The Violin in Music Therapy

How do I use the violin in music therapy with people who have intellectual disabilities or neurological conditions?

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Abstract

In this research I explored my use of the violin in music therapy with people who have intellectual disability and neurological conditions. I am interested in this topic because the violin is my primary instrument and I wanted to learn more about its therapeutic potential. My research methodology was Secondary Analysis of Qualitative Data, and the data were my clinical notes and research journal. Findings were generated through thematic analysis of the data. Five themes emerged. Specifically, I found that the violin's voice-like timbre was helpful in fostering connections and encouraging emotional and communicative expression. Similarly, the ability to physically share the instrument, and to play it while mobile, also fostered connections between me and my participants. Because of my expertise on the violin I was able to utilize a vast variety of performance techniques both with familiar music and within improvisations that elicited meaningful musical moments. My relationship with the violin has developed and changed throughout this process and the violin has become a part of my identity as a music therapist. I anticipate that findings will interest other music therapists, and perhaps encourage them to use alternative instruments within their practice.

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Ethics Statement

The VUW Human Ethics Committee has given generic approval to NZSM Master of Music therapy Programme ethical template for student research in NZSM 526 undertaken as observational studies, theoretical or case study research or action research (ref: #22131, 2015). This study has been judged to be low risk and, consequently, was not separately reviewed by any Human Ethics Committees.

Introduction

I began learning the violin when I was six years old. For the first couple of lessons I used a small tissue box and a ruler as my violin and bow. This was so I could learn the correct posture before I graduated to the real thing. I also remember standing on a purple piece of card with tracings of my feet in several standing positions and practicing jumping from one to the other. As I was exploring literature around the violin I came across Katy Bell (Oldfield, Tomlinson & Loombe, 2015) who mentioned how creatively exploring and learning an instrument has many parallels to the journey of an evolving music therapist. This felt particularly significant for me as I am at the beginning of my journey as a music therapist and in some ways feel just as I did when I was that little girl proudly holding her tissue box violin. Growing up the violin became increasingly part of my identity both musically and personally. As I was a quiet child who observed and listened, it gave me a voice when words were too difficult and was a means of emotional expression and solace. My connection with the instrument only grew as I matured, and it began to feel like an extension of myself. I learned the violin through the Suzuki method, which is based on the principle that music should be taught through listening and exposure – similar to how a language is learnt. As Sheila Warby (2002) describes; "*Babies are surrounded by language most of their waking hours. Gradually through this interactive listening and communication babies absorb the sounds they hear*" (pg.11). This method of learning has provided me with a strong aural foundation allowing me to be naturally flexible within a musical space, and not be restrained by a score. When I entered the world of music therapy I was nervous about bringing the violin in with me, but after some encouragement I realised that the strong connection and expertise I have with the violin is an asset and would be unique to me as a music therapist. This sparked my desire to investigate how I could use the violin further in my practice and explore its therapeutic potential.

The fundamental instruments in music therapy have become known as the piano, guitar and voice as they are often used in clinical practice and regularly emphasised in clinical training (Oldfield, Tomlinson & Loombe, 2015). Although these instruments are important, I believe that the violin and other less commonly used instruments have unique musical and therapeutic potential that

is yet to be explored. Throughout this project, the word 'primary' is referring to the instrument that the music therapist is most competent on. Priestley (1985) suggests that the use of one's primary instrument in therapeutic sessions allows for more flexibility and expressive freedom in improvisations. . The fluency with which they can express themselves enables them to communicate with participants and meet them where they are in a musical way. Although beginning to be addressed by Oldfield, Tomlinson and Loombe (2015), there is still a paucity of literature describing the use of primary instruments other than piano, voice or guitar in clinical practice; my research strives to help fill this gap by informing music therapists of the therapeutic potential of the violin from my perspective, as well as encouraging them to use other orchestral and other individual instruments within practice.

The data was sourced from my clinical notes and reflections from my placement at two therapy settings. These were a community home for teenagers and adults with intellectual and physical disabilities, and a residential and rehabilitation facility for people who have neurological conditions. In these settings I worked with both individuals and groups with people whose ages ranged from 19-70 years. Some of the clients were wheelchair bound with only upper limb movement, while others had more or full capacity for movement. My music therapy practice was person-centred, which meant I was continuously listening to, learning about the people I worked with, and responding accordingly. I believe this approach is important as it allows for the development of an authentic therapeutic relationship and gives the client freedom to be as they are. I also drew on Neurologic Music Therapy methods such as Rhythmic Auditory Stimulation (RAS) when working in the neurological rehabilitation facility.

Literature review

Literature was found from multiple sources including; databases at Te Waharoa Victoria University website, and the Southern Music Therapy library. Keywords 'violin' 'music therapy' 'intellectual disability' 'neurologic music therapy' were used to search these databases. These keywords were used in multiple search strings such as 'violin' and 'music therapy', 'intellectual disability' and 'music therapy.'

Overview of the violin

The beginning of the violin's life is not known for sure however it is generally believed that it appeared around the 1500s (Stowell, 1992). According to Sachs (1942) there is mentioning of a bowed instrument in ninth century literature from Greece, Bulgaria and Jugoslavia called the Byzantine fiddle, or Iira. Later, in tenth century Spain there is mention of the Caucasian fiddle; a tall bowed instrument. The violin as we know it has changed very little from its ancestors, retaining its unique and beautiful sound quality. The sound of the violin comes from the wooden body responding to the bowed strings. When the bow is drawn across the strings they will vibrate, which causes the bridge and body to vibrate in succession and finally vibrating the air inside the body, producing the sound. Crafting the violin is an art and was perfected by the most famous violinmakers in Cremona Italy such as Antonio Stradivari and Giuseppe Guarneri (Stowell, 1992). These violinmakers developed a unique technique that is now considered the best in the world, which produces beautiful and precious violins and other stringed instruments. The violin is an extremely versatile instrument; finding its place in solo performance as well as in orchestras, chamber groups and folk ensembles. Historically the violin has been used as an accompanying instrument to dances in the court such as waltz's, minuets and Irish gigs (Stowell, 1992). The violin is associated with upbeat music most often in Irish gigs or Folk music, where it tends to be referred to as a fiddle. The violin and fiddle are essentially the same instrument (sometimes with slight structural modifications) used to play different musical genres. Fiddling is often taught aurally, is upbeat and emphasises the rhythm, as dancers are regularly present. The improvisational element of fiddling and folk music can be reflected within music therapy.

The range of the violin is from G3 to A7 (or D8 using harmonics). Along with the flute the violin has often been said to resemble the human voice (Oldfield, Tomlinson & Loombe, 2015; Chan, 2015) because of its expressive capabilities and ability to capture the subtle variations in emotions. Each violin has a uniquely individual sound, just like the human voice (Oldfield, Tomlinson & Loombe, 2015). "The capability of the violin to express every subtlety of various emotions widens the possibility to meet each individual's emotional state and needs" (Chan, 2015, pg.17). The arousal ratings are similar to that of the voice for different emotions (Paquette, Peretz & Belin, 2013) suggesting that the sound of the violin has great potential to evoke and influence emotions in a way comparable to the human voice. Each string mirrors a particular voice and holds similar timbre.

E string – soprano voice, delicacy and purity
A string – soprano voice, sweetness
D string – alto voice, rich and warm tone, silky
G string – tenor voice, most power, support

(Chan, 2015).

Traits and techniques

There is an assumption that the violin has unique properties including bowing techniques, expressive flexibility and timbre quality. A glossary of bowing and performance techniques has been included below.

Arco - Arco is Italian for bow. After a pizzicato (plucked) section of music, arco is often used to indicate the next passage of music should be played with the bow

Col legno -"With the wood." Col legno means to strike the string with the stick of the bow rather than the hair

Détaché - Détaché indicates a smooth, separate bow strokes should be used for each note

Legato - Legato indicates the notes should be smoothly connected, played either in one or several bows. Slurs are often used to indicate legato.

Martelé - Martelé is a French term meaning hammered. Each note is percussive, and commences with a sharp accent or "pinch" at the beginning of the note, followed by a quick release.

Multiple stops - Multiple stops describe chords played on a stringed instrument. For example, double stops describe playing notes simultaneously on two strings, and triple stops mean playing notes simultaneously on three strings.

Muted - A direction for the musician to play with a mute. For string players, mutes are small clamps of wood, metal, rubber, leather or plastic, which fit onto the bridge and result in a softer, muted sound with a veiled quality.

Pizzicato - Pizzicato (pizz.) is a term that means the string is plucked with the finger instead of being bowed.

Spiccato - Spiccato is an off-the-string, controlled bouncing bow stroke which produces a crisp sound and very short notes. It is the slowest of the bouncing strokes. Dots above or under the notes may be used to indicate spiccato.

Staccato -Staccato indicates the bow should remain on the string to play shortened and detached notes, distinctly separate from successive notes. Staccato is sometimes used with slurs (slurred staccato) for a series of short, stopped notes played in the same up or down bow.

Tremolo - Tremolo means rapidly repeating a single note or chord

Trill - A trill ornaments a note, and is a rapid alternation between two pitches, usually a major or minor second above the note.

Vibrato - Vibrato for stringed instruments is similar to vocal vibrato—it is a slight and rapid fluctuation in pitch and is used to add warmth and expression to music. There are three types of vibrato: finger, hand, arm or a combination of all three. Many violinists use a combination of finger and hand vibrato. This type of vibrato is produced by a back and forth rolling motion of the finger and hand on the string, resulting in the pitch being lowered and raised. Variations in the width and speed of the vibrato can produce a wide range of expression.

(Sourced from Daverich, 2018)

Primary instrument literature

Piano, guitar and voice are often the most emphasized and frequently used instruments in music therapy training courses (Oldfield, Tomlinson & Loombe, 2015; Oden, 2014). Although these instruments are important to music therapy practice there is a wide range of instruments with great therapeutic potential yet to be explored. People who decide to pursue a career in music therapy must have a high standard of musical expertise in several instruments, usually the guitar and piano. However, some will have studied, or specialised in individualised instruments whether that be orchestral, contemporary or other. Oldfield, Tomlinson and Loombe (2015). These authors discuss the growing encouragement for training music therapists to use their first-study/primary instrument regularly in clinical practice. Despite this encouragement there still seems to be a lack of literature explaining their experiences; including the use of violin.

Relying on their expertise on a particular instrument and musical intuition a music therapist can be more attentive and observant of the participant's wants, needs and subtle communications. Despite the benefits, Berends (2014) found that among a group of 249 music therapists, 57% of string instrumentalists did not use their instrument in clinical practice. Kenny (2001, as cited in Berends, 2014) recommended students stay committed to their primary instrument, as it is an important expression of their soul.

Use of Violin in Music Therapy

Oldfield, Tomlinson and Loombe (2015) gathered experiences from music therapists using a range of their primary instruments such as the clarinet, violin, cello and flute.

Sharon Warnes (Oldfield, Tomlinson & Loombe, 2015) explains her use of the violin in a rest home setting with a man experiencing dementia. She found the traditional Scottish music played on the violin resonated with this man because of his Scottish upbringing. She describes the difference between being a violin performer and a music therapist who uses the violin, and notes that there is at least a two-way communication happening within music therapy as opposed to a performer who is the solo communicator to the audience. By allowing for that communication to change the relationship one has with their instrument is subject to change as well. She also mentions how the violin's versatility allowed for her to sing whilst playing and quickly pick up a melody someone was singing even if the tune was previously unknown to her.

Bell, (2015) describes her experience using the violin with a child with Autism Spectrum Disorder. The violin became a vehicle for connection between Katy, the child and another child in the group who had cerebral palsy. It allowed for a non-threatening bridge in which both the children could meet. This connection and friendship transferred into other areas of the classroom and playground.

Montague, (2015) brought her violin into her music therapy practice in a forensic hospital. The hands of people who had committed violent acts held the violin with care and gentle hands. The soft and gentle sound of the violin also triggered memories for a client and allowed exploration and expression within a safe musical space.

Priestley, (1985) is another well-known music therapist who has used the violin in her work, however she mainly focussed on the therapeutic process as opposed to the specifics of how it was used.

Ang (2016) used her violin in a rest home setting in a New Zealand context. She found that there were many advantages to using it in this context such as its extrinsic beauty and intrinsic tonal beauty, as well as disadvantages such as learning new styles of music for clients. I was inspired by the deep

connection she has with the violin and the personal journey of self-reflection she experienced throughout her research.

I have been unsuccessful in finding any case studies or literature that discuss the use of violin in the two settings I am working in; neurological conditions and adult intellectual disability.

Intellectual disability and music therapy

Intellectual Disability (ID) is defined by the American Association on Intellectual Disabilities as "a disability characterized by significant limitations in both intellectual functioning and in adaptive behaviour as expressed in conceptual, social, and practical adaptive skills"(Schalock et al., 2009, as cited in Patel et al., 2018, p. 2). ID is often associated with other diagnoses such as Down Syndrome, Autism Spectrum Disorder and Global Development Delay. According to a survey conducted by Statistics New Zealand (2013), 2% of the New Zealand population have an ID, with males having a higher prevalence than women. The terminology has evolved over time from mental retardation, to ID and intellectual developmental disorder (Patel et al., 2018). The terms 'learning disabilities' and 'ID' are often used interchangeably within literature depending on what country the literature originated from. Essentially they are the same, however definitions of learning disabilities sometimes include academic impairments (Mecer, Jordon & Allsop, 1996). Watson (2007) defines learning disabilities as that of significant intellectual impairment, deficits in social functioning or adaptive behaviour and communication deficits.

Music therapy has been a part of ID services for the greater part of the music therapy profession (Cameron, 2017). The benefits have been shown in communication, cognition, physical and emotional development as well as self-expression, social contact and reduced social isolation (Cameron, 2007; Bevins et al., 2015). Clarkson and Killick (2016) explored the introduction of Community Music Therapy in a residential setting for people with learning disabilities. The community-based model was effective in building respect and equality between staff and residents as the acceptance of all group members allowed for shared

experiences of musical mutuality. The quality of life and wellbeing of the group members increased after this shift into community music therapy.

Community Music Therapy is an approach primarily introduced by Ansdell (2002), which moves away from a traditional medical based model of music therapy towards a more social and connectedness model based around community musicking and humanism. Social isolation is often experienced by people with ID and therefore an important part of music therapy with these individuals is the development of relationships and social engagement (Cameron, 2017; Duffy & Fuller, 2000). Music therapy, in particular group music therapy, provides opportunity for connections to be made through a musical medium. This is a particularly important and an effective tool for nonverbal individuals who otherwise have limited means of communication and self-expression (Bevins et al., 2015).

Neurologic Music Therapy

Neurologic music therapy (NMT) is a music therapy approach that shifts the typical social science approach of music therapy to a more neuroscience idealisation (Thaut & McIntosh, 2014). NMT guides music therapists in understanding how music stimulates and manipulates neurons in the brain.

The ability music has to tap into brain functions and neural pathways has offered explanations for the effectiveness of music-based interventions (Altenmüller & Schlaug, 2015). One of the facilities I worked in had a range of residents with different neurological conditions; the majority of people in this facility had suffered from a stroke or a Traumatic brain injury (TBI).

Stroke is a complicated phenomenon that can result in many debilitating impairments including sensorimotor control, language and speech, cognitive abilities, and emotional regulation. The loss of the ability to speak and/or comprehend language (aphasia) is quite a common result of a stroke. Psychological studies along with neuroimaging have discovered that the area of lesion will determine the type and severity of language and speech impairments the person will experience (Altenmüller & Schlaug, 2015). The loss of speech and language as a result of a stroke can be very frustrating and saddening for both

the person themselves as well as their family and loved ones. The use of music therapy can provide a way of retraining the speech pathways from the lesioned areas of the brain to the non-lesioned areas, providing the person with the ability to learn to speak again. Not only do these strategies allow people to relearn lost skills but can also give them a sense of hope and positive thoughts of the future can be instilled (Pocwiez-Marciniak & Bidzan 2017). Although this is a powerful part of NMT, verbal communication is not the only method of communication and music therapy also provides vehicles for non-verbal communication for people who do not or cannot speak.

Summary

Literature on the use of the violin in music therapy practice is sparse, and there is even less focusing specifically on an ID and neurological condition population. The violin is an instrument known for its emotional and expressive tonal abilities, used in a variety of musical settings from classical orchestral performances to Irish pub gigs, suggesting communicative potential in therapy settings. Moreover, by using one's primary instrument in practice, a music therapist can be more attentive and observant of a client's subtle communications. Music therapy with people who live with ID encourages connectedness and the development of relationships. A community music therapy model is often used within this setting as it promotes equality between all participants, provides an opportunity for connections to be formed and celebrates each person as a valued member of the music making community. In contrast, NMT focuses on tapping into the neural pathways activated by music. Music therapists use music to help participants relearn lost skills caused by brain injury, as well as providing a safe space to grieve, express and process the emotional trauma that often accompanies a TBI.

Methodology and theoretical grounding

A qualitative research design was employed. Qualitative research allows for the full scope of human experience to be explored. It is based on naturalistic and observational interpretations and seeks to gain understanding and meaning within behaviour and interactions (Wheeler, 2005).

The methodology of this research was Secondary Analysis (SA). This is an analytic strategy that uses pre-existing quantitative or qualitative data to investigate a new question (Heaton, 2004). Secondary Analysis allowed me to practice in a natural manner and later reflect, analyse and explore how I used the violin in practice as well as how I could use it in future. The violin was always available in the music room, but was only used when appropriate within sessions, i.e. when it was in the best interest of the client.

Data source

The data consisted of relevant clinical notes, reflective journals, meeting notes and musical examples from practice. These notes were my perceptions of how the clients were affected. All data was collected from my clinical practice at a neurorehabilitation facility and community home for adults with ID from February 2019 until September 2019. Across these facilities the violin was used with eight individual clients and one group of four. One facility purchased a violin of their own after I advised it would be useful for the clients.

Analysis procedure

Thematic Analysis (TA) was the method of analysis used. This is a method favoured in qualitative research and involves identifying patterns of meaning in the data (Clarke & Braun, 2017). This method is favoured when using qualitative data because of its flexible nature that allows deeper meaning to be uncovered. I used the six phases of TA (Braun & Clarke, 2006) as a guideline. A sample of my data analysis procedure can be seen in appendix 4.

1. Familiarisation with the data

Initially I extracted all the data about the violin from my more general clinical notes and reflections and collated them into NVivo. This raw data was read through many times in order for me to become immersed in it.

2. Coding

Each piece of data was grouped into categories or codes where I saw common elements in how I used the violin, how a client used the violin, as well as how clients were impacted by my use of the violin. I re-organised the data many times and to keep the code labels very broad.

3. Searching for themes

Themes were recognised as meaningful patterns in the data. These patterns were created from the combination and recognition of similarities within codes, grouping them together to form an overall theme (appendix 4.). The main question I was asking throughout this process in order to gain deeper insights was why? Why did I use the violin this way? Why did my client use the violin this way? This was an on-going active process throughout the writing up and analysis procedure.

4. Reviewing themes

This phase involved re-looking at the themes, checking they made sense and that they told a convincing story about how I used the violin within my music therapy practice.

5. Defining and naming themes

I found that I was discovering the essence of each theme more and more and was frequently rearranging. In order to gain an overall understanding of the story I was trying to portray I created a mind-map which outlined the main themes and subthemes (p. 20.).

6. Writing up

Throughout this phase I was actively reviewing and rearranging themes in order to tell a compelling and accurate narrative of my findings.

Potential Benefits

This research had personal benefits as it allowed me to expand and develop my skills not only as a music therapist but also as a violinist. This

research may help to show that the violin has therapeutic potential in specific settings such as neurologic rehabilitation and intellectual disability. Not only could this research benefit the music therapy profession, but it could also show other music therapists who play violin how their skills can be used in an effective way within their practice. I want this research to be able to be used as a guide or source of inspiration for other therapists who are unsure how to use the violin. More generally, this research could shed light on how important and beneficial using a primary instrument in practice can be.

Potential Risks

As this research explored my natural practice, analysed existing data, there are no direct participants - the focus is on my use of violin. However, music therapy is an interactive discipline and in order to provide context for my reflections I have included broad references to other people. Clinical notes were used as a source of data, and they contained personal and sensitive medical information potentially identifying clients. To avoid identification all data was made anonymous; pseudonyms and minimisation of identifying features were used when discussing work with people.

Ethical Issues

Informed consent procedure

Facility consent was obtained in order to use the clinical notes made at facility as part of the research (appendix 2.). Although there were no direct participants in the research, informed consent was obtained from one client to use their information in a case vignette, as the violin became an integral part of their music therapy (appendix 1.).

Confidentiality

When reporting, pseudonyms are used to protect participant's identities unless they specifically request for their name to be published.

Data storage

All clinical and reflective notes were stored on a password-protected computer. These notes were taken off site however could not be viewed by anyone other than myself.

Relevance to Maori

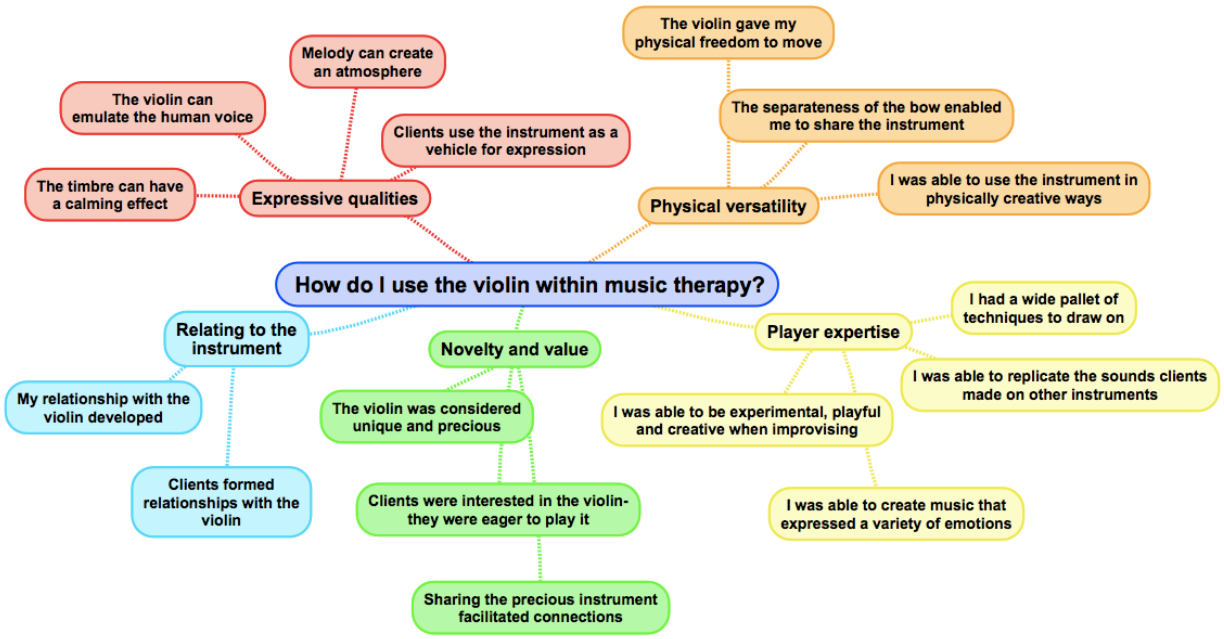
The three treaty principles of partnership, participation and protection are embodied in music therapy practice, which involves collaboration with participants and other professionals to enhance health and wellbeing. Throughout my practice I ensured to abide by the main principles set in the Treaty of Waitangi, being respectful of a participant's cultural background and working alongside them in a mutual partnership. As this research is SA, the conclusions drawn are solely focussed on myself rather than the participants; therefore, no conclusions about Maori were drawn.

Findings and Discussion

I have chosen to present my findings and discussion together in this section as it allows for me to explore and examine each theme in more depth as it is presented.

In the following paragraphs the five themes found are introduced: the expressive qualities of the violin, the physical versatility, my player expertise, the novelty and value of the instrument and how relationships were formed and facilitated with and because of the instrument. Fig 1 presents these main themes along with sub-themes.

Fig. 1



Expressive Qualities of the Violin

<u>The violin can emulate the human voice</u>

Through improvisations the timbre of the violin was manipulated to imitate the vocalisations of clients and was used as a substitute for the human voice.

<u>Case Vignette</u>

Billy spent three days a week at the community facility for adults with intellectual disability. She was referred to music therapy through the facility to

support impulse control, communication, encourage appropriate behaviours when interacting with others and to provide a safe space for non-violent expression. In the work described below, the Billy often used the violin as a substitute for her voice. As she became more familiar with the instrument, she developed a relationship with it enabling her to express herself through experimenting with creative sounds she could make with the body and the bow.

First meeting

Billy was very anxious the first time we met. She had only recently begun attending this facility during the day and was still getting familiar with the environment and staff. The initial meeting did not last long as she became quickly overwhelmed, screaming and yelling at me to leave. A guitar and small drum was all I brought with me, as I wanted to slowly introduce her to the instruments and myself.

First time with the violin

There was some construction going on next to my room so I went out of the music room to ask them to stop, while I was doing this Billy had gone into the music room and picked up my violin. My initial reaction was anxiety and worry that she was going to damage my violin; however I immediately sensed that she instinctively understood how precious this instrument was since she was handling it with great care. She was holding it with relatively good technique, which made me question if she had had some lessons before. I sat at the piano and we created an improvisation together. She was experimenting with the different sounds the violin could make including pizzicato, spaccato, con legno as well as exploring different ways to hold it e.g. like a cello. I did not give her any direction regarding what I might perceive as the 'correct' way to hold it, as I wanted her to explore the instrument. She began to play open strings in rhythm of Viva la Vida by Coldplay that has very iconic string sounds in the introduction. When I began to sing the tune, she put down the violin and left. Maybe the feeling of being in sync and connected was unfamiliar and uncomfortable for her. As our

sessions continued she was more tolerant of connectedness and began to seek more.

Billy finding her 'voice'

Billy became increasingly drawn to the violin as our music therapy continued. It appeared to me that the combination of timbre and the physicality of playing were the main aspects that attracted her to the instrument. When the violin was not involved Billy was extremely vocal, however as soon as she picked up the violin and began to play, she did not vocalise at all. This contrast demonstrated to me that the violin was acting as a vocal substitute. It appeared as though the violin was an instrument she could channel her emotions, thoughts and wants through. This then produced something meaningful that affirmed what she was expressing. It was almost like a musical collage that brought all the scattered communication into one complex musical picture. In the early sessions Billy would not want to leave her computer to come to the music room. I brought my violin over when it was time for her session. In one session she was screaming and shouting outside the door. When I mirrored these vocalisations with the violin by playing high-pithed notes and using strong vibrato, she began to subtly smile, looked at me through the corner of her eye and followed me to the music room. In another session I took my violin and started playing Soft Kitty outside the door of the kitchen where she had locked herself in. She opened the door and slowly followed me down the hallway back into the music room. I could see a subtle smile on her face as she followed me.

Billy would use music as a means of communication. She was a very vocal person and these vocalisations were often scattered and loud. She explored and experimented with many ways of playing the instrument for example playing it like a cello, double stopping, plucking the strings and rubbing the strings with her fingers. Not only was the sound of the violin significant for Billy but also the instrument itself seemed to represent a symbol of what music therapy was for her and aided in the development of her musical identity.

Talking is a common means of expressing and communicating what we are experiencing inside. However, using the voice to sing or talk can be an intimate thing for some therefore making them uncomfortable and prompting emotional retreat (Chan, 2015). In Billy's case her vocalisations were scattered, sporadic and often hard to understand. She seemed to use the violin to channel these vocalisations into a meaningful musical voice.

A vehicle for expression

Clients were able to play the violin by themselves or alongside me as a means of expression.

The ways in which I facilitated expression for one client, Cory, was through shared instrument playing within improvisations. Whilst I held the body of the violin on my shoulder he would hold onto my bow arm and move it across the strings of the violin. Cory's physical movements were limited to his arms, which he could not always control and he would sometimes sporadically flail and reach out towards me.

> *Cory 02/07 - "He controls what kind of sound the violin will make - I am just the vehicle that can produce that sound."*

I was able to provide Cory with the opportunity to engage with an instrument that he has not had access to before. Everyone needs an outlet no matter the illness or disability they experience. It was important to provide this opportunity for him, as he does not receive expressive opportunities by any other means. By acting as a translator, I could give him complete autonomy and control over the music we were creating together. This was a way in which Cory could feel his movements were purposeful, meaningful and validated through the musical interaction.

Calming effect - Meeting clients emotional and expressive needs

I manipulated pitch, tone and the timbre of the violin to meet client's expressive and emotional needs; as well as using it to soothe and calm clients when they were in highly distressed states.

Meeting a client where they are at within music is an important premise of music therapy (Bunt & Hoskyns, 2002) and through the violin I was able to do this effectively and in a meaningful way. An example of this is with Cory who would often vocalise with high-pitched screams or mumbles. We created improvisations together in which I would match and mirror him in both pitch and tone quality.

> *Cory 11/06 - "Instead of shying away from him I embraced his vocalisations - screaming and yelling, mirroring the volume, energy and pitch. The violin is a very 'vocal' instrument*"
>
> "*Scream with him, yell with him*"

In the following example Cory began the session in a very distressed state and left in a state of calm. I guided him to this state by initially meeting him where he was by musically validating his vocalisations.

> *Cory 06/08 - "I began by matching his pitch high on the E string with strong strokes and tremolos"*

Then gradually descending in pitch and volume,

> *Cory 06/08 -"I started moving onto the A string and decreasing the intensity of playing - adding more vibrato and legato bowing. The playing mainly included going up and down in major 3rds as his vocalisations did. I then transitioned into playing /Things Do Get Better/ which is a slow Irish song that uses the same rising and falling. His vocalisations began to decrease in*

frequency and volume. I played this song through twice - at the end decrescendo very strongly and ending with a whispering lullaby."

The initial matching and mirroring of his vocalisations was important as it showed him that his distress was being heard and acknowledged. These are two techniques used in music therapy that I adopted in this improvisation. Mirroring works by the therapist replicating what the client is presenting and giving it back to them (Wigram, 2004). Reflecting to the client what they are doing and what they sound like is a way of acknowledging and validating their emotions and behaviours and meeting them exactly where they are. Matching on the other hand is when the therapist acknowledges what the client is presenting musically and responds in an empathetic way to help the client feel supported. My technical ability and musical intuition on the violin were crucial for this to be successful, as it allowed me be fully present, observant and attentive to the client throughout. I had begun to experience some of the ways the complexity of the violin's timbre allowed for vast expressive abilities (Chan, 2015). The violin has an ability to capture the subtlety of human emotions and because of my familiarity with it I am able to use this to its fullest potential to meet the emotional needs of my clients. *"There is no instrument from which one obtains a more varied and universal expression"* (Jean-Jacques Rousseau's *Dictionnaire de Musique* as cited in Schoenbaum, 2013 pg 18).

At the end of the improvisation example mentioned above, I slowly transitioned into Things Do Get Better, a Celtic tune, and then a lullaby. Lullabies are primarily sung to babies to soothe and lull them to sleep and are usually slow, soft and gentle. Inspired by the anxiety-reducing trait of lullabies (Mackinlay & Baker, 2005), I provided a safe musical space, in which I musically held the client. It was important that this client's distress was recognised and acknowledged before we could move together into a state of calm. This experience reinforced my belief that the violin is one of the only instruments that possesses the flexibility and timbre to meet someone where they are at in such a close tonal and musical manner. The importance of matching and mirroring are also echoed in psychiatry and psychotherapy literature where it has been shown that by mirroring back to a client what they have said helps in building connections and

rapport (Schreiner, 2014). As mentioned earlier this technique is based on being present with the client, listening and taking on their perspective to help uncover themes and underlying issues. The potential for the violin to be used in the area of mental health and trauma is evident here, as it could become a medium for mirroring, translating emotions, and empathetically sharing emotions in a musical way. "*Expression is the opposite of depression*" (Eger, p. 236). Expression is a crucial tool in processing and fully experiencing emotions. Sometimes words can be too triggering or confronting for people who have experienced trauma or mental illness, and music can be a method to safely express and make sense of these difficult feelings.

Melody painting the picture and creating an atmosphere

Words are not always a person's main form of expression and verbal expression often fails to capture the full extent and depth of emotions. This is where music holds its power, by providing a channel through which a person can direct their emotions and thereby create meaningful and validating moments. For the client described below, Dan, the drums were something that he enjoyed and connected with; they provided him with the opportunity to express his anger and frustration around his stroke.

> *Daniel – 07/05 "Meet him where he is at with no vocalisations, music does the talking. He isn't that interested in MIT or expanding his vocal communication. Being able to communicate through our musical improvisations is really important for our therapeutic relationship and understanding."*

In these improvisations I was able to use the violin to add melody over his un-tuned percussion and join him in creating a musical story. The unfolding melody within the improvisation added more depth to the music (Blume 1989, as cited in Aldridge & Aldridge, 2008) I was able to mirror his rhythm and translate it into a melodic sequence. The violin and drum are quite contrasting instruments, however their sounds complimented each other in this scenario. Although I was

mirroring the harsh, loud sounds Dan was playing there was still a tender and emotive element to the music. The mix of instrumentation aided in fully portraying the frustration, grief and loss that he was experiencing, which is often seen in brain injury (Niemeier & Karol, 2010). Depression and other mental illness are common as people come to terms with what has happened. Their ability to express can often be compromised with the impairments in physical abilities. The violin resonated with this client as he repeatedly requested it in following sessions. Other music therapists could provide this support for expression on their primary instrument; however the violin was unique in this setting because of its timbre quality and single line properties.

Physical Versatility

The violin gave me physical freedom to move, and the separateness of the bow gave me the ability to engage in shared instrument playing by giving the client the bow whilst I held the body, or vice versa. It also allowed for opportunities to use the instrument in creative ways.

<u>The violin gave me physical freedom to move</u>

The violin is made up of a bow, held in the right hand and a body, held on the left shoulder. The player's lower half is unburdened allowing them to be mobile and therefore walk or dance whilst playing. It was easy for me to travel from room to room and manoeuvre around a bedside or a large wheelchair. I found this extremely useful especially within the hospital setting. The extra mobility that I had whilst playing allowed for more musical flexibility and opportunities to connect with the client.

> *Billy - "Because of the physical freedom I gain from the violin I was able to move around the room with her and join her where she decided to land."*

In this example the client was walking around the room, picking up different instruments and dancing as she went. I was not restricted to a seat as I would've been if I was playing the piano, I could follow her and join her where she decided

to stop. Another example of this freedom was when I saw a client in their hospital bed. I brought the violin right up to the client and we engaged in a plucking improvisation. Because the violin is reasonably small and light it could fit over the bed railings and I held it whilst we played. Although I did not do this, the violin could gently rest on the client's chest or stomach without putting too much weight or pressure on those areas, making it more accessible.

For many of the clients with neurological condition, movement is important for their muscle maintenance or growth.

> *Cory – 04/06 "By using the 3/4 nature of Waltz and dancing myself I am able to encourage movement."*

> *"I was able to sway from side to side with them, but I couldn't lead G or hold his hands while playing the violin - I guess that is a bit of a downside. However, I do feel very free to move and engage when I am playing. I did not feel as though I was accompanying them dancing - I felt very much a part of their dancing."*

In the example above the client was dancing with another person in the music therapy room whilst I played the violin. One disadvantage of the violin I noticed here was that I was unable to hold his hands and dance; however, this did not inhibit my ability to connect with him and the other person in the dance. It felt like a partner dance in which the client was dancing with a partner and my partner was the violin.

> *"Being able to dance around the room while playing the violin can be very amusing for them and therefore take away some of that self-consciousness that often comes with expressive movement."*

The separate parts of the violin are easy to use in an expressive movement whilst playing. I am able to exaggerate these movements to encourage participation.

"I did this by using exaggerated body movements, breathing in anticipation of starting and holding my bow in the air above the strings".

By exaggerating my natural movements whilst playing and deeply inhaling as a lead in, I was able to overtly indicate when the music was going to begin and encouraged the clients to get ready. I changed the length and speed of these movements depending on the client and the situation. For example, I used my bow like a conducting baton, lifting it slowly to lead them into a slower tempo.

Rhythmic Auditory Stimulation (RAS) is a Neurologic Music Therapy technique that focuses on the development and maintenance of movements that are intrinsically rhythmic such as walking, arm swinging and an even gait. This technique is based around the coupling of the motor and auditory system, allowing for rhythmic music to manipulate and stimulate motor movement (Thaut & Rice in Thaut & Hoemberg, 2014). The music is used to either activate the motor system in anticipation for movement, or as an entrainment tool providing rhythmic cues during movement. With this particular client thee guitar was used in earlier RAS sessions, however I found that using the violin was also very effective. I have not been formally trained in this technique therefore I was simply drawing on the principles with guidance from a music therapist trained in the RAS. The improvements were noticeable in his weight bearing and smoothness of walking when the violin was involved.

"His walking was very rhythmic and in time with the violin. It appeared that the different notes for each foot provided him with more guidance than the guitar. He mentioned that he enjoyed the violin more especially when it was behind him, it motivated him."

This man also commented on how much he enjoyed the violin more than the guitar. It is important to keep rehabilitation interesting and motivating as the constant repetition of movements can become stale to the client leading to a decrease in motivation and success in therapy. By introducing this other

instrument, I was able to give a new life and spark interest in this rehabilitation activity when the client was becoming bored.

The separateness of the bow

Having the bow separate from the body of the instrument provides versatility in terms of being able to share the instrument and using the various parts creatively, e.g. the bow being used as a drumstick.

Sharing the instrument

The bow became a particular point of contact between a client and me. This client held onto my bow arm whilst I sat the violin body on my shoulder and we would play familiar as well as improvised songs together.

> *"He started to make movements with his arm that mirrored my bow movements - reaching out for my arm. I let him grab onto my bow arm and began to play fast and loud tremolos."*

The bow allowed for my arm to be very accessible to him, giving him control over the sounds produced. I would allow him to completely control the bow; I simply held the bow on the strings facilitating the sound production. When we played familiar songs, he would simply hold onto my arm and enjoy the movement sensations.

> *"He responds to trills, tremolos, pizz and big bow circles, laughing and smiling."*

As stated in the list of violin techniques (Daverich, 2018, p. 10) a tremolo is when the player repeats a note as fast as possible creating a trembling or quivering sound. This client appeared to particularly enjoy these, as it would cause his arm to shake along with mine. The gentle shaking elicited through tremolos has potential to be used as a tool for muscle relaxation in motor rehabilitation.

Another example of shared instrument playing is one person holding the violin and another holding the bow.

> *"She began to reach over and play my violin with her bow - I reciprocated and it became a game"*

In this example the client used the bow from her violin to play my violin and vice versa. She was able to explore my instrument on her own terms, keeping her desired level of physical distance between us. For her to reach out towards me in this way showed a growing trust and connection between us strengthening our therapeutic relationship.

Physically sharing instruments is an effective way of forming bonds within music therapy but not all instruments have that potential.. Many of the staple music therapy instruments such as guitar and piano have the potential to be physically shared, however other orchestral instruments such as the flute or trumpet not so much. The violin is therefore relatively unique in this way.

<u>Using the bow in creative ways</u>

In this next example the bow was being used as a drumstick, initiated by the client. Whilst this was happening, I was very aware of how hard the drum was being hit and the potential to damage either the drum or bow.

> *"She began playing the drum with her bow so I copied this. We both had drums next to us, she reached over to hit my drum a couple of times and I did the same to her drum."*

The length of the bow allowed her to be a good distance away from me but still engage in collaborative music making. She was fully in control of how close she was to me and how much she offered to the music space. This provided her with a sense of safety and predictability, which was an important aspect of her music therapy. It was important for things to be within this client's area of comfort, however as she became more familiar with the violin, she began to extend herself and slowly step into unknown territory. The separateness of the bow

from the body of the violin gives the client a wider scope of playing possibilities and can be a catalyst in their creativity and expressive exploration.

Player Expertise

When using the violin, I was able to employ a variety of performance and bowing techniques that created sound qualities to assist in expressive improvisations, through matching and mirroring the sounds clients were making.

It was important for me to keep my violin skills at a proficient level in order to provide the best musical support for my clients. This meant maintaining a regular practice schedule. Once I began to explore different ways of using the violin in session my practice routine began to change. Scales and studies that focus on developing bow strength and control became more important as well as expanding my repertoire and exploring more genres outside of classical such as Jazz and Folk.

<u>Mirroring sounds on the violin that clients made on other instruments</u>

The bow is one of the major advantages of the violin that makes it so versatile. It can produce a sustained sound, play with phrasing and connect to a breathing pattern. As mentioned earlier there are a wide variety of bowing techniques that I was able to adopt in order to mirror sounds that clients made vocally or instrumentally.

> *Billy - "When Billy played the shaker I used more tremolo and semiquavers to replicate the shaker sound. When she was hitting the strings of the ukulele I played con legno."*

Billy was experimenting with lots of different sounds and I was able to replicate something similar to a lot of them. For example, I hit the body of the violin like a drum while she was hitting the body of the ukulele. She continued to play different instruments and look at me expectantly to see how I was going to respond. Mirroring these sounds created a connection between us, as I was able to validate what she was communicating and engage in a back and forth musical

dialogue. With a little creativity the number of ways to use the instrument seems almost endless.

Creating music that expressed a variety of emotions

The next example demonstrates how I was able to use the violin to create an improvisation based around various emotions. Understanding other people's emotions was a specific area this client and I were working on and instead of using words to explain each emotion, we engaged in an improvisation. The facility had purchased a violin to be used in sessions, which meant we had two available. In this session the client held one violin and was playing open strings with a variety of bow strokes. I mirrored these through melody and other ornamentation to add a melodic story of each emotion.

> *Charlie – 26/08 "I used the emotions chart I have created to ask which emotion the violin was feeling today - he pointed to happy. We began playing the "happy" violin. (playful staccato, ornaments, e string). We then went through all the emotions:*
> *Angry - strong double stopping, D and G string*
> *Sad - largo, long bows, minor key, high string, lots of vibrato*
> *Worried - minor key, short bows, ornaments, trills, crescendos*
> *Silly - circus like playing, animated, A and E string*
> *Surprised - short bows"*

I exaggerated my bow strokes and facial expressions to distinguish between emotions. The client found my facial expressions amusing and copied them. He also used his bow in a variety of ways that was appropriate for each emotion, suggesting he understood the essence of what they meant and could recognise the difference between them. In this scenario it was important to explain the emotions in a way that the client could understand. I believe that music is a universal language among humans, and it allows connections and mutual understandings to be made between people where no words have to be spoken.

I was able to be experimental, playful and creative within improvisations

My confidence on the violin allowed for utilization of performance techniques and a greater amount of flexibility, adaptability and attunement within improvisations.

Improvisations were a big part of my practice and the ability I have on the violin allowed me to experiment, be playful and creative with how I played as well as closely recreating specific sounds.

> *Billy - "I was mirroring her improvisation - matching pitch, double stopping when she was playing chords on the piano and glissando when she ran her hands along the keys. The violin allowed for a lot of flexibility in this improv, I could easily match the mood and energy of her playing - loud and angry vs soft and light."*

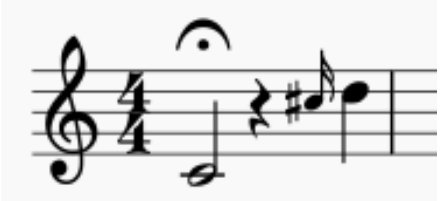
At the facility for people with ID I had a small group with five members. Within this group I created an activity called Violin Player (see appendix 3.) in which each member got a turn playing the violin with me. The purpose was to demonstrate turn taking, encourage acknowledgement of other group members and allow each member to have a solo moment for their musical voice to be heard. The song was based around a pre-composed tune and involved a free improvisation at the end of the phrase where the violin player and I created music together. When each group member had their turn they would play open strings (E, A, D or G), which made it easier for me to improvise around in a harmonically pleasing way. The bow strokes would range from short, sharp and bouncy to long, slow and quiet depending on the player. The flexible framework of the activity allowed the group members to have creative freedom whilst knowing that I would support them. Although it was important for each member to be heard it was sometimes daunting and scary for them to have a solo, so I made sure I was very musically attentive and supportive. My expertise and trust in my musical intuition allowed me to do this. These findings suggest that my confidence and technical abilities gave the group members comfort and safety to be more creative and explorative within their music making.

I found that particular clients responded to the playful and silly sounds I could make on the violin. The following examples demonstrate this.

> *"G appears to respond in a positive way to the 'silly' sounds I can make with the violin. I create some of these sounds by building up anticipation and then suddenly surprising him. For example, I might play a tremolo quietly while leaning away from him and then moving towards him fast with a sudden crescendo and higher pitch."*

> *"I can create anticipation by playing a long leading note then suddenly resolving"*

Fig 2.



> *"The fact that I am so comfortable on the violin gives me this freedom to be musically creative and silly - slides, plucking, clown-like noises, wa wa waa."*

Whilst making 'silly' sounds I also made complimentary facial expressions. Having fun and laughing is such an important part of everyday life as well as therapy. For this client in particular, increasing his quality of life was a big part of his music therapy experience. His movement was very limited and his ability to have control and autonomy over his life was almost non-existent. The light and happiness I could provide him through the use of the violin was extremely heart-warming. The opportunity I was providing him was something that he had never experienced before and appeared to resonate with him in a significant way.

Novelty and Value

Clients were interested in the violin: they were eager to play

Most people will be familiar with a violin is however the number of people who have had the opportunity to physically touch a violin or play one is rather slim in comparison to those who have played the piano or guitar. Being presented with this opportunity can create a sense of curiosity and excitement, or uncertainty and anxiety, as it is something new. I found that most clients were interested in the violin and eager to play it themselves or listen to me play.

> *Billy – 13/05 "The violin remained on the desk next to me until she began to eye it up after some drumming."*

> *"People clapped and said, "Play some more"."*

The violin intrigued most of the clients I saw even if they were unsure about touching it at first. The presence of a new instrument in the room altered how some clients behaved. My use of the violin in the following example with Billy encouraged her to come out of the room she was in and over to the music room. She initially appeared quite distressed, however the sound of the violin caught her attention.

> *Billy - "I started walking down the stairs while playing and stood at the bottom playing - encouraging her to follow. She eventually came down and we began to walk over to the music room."*

The sound of the violin attracted and calmed her in a way that other instruments such as the guitar and piano had not. The way I played the violin distracted from her previous distress and she became invested in this new sound. Distraction is not always the right method when a client is distressed, however in this situation it was appropriate. As mentioned earlier the violin became an integral part of my sessions with Billy.

My initial introduction of the violin to this next client was quite powerful. Cory appeared to be intrigued and mesmerised by the sound, eagerly watching me while I played.

> *Cory – 09/04 "I picked up the violin and began to play /Amazing Grace/. His eyes immediately lit up and he opened his mouth seemingly in awe. He remained frozen in this facial expression until the song came to an end, his expression then changed to confusion and longing. I played a couple of more songs and his face returned to the awe-like expression."*

The violin became an integral part of many of Cory's sessions. Along with the guitar, the violin was one of the only instruments he appeared to connect with and would participate in playing.

Being able to engage clients in sessions was a great advantage of the violin. When the client is engaged there is more opportunity to develop connections and work towards therapeutic goals. For one client a significant goal was to maintain her attention on a particular exercise or activity. The violin intrigued her and we would spend the majority of the session experimenting and exploring its sounds through improvisation. She was not as interested in the other instruments in the room, and would only play them for sustained periods when the violin was involved in some way (using the bow to play piano, hitting the drum with the bow, or me playing the violin while she played other instruments).

<u>The violin was considered precious and unique and sharing the instrument facilitated connections.</u>

Through the use of the violin I was able to foster connections between myself and the client, group members and the violin itself. I did this through shared instrument playing, allowing clients to play my personal violin and engaging in meaningful collaborative music making. The violin was used as a bridge to build relationships between clients and the routine of having the violin present in each session allowed clients to form connections with the instrument itself.

Between my clients and me/myself

I initially allowed some clients to play my personal violin but soon recommended the facility purchase one, which they did. Giving these clients the opportunity to play my personal violin was a difficult decision. In hindsight I am glad I did as I think that this signalled my trust and respect which was the foundation of our therapeutic relationship, and increased their sense of importance. It appeared that the clients realised the precious nature of the instrument once I explained that it needed to be handled with care. In one situation a client was extremely agitated and distressed. Initially I questioned if giving her my violin was safe, however when I handed her the violin her emotional state immediately shifted to calm and at ease. This was quite a powerful moment and showed to me her understanding of the trust I had in her.

Another way of strengthening the therapeutic relationship was through shared instrument playing. This example demonstrates the physical versatility of the violin, as discussed earlier with Cory (pg 26.) and how that created opportunity for connections to be formed.

> *Cory - "He did eventually reach out for my bow arm and in that moment the connection between us became stronger as we were musically connecting and physically connecting. I think these layers of connection are important for him and show that he trusts me - I don't think I would've been able to reach this level of connection with him without the violin"*

For Cory the physical touch was something that helped to orient him into his surrounding environment, as his level of cognitive awareness is unknown (Baker & Tamplin, 2006). Connecting in a way that resonated with him was important in developing our therapeutic relationship.

Between clients within the group

The violin became a catalyst in relationship building between clients within the group. This was through mutual interest in the instrument, respect while others were playing and synchronised music making.

As mentioned earlier the violin was used within group sessions at the residential facility for adults with ID in the song 'Violin Player' (see appendix 3.) Overtime the group developed a sense of togetherness and community as they got to understand each other and the unique contribution each member could offer. An example of this is they began to pass the violin along to the next person when their turn had finished and helped them get the violin into place on the shoulder. This was not a suggestion of mine and did not happen during the early stages of the group, which shows the natural development of relationships through music making. The connectedness they exhibited within this song transferred into other parts of the sessions where they hi-fived each other after improvisations and shook hands when it was time to end. Social interaction and relationship building is shown in the literature as a benefit of music therapy in ID (Cameron, 2007; Bevins et al., 2015). The violin acted as a bridge that sparked mutual interest among the group and allowed relationships to grow. This sense of belonging and togetherness that the violin facilitated could also be an asset in music therapy within the mental health area.

Relating To The Instrument

Clients forming relationships with the violin

Clients developed a relationship with the violin as they became more familiar with the physical instrument and its sound.

Within the group, multiple clients appeared to embody the 'violin player' persona. They would sit up straight and spend time adjusting the violin on their shoulder before taking a leading breath in and beginning to play. Embodiment is different from taking on a role as it suggests the person *is* a violin player as opposed to them *pretending* to be one. Embodying something can be very

empowering, and these clients showed this by giving me a wide and proud grin after they had played. They all became violin players.

> *George - "He sat up very straight and proper when I handed him the violin - he took a deep breath before starting to play - he appeared to take a lot of pride in his performance ending with a long note and holding his bow in the air."*

The violin became part of every session as the clients obviously enjoyed it. It was clear to see each client had a relationship with the violin and took pride in the music they made with it. As I was the person who provided them with the violin, our relationship also strengthened.

<u>My relationship with the violin</u>

As my relationship with the violin changed, I used it more confidently and creatively within practice.

Initially I was nervous to use the violin in my clinical practice. I felt a great amount of pressure to do something 'amazing' with it, as I had promoted its value and committed to a research project based on its use. I was also nervous because I felt I was exposing a part of myself to the world in a way I was not familiar with. I also knew that my relationship with the violin would change throughout this process. I found myself having doubts and asking questions; is my technique good enough? What if people hate it and I never use it? This doubt and anxiety had an impact on my practice. I held back from using the violin where in hindsight it would have been very helpful, however I think this was an important part of my development.

My relationship with the violin has always been based around performance; practicing to provide a flawless performance for the audience. I have been taught to be committed to the instrument and care about the quality of sound produced. Music therapy is different, it is not about perfection, it is about being with people in music. The more I used the violin in my music therapy practice the more my

relationship with it developed into a partnership in which we work together in an authentic way to be responsive and supportive to our client's. As I found myself becoming more comfortable using the violin in a different way, I realised that the relationships music therapists have with their instrument/s is crucial for successful music making and meaningful interactions. I have always felt that the violin was a part of me, and this has only grown stronger. The violin is truly an extension of my soul and musical self. Playing the violin feels like a more accurate and authentic representation of my emotions than words or vocalisations.

> *"Expressive freedom! I feel like I am bringing more of myself to session and the music when I am on the violin – more so than with my voice. I can trust my musical intuition and myself more. I know what I am doing*."

As a music therapist it is important to feel confident on the instrument you are using in order to provide the most effective musical support and flexibility for clients. As my confidence in practice has developed I have become more comfortable in exploring and experimenting with different sounds and techniques. Focussing on the violin does create risks that other musical skills are not maintained and/or developed as much as they could be. This is an important balance that comes with experience and knowledge of my own practice and musicality. It is beneficial to explore new areas within practice but also crucial to maintain the fundamental musical skills needed as a music therapist.

> *"Piano and guitar are such staple instruments in music therapy. Guitar I feel pretty confident on, piano not so much. In terms of versatility of tone, these instruments are quite restrictive I believe. If you are more skilled and proficient on another instrument why not use it? It brings something so special to your practice and your identity as a music therapist*."

The piano and guitar are important instruments within music therapy, however other instruments we as music therapists can bring into the sessions are also

important. They can spark interest and curiosity in the clients and aid in the development of our identity as music therapist.

For me, the violin was what introduced me to the world of music and has been by my side throughout my journey into music therapy. I believe the strong relationship I have with this instrument was a large reason why I got into the field of music therapy.

> *"I don't think I would've gotten into music therapy if I never learnt the violin or if I didn't feel so connected to it. It was my door into the world of music and may be the same for someone else. They might connect with it more than they do with other instruments or sounds and my investment and commitment to the violin allows me to them with the opportunity to explore that*."

How I feel about the violin now

The violin has transitioned from being a part of my identity as a musician to a big part of my identity as a music therapist. I feel the violin has become more of an extension of myself in a way that is difficult to put into words. It can act as a translator for emotional expression, capturing the full complexity and subtle nature of my client's emotions as well as my own. The flexibility and intuition I have on the violin has been a great asset to my music therapy practice and had allowed for a level of connection between myself and clients that I do not believe would have been reached without it. Throughout this research project I have been able to discover the therapeutic potential of the violin by exploring creative and new ways to use it. I feel more connected to the violin than I ever have before and I am excited to continue using it within my practice.

This research in the music therapy field

This research contributes to literature on the use of a music therapist's primary instrument within practice. I believe there is a place for these instruments and the unique relationships we as therapists have with them that is yet to be fully

acknowledged and explored. I hope that this research will encourage other music therapists to utilize the unique skills they have on their primary instruments and inspire them to not be afraid to explore and experiment with more unusual instruments and techniques.

Future research

There is still so much of the violin's therapeutic potential to be delved into in future research. This includes how it could be used in specific music therapy methods and approaches such as Melodic Intonation Therapy (Baker & Tamplin, 2006), or Guided Imagery (Wigram, Pedersen & Bonde, 2002) where I believe there is potential because of the violin's timbre quality.

It would also be valuable to analyse the specific music created within improvisations to have more evidence of how the violin is used to speak, connect with, and calm people. I would therefore recommend future research, which is music-centred, perhaps involving micro-analysis of audio and/or video material.

Reflections on my process

When analysing my data I noticed that I did not score much of the music made within sessions. In hindsight I realise scores would have been useful in examining more specific melodic phrases, and intricate musical moments between client and therapist, how we responded, acknowledged and interacted.

Final thoughts

This research project has opened my eyes to the extensive possibilities of the violin in music therapy. I have discovered more about an instrument that I thought I already knew so well and developed a new and deeper partnership with my personal violin. I have realised just how much I connect with this instrument and how important it is for me to use it with my clients, as it is such a big part of my identity both musically and personally. The findings of this research show how versatile the violin is as an instrument and how much it can be used in music therapy. I did not anticipate that the violin would become such

an integral part of my practice and identity as a music therapist. A particular surprise to me was how much the violin became part of the group sessions and how strongly the clients connected with the instrument. Music has a very special way of reaching and healing people from within, it touches the soul and gives a voice to complex emotions and feelings that may be difficult to articulate. Being able to share the musical space with someone and journey through it together is an extremely powerful and moving experience, which I found possible with the violin. My time spent learning the violin as a child, and growing up with it by my side has allowed me to be with my clients in a complex and meaningful musical way.

Conclusion

The purpose of this research was to explore how I used the violin in music therapy with people who have neurological conditions or intellectual disabilities. The data included clinical notes and reflective journals from my placements at two facilities. These notes included specific performance techniques used, creative ways in which clients used the violin and reflections on why I believed the violin was important in that particular moment. Secondary analysis was used as the methodology along with Thematic Analysis as the analysis procedure. Five main themes were identified from the data with sub-themes within them. The violin was found to have many expressive qualities and the separateness of the bow from the body allowed for freedom whilst playing and fostered connections through sharing the instrument. My expertise gave me a wide pallet of techniques to draw on while the novelty of the instrument sparked interest in the clients. The violin acted as a bridge for the formation of relationships between myself and clients, clients within the group and clients with the violin itself. There is potential for future research into how the violin could be used in specific music therapy methods and facilities, in particular its use in mental health. It was found that the violin was a unique vehicle for emotional expression and a bridge that connected people within a group. The violin's potential to provide something incredibly special and meaningful to this area of music therapy is significant and I am eager to explore this in the future. The violin was an asset to my music therapy practice and it will continue to be an integral part of my identity as a music therapist.

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Appendices

Appendix 1.

MUSIC THERAPY PROGRAMME (MMusTher)

Case Vignette
Information and Consent Form

Hello. I am Lucy Kelly, the music therapy student currently working at [redacted].

As part of the requirements for my music therapy clinical placement I am required to complete an exegesis, illustrated by a vignette from my clinical work. I am writing to ask if I can describe the work I have done with [redacted] in my exegesis.

The exegesis including the case vignette will be sent for examination. The examiners will be both internal and external to the New Zealand School of Music, Victoria University of Wellington. The exegesis will also be published in the Victoria University of Wellington library, in hard copy and as an online resource.

If you agree, the case vignette is likely to include background information about [redacted]. Anonymity will be protected whenever possible, with all information that might identify [redacted] and/or the name of the facility being removed. I will use a pseudonym when describing [redacted] I will not use photographs, audio, or video material in my case vignette.

Please take time to think about this, and ask any questions you might have. When you are sure you agree that I can write about Breanna in my case vignette, please sign both copies of this letter, keep one, and give one back to me. If you would like a copy of the case vignette and/or exegesis, it will be provided for you after the work has been completed and examined, following the conclusion of my placement.

I ……..give consent for information about [redacted] to be included in the case vignette described above.

Name:……..Signature:……..Date:……
….
Parent/guardian or representative

Name:……..Signature:……..Date:……
….
Facility representative

Appendix 2.

MUSIC THERAPY PROGRAMME (MMusTher)
Facility Consent Form

Hello. I am Lucy Kelly, the music therapy student currently working at [redacted].

As part of the requirements for my music therapy clinical placement I am required to complete an exegesis based on research and data I have collated throughout my clinical work. I am writing for permission from [redacted] to use the clinical work I have done at this facility throughout this year in my exegesis.

The exegesis will be sent for examination. The examiners will be both internal and external to the New Zealand School of Music, Victoria University of Wellington. The exegesis will also be published in the Victoria University of Wellington library, in hard copy and as an online resource.

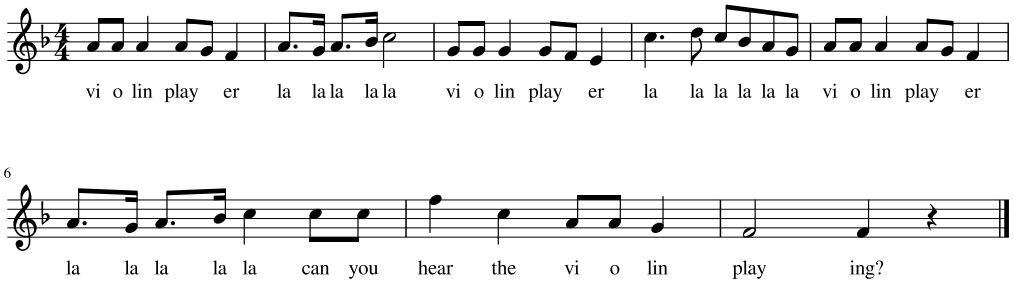
The exegesis will include a case vignette and separate consent will be obtained for this. Anonymity will be protected whenever possible, with all information that might identify people and/or the name of the facility being removed. I will use a pseudonym when describing people I will not use photographs, audio, or video material in my case vignette.

I ……..give consent for the clinical work done at [redacted] to be included in exegesis.

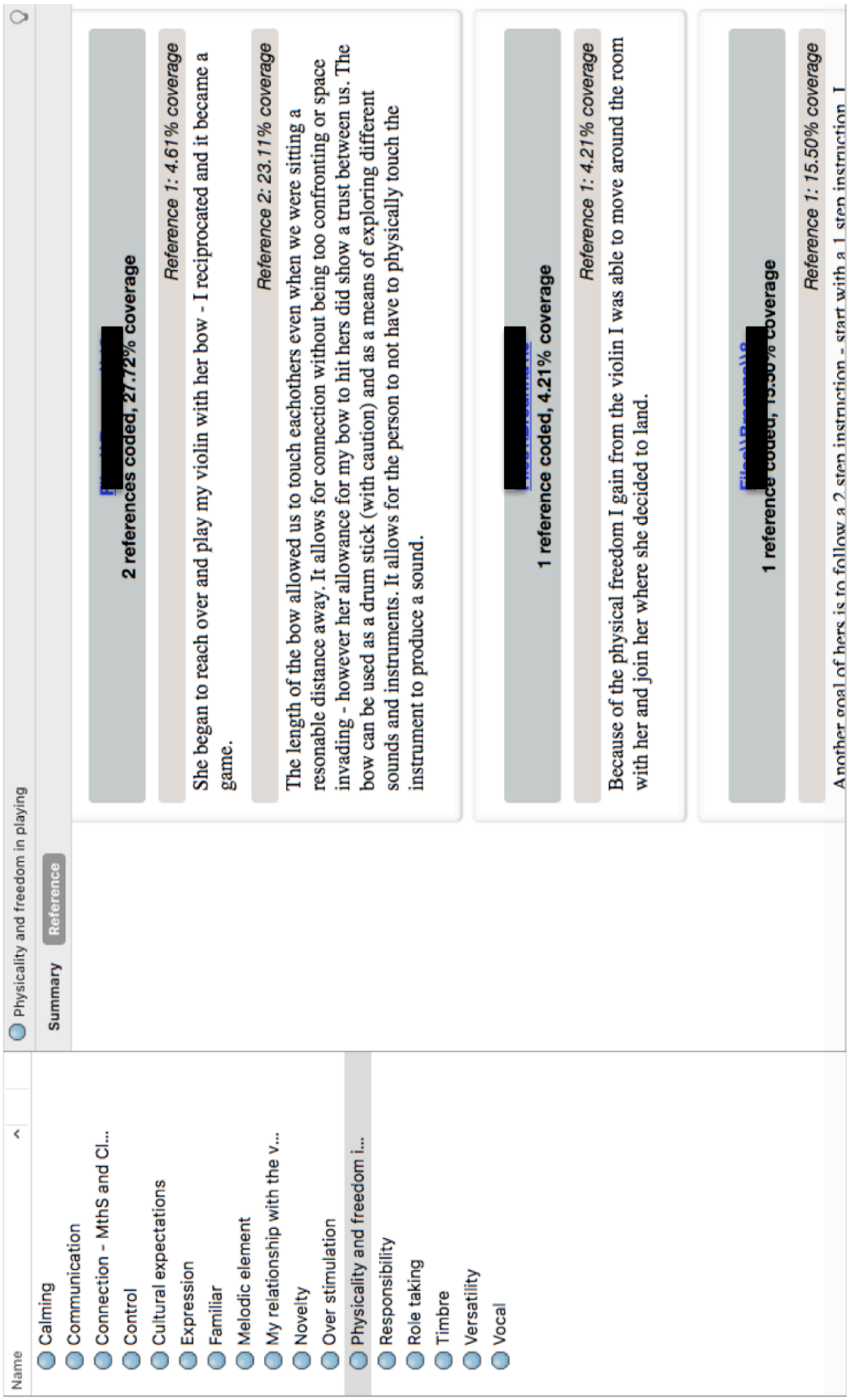
Name:……Signature:……Date:……
….
Facility representative

Appendix 3.

Violin Player



Appendix 4.


Physicality and freedom in playing
Summary
Reference
Name
Calming
Communication
Connection - MthS and Cl...
Control
Cultural expectations
Expression
Familiar
Melodic element
My relationship with the v...
Novelty
Over stimulation
Physicality and freedom i...
Responsibility
Role taking
Timbre
Versatility
Vocal
[redacted]
2 references coded, 27.72% coverage
Reference 1: 4.61% coverage
She began to reach over and play my violin with her bow - I reciprocated and it became a game.
Reference 2: 23.11% coverage
The length of the bow allowed us to touch eachothers even when we were sitting a resonable distance away. It allows for connection without being too confronting or space invading - however her allowance for my bow to hit hers did show a trust between us. The bow can be used as a drum stick (with caution) and as a means of exploring different sounds and instruments. It allows for the person to not have to physically touch the instrument to produce a sound.
[redacted]
1 reference coded, 4.21% coverage
Reference 1: 4.21% coverage
Because of the physical freedom I gain from the violin I was able to move around the room with her and join her where she decided to land.
[redacted]
1 reference coded, 15.50% coverage
Reference 1: 15.50% coverage
Another goal of hers is to follow a 2 step instruction - start with a 1 step instruction. I