Volume Two.

The Improvisations and Appendix.
Improvisation Number One.

Eddie.
Improvisation Number Two.

Charles.
Improvisation Number Three.

Francis.
Appendix.

Structural Analysis of Therapeutic Improvisatory Music

Colin Andrew Lee

Abstract

The hypothesis concerning analysis of pre-composed music and its significance in providing awareness for ensuing clinical situations (Schmidt, 1984), reveals further complex issues with regard to improvised therapeutic music. The author will illustrate that much may be ascertained from analysing a passage of improvised music, in relation to future perceptual directions. The client's development within music therapy is not the main consideration; nonetheless, at certain locations it becomes pertinent, in validating comprehensively this analytical study, to draw upon subjective issues relating to musical process and therapeutic outcome. The design of this paper encompasses, in the main, abstractions relating to specific musical techniques, their affiliation with behavioural analysis, and the ensuing clinical implications of these aligned interpretations. An atonal comparative sectional analysis is to be subsequently studied in a future publication, looking more specifically at the relationship between tonality, atonality and the significance of these factors for the future research of therapeutic improvised situation.

Within the psychological avenues of music research, the analysis of improvised music has emanated principally from ethno-musicologists (Jones, 1959). Little literature is available with regard to transcribed improvisation for analysis; the inferring cognitive processes reliable primarily on corroborating information, such as discussion, carried out in conjunction with the improvisers (Pressing, 1984). The relevance of this avenue of exploration with regard to the ensuing analytical approach, deals essentially with a fundamental which, although not directly applicable to the analysis of improvisation, is necessary in its relation to investigations from commensurate perspectives. These implications clearly indicate a non-impaired client group. It appears that similar work with non-verbal or mentally impaired people is yet unexplored.

Analysis through the nature of its investigation arouses resistance appertaining to inhibition of creativity and inspirational aspects of music. Enigmas imposed by such an avenue of study should, nonetheless, serve as dialogues for productive feedback, (Dunsby, J., Whittall, A., 1988) rather than restraining the inspirational facets of music. Schenker's discovery of the exterior elements in a given composition correlating to its fundamental organisation and structure (Ursatz) (Yeston, M. 1977) brought new frames of reference with regard to the theoretical analysis of tonal music. Charles Rosen explains:

"the notes of a tonal composition have a significance beyond the immediate context in which they are found, a significance that can be understood only within the total scheme of the whole work; beyond their meaning in the "Foreground", there is a "Background" meaning, based principally on the tonic triad, which is the harmonic center of any tonal work" (Rosen, 1971).

Schenker's theory, applicable to tonal music only, investigates analysis from a linear perspective. Taking the tonic note as the basic fundamental, to which all movement indicates, he formulated the hypothesis that the clear cadential principle underlies all musical structure. The Schenkerian approach, broadly determined, constitutes the foundation for this investigation.

Frequent auditory reviews of a passage of clinical improvisation may provide us with greater insight into the music's structure and subsequent interactive therapeutic elements. It is only, however, through detailed structural analysis that finer junctures may be examined for future reference. The transcription of improvised music involves numerous problems of notational individuality; it appears impossible to provide an authoritative procedure for interpreting complex passages through the confines of Western notation. Within these boundaries, nevertheless, it is possible to gain insight from such enquiry. The optimal choice of improvisatory passage to be studied emanates from different variables. Essentially if the client is unable, through impairment, to construe the choice themselves, components must be chosen subjectively and intuitively by the therapist. This process should be evolved through the therapist's own direct communicative connections within the music therapy sessions and deals with one division only of the therapeutic relationship. For the verbal or non-impaired client the
choice of essential therapeutic musical channel may become readily ascertained as a joint selection. It is not the intention of this study, that all clinical trials be analysed in equal depth, rather, from one small example substantial information may be gathered.

The following example classifies musical components into four specified areas:

1. Fundamental movements of treble and bass lines incorporating melodic structure.
2. Vertical harmonic structure.
3. Linear harmonic structure.
4. Rhythmic components.

Transcription of the vocal text, within the melodic contours of S's singing were clear, only in their intention to S. To me, the therapist, the text was unintelligible and thus is not incorporated within the following transcription. Textual subjectivity is discussed subsequent to the analyses.
Fundamental movements of treble and bass lines, incorporating melodic structure

Through the reduction of melody and bass lines it becomes possible to deduce certain fundamental assumptions appertaining towards direction of tones between voices, for possible melodic connections. S’s contours initially are contained within a sixth based on E (1-8), flowering to broader parameters as the passage develops (9-12). It is interesting to note melodically the distinct, almost exact repetition of musical phrase between 2-3 and then between 5-6 (see full notated passage).

Examining treble features of the piano, we perceive that, after an initial elevated passage (1-2), a complementary falling configuration is incorporated. The sizeable upward movements of the bass provides clear support and potential for expansive harmonic and melodic structures. Analysis of the linear melodic contours shows a surprising reciprocity between client and therapist. This can also be seen by studying
further the vocal motif, after the fermata at 2, in relation to the melodic conversations of the whole passage. It is also significant to consider carefully the opening appogiaturas between 1-3 in both parts which show clearly the openness of musical dialogue.

Melodic avenues throughout are of a falling character. Subjectively, does the emergence of such phrases disclose any possible essential features of the music therapy process? In retrospect, could it be possible to utilise this information for similar therapeutic situations? Certainly for the author, these phrases depict directly the intensity of the therapeutic relationship both as an ongoing development and also as a specific exceptional moment.

**Vertical Harmonic Structure**

Each chord is notated in its original spacings followed by a condensed format.

Through examination of the vertical harmonic structure we discern its tonal base is centred on two chords, taking A as the key note, I and VI. This clear harmonic structure facilitates a wealth of rich and complex chordal configurations (e.g. 4-5, 6-7, 8, 12), including open suspensions for musical enrichment. At no point during this passage do we find a plain root position chord employed. This inherent choice of combination of tones amplifies the integrally related concept of voice writing and Schenker's hypothesis that 'Voice-leading constraint controls all individual harmonies' (Schenker, H. 1935).

'The combination of fundamental line and bass arpeggiation constitutes a unity. This unity alone makes it possible for voice-leading transformations to take place in the middleground and enables the form of the fundamental structure to be transferred to individual harmonies... Neither the fundamental line nor the bass arpeggiation can stand alone. Only when acting together, when unified in a contrapuntal structure, do they produce art.' (Schenker, 1979: 11)

In general musical terms the harmonic language
is surprisingly static and could be easily analysed as one pandiatonic chord with or without the bass ‘F’. Therapeutically the intention for this clear harmonic language arose from the need for a musical and therapeutic uncluttered support.

Linear Harmonic Structure

\[ \text{C — consonance} \]


Harmonic analysis from a linear perspective again shows directional considerations pertaining to both harmony and melody. The anchor points demonstrated disclose the importance of phrase endings within the musical improvisation. Each cadential sequence evolves, en route, from the proceeding phrase by an unexpected harmonic development, this, in turn, adds to the ‘open’ and ‘unexpected’ quality of the music as a whole.

More in depth analysis would clearly demonstrate complexities of dissonance, consonance and resolutions through supportive open musical foundations. In essence this analytical element amplifies the clinical consideration that musical phrases require conclusions of a diverse nature, appropriate to meet the specific requirements of each individual therapeutic musical situation.
The prevailing endeavour with regard to this passage of music was to afford the client an unobtrusive musical platform from which expression of direct emotional feelings may be attainable. Rhythmic considerations were, to all intents and purposes, less salient. Nonetheless, through investigation of these elements becomes apparent a clearly visible lamination of rhythmic phrases within the musical infrastructure. This sectional analysis shows most distinctly the inherent
dialogue of question and answer initiated between both client and therapist.

**Identification of characteristic rhythmic cells**

Basic rhythmic cells fall into three distinct groupings:

i) ![Rhythmic Cell 1]

ii) ![Rhythmic Cell 2]

iii) ![Rhythmic Cell 3]

The complex communicative rhythmic elements in their first simple stage, taking the above three cells as the core, have been indicated by dotted lines. Obviously many subtle nuances could be conceived by further detailed investigation. Whilst these cells constitute, in the main, the clear basis for the rhythmic construction, patterns also arise in augmentation and diminuation throughout this passage adding yet further complexities of dimensional analysis.

**Implications for the incorporation of behavioural analysis**

Through this extensive investigation it became necessary to formulate not only musical perspectives, but also behavioural conclusions. The following functional features were distinguished throughout the musical passage;

i) S holds the recorder throughout. When playing S extends the instrument to 90°.

ii) Whilst playing the recorder S attempts no finger control, depending entirely on breath pressure.

iii) S’s singing is complete with expressive body gestures, as if directed towards an audience, eliciting images of a ‘cabaret artiste’.

iv) There is little or no eye-contact.

v) S is physically positioned directly behind the piano.

Value judgements from this information may now be ascertained; initially, if we consider the text, it becomes directly apparent that whilst the words had negligible significance for me, the therapist, for S they mirrored precisely his attitude during the music. Intention and value underlying the text was not the central concern, communication of aesthetic musical awareness being in itself paramount. Secondly, the physical motions and implications contained therein were as substantial as the direct musical involvement. Finally the assurance inaugurated within the relationship afforded S the scope to express aspects of his character rarely disclosed or, more importantly, shared. Questions may now be posed as to affiliations between behavioural affect and musical structure within the clinical improvisation.

If the correlations are felt to be decisive, then is it possible to distinguish exactly which musical component affects which behavioural condition and vice versa? Could we possibly extract specific components of the musical improvisation that influences and alters the state of the client? What conclusions, then, does this have for future research developments in examining further the music therapy process?

**Concluding comments**

The intention of this article was to investigate the supposition that through detailed analysis of the therapeutic musical improvisation, it may be feasible to ascertain the special artistic and clinical influences that underlie the musical improvisation. Perhaps more appropriately are there correlations between the two? Further this paper attempted to reflect retrogressively succeeding the analysis of the complete therapeutic process affirming the view that music therapy research should be fundamentally addressing issues of speculative analytical investigation alongside the complex behavioural responses that have preoccupied many research projects to date. Clearly such a study asks countless questions, notwithstanding the many proceeding arguments, it is the theory of this writing that through musical analysis greater insight may be achieved in viewing more closely intricacies of the music therapy process. Analysis then, is hopefully not a progression intended to stifle, but rather a method enabling musicians the opportunity to investigate improvised music both as a product of therapeutic growth and also as a piece of art in its own right.

The evolving process of analysis, whilst originally evolving its foundation from a Schenkerian model, soon became established within its own paradigm of enquiry. Identification of components evolved through surveying globally the full notated passage, more specifically the concept of studying the harmonic analysis from both vertical and linear standing originated from dual considerations both musical and therapeutic. It is these precise dual considerations that make this category of analysis unique. The investigation was predictive for the author’s individual search and begs the question, should we consider a universal procedure of analysis for
music therapy, or should therapists define a methodology appropriate for their own specific questions? Certainly from the above analysis my own personal perception of the therapeutic process changed dramatically. Many salutory lessons were learned both with regard to S's innate musical ability and my skills at being able to mirror and support his musical needs. Entering sessions preceding analysis helped my aural perceptions, both musically and therapeutically, listening more acutely to what clients were and were not saying. Music in the therapeutic setting holds many multi-dimensional layers of communicative creativity, analysing this one small section helped me realise the importance of treating the evolving musical process as something worthy of enquiry.

Throughout this study it was essential to ask questions with regard to the efficacy of such time-consuming investigation. How would this work help other music therapists? What does it say about music and interaction? Is there a correlation of behavioural state and musical improvisation? Certainly a predictive model with regard to musical strategies and therapeutic outcome can only occur through further detailed comparative analysis, drawing together common strands from similar models of enquiry.

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References

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Structural Analysis of Post-Tonal Therapeutic Improvisatory Music
Colin Andrew Lee

Abstract

The analytical investigation examining tonal therapeutic improvisatory music (Lee, C. A., 1989) would seem to indicate that music therapy should be exploring its own investigative form of analysis. The adoption of a Schenkerian construct of analysis accommodates music therapy perhaps more clearly than the often complex statistics and pitch classes that, for the most part, concern the analysis of atonal music. The tonal infrastructure can normally be described in direct relation to its harmonic foundation. With atonality, however, such reference points are not easily available, except in serialism or similar theoretical forms of music. It is the intention of this article to investigate the diverse constructs of post-tonal analysis and consider their validity in exploring atonal issues of therapeutic improvisation. Initial focus will be on formal analysis of the improvisation, interspersed with a more informal subjective framework of enquiry endeavouring to evaluate relationships between both areas.

The passage of improvisation selected is taken from a different session with the same client, thus enabling various parallels to be drawn.

Note
Throughout this article the following codes are employed:
S — client
CL — therapist
C — cymbal
B — bongos

Introduction
Chromaticism and the progression away from the sonata principle heralded a new period in music through the conceptualization of extended and implicit tonality, that is, music that does not present fundamental diatonic features but remains within a central tonal scheme. Disapproval of this development was not only felt by Schenker himself, but also by Stravinsky, who described Wagner’s later works as being: ‘more improvised than constructed in the specific sense (Stravinsky, 1947: 64). The resulting phenomenon of music existing neither wholly tonal nor atonal inclines us to the hypothesis that music can be essentially atonal whilst being in a tonal construct and vice versa. From a music therapy position, a large majority of therapeutic improvisation could be seen to be employed within this tenuous area between tonality and atonality (see example I). From an analytical viewpoint in terms of music therapy, the decision must be made whether to study the improvisation as a fundamentally tonal or atonal entity. Perhaps the more appropriate judgement is to then incorporate elements of both analytical techniques (tonal and post-tonal), rather than confine ourselves to one approach. Thus the therapist-analys’er is faced with a three-fold decision to make:

1. Are there both tonal and atonal elements present?
2. Which analytical models does the therapist choose?
3. How does the therapist incorporate the results of such analysis within the therapeutic practice?

NB: Definitions of tonality and atonality within this context are as follows:
Tonality — ‘one single pitch, called the tonic, is given particular emphasis and is the pitch around which the composition is organised. That single tone appears relatively frequently, is rhythmically stressed and tends to appear at the termination of major phrases’ (Krumhansl, 1983)
Atonality — ‘Pitch structured without reference to a controlling key. Extreme and rapid contrasts of timbre, register, texture, pitch, pitch class and durations, and negatively by the lack of themes, keys and phrase structures and forms associated with more traditional means of pitch organization’. (Roeder, 1988).

Post-tonal analysis
The examination of post-tonal analysis demonstrates that there are differing ways to approach atonal investigation, based on a variety of personal and theoretical viewpoints. According to Cook (1987): ‘we have to think about what the music does to us rather than how it came about. We need to describe it rather than speculate about it’. He further goes on to say: ‘the important thing is not the structure as such but the use the particular piece you are analysing makes of that structure.’ Perle (1977) in his writing on twelve-tone
strata are not related in such a clear manner, they are characterised as being rhythmically dissonant. Krebs (1987) discusses displacement and alignment as the main factors for determining metrical dissonance.

All of these arguments beg the question, is it not possible through various interpretative and mathematical procedures, to translate a passage into a consonant or dissonant rhythmic shape, depending on the author's questions and perspectives of analysis?

**Metrical hierarchies**

It has been recognised that metre is a hierarchical structure closely akin to the construction of sentences (Lee, C. S., 1985; Longuet-Higgins, 1978; Martin, 1972; Sundberg, 1976). In musical terms, grammar may be considered equivalent to metre. The author considers this concept, due to the syntactical nature of therapeutic improvisation, to be fundamental to the perspectives of rhythmic interpretation and analysis. The way an individual perceives a rhythmic sequence is crucial for his own scheme of representing this order (within the countless deviations) through his own rhythmic hierarchy (see example 3).

If we examine, for example, the bongo rhythms of bar 54, we clearly see the basis for many different structural foundations (see example 4).

How does the individual arrive at his own interpretation of the series, given that any sequence could be the realisation of an infinite number of rhythmic cells?

**S. Rhythmic patterns bars 12-21**
(see example 5)

Through structural dissection, we can see the eight events categorised falling into an A_1(1) B(2-5) A_2(6-8). The pulses of A_1 and A_2 are closely related but differentiated by a motivic format that balances the reiterated patterns of section B. If we examine Section B itself we find a complex pattern (1 3 5 7) repeated precisely four times, the implications for S's inspirational and intellectual qualities here are significant in relation to his pathology and age-functioning (see "Fundamental therapeutic considerations"). The consonant organisation adhered to in this small section (A B A) also begs questions as to the differing intellectual capacities available in music as opposed to other areas of the client's existence.

**Rhythmic analysis of Bars 32-37**
(see example 6)

Analysis of this component demonstrates the interactions between S and CL, evoking issues both musical and therapeutic. S's sensitivity in considering the roles of both accompanist and musical leader shows a reciprocity in the improvisation of an exceptional subtle and responsive nature, whilst accommodating therapeutic factors necessary for his own expressive development (see Fundamental Therapeutic Considerations). At the end of bar 34 S places two dry sounds on the rim of the bongos. This understated contrast of sound which is only stated once adds a fresh texture. Within this section the therapist instinctively incorporates a diminution of rhythmic groupings as a result of S's compressing in phrase lengths (see example 7).

**Rhythmic Analysis of Bars 47-52**
(see example 8)

In examining the rhythmic interplay we see subtle nuances with regard to the musical dialogue. In bar 49 S again takes the accompanying role but in bar 50 he imposes a definite triplet rhythmic motive, regardless of the therapist's musical content which remains in duple time. This shows an advanced stage in the therapeutic relationship where both parties are able to be mutually responsive whilst strongly defending their own musical predispositions.

In conclusion can comparisons be drawn from the assumptions proposed and the proceeding investigation? Do corresponding metrical hierarchical configurations develop from within the improvisation thus posing questions of transference both musical and therapeutic? Certainly S's perception of metre within the improvisation must be influenced by his reactions to the musical relationship and therefore his hierarchical choices appear spontaneously through: a) what has gone before, b) what is happening at the moment and c) S's perception as to the future structure of the music. Hopefully these perspectives show that through metrical analysis, a complex set of variables is achieved which must have a direct influence on the improvisation and consequently the therapeutic process itself.

2. **Pitch class structure**

*Introduction*

Forte's pioneering work in investigating post-tonal music (Forte, 1988) is based on the conjecture that the notes within any given melody can
be ordered into varying patterns and sequences for the edification of analysis. Set class investigation can be an invaluable analytic tool for disclosing similarities both obvious and hidden among differing subdivisions of a piece of music (Hasty, 1987). The music therapist should consider carefully how Forte's hypothesis could best be applied to the analysis of therapeutic improvisation.

Forte's theory states that there are 220 definite pitch-class sets that maintain conformity under transposition and under inversion followed by transposition. Because the designations are purely numerical, however, they reveal little about a set's structure. Discrimination is essential if a set is to be considered as an object with clear resources that may be changed or compared with other objects (Hasty, 1987): 'the study of the pitch-class set genre may illuminate certain general developments in harmonic usage, perhaps evolutionarily in nature, that can be seen in relatively recent music.' (Forte, 1988)

Rahn (1980) conducts the reader through a formalised theory of analysis by examining compositions in considerable depth, mainly by Second Viennese School composers. Rahn discusses our 'tonal filters' and 'atonal filters' and how we should learn to enjoy atonality. On one level perhaps our 'atonal filters' help us to lay the foundation stones for tackling each therapeutic improvisation on its own terms. However, the question of learning acceptance and enjoyment of atonality seems extraneous to the therapeutic nature of this enquiry.

Morris (1987) uses the designation 'compositional design', which describes a set of pitch classes not in a particular crafted order but more akin to an improvisational framework that bases itself on chord symbols. The parallels with music therapy here are clearer. Walker (1989) discusses the propinquity between tonal, modal and chromatic elements of the eleventh movement of 'Vingt regards sur l'enfant Jesus'. She explains: 'The initial pitches are not intended to be "tonics" or "finals": no pitch class takes precedence over any other and the modes can begin on any degree of their pitch classes and appear in any order.'

In her analysis of this piece, Walker gives a much broader perspective on considering the concept of pitch classes, that appears more responsive to the whole structure of the movement. The section in question is a prolonged $1\# V 1\#$ cadence rooted to a fundamental $F$ throughout. Of all the pieces in 'Vingt regards sur l'enfant Jesus' nothing could be more tonally orientated. The comparisons between this movement and the section for analysis are clear in that both have clear tonal centres underlying an atonal exterior. This approach towards pitch class, by the nature of its enquiry, emerges as a far more pertinent and global approach to the possible pitch class analysis of therapeutic improvisation.

**Integer notation**

Pitches at their most fundamental level reduce notes to a series of numbers (0, 1, 2 ... 11) called integer notation. If we abstract a small three-bar example of the improvisation and transcribe it into integer notation we observe the following: (see example 9)

Through examination there appears to indicate some identity between the pitch class configurations $<2, 10, 2>$, $<2, 0, 2>$ and $<5, 0, 5>$, also longitudinally between $<2, 5, 5>$, $<2, 0, 2>$ and $<2, 2, 5>$. Additional enquiry establishes further subtle breadths of uniformity:—

1. $<4, 5, 4>$ $<2, 10, 2>$
2. $<5, 2, 10>$ $<5, 5, 2>$
3. $<11, 0, 2>$ $<11, 0, 2>$

What does this example demonstrate?
1. The re-occurrence of tones within the chordal structure;
2. Recognition of pitch organisation;
3. Uniformity of procedure within the improvisation.

It could be argued that this form of analysis is too detailed to be effective in identifying therapeutic parallels. What it does elucidate is the complex, possibly subconscious, musical correlations of tones which in essence go into the construction and timbre of a particular juncture within the improvisation.

**Distribution of Pitch classes**

(see example 10)

This analysis demonstrates how often each pitch-class occurs in a particular segment. On an immediate level one discerns how particular notes within the subdivision play a far more substantial role than others; most notably $E$ flat and $D$. This implies that whilst the piano music was purposefully dissonant in style, the $E$ flat tonic was evidently a powerful key-note for the musical foundation. Concerning the three phrase shapes being considered it appears significant that similar note structures were employed, the last two phrases engaging a corresponding measure of tones.
Further analysis shows implied shapes both longitudinally:

\(<5, 6, 5> \quad <7, 5, 7>\)

\(<7, 5, 7> \quad <7, 5, 1>\)

\(<7, 3, 2> \quad <7, 4, 13>\)

and latitudinally:

\(<3, 4, 3> \quad <3, 6, 3> \quad <4, 2, 4>\)

\(<7, 8, 9> \quad <7, 9, 7> \quad <7, 13, 13>\).

Through investigation of total pitch classes appears two sets of figures seemingly independent:

(a) \(<24, 36>\) (b) \(<14, 15, 16, 13, 12>\)

However, if we regard (a), as already suggested, indicating the E flat tonic, then could not the five figures of (b), ordered around the digit 16, be interpreted as being symptomatic of the dominant?

3. Motivic Analysis and Voice Leading

Fundamental movements of treble and bass lines

see example 11

The primary melodic framework explored in terms of its rudimentary pitches appears to be selected in a rather arbitrary fashion. Examining more carefully, however, we find a patterning and ordering of pitches that in themselves are consonant. The phrase contours include powerful leaps essential for; a) the structure of the therapeutic aims, and b), the support of the inner harmonic voices.

These empirical considerations can be directly related to psychological enquiry in particular Krumhansl, C. (1983), who considers that ‘listeners interpret and remember tones in terms of their junctions within an experimentally instantiated tonal system’.

On further investigation of treble and bass intervals of bars 33-36 it is possible to discern parallel intervallic progressions (see example 12).

Whilst being expansive in their structure, the intervals all occupy perfect or major intervals except for bar 36, when, in obvious contrast, a minor interval is employed. The treble and bass intervals become more substantial over this phrase, thus keeping the continuum of power. The initial piano extract involves treble and bass phrases in parallel motion, whereas, for balance from bar 48, the treble and bass contours involve divided melodic lines including contrary motion configurations.

In condensing the pitches of treble and bass phrases (see example 13), differing aspects of melodic intervals become apparent. To begin with this example bears out the pitch class investigation of the basic E flat tonic framework. By playing this précis on the keyboard, and incorporating our own chordal progression, it is possible to experience on one level the apparent tonality, whilst conversely sensing the cross-reference to other keys. This lucidity of tonal centre and fluctuating harmonic language was an essential contribution to the potency of the music.

4. Harmonic structure

(see example 14)

Each chord is notated in its original spacings followed by a condensed format

In directly comparing the vertical harmonic structure of the initial part of this investigation (Lee, 1989) with the above analysis (bars 33-41), we discern a strong harmonic contrast. The intent behind this distinction of texture was clear in each of the therapeutic situations. Harmonic direction within the above chordal structures, taking E flat as the tonic, is evident, the actual location and complexion of each chord being not dissimilar to the initial analysis. Also evident is a similar wealth of intense and composite chordal configurations, with a strong contrast of concentrated clusters.

<table>
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<tr>
<th>Comparison of tonal and post tonal analyses</th>
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<tr>
<td>Tonal improvement (session 15)</td>
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<tr>
<td>Choice of instruments</td>
</tr>
<tr>
<td>S. voice-recorder</td>
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<tr>
<td>C. L. piano</td>
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<tr>
<td>Basic therapeutic considerations</td>
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<td>Support—holding of intense mood</td>
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<tr>
<td>Basic musical considerations</td>
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<td>Emphasis on intense chordal structure</td>
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<tr>
<td>Harmonic Structure</td>
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<tr>
<td>VI I, VII I, VI I, VI I b, I</td>
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The first subjective impression in considering the above musically and therapeutically, is one more of parallels than disparities. Questions arise as to the complexities of the therapeutic process and what enlightenment the music therapist may derive from exploring such differing improvisatory musical designs, in the way of:

a) the immediacy of the music therapy session;

b) the broader issues of musical growth within the therapist’s own improvisatory role.
Concluding comments

In evaluating the efficacy of such procedures as we have illustrated in this article, it is essential to consider both positive and negative aspects of this area of enquiry. How can the therapist justify time spent on such a project, and is such analysis not destroying the spontaneous musical moment contained within the therapy setting? Steele (1988) states that the music therapist has: 'a grave responsibility to know as much as we can — through personal growth and through supervision — about our own internal material'. Surely musical analysis must be included within this criterion for without careful consideration of the internal musical constituents which a), the therapist is incorporating or b), which are being evoked during an improvisation, furtherance of musical subtleties and growth must be constrained. Similarly, we must be clear as to the therapeutic justification behind such seemingly esoteric investigations, perpetually re-evaluating their validity in balancing musical and therapeutic aims in such a long-term enquiry.

Wason (1988) evaluates the recent return to more tonally centred music as being 'music in the middle'. It appears that in recent contemporary music there has been a resolution of the tonal/atonal dichotomy. Perhaps this is a powerful, convincing and necessary resolution which could have considerable effects and consequences for the growth and development of therapeutic improvisation.

Analysis of musical content within therapeutic improvisation demonstrates that the improvised moment, however chaotic it may at first appear, can have a consonant structure in exactly the same way as a pre-mediated composition. An improvisation survives and exists for as long as it occurs, whereas a composed piece of music has been crafted and designed to a preconceived level by its creator. Perhaps the differences are not as great as they would at first appear; both have an underlying unity of conception. One is acclaimed as being from the pen of an artist, the other as the chance product of a therapeutic situation. One is written by a supposed 'normal' person, the other is not. Are therapeutic improvisations then comparable to present-day works of Art? To answer this question is not to compare quality of musical content alone, but also, musical intent and direction. A music therapist may have no wish to pose as a composer and vice versa, but if what both are creating and saying can be shown to be subject to the same structural considerations and inner relationships, then such analytical insights as these should be fundamental in the furtherance of music therapy.

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References

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EXAMPLE 1

TONALITY

MUSIC HISTORY

RENAISSANCE

BAROQUE

CLASSICAL

ROMANTICISM

CHROMATICISM

WAGNER/MAHLER

EARLY SCROEBNERS

MINIMALISM

GLASS/REICH

SECOND VIEENESSE SCHOOL

TWELVE NOTE MUSIC

ELECTRONIC MUSIC

ATONALITY

MUSIC IN THERAPY

COMPOSED ACTIVITY SONGS

EXTENDED CHROMATIC IMPROVISATION

FREE ATONAL IMPROVISATION

FREE JAZZ

JAZZ AND POPULAR MUSIC

EIGHT BAR BLUES AND OTHER FORMULA DEVICES

ROCK MUSIC

EXTENDED CHROMATIC IMPROVISATION

JAZZ SOLO BASED ON SONG FORM

CONTACT IMPROVISATION
EXAMPLE 2
EXAMPLE 3

\[ \frac{4}{4} \]

\[ \frac{2}{4} \]

\[ \frac{3}{4} \]

\[ \frac{3}{4} \]

EXAMPLE 4

\[ \frac{4}{4} \]

\[ \frac{2}{4} \]

\[ \frac{3}{4} \]

\[ \frac{3}{4} \]

EXAMPLE 5
EXAMPLE 6

EXAMPLE 7

EXAMPLE 8
EXAMPLE 9

EXAMPLE 10

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<td>5</td>
</tr>
<tr>
<td>C</td>
<td>0</td>
<td>8</td>
<td>6</td>
<td>14</td>
</tr>
<tr>
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EXAMPLE 12

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<td><strong>Et - B</strong></td>
<td><strong>A - Ap</strong></td>
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<tr>
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<td><strong>D - F</strong></td>
<td><strong>G - G#</strong></td>
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<tr>
<td></td>
<td>2 Sve's + maj 3rd</td>
<td>2 Sve's + maj 3rd</td>
<td>2 Sve's + maj 3rd</td>
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</table>

EXAMPLE 13
EXAMPLE 14

Suggested Chord Sequence,

EX. I  II  I  III  I  

Et  I  IV  I  I  I

[Notation]

EXAMPLE 14

EX. I  II  I  III  I  

Et  I  IV  I  I  I

[Notation]
As a music therapist, I work alongside people living with the virus H.I.V. and A.I.D.S. I often wonder why I chose to work in an area where endings form the therapeutic core and where issues of transference, counter-transference — and endings — are perhaps more concentrated than in other areas of our work. The honest answer is twofold: my own fear of death and dying, and my abhorrence of the persecution of minority groups. Now, nearing the end of my work at London Lighthouse (a centre for people facing the challenge of A.I.D.S.), the completion of my research project, and the death of a long-term client, I find myself reflecting on endings at all levels.

The research fellowship at City University provided me with the space in which to explore and formulate my own convictions about music therapy. The hypothesis that subsequently evolved dealt with purely musical models of functioning, and the assumption that through the study of musical processes much more could be discovered about music therapy itself. My ultimate fantasy was to complete my project, incorporating musical paradigms alone without having to explain these processes within the boundaries of the written word. "If a work of art could be conveyed through words, the art itself would lose its purpose, it would cease to exist" (Kaczynski, 1984).

Now, as I near the end of my fellowship, I feel a peculiar sense of dissatisfaction that comes from both relinquishing a position, unique in its standing within the profession, and also from leaving a department that provided me with a base for the furtherance of individual thought and debate amongst fellow musicians. To be involved within a music department and draw upon the whole spectrum of musical history and teachings has left me with the strongest sense that musically our profession is very much in its infancy.

In a recent piece of writing I compared the musical and therapeutic elements of a composition by Lutoslawski with a piece of therapeutic improvisation by a client from London Lighthouse. Many questions came to the fore, not least the realisation that if through this small study so many questions could be raised about both music and therapy, then there must be that much more to be learnt from studies of, say, a late Beethoven string quartet or a Mozart symphony. The endings involved in leaving behind a way of professionally existing that has incorporated both my love of music and music therapy, I cannot adequately express through words.

Research, for me, involves the discovery and investigation of a model of enquiry that must then be questioned, adapted or rejected, in seeking a methodological approach that adequately answers the hypothesis of your study. There are always problems in breaking away from a strict model or theoretical base, whilst concurrently retaining a clear perception of the basis from which your chosen avenue of debate originated. Paul Nordoff and Clive Robbins set down a way of working that was a basis for expansion and growth. In my ensuing work with people living with the virus H.I.V. and A.I.D.S. it was essential that I recognised the theoretical base from which my work had originated, whilst concurrently adapting, re-evaluating, and questioning the validity of their approach in working within this area. What transpired was the realisation that their standard could be adapted, clearly and easily, due to the belief of working through the music. What arises for me now is the hope that the Nordoff-Robbins model will continue to expand into other areas, for surely it is the model and not the client-group that constitutes its efficacy? Here a great sense of endings, in that, by journeying from the essential core I feel a sense of self-imposed alienation from my roots. Like a teenager leaving home, it is not always easy to return, either for long periods, or to recapture what was before.

I recently had to face the death of a client with whom I shared music for eighteen months. Francis possessed professional musical skills and demanded of me the highest musical standards for our therapeutic journey together: fifty minute improvisations of symphonic proportions and precise verbal
reflections from both parties. I grieve the loss of a brother-spirit, whilst rejoicing in the time we have spent together in music.

It’s too much to talk about. What can you say? So much pain. It’s a kind of combination of pain and distress, and anger, and acceptance and refusal to be resigned about it. So much sense of purpose, determination. So powerful. I don’t know where I get the energy from. I don’t feel ill afterwards. I always feel better, and that’s extraordinary. (Francis, session 25)

The fragility and delicate balance when working with endings is an integral part of all our work. By beginning we have to face endings. How do we help our clients face endings, and how do we face them ourselves? The ending of an improvisation can often point to the efficacy of the therapeutic processes during the interaction, or at the moment of contact or in a future development. Trusting endings is one of the most difficult but pertinent aspects of our work. Boundaries within music therapy raise similar questions. Is the therapeutic process open-ended? Do we set limits on sessions? On what criteria do we base our value-judgements? Working with near-death clients in many ways takes the above options away from both therapist and client. I remember vividly the first client referred to me from the hospice/palliative care department at London Lighthouse. How many sessions would there be? How could I formulate any kind of therapeutic forward thinking within this brief? I shared three sessions with this client and the process seemed to travel at lightning speed. Without a formalised ending and boundaries, at first I felt I was in a void of hopelessness. It was only on reflection over the three sessions that I was able to make any sense of positive endings within this context, over which I had no control.

Throughout my time at London Lighthouse it has been crucial for me to face issues of transference, boundaries, and endings, both in the sessions and through my own personal counselling. I do not wish to sound sentimental but I feel it necessary to say that my time working with people living with the virus H.I.V. and A.I.D.S. has been one of the most painful, humbling, but at the same time joyful and spiritual experiences of my life. As therapists, it is necessary to acknowledge our personal gain through our work. Mine has been richer than I could have ever imagined. It is a sad reflection, I feel, that no other therapists have acquired work within this field, especially in the more recent changing client group. I know from my own experiences that there is an ever-growing need and demand for music therapy within this field. It is my sincere hope that other music therapists may, in the future, begin to meet the challenge of working with people living with the virus. After two-and-a-half years I feel a great sense of just beginning.

Then he looked at Florentino Ariza, his invincible power, his intrepid love, and he was overwhelmed by the belated suspicion that it is life, more than death, that has no limits. (Marquez, 1985.)

References