Relationship between Music, Dance Therapy, Psychosocial and Spiritual Well-being of People Living with HIV/AIDS in Oyo and Osun States Nigeria

By

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Abstract

The prevalence of psychosocial problems is high among people living with HIV/AIDS across the globe. Majority of people living with HIV in developing countries suffer from anxiety or depression, which can lead to chronic or recurring depressive course throughout life. Music and dance therapy are new forms of therapeutic approach to help people living with HIV/AIDS, especially those who have problematic behaviours, to make effective adjustments towards psychological and spiritual well-being.The study adopted descriptive survey design. One hundred and fifty five people living with HIV/AIDS attending Living Hope Care, Ilesa, Osun State and patients attending HIV/AIDS clinic at Adeoyo Maternity Hospital, Ibadan, Oyo State were selected. An adapted questionnaire tagged (MDTPSWPLWHAQ) was used for data collection and a reliability coefficient of r = 0.75 was obtained. One hundred and fifty five questionnaireswere administered on respondents with the help of two (2) trained research assistants. Data collected were analyzed using percentages and frequency counts for demographic characteristics and Pearson moment correlation was used for section B of the instrument. Hypotheses were tested at 0.05 alpha level. The results established that there was a significant relationship between music, dance therapy and psychosocial wellbeing of people living with HIV/AIDS (r = .36, N= 151, P < .05). The results showed that there was a significant relationship between music, dance therapy and spiritual wellbeing of people living with HIV/AIDS (r = 251, N= 151, P < .05). This implies that music and dance therapy had significant relationship on psychosocial and spiritual wellbeing of PLWHA. It was concluded that music and dance therapy contributed to psychosocial and spiritual wellbeing of people living with HIV/AIDS.It was recommended that professional psychotherapist should be employed to work in all health care units. Music and dance therapy is an essential treatment in social work practice.

Introduction

Music is an important component of the human experience. The use of music in culture has been a documented feature of the history of civilizations. Eusler and Martinez (2003) found that types of music have been uniquely associated with distinct feelings, experiences, and social interactions. Cultures have incorporated music into the educational process, religious and tribal rituals, and patriotic expressions. Music conveys features of culture both with lyrics and melody. Vocal music has been used both as a contemporary vehicle and an archival mechanism to transmit important cultural, moral, spiritual, and historical events and values. Music has been used to calm, enable feelings of safety, and to reduce the social distance among people. Bailey and Davidson (2005) confirmed that singers report a wide range of social, psychological, spiritual, and health benefits associated with singing. They report that 71% of singers in a university choral society agreed that singing was beneficial for their mental wellbeing. On a more objective level, Kreutz, Bongard, Rohrmann, and Grebe (2004) said that research has demonstrated the impact of singing on physiological variables assumed to have wellbeing and health implications. In addition, Cohen and Lazarus (2006) found significant improvements in both mental and physical health in elderly people participating over one year in a community choir.

Music Therapy is also used to relieve pain, especially the one that is related to

labour or terminal illness. It can be used by healthy individuals in a number of ways. Playing an instrument or beating a drum can alleviate stress, and listening to music can help with relaxation. Panksepp and Bernatzky (2002) said, recognition of the cultural and personal significance of music to the listener is equally important and has brought a clearer understanding of how full emotions may be elicited through music. People can experience very different emotional reactions to the same music or even changed reactions between listening. This can only be explained by external factors giving emotional meaning to the music.In furtherance to the above, MacDonald, Mitchel, Dillon, Serpell, Davies and Ashley(2003) proposed music as an everyday stimulus which is particularly effective in capturing and holding attention and engaging emotions. Some everyday goals of music for emotional self-regulation found in a study by Sloboda and Justin (2003) are: calming down; getting in the mood for an activity and getting out of a bad mood with participants appearing fully aware of which music they needed in different situations. Music may then be unique in the way it is used as self-administered emotional therapy.

Chamorro-Premuzic and Furnham (2007) found that music influences emotions and mood, and many listeners report using music especially for mood regulation. Zentner (2008) said, listening to music was said to evoke strong, subjectively felt emotions, such as happiness,joy, peacefulness, and nostalgia. These emotions are often accompanied by physiological reactions, such as changes in heart rate, respiration, skin temperature and conductance, and hormone (for example, cortisol and testosterone) secretion. Clark and Teasdale (2008) and Lundqvist, Carlsson, Hillmerson and Juslin (2009) postulated thatby inducing positive affect and heightened arousal, listening to pleasant and enjoyable music can also temporarily enhance performance in many cognitive domains, including psychomotor or information processing speed, reasoning, attention and memory and creativity. In this case, movement itself becomes the physical manifestation of the psyche, and the body is the medium through which emotions are released to the external world. In other words, movement in its pure sense conveys the patients' thoughts, feelings (conscious and unconscious), issues, and insecurities.Music therapy has been recognized as an important intervention to meet patients' and their family members' needs. For instance, music encourages patients to express their feelings, thoughts, hopes, and fears. Specific music requested by patients and or their family members may be used to stimulate, to evoke reminiscence, or to facilitate interaction and communication between the patients and their family members.

Bright (2002) found thatplaying musical instrument may be used to increase patient's mood and motivation and, therefore, decrease isolation that is common among patients with terminal illness. Anne and David (2016) in a recent investigation found that music therapy works on a number of different levels and in a number of different ways. Music, especially pieces with a strong rhythmical element according to Simommonds, Novy and Sandoval (2005) is found to have effect on heart rate and breathing; and promote the release of endorphins or natural painkillers. Music has been shown to reduce muscle tension, and can be very helpful in promoting relaxation. Music can also be helpful in releasing memories or negative feelings that may have been repressed, which can change behaviours and affect behavioural issues. Playing music can also improve skills such as communication and physical coordination. The American Music

Therapy Association (2002) points out that music therapy is used for many different issues, from stress relief to mental, emotional and behavioural problems. It was shown in that report that music could be used help treat depression and anxiety, and is often used to help elderly clients deal with memory loss associated diseases such as Alzheimer's disease and Dementia.

Dance on the other hand has always been a part of human culture, rituals and celebrations. Today, most dancing is about recreation and self-expression, although it can also be done as a competitive activity. The American Music Association (2005) affirmed that dancing is an enjoyable way to be more physically active and stay fit. There are many forms of dance ranging from ballroom to barn dancing and disco to morris dancing. Others include: Ballet; Ballroom; Belly; Hip-hop; Jazz; Pole; Salsa and square dancing. According to better health channels (2016), dancing can be a way to stay fit for people of all ages, shapes and sizes. It has a wide range of physical and mental benefits including: improved condition of the heart and lungs; increased muscular strength, endurance and motor fitness; increased aerobic fitness; improved muscle tone and strength; weight management; stronger bones and reduced risk of osteoporosis. Some other benefits of dance include: better coordination, agility and flexibility; improved balance and spatial awareness; increased physical confidence; improved mental functioning; improved general and psychological wellbeing; better social skills, greater self-confidence and self-esteem.

Patterson (2003) affirmed that music and dance therapy is performed by trained professionals and is most commonly used for individuals with special needs. The focus of music therapy is using a musical approach towards development of goals in the areas of motor skills, social development, self-awareness, and cognitive development. Patterson suggests that the role of a music and dance therapist in the school setting is to assess a child's needs and teach academic and social skills in areas of deficit both with and without music. Zentner, Grandjean and Scherer (2008) affirmed that one purpose of using music therapy is to use songs to teach a skill. In the same vein, American Dance Therapy Association (2006) said, evidence indicates that taking part in dance movement therapy (DMT) groups has helped to reduce stress in both young and adult patients'since stress plays an important role in health and wellbeing development and prognosis.

The effect of DMT on stress and stress-related physiology has attracted considerable attention recently. Although little research has been conducted into the effect of DMT on stress physiology, Bright(2002)has indicated that DMT has a beneficial effect on stress-related hormones. Thus, dance or movement therapy is the psychotherapeutic use of movement as a process which furthers emotional, social, cognitive, and physical integration of the individual.

People living with HIV/ AIDS (PLWHA) according to Carr and Cooper(2000) most often experience fatigue, pain and peripheral nerve dysfunction. They may also experience nausea, loss of appetite, depression, and headache. In the same trend, Simmonds, Novy and Sandoval (2005) found that common symptoms of pain and fatigue can limit abilities in completing required activities, which in turn can compound psychosocial distress. Metadilogkul, Jirathitikal, and Bourinbaiar (2005) found that women living with HIV (WLWHA) also suffer from a number of co-

occurring conditions that lead to a considerable amount of suffering. These conditions include high rates of stigma, social isolation, depression, trauma and posttraumatic stress disorder and substance abuse. With the development of highly active anti-retroviral therapy (HAART), life expectancies have increased, creating a greater need for chronic illness management and palliative care.

Arts Council of England (2006) found that dance being the most fundamental and unique form of art, affects people spiritually in the first instance. Then it refines them socially and physically. As a form of therapy it does not only help people with chronic illnesses; it also helps socially and physically abused people to cope with their emotion, anger and frustration, in a mental level. Because dance develops a gentle behaviour, calmness and powerful thinking, it is also widely used for child and youth development programmes as well. After all, being a natural human behaviour, can simply be a most pleasurable form of activity for everyone. The Arts Council of England (2006) further said, the psychological issues associated with HIV illness evolve for individuals and families over the dynamic course of HIV illness and vary depending on the stage of the illness. With ART, there has been a shift in emphasis from coping with severe illness, death and dying, and multiple losses to living with and managing HIV as a chronic health condition. This has not, however, eliminated the psychological impact of infection. Coping with the uncertainty of future health and HIV stigma remain the most difficult psychological challenges that permeate many facets of life, even in the context of optimal access to ART. People living with HIV may exhibit a variety of responses requiring different types of medical attention and psychological support.In this trend, the American Dance Therapy Association (2013) also found that dance and movement therapy is psychotherapeutic because movement as a process heightens the emotional and physical integration of the individual.

Barnett and Whiteside (2002) found that existential issues, including spirituality and religious belief, may take on increasing importance to people who get a diagnosis of what is still, despite advances in treatment and health care, a frequently fatal disease. Unfortunately, despite the importance of the spiritual and religious dimensions of life, some officials of some established religions seek to stigmatise rather than help people with HIV, even though all the major religions emphasize the importance of caring for the sick and clearly recognize the obligation to support personally and charitably those suffering from diseases. The health care workers generally have special obligation to help the sick live and die with respect and dignity.

Premised on the above, Kubler-Rose(2003) posits that, regardless of whether the health care worker personally has a spiritual or religious belief, the patient has an absolute right to be cared for and respected. Stigma, which is a problem in the mind of judgmental others, not inherent in the disease, can be significantly lessened if the patient's spiritual and religious beliefs are supported. It is pertinent to recognize that the spiritual and religious needs of patients may be as important for their mental health and comfort as more widely recognized psychological and social supports.Particularly when medical interventions are of limited effectiveness, the health worker may sometimes, if requested by the patient, support or facilitate (but never impose) ways of meeting the patient's religious or spiritual needs. Religious music in this instance may be an essential support to the patient. Perhaps, Dane and

Levine(2002) were right to have asserted that sometimes the consolations of traditional spirituality or religion may make a significant difference to psychosocial adjustment and mental health. Health professionals should not overlook such existential issues in caring for the total needs of the person with HIV disease.

A situation in which one must face loneliness, loss of control and death can lead to spiritual questionsand seeking assistance in the faith. Concepts such as sin, guilt, forgiveness and reconciliation may become subjects of spiritual and religious discussions. Similar moments become topical for many HIV positive patients. The Department of Health and Human Services, Center for Disease Control (2012) found that the cause of many emotional and psychic problems is presented by various infections, difficult situations and difficult periods of exhaustion. Even greater impact on the HIV positive person, however, presents the rejection of his or her own family or friends and he or she is separated from the society and pushed aside. In the same vein, Dobrikova (2005) posits that many people believe that only religious people have spiritual needs. But non-believers begin to deal with questions about the meaning of one´s own life exactly during their illness and when they suffer. Everybody needs to find out whether the life has had and still have some meaning. Everybody needs to deal with things which are hard for him and which are unchangeable. Sometimes the suffering radically changes the actual life and it often affects moral values of people especially those with terminal disease such as HIV/AIDS.

According to World Health Organisation (2013),HIV stands for Human Immune Deficiency Virus. HIV is a virus (of the type called retrovirus) that infects cells of the human immune system mainly CD4 positive T cells and macrophages which arekey components of the cellular immune system and destroy or impair their function. Infection with this virus results in the progressive deterioration of the immune system, leading to immune deficiency. The immune system is considered deficient when it can no longer fulfill its role of fighting off infections and diseases. Immune-deficient people are more susceptible to a wide range of infections, most of which are rare among people without immune deficiency. Infections associated with severe immune-deficiency are known as 'opportunistic infections', because they take advantage of a weakened immune system. AIDS stands for Acquired Immune Deficiency Syndrome and is a surveillance definition based on signs, symptoms, infections and cancers associated with the deficiency of the immune system that stems from infection with HIV.

United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organisation (WHO) (2013) reports thatin 2013, 5.3 million people were living with HIV worldwide, including 3.3 million children. The global prevalence rate (the percentage of people aged 15 - 49 who are infected) was 0.8 percent. There were 2.3 million new HIV infections, including 260, 000 children. Approximately 95 percent are in low- and middle-income countries while about 700 infections are in children under 15 years of age. In the same trend, an estimated 5,500 new HIV infections are in adults aged 15 years and older, of whom almost 47 percent are among women. About 39 percent are among young people (15-24) while 6 million people died from AIDS-related illnesses. The testing capacity has increased over time while the majority of people living with HIV are still unaware

that they are infected. A report by World Health Organisation and UNAIDS(2011) revealed thatin resource poor countries, 6.6 million people living with HIV/AIDS were receiving treatment, representing only 47 percent of the people eligible for treatment. In 2012, approximately 9.7 million PLWHA had access to Anti-Retroviral Treatmentin low- and middle-income countries. Since the beginning of the epidemic, 75 million people have been infected with HIV and approximately 36 million people was said to have died of AIDS-related illnesses. It is estimated that each day, 6,300 individuals worldwide are infected with HIV. Many of the countries worst hit by HIV also suffer from other serious issues, for example, infectious diseases, poverty and food insecurity.

Dane and Levine (2002) documents that, besides identifying particular issues like fear, loss, grief, hopelessness and helplessness syndrome, guilt and self-esteem, anxiety and depression, denial, anger, aggression and suicide attempts are also identified among PLWHA. To analyze the spiritual needs, discrimination and stigmatization of HIV positive, PLWHA have the feeling of uncertainty although they have to cope with the situation. Feelings of insecurity have its origin in the fear from the upcoming future and the people focus on their families and their jobs. They feel even more uncertain and are more concerned because of the quality of life and life expectancy as well as the treatment´s outcome and the reaction of the society. Guest (2001) found that the situation is very special for children, who have lost their family and home. People begin their adaptation process from the day they learnt about it. Their daily life reflects the tension between uncertainty and coping with the situation. It is the tension, which raises a lot of psychosocial responsesof bigger and smaller intensity.

Frensman and Culloch (2000) found that people living with HIV/AIDS, who have to cope with their complicated destiny, very often rapidly lose their self-esteem. In the same trend, diagnosis of HIV/AIDS infection often brings feelings of guiltfrom the possibility of infecting the other people or from the previous way of life which led to the infection There is also a feeling of culpability of what disease brings to people in one´s own family, especially children. Previous events that caused pain or sadness of others remained unresolved; they can reoccur and cause the patient even greater feelings of wrongdoing. Dane and Levin (2002) reports that rejection from colleagues, relatives and loved ones can lead to loss of self-esteem and social identity, which may also lead to the feeling of one´s own worthlessness. Self-esteem is an ability to appreciate oneself and treat oneself with dignity and love.Feelings of anxiety in PLHWA can be detected very soon which reflects the continuous uncertainty associated with the disease. Satir, (2006)found that anxiety state results fromshort and long-term prognosis, risk of infection with other diseases and risk of infecting other people.Other precipitating factors include: social, professional, familiar and sexual rejection;separation, isolation and physical pain; fear of undignified dying and dying in pain; inability to ensure optimal health condition; failure of one´s close relatives to deal with the situation;loss of privacy and fear of disclosure of information; future social and sexual rejection; loss of physical and financial independence.

Satir, (2006) further reports that anxiety disordersare often accompanied by characteristic somatic, physiological, and autonomic, biochemical, endocrinal and behavioural changes. The fact is that, so far there is no possibility to cure HIV infection, leading to the feeling of helplessness, loss of personal control,

which may be associated with a resulting depression. Depressioncan have many causes. An affected person may get the feeling that the virus takes control over his body.In line with this, Koutek and Kocourkova (2003) found that there are several types of depression that may affect PLWHA. These are: exogenous, endogenous or neurotic depression. Exogenous depressionmayresult from an experience of a sudden loss such as the death of a loved one. An expected internal biological ability that causes depressive psychopathology regardless of external circumstances is called endogenous depression while the neuroticdepression is an expected effect of long-term stress and frustration. This form is present in the condition of most HIV/AIDS positive orphans. The symptoms of depression are present in neurotic and anxiety disorders such as mixed anxiety depressive disorder and the disorder of adaptation. Depressive behavioural disorder is often diagnosed especially, in the childhood, within a mixed behavioural and emotional disorder. Even if stigma is minimized, an incurable and often fatal disease requires enormous psychosocial adjustments.

Kamb and Wortley (2007) report that people diagnosed with HIV experience emotional responses identified in people facing a terminal illness. They commonly go through an initial stage of denial, in which they do not acknowledge having the disease or deny its likely consequences. HIV threatens a person's life, goals, expectations, and significant relationships.No wonder many people are reluctant to admit their diagnosis or their risk of infection. People who subject themselves to high-risk situations or behaviours commonly deny that they are at risk of HIV infection. They often avoid testing, and if they are tested, they avoid following up on results, as if avoiding a clinical diagnosis might prevent the disease. To battle HIV successfully, people must have some level of acceptance of the disease so that they can seek counseling, social support, and medical care. Coping is generally seen as behavioural, cognitive or social response of an individual whose aim is to control internal or external pressures stemming from the interactions with the environment.Moore and Kaoru(2014) affirmed that,although disease coping is important, practical and emotional coping mechanisms seem to have the greatest positive effect on psychosocial wellbeing.Social interactions with spouses or partners, family, close friends (and even pets) as well as meaningful employments were important to maintain an optimistic outlook and nurture positive traits and relationships. Emotional coping includes identifying strategies to stay positive and to manage negative emotion. The most common type of emotional coping is through spirituality and religion while music and dance therapy is being solicited as effective coping method among PLWHA.

Theoretically and according to Williams, Frankel and Campbel (2000), self-determination theory (SDT) is particularly focused on the process through which PLWHA acquire motivation for initiating new health-related behavior and maintaining them over time. SDT was said to have argued that developing a sense of autonomy and competence among PLWHA is critical to the process of internalization and integration through which a person comes to self-regulate and sustain behaviours conducive to their health and wellbeing. Thus, treatment environment such as music and dance therapy that affords autonomy and support confidence are likely to enhance adherence and health outcomes with HIV patients. In other words, patients

are more likely to adopt values and behaviours promoted by those whom they feel connected and in whom they trust.

Statement of problem

People living with HIV/AIDS find it difficult to accept the diagnosis. For some, it is a total surprise; for others it is a confirmation of what he or she has suspected. For most, it is typically an isolating and daunting moment with significant psychological differences. Despite being 30 years into the AIDS epidemic, HIV-related stigma remains a significant problem for people living with HIV/AIDS and is a dilemma that disproportionately affects HIV-infected older adults. HIV stigma has been associated with many negative psychological state and poor health outcomes, including poor medication adherence and disclosure difficulties, loneliness and depression and a lower likelihood of engaging in health-seeking behaviours.

Typically, the psychological issues associated with HIV illness evolve for individuals and families over the dynamic course of HIV illness and vary depending on the stage of the illness. With the advent of Anti-Retroviral Therapy (ART), there has been a shift in emphasis from coping with severe illness, death and dying, and multiple losses to living with and managing HIV as a chronic health condition. This has not, however, eliminated the psychological impact of infection. Coping with the uncertainty of future health and HIV stigma remain the most difficult psychological challenges that permeate many facets of life, even in the context of optimal access to ART. People living with HIV/AIDS may exhibit a variety of responses requiring different types of medical attention and psychosocial support. Music and dance was found to be helpful in the relieve of certain medical ailments in other parts of the globe. It is against this backdrop that the study intends to investigate the relationship between music and dance therapy on psychosocial and spiritual well-being of PLWHA attending Adeoyo Maternity Hospital, Ibadan, Oyo State and Living Hope Care Centre, Ilesa, in Osun State Nigeria.

Research Questions

1. What is the relationship between music, dance therapy andpsychosocial wellbeing of people living with HIV/AIDS?
2. What is the relationship between music, dance therapy and spiritual wellbeing of people living with HIV/AIDS?

Methodology

Research Design: The study adopted descriptive survey design. Efforts were directed at knowing the relationship between music, dance therapy, social and spiritual wellbeing of people living with HIV/AIDS (PLWHA).

Population: The population of the research study was made up of people living with HIV/AIDS attending in hospitals in Oyo State andOsun States.

Sample and Sampling Technique:A simple random sampling technique was adopted to select 155 respondents and are members of Network of people living with HIV/AIDS who are patients attending HIV/AIDS clinics in Adeoyo Maternity Hospital, Ibadan, Oyo State and Living Hope Care, Ilesa, Osun State.

Research Instrument: The research instrument used for the study was adapted from Ezeh (2002) and Wachs, Cordova (2007) scale on psychosocial well-being. The instrument intended to solicit for required information from the targeted respondents. It was divided into two Sections. Section A contains questions meant to seek Socio-

Demographic information of the respondents while Section B contains items on social and spiritual well-being.

Reliability of the Instrument: The instrument was trial-tested on 50 respondents who were not included in the scope of the study to ascertain its reliability. The Chombarch's alpha method was used to determine the reliability co-efficient of the instrument which yielded the value of r=0.75.

Research Procedure: The researcher visited the two selected HIV/AIDS clinics and the purpose of the study was explained to the selected patients. The researcher administered the instrument with the help of four (4) trained research assistants (two from each clinic) who are nursing staff in the clinics.

Data Analysis: The data collected were collated, coded and processed for analysis. Simple percentage distribution and frequency counts were used for the demographic characteristics of the respondents while descriptive analysis and Pearson Product Moment Correllation (PPMC) was adopted to test the level of relationship between the variables at 0.05 level of significance.

Result

The result of the demographic characteristics revealed that 55(36.4%) of the respondents were male while their female counterparts were 96(63.6%). It means that female respondents have the highest percentage. 37(24.5%) respondents were within 18-25 years of age, 40(26.5%) were within 26-30 years of age, 38(25.2%) were within 31-35 years while 36(23.8%) were above 36 years of age. The highest percentage of respondents was within age range 26-30years meaning that those in the sexually active age constitute the larger percentage of PLWHA.It was also revealed that 87(57.6%) of the respondents were Christians, 46(30.5%) were Muslims while 18(11.9%) were Traditional worshippers. This implies that the Christians were the highest affected respondents. 26(17.2%) of the respondents had no formal education, 9(6.0%) had primary school leaving certificate, 45(29.8%) had secondary school leaving certificate while 71(47.0%) had tertiary education. The highest percentage of respondents had tertiary education.

Research Question 1: What is the relationship between music, dance therapy andpsychosocial wellbeing of People Living with HIV/AIDS?

Table 1: Pearson Product Moment Correlation table showing the relationship between Music, dance therapyand psychosocial wellbeing of people living with HIV/AIDS

Variable	Mean	Std. Dev.	N	R	P	Remark
Music & dance therapy	41.3642	5.9615	151	.356	.000	Sig.
Psychosocial wellbeing	32.4768	6.8233				

***** Sig. at .05 level.***

The above table shows that there is a significant relationship between Music, dance therapyand Psychosocial wellbeing of people living with HIV/AIDS (r = .356, N= 151, P < .05). This implies that music and dance therapy has relationship with psychosocial wellbeing of people living with HIV/AIDS.The research

question that asked for the relationship between music, dance therapy and psychosocial well-being has been answered.

Research question 2: What is the relationship between Music, Dance therapy and Spiritual wellbeing of people living with HIV/AIDS.

Table 2: Pearson Product Moment Correlation table showing the relationship between Music, dance therapy and Spiritual wellbeing of people living with HIV/AIDS

Variable	Mean	Std. Dev.	N	R	P	Remark
Music and dance therapy	41.3642	5.9615	151	251	.002	Sig.
Spiritual wellbeing	12.2583	3.5505				

***** Sig. at .05 level.***

The above table shows that there is a significant relationship betweenmusic and dance therapy and Spiritual wellbeing of people living with HIV/AIDS($r = 251$, $N = 151$, $P < .05$). This implies that music and dance therapy has relationship with psychosocial wellbeing of people living with HIV/AIDS. The research question that asked for the relationship between music, dance therapy and Spiritual well-being has been answered.

Discussion of Findings

The result revealed that there was significant relationship between music, dance therapy and social well-being of PLWHA. The resultcorrelates with the findings ofthe Arts Council of England (2007) which found that the psychological issues associated with HIV illness evolve for individuals and families over the dynamic course of HIV illness and vary depending on the stage of the illness. People living with HIV may exhibit a variety of responses requiring different types of medical attention and psychological support.It is in line with Chamorro-Premuzic and Furnham (2007)who found that music is closely tied to emotions and mood, and many listeners report using music especially for mood regulation. In the same trend, Zentner (2008) found that listening to music evoke strong, subjectively felt emotions, such as happiness,joy, peacefulness, and nostalgia. The result is also in line with Clark and Teasdale(2008) and Lundqvist (2009) who found out thatby inducing positive affect and heightened arousal, listening to pleasant and enjoyable music can also temporarily enhance performance in many cognitive domains, including psychomotor or information processing speed, reasoning, attention and memory and creativity. In this case, dance movement itself becomes the physical manifestation of the psyche, and the body is the medium through which emotions are released to the external world.

In other words, movement in its pure sense conveys the patients' thoughts, feelings (conscious and unconscious), issues, and insecurities. According to the American Dance Therapy Association (2013) dance and movement therapy is "the psychotherapeutic use of movement as a process which furthers the emotional and physical integration of the individual.Music and dance therapy eliminate self-defeating beliefs and direct patients toward a more positive outlook. It helps socially and physically abused patients to cope with their emotion, anger and frustration in a mental level. The result is also in line with the American Music Therapy Association (2002) which found that music enhances

one's quality of life and can assist with the development of relationships. Africans also believe that music and dance during festivities create fun, reduce tension and motivate relationships. Dance helps in developing body image of people living with HIV/AIDS by improving self-concept and self-esteem, reducing stress, anxiety, increasing communication skills and feeling of well-being. In other words, social well-being of PLWHA could been hanced through music and dance.

In relation to spirituality, the result is in line with Barnett and Whiteside (2002)who found that existential issues, including spirituality and religious belief, may take on increasing importance to people who get a diagnosis of what is still a frequently fatal disease, despite advances in treatment and health care.In the same vein, Kubler-Rose (2003) found that, regardless of whether the health care worker personally has a spiritual or religious belief, the patient has an absolute right to be cared for and respected. It is pertinent to recognize that the spiritual and religious needs of patients may be as important for their mental health and comfort as more widely recognized psychological and social supports.Thus, patients' choice of music and religion need be respected by health care workers in general. The result is also in line with Dobrikova (2005) who found that many people believe that only religious people have spiritual needs. But non-believers begin to deal with questions about the meaning of one´s own life exactly during their illness and when they suffer. Everybody needs to find out, that life has had and still have some meaning. Everybody needs to deal with things which are hard for him or her and which are unchangeable. Sometimes the suffering radically changes the actual life and it often affects moral values of people.The result further revealed that there was significant relationship betweenmusic, dance therapy and spiritual well-being of PLWHA. The result tallies with the findings of Dane and Levine (2002) that discovered that music and dance therapy have a positive impact on the spiritual wellbeing of HIV/AIDS patients because many of the patients get solace in being more spiritual.

Music and dance therapy has effect on spiritual well-being of people living with HIV/AIDS because they believe that everybody needs to deal with things which are hard and which are unchangeable spiritually. In the same vein, music and dance is acceptable in most places of worship across the globe. In the African context, spiritual music draws the listeners closer to God believing in the cleansing power and consequent forgiveness of sins. It is further believed that music and dance reduces tension and therefore has great influence on spiritual well-being of PLWHA as any other persons with diverse terminal diseases.Music has evolved primarily as a means of promoting social cohesion and communication. Thomas, Peter, Christine and David (2013) found that people hardly listen to music for social reasons but instead, use music principally to relieve boredom, maintain a pleasant mood and create a comfortable private space. It is also conceivable that individual pattern of music use are related to personality traits. Ojedokun (2004) affirmed that information related to social and spiritual life should be given to PLWHA. He concluded that the continuum of care for PLWHA is comprehensive and involves holistic and wide-ranging support.

Implication for social work

1. The use of music and dance therapy in the care of patients generally isone

of the most essential treatment modalities in health social work practice across the globe.
2. Health professionals overlook the existential issues in caring for the total needs of the patients and most essentially, people living with HIV/AIDS. This calls for the use of music and dance therapy in the treatment of clients in social work practice.
3. Using music and dance therapy by the health social workers in the clinical setting ensures social relationship between them and the clients who receive treatment in the clinical setting.

Conclusion

As a result of the findings of this study, it is therefore concluded that there is significant relationship between music, dance therapy, psychosocial and spiritual wellbeing of HIV/AIDS patients. Perhaps, there is the need to say that not only PLWHA benefit from music and dance therapy. Cultural events also afford people to dance away their sorrow and ventilate on most difficult circumstances surrounding them. It is needful to also say that, music and dance therapy improves health through sweating it off, laughing and relating with others. Music enhances cognition and positive thinking; dance therapy is said to be therapeutic while the combination of the two ensures longevity and increases life expectancy. It strengthens interpersonal relationships between people of like minds and could be recommended for most forms of social, medical and psychological problems among people across the globe.

Recommendations

Premised on the above results, the following recommendations are made in support of the study:

1. People living with HIV/AIDS should be encouraged to get involved in activities mapped out for their well-being at various agency levels. It is believed that music and dance therapy will enhance socialisation even as they dance away their sorrow.
2. The social workers should be obliged to the use of music and dance therapy as a form of psychosocial treatment for people living with HIV/AIDS.
3. Relatives, friends and co-workers should encourage PLWHA to participate in MDT as a form of psychotherapy.
4. Government should improve on the existing efforts to support the eradication of HIV/AIDS. This is essentially needful to promote the wellbeing of the people living with HIV/AIDS.

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