

Basic Concepts in Improvisation

2.1 Musical techniques and therapeutic methods

Exciting, stimulating, creative and aesthetically interesting, music can be improvised by anyone, on any instrument or perhaps even just on a chair, a table, glass, on one's own knee or on the door of the bank when you are waiting for it to open! Creating music is a musical process and involves musical technique. Therefore, for anybody reading this book who just wants to explore their creative skills in making up music, we can call this process *musical techniques or musical improvisation*. There will be examples and exercises of musical ideas ranging from very simple techniques to more complicated and integrated styles of playing. The chapter on advanced musical techniques introduces extemporizing and frameworking – improvisational methods that can stand alone for purely musical purposes, or be applied in therapeutic contexts with *therapeutic methods*.

For people working in music therapy, these musical techniques are then connected with a range of relevant therapeutic methods. The musical techniques are employed within the framework of different therapeutic methods, and are exemplified in each chapter with different ideas of how to develop improvisation both musically and clinically. *When working with clients, one also applies both the musical techniques and the therapeutic methods within a framework which is sometimes, but not always, determined by the creation of 'play rules' or 'givens'* (Bruscia 1987). The appropriateness and application of musical techniques, therapeutic method and the use of play rules (either independently or in combination) is decided by the therapist when working with the client. This may have been predetermined, with some prior thinking regarding the client's very specific therapeutic needs, or it may spontaneously, intuitively and quite rapidly occur during the therapy process. Music making is a temporal process, and in the improvisational

approach there is an inevitable and ongoing process of evolution over time, whether the music remains consistent, stuck or subject to continuous and rapid change.

2.2 Creative simplicity as a starting point

Every individual who creates improvised music brings his or her own musical techniques and style to the created music. Consequently, the music they create will be influenced by their own technical skill, cultural background and musical preferences (previously described as 'past' and 'present'). In music therapy we try to learn a wide range of musical styles, idioms and techniques in order to meet the idiosyncratic preferences of all of our clients, thereby **establishing an effective musical relationship and therapeutic alliance with them**. Consequently, there will be many examples in this book of different idioms and styles where the musical techniques are at a simple level, designed to help the musician and therapist to establish a musical relationship that includes a variety of skills and abilities.

To start with improvisation needs, frequently, to be grounded by a simple idea.

Improvisation is most effective and creative where a simple idea is repeated, varied, extended and creatively expanded.

For me, this is an important issue as I have often watched people improvising where they have run from one musical idea to another, frequently changing the music in order to meet an imagined ideal that the music needs continuously to change and develop. Therefore, the **techniques that we will work on to begin with are some very basic and simple ideas**. These methods are based on developing improvisation skills on a keyboard instrument but can also be adapted to other instruments:

- 1-note, 2-note, 3-note and 4-note improvisations;
- improvising on a single chord;
- improvising with just one hand;
- melody improvisation alone (on pianos or pitched percussion);
- simple rhythmic dialogue.

These are **musical exercises** rather than therapeutic methods, and are primarily intended to be used for **building up and developing the creative skill of an improviser by limiting material or style**. However, they can apply in clinical work, especially **the concept that working with creative simplicity is a good starting point both for the therapist and for the clients with whom they are working**.

Musical techniques will include **many other exercises** using specific parameters, such as how to establish and lose pulse in the music; how to establish a meter, change

a meter, or abandon the structure of meter in the music completely; how to develop a 'recitative' style of playing and then move into a pulse; and how to develop simple harmonic accompaniments from which one can improvise freely. Many of these techniques are extremely useful and applicable in therapy work. Musical technique will also include adding in different dimensions to any of the above techniques by varying **volume, tempo, timbre, rhythm, duration and pitch**.

2.3 Play rules and 'givens'

Improvising just for the fun of making music and creating a composition doesn't necessarily require any play rules or givens, particularly if one is improvising alone, and there is no need to agree a style or structure with another. **Groups** of musicians who meet together to improvise, most typically jazz musicians, have probably already established the **musical frame and style** within which they want to work, using well-known, well-practised musical structures from the wide variety within jazz music. In **music therapy**, working with **clients who are frequently not 'trained'** musicians, it is often necessary to establish some structure and predictability in the music with play rules or givens. These **play rules** can be musical. For example:

Play rule: Let's start very softly, get extremely loud and then go back to being very soft.

They could also be **thematic** in nature. For example:

Let's think of a place where we feel safe and comfortable and play that feeling and then gradually step outside the door into a dangerous and difficult world. When we start to feel too insecure in our difficult world, let's move back into our nice safe, comfortable space.

Both improvisations might, in the end, have a very similar style but the play rules for one are purely musical whereas the play rules for another are thematic.

Play rules vary tremendously in therapy work from one situation to another and from one client to another. They also vary in terms of the point at which clients are in their own therapeutic process. Most of all, play rules are structured in order to give some sort of sense of meaning and direction to the improvisational experiences that are going on, either at a purely musical level or at the more therapeutic level where musical improvisation is applied in clinical work. They can add a dimension of containment, safety and security to an experience that may well feel both challenging and unsafe for the client(s). The musical techniques and therapy methods that will be explained in the next four chapters can also be understood as having the character of play rules, but I will return to play rules that can be used in structured, semi-structured and freely based improvisation with groups or individuals in Chapter 7.

2.4 Clinical application – the therapy process

This final section of this foundation of basic concepts is primarily directed towards therapists, and concerns the significant factors that influence therapeutic process and clinical improvisation. The application of improvisation in clinical work can be understood as a process that involves different functions. Many have developed a short, memorable acronym to describe a method or concept that represents their theory, and for the process defining the function of improvisation in music therapy I have used perhaps the most obvious word – MUSIC.

Table 2.1 MUSIC – a process

M	Motivation	Why should we go into this experience?
U	Understanding	What does the experience mean for us?
S	Sensitivity	How are we going to experience this together?
I	Integration	In what way can we relate to, and integrate the experience?
C	Containment	What can I put into it – is it safe to enter this experience?

'M' represents Motivation

Here one looks for the motivation for making music together, or individually. Why should we do this? What do we need to do? What does the client expect to get out of this, and is he/she open to the idea of improvising? Do we need at least to formulate a framework and describe play rules in order to create a foundation for playing music together?

'U' stands for Understanding

The therapist's responsibility is to listen to the music of the client, or the shared music, and to understand the implications of what is happening musically, taking into consideration the client's clinical background, problems and needs. At the same time, the therapist works with both concrete and intuited awareness of the client's feelings through understanding body language, verbal and facial expression, and interpreting his or her musical and non-musical behaviours.

'S' indicates Sensitivity

When listening to and playing with clients, it is essential to be sensitive to their style and approach to music making, what their body language says and the timbre, quality and phrasing in their expressive playing. This is the part of the process where the music can be experienced as a form of communication, with contour, form,

dynamic and expressive characteristics, and consideration of how to respond in a sensitive way to what the client is doing musically relies on the listening perspective and skill of the therapist. Sensitivity to the intentionality of the sounds the client is making is based on both knowledge and intuition.

'I' stands for Integration

Integration here refers to the process of connecting the music of the therapist and client, engaging and recognizing separate musical identities, and integrating within a shared musical experience. Mutual timing, direction of music, structure of music and the flexibility or freedom established in the music starts to come into the frame and, overall, one is becoming aware of how the client's specific problems, characteristics and personality are evident in his or her music making and are actively influencing the experience of mutual engagement through music. The improvised music and the therapeutic process integrate and develop.

'C' stands for Containment

The therapist often has to allow herself to be open to all the transferred and projected feelings of a client, and to accept and contain those feelings. The music of the therapist and the therapeutic methods used in improvisation provide a multi-layered and many-roomed container that allows the client a space and context within which he or she can work with a very wide range of feelings and needs. Containing a client is part of the process – which might involve allowing some quite important and unusual experiences to occur.

Finally, a word about silences and 'endings'. The experience of music making, as the definition explains, involves something happening within the framework of beginning and ending and the silences at the beginning and at the end are equally important in order to establish the value of the musical pieces that are being created together. It is not always easy (or relevant) to establish silence before an improvisation begins – and spontaneity in the experience adds to authenticity. However, good attention to the process of ending is critical, and pausing for silence and reflection afterwards is very much a part of the whole process.

2.5 Summary

This combination of musical techniques, therapeutic methods and play rules will be applied in the next chapters, where exercises and examples of improvisational skill building are documented and exemplified. I have attempted to work through these ideas in a logical sequence, building up from simpler ideas to more complex ones. However it is not intended as a hierarchy, but rather a process where the ideas

presented earlier need to be incorporated into later methods. In teaching, I have found myself writing out a 'reminder list' of earlier methods and techniques, to ensure that the acquisition of skills does not get lost as the process becomes more complex. What to expect can be summarized briefly as follows:

Chapter 3 looks at **basic piano improvisation techniques** (many of which are adaptable to other instruments), starting with simple exercises and developing to musical skills that have more relevance in clinical application.

Chapter 4 defines and describes some of the **most useful basic therapeutic methods**, such as mirroring, matching, reflecting, grounding, dialoguing and accompanying, where the musical techniques are given a therapeutic direction or objective.

Chapter 5 begins to explore **more advanced improvisational techniques**, both for use in music making generally and for the purpose of therapeutic interventions. Extemporizing and the development of musical frameworks in improvisation are introduced here.

Chapter 6 introduces the use of **transitions** in improvisational music making, presenting and illustrating different types of transition, and explaining why they are so important in therapy.

Chapter 7 introduces the **concept of thematic improvisation**, where a small theme or 'leitmotif' containing rhythmic and melodic characteristics is used as a basis for developing an improvisation. Rhythmic and melodic forms of thematic improvisation are exemplified, and the influence of transference and counter-transference is discussed.

Chapter 8 presents some **ideas for group improvisation**, either using instruments alone or in combination with piano. Some of the author's ideas for 'warm-ups' are described in detail, following which improvisational frameworks are explained, giving a format of elements that can be drawn on to promote group process. Concrete, abstract and emotional themes are introduced here.

Chapter 9 presents **two specific models of musical analysis that can be used in music therapy for describing or analysing the music in improvisations**. This final chapter is intended to provide just two models that have been developed to look at and document the material that emerges in improvised music making, and identify either musical or therapeutic salience.

CHAPTER 3

Musical Techniques

3.1 Basic piano improvisation techniques

This chapter will present and describe a series of improvisational exercises that I use to promote and develop creative improvisation on the piano. The ideas can be taken and adapted to other instruments. The exercises are just as useful for people who have absolutely no training at all in playing the piano as for people who have studied piano, reached Grade 8 and are playing Beethoven Sonatas. The exercises are illustrated with notated examples in the text, some of which give a 'starting pattern' from which to begin. There will be examples of most of these musical techniques on the CD that comes with the book.

In order to develop our skills of improvising we find out most by listening to what we do. It often sounds very different when you listen to an improvisation that you have recorded compared with what you were aware of when you were actually participating or playing. It is a very good idea when trying out these exercises to record something you do and then listen to the sound you have made.

1-note and 2-note improvisations

The starting point I always take with improvisation is to *limit the material*. I notice a common mistake is the novice improviser's assumption that the more notes used – on a piano, guitar, xylophone or any other instrument – the more exciting and creative will be the improvisation. Actually, this often leads in another direction – into the land of chaos and over-production. My first challenge to any new improviser (or even someone quite experienced) is to be able to improvise creatively using only one tone, as exemplified in Figure 3.1.