Developing a Guitar-Based Approach in Nordoff-Robbins Music Therapy

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ABSTRACT: This article addresses the use of guitar in Nordoff-Robbins music therapy. Nordoff-Robbins has long been identified as an exclusively piano-based model and, as such, the extant literature has not closely examined the use of guitar within the approach. A two-year course of music therapy at the New York Nordoff-Robbins Center with a young boy diagnosed with Pervasive Developmental Disorder will be followed with the therapist utilizing guitar as the primary instrument. Interventions influenced by the guitar’s unique characteristics will be illustrated as will the integration of styles often associated with guitar such as rock, funk, country, and folk. The client’s clinical process and the therapist’s musical choices and rationales will be discussed in the context of key principles of Nordoff-Robbins music therapy.

As only the third person to focus on guitar as my primary instrument during the certification training program at the New York Nordoff-Robbins Center, I felt as if I needed to integrate 40-plus years of Nordoff-Robbins history with my identity as a musician. Piano was firmly established as the definitive instrument of Nordoff-Robbins music therapy while I was a guitarist/singer with stylistic roots primarily in rock, folk, and blues. The extraordinary command (both technically and clinically) in Paul Nordoff’s classically influenced piano approach seemed to establish a legacy so formidable as to appear practically impossible for a primary therapist to play another instrument and still call it Nordoff-Robbins music therapy.

The acceptance of guitar in Nordoff-Robbins was notably influenced by the work of New York Center co-directors, Alan Turry and Kenneth Aigen, documented in Aigen’s (2001, 2002) publications examining the clinical application of popular styles such as rock, jazz, blues, and country. These included examples of work with guitar and bass guitar, offering important insights into the use of these instruments and contemporary American idioms in Nordoff-Robbins. Aigen (2001) noted that a major principle underlying the Nordoff-Robbins approach to music therapy is the belief that a musical style, rhythm, scale, harmony, mode, or idiom can, in and of itself, be a clinical intervention. He wrote: "It is not as if there is an inherently non-musical experience which one is conveying through a particular musical form; rather, the musical form itself is the intervention" (p. 16). Surely, this key concept was not exclusive to the piano.

Like the piano keyboard, which moves horizontally (left to right or vice versa), the guitar can produce a chromatic scale upon any of its six strings. However, the guitar includes a vertical element, as well. In standard tuning, the vertical intervals of the open strings move in perfect fourths from the sixth to the third string. The interval from the third to the second string is a major third and a perfect fourth appears, once again, from the second to the first string. This three-dimensional “matrix,” as jazz guitarist Pat Martino (personal communication, May 15, 2004), has depicted the guitar fingerboard, produces its characteristic geometric chord shapes and multi-string melodic patterns. The guitar’s distinctive timbre, produced by the direct action of fingers or guitar pick on the strings, responds to light touches, as well as a vibrant, percussive approach which can generate complex rhythms. Its strumming, finger picking, and single-string approaches may incorporate expressive techniques unique to string instruments such as vibrato, rapid picking tremolo effects, bending of notes, the use of harmonics, and altering tone quality by the style of picking. A guitarist can also utilize various alternate tunings which produce rich, modal harmonies. Finally, the guitar’s portable size allows for freedom of movement and, often, closer proximity to the client than the piano.

These qualities of guitar can lead to vastly different musical and clinical decisions than the piano. The case study described here illustrates how the guitar both influenced and responded to a series of naturally evolving conditions, needs, and choices. Because Nordoff-Robbins is, to a great degree, an improvisational approach, I maintained a constant balance in sessions between thinking clinically and remaining “poised in the creative now” as Clive Robbins (cited in Turry, 2001) has put it. When both client and therapist become deeply immersed in the moment, the music arising out of their collaborative process may inspire a level of participation that transcends habitual identity, thought and behavior patterns. The client’s integration and generalization of these experiences can form the basis for penetrating clinical progress. Aigen (1996) wrote:

The efficacy of any course of music therapy is determined by the degree to which the therapist can fully insert his or

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The author would like to thank Clive Robbins, Kenneth Aigen, Barbara Hesseler, and the entire New York Nordoff-Robbins Center staff for their support, inspiration, and feedback during the certification training and preparation of this article.

Special thanks to New York Center co-director, Alan Turry, the author’s training supervisor and co-therapist in the article’s case illustration. His expert clinical guidance as well as his ability and experience on guitar provided invaluable assistance in helping the author to assimilate and integrate Nordoff-Robbins approaches for work on guitar.

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her own being into the music and elicit a similar commitment on the part of the child. Once this is accomplished, all the variety of dynamic experiences latent in the various musical forms become accessible to the client—experiences not typically available to the child due to his or her pathology (p. 12).

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Case Study: Thomas

The following case study traces a course of individual music therapy at the New York Nordoff-Robbins Center for Music Therapy commencing October, 2000, and concluding June, 2002. The personnel in the session included myself and co-therapist, Alan Turr. Our client was Thomas, a 2½-year-old boy who had been diagnosed with Pervasive Developmental Disorder and motor planning problems. He had not developed any language, nor had he vocalized much at all beyond crying. He was highly anxious and could not settle down to take naps or sleep peacefully through the night. He had poorly developed body awareness, and did not use his hands to purposefully manipulate objects such as eating utensils, door-knobs, or toys. As he began to walk, he seemed not to know fully where he was in space, and his mother reported that he was “literally walking into walls.” Social interaction was essentially non-existent other than nervously clinging to his mother. He could not tolerate crowds, ignored his 4-year-old brother, and did not engage in sustained play.

Assessment

Thomas seemed to respond positively to music during his first session. As I improvised a gentle, folk-ballad style greeting song, he swayed from side to side, made eye contact and smiled several times, revealing glimpses of an engaging and attractive personality. Otherwise, his facial expression remained flat and he often seemed to focus off into space or up towards the ceiling. He appeared to be musically sensitive, however, as evidenced by alert glances and changes in swaying motion in response to variations in harmony and rhythm. He did not seem to like it when I slowed the music down or stopped playing, as he would turn anxiously to his mother (who attended his first seven sessions) until the music started again, whereupon he would recommence his swaying.

Thomas grasped several instruments that we offered in the first few sessions, such as shaker eggs and small bells, but he held them only for a moment before dropping them or tossing them a foot or two away, and he did not utilize them in any musical manner. He showed no interest in any other instruments in the room and moved to the door several times within a half-hour session. Although he did not appear overly distressed, when his attention was not fully engaged, his thoughts seemed to turn to leaving. Based on the first few sessions which proceeded in this manner, along with information provided by his mother, I formulated the following initial clinical goals for Thomas:

1. To tolerate a full session without attempting to withdraw
2. To utilize instruments with musical purpose and intent
3. To develop ability to initiate and sustain musical interaction
4. To increase body awareness through playing instruments and movement in response to music
5. To develop use of voice.

Physical Closeness and Single-string Melodic Playing

During the third session, Thomas moved freely about the room and interacted comfortably with the co-therapist and me. He would not engage musically, and after about 15 min, he became lethargic and sat down. I tried some energetic music but in spite of this, he fell into a deep sleep. We did not end the session, however, and with Thomas asleep in the co-therapist’s lap, I moved in close with my guitar next to his body.

I played softly and with simplicity, improvising a slow, single-note melodic line in A minor on the bass strings without harmony, while singing in unison. I thought the full, earthy vibrations of the bass strings might be comforting and more easily “felt” in his sleep state. The warm resonance of the acoustic guitar allowed for this type of unadorned playing to make a complete statement. This would be the first of many times where the guitar’s small size and capacity for this level of intimacy became an important aspect of therapy. The deep minor guitar and vocal melody sounded reverent—a bit like a Gregorian chant. Thomas’s mother was moved to weeping as she witnessed the relaxed state of her little boy who could not sleep. Thomas left the session sound asleep and his mother reported that his sleep patterns at home began to normalize following this session.

Altered Tunings and Modal Music

A few weeks later, Thomas arrived for his session having fallen asleep in his stroller on the way to the Center. Clearly, he was learning to take naps. This time, however, I decided to wake him. I asked his mother to move him gently while I sang and played a rubato melody, primarily in the Dorian mode rooted in D. I tuned the low E on the sixth-string down to a D (often called the lowered-D or drop-D tuning), creating a full, modal sound. Although I did this primarily to provide an encompassing musical environment into which Thomas would awaken, it is notable that, throughout history, specific attributes have been ascribed to the modes. Socrates believed that the Dorian mode “emboldens warriors and helps them to accept and cope with setbacks” (James, 1993, p. 57).

Thomas did, indeed, seem emboldened and encouraged by this music. As he became more alert, I offered the chimes to
him and, to my surprise, he reached out and began to play them. This was the first time he had actively participated in music. As in the previous example, I was positioned very close to Thomas as we sat on the floor together creating an intimate circle of sound. The pulse remained relaxed, yet the sound of the modal guitar and chimes swelling and receding together created a moving experience as an awakening awareness of our musical relationship seemed to stir within Thomas.

The lowered-D tuning is very versatile, and can be used to create varying ambiances. It provides stability and fullness with its organum-like chord in the bass notes (see Fig. 1) as the low D on the sixth string is sounded along with the open A of the fifth string and the octave of the open D on the fourth string. It does not require much re-tuning so one can move in or out of it quickly depending on its effectiveness. Many different altered tunings are commonly used in folk, blues, and rock music providing rich chords with modal-sounding harmonies not easily achieved in standard tuning. They can also enhance the interpretation of idioms which typically utilize a modal approach such as certain types of Asian and Middle-Eastern music, even “new age” styles.

**Country-Rock Free Improvisation and Movement**

Thomas began sharing greater trust and enjoyment, and beginning with the eighth session, his mother stopped coming into the music room. Chime playing was still the only active playing in which he was willing to engage, and although it initially seemed significant, it soon became difficult to discern whether he was interacting musically or lost in self-absorption. As we experimented with other ways to involve him, a musical theme developed with an energetic Irish-jig influence during which the co-therapist supported Thomas’s participation in the powerful dance rhythm by helping him to jump on a large drum. Thomas seemed to love this, and soon a second section developed wherein Thomas held his hands up above his head, which meant he wanted to co-therapist to lift him up, and move him around in a flying motion. During this, I switched to a freer, less pulse-driven theme in ¾ time, with full chords in a minor key.

This piece was revisited in numerous sessions, and began to evolve. During a particularly active session in the fifth month of therapy, Thomas was jumping enthusiastically and smiling joyfully. Employing my “rock” influences to compliment his animation, I improvised freely over the solid rhythm of Thomas’s assisted drum-jumping. The Irish flavor originally in this activity transformed to something more country sounding. I used no chordal accompaniment, allowing the driving country-rock style single-string and two-string interval (primarily 4th’s and 5th’s) lines, along with the pounding drum, to define the character of the piece.

This invigorating music offered a striking contrast to the mellow waltz of the “flying” section, during which Thomas suddenly let out a melodic “ooo” vocal sound. It was the first time he had used his voice. I immediately picked up my guitar and came up to him, continuing the music face to face, in order to acknowledge and enhance this momentous clinical breakthrough. I reflected his tone, and then initiated some of my own to see if he would respond to me as we moved around the room. He did, but only on the vowel sounds “ooo” and “ahh.”

The “drum-jumping” and “flying” music alternated many times based on Thomas’s cues, and the extensive reciprocal vocal interplay continued throughout the remainder of the session. The key interventions involved my freedom of motion with the guitar, as well as its versatility in shifting between unaccompanied, propulsive melodic lines and relaxed, spacious chordal sounds. Following this session, Thomas’s mother reported dramatic progress with his speech therapist, increased vocalization (with occasional singing), and the beginnings of word use at home.

**Beyond Rhythmic Strumming**

Eventually, Thomas began to engage in brief moments of playing on melodic instruments such as the xylophone. Although using his hands and interacting musically seemed meaningful, his involvement was fleeting and unpredictable. I still often gravitated towards folk-influenced strums typical acoustic guitar. The feel of the music could range from energetic to calm, but it was generally rhythmic, consonant, and full-sounding. I had hoped Thomas would want to add a musical part on top of these secure accompaniment patterns provided by the guitar but this approach met with little success.

Instances of Thomas’s early melodic instrument playing were mostly in response to unstable music such as “bluesy” bent notes slurred into micro-tones, sudden pauses, dissonant intervals, unresolved melodic lines, surprising shifts in dynamics, rhythm, or harmony. This music seemed to capture his attention, and to call for his participation in order to help find some organization and rest. Nordoff supported this kind of approach, in contrast to using the simple melodies usually thought of as children’s music, asserting, “when we’re improvising for a child, we can bring in tension, release it, bring it in, deepen it, intensify it. Use tones that have an urgency to go somewhere” (Robbins & Robbins, 1998, p. 123). Robbins (personal communication, May 24, 2002) also encouraged this, stating that the ability “to move the music, not just have it be a comfortable thing, is the essence of our work.”

**The Funk Idiom**

I began the twenty-third session (in the eighth month of therapy) by, once again, strumming full chords and singing a
A sense of shared responsibility began to develop in our improvisations, as he acted with more initiative and generated more musical ideas. During this final session of the year, Thomas played a G pentatonic xylophone. I accompanied without a fixed pulse using lightly picked major and minor thirds, single-string playing, and moments of silence as I responded to Thomas’s reflective playing, pauses, and glissandi. Nordoff described thirds as positive statements of inner balance (Robbins & Robbins, 1998, p. 36).

This delicate music was characterized primarily by these simple intervals on the treble strings without any bass, and much use of musical space as Thomas improvised his melody. As in earlier examples, we were quite close to each other and, without any dissonances, dense harmonics, or excessive movement, the guitar’s potential for quiet intimacy was key in this music. Perhaps this music offered a few moments of serenity and calm co-activity which Thomas may have seldom experienced elsewhere.

Spanish Idiom

After the two-month break for the summer, we began our second year of therapy. Thomas was far more lively and extraverted, moving around the room freely and playing drums, cymbals, piano, and other melodic instruments. His playing, although still sporadic, displayed increased musical organization. He also vocalized loudly with elongated, musical phrasing, often on the word, “no!” Rather than being an objection to anything in particular, it seemed more to reflect Thomas’s awakening sense of personal power and his increasing comfort with “artistic license” for self-expression in the music room.

In trying to find the right music to compliment his energy, I was drawn to music in a Spanish idiom. Spanish music is usually considered to have a strong rhythmic component, but it also has a unique way of holding and releasing tension. Turry explains:

The harmonic cadences can be more subtle than in rock or jazz—they can be extended and the rubato playing serves to stretch out the resolutions of phrases. There is less feeling of being locked in a groove by a steady tempo, and more of a feeling of constantly renewed rhythmic drive (cited in Wagner, 1999, p. 9).

This music provided containment without confinement in response to Thomas’s free playing, singing, and varied activity in the room.

The guitar has long been associated with Spanish music and was a perfect vehicle for its rhythmic and dynamic flexibility. It allowed us to establish a forceful rhythm, then quickly shift to quiet rubato single-string playing, rapidly strummed chords, even a charged silence, and then back into a compelling pulse. Because of the idiom’s adaptability, along with the guitar’s suppleness, Thomas’s mercurial participation did not feel disjointed. Within the embrace of Spanish music, his musical impulses formed the basis for various movements in a coherent whole.

I often utilized a simple but effective chord configuration to

melodic vocal line, trying to inspire Thomas to join me by playing the beautiful tones of a C-diatonic metalophone. One thing he discovered about this particular metalophone was that even though its tone bars were fastened on one side, they were not fastened on the other. This enabled him to pick up one side of the bar and let it drop with a metallic “clang.” For Thomas, this seemed to be more appealing than playing with a mallet, and he paid little attention to me or my music. Applying one of the most fundamental principles in Nordoff-Robbins music therapy, I decided to accept what he was doing as an emotional-expressive reality in the situation and meet it musically (Nordoff & Robbins, 1977, p. 27). I abandoned the idea of trying to encourage pleasant-sounding music and began to play chords containing dissonant intervals such as flat-seven, sharp-nine, tritone, flat-nine. Every time he dropped a bar, I hit a dissonant chord with a harsh attack, reflecting the sound of the falling metal bars.

We proceeded in this manner and, at one point, I played a rapid, dissonant chord triplet. The co-therapist seemed to recognize it as a “funk” reference and, in response, sang out a James Brown-like “Org!” Funk music frequently utilizes dissonant intervals, but, certainly its most defining feature is its relentless, syncopated rhythm. The guitar is uniquely suited to playing this polyrhythmic, percussive music. As I added a “funky” strum to the dissonant chords I was playing, Thomas suddenly stopped what he was doing, raised his head and looked around with an expression that clearly indicated his awareness of this new music. With a little smile on his face, he picked up a mallet and started to play in tempo with the guitar.

As we continued, there were times when Thomas began to show signs of losing contact with the feel of the music or went back to dropping bars. The contrast between the powerful “groove” implicit in the funk style and Thomas’s wavering time and inconsistent playing represented an important lesson for me. As Turry later commented, “I think you broke out of a certain habitual way that people use guitar where the tempo stays in one place so you can then sing above it” (personal communications, May 24, 2002). Guitarists can become conditioned to using the instrument in this manner. In this case, I needed to be responsive to Thomas’s rhythmic deviations if I was to maintain contact with him. This required me to diverge from a strict “funk” interpretation by slowing down at times, leaving space as necessary, returning to the music of dropping bars for a bit. Yet, even when his rhythm faltered, the subliminal momentum that the funk idiom established seemed to provide an impetus that impelled Thomas on and unified our music. By allowing for this malleability with my time and music, I kept Thomas engaged and successfully used the funk idiom for the most interactive and sustained playing he had yet achieved.

Interval Playing Using Major and Minor Thirds

We had come to the last session of Thomas’s first year of music therapy before a summer break. By this time, he had played drums as well as other melodic instruments and piano.
function as a foundation. By playing a first-position E chord, then moving the entire chord-shape up a half-step, the internal triad was brought to an F. The open treble E and B notes continued to sound as I shifted the internal triad up another full step to G major. The low E bass also remained constant against the tonic half-step/whole-step movement of the internal chords, suggesting the Phrygian mode rooted in E. These chords, played one at a time, in sequence, ascending or descending, produced a clearly recognizable Spanish flavor that served as the departure point for diverse variations (see Fig. 2).

Tension/Resolution Using the Diminished Chord

Midway through the second year, a pivotal song developed. “Let’s Go!”, as it became known, had a bouncy, syncopated feel with Caribbean and Latin influences. With a little assistance from the co-therapist, Thomas quickly picked up on the idea of his drumbeat landing on the first downbeat of the two-bar chorus. This was not planned, but once it took shape, we were able to expand on the concept. I held a V chord while singing, “Let’s...” for an extended period until Thomas hit the decisive drumbeat on “Go!”, which, in turn, led us to the beginning of the progression. Thomas seemed to derive great joy from this discovery of a specific part to play and in having such an important role in controlling the flow of the music. “Let’s Go!” originated with a verse and a bridge but these became extraneous as we played the two-bar chorus countless times per session. Because of the interaction, fun and variation involved in this perpetual cycle of tension/resolution, it never became boring. “Let’s Go!” established itself as a very important clinical theme, lasting many months, virtually never failing to arouse Thomas’s interest and inspire his involvement when his attention would wane (see Fig. 3).

As the piece evolved, I began transforming the “turn-around” V chord, a D7, to a diminished chord simply by raising the open D note on the fourth string ½ step to a D#. This one note alteration in the harmony greatly increased the suspense of the fermata as I sang “Let’s...”. Nordoff (cited in Robbins & Robbins, 1998) called the diminished chord, “one of the most powerful chords in music” and one “that you can really say is a chord of conflict” (p. 47). Sometimes, I moved back and forth between the D7 and the diminished harmonies by alternating the D and D# notes in the chords (see Fig. 4). Because a different inversion of the same diminished chord-shape repeats itself every three steps (minor 3rd) on the guitar, I was also able to use a rapid-tremolo strum while shifting the diminished chord-shape up and down the guitar neck.

Through these methods, the resolving beat could be held off indefinitely while generating dynamic movement and continuously escalating climactic energy. During this music, Thomas jumped with exhilaration and looked at me expectantly, reveling in the sustained musical tension until his drumbeat brought us back to “Go!” This process noticeably strengthened our musical relationship, as well as Thomas’s confidence and self-awareness.

Adaptation of a Nordoff-Robbins Pre-Composed Piece for Guitar

Thomas’s parents informed me that, although he was achieving important developmental milestones, he was unable to sustain attention for long at home or at his preschool. For example, he would occasionally sit down to draw, but he would typically make a line or two and then abandon the project. Likewise, his music still gave the impression of being a series of fragmented sections which could be discontinued at any time. Consequently, about three quarters of the way into our second year, a new clinical goal emerged:

To further the experience of music as an aesthetically meaningful whole, sustained to a sense of completion.

I introduced “Simon’s Bells,” a composition by Suzy Nowikas (1999). This flowing ballad utilized a simple five-tone ascending and descending melody in a major scale that was easy to play, but supported by a beautiful harmonic accompaniment providing movement and tension. As with many compositions used in Nordoff-Robbins therapy, “Simon’s Bells” was arranged primarily with piano in mind and, as originally written, the piece was in the key of E flat. To adapt it for guitar, I transposed the song to the key of D, since, on
guitar, this key would use open strings to better advantage. I wanted to bring out a fullness in the harmonies with the sustained tones of open strings, and I again employed the lowered-D tuning for increased depth of sound. The key of D also offered the ability to color periodically with the bell-like D-triad harmonic tones on inner three strings of the seventh fret. I made further use of sustained tones by adding an open E string in the D chord and an open B string in the A chord of the piece. These open-string ninth chords increase the sense of expansiveness in the harmony (see Fig. 5).

Playing an arranged melody was well beyond what Thomas had done thus far, but I hoped he would come to see the piece as indivisible, finding fulfillment in seeing it through to its conclusion. A metalophone was set up with the first five tones of the D major scale, leaving space between each bar to make it easier for Thomas to strike the tones precisely using a mallet. We worked with “Simon’s Bells” over several sessions, playing it numerous times. Various methods were utilized in helping Thomas to master the piece. While I sang the lyrics and played guitar, the co-therapist demonstrated Thomas’s part, assisted him hand-over-hand, pointed to the tone bars he needed to play, covered all the bars except the ones he needed to play.

It was certainly a more directed process than the free improvisations we had done previously but, instead of resisting or ignoring us as he surely would have in the past, Thomas accepted the challenge. He learned his part, playing the tones mindfully, in the correct order and in time with the harmonic movement. He had some trouble with the descending section, but made a concerted effort, seeming to appreciate both the aesthetics of the music and the piece as a whole. The ringing sounds of the metalophone supported by the lowered-D tuning with sustained open strings, ninth-chords, and occasional harmonics, produced music rich with overtones and texture. By discovering the intrinsic reward in realizing the composition, he achieved new levels of organization, focused attention, and collaboration.

Experiments with “Heavy Metal Rock”

As we approached the end of the second year of therapy, I noticed that Thomas responded with multiple drum beats during a slow improvisation characterized by minor seconds and flat sevenths. This felt like a meaningful path in pursuit of our goal of musical continuity, since he had not yet played a basic beat or sustained drum pattern. I developed the improvisation into a more established piece. Once again, I made use of the lowered-D tuning.

In this instance, the tuning did not create the comforting ambiance which initially inspired Thomas to play the chimes or the lush accompaniment of “Simon’s Bells.” A dragging rhythm and melodic movement of tonic-minor second-minor seventh, in combination with the constant low drone of the D-tuning, conveyed a somewhat ominous mood. The entire first position D chord-shape shifted up ½ step to E flat along with the melody, creating dissonance against the constant D bass and I let the top, open E string also occasionally ring-out (using the D9 chord-shape) against the E flat melodic movement, adding additional dissonance. The overall effect was dramatic, as well as unsettling. I have utilized this tonic-minor second-minor seventh structure with many clients to foster music that integrates a firm sense of grounding with a brooding tension, such as rap music. It contains Phrygian and Middle-Eastern elements, but in this context, with the lowered-D and full, dissonant chords, it sounded like “heavy metal” rock music (see Fig. 6).

The four-beat rest, beginning on the second beat of the bar, divided the repeating melodic phrase and offered far less rhythmic clarity than did “Let’s Go!” with its inevitable, single drumbeat. The heavy momentum of the music seemed to demand that something be inserted in that uneasy silence. Thomas rose to the occasion, filling the pauses with forceful, multiple drumbeats. Although he never quite established an independent basic beat, he did consistently create the rhythmic links which unified the piece (just as a rock drummer provides drum-fills to join melodic sections). As with “Simon’s Bells,” the composition called for Thomas to sustain an assertive, integral part, absorbing him deeply in the music.

Treatment Outcomes

Thomas had come to a point in music therapy where he was able to thrive in the creative environment. He was 4 years old as we came to the conclusion of his individual sessions, and his parents reported gains in many areas. He slept normally. He was far more physically coordinated, and used his hands to manage activities and implement skills appropriate to his age. Socially, he had grown significantly. He had friends, sang with groups in school, and played with his brother. His parents read him stories which he previously would not have had the focus or patience to enjoy. He tolerated crowds, such as parties and public events, and his parents even reported taking him to the circus which his father described as “a big thing.” He understood and appreciated humor, and his verbal and non-verbal communication improved in spite of significant delays in his expressive language that remained.
Perhaps the most striking change in Thomas was his sense of fun. When he first arrived for music therapy, his affect was flat most of the time. His periods of animation gradually increased as the therapy progressed. During our last session, Thomas jumped with excitement, smiled brightly with direct eye contact, and radiated a vitality that was barely present earlier in the course of his music therapy. As he filled in the key lyrics of our last “good-bye song,” the words were not always fully articulated, but his joy and enthusiasm expressed more than his language. It was decided that Thomas would continue in music therapy the following year. A dyad or small group was recommended in order to further his growth in social interaction, focus attention span, and communication skills.

Conclusion

There is no doubt that the guitar and its unique attributes provided specific opportunities for therapeutic work which were valuable for Thomas. Certainly, the guitar’s (as well as my own) propensity for particular styles strongly affected the musical choices. Rock, folk, country, funk, and Spanish idioms are all well expressed on guitar, and are highly identified with the instrument. Intrinsic potentials in these forms determined much of the direction which defined the course of therapy.

The guitar’s size, in addition to offering the benefit of movement, may have enhanced Thomas’s overall feelings of trust and mutuality. I was able to face him directly and, at times, be very close to him, encouraging spontaneous eye contact and a sense of intimacy. The guitar did not greatly outsize him or any of the instruments he used, and with its relatively limited harmonic density, Thomas might have appreciated the prominence of his musical efforts.

However, to inspire his participation, it seemed the music needed to convey a sense of flux, offering opportunities for his role to be essential, not merely ornamental. As I learned, this necessitated that I consider techniques beyond predictable rhythmic strumming with full, consonant chords and dependable tonal resolution which, at first, might have seemed indicated with such a young and tentative child. More fertile interventions involved unaccompanied single-string lines or two-string intervals, moving diminished clusters, shifting chord-shapes against sustained open strings, altered tunings and making optimal use of the guitar’s sensitive percussive nature. These quintessential guitar approaches generated the tensions, dissonance, modal influences, diverse harmonies, and flexible rhythms that served as contexts for Thomas’s contributions to emerge as vital artistic collaborations.

Kennedy (2001) has reported that, according to university music therapy program directors, “singing with strumming accompaniment” is regarded as the most essential guitar skill, with close to 100% requiring this proficiency. Other important guitar proficiencies identified also related primarily to accompaniment skills, while improvisational proficiency was mentioned by only approximately 30% of those responding (p. 131). Expanding the conception of guitar in clinical practice beyond habitual and limiting rhythmic strumming or finger picking approaches is not really a matter of all music therapists cultivating expert technical skills. Rather, it is a matter of modifying the dominant perception of the instrument.

When I entered the Nordoff-Robbins certification training program, I was challenged to consider how this music-centered approach typically executed by highly adept pianists translated to guitar. Singing was sometimes a factor, sometimes not. Utilizing the guitar simply as an accompanying instrument was not an option. My work with Thomas and other clients at the Center immeasurably enhanced my understanding and practice of music therapy. As Nordoff-Robbins continues to include guitar and its related styles, additional case studies and other guitarists with diverse influences will emphasize different musical techniques, forms and potentials, offering further insights.

References
