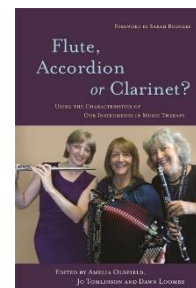


BOOK REVIEW

Flute, accordion or clarinet: Using the characteristics of our instruments in music therapy (Oldfield, Tomlinson & Loombe, Eds.)

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Title: Flute, accordion or clarinet: Using the characteristics of our instruments in music therapy **Editors:** Amelia Oldfield, Jo Tomlinson & Dawn Loombe **Publication year:** 2015 **Publisher:** Jessica Kingsley Publishers **Pages:** 344 **ISBN:** 978-1-84905-398-3

REVIEWER BIOGRAPHY

Fontane Liang has worked in the NHS (UK) specialising in adult mental health. In her private work, she has worked with children with special needs, including autism, hearing and visual impairment. After training as a neurologic music therapist, she has worked privately in neurorehabilitation. Currently she is working with adolescents at the Institute of Mental Health and in dementia care at Ng Teng Fong General Hospital in Singapore. She is also a freelance professional harpist and has performed with the London Sinfonietta, Royal Liverpool Philharmonic and Singapore Lyric Opera. [Quoting_Fontane_LIANG@imh.com.sg]

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Music is nothing more or less than a disturbance of the air [...] Music inhabits this world of vibration by pipe, by string, by skin, by block, and this in turn is what resonates with the human being. (p. 9)

This beautiful passage in the *Foreword* by Sarah Rodgers sets the intimate tone for this book. Set across 14 chapters, each one is dedicated to a particular instrument. At least two music therapists contribute to each chapter, reflecting on the use of their first-study instruments in the clinical room. There was an international representation amongst the authors, although most were from the UK.

At first glance, one will quickly notice that the instruments covered in this book are mainly European-centred and traditionally Western orchestral instruments, with the addition of the accordion, guitar and the saxophone. Interestingly, the editors found it difficult to find contributors who play the French horn, hence this particular instrument was not featured. The editors explain in the *Introduction* that it was a conscious decision not to include percussion, keyboard or voice, as these have already been covered extensively in current music therapy literature. Indeed, in my opinion, the use of percussion, keyboard and voice might even be considered a 'standard care' or 'baseline' of instruments used in music therapy. Since training courses in the UK audition prospective students based on their first-study (or second-study) instruments alongside keyboard and singing skills, it would make sense to look at the practical use of these first-study instruments in everyday clinical practice. If clinicians or music therapy students have doubts on the use of their first-study instrument in clinical work, they could look to this book for inspiration and ideas.

The way the book is structured means the reader can hone in on the chapter relevant to their own instrument or interests. Usually music therapy literature is structured around a particular client group or clinical setting. In this book, however, it is refreshing to read about clinical work from an instrument-choice perspective. I was particularly interested in the chapters on *Harp* (being a harpist myself); the *Flute* (as it is an instrument I played a long time ago but never thought of using because I do not view myself as a professional flute player); the *Cello* (because I adore its sound and have often imagined its use in clinical sessions) and the *Guitar* (as this is a compulsory instrument for music therapists who train in the USA but not for those trained in UK). I was pleasantly surprised at the little homage to Juliette Alvin in the *Cello* chapter; founder of the music therapy course at my alma mater, Guildhall School of Music and Drama, and someone who did use her cello extensively in her clinical work (Alvin 1966).

Each chapter begins with a brief 'Introduction' to the instrument, its history and the note range, reminiscent of orchestration books. Each contributor then shares their very personal relationship with their instrument and illustrates the use of their instrument through case vignettes. The chapters end with a summary of the characteristics of these instruments as therapy tools and the advantages and disadvantages of using these instruments. It is this section that relates back to the title of the book – '*Using the Characteristics of Our Instruments in Music Therapy*' – and, without which, the book would chiefly be a collection of case vignettes categorised according to the main instrument that featured in the vignettes. I found this last part to be most insightful for informing clinical practice; as even if the reader does not play a particular instrument, he or she can identify with the characteristics and think about how to apply them to one's instrument. Conversely, understanding each instrument's natural limitations that affect the therapy process, could spur the reader to look for alternative instruments or musical tools instead. In my own search to discover ways of using the harp in the sessions, I was faced with the issue of portability and safety vs. depth of sound for grounding. I came to accept that if I wanted to use my less-dominating, portable lap harp, I would not be able to play lush, low-register bass notes and rich chords. Therefore, I found a compromise through supplementing with the Korg Kaossilator, a portable electronic sound synthesiser that allowed me to loop in bass notes and chords, whilst playing the harp acoustically.

Across the chapters, I found the contributors knowledgeable and creative in the use of their instrument in the clinical settings. Whilst some generalised about how a characteristic of their instrument allowed them to attune to their client – for example, movement and mobility, pitch-bending ability – others were more detailed in describing what they actually played in the session, some even to the extent of transcribing what they played. The more detailed documentation might be useful for clinicians and music therapy students looking for concrete examples of musical material. This was also useful in helping me to expand my thoughts on how I might use an instrument in less conventional ways and also to be aware of other available techniques for a client. Whilst training, we were introduced to basic guitar skills that mostly involved the guitar as an accompaniment. In the *Guitar* chapter, the reader is invited to view the guitar in a melodic capacity and consider use of slide guitar to imitate the human voice. I find the latter suggestion a novel technique for clients who want to try this instrument but get frustrated by stopping strings to strum chords. I also recently introduced the violin and cello into my sessions as requested by some clients. The experiences of violin- and cello-playing music therapists of introducing their first-study instrument to their client gave me ideas on

how to explain the basic skills for sound production to clients. Hence this book is not only for those who want to know about the characteristics of an instrument they already play, it can also be a reference for how to introduce instruments that are less familiar to the therapist into the session.

I used to wonder how other harpists might use their instruments in therapy, and it was not until I met fellow harp-playing music therapists at work that I began to find out more about using the harp in a clinical setting. It was comforting to know that they had similar concerns about bringing their large pedal concert harps into the clinical setting. For those who might not have had the opportunity to meet fellow music therapists who use the same instrument, this book brings these fellow instrumentalists to you. I find this book a group therapy of sorts, as it compiles contributors' reflections on their relationship with their instruments, considerations of identity, and their concerns about their instrument even before the client enters the therapy room. These were all issues that we touched upon during training, but which I had never really thought about too much – having had minimal clinical experience, they did not seem a major concern. Looking back, it would have been useful to have conversations with fellow instrumentalists about the dynamics and emotions of shifting one's playing and instrument from the concert hall to the therapy room. I appreciated, in particular, Dunn (p. 31) talking about how one's instrument is an extension or a pared-down core version of oneself, creating a sense of a joint openness and vulnerability between therapist and instrument which allowed him to be real in the therapy room. Warnes' reflection (p. 151) on the difference between using instruments in professional playing and in clinical settings, and Harrison's drawing of parallels (p. 171) between aspects of becoming a violist and a client's change in therapy, were striking for me as well, as they shared how they juggled their identity as a professional musician and a music therapist.

I had a recurring thought whilst reading this book – certain instruments seem like they would work better with certain client groups. Should therapists then play to their strengths, so to speak, knowing that their particular instrument works better, for example, in palliative care? Specifically, two chapters in the book – on *Accordion* and *Harp* – had an additional section. The *Accordion* chapter touched on the social and cultural aspects of the accordion and the *Harp* chapter covered harp-therapy training and music-thanatology training. Both sections highlighted unique uses of the instrument which might not be achieved by other instruments because of deep-rooted historical associations that might even border on spiritual associations. I wondered if clients who are asylum-seekers and refugees from the Middle East might find it easier to relate to an accordion-playing music therapist. The portability of an accordion, drums and guitar also seemed to make them an ideal musical and logistical choice, to take into camps and sites (Refugee Council 2018). Reading the section on music-thanatology (pp. 192-196), I was reminded of an earlier invitation to work in palliative care and personally inspired to consider the distance-learning course.

The book highlights the characteristics of the different instruments, but each individual reader has to be creative in harnessing them. This book could be viewed as a handbook that therapists may revisit to remind themselves of the characteristics of their instrument that can hinder or help the therapeutic process. Coming to understand the unique and contrasting characteristics of each instrument, I began to wish I played an entire orchestra myself! However, this would not be feasible, and mastery of an instrument is more important than variety in order to truly communicate with a client. Perhaps clinicians could turn to this book to look for inspiration in deciding which instrument to add to their musical arsenal. I will never quite be able to mimic the human voice's ability to bend

pitches on the keyboard or harp, the two instruments I use in my clinical sessions; and this led me to begin wondering, why not revisit the flute – an instrument I played when younger and whose characteristics seem to fill the gap in my musical toolkit. So, I was thankful for this book for inspiring me to begin to explore this idea.

I found this book approachable and almost ‘light’ reading because of the amount of case vignettes. There was some analysis of the musical choices in relation to theory, but compared to most other music therapy literature, the references were not extensive. What we are missing in the literature is the application of theory and its translation into music in the therapy room. Perhaps future endeavours could go a step further and compile a handbook of playing techniques for each instrument which can be used in the therapy setting. Whilst this might sound prescriptive, this could be a useful starting point for music therapy students, and even other musicians who work in health and special education settings, who might like to widen their musical toolkit. After all, as instrumentalists turn to etudes and studies to hone their technique, we as music therapists could do with an equivalent “Etudes for Music Therapists” to hone musical therapy techniques specific to our instruments. As more music therapists reflect on the use of their first-study instruments in the therapy room, I wonder if there might be further instalments of this book, with more contributors sharing about the use of their instrument in ways not already mentioned or covered in this book. I would also hope that future developments of this book could include a widened range of instruments – first-study percussionists, vocalists, instruments from other cultures, or possibly even electronic instruments like the Ableton LaunchPad – but with the same criteria that contributors have used that specific instrument extensively in their clinical work. This time we will have the French horn!

REFERENCES

Alvin, J. (1966). *Music therapy*. Michigan: Basic Books.

Priestley, M. (1994). *Essays on analytical music therapy*. Gilsum, NH: Barcelona Publishers.

Refugee Council (2018). *Therapeutic services. Supporting and empowering asylum seekers and refugees: A toolkit illustrated with case studies*.

Retrieved from: https://www.refugeecouncil.org.uk/assets/0004/2163/Toolkit_Therapeutic_Services20171122.pdf.