Figure 3.19: Two-chord accompanying in different patterns and styles, continued

3.11 Summary and conclusion

These are a selection of useful techniques with which to begin practising in order to create building blocks for the therapeutic methods that follow. Creativity and flexibility are the primary objectives, and are important factors in developing improvisation that will become musically interesting and therapeutically effective. The most common problem in improvisation is that people find themselves getting stuck in a particular idea and forget all the potential musical variables that can be introduced and deployed to develop the creativity of the improvisation, particularly changes in tempo and changes in volume. Therefore in all the above exercises it is essential to introduce variability of the musical elements in order to add colour, expressivity and meaning to the concrete technique as it is being developed.

Basic Therapeutic Methods and Skills

There are many different therapeutic methods that are applied in music therapy when using improvisation. Bruscia (1987, p.533) began with a description of 64 'clinical techniques' and with the increasing volume of published literature on music therapy over the last 12 years, further techniques and methods used in therapy have been reported (Codding 2000, 2002; Pedersen 2002; Staum 2000; Wigram and Bonde 2002; Wigram and De Backer 1999a, 1999b; Wigram, Pedersen and Bonde 2002).

Therapy methods can either be used intentionally (or intuitively) in therapy work with clients or they can be the objects of analysis when reflecting on a period of free-flowing improvisation to explore what was actually happening. It is not usual for music therapists to pre-plan exactly the method they might use, unless they are working in an activity-based model, or with a structured assessment procedure. In improvisational music therapy, particularly, the model requires an adaptive and flexible response to the way the client begins to make music. There can be a certain degree of planning based on the assessment that has taken place and an estimation of the client's needs and the objectives of therapy that will promote certain techniques above others. However, it is more typical that improvisational music making occurs, and within that music making intuitive judgements about therapeutic method are made based on the 'here and now' experience. Music therapists don't remain exclusively attached to one musical technique or therapeutic method for a set period of time, and might fluctuate between a number of different methods (as well as musical techniques) over the course of a single improvisation.

This chapter presents, discusses and exemplifies certain specific methods that are commonly used in music therapy, in order to provide methods within which the musical techniques that have been described in the previous chapter can be applied.

It is very useful to practise these techniques together with another person, first of all playing the experience and subsequently responding to the musical production of another. Each technique will include a musical illustration, complemented by an example on the CD.

4.1 Mirroring, imitating and copying

Mirroring and *imitating* are frequently used as empathic techniques where the music therapist intends to give a message to the client that they are meeting them exactly at their level and attempting to achieve synchronicity with the client. Bruscia has described the technique of mirroring as 'synchronising – doing what the client is doing at the same time'. I define mirroring in a similar way but with a slightly broader explanation, in order to suggest to clinical practice that mirroring involves more than just musical behaviour:

> *Mirroring: Doing exactly what the client is doing musically, expressively and through body language at the same time as the client is doing it. The client will then see his or her own behaviour in the therapist's behaviour.*

This can only be achieved musically, where the client's music is both simple enough and predictable enough for the therapist to anticipate how to mirror exactly what the client is doing. This also applies to the physical behaviour of the client. In order for the mirror to be exact, the therapist may also need to pay attention to using a very similar instrument as the client in order to achieve a mirrored response. However, it is possible to accomplish mirroring by using a different instrument. Example 17 on the CD gives an illustration where the therapist can use the piano almost as a drum while the client plays on a drum.

CD17: Mirroring – client on drum + therapist on piano

'Close enough' mirroring is a technique where the therapist is doing almost exactly the same as the client but due to technical reasons cannot copy exactly. For example, this would work very well where the client is randomly playing notes on a metallophone and the therapist mirrors that by playing as near an imitation as possible at the same time, achieving the direction of the melody and the general contour of the melody without necessarily matching exact notes.

Conceptually, we can see the identities of the participants in mirroring (client and therapist) in a very symbiotic relationship, where they become fused and undivided. Figure 4.1 illustrates the place of the therapist and client inside two circles where the integration of one circle into another represents the closeness of the material.
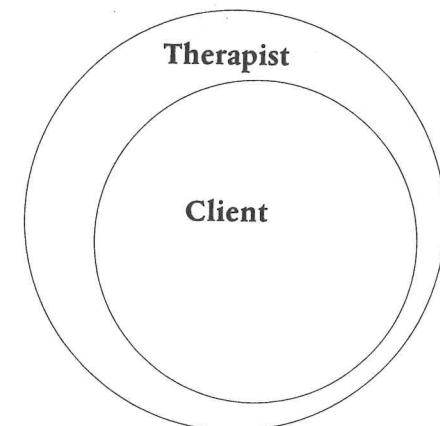
Figure 4.1: Musical closeness in mirroring

Imitating or copying are also empathic methods of improvisation and imitating has been defined by Bruscia as 'echoing or reproducing a client's response after the response has been completed'. This relies on the client leaving spaces in the music for the therapist to imitate what he or she is doing. It should be used quite specifically, and caution needs to be exercised as imitating or copying a client's production might appear as though you were either teasing or patronizing the client. While mirroring and copying are relatively simple methods, they can also be quite confronting to a client, and can be risks, for example, with clients with paranoia or thought disorder for whom this method may excite irrational fears. This approach needs to be used sensitively and appropriately. Nevertheless, it is a therapeutic strategy to help a client to be aware that musically you are echoing and confirming what they have done.

4.2 Matching

I regard *matching* is one of the most valuable of all the improvisational methods that can be applied in therapy. It is, in my approach, a typical starting point to work together with the client musically, from which a number of other therapeutic strategies or methods emerge. It is also an empathic method, as the music produced by the therapist in response to the client confirms and validates their playing and their emotional expression.

I have defined the term to be quite inclusive:

Matching: Improvising music that is compatible, matches or fits in with the client's style of playing while maintaining the same tempo, dynamic, texture, quality and complexity of other musical elements (Wigram 1999a).

To achieve a 'match' in musical terms means that the therapist's music is not identical to the client's, but is the same in style and quality. Therefore the client experiences that the therapist's music 'fits together and matches' his or her own production.

Conceptually, we can begin to see the two separate identities of the participants (client and therapist) in their musical relationship, where they are together, congruent and matched musically, but with some individual differences that show emerging separateness. Figure 4.2 shows two circles separating, representing the matched material but separating identities of the therapist and client.
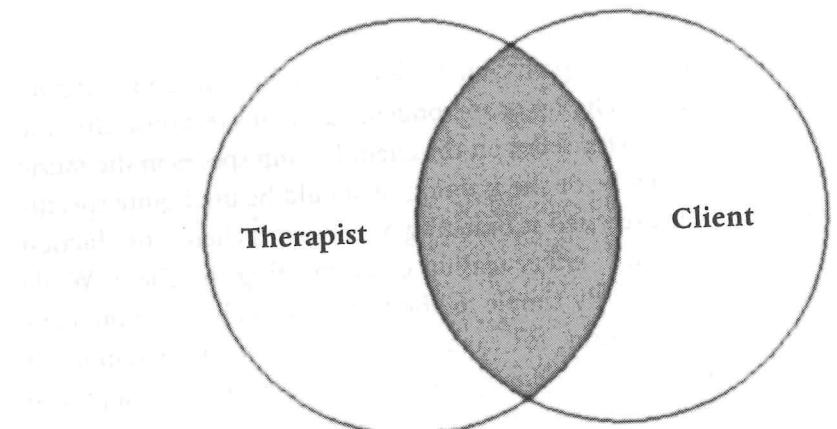

Figure 4.2: Musical connections in matching

Bruscia does not include matching as a term, but incorporates the idea into a definition of reflecting. Pavlicevic (1997) has referred to it in her book *Music Therapy in Context* giving a different conceptual understanding. She thinks of matching as 'partial mirroring where, for example, the client plays a definite and predictable musical pattern, and the therapist mirrors some, but not all, of the rhythmic components' (p.126).

My experience and use of matching in therapy is more as an equal, complementary style of playing together, as illustrated in Figures 4.3, 4.4 and 4.5, and demonstrated in CD18, CD19 and CD20. The CD examples start with the 'client' playing, and show how the therapist joins in, matching the music of the client. In the first examples (Figure 4.3 and CD18) the rhythmic style of the client is revealed as short, quite stable rhythmic patterns in a regular pulse. As the improvisation develops, the
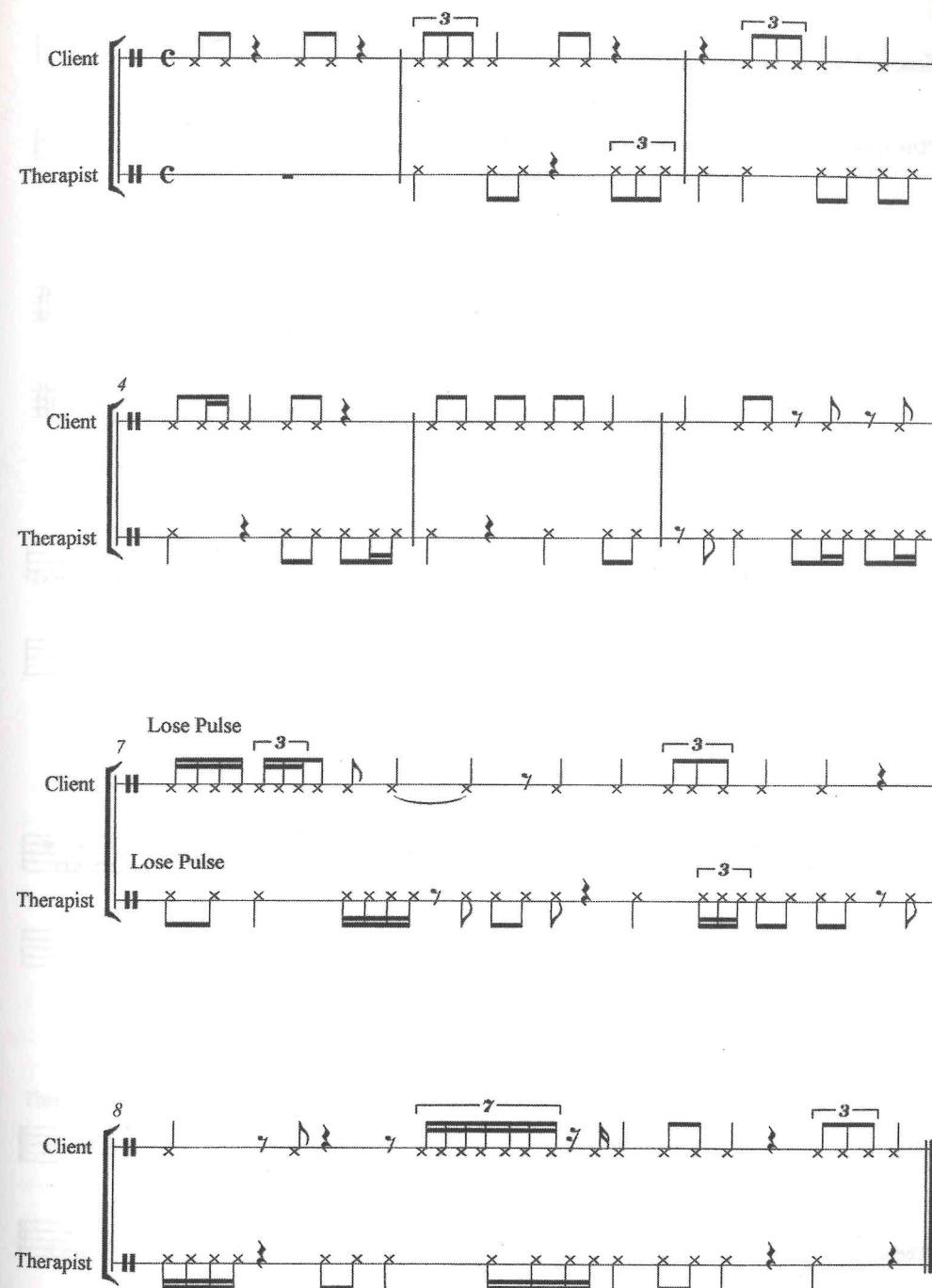
Figure 4.3: Matching: client on bongos, therapist on conga

Figure 4.4: Matching: client on xylophone, therapist on metallophone

Figure 4.5: Matching – client on metallophone, therapist on piano

style changes with a loss of any sense of pulse in the client's playing, and the therapist can be heard to adapt and sustain matching.

CD Example 18: Matching – client on bongos, therapist on djembe

In the next examples (Figure 4.4 and CD19) melodic matching is illustrated. Here the emphasis is on style of the melody, in particular phrase lengths, step-wise or large interval movement and tonality. The client's material changes as the example goes on, and the therapist can also be heard to adapt to this change.

CD Example 19: Matching – client and therapist on melodic instruments

Finally, Figure 4.5, CD 20 gives an example where the therapist (piano) uses chords to match with a client (metallophone) who is playing sustained, two-tone sounds, without any sense of rhythmic or harmonic direction. In the therapeutic process of matching it is very important to stay true to the client's music, and not attempt to modify, change or manipulate. At this stage of therapeutic intervention, using the matching method, therapeutic directions or 'solutions' are not the primary objective, and may emerge later. The engagement, close to the tradition and goal of client centred therapy, is to offer 'unconditional positive regard' in the form of acceptance and matching.

CD Example 20: Client on xylophone, therapist on piano

Matching exercises

The CD has two examples of a person playing that provide an opportunity to practise the therapeutic method of matching. The first part of the process in matching is to listen to and analyse the musical components of a client's production, also taking into account their level of expression in their body and their face. However, as these examples are presented on CD, the latter information is not available and one needs solely to consider the musical elements.

Table 4.1 identifies the musical elements for these two examples in order to clarify the type of music the therapist should produce to match and empathize with the client's material.

Table 4.1 Structured matching exercises				
Example	Style	Rhythm	Dynamic	Tonality
1 (CD21)	Folk	4/4 regular	Soft and slow	Pentatonic
2 (CD22)	Jazzy	Irregular	Wide range	Atonal

4.3 Empathic improvisation and reflecting

Mirroring, *copying* and *matching* involve a more technical exercise of creating a musically congruent response to the client, attending primarily to the balance and salience of musical elements, as well as body language and expression. *Empathic improvisation* and *reflecting* require a response that is more specifically connected to the emotional state of the client.

Empathic improvisation

This is difficult to illustrate in a book or on a CD. It involves a therapeutic method that was first applied by Juliette Alvin where, typically at the beginning of a session, she would play (on her cello) an improvisation that empathically complemented the client's 'way of being'. In practice this means taking into account the client's body posture, facial expression, attitude on this particular day and previous knowledge of their personality and characteristics, and playing something to them that reflects a musical interpretation of their own way of being at that moment. It was intended by Alvin as a very empathic technique, not attempting in any way to change the client's feelings or behaviour, but simply to play them to the client without any hidden manipulation of their feelings. If a client comes into the therapy room agitated and upset, this mood can easily be incorporated into an empathic improvisation; the therapist is not trying to ameliorate or reduce the degree of distress which the client is currently experiencing but merely to play it back to them as a supportive and empathic confirmation.
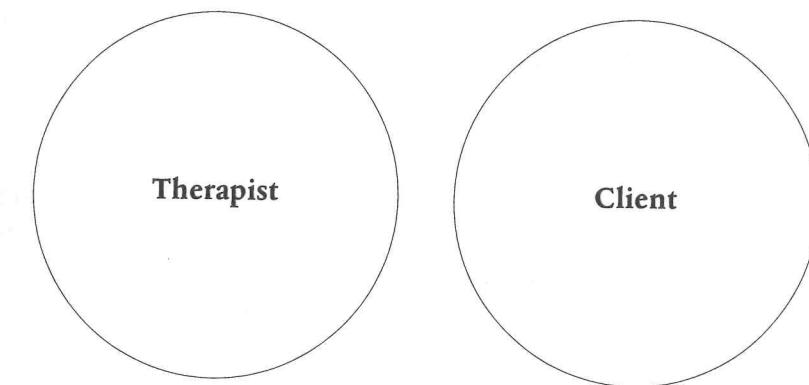

Figure 4.6 Two separate circles, representing separate musical identities, but with emotional empathy

Reflecting

This technique is well documented in Bruscia's 64 techniques and he defines it as 'Matching the moods, attitudes, or feelings exhibited by the client' (Bruscia 1987, p.540)

In reflecting, unlike mirroring, copying or matching, the therapist's music might be quite different from the client's as the purpose of this therapeutic technique is to understand and reflect back the client's mood at that moment, rather than be a more technical reflection of their music. However, there needs to be congruence in mood or emotional expression between the therapist's music and the client's music otherwise the method would cease to have any empathic effect.

Conceptually, we can see two separate identities of the participants in reflecting (client and therapist), in a relationship where they are separated musically, yet still congruent emotionally. Figure 4.6 illustrates the separation of the therapist and client circles.

CD23 demonstrates a client playing in a random, rather directionless rhythm on percussion instruments (drum and cymbal). Note that the therapist allows a short time to pass before beginning to reflect musically and empathically. This is an important part of the process:

Listen to the client's music before giving a response.

I frequently find myself reminding students in training and therapists under supervision that reflecting on your experience of the client's music is essential to be sensitive in response. There are sometimes patterns or characteristics that can help both in deciding the therapeutic method of response and the musical 'style'. The response the therapist gives in CD23 reflects the aimless and random style of the client's playing, using melody and harmony.

CD Example 23: Reflecting example 1 – therapist on piano, client on drums and cymbal

In the next example, the client presents a very different picture while playing the piano. Feelings of anger and frustration are present in the sharp, bunched chords the client is playing. There is an underlying sense of pulse, with accents and sudden changes in dynamics to reinforce the apparent irritation of the client. The therapist reflects these feelings with a melodic line on the xylophone.

CD Example 24: Reflecting example 2 – therapist on xylophone, client on piano

Two exercises are now presented on the CD, with the client playing piano in the first and temple blocks in the second. While these examples do not allow the reader to understand the actual emotional state or feelings exhibited by the client,

they can be used by imagining what they could be, based on the music that is presented and trying to find a way to frame a response that is an empathic reflection of the music.

Exercise: Using CD25 and CD26, listen to each example for a few seconds, establishing in your mind the possible emotional state or mood of the music ('client'), and then allow your own emotional state to be affected by the music you are listening to. When you have become sensitive to the mood or emotion present in the music you are listening to, and your own emotional reaction to it, begin to play that emotional reaction on another instrument, reflecting the feelings that are present in the music, and present in yourself.

CD Example 25: Reflecting exercise 1 – client on piano

CD Example 26: Reflecting exercise 2 – client on temple blocks

4.4 Grounding, holding and containing

Grounding, holding and containing are all therapeutic methods that are extremely useful when applied with clients who have a very random or floating way of playing, and way of being. It is helpful where the client appears or sounds unconnected to their music, or the music lacks any stability, direction or intentionality. I have defined the process of grounding as:

Grounding: Creating a stable, containing music that can act as an 'anchor' to the client's music.

Examples of specific musical techniques that can be used in grounding include:

- strong octaves or fifths in the bass of the piano;
- steady pulsed beats on a bass drum;
- strong chords of a stable tonal nature using typically dominant and tonic chords;
- a simple ostinato.

Rhythmic grounding

Rhythmic grounding is a very useful way of providing a foundation to something the client is doing. Bruscia defines it as 'Keeping a basic beat or providing a rhythmic foundation for the client's own improvising' (Bruscia 1987).
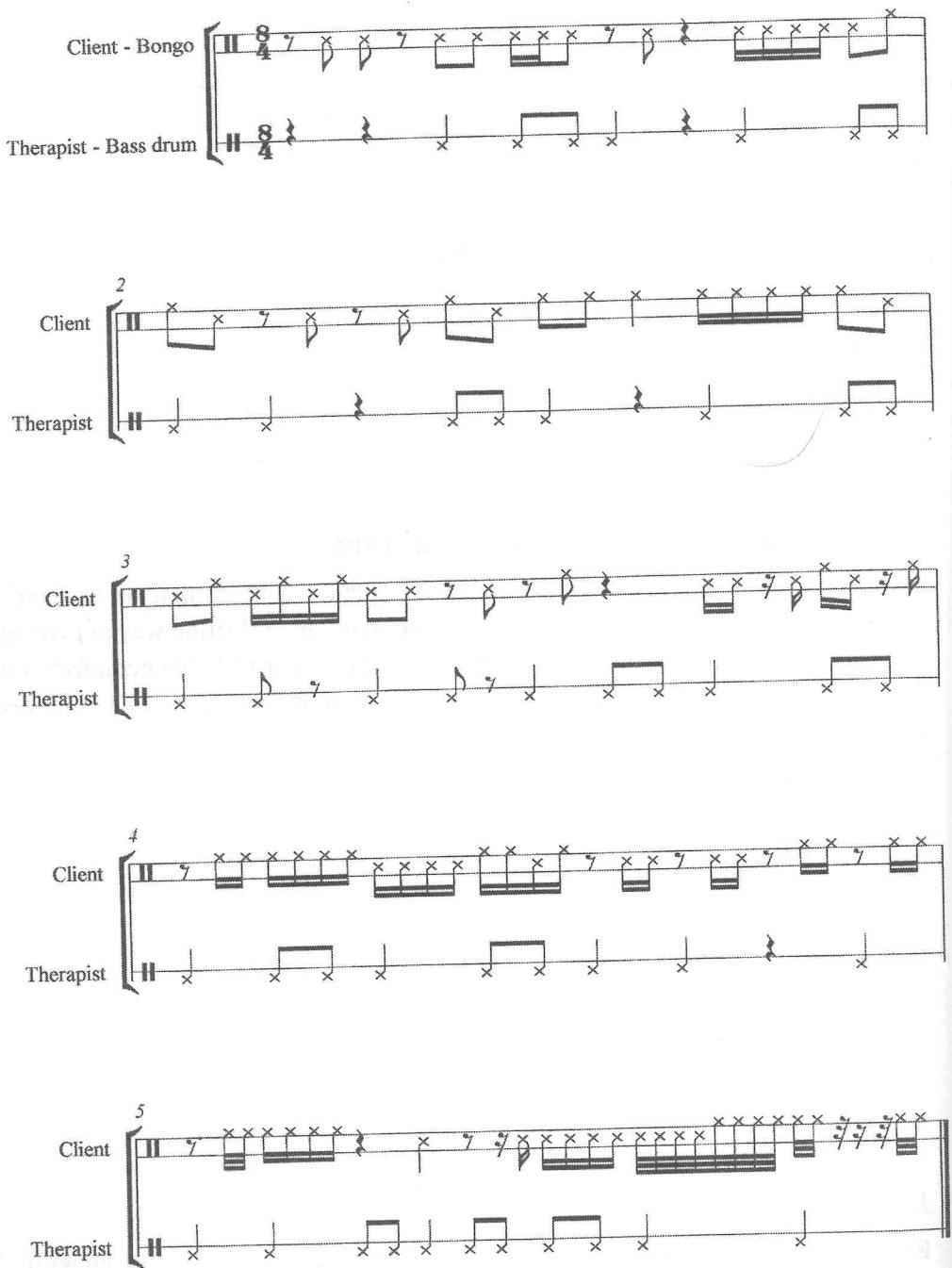
Fig 4.7: Rhythmic grounding – client and therapist on bongos and bass drum

An important aspect of rhythmic grounding is that it is not necessary to impose a meter on the client's rhythmic musical production. In fact, it can be quite constraining and directive to take the client's musical production and establish a specific meter such as 4/4 or 3/4 for what they are doing. Music can be pulsed but meterless, and quite often becomes more dynamic by the variable use of accentuation within a stable pulse. Another important aspect is to intervene with a stable and secure melodic or rhythmic pattern, quite often limiting your playing where a client's playing is rather full and complex. The process of limiting in the therapist's music is to provide a stable and understandable ground, and avoid adding to the potentially chaotic complexity of the client's improvisation (Figure 4.7).

CD27 is an example of a client playing randomly on the xylophone, where the therapist then joins in on a drum and establishes a rhythmic ground to the client's music. You will hear the client begin to 'entrain' to the therapist's rhythmic ground and stabilize his or her own music accordingly.

CD Example 27: Example of rhythmic grounding – client on xylophone, therapist on a drum

Exercise: The next example on the CD (CD28) is a person playing a xylophone. Try to listen for any rhythmic patterns in the person's music, and then introduce a rhythmic ground. Remember, the faster or more complex the client's music, the more stable and limited must be the musical ground of the therapist. As this is an exercise requiring you to play with a CD example, potential for the person playing on the CD to 'adapt' to the therapist's grounding is clearly not expected. However it is a good exercise to practise finding ways of developing *matching* into *grounding*.

CD Example 28: Rhythmic grounding exercise client on xylophone

Tonal grounding

Tonal grounding is a process where one establishes a tonal bass which acts as a foundation or 'anchor' to the client's music if it is predominantly melodic or harmonic and is wandering around. I define this as:

> *Tonal grounding: Providing an octave, fifth or harmonic chord in the bass that is congruent with, and tonally grounding for, the client's music.*

Bruscia defines this as tonal centring – 'providing a tonal centre, scale, or harmonic ground' (Bruscia 1987, p.535).

Figure 4.8: Example of tonal grounding – client on metallophone and therapist on piano

The musical example (Figure 4.8) illustrates this; a client plays a rather random, directionless melody on a metallophone which develops into repetitive patterns of falling thirds. The therapist intervenes with a tonal ground on the piano.

CD Example 29: Example of tonal grounding – client on glockenspiel, therapist on piano

Exercise: CD30 provides an exercise where a person plays music on a piano and as a duet partner you can work in the bass to provide some tonal centre for this. The technique involves analysing the type of music the person is playing and seeing if it falls within a key, or if a ground tone could be used as a tonal centre. For example, if the client is playing mainly the white notes of the piano, A minor, D minor and C major could be used as keys to provide a tonal centre. If the client is playing on the black notes, E flat minor and F sharp major can be used as the keys to provide the tonal centre (pentatonic).

CD Example 30: Tonal grounding – moving from diatonic to pentatonic

Harmonic grounding

Tonal grounding can be extended to *harmonic grounding*. This tends to involve either tonal harmonies (as in the two-chord improvisation) or pentatonic harmonies. As an extension to the use of fifths and octaves for tonal grounding, try using the CD30 exercise to engage with harmonic grounding.

Combined tonal and rhythmic grounding

Rhythmic grounding and *tonal grounding* can be combined to establish an even more secure musical foundation for a client. A good example of this would be to use a drone bass accompaniment figure to provide such a combined grounding foundation (Figure 4.9). The style could be given a 6/8 Celtic flavour by some suggestions from the therapist in the accompaniment, and then the harmonic ground can be enhanced with chordal structures (CD31).

CD 31 shows how the therapist maintains stability in the piano.

CD Example 31: Combined rhythmic and tonal grounding – client on piano, therapist also on piano

Holding and containing

Holding and containing are quite similar therapeutic methods. Basically, I employ holding as a therapeutic method and process where one provides a musical anchor to

Figure 4.9: Combined rhythmic and tonal grounding – client on piano and therapist on piano ground, even when there are mismatches in the harmony between the client's 'jumping around' melody and the drone ground

a client who is ungrounded in his or her playing and whose music is random and without direction. Consequently techniques such as tonal grounding/tonal centring are going to be helpful in order to provide that anchor. It works well to use simple harmonic accompaniments as a holding 'tool' where the use of sustained sounds without attempts at interactive or dynamic music making provides the containing frame. The therapist's music would typically be slow, sustained and very stable. However, at the same time it doesn't have to force a pulse or a meter on the client for it to be good enough music for holding. Therefore I define holding as:

Holding: Providing a musical 'anchor' and container for the client's music making, using rhythmic or tonal grounding techniques.

Bruscia offers a different definition of holding, one that is more expanded to include the wider concept of the 'musical background', and also includes the concept that the technique contains the feelings of the client: 'as the client improvises, providing a musical background that resonates the client's feelings while containing them' (Bruscia 1987, p.536)

Containing implies a different process where the client's music is quite chaotic and may also be quite loud. Therapeutically, the client needs to be allowed to be chaotic, noisy, exaggerated (a good example would be an out-of-control child having a 'musical/emotional' tantrum). The therapist provides a musical container for the client's music, playing strongly and confidently enough to be heard by the client. One musical idea that can work well in therapy is to play at opposite ends of the piano with strong, stable octaves (CD32). Many other types of music could act as a container for the client's music, but it needs to be structured music that provides a pattern.

CD Example 32: Containing: Chaotic music contained by the therapist – client on cymbals, drums and xylophone, therapist on piano

4.5 Dialoguing

Music is a marvellous medium for engaging in different types of conversation or dialogue between two or more people. It is even possible, of course, to have a dialogue with oneself musically! I have not found a definition for *Dialoguing* in its application in music therapy as either a musical technique or a therapeutic method, although there are terms that describe some of the processes involved in making or developing a dialogue. I define dialoguing in the following way:

Dialoguing: A process where therapist and client/clients communicate through their musical play.

There are two main forms of dialogue, which I define as follows:

> *Turn-taking dialogues: Making music together where the therapist or client(s) in a variety of ways, musical or gestural, can cue each other to take turns. This 'turn-taking' style of dialogue requires one or other to pause in their playing and give space to each other.*

> *Continuous 'free-floating' dialogues: Making music in a continuous musical dialoguic exchange – a free-floating dialogue. Here participants (therapist(s) and client(s)) play more or less continuously and simultaneously. In their playing musical ideas and dynamics are heard and responded to, but without pause in the musical process.*

To liken a dialogue to a conversation is probably the nearest and most understandable way of describing this process. Consequently, one can imagine that just as in a conversation, there are a number of ways in which the dialogue can progress:

1. Therapist and client(s) take turns to play, taking over immediately from each other.

2. Therapist and client(s) take turns to play with pauses in between 'statements'.

3. Therapist or client(s) interrupt each other.

4. Therapist and client(s) 'play at the same time' (talk at the same time) as each other.

5. Client(s) make(s) long statements; therapist gives 'grunt' or 'ah-ha' responses of very short phrases.

6. The therapist's musical style in the dialogue is very empathic (similar) to the style of the client(s) (or vice versa).

7. The therapist's playing in the dialogue is very oppositional/confrontational to the client(s) (or vice versa).

nur sinnvoll wenn Stabilität vorhanden ist

Ways to promote dialogue

Musical dialogues don't necessarily occur automatically or naturally in improvisational music making. In fact, some clients find it extremely difficult to engage in dialogues, either because they can't follow or respond to normal turn-taking exchanges (typical in autistic clients), or because they talk so much that they don't stop for long enough to listen to what somebody else has got to say (this can be typical in clients with Asperger's syndrome).

Before explaining more specific techniques for promoting dialogue, there are two clearly defined therapeutic techniques proposed by Bruscia that can be utilized:

> Interjecting – waiting for a space in the client's music and filling in the gap.

> Making spaces – leaving spaces within one's own improvising for the client to interject his/her own materials (Bruscia 1987, p.535).

Using these two methods naturally leads one into dialoguing and initiates the 'conversation' or 'argument' style of improvisational music making, where the playing together becomes directly communicative. Many clients may not understand or pick up the signals that help nurture dialoguing, and this can be helped through modelling. Modelling is a method that can be applied to many of the previously described musical and therapeutic techniques, and many of those yet to be discussed. Bruscia's definition of modelling is:

> Modelling – presenting or demonstrating something for the client to imitate (1987, p.535).

This provides us with a quite specific (and clearly directive) method which is most useful where that type of direction is needed. I would like to suggest an extended and broader definition here in order to explain that something more than purely imitating occurs:

> *Modelling: Playing and demonstrating something in a way that encourages the client to imitate, match or extend some musical ideas.*

In the music making that goes on in music therapy there are subtle or obvious ways of promoting the initiation, development and progression of a dialogue. These involve either musical cues or gestural cues.

Musical cues

- Harmonic cues: indicating that you are coming to the end of some musical 'statement' by playing either a perfect or plagal cadence (or even an interrupted cadence). The harmonic modulation in a musical statement can also sound like a question.

- Rhythmic cues: playing a rhythmic pattern that closes, following which it is obvious that there is a space or playing a rhythmic pattern that is symmetrical and therefore gives a clear indication of closure (also allowing space for a client to play next).

- Melodic cues: playing in ascending phrase, a phrase that indicates the end of a pattern, etc.

- Dynamic and timbre cues: there are many types of dynamic cues that could indicate a space for developing a dialogue. Accents help to establish a punctuation point; making a crescendo on a phrase to a climax indicates a point of stopping; making an accelerando to a point of stopping also indicates a pause which allows a space for somebody to say something; staccato playing following some legato playing may also indicate something coming to a conclusion.

Gestural cues

Given that musical cues can be rather subtle and are not necessarily attended to, especially by clients who enjoy making a lot of noise and playing continuously, it may be necessary to model the dialogue idea through giving a gesture. The idea is to indicate a space where you would like the client to start playing (or continue playing) on their own in order to develop the dialogue. Therefore you can introduce some of the following ideas:

- Show you have stopped playing in some way, by taking your hands from the instrument or 'freezing' at the instrument so that you are not moving at all and looking as if you are waiting for the client to stop before you can play again (very effective with children when they catch on to the idea as it gives them a strong sense of being 'in control'!)

- Turn to look at the client and take your hands off the instrument.

- Use eye referencing to indicate that you are going to play and then eye reference the instrument to encourage the client to play.

- Point and indicate whose turn it is to play.

- Use physical prompts, either to encourage somebody to start playing, or to encourage them to stop playing:

  Starting to play:

  - nudging behind the elbow;

  - supporting under the elbow;

  - supporting under the wrist;

  - taking a hand and helping a client to play.

(This is a graduated list of responses from a very gentle prompt to a hand-over-hand modelling.)

Figure 4.10: Example of Dialoguing – client on xylophone, therapist on congas

Stopping playing:

- putting the hand out in a stop position;
- reaching over and almost touching the hand of the client;
- reaching over and holding the beater or instrument that the client is using to play for a short time;
- reaching over and stopping the client playing physically by holding their hand; taking an instrument away while you interject a short phrase and then handing the instrument back.

(This is a graduated list ranging from gestural cues to physical direction.)

Figure 4.10 illustrates an emerging dialogue beginning with a client playing on a xylophone, without pulse, and shows how the therapist gently interjects, makes spaces for the client, then uses rhythmic patterns to develop the dialogue.

CD Example 33: Dialoguing 1– client on metallophone, therapist on xylophone

The techniques described above range from subtly to strongly directive. Direction in some form is sometimes necessary in order to build up, through modelling, the process of musical dialoguing or turn-taking. I am often asked how one can develop communicative musical dialogue with clients who have perseverative and repetitive playing, who seem to be unable or unwilling to leave any space in their musical production to allow a dialogue to develop. The ideas described above are typical in the techniques I have found helpful to model, initiate and develop dialogue. However, one also needs to take into consideration the instrument chosen and the physical playing style. Clients who play repetitive pulses on drums may do so because the motor movement (also described as sensory motoric playing) is what they are interested in doing, and there is little or no musical or communicative intentionality. All the above techniques may prove futile in the face of such playing, and changing instruments may be the best way to break down obsessive patterns of playing and introduce dialogue.

Phrasing, interrupting, pausing and talking at the same time

Having begun to develop dialogue, the patterns that emerge can sound more and more like a conversation when attention is paid to phrasing, interrupting, pausing and talking at the same time. Phrase lengths vary – especially where one person is doing most of the talking, and the other is merely acknowledging or confirming with an 'uh-huh' response. So, in musical dialogue, these patterns of conversation can increasingly represent the prosody and phrasing of speech, with accents, inflec-

Figure 4.11: Example of conversational dialogue using variable phrasing, continued on next page

tion, interruptions and sometimes even talking at the same time. In the process of dialoguing – whether through a rhythmic or a melodic exchange – the potentials of varied phrasing will add significantly to the communicative character of the dialogue.

Figure 4.11 illustrates this, and CD Example 34 shows how all the dynamic aspects of interpersonal communication can be present in a musical dialogue. Given that music therapy is a medium through which 'communication' takes place through musical exchange, dialoguing is a very important and valuable technique to support and engage a client.

In the real world, communication and dialogue between people can frequently turn into a heated debate, perhaps even an argument. Polite turn-taking gives way to interrupting, increasing accents, 'rude' sounds, shouting, losing tempers – everything a good healthy argument should have! CD34 illustrates the musical dynamic of dialogue that becomes an argument, and as music therapy allows people to say something in music (in an argument) that would be unacceptable in words, this is a valuable tool in therapy work to draw out emotional attitude and affect.

CD Example 34: Dialoguing 2: Conversations and arguments! Therapist on xylophone, client on African split drum and djembe

Continuous 'free floating' dialogues

When working with clients who play quite continuously, repetitively, perhaps even obsessionally, and have difficulty in stopping to listen, the therapist's option is to try to promote or engage with the second type of dialogue method described above – the continuous 'free-floating' dialogue. Here, the therapist can listen to and echo musical ideas, themes, motifs and dynamic patterns of the client, attempting to build up a dialogue of musical ideas within an ongoing improvisation.

It cannot be compared with a conventional conversation, where turn-taking is a typical element. In the free-floating dialogue, the musical genre of opera is represented, where two (or more) people can be simultaneously contributing to an exchange, sometimes singing about two different things at the same time, yet with a necessary musical connection through melody or harmony. It happens frequently in improvisations, and this kind of instantaneous reciprocity and shared understanding builds up between client(s) and therapist, and acts as a framework for communicative experiences. The subtlety of this type of interaction is such that it is not always possible to be aware of how it is happening while it is going on, and only with later audio or video analysis can one recognize the presence of a subtle and developing dialogue. CD35 gives an example of just such a dialogue, where the therapist uses

Figure 4.11: Example of conversational dialogue using variable phrasing, continued

the xylophone to match, and then dialogues with a client's continuous playing on a drum.

CD Example 35: Dialoguing 3: continuous 'free-floating' dialogue – therapist on piano, client on xylophone

4.6 Accompanying

Accompanying is one of the most useful and important of the supportive techniques in improvisational music therapy. I often recommend its use when one has established a framework for clients to use or where a client is particularly autonomous and wants to take a soloist's role in the music making.

I define the therapeutic method of accompanying as:

> *Accompanying: Providing a rhythmic, harmonic or melodic accompaniment to the client's music that lies dynamically underneath the client's music, giving them a role as a soloist (Wigram 2000b).*

Accompanying is a frequently used method for joining in with a client's music where the message one is giving is of support and empathy. The definition refers specifically to the idea that the music lies 'dynamically underneath', and this typifies the quality of 'accompanying' and gives it strength as a supportive music. If the client plays *f* then the accompaniment is going to be *mf*. If the client plays above middle C in the tonal range, the accompaniment can be placed lower, although it is possible to work with a bass lead and an accompaniment in the higher register.

Accompaniment style music, certainly on the piano, needs to have certain characteristics:

- to be simple and repetitious;
- to be a short rhythmic or harmonic sequence that is sustained;
- to continue in a stable way despite some changes in the client's music;
- to be sensitive to pauses or small developments in the client's music.

Typically, accompaniments can be (either tonal or atonal) um-cha-cha (3/4 waltz) style or um-cha-um-cha (2/4 and 4/4 common time) style. Figure 4.12 gives us an example of this type of accompaniment, in both a tonal and an atonal frame.

However, there are also some important other types of accompaniment. The 2-chord improvisation that was exemplified in Chapter 3 is a good sequence to use for an accompanying style, as is the Spanish 2–8-chord sequences that will be explained in Chapter 6 under frameworking techniques.

Figure 4.12: Example of 3/4 and 4/4 accompaniment style using tonal and atonal frame, continued on next page

Figure 4.12: Example of 3/4 and 4/4 accompaniment style using tonal and atonal frame, continued

CD36 gives an illustration of a client starting to play randomly on a xylophone and glockenspiel while the therapist introduces an accompaniment style using (at first) two chords to support it, then developing some accompaniment effects.

CD Example 36: Accompanying – client on xylophone and glockenspiel, therapist on piano

Most of these accompaniment methods can be equally effective on guitar or other harmonic instruments (harmonica, accordion, autoharp, organ, synthesizer). Purely rhythmic accompaniments can also be generated, and are especially effective in providing a supportive frame. The most important characteristic of this therapeutic method to remember is your supportive role, allowing the client to take the lead, playing more softly, with stability and repetitious motifs of figures, and perhaps with a thinner, sparser texture.

Exercises: Try making different types of accompaniments to the following styles of playing using the examples on the CD with which to work:

CD Example 37: Accompaniment exercise 1 – a wandering treble melody by a client on a piano where they play first of all only on the white keys and secondly only on the black keys

CD Example 38: Accompaniment exercise 2 – a client playing an accented, rhythmic and pulsed melody on xylophone and metallophone, that breaks out of meter halfway through

CD Example 39: Accompaniment exercise 3 – a client playing some rhythmic patterns on a drum

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In all three exercises try formulating accompaniments using different instruments such as piano, guitar or drums/percussion.

4.7 Summary and integration

These are some basic therapeutic methods that need to be practised in order to acquire both the technical and therapeutic skills to use them. As can be seen, they start to incorporate the musical techniques that are adapted to fit the intention of the method. The exercises suggested in Chapters 3 and 4 are designed to allow the reader a chance to practise these methods using either piano or other instruments. Many of these musical techniques and therapeutic methods will be revisited in later chapters because improvisation is not undertaken with clients through isolated methods, but through a sequence (sometimes fast-moving) of different methods and musical techniques.

The last part of this chapter is therefore concerned with the integration and sequential process of linking together these methods to illustrate how one can move through a therapeutic sequence of events with a client. As has been stated earlier, *matching* is a logical and empathic place to start with a client. However, in therapy we don't approach our clients with some predetermined plan of intervention, at least not in improvisational music therapy. The spontaneous experience, adapting and responding on a moment-by-moment basis to the interactive process, requires us to maintain a free-flowing flexibility in the application of therapeutic method.

The last example, illustrated only as audio example CD40, shows how one might move through three or more methods in an improvisational interaction with a client.

Matching $\longrightarrow$ Accompanying $\longrightarrow$ Dialoguing $\longrightarrow$ Containing $\longrightarrow$ Matching

The client is playing a xylophone, and begins with rhythmic, melodic fragments. The therapist matches, and the engagement begins. As the client grows more confident, the therapist takes the role of accompanist. A little further on, the therapist takes an initiative by making spaces and interjecting, and introduces the idea of dialoguing. The client works with this, but as the dialogue builds up dynamically to an argument, the therapist adapts to a containing approach. As the client's music loses some of its intensity and energy, the therapist follows and returns to a final empathic section of matching.

CD Example 40: Example of integrating therapeutic method and musical technique

So far, the techniques and methods recommended for both practising and developing within an improvisational model for use in clinical work have concentrated on identifying specific techniques using musical parameters and therapeutic method. Most of the examples and the exercises recommended have involved a form of improvisation where the music is spontaneously created, using some simple play rules.

Frequently, when working with musical material, one wants to develop a style of improvisation that fits something that the client may be doing or to create a particular type of musical frame for some specific purpose. I call this method of work 'frameworking'. In addition, we are constantly faced with the need to find ways of making changes in the music, making a transition from playing in one way to playing in another way. The development of these transitions is a critical part of music therapy skills (and in fact is used very widely by musicians, composers and others to connect together different types of music).

In order to move to the next stage of the process of developing improvisation skills, I will describe and give examples of both frameworking and transitions and then explain a number of exercises that can be used to develop these methods.