Table ii: Ancova summary table on the effect of 6 weeks music therapy between control and experimental groups.**

Source	Sum of squares	Mean square	df	F	Sig.
Corrected model	.997a	.498	2	.172	.847
Intercept	58.144	58.144	1		
Prec	.497	.497	1		
Gr	.445	.445	1		
Error	14.503	2.901	5		
Total	2000.000		8		
Corrected total	15.500		7		

$F(2,5) = .847 (p > 0.05)$

Analysis of covariance was conducted after adjusting the pre-test score. The result indicated that  $F = .172$ ,  $df 2,5$  ( $p > 0.05$ ). This means that there is no significant effect of music therapy among visually impaired students in the experimental and control groups, therefore, the null hypothesis is retained on the account that no significant difference exist.

**Hypothesis ii:** Music therapy will not have significant effect on the self-esteem among visually impaired male and female students of special education school, Tudun Maliki Kano.

**Table iii**

**Pretest/posttest scores of female and male control and experimental group**

Source	Control group				Experimental group			
	Pretest		Posttest		Pretest		Postets	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Male	14.74±	1.78	14.50±	0.87 2.90	11.25±	2.49	16.25±	4.03
Female	11.50±	1.12	11.75±	2.39	12.50±	3.25	16.25±	3.84

Pretest/post test analysis was conducted of male and female control and experimental groups, the result indicated that the mean of the male pretest score in control group is 14.75 and SD 1.78, while the mean of the male post test score in control group is 14.50 and SD 0.87. The mean of female prest scores in experimental group is 11.25 and SD is 2.49 while the mean of male posttest scores in e experimental group is 16.25 and SD is 4.03.

The mean of the female pretest score in control group is 11.50 SD is 1.12 where the mean of the female post test score is 11.75 and SD is 2.39. The mean of female pretest scores in experiments 12.50 and SD is 3.25 while the mean of female posttest score in experimental group is 16.25 and SD is 3.84.

This shows that there is significant effect of music therapy among male and female visually impaired students in the control and experimental groups.

**Table iv: Ancova summary table on the effects of 6 weeks music therapy male and female students.**

Source	Sum of squares	Mean square	df	F	Sig.
Corrected model	46.581a	11.645	4	3.429	.032
Intercept	51.119	51.119	1		
Prec	1.893	1.893	1		
Gr	43.019	14.340	3		
Error	37.357	3.396	11		
Total	3419.000		16		
Corrected total	83.938		15		

$F(4,11)=3.429(p>0.5)$

Analysis of covariance was conducted, after adjusting the pre-test scores, the result indicated that  $F= 3.429$ ,  $df 4,3$  ( $p <0.05$ ). This means that there is significant effect of music therapy among male and female visually impaired students in the experimental and control groups. Therefore the null hypothesis is rejected on the basis that significant difference exist.

**Table iv: LSD post hock test**

<b>(i) Group</b>	<b>(j) group</b>	<b>Mean difference (i-j)</b>	<b>Std error</b>	<b>Sig.b</b>
Male exp. Post-test	Female cont. Post-test	3.546	1.305	.020
Female cont. Post-test	Female exp. Post-test	4.315	1.326	0.008

To determine the significant difference among the group, post-hock test was conducted using LSD and it indicated there is significant difference in the effects of music therapy between male in experimental group and female in control group. Also significant difference was found between female in the experimental group and female in the control group.

#### **4.2 Discussion**

The study investigated the effect of music therapy on self-esteem of visually impaired students of special education school Tudun Maliki Kano. It compare the scores of experimental and control group of special education school Tudful Maliki Kano. It also investigated the relationship between male and female visually impaired students of special education school Tudun Maliki Kano.

The findings of the study revealed that there is no significant effect of music therapy on self esteem among visually impaired students in experimental and

control groups ( $F=.172$ ,  $df 2,5$  ( $p>0.05$ )). However, the outcome of this study may be as a result of some factors such as age of the participants, the average age of primary student is 5-12 years but some of the student were above 25 years and have lived with their conditions for many years. The result of the study is in line with Henderson, (1983), who found that self esteem had increased following a music therapy intervention with thirteen hospitalized patients diagnosed with adjustment reaction to adolescence. This finding is in agreement With the work of Garbar Robinson and Valentine (1997), who revealed that music therapy is used as self esteem booster. Also, the result supported the findings of Magee (1999), who observed that self-esteem and self-confidence are factors found to be improved with the application of music therapeutic tool. The result of this study is also in agreement with the work of Heller (1987), who reported that music is an exceptional tool for helping people because of its power to reach everyone.

Music therapy used with blind students is an effective way to help them to learn basic skills and adapt to their disabilities (Corner, 1982). Music helps in enhancing self-esteem, self-expression and interpersonal communication. It is clear that a range of musical activities can all produce a positive effect on self-esteem and self-confidence (Freed 1987).

The study also examine the effect of music therapy on self-esteem of visually impaired male and female students of special education school. The findings of the study revealed that there is significant effect of music therapy among male and female visually impaired students in the experimental and control groups. According to Charles et al (2010), the study establish that there were indeed gender differences in self concept among visually impaired pupil in the study therefore recommend that the lower self-concept observed among the boys should be enhanced by giving conseling and early intervention to this group of pupils with a view to help them accept their disability.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

#### **5.1 Summary**

The study investigated the effect of music therapy on self-esteem of visually impaired students of Special Education school, Tudun Maliki Kano. To achieve the purpose of this study, Rosenberg self-esteem scale questionnaire was adopted and major hypotheses was formulated. The population was 40 visually impaired students and 40 completed copies of questionnaire was used for the data analysis. Sample of 16 subjects of visually impaired students with low self-esteem .

Data collected are analyzed, using Ancova was used to investigate the difference between the control and experimental group, the findings showed no significant difference between control and experimental groups.

The result further revealed that music therapy has positive effect on self-esteem of visually impaired students.

#### **5.2 Conclusion**

Based on the findings of this study, the following conclusion were drawn that music therapy has improved the self esteem of visually impaired students of Special Education School, Tudun-Maliki, Kano.

### **5.3 Recommendations**

In line with the findings of the study, the following recommendations were made.

1. Government should encourage the use of music as a therapeutic intervention among the visually impaired children because music therapy offers potentials to meet psychological, social and emotional needs that other non-pharmacological interventions can't address. This can be achieved through Employing music therapist along with special education teachers to help visually impaired students achieve full potentials.

2. Music therapy should be taught in Special schools as a means of therapeutic intervention to help visually impaired students enhance their personality traits and learn skills to become more productivity in the society.

3. Participation in music activities should be recommended during the developmental stages of visually impaired children. Any rhythm instrument or music composition that provides a steady rhythm can be used as a music stimulus. The visually impaired student who has been mainstreamed into elementary class should have a sighted partner during music activities, allowing an opportunity for socialization as well

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## **APPENDIX: B**

Intervention Schedule, (Weekly reported activities): from first week- \_ 6th week

Week 1 - 6: Monday, Ala Waka Music was played through a cassette for 30 minutes.

Wednesday, Ala Waka Music Was played through a cassette for 30 minutes.

Friday, Ala Waka Music was played through a cassette for 30 minutes.

## QUESTIONNAIRE

Students will be asked the following question.

1. On the whole, I am satisfied with myself
2. At times, I think I am no good at all.
3. I feel that I have a number of good qualities.
4. I am able to do things as well as most other people.
5. I feel I do not have much to be proud of.
6. I certainly feel useless at times.
7. I feel that I'm a person of worth, at least on an equal plane with others.
8. I wish I could have more respect for myself.
9. All in all, I am inclined to feel that I am a failure.
10. I take a positive attitude toward myself.

Question 1,2,4,6 and7 are positively formed with score that students SA=3, A=2, D=1, SD=0.

Question 3,5,8,9 and 10 are negatively formed with a score of SA=0, A=1, D=2 SD=3.

The scale ranges from 0-30 scores between 15-25 are considered normal self Esteem while score below 15 support low self esteem.