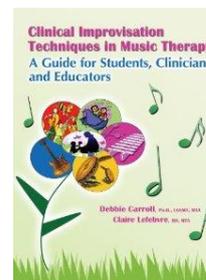


Clinical Improvisation Techniques in Music Therapy: A Guide for Students, Clinicians and Educators (Debbie Carroll & Claire Lefebvre)



Reviewed by Grace Watts

Title: Clinical Improvisation Techniques in Music Therapy: A Guide for Students, Clinicians and Educators | **Authors:** Debbie Carroll & Claire Lefebvre | **Publication year:** 2013 | **Publisher:** Charles C Thomas | **Pages:** 106 | **ISBN:** 978-0-398-08890-3

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Improvisation; a central tenet of music therapy wherever it is practised in the world. For students, it can feel and mean lots of things, and requires creativity and bravery if they are going to begin to explore what can often feel like familiar yet unknown territory. For many clinicians, it can be one of the most rewarding aspects of the work; the meeting of therapist and client through a musical experience unique to that encounter that not only helps to facilitate positive change but is also aesthetically fulfilling and meaningful. For educators, their role is to help guide the way through this inexhaustible and boundless sound world of possibilities into an art in itself, which defines and characterises who music therapists are, particularly those working with improvisational models of music therapy.

That familiar yet 'esoteric' feeling which can surround improvisation is what Debbie Carroll and Claire Lefebvre aim to demystify in their guide for students, clinicians and educators through setting out their vision of a clear and systematic taxonomy for understanding and approaching improvisational

techniques. Inspired by Bruscia and his works on improvisation (Bruscia 1987), and their joint experiences of having taught improvisation courses as part of the music therapy programme at the Université de Québec à Montréal, Canada for over two decades, this guide aims to offer a process-orientated perspective on the techniques and skills needed for mastering clinical improvisation techniques, with the aim of also speaking to an audience beyond the music therapy world.

Carroll and Lefebvre begin by orientating the reader by contextualising the central role improvisation plays in music therapy. They go on to provide a very brief overview of the literature relating to improvisation, citing Nordoff and Robbins (1977), Wigram (2004), Lee and Houde (2010), as main contributors, as well as signposting to other texts related to the teaching and use of clinical improvisation techniques within the context of group music therapy (e.g. Gardstrom 2007).

Clarity is central to the composition of this

guide, and Carroll and Lefebvre provide this throughout the introduction, describing the context for the guide and its role in meeting a need they felt acutely through their experience of teaching, and the influence of Bruscia in providing a framework of techniques which they have regrouped and upon which based their taxonomy. The structure of the guide is clearly detailed and is grouped into three sections; Part 1 and Part 2, followed by a five-part appendix.

The role envisaged for the guide is expressed, and in drawing it together, Bruscia (1987) as well as Maslow (1968) are referred to in describing the essence of the therapeutic process and the realisation of therapeutic goals and objectives. In bringing the introduction to a conclusion, Carroll and Lefebvre introduce the visual representation of the taxonomy, illustrating the musical and verbal categories as described in Part 1.

Part 1 sets out the '*Taxonomy of Clinical Improvisation Techniques*', both musical and verbal, each with an accompanying prelude, summary list of the techniques, and description of each technique. Shaped mainly by a humanistic approach, Carroll and Lefebvre, through their definitions of techniques, describe how the techniques might be applied in the "possible unfolding of the therapeutic process" (p. 11); the *why* – the therapeutic goals; the *when* – the clinical context in which the techniques might be used, and the *what* and *how* – the therapist's musical actions. The definition of each technique is short and to the point, and it can almost be imagined in a spreadsheet format, presenting a series of dropdown menus through which you can scroll through and select specific techniques as appropriate.

Part 2 '*Applying the Techniques*', looks in greater detail at the techniques described in Part 1 and their application in clinical improvisation. Divided into four sections: '*Expanding Clinical and Musical Resources*', '*Role-play Exercises*', '*Guidelines for Working with the Client's Playing*', and '*Six Role-play Exercises with Predetermined Musical and Clinical Parameters*', ways in which to explore improvisation are presented through a variety of role play exercises within a range of clinical and musical parameters. Drawing upon the many perspectives and stances within music therapy, definitions of the musical and clinical parameters can be interpreted by way of containment.

In their closing words, Carroll and Lefebvre revisit the rationale for the guide and its far

reaching aims, and we are reminded of their wish for the guide to fulfil a role in meeting a need for providing a systematic, process-orientated approach to teaching clinical improvisation. They conclude with an extract from a letter written to them by Bruscia, encapsulating what they have set out to do through their taxonomy of clinical techniques:

"Our grace as an improvisational therapist comes from being able to use each element of our art form separately and in various combinations. For me, it is impossible to fully appreciate an apple strudel if I have not experienced the simple and unadorned beauty of the raw apple" (Bruscia 1995: 76).

This guide from Carroll and Lefebvre offers a framework in which improvisation can be thought about and approached systematically from a humanistic perspective. It provides the student and clinician with a tool box of resources they can explore, become familiar with and bring to the music therapy context, whilst offering the educator a way in which to present and share these tools with clarity and purpose. For students, it usefully brings awareness to, and reminds those more experienced clinicians, of all the many elements a music therapist can be thinking and feeling musically when they are in the moment improvising with a client.

For the more inexperienced improviser, the clarity of this approach will offer reassurance, and will help to make what is a limitless and unending source of possibilities a more manageable terrain. For others, they may find the simplistic way in which the concepts are presented as limiting and perhaps a little unsophisticated.

As a psychodynamically-orientated music therapist, as I was exploring the guide, I found myself asking many questions about the art of improvising; how this very act, which defines what it is that we do, is related to the dynamics between client and therapist, and how the music made in the relationship between client and therapist is described.

Ultimately, I was left wondering, for those who practise within a psychodynamic framework, if it is possible to describe improvisation approaches, techniques, styles and skills, without contextualising it in the psychodynamics of the client-therapist relationship. I wondered if perhaps this was something that the authors discussed and came to the decision that the guide was not the place in which to enter into the complexities of this

area of practice in any great detail. However, perhaps they felt that it did need some form of acknowledgement hence the use of cautionary notes with their subtle overtones relating to the client-therapist relationship.

This guide also provoked much thought about the challenge that is ever present whenever there is an attempt made to describe music, in this case specifically improvisation, using words. Due to the very nature of improvisation, that is, being in the moment, and that which is created spontaneously or without preparation, I wonder if using only words to describe or explain what is happening, the most effectual way in which to do this. I found myself thinking more and more about alternative channels of presenting thinking on improvisation, such as through podcasts and other online media, as ways in which to effectively convey and demonstrate what it is that we mean when we talk about and describe improvisation. It is interesting to note, that with the exception of notated scales in the appendix, there are no notated musical examples in this guide. I was left wondering why this might be, given this is the currency that is being described, and was reminded, by going back to the title of the guide, that perhaps this was intentional on the authors' part given the wide audience they had in mind.

As a relatively newly qualified therapist, I found myself reflecting on my own training experiences and whether or not I felt I had qualified with the improvisation skills and techniques needed to be an effective and fluent clinician within a variety of clinical settings. In the 'Closing Words', it is interesting to note the recent survey referenced (Hiller 2009, cited in p. 75), which took place in the United States looking at the use and instruction of clinical improvisation. This raises an interesting debate which could be explored further internationally and one that perhaps, as experts in our own field, we feel a little intimidated to enter into for fear of being exposed as not being 'good enough' at our own craft.

It would be interesting to explore this area of thought and practice; that is, improvisation and what that means in the context of music therapy, to be opened up and for views of therapists from a range of countries to be presented; this could take place using an online forum. After all, improvisation is the very essence of what we do on a daily basis as clinicians. It is our universal language and that which enables us to speak to each across continents and cultures.

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