



The psychological impact of Ney music

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ABSTRACT

The current study investigated whether music therapy carried with the Ney (a wind instrument used in classical Turkish music) has a positive effect on decreasing people's anger and psychological symptoms. The Ney is a Turkish folk instrument and known as a great symbol of Sufi music. In Mevlana philosophy, the Ney makes people feel at ease, and make them feel closer to God. The participants were 14 university students, who were randomly assigned to two groups. This experimental group received music therapy sessions twice a week during 7 weeks, resulting in a total of 14 sessions. The control group did not receive any therapy. The research instruments were administered as a pre-test, a post-test, and a follow-up test. The findings revealed that music therapy carried with Ney music has a considerable long term effect on reducing the participants' anger and psychological symptoms.

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Introduction

Music therapy has been used frequently as a therapeutic tool to improve psychological problems (Ferguson & Voll, 2004; Groen, 2007; Juslin & Laukka, 2004; Knight & Rickard, 2001; Kreutz, Ott, Teichmann, Osawa, & Vaitl, 2008; McCaffrey, 2004; Nicol, 2010; Roberts, 2006; Svendsdottir & Snaedal, 2006; Thaut & Davis, 1993; Toolan & Coleman, 1995; Wigram & Lawrence, 2005). Research studies revealed that music therapy has an effect on increasing cognitive performance (Ziv, Chaim, & Itamar, 2011), communication skills (Moreau, Goth, & Aldridge, 2010), socialization and decreasing anxiety (Hernandez, 2005; Knight & Rickard, 2001; Koga, 2005; On Kei, Chung, Chan, & Chan, 2005), and depression (Davies, 1995; Lai, 1999). For example, some research studies revealed the beneficial effects of musical exposure on cognitive performance (Aoun, Jones, Shaw, & Bodner, 2005; Ho, Mason, & Spence, 2007; Rauscher, Robinson, & Jens, 1998).

Music therapy also had a positive effect on communication skills and socialization (Christian, 2006; Hargreaves & North, 1997; Rickson & Watkins, 2003; Savarimuthu & Bunnell, 2002). A study conducted with young people who had aggressive attitudes revealed that they significantly improved their communication skills and became more sociable with the help of music therapy (Packer & Ballantyne, 2010; Rickson & Watkins, 2003). Similar results were found in studies involving people with learning disorders. For example, Savarimuthu and Bunnell (2002) found that music therapy increased communication abilities and had a positive effect on mental states. Christian (2006) reviewed studies on

music's positive effects on people and stated that music enables one to relax, has an impact on making peace with oneself and positively affects one's communication with his/her environment. Hargreaves and North (1997) found that music therapy contributes to the development of social identity.

In addition to its positive influence on cognitive performance and communication skills, music therapy was found to be useful in decreasing stress (Field, 1998; Szmedra & Bacharach, 1998; Wu, 2002), anxiety (Hernandez, 2005; Knight & Rickard, 2001; On Kei et al., 2005), and depression (Davies, 1995; Lai, 1999). Scheufele (2000) found that classical music had a positive influence on reducing stress and improving relaxation and the level of concentration. Lai (1999) found that music therapy significantly decreases women's depression. Hsu and Lai (2004) found the positive influences of music therapy on both men's and women's depression.

Besides other countries, music and music therapy has been used to solve people's psychological problems in Turkish history. For example, influential Turkish scholars and doctors like Zekeriya ErRazi, Farabi, and İbni Sina made significant contributions to the benefits of Turkish music on psychological problems (Çoban, 2005). In addition, music has been used for the treatment of mental disorders in some hospitals in the time of Ottoman Empire (Bayraktar, 1998). According to Farabi, Turkish folk music gives a feeling of pleasure, serenity, sense of confidence, calmness, courage and modesty (Ak, 1997). Moreover, İbni Sina stated that sounds can make very deep impressions on human spirit (Somakci, 2003).

An instrument called "Ney" was one of the musical instruments used to treat psychiatric patients (Arıkan et al., 1999) in Turkish history. The Ney is a reed flute played especially in Mevlevi (Sufi) music (Gölpınarlı, 2009). According to the philosophy of Mevlana, the Ney music makes people feel at ease and feel closer to God (Yöndemli,

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1997). Studies revealed that Sufi music had a positive influence on decreasing anxiety (Güvenç, 1985) and cognitive process (Arıkan et al., 1999).

The researcher of the current study failed to identify any study which examined the influence of Ney music on reducing anger. Anger, by definition, refers to an emotional state that involves displeasure and consists of subjective feelings that vary in intensity, from mild irritation or annoyance to intense fury and rage (Spielberger, Jacobs, Russell, & Crane, 1983; Goozen, Fridja, Kindt, & Van de Poll, 1994). To reduce anger, researchers and psychologists put forth some counseling techniques such as relaxation and breathing exercise (Beck & Fernandez, 1998; Charlesworth, 2008). Although music therapy has been extensively used to reduce stress, depression, anxiety and other types of psychological symptoms (Davies, 1995; Field, 1998; Hernandez, 2005; Knight & Rickard, 2001; Lai, 1999; On Kei et al., 2005; Szmedra & Bacharach, 1998; Wu, 2002), it seems to have received no attention in the treatment of anger. To fill these gaps, the current study was conducted. If results support the positive influence of Ney music on reducing anger, this study will bring a different perspective to that clinical application of music therapy and will have practical value as it presents an application out of a non-western culture with implications for music therapy.

Methods

Participants

The participants included 14 undergraduate students (6 Male, 8 Female) representing five departments. Two instruments entitled “Brief Symptom Inventory” (Dragotis, 1992) and “State Trait Anger Scale” (Spielberger et al., 1983) were initially administered to 196 undergraduate students in Turkey to recruit participants for the current study. The researcher identified 14 students who received high scores in these research instruments and invited them to participate in this study. The participants’ age ranged from 18 to 23 with the mean of 20.7 (SD = 1.48). All of the invited students agreed to be a participant in the current study.

Instruments

Two research instruments were used to collect data from the participants. The first instrument entitled “Brief Symptom Inventory” (Dragotis, 1992) consists of 9 sections and 53 items. The participants indicated their response on a five-point likert type scale ranging from 0 (never) to 4 (very often). Some of the scale items were: “feeling alone”, “becoming angry very easily”, “feeling guilty”, “having pessimistic views about the future”, “having difficulty when making a decision”. Higher scores indicated higher level of psychological symptoms. Şahin and Durak (1994) translated this inventory to Turkish language and reported high level of internal consistency of each section in a study conducted with 719 patients.

The second research instrument entitled “State Trait Anger Scale” (Spielberger et al., 1983) is made up of 4 sections (Trait Anger, Anger-in, Anger-out, Anger control) with 44 items. The participants were asked to indicate the extent to which these items describe them on a four-point frequency scale ranging from 1 (almost never) to 4 (almost always). Some of the scale items were “I get angry easily”, “When I get angry, I can’t control my temper”, “When I get angry, I discuss with other people”. Higher scores in trait anger, anger-in, anger-out indicated higher levels of anger while higher scores in anger control indicated lower levels of anger and people’s ability to control their anger. Özer (1994) translated this scale to Turkish language and reported high level of internal consistency

of each section in a study conducted with 270 soldiers and 146 university students (Savaşır & Şahin, 1997).

Procedure

The researcher explained the importance of this study to the participants and asked them to read a consent form and to fill out the research instruments. All of the 14 participants signed the consent form and filled out the research instruments. Then, they were randomly assigned to two groups with 7 participants in each group. The control group did not receive any therapy during the study. The participants in the experimental group received music therapy with Ney for 7 weeks in 14 sessions. The experiment took place in a room which was furnished with cushions and pillows on which students could lie down. The room had a sound system and was dim. In all 14 sessions, students in this group listened to Ney music (sufi ney) for 40–45 min. After completing the sessions, all of the participants filled out the research instruments as a post-test. In order to understand if the Ney music reduces anger and psychological symptoms for a relatively long time, the research instruments were administered to the participants again one month after the Ney sessions.

Data analysis

Due to the small size of the current study, non-parametric tests were used for data analysis. Mann Whitney *U*-test was conducted to compare the participants’ anger and psychological symptom scores in experimental and control groups at the beginning of the study. Wilcoxon signed-rank test was used to compare the participants’ scores in pre-test, post-test and follow-up test.

Results

Results of Mann Whitney *U*-test presented in Table 1 revealed a significant difference between control and experimental groups in trait anger and anger-in at the beginning of the study. The experimental group participants’ trait anger ($M = 10.21$) and anger-in scores ($M = 10.07$) were found to be higher than the control group participants’ trait anger ($M = 4.79$) and anger-in ($M = 4.93$) scores. No significant difference between two groups existed in anger-out ($U = 11.5, p < 0.05$) and anger control ($U = 18, p < 0.05$).

Results of Wilcoxon test presented in Table 2 revealed no significant difference between pre-test and post-test scores of participants in the control group. In other words, the participants’ anger scores in the control group did not significantly change during the study; however, there was a significant difference between pre-test and post-test scores of participants in the experimental group except for anger out. The experimental group participants’ anger scores significantly reduced from 27.28 to 19.28 in trait anger ($z = -2.37, p < 0.05$), 23.85 to 14.85 in anger-in ($z = -2.20, p < 0.05$) and increased from 17.42 to 21.42 in anger control ($z = -2.12, p < 0.05$). This result suggests that the participants’ anger significantly reduced after the Ney sessions. It is important to note that there was no significant change in the experimental group participants’ anger scores one month after the Ney sessions, which suggests that the Ney sessions had a relatively long term effect on reducing anger.

In terms of psychological symptoms, results of Mann Whitney *U*-test presented in Table 3 revealed no significant difference between control group ($M = 6.93$) and experimental group ($M = 8.07$) at the beginning of the study ($U = 20.5, p > 0.05$).

A close examination of Table 4 revealed that there was no statistically significant difference among the control group participants’ pre-test, post-test and follow-up test. This result indicated that the control group participants’ psychological symptom scores did

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