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Integrating Musical and Psychological Thinking: The Relationship Between Music and Words in Clinically Improvised Songs

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This article is based on the author's qualitative research on his own clinical method by examining the improvised songs that were created by the therapist and client during one course of Nordoff-Robbins music therapy. The client had been diagnosed with non-Hodgkin's lymphoma, stage 4, and began music therapy treatment soon after.

Keywords: clinical improvisation; medical music psychotherapy; music psychotherapy; music therapy; Nordoff-Robbins

This article is based on my study of improvised songs from a course of long-term music therapy treatment with a middle-aged woman who was diagnosed with non-Hodgkin's lymphoma. The therapist-as-researcher method provided opportunities for examination of clinical method, particularly in looking at the music and words as they emerged in the improvised songs we created together in the music therapy sessions. The analysis attempts to explicate my therapeutic process and my understanding of music and its effects.

Nordoff-Robbins Music Therapy Approach

The Nordoff-Robbins approach to music therapy was developed by Paul Nordoff and Clive Robbins. It emphasizes the clinical benefits inherent in an unfolding creative music process (Nordoff & Robbins, 2007). The late Paul Nordoff was a professional composer and concert pianist who had tremendous improvisational skills. He teamed with Clive Robbins, an experienced special educator who was looking for a creative approach to help children with serious developmental delays. Working together, they brought their special skills to bear and between 1959 and 1974 developed a unique music therapy approach. The distinctive qualities of the method include the idea that the dynamic forces inherent to musical elements (i.e., tone, melody, rhythm, harmony, dynamics, tempo, etc.) are the primary agents for change and that spontaneous improvised music making between therapist and client is the primary therapeutic activity. Their technique often included improvising song forms. Nordoff and Robbins believed that music offers "an enormous and potentially unlimited range of active, self integrative experience that is available for therapeutic use" (p. 2) and, furthermore, that every human being has inborn musical sensitivity.

The therapy process in this approach has the therapist "engaging the client by creating aesthetic musical forms meant to access these musical sensitivities" (Turry, 1998, p. 161). A major belief underlying the method is that the client's musical expression is reflective of a core aspect of his or her personality and that gains in the therapy process can be understood by an analysis of the client's musical expression. As Aigen (1996) explains, "By acting on a person's music, the [Nordoff-Robbins music] therapist is directly engaged with the most central aspects of the

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person's being" (p. 145). This belief is consistently found in the general music therapy literature. Bonde (2005), who surveyed research studies in music therapy that focused on the music, found that "theoretically, much qualitative research is often based on the axiom that a client's music (experience) reflects his or her personality and pathology or problem" (p. 526).

Unique to the Nordoff-Robbins method is that every session is recorded and closely analyzed by a coding method called *indexing*. Indexing provides a balance to the spontaneous improvisational approach by allowing for the therapist's methodical analysis of each session. Careful and close listening to discrete musical elements is undertaken with the idea that a client's musical responses reveal important aspects of personality. The therapist listens to his or her own musical responses and monitors the music's efficacy, which assists in establishing a musical/clinical strategy. The therapist also listens to the relationship between his or her music and the client's music in order to understand the musical relationship that has formed. Ansdell (1995) considers this to be a shared auditory area and calls it "the musical between" (p. 221). It is where "a creative sharing of musical thought" (p. 221) occurs and where the relationship develops between client and therapist. R. Verney (personal communication, April 1999) explains that with intense focus during the process, indexing cultivates rigorous and precise listening skills in the therapist, which are necessary for effective work in the Nordoff-Robbins approach.

Nordoff-Robbins in Medical Treatment

Nordoff and Robbins were influenced by the theories of Rudolf Steiner, the founder of anthroposophy. In the anthroposophical approach to treating medical conditions, each person is seen as unique, and decisions regarding treatment need to recognize this uniqueness (D. Aldridge, 1996). Insights that address the whole person, when applied in treating a person's illness, may provide opportunities for overall growth.

A Nordoff-Robbins program treating patients with medical issues was first established in 1977 at the Institute for Music Therapy, Department of Faculty of Medicine, at the University of Witten-Herdecke, Germany. The site included treatment based on anthroposophical medicine. Pioneering work in Nordoff-Robbins music therapy has been applied in medical cases treating patients in intensive care, with HIV/AIDS, dementia, coma, brain injury, and cancer (D. Aldridge, 2000, 2005a; Ansdell, 1995; Neugebauer, 1999).

An exemplar of Nordoff-Robbins work with medical patients is Dr. Gudrin Aldridge's (1999) study of her treatment of a woman with breast cancer. She closely examined the music created spontaneously between herself and the client. She concentrated on the meaning of melody in relation to the client's need for self-expression. Aldridge suggests that improvisation may be particularly suited for this type of client because it can be individually tailored. The creative process offers an opportunity to "not only play her physical weakness and affliction but express her individual potential in the moment" (p. 140).

The improvised songs chosen for examination in the present study offer an opportunity to understand the linkages of musical and psychological processes. In music therapy research, there has been limited focus on words and music and on the potential links of musical and psychological processes. While the topic of improvisation in music therapy has been studied (Aigen, 2005; D. Aldridge, 2004; G. Aldridge & Aldridge, 2008; Amir, 1990; Ansdell, 1995; Austin, 2004; Brown & Pavlicevic, 1996; Bruscia, 1987; Nordoff & Robbins, 2007; Turry & Marcus, 2003), the subject of the relationship between words and music and the therapist's creative process has not been examined in detail (Robarts, 2003). In a recent extensive review of research studies involving an analysis of the music in music therapy (Bonde, 2005), not one study included music in relation to words that were improvised and sung by a client.

There is a tendency on the part of researchers in music therapy to study music and words each as a separate phenomena rather than examining them together, even when they emerge simultaneously as in the formulation of improvised songs (Austin, 2001, 2004; Bailey, 1984; Dileo, 1999). Bailey reported on the effectiveness of songs in patients with cancer and their families. She describes the major themes from the patients' song choices and came up with nine categories, including songs of hope and songs about feelings. She came to the conclusion that the themes of song choices often corresponded to what she described as the three stages of the music therapy process: "contact, awareness, and resolution" (p. 10).

Dileo (1999) writes about the importance of songs in the treatment of oncology patients. Although she does not address the process of improvising songs, her thorough description of why songs are important in general and how they function specifically for

clients who are medically challenged is relevant to this study. She postulates that songs "provide resources for resolving conflicts" (p. 152). The concept of resolution is particularly significant for the patient participating in the present study, as lyrics depict conflicts and a search and discovery of solutions. Neither Bailey nor Dileo include detailed analysis of the music of these songs. Analyses and conclusions seem based solely on an analysis of the lyric content.

By examining the unfolding improvisation process that led to significant song forms, this study builds on the current literature regarding music therapy. It addresses the interaction between music and words that has neurological, physiological, and emotional implications in disease progression. Furthermore, it examines the mutual process of song formation that unfolds between therapist and client, with special focus on the musical directions that emerge within the process of improvisation that can influence function and affect quality of life and provide a sense of empowerment for the patient.

Context: Assessment and Psychosocial Presentation

A tall, sensitive woman in her mid-50s, Gloria[1] (pseudonym) was single and living a comfortable life in a large city. She grew up in a neighborhood of the city with her parents, who were immigrants, and her sister. Both of her parents were deceased at the time she began music therapy. She described being close to her sister, a professional artist who taught at a university. The relationship with her mother, who had a very strong personality, was depicted as deeply tumultuous.

According to Gloria, her mother was quite demanding. Gloria described living "in fear of" her mother but also "feeling smothered" by her. She attributed the following challenges she experienced as an adult to the effect her mother had on her as she grew up: relating to others in social situations without fear; trusting her own judgment; and her own critical attitude toward herself, which often stifled her. Gloria recalled her father as a warm and caring person who tried to soothe her and calm her as best he could. She felt he did not understand her problems. Gloria had previously spent many years in verbal psychotherapy trying to undo the effects that her relationship with her mother had had upon her.

Gloria was an accomplished professional, having achieved a level of success that afforded her the ability to own an elegant, roomy duplex apartment. Working in a predominantly male profession, she became a vital trainer and planner for the company she worked with. She received many accolades for her accomplishments. She described herself as a good organizer and someone who could get the best out of people.

Gloria was diagnosed with non-Hodgkin's lymphoma, stage 4, in 1994. The lymph nodes in her neck contained small tumors that she could feel. This shocked and frightened her. She described herself as walking around "like a zombie," frozen emotionally, after receiving the initial diagnosis. After hearing the unanimous consensus of six different oncologists that her condition was indeed life threatening, she struggled to remain hopeful. A part of her wanted to give up. At the same time, she sought to deepen her trust in God, which gave her solace. Although Gloria had undergone years of verbal psychotherapy, which she said she had found useful, upon diagnosis she did not choose to return to that kind of support structure. She had no formal musical background, yet was drawn to sing and was referred by her dentist to music therapy. After collecting the names of several music therapists, she chose to work with me. She arrived to her first session unaware of the difference between a voice lesson and music therapy.

Music Therapy Assessment and Process

During the first meeting, we defined music therapy as a creative process of musical exploration and expression, and we established that we would be making music together by improvising. Gloria was encouraged to explore the musical instruments placed around the room. She giggled as she explored making sounds, slightly embarrassed yet engaged in the process. This playful exploration intrigued her, and she later explained that it was the first time she had laughed since her diagnosis 5 weeks earlier. She took the initiative to begin to improvise with her voice, making sounds and singing words as I supported and encouraged her with music from the piano.

Important clinical concerns in the initial stages of music therapy included repression of feelings and denial. Gloria sang about being unable to believe that she was sick, and she actually seemed to be considering avoiding medical treatment. Much of the

music and songs improvised in the early sessions had to do with her coming to terms with her illness, and she was, in fact, dealing with her emotional responses to this admittance. (To hear an example of this, go to the online audio excerpt[2] entitled "Tell the Truth.")

In actuality, as it turned out, Gloria's serious illness was, in her own words, "the tip of the iceberg." Much of her life's anguish came pouring out as we began to create music together. Gloria shared that the sense of being stifled, of being rendered powerless by having cancer, was related to lifelong feelings of being stifled, of having "no voice." Although the feeling of being powerless and stifled was familiar to her, she had never framed the issue by considering the effect on her voice. The context of her physical illness triggered an opportunity to explore long-standing psychological issues in a new way. In a series of powerful improvised songs, she revisited the isolation, fear, and oppression of her childhood—the period of having "no voice"—and was able both to accept and to nurture the child she had been, and to some extent still was. (Download online audio excerpts "Woman Why Are You Weeping," "There There," and "Oh My Child.")

Such insights and developments, sparked by the music, deepened her commitment to the music therapy process and its results. She was surprised, impressed, and proud of her ability to improvise music that was both intensely meaningful and aesthetically fulfilling. She was also appreciative that she could address long-term issues at great depth and experience a certain degree of resolution. (To hear examples of this, go to the online excerpts entitled "Do I Dare Imagine" and "Gardenia.")

As treatment continued, Gloria sang about her lifelong compulsion to overeat, her struggle not to abandon hope, her loneliness when handling social situations, and her own inner critics judging her efforts. Gloria began to feel more confident in communicating what she wanted to hear in the music we created together, and she would provide cues with her style of singing or with her body language (snapping her fingers, swaying her arms, or moving her head). She began to sense particular tempos and styles she desired in our music. She took more risks in trying different kinds of vocal styles, using different areas of her vocal range as she sang. The sense of mutuality in the music-making process grew between us as Gloria gained confidence and as we developed a body of experience from which to build. We could anticipate what direction Gloria's melody could take, and she could hear the harmonic direction my music from the piano was taking. This led to emerging improvisations that sounded like fully formed songs. (To hear examples, go to the online excerpts entitled "All My Life," "Broken Pieces," and "Go to Sleep.")

Although the content of the improvisations depicted conflicting material, and Gloria often experienced feelings of intense sadness as she sang, she was sure that the direction we were taking through her weekly music therapy sessions was a positive one (download excerpts "Open Up My Arms," clips 1 and 2, for examples). She felt that by continuing to stay connected to her music, she was affirming the internal psychological and physical changes she was making and fighting to live rather than give in to her natural tendency, which was to give up. Driving rhythms and strong dynamic shifts from the piano often enabled Gloria to sing assertively, harnessing pent-up energy that had previously been underutilized. The anger that she had focused and turned toward herself was now being harnessed for musical expression, and this seemed to give her energy.

She explained that the music from the piano encouraged her to continue her exploration and expression even when the feeling she was experiencing in the moment was intensely painful. She felt contained by the music and safe to explore these feelings. Gloria expressed gratitude for being listened to and responded to within the musical collaboration. The therapeutic alliance forged by music making created a safe environment for Gloria's musical and emotional exploration. The content of the exploration was not unknown to her because she had been in verbal psychotherapy previously. However, she described the intensity and vivid emotional exploration of the issues as unique, as was the sense of wholeness and satisfaction that came with the completion of a musical creation. Creating and singing a melody was particularly satisfying, as it helped her engage completely in the flow of the music and gain a sense of freedom unimpeded by her own critical judgments of herself. She described herself as being more compassionate and accepting toward herself after these musical experiences.

As the period under which the excerpts being discussed in this article came to a close—a little over 8 years and approximately 385 sessions—Gloria continued to try out different ways of being involved with music and sharing her process. She gave concerts, lectures, workshops, and interviews, sharing

the music and telling her story. During an interview on a public radio station where she participated in a panel discussion on the healing effects of music, she talked about her music therapy process. Gloria explained that the music allowed her to experience emotion triggered by the content of the words she sang, and this helped her to experience life more fully, both in and outside of the session. She reported feeling less isolated and that her involvement in music was helping her to feel less depressed. She was proud to report that her cancer had remained in partial remission since the remission first occurred during her first year of music therapy.

During the public radio interview Gloria identified herself as a creative artist. Her sister, a successful architect, had always been identified as the artist in the family. Gloria had been the businesswoman, the organizer. But after 8 years of music therapy, resulting in her increased confidence in expressing herself in music, Gloria allowed herself to try out and internalize a new identity as a creative artist. And she considered this entire process to have a healing effect on her relationship to her mother, and consequently with herself and her own resiliency. The critical voice within her had not been eradicated, but its strength and intensity had abated.

Studying Words and Music: Analysis

For the analysis and interpretation of the data of this case, I used naturalistic inquiry (Lincoln & Guba, 1985) and musical analysis through indexing, a data collection method effective for research in music therapy (Aigen, 1993). In naturalistic inquiry, it is not possible to make definitive statements about cause and effect, because all entities are in a state of mutual simultaneous shaping. This is important to acknowledge so that even when a method of therapy approach is explicated, implicating a cause-and-effect relationship, the research stance recognizes that there are multiple influences and complexities when examining musical phenomena and human interaction.

There are several rationales for studying material from a specific course of therapy. One is based on the idea of purposive sampling (Lincoln & Guba, 1985). In purposive sampling, the researcher selects the person, people, or material to study based on a particular reason. The rich quality of the sample makes it worthwhile for study, and the unique factors of this therapy process make it particularly useful in generating data. D. Aldridge (2005b) emphasized the importance in music therapy research to stay "close to the practice of the individual clinician: that is, the musician as therapist" (p. 10). The focus on the single case allowed for an extensive examination of therapist method.

Gloria actively articulated words that revealed the images, thoughts, and feelings directly related to her physical condition and her emotional state. This served as an important opportunity to examine and understand the relationship between musical and psychological processes. Excerpts that held emotional intensity, structural integrity, and innovation in terms of musical form as they emerged into a song were particularly useful to analyze. The process of creating intense emotional expressions in her singing was bracketed. At times, she cried as she sang; at other times, she laughed heartily in the tempo of the music (listen to online excerpt "Scared and Paralyzed"). At the same time, the form of the musical expression had a structure and content that was memorable and in which she expressed pride. When listening to the excerpt, there was an emotional intensity related to her unfolding process. I noted when I was moved by the shape and form of the song as it emerged, and its aesthetic qualities. This drew me, as researcher, more deeply into the experience, wanting to know more about it. There seemed to be both a powerful cathartic experience for the patient and a powerful aesthetic experience for both the patient and myself in creating the songs. Throughout the research, attention was given to both musical and psychological processes and how they interrelated, and excerpts explicating these qualities were chosen for further study.

Excerpts that appeared to reveal a significant emotional or psychological shift for the patient were critical to note. It seemed that there were times when the process of the developing improvisation moved the patient through emotional states of intensity and conflict to a sense of resolution or completion, and this clinical effect was worthy of further study. Gloria's attitude as she immersed herself in her psychological issues shifted and appeared to change as the emerging music evolved. These seemed to be important turning points in the therapy.

Excerpts that revealed an effective mutual relationship between Gloria and me in terms of how the improvised song came to be were essential to note. These were excerpts where there was a

give-and-take between us, where Gloria's sounds were clearly responded to, and where the music from the piano influenced the content and quality of the words she sang and the quality of her singing. This was verified by her verbal description of the events after they took place. The vocal melodies that emerged influenced the harmony from the piano; the way she sang these melodies influenced the way the harmonies were played.

The excerpts were transcribed in detail. The descriptions are influenced by Lee (1989, 1995, 2003), who described the importance of musical analysis in understanding the clinical significance of improvisations in a music therapy context. After repeated listening, written comments on the actual notation were made. This was extremely useful in seeing how we were responding to and influencing each other.

Research Findings

The major type of form in reporting the findings was a detailed description and analysis of excerpts with findings embedded within the narrative (Turry, 2007). Each narrative describing the excerpt was presented twice. The first description and analysis introduced the lyrics and the therapy process. The following is an example of a portion of analysis taken from an improvised song (available online[2] as audio file "Tell the Truth") early in treatment.

Example of Narrative—First Presentation

No I don't want to go to the next phase
I don't want to suffer
I don't want to be sick
So that's It. I think treatment is making me sick

Gloria never did begin chemotherapy or radiation treatment. She went to several oncologists and found one who was willing to wait before starting treatment. Gloria at one point shared that she meant to sing that she believed that treatment would make her sick. But her words could also relate to her attitude toward the helping professionals and the emotional reaction she had to the care she was receiving at the time as well. She reported having strong negative reactions to the bedside manner of some of the health care professionals treating her and a general mistrust of doctors who in her view acted in an omnipotent fashion.

The second analysis included the same lyrics but also included musical notation, moment-to-moment analysis including past and present perspectives regarding clinical intentions, the quality of Gloria's voice and details regarding the melodies she created, and the relationship between the emerging words and the emerging music (see Figure 1).

Example of Narrative—Second Presentation

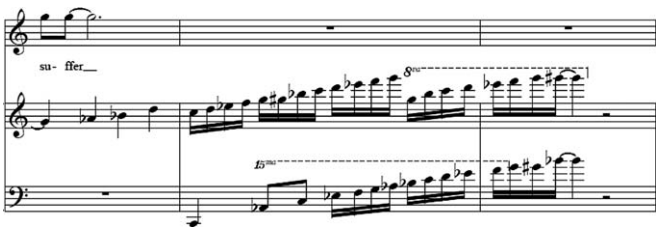

Figure 1. Notation from analysis.

She holds the word *suffer* on the last tone. I respond by picking up on her tonal direction, improvising an ascending C-minor scale that moves rapidly to the highest register on the piano. Both of my hands play notes of the scale and at the same time create an intervallic tension of a ninth minor and major ninths—as it moves up through the scale. The music slows slightly at the end, and these scale passages do not reach the C tonic, which creates a suspended quality in the music.

Analysis: Intensifying and Expanding

The ascending piano tones after Gloria finishes singing "I don't want to suffer" serve to intensify the overall quality of the music that is being created by therapist and client. They create a tonal context to which Gloria can respond. They expand the tonal range of the music to sounds that go beyond where Gloria can sing. Listening in retrospect, there is a sense that the music serves to sweep up both participants, creating a musical pathway that is more than the sum of its individual parts.

Analysis: Musical Commentary

Robinson (2005) is a musicologist who has developed ideas that help explicate research findings regarding the elements of music and the relationship of music to emotion and psychological processes. In her musicological analyses, she examines the relationship between music and emotion and

lays out the premise that if one listens to a piece of music for the psychological drama it expresses it is possible to experience and understand the emotional quality of the music. She encourages the listener to listen for the character or persona in a piece of music and what this persona is going through emotionally.

As Robinson (2005) describes, these tones from the piano are also my commentary to Gloria's melodic tones, emotional intensity, and lyric content. The piano tones create a sense of rising and in combination with the rapid motion create a quality in the music of running or even escaping. It is my way of offering an experience to Gloria of hearing and actually feeling what it may be like to escape from the suffering. The rising melodic direction of Gloria's vocalization has triggered an intuitive response on my part, as I sense that Gloria would like to escape from the suffering, and my music manifests this escape. It is a musical way to attempt to convey empathy as a therapist.

Analysis: Musical Countertransference and a Therapist's Reflections

Although I want to help Gloria face the challenge her predicament poses, I can understand her desire to avoid suffering, and by playing the ascending tones I am saying "I join you in your quest to escape." It could be argued that playing these ascending tones was my musical countertransference, my own emotional response manifested in music to Gloria's struggle. From this perspective, my need to avoid feeling the emotional turmoil that Gloria was working to avoid drove me to play tones that manifest running away.

Analysis: Countertransference Fueling the Client to Continue

My musical countertransference was based in part on sensing Gloria's state and on my own instinctual reaction of not wanting to suffer. This is another perspective brought to bear upon the examination. In traditional psychotherapy and in music psychotherapy, therapists have reported that countertransference reactions do not necessarily impede the therapy process. In fact, at times they can fuel the therapeutic process (Ferenczi, 1920; Nolan, 1998; Reik, 1953; Turry, 1998). In this case, it appeared to have the same effect. Gloria later commented that the music from the piano helped her to stay engaged and continue rather than give up.

Analysis: Melodic Lines as Metaphor

Upon further analysis, because the ascending piano tones have an intervallic relationship that creates tension, it brings awareness to the fact that there are two ascending melodic lines moving in parallel. These two melodic lines rising together can be heard as a metaphor, each line representing one of us. They suggest that Gloria and I will take a journey that may be painful. The journey may induce suffering, but we will do it together; she will not go on this journey alone. The fact that neither of the melodic lines reaches the tonic creates a quality in the music that the journey has not been completed.

Analysis: Related to Her Illness

There is yet another perspective to this rising series of tones. The scale is minor, which brings a quality of sadness. As the tones of the minor scale rise, they become thinner (each note played in the upper register of the piano strikes two strings rather than three in the lower registers). The piano music becomes softer as the tones rise. There is a quality in the music of moving, of fading away. This is a reminder of the grave nature of Gloria's illness and that she is in danger of fading away. The fact that the tones ascend into the highest register of the piano relates to the idea of leaving this corporeal life and ascending to heaven, an ethereal quality, as Cooke (1959) describes.

Analysis: Spiritual Dimension

There is an allusion to Gloria's grave situation even as the music offers an escape from it. Bonny (2002) points out the religious or transcendent quality of rising pitches. Since Gloria is a religious person who seeks out God when looking for support and comfort, the ascending direction of tones bears further analysis. Gloria's "I don't want to suffer" melody makes a leap of an ascending perfect fifth, and in response I play an ascending series of notes that go to the highest possible register of the piano. So, this ascending run may not be avoidance as much as a search for help from a higher power.

Analysis: Blends of Emotion

The fact that the same portion of music can be experienced as both comforting and challenging is an example of one of the most profound qualities of music. It can contain opposing polarities in a single moment, blends of emotion as Robinson (2005) describes. Music conveyed both a sense of support and challenge for Gloria to experience.

See Table 1 on the following pages for a summary of findings.

Summary: Music Therapy and Resiliency

This article reports the research method and reporting design in the study of improvised words and music that took place during a particular course of long-term music therapy with a client with a serious medical condition. The analysis explicates my therapeutic process, sharing the multiple levels of meaning embedded in the music and the relationship factors that contribute to the improvised music created in sessions.

Today, 14 years after she began treatment, Gloria is still in partial remission and has not had to undergo chemotherapy. Many health practitioners recognize the connection between the mind and the body and believe that changing emotional attitudes can have a profound effect on improving a patient's physical state (Benson, 1996; Chopra, 1990; Northrup, 1998). D. Aldridge (1996), who has extensively studied the Nordoff-Robbins approach as it has been applied in medical settings, emphasizes that in this music therapy approach the patient is doing more than expressing emotion when he or she enters into the music-making process with the therapist. Aldridge states that,

> whereas personal emotive expression may be the first step in the process of healing, the continuing therapeutic process is to give articulation to a broad range of human feelings. When we introduce form and order into the creative act then we promote a higher form of human articulation. This is the process of healing; the escape from emotive fragmentation to the creative act of becoming whole. (p. 18)

Gloria herself described the experience as one where she began to experience a sense of wholeness with the creation and completion of improvised songs.

Bernie S. Siegal (1998), a well-known surgeon who worked for many years with patients diagnosed with cancer, reports that successful outcomes in improving a patient's physical condition are directly related to the patient making significant changes in the ability to become more accepting. The success of the case described here supports Loewy's (1999) contention that music therapy is particularly effective in catalyzing the effect of the mind on the body, and vice versa, as "music therapy can bridge the way these two systems interface" (p. 194). Singing words that express deeply held emotions may be a particularly effective way of creating this bridge. With the support of musical improvisations from the piano, which stimulated and supported her release of emotions, Gloria was able to sustain and intensify her emotional expression, which in turn led to a significant change in her ability to feel resilient.

The success of the therapy triggered the selection of the material for in-depth inquiry. The analysis includes an explanation of my clinical approach and my own understanding of music and its effects within the course of treatment. It is my hope that this study may be useful for researchers planning to study the relationship between music and words in detail. At the same time, I hope that such analysis and outcomes may be useful for music therapists and those practicing music and medicine in their quest to develop psychological awareness and intention regarding their musical interventions when creating music with a client. Specific findings regarding musical elements and lyric expression may also benefit those using songwriting techniques and analyses in future research.

Declaration of Conflicting Interests

The author(s) declared that there are no conflicts of interests with respect to their authorship or the publication of this article.

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Notes

1. Gloria agreed to this study's publication.
2. Supplementary material for this article is available on the journal's Web site, http://mmd.sagepub.com/supplemental.

Table 1. Therapist Perceptions Regarding Musical Elements

Musical Action	Effect	Clinical Example
Single notes: *Placing Gloria's single tone within different chords gave her the opportunity to feel her tone in different harmonic relationships.*		
Singing on the root of the chord	Adds a definitive quality to the music	Gloria sang with more confidence.
Singing on the third of the chord	Determines the emotional color of the chord, an important way to create emotional color in the music	Gloria experienced more emotion, sang more expressively.
Singing on the fifth of the chord	Brings a triumphant quality	Gloria sang with more volume.
Singing on the sixth of the chord	Facilitates transition of the key from major to minor, and vice versa	This allowed for emotional process and development.
Singing on the seventh of the chord in minor	Triggers a bluesy sound	Gloria sang with more tonal slides, more freedom.
Singing on the ninth, when sung with a syncopated rhythm such as the tango	Adds a sensuous quality to the music	Gloria moved as she sang.
Harmonies/chords: *Harmonic ambiguity often triggered opportunities for new development. Harmonizing one-note and pentatonic melodies with diatonic tensions and resolutions facilitated fuller emotional expression and psychological release.*		
These harmonic progressions did not end on an expected cadence, or the progressions evolved and headed to an unexpected place	Tonal ambiguity	Supported and enhanced Gloria's vocal expression that depicted an unresolved idea or feeling.
Two harmonically incompatible chords that share one tone, played consecutively	Accentuate a sense of transformation or shift from one place to another	Therapist played C major 7 flat five to harmonize the melody note B natural and then shifted to E major. When two contrasting chords were used as a repeating pattern, it created the possibility of slowly working to shift Gloria from her present state to a different state.
Minor ninth chord	Has harmonic richness	This was used during lyric creation that depicted tension to create both containing warmth and a sadness or yearning tension; this harmony was often used with melodies based on the Dorian mode.
Dorian mode	Has a minor tonality with major chord on fourth step	Therapist used this musical structure to support and intensify lyric content that depicted sadness.
Lydian mode	Creates a sense of expectation, hopeful opportunity	Throughout the course of treatment, therapist used it in an attempt to both trigger and enhance imagery.
Root position chord	Is solid and complete in and of itself, confirms the content of the lyric	Used in conjunction with Gloria's melody, it created a sense of distinctness between Gloria and therapist.
Inverted chord	Creates more fluidity	This gave more options for individual tones within the chord to move and for different harmonic progressions to evolve.
Open inverted chord	Creates a sense of openness and transition that invites participation	Less defined than root position chords with a more malleable quality that could be affected by Gloria's melody tone, this created a sense of mutuality and intimacy—more room for Gloria's expression and more of a sense of equality in that each tone of the chord stood more on its own rather than functioning as a grouping

(*continued*)

Table 1. (continued)

Musical Action	Effect	Clinical Example
Patterns		
Harmony formed in ostinato patterns	Creates a stable basis for improvising	Stability allowed for freedom and variability in dynamics and tempo, and the possibility of moment-to-moment responsiveness.
Arpeggiated patterns	Create flow or motion	These patterns triggered imagery of travel.
Intervals: *Intervallic relationships sometimes acted as indicators of the therapeutic relationship.*		
Thirds moving in parallel motion	Consonance in tandem	Reflected the feeling of companionship and support between Gloria and therapist.
Dissonant intervals moving in parallel	Dissonance in tandem	Reflected either tension in the relationship between Gloria and therapist or in the unfolding expression that Gloria was creating.

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