

Blues Improvisation Resources
An analysis and synthesis of the aesthetics of the blues and applications
in clinical improvisation

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Methodological key words

First person research; musical analysis; qualitative; phenomenology; empirical; positivism; paradigm mixture (qualitative and quantitative); Ferrara; semiotics; Forinash & Gonzalez; musical description; open listening

Content key words

Blues; musicology; history; aesthetic analysis; idiom, style, framework; clinical improvisation; practice guide; jazz; groove; ostinato; blues scale; form; harmony; music-centered philosophy; music research; indigenous music therapy theory



Biography

Marc Houde, pianist and composer, was born in Cornwall Ontario. He obtained a bachelor's degree in music from McGill University in 2003 and subsequently taught piano at the *Montreal Academy of Music*. Due to his affinity for jazz and improvisation he completed several contracts as a show band and orchestra pianist for *Celebrity Cruise Lines* between 2004-2007. In 2007, Marc obtained a master's degree in music therapy from Wilfrid Laurier University in Waterloo. He recently published a workbook on the applications of the blues idiom in clinical improvisation and is in the process of

completing an internship in order to receive his MTA status. Marc hopes to pursue his career as a clinician, teacher and researcher in Calgary Alberta.

Abstract

The blues is a style of music often used in clinical improvisation, but its potential implications have yet to be examined or researched by clinicians in detail. The aim of this project was to develop clinical improvisation resources based on the blues in order to open new avenues of thought about how the idiom is approached and implemented as an intervention, and to gain a deeper understanding of the genre as a whole. Supplemented by musicological and historical data, a musical analysis of the blues was conducted in the first person in order to derive notated pianistic improvisation resources in the form of a practice guide. The analysis involved two components: a non-positivistic (aural) analysis of blues recordings and a positivistic (structural) analysis of scores. The results generated six categories of blues resources, four of which were developed in this paper. The practice guides were constructed according to the results of the musical analysis and were supported by a discussion of the clinical implications of their respective musical elements. Thus, each resource chapter (4-7) contains 1) an aesthetic analysis, 2) a discussion of clinical implications, and 3) a practice guide. The study was meant to incorporate both theoretical and practical components so that therapists could refer to it for both academic and clinical purposes.

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CHAPTER I

Introduction

“Blues is the roots; everything else is the fruits!”
—Willie Dixon

I remember the first time I was mesmerized by the power of live improvised music. It was in Montreal in 2001 at a jazz bar named *Biddles* (now the *House of Jazz*). I was in the middle of my studies at McGill University. At the time, I was studying classical piano and was to become a music teacher. But that night I had an epiphany: the sound of the band captured my soul and I decided to take a different path. I told myself that one day I would be on stage playing *this* kind of music. After this experience, I instantly shifted my interest towards jazz performance and music psychology, which eventually led me to the field of music therapy.

Although I began my jazz improvisation education by familiarizing myself with the blues idiom, the blues was not immediately the main focus of my interest; I wanted to learn jazz. The sounds of jazz were less familiar to me and it seemed that the music contained harmonic and melodic subtleties not found in any other genre. B.B King once said “Jazz is the big brother of the blues. If a guy's playing blues like we play, he's in high school. When he starts playing jazz it's like going on to college, to a school of higher learning” (King, n.d.). It is obvious that the boundaries between styles of music are not so clearly delineated. Indeed, as historian Earl Stewart (1998) contends, “jazz styles and blues styles have traversed collateral developments marked by independent coexistence, symbiosis, and concrescence” (p.52). Indeed, there are many similarities between the two, such as the presence of ‘blue notes’, dominant 7th chords, and swing or shuffle

grooves, not to mention that both include a large amount of improvisation. But most importantly, both seem to call upon or evoke something deep, perhaps sacred. Whether it is through the sound of trumpets, saxophones, drums or pianos, jazz and blues musicians seem to be concerned with expression in the present moment, for their music is alive with the sound of who they are in the *here and now*. It touches upon something profoundly human. It is genuine, sinful and sexual. It is raw.

Some have argued that jazz, for the most part, is based on the 32 bar song form AABA rather than the 12 bar blues form (Weissman, 2005). I believe that the blues, in comparison with jazz, contains more overtly distinctive features. Its form and style are easily recognizable by anyone, even young children. Perhaps I intuitively knew that the blues was a good starting point for my training, for it seemed to contain something even more fundamental than jazz. In fact, many blues artists believe that the blues is the roots of all 20th century popular music: “The blues is the foundation,” says Luther Allison, “and it's got to carry the top. The other part of the scene, the rock 'n' roll and the jazz, are the walls of the blues” (Allison, n.d.). It is largely for this reason that I have made it the focus of my research.

Musical improvisation, to this day, remains a mystery to me, and it is for this reason that I believe it serves as a powerful tool in music therapy. I believe that the process of improvisation is the gateway to uncovering our deepest emotions as it allows us to express the less tangible aspects of our beings. What is it about the power of improvisation that allows us to connect with the depth of our being and that of other people? Why am I attracted to creating landscapes of sound at the piano? Why does the

act of musicing¹ make me feel more alive and healthy than any other worldly activity? These questions have led me to explore the nature of music itself and its relationship to that of human beings with a goal of discovering how to harness its therapeutic potential. This grand pursuit is the larger vision which encompasses and gives impetus for this present study.

Regarding the blues in particular, I observed that when it is used in clinical improvisation or songs, in many cases, merely the more superficial facets of the idiom, such as its twelve-bar form, harmonies and scale, are evoked. In fact, it is rare that I hear the true blues *feeling*. It makes me wonder if as music therapists we truly understand the *essence* of the genre. Is the blues in music therapy being treated with the seriousness and respect it deserves, or merely as a clever familiar idiom that entertains and provides structure? Do we fully understand or question the impact of this style on our clients? Even more importantly, do we execute it with even a slightest sensitivity to the emotional intent it was meant for? Finally, do we render justice to Dixon's famous saying, "Blues is the roots; everything else is the fruits!" (Scorsese, 2003: cover) when we borrow the style for therapeutic purposes?

1.1 Purpose and Relevance of the Study

Paul Nordoff's (1977) Creative Music Therapy (CMT) as well as Colin Lee's (2003) Aesthetic Music Therapy (AeMT) have propelled me to gain a deeper understanding of the music I employ with clients in therapy sessions. What inspired me

¹ The term (spelled with a *c* as opposed to a *k*) is used as defined by Elliot (1995), quoted in Aigen (2005, p. 65), meaning musical performance as a form of deliberate and thoughtful human action.

from the work of Paul Nordoff is the way in which he explored the fundamental components of music and urged music therapists to fully experience them through their senses (Robbins & Robbins, 1998; Nordoff, 1977). This was a first step (in the field of music therapy) toward linking music itself to human experience. As a result he developed a large body of improvisational resources available for therapists. He has given the field many important musical resources (idioms, scales, modes) for use in clinical improvisation which could be considered musical *archetypes* or *clichés* due to their distinct perceptual and structural features. These have contributed to therapists' effective use of music in clinical improvisation with a variety of client populations.

Lee (2003), in light of the Nordoff-Robbins approach, suggests that a deeper look—through detailed analysis—into the music or musical interaction between client and therapist will bring considerable insight into the therapeutic process:

Music therapy needs to consider the “nuts and bolts” of musical content in relation to therapeutic outcome. This means looking in detail at musical notation and listening, acutely, for it is only through detailed analysis that we will begin to understand how music works. It is not the pretense of music analysis to make universal assumptions about the effects of music and therapy. Rather, it attempts to examine each musical interaction in the belief that by understanding the constructs of one, this will in turn illuminate our knowledge of the others. (p.16)

The list of effective resources has hardly been exhausted, let alone the fact that it has yet to expand its cultural boundaries; especially in Canada and the United States, where cultures exist not in isolation from one another but *within* one another. Music

therapists nowadays will most likely encounter clients of any ethnicity. It has been argued that in order to gain a better perspective on clients' musical responses, therapists should strive to become familiar with the music of as many cultures as possible, as well as the role it plays within each culture (Chase 2003, p. 85). Although it is practically impossible to learn the music of all world cultures, music therapists would benefit from a large body of resources available for reference or short term study for use with particular clients when opportunities arise.

Gary Ansdell (1997), urges music therapist to incorporate musicological perspectives into their work, for too often the music itself is ignored when in fact it can act as a doorway into certain clients' sociological and cultural backgrounds. Therefore, it seems logical that the discipline of music therapy should join forces with its closest musical allies (musicology, composition, theory and analysis, music psychology, etc.) in order to gain more insight into the music created by music therapy clients. This would, in turn, shed light onto the therapeutic process.

The intent of this present research is thus to respond to Ansdell's call for qualitative research that seeks to merge musicology and music therapy perspectives, by examining the aesthetics of the blues from a musicological view point, with a goal to not only derive improvisational resources for the present and future generations of therapists, but to gain a deeper understanding of the genre and its relationship to its original creators. Consequently, this may lead to a more informed understanding of the use of these resources in the clinical setting.

It is likely that a study of the aesthetics of the blues would be especially relevant due to the fact that the genre has influenced most modern popular styles of music, such as

rock and roll, rhythm & blues, funk, gospel, soul, and even hip hop, which are the styles familiar to the future generations of elderly clients. In addition, it would benefit clients who have an affinity for the guitar, as the acoustic or electric guitar is the featured instrument of the blues. Furthermore, it would benefit clients who suffer from a variety of mental and emotional disorders—notably those caused by depression, abuse, loneliness, and oppression—for it can be argued that many of the blues artists (former slaves and plantation workers) have experienced similar kinds of suffering. It would also expand the repertoire of improvisational resources available to music therapists, reflecting a more global multicultural view, especially for modern day therapists who may not have enough time to study the music of other cultures in great depth. Last, this study will help my own clinical improvisation as I will gain a better understanding of the types of musical interventions I employ.

1.2 Research Questions and Overview of the Research Report

The main question of this research is: What kind of music therapy improvisational resources can be developed by studying the aesthetics of the blues from a musicological standpoint? This implies that the history and sociology related to the blues have much to offer to the field of music therapy as they examine the music in relation to human beings and their environments. As mentioned earlier, my intention is not simply to derive stylistic resources for use in MT improvisation, but to explore their meaning and relevance by linking them to their original historical contexts. Along with the main question, four subordinate questions have guided my thought process and solidified the focus and scope my inquiry. They state as follows:

- 1) What are the potential emotional impacts of the blues aesthetics?
- 2) How would clinical blues aesthetics differ or resemble from authentic blues aesthetics?
- 3) What purpose did the blues serve at its time of conception and how does it relate to music therapy?
- 4) What clinical populations could benefit from blues resources?

This research paper consists of three parts: In Part I, the preliminaries will be discussed. First, the proceedings and design of the study will be explained in Chapter 2: *Methodology*. I will then include, in Chapter 3: *The Blues and Music Therapy*, a brief historical discussion of the origins and later developments of the blues and link it to contemporary music therapy practice in view of uncovering the therapeutic potential of its general aesthetic features. This will also provide useful contextual information, which will help the reader navigate more easily through the research findings.

Part II of this study will consist of an analysis of authentic blues recordings and scores with a goal of obtaining specific practical resources for use in clinical improvisation. This part will be divided into four chapters, each concentrating on a category of clinical resources. These are: Chapter 4: *Groove and Rhythm*; Chapter 5: *Melody*; Chapter 6: *Form and Harmony*; and Chapter 7: *Ornamental and Stylistic Devices*. Each chapter will be subdivided into three sections. The first, *Aesthetic Analysis* will include a description of the various aesthetic features pertaining to the category as they appear and function in authentic blues recordings. The second, *Clinical Implications*, will contain a discussion of the relationship between these aesthetic features

and their therapeutic potential. Finally, the third, *Practice Guide*, will consist of practical explorations and improvisational exercises for use in music therapy sessions.

The study will terminate in Part III with a discussion of the results and ideas on how the resources should be practiced and implemented in sessions (Chapter 8: *Discussion*). I will then conclude with a final chapter on the future of improvisational resource development, which will include thoughts on Canadian music therapy practice and the mastery of clinical improvisation skills (Chapter 9: *The Future of Music Therapy Clinical Improvisation Resource Development*). Due to the nature of the project, the paper will be accompanied by a CD containing illustrative audio examples. It is recommended specifically for the discussions in Chapters 4 to 7.

CHAPTER II

Methodology

What distinguishes this study from most music therapy research is that, rather than starting from a clinical point of view, the object is to research non-clinical music in order to gain an informed perspective on its therapeutic potential, and to open a pathway for its clinical applications in music therapy. This reflects the rationales of a music-centered theory (Aigen, 2005, pp. 91-127). It is assumed that inquiring about music outside the clinical setting is valid and useful, and that in fact it can provide much insight about its use within the clinical context (Aigen, 2005, p. 205).

2.1 Data Collection

The primary data for this project were blues recordings. A survey the genre from its inception to modern times was conducted in order to eliminate bias towards a specific style or time period. This allowed a broader view of the blues and a comparison of the various styles.

Secondary data consisted of blues scores. Although blues scores are scarce, two sources provided ample authentic musical notation; the first, Gordon (1995), is a collection of typical piano blues riffs (or figures); the second, Blumenfeld (1992), is a practical piano workbook on the blues style, based the author's master's thesis research.

Tertiary data consisted of historical literature that provided rich descriptions of the blues aesthetics and the genre's musicological and anthropological context. This data supported my personal interpretations of the music and helped determine the therapeutic significance of the resources.

2.2 Epistemologies and Analysis Procedures

This study consists of a first-person qualitative research design that involves a major music analysis component. It should be considered music research as defined by Lars Ole Bonde (2005): “Music research is defined here as any method within music therapy in which researchers gather data concerning the relationship between music—improvised or composed, recorded or performed live—and client experiences and behavior” (p. 489). The only difference is that the present inquiry is concerned with the *potential* experiences of clients, rather than client experiences that have already happened. It would also be necessary to mention that this study does not include participants exterior to the research.

Depending on its focus, musical analysis may include aspects of both qualitative and quantitative paradigms. It mainly reflects a quantitative (positivist) paradigm when it involves musical empiricism (for example, counting the number of times octaves or tremolos appear in a score, or reducing complex musical elements to more fundamental ones). This type of paradigm is *reductionist* by nature (Ruud, 2005, p.34). On the other hand, analysis generally reflects a qualitative paradigm when it is concerned with music as a *semantic* phenomenon, (e.g. examining music as referential meaning, metaphor, symbol or cultural marker) or *pragmatic* phenomenon, (e.g. examining music as interpersonal communication and interaction or a form of social and cultural practice) (Bonde, 2005, p. 490).

The method of musical analysis employed in this study is eclectically constructed. It involves two components, reflecting both qualitative and quantitative paradigms. An

important motive is to gain an understanding of the possible clinical implications of the blues. This can be achieved through the first component: an aural analysis of blues recordings that explores the relation between the music and the inner experience of the listener/analyst (I, Marc). This type of inquiry stems from a *phenomenological* approach to music and analysis, which was first developed by Ferrara (1984, 1991) and adapted for music therapy purposes by Forinash & Gonzalez (1989). It also involves aspects of *semiotics* as it is concerned with musical meanings in relation to an anthropological context (Ruud, 2005, p. 40). Its format is based on two recent music therapy analysis methods; namely, Lee's (2000) 9 step *Method of Analyzing Improvisation in Music Therapy* and Arnason's (2002) *Eclectic Approach*, which involves six levels of listening, as described by Bonde (2005). It includes six steps:

1. **Open listening** (corresponding to Lee's step 1: *Holistic listening* and Arnason's Reflection I: *Open listening*). This step involves listening not only to the specific song chosen for the analysis but to the entire album in which it belongs in order to identify significant features of the artist's overall style.
2. **Verbal description of the music** (corresponding to Lee's step 7: *Verbal description* and Arnason's Reflection II: *Music listening*). The sounds and significant musical parameters are described in the first column of the analysis chart as the music unfolds (see *Table 1* and *Appendix A*).
3. **Description of the listener's experience** (corresponding to Lee's step 2: *Reactions of therapist to music as process*, Arnason's Reflection III: *Listening for thoughts and feelings* and Reflection IV: *Listening for imagery and metaphors*).

All feelings, thoughts, and body sensations of the listener, as well as imagery elicited by the music are described in the second column of the chart.

4. **Identifying connections between the music and its potential therapeutic value.** Based on the analyst's clinical experience and knowledge of music therapy practice, general links between the musical elements of the music and music therapy are developed and included in the third column of the chart.

Although the content of this column does not in itself consist of analysis, it is juxtaposed to the other two columns in order to show the origins of the ideas.

Time	Musical Elements	Emotions, Thoughts, Body Sensations, and Imagery (Experience of the Listener/Analyst)	Links to Music Therapy
0:14	A fast repetitive riff is played in the highest register of the piano as the singer yells the word "evil!"	The fast repetitions make it sound urgent or extremely intense. It reflects the word "evil" like a high pitched scream.	<i>Fast repetitive riffs</i> to reflect intensity, fear, or urgency in instrumental improvisation, or word painting in vocal improvisation.

Table 1: Aural analysis format consisting of 3 columns in order to segregate the musical elements, experience of the listener/analyst, and potential connections to music therapy.

5. **Coding and categorizing musical elements and corresponding aesthetic experience of the listener/analyst.** The elements of the first two columns are condensed into a synopsis and categorized (see *Table 2* and *Appendix B*).
6. **Final open listening and synthesis** (corresponding to Lee's step 9: *Synthesis* and Arnason's *Final open listening*). The most important features of the song and their general clinical implications are synthesized and described. This step serves

to ensure that the resources are developed according to the most salient aspects or essence of the music.

Resource Category: Groove and Rhythm	Aesthetic Qualities
Groove: slow, emphasizing strong beats (1,3) with accents or outbursts on guitar (blues 5 th)	- heavy, dirty, cathartic, intense, painful
Groove: medium tempo, double time drums (16 th notes), marching pulse, barrelhouse style (presence of major 3 rd and chromaticism)	- bright, festive, driving, intoxicating, partying atmosphere
Syncopation (last 8 th note of every bar)	- dancing, fun, motivating, movement, drive, exciting

Table 2: An excerpt from the analysis synopsis based on Column 1 and 2 from the aural analysis.

The second component—reflecting mainly a positivist paradigm—consists of an empirical examination of blues piano scores in view of isolating and categorizing individual elements of the music and building a collection of notated exemplars.

Although the New Musicology has loosened its emphasis on the formal properties of music (Ansdell, 1997), I believe that a thorough analysis of the musical “nuts and bolts”, as Lee (2000, 2003) mentions, is essential in order to gain a *musical* understanding of the blues. Since the primary objective of the study is to develop resources that can be presented in the form of traditional musical notation, this component is a necessary one.

It involves 2 steps:

1. **Identifying characteristic musical elements and comparison with first component’s data** (corresponding to Lee’s step 6: *Segmentation into musical components*, and step 8: *In-depth analysis of segments and comparison of data*).

This step consists of a musical analysis of the stylistic elements of the blues—based on the musical transcriptions and notations found in Gordon (1995) and

Blumenfeld (1992)—and comparing them with the data generated by the aural analysis.

2. **Selecting relevant musical elements.** Notated examples are chosen to support and illustrate the aesthetic analysis (chap. 4-7).

2.3 Analysis Synthesis and the Construction of Improvisational Resources

The historical literature is incorporated into Chapters 4-7 in order to contextualize and provide additional insight into the clinical implications of the music derived from the analysis. The improvisation resources are constructed according to the musical features derived from the aesthetic analysis sections. They are formatted in the style of a practice guide in order to give clear and practical exercises that therapists can use at their convenience. The practice guide is separated into four sections corresponding to the analysis categories and placed at the end of each chapter. As a result, each blues resources chapter contains 1) an aesthetic analysis of musical features, 2) a discussion of their clinical implications, and 3) a practice guide.

2.4 Biases and Trustworthiness

Musical Bias

I am aware that my choices as to what musical material should be considered essential and worthy of analytical scrutiny—not to mention my choice of specific musical elements—are entirely my own. Because I am an experienced pianist and use my main instrument for the most part of my practice, the development of resources is focused on pianistic interventions. Although the blues is primarily guitar-based, it is beyond my capacity to effectively develop resources for this instrument (or others) as my knowledge

and skills in that area are limited. However, for the most part, the resources can be adapted and applied to other instruments.

Interpretive Bias

Because I already possess a strong knowledge of blues improvisation, as well as an understanding of its cultural context, the process of inquiry naturally involves abductive reasoning. This brings the possibility that I may interpret the data selectively, which puts me at risk of neglecting some possibilities of meaning over those that correspond to my preexisting theoretical framework (Ruud, 2005, p. 42). In order to increase the study's truthworthiness, the data was gathered from several sources (recordings, scores, and historical literature). In addition, the music data sampling covers a wide range of styles, some of which are based entirely upon historical significance instead of my own preference or area of familiarity. Moreover, the research findings were reviewed by research peers and my observations were supported by related scholarly literature on the blues and music therapy. This provided me with two ways of validating the study, as my interpretations were compared to those of unbiased peers and to the descriptions found in the historical literature on the blues.

2.5 The Strength of Mixing Qualitative and Quantitative Techniques

Bruscia (1995) argues that mixing two opposing paradigms of research should be discouraged as one cannot integrate the other (p. 73). In response, the incompatibility of the paradigms used in the analysis components of this research reflects the different questions they seek to answer. To clarify, the qualitative paradigm of the first analytical component is mainly concerned with the meaning and therapeutic significance of the

blues resources, while the second is concerned with their musical structure and syntax. In this sense, the paradigms are complementary of one another. Although both qualitative and quantitative techniques are used, my stance as a researcher remains primarily non-positivistic. I agree with Lee (2000) who contends that it is “the balance between the [qualitative and quantitative methods of inquiry] that will provide the most fruitful answers to the ongoing enigmas of music therapy questioning” (p. 148).

CHAPTER III

The Blues and Music Therapy

In order to gain a better understanding and appreciation of the relevance of the blues for the field of music therapy, it would be necessary to examine some of its historical and musicological underpinnings. This chapter will explore the genre's inception in view of uncovering the origins and possible meanings of its aesthetics. This will complement the following chapters by giving enough background information on the evolution of the blues before the discussion delves deeper into the topic of specific music therapy improvisational resources.

3.1 Roots of the Blues (Rural Blues)

The blues is a form of music associated with African American culture. But to define its true essence is much more difficult. As journalist Bill Dahl (n.d.) points out:

To the detached musicologist, defining the blues is a simple task: a basic I-IV-V chord progression laid over a 12-bar framework. For the rest of us who identify with the music on a more personal level, it's a great deal more complicated than that. (par. 1)

Indeed many definitions of the blues begin by mentioning the 12-bar form, but there are many other starting points. Composer and writer Eric Salzman, quoted in Baker (2004) proposes a multifaceted approach in defining the blues: "There are a number of different ideas as to what the blues really are: a scale structure, a note out of tune or out of key, a chord structure; a philosophy?" (par. 1). As a matter of fact, people often use

the expression “I got the blues” as though it was a symptom, usually referring to depression, loneliness, or general suffering. Thus, the blues can refer simultaneously to a musical genre and a person’s emotional state. Brooks, Koda and Brooks (1998) contend that although the blues is sometimes perceived as a mournful and depressing style of music, in actuality, it is a means of self-expression or catharsis, which provides “the artist and, in turn, the listener with some relief from the pain of life’s woes” (p. 8).

Most sources agree that the blues was developed by a new generation of agricultural workers in the region of the Mississippi Delta, in the southern part of the United States, in the later half of the 19th century. (Barlow 1989; Oliver 1997; Santelli, 2003; and Weissman 2005). Santelli (2003) gives a compelling description of the Delta:

In the summer, the most tortured of seasons in the Deep South, the large stretch of land known as the Mississippi Delta is as hot as it is flat. During the day, the sun bakes the landscape, much of it below sea level, with nary a rise of hill rump in sight. The seemingly endless fields of cotton, the Delta’s principle crop, and the scattered small hamlets, with names like Lula and Bobo, can be paralyzed by the heat and humidity. (p. 16)

These plantation workers were the first to be liberated from slavery. For them, the blues symbolized “a significant new voice in the black community, one that updated the social concerns and critical vernacular of African Americans” (Barlow 1989, p. 3). Although these farmers were no longer under the binds of slavery, it did not mean that their lives took a turn for the better. To the contrary, these communities were to suffer from political oppression, lynching, abuse, and the confines of the lowest economical

status of America for years to come. The blues therefore allowed African Americans to express their daily concerns and anxieties by literally singing their troubles away. Many song themes were centered on money, freedom, sex, relationships, and longing for home. For this population, these basic needs were not met adequately and often not at all. It is no wonder that the blues contains within it a certain rebellious sentiment. Barlow (1989) comments on this aspect:

They were the makers and carriers of a music that resisted cultural domination in both form and content. They used traditional African musical practices to spread the rebellion and to reinforce the powerful hold that African traditions had on African Americans living in the South. By choosing a life of travel and recreation rather than unrelenting labor and unrewarded abstinence, they signaled their alienation from the established cultural norms in their communities. To older and more conservative religious members of the black population, their music was blasphemous and they were characterized as the Devil's disciples. And it is true that they acted as proselytizers of a gospel of secularization in which the belief in freedom became associated with personal mobility—freedom of movement in this world here and now, rather than salvation later on in the next. (p. 5)

As the African Americans of the Mississippi Delta region became outraged and depressed due to their undeserved lifestyles, their music acted as a necessary emotional catalyst. Some of the most audibly perceptible features of the blues are their unrefined sonorities, relentless syncopated rhythms, and intense cathartic vocal cries. Barlow (1989) describes the general aesthetic features of the music:

At a primary level, there was the blues sound, or, perhaps more appropriately, the blues soundscape—all those “weird” “visceral,” “suggestive,” “dirty” sounds, “out of tune” and “off key” if judged by European musical standards. The use of blue notes was at the heart of the blues sound; they gave it its subversive character, a dissonance instantly recognizable in both vocal and instrumental renderings. In addition, the blues sound relied heavily on the use of tonic chords, which provided immediate release from musical tensions. They were, in effect, a wellspring of instant gratification. The release of pleasurable energy was also encouraged by the use of polyrhythms, which exploded tensions by stacking different rhythms on top of each other, thereby adding a dense, repetitive, and fluid locomotion to the overall blues sound. Finally, there were the wide variety of vocal techniques, like falsetto, melisma, slurring, and moaning, used to embellish the songs. (p. 325)

As the author suggests, the music obviously does not compare to European musical standards. In fact, it is agreed among most historical sources that many of its influences came from West Africa, where most African American slaves originally lived (Barlow, 1989; Santelli, 2003; Oliver, 1997; and Weissman, 2005). It would be worth noting that music in Africa was intimately linked with the divine or spiritual, as well as movement (Mereri 1996; 1997). One of the primary goals of music-making, for African people, was to reach a state of catharsis by singing and dancing to the entrancing rhythms of the drums, which led to the release of tension and the acting out of feelings (Barlow p.5).

Syncopated rhythm played a crucial role in the blues, as it did in virtually all African American vernacular styles (Stewart 1998, p. 8). Barlow (1989) describes how it was achieved:

Cross-rhythms, the centerpiece of African-American music, were used extensively in the blues. In essence, these were simple polyrhythms, which have always been the foundation of West African drumming. The most common means of creating them was to separate the melodic line from the groundbeat, thereby putting the two in rhythmic conflict. This could be easily accomplished by a solitary musician singing or playing in a manner that emphasized the off beat. (p. 4)

Furthermore, the heavy use of tonic chords, as Barlow mentions, can be directly associated with the folksy quality of the blues. As historian Lawrence Levine notes, “Simply because it remained closer to its folk roots than other forms of American music in the twentieth century, Afro-American song retained a high degree of redundancy in both its musical structure and its stock of poetic forms” (Barlow, p. 3).

From a music therapy perspective, it appears that the blues, for these plantation workers, served primarily a therapeutic purpose. As Santelli (2003) describes, “Music was a real escape; It took black people away from the drudgery of fieldwork, the poverty of their homes, and prejudice that greeted them practically every time they came in contact with a white man or woman” (p. 27). As a matter of fact, one could easily draw a parallel between the creators of the blues and contemporary music therapy clients who perhaps have suffered similar hardships. To be more specific, many music therapy

clients have likewise been deprived of a good home, money and even the opportunity to be in a loving relationship, due to their physical conditions or life circumstances. In brief, they lack the same freedom that many of the blues creators lacked. My argument is that, although times have changed drastically since the late 19th century, basic human suffering has not, and it is possible to make general parallels between the emotional states of people from the past and that of our contemporary world.

3.2 Later Developments (Urban Blues)

By the end of the Depression towards the 1940s, America had changed, and so did its music. Although the blues originated in the South, some of its most prominent developments took place in the North, more specifically in the city of Chicago, where record companies sought artists who came from the South but who “had the vision to alter their sound to make it more urban and therefore more attractive to black Americans living in northern cities like Chicago, Cleveland, Detroit and Gary, Indiana” (Santelli, 2003, p. 25). Memphis also became one of the major blues centers, as the city, just east of the Mississippi Delta, thrived on the cotton commerce (Santelli, 2003, p. 26).

Therefore, partly due to the economic exploitation of the genre, the new blues sound became thicker and included jazzier musical accompaniments, which often included drums and piano. This seemingly brought more energy and excitement in the music, compared to that of a lone musician playing an acoustic guitar. Furthermore, the guitar was eventually electrified, which opened new sound possibilities, namely that of distortion and volume. As a result, the urban blues became more closely associated with entertainment and stage concerts.

This part of blues history is still relevant for music therapy, as it represents the apogee of the music, which most people today consider the generic blues style. Music therapy clients are not only likely to be more familiar with this kind of blues, but are likely to gain a completely different experience, as the music's aesthetic properties and affective nature are almost fundamentally different from the rural blues of the Mississippi Delta.

To this day, what remains one of the most important musical contributions of the blues are their characteristic “blue” notes as Santelli (2003) describes:

These notes are usually made by flattening—lowering by a half step—the third, fifth, or seventh positions of a major scale. Presenting all kinds of emotional possibilities for the musician, blue notes give the blues its special feel, and when they are draped around a blues chord progression, the results can be so rich and *human*, that it satisfies the soul in a way no other music can. (p. 16)

Nowadays the blue notes are heard not only in blues records, but in country, jazz, gospel, soul, rock, hip hop, and even the classical music of George Gershwin. Evidently, the blues is far ranging, which makes it a prime concern for music-centered music therapists, especially those working in North-America where clients are likely to be acculturated to the style. With this broad overview in mind, the following chapters (4-7) will explore the genre's aesthetic features and clinical implications in more detail. Each will also include a clinical improvisation practice guide constructed according the musical aspects discussed.

CHAPTER IV

Groove and Rhythm

4.1 Aesthetic Analysis

It is essential to talk about the *grooving* aspect of the blues because it is intrinsic to its style. Part of the analysis was to discover what grooves consist of and how they are executed (see section 4.2 for a more comprehensive definition of the term). To begin, blues grooves could be divided into those which are slow and introverted, and those which are energetic and extroverted. Typically, slower grooves tend to be found in the Mississippi Delta folk blues styles of the pre-1940 period, before they were urbanized. The acoustic guitar had a greater presence in these recordings, and many of them featured a single musician. In contrast, faster grooves are often found in the more refined post WWII Chicago style recordings, where the blues was performed on stage with complete bands comprised usually of a bass, drum, electric guitar, piano, and harmonica. Some of them were even accompanied by a brass section.

Typically, the bottom structure of the groove—usually played by the bass and drums—emphasizes the strong beats and acts as a support for the syncopated rhythms of the upper structure. However, of particular importance is the presence of the dotted quarter 8th note syncopation which is heard in a wide variety of blues recordings (see *Figure 4.1*). In addition, it is typical that vocal and instrumental phrases end on a syncopated note, creating anticipation before the next beat (see *Figure 4.2*). These syncopations are often felt in the abdomen or pelvic area of the body, which gives the urge to move or dance to the beat. Perhaps these body sensations are linked to the apparent “down to earth” or sexual qualities found in the blues.

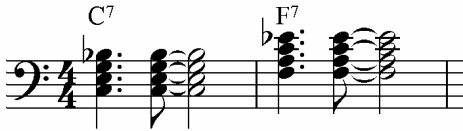


Figure 4.1: Dotted quarter-8th note syncopation commonly featured in the bottom structure of a blues groove (Gordon, 1995, p. 8).

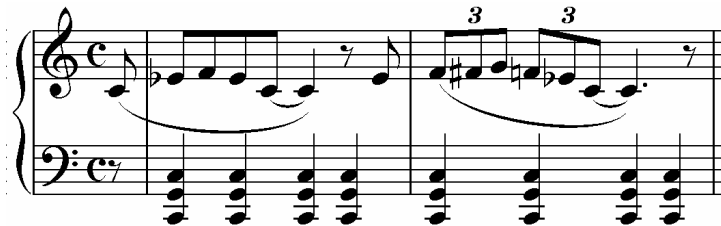


Figure 4.2: Melodic phrases ending with a syncopated tonic note (Blumenfeld, 1992, p. 14).

Although grooves do not tend to develop in terms of harmony or melody, the regularity of the beats keep musicians moving forward through the shifting emotions in each moment, just as in order to live one must continue to breath. In my opinion, we are meant to listen to grooves in view of appreciating expression communicated in the present moment. I believe it would be a mistake to consider the blues as expressing emotions about the past or future. Rather, it is about what the musician feels in the *here and now*. Hence, it is not surprising that the music evokes a sense of urgency and authenticity.

Another important element of blues grooves is the triple meter or shuffle. Slower grooves are often in 12/8 meter, which gives the rhythmic drive a roundness or *swing*. It often inspires foot tapping. Sometimes a blues groove may resemble a jazz swing, especially when it includes a walking bass line (see *Figure 4.3*). Howlin' Wolf's *Evil* demonstrates the use of a walking bass line at specific moments in order to give the music a forward pulse (listen to CD track 1).



Figure 4.3: A walking bass line (Gordon, 1995, p. 31).

Slower grooves allow for stronger melodic accents and the use of heavier syncopated rhythms. The regular pulse of the beat can function as a safe, earth-grounding mechanism that contains the performer's chaotic cries of emotional and spiritual pain. An example of this kind of aesthetic is apparent in Muddy Water's *Rollin' Stone* (listen to CD track 2).

In contrast, many of the post-WWII Chicago style grooves are associated with the showier or entertaining side of the blues. Often the triple meter is abandoned. These grooves tend to inspire dancing or jumping. Some of them are highly energetic, especially in the early Rhythm & Blues recordings that feature a boogie bass pattern. A fine example of this type of groove can be heard on Ray Charles' *Mess Around* (see Figure 4.4 and listen to CD track 3). Although this groove is not in triple meter, it does make use of the characteristic dotted quarter 8th note syncopation.



Figure 4.4: Ray Charles' *Mess Around* simplified piano accompaniment featuring a boogie bass line.

Furthermore, blues grooves are often comprised of simple and redundant melodic motives or bass ostinatos. These motives create a stable musical structure and from them

emerges a musical atmosphere or mood that can inspire vocal or instrumental improvisation. A clear exploitation of this type of groove can be found in Muddy Waters' *Mannish Boy* (see *Figure 4.5* and listen to CD track 4).

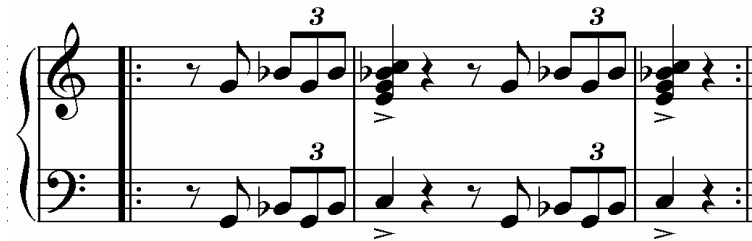


Figure 4.5: Piano reduction of repetitive motif (ostinato) in Muddy Waters' *Mannish Boy*.

4.2 Clinical Implications

Due to the broadness of the topic of groove, the following discussion will be limited to the principle relevant concepts that have emerged in music therapy on the subject. The term *groove* will first be defined. Its clinical implications will then be discussed in relation to the theoretical constructs of *liminality*, and *communitas*, which have been explored more recently in music therapy literature (Aigen, 2002; Pavlicevic & Ansdell, 2004; and Ruud, 1995, 1998). Following, the syncopated nature of blues grooves will be discussed with reference to their African roots (Merini, 1996, 1997) and Ansdell's (1995) concept of *quickenings*. Finally, the section will terminate with a brief discussion of the possible drawbacks of using strict grooves or predetermined rhythmic frameworks in music therapy, which will be based on Wigram's (2004) thoughts on pulsed and non-pulse playing.

To begin, the styles of jazz and blues are often said to "swing" or "groove". Although in reality, groove is easily identified and experienced, the more one attempts to

define it linguistically, the more complex it becomes. In a musical sense, a groove usually refers to the regular cyclical rhythmic elements of a song or piece that inspire movement or dancing. Ethnomusicologist Steven Feld, quoted in Aigen (2002), gives a more elaborate definition:

A 'groove' refers to an intuitive sense of style as process, a perception of a cycle in motion, a form or organizing pattern being revealed, a recurrent clustering of elements through time.... Groove and style are distilled essences, crystallizations of collaborative expectancies in time.... Instantly perceived, and often attended by pleasurable sensations ranging from arousal to relaxation, 'getting into the groove' describes how a socialized listener anticipates pattern in a style, and feelingfully participates by momentarily tracking and appreciating subtleties vis-à-vis overt regularities. It also describes how a seasoned performer structures and maintains a perceptible coherence. (p.34)

Aigen further states that "groove is necessarily a social activity [requiring] an awareness of and responsiveness to the present moment in time and to the musical contributions of other people in that moment (p. 35). Although he has reason to believe that groove is necessarily a collective product of a plurality of musicians—as it is usually created by a group of musicians who are part of a jazz or blues combo, or rock band—I would argue to the contrary, that a groove does not depend on more than one musician to exist. In my opinion, the artificial rhythmic precision of drum machines and the music heard in disco clubs consist of grooves or at least facilitate the experience of groove, for they do involve, as Feld describes, "crystallizations of collaborative expectancies in

time”. The only difference is that the listener participates by responding to the rhythm—usually through body movement—rather than producing it. After all, if those types of music were not “groovy”, why are there so many people gathering to dance to their entrancing rhythms?

Interestingly, Mereni (1997) notes that in traditional African music (where the rhythms of the blues took its roots) a state of catharsis is induced either by actively participating in the music or simply by contemplating or receiving the music orally. This suggests that the power of a groove lies in the music itself and does not necessarily depend on the presence of another human being or the active participation of the listener to take effect.

Although I believe that groove does not depend on social interaction, I must clarify that creating and maintaining a groove on one’s own is different from that of with another musician. On my own, I am the sole master of the groove, which means I choose all the parameters according to my feelings in the moment. The experience is thus personal but often just as powerful and transformative as playing with others. I consider this reaching the state of liminality, as defined by Ruud (1995), where the sense of time changes and the music itself appears to become stronger than the musician’s conscious will (p. 96). On the other hand, as soon as another musician participates, my listening changes dramatically. The groove now depends on a careful negotiation between players. It demands that I increase my awareness and merge myself musically with the other person. This collective groove, in my opinion, is equally susceptible to states of liminality. In sum, grooves created individually and collectively are distinct in terms of

quality. And it is this latter form—when a groove is a product of two human beings—that is of particular concern and interest for clinical improvisation in music therapy.

When a collective groove is achieved, it often brings the feeling of *communitas*, or having the sense of being “at one” with others. This concept was brought forth first by anthropologist Victor Turner, and discussed more recently in music therapy literature (Aigen 2002; Kenny 1995; Pavlicevic & Ansdell 2004; and Ruud 1998). Ruud (1998) states that the ‘participatory groove’ that is found in the majority of orally based music-making, such as the Nordoff-Robbins approach, plays a very important role, particularly in building interpersonal connections between people. He gives some insight about its clinical implications:

The skeptical music therapist may of course say, “Yes—so what? Is this therapy? Do people really change?” My answer would have to be that there seems to be support in clinical theory for the idea that it is exactly these moments of mutuality, confirmation, and meaning or of ‘being seen’, touched, or understood that lead to change, self-understanding, or self-acceptance. (p. 159)

This supports the idea that grooves, such as those found in the blues, can serve to facilitate this connection or sense of *communitas* by creating a musical space that functions as a safe medium of communication, which in turn allows for mutual understanding and meaning.

I now follow with the clinical implications of the syncopated nature of blues. First, it would be useful to compare the rhythmic component of the blues to that found in the traditional music of Africa, where it first originated. According to Dauer in Mereni

(1996), the ‘off-beat’ is the “principle means for the raising of the emotional impact [affects] of [African] music to cathartic heights” (p. 17). Mereni (1997) succinctly explains how this happens:

Rhythm is the most inviting quality of African music. African rhythm has a peculiar character consisting of the clash between the beat and the off-beat. The beat is the ‘stasis’ element, the off-beat the ‘ek-stasis’, hence the two adjectival words—static and ecstatic. As the beat is played against the off-beat, that peculiar African rhythm arises; mind and body are loosened, opened up. In short, the body and mind pass from a static to an ecstatic state. Excitement and movement have been generated. Communication starts. This takes place in various dimensions of a person’s being, as Senghor (op.cit) pointed out: “It [rhythm] illuminates our spirit in the same measure that it manifests itself through our senses. (p. 23)

This idea of motion created by music parallels the concept of *quickenning*, discussed by Ansdell (1995) and developed further by Aigen (2005). Ansdell describes it as an expression meaning “to give life to” or “to impart energy” (p. 81). He argues that although music in general is thought to be calming, on the contrary, it is more likely to arouse both spiritually and physically; and in fact, it is the quickening of the spirit that translates itself as body movement. Aigen further illuminates the relevance of the concept by referring to Victor Zuckerkandl’s views of music as motion, claiming that it acts as a dynamic force that resonates within the human body, allowing it to become *animated*. He explains the therapeutic implications:

Being able to control one's physical body, to move one's body as a consequence of one's will, is not something that is necessary only to meet the physical demands of life. Being able to do so has important influence on developing a healthy self-image as a person capable of having an impact on the external world. (p. 241)

Considering these ideas in relation to Mereni's statement, it is conceivable therefore that syncopated rhythmic music has the potential to lead a person to one of the highest levels of physiological arousal, which may lead to states of catharsis as discussed above. This in turn, may facilitate the process of transformation and inner change.

On a more practical level, a simple bass ostinato may serve as a good starting point in creating a musical groove with a client. Its purpose, in this case, is to create a musical space with a specific atmosphere or mood, which can potentially engage a client in participating musically. According to Wigram (2004), the grounding nature of an ostinato often "helps particularly with clients who lack stability in their playing and have a therapeutic need for a secure framework" (p. 165). Therapists should perhaps consider if their clients tend to play with or without pulse before considering starting a rhythmic groove. Indeed, grooves can sometimes be problematic, because once established, they are difficult to stop as the momentum continues to sustain itself. Another potential problem is that strict grooves are at risk of reflecting the therapist's mood or personal taste, which may prevent the music from developing organically according to the client's needs. Wigram (2004) comments on this phenomenon:

Pulse plays a very important and influential part in improvised music making. For a start, it can dominate and obstruct the creative process. Musicians and improvisers who are very 'pulse-bound' are noticeable, because some part of their body, typically a nodding head or tapping foot, is often emphasizing the pulse in which they are 'imprisoned'. The result is that the music becomes controlled by the pulse, and by the tempo of the pulse, and sometimes that tempo never changes, nor does the improviser break out of pulsed music. (pp. 55-56)

In sum, the use of pulse in improvisation must be treated with caution, as it can easily inhibit flexibility and clinical awareness. This cautions therapists to be aware at all times of their musical interventions, even though they may contain much therapeutic potential.

4.3 Practice Guide

According to Blumenfeld (1992) there are 3 types of bass motions found in the blues: a) still or static, b) forward motion, and c) rocking (back and forth) motion (p. 47). All three types can be exploited in clinical improvisation in the form of ostinatos, which are meant to provide safety or a sense of forward moving pulse. They may also simply function as a motivating element for free improvisation. The following explorations and exercises are based on the author's examples (pp. 47-52).

Exploration 1: *Static ostinatos*

- Play and listen to each ostinato (do not use pedal).



- Notice the density and texture proper to each one and compare them to the other ostinatos.
- Vary the dynamics from *p* to *ff* and listen to the change of mood or feeling that each one evokes.
- The perfect 5th in a low register played loudly can bring a festive or dirty folkloric sound. Indulge in playing it as crudely as possible, using a heavy percussive touch.
- Play the ostinatos in different keys and registers and note the difference in the atmosphere each one creates.

Exploration 2: *Forward moving ostinatos*

- Play and listen to the following ostinatos (do not use pedal):

(walking bass ostinatos)



(boogie ostinatos)



(miscellaneous)



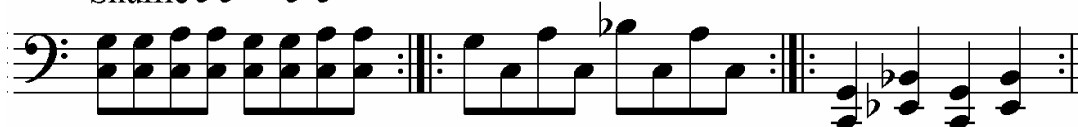
- Observe the use of chromaticism in the walking bass lines.

- Observe the outline of the mixolydian and pentatonic scales in the boogie bass lines.
- Vary the speed and dynamics.
- Play each ostinato in a different key signature, noting the change of atmosphere or mood.
- Compare and contrast these ostinatos to the static ones from Exercise 1.

Exploration 3: *Rocking (back and forth) ostinatos*

- Play and listen to the following ostinatos:

Shuffle ♩ = 



- In order to achieve an authentic shuffle groove, accent the weak 8th notes. This removes the emphasis on strong beats. 8th notes are never played straight, but sound approximately like triplets (this takes practice and much listening exposure).
- Contrast shuffle playing with straight 8th note playing. All grooves using 8th notes can be played in a shuffle (except for faster tempos). For slower tempos (usually in 12/8 time), shuffles are identical to triplets.
- Notice the third ostinato: the presence of the *E_b* and *B_b* does not necessarily entail that the key is Cmin, because the tones are borrowed from the blues scale (see Chapter 5).
- Vary the speed and dynamics of the ostinatos and compare them with those of Exercises 1 and 2.

Exploration 4: *Syncopated Ostinatos*

- Play and listen to the following ostinatos:



- Feel the dotted quarter-8th note syncopation played on the AND of beat 2.
- Note the presence of the b7th in the first two examples and the blues 3rd in the third example.
- Octaves and triplets are common features of blues ostinatos.
- Apply the same variation techniques explained in the first three explorations.

Free Improvisation Exercises: *Solo*

1. Begin playing a blues ostinatos in the left hand and improvise a blues melody in the right hand (see Chapter 5 for melodic exercises). Play contrasting rhythmic figures in the right hand in order to create hand independency. A metronome may help keep a steady beat.
2. Choose two contrasting ostinatos and alternate between them while improvising a melody in the right hand.
3. Play an ostinato within the confines of the blues form, transposing it according to the chord changes of I, IV and V (see Chapter 6 for complementary exercises).

Free Improvisation Exercises: *With a partner*

1. Ask a partner to improvise freely (with a pulse) on a drum and cymbal. Listen to the tempo, dynamics and quality of timbre. Choose an appropriate blues ostinato

- (from explorations 1-4) to support the rhythms. Change the ostinato if it is no longer suitable to match the partner's rhythms.
2. Prepare a metalophone or xylophone with the pitches of the blues scale (see Chapter 5). Ask a partner to freely improvise melodic phrases. Support the melodies with a variety of ostinatos.

These exercises are merely suggestions and therapists should use them as a starting point for exploring and mastering the clinical use of blues grooves. It should be kept in mind that although grooves are often integral to the blues style, they are not a prerequisite in the clinical setting.

CHAPTER V

Melody

5.1 Aesthetic Analysis

One of the most important features of the blues is the characteristic blues scale. To put it simply, the blues scale is formed of a pentatonic scale on the degrees 1, b3, 4, 5, and b7 (in the key of *C* these are *C*, *E_b*, *F*, *G*, and *B_b*). To these pitches is added a blues 5th or b5 (*F_#* in the key of *C*) which forms a hexatonic scale (see *Figure 5.1*).



Figure 5.1: Blues (hexatonic) scale in the key of *C*.

The characteristic notes of the scale are the blues third (b3), fifth (b5), and seventh (b7). These expressive ‘soulful’ tones may serve to communicate a variety of emotions, which sometimes convey despair, yearning and melancholy; at other times, intense rage. There are no rules to their use. The blues 3rd in particular can give a sense of imperfection or conflict when played against the major third in a lower register (see *Figure 5.2*). Although in theory, this harmonic conflict between the two tones could be explained by considering the b3 a #9, it could also be interpreted musicologically as stated in Blumenfeld (1992):

Historically considered, the constant use of such dissonances can be explained as a deliberate attempt on the part of the early Afro-American blues artist to place

the musical scale of his African heritage into conscious and unresolved dissonant relationship with the diatonic mode used by the European settlers. (p. 41)

In light of this interpretation, it is no wonder that the blues sometimes evokes a sense of conflict or rebelliousness.



Figure 5.2: Harmonic conflict between the blues third and diatonic mode.

In addition, the *C* major pentatonic scale (C,D,E,G,A) can be juxtaposed to the blues scale in order to produce brighter sonorities (see *Figure 5.3*). Blues melodies often make use of the two scales interchangeably, which indicates reasons why the music often sits in between the major and minor mode, resulting in ambiguous or paradoxical emotional expression (see *Figure 5.4*).



Figure 5.3: Pentatonic and blues scale combined. Notes exclusive to the pentatonic scale are bracketed.



Figure 5.4: Blues and pentatonic scale mixtures (Gordon, 1995, p. 16: Blues Riff 7, mm. 4-5).

Moreover, the combination of the scales also allows for chromatic figures. These are often heard in melodic fillers in between vocal phrases. Chromaticism in many instances gives a sense of sexuality or playfulness. It is used overtly in many festive Chicago or New Orleans styles. An example can be heard on B.B. King's *How Blue Can You Get?* (listen to CD track 5). In these cases, chromatic figures add to the entertaining character of the music.

Furthermore, the scale combinations permit many tritone intervals (in the key of *C* these are *C-F#*, *Eb-A*, *E-Bb*), which can be played melodically or harmonically. By itself, the tritone is considered an interval of highest tension: "It has the tension of having moved beyond the fourth," Paul Nordoff describes, "which itself has moved out from the balance of the major third, and it has the tension before the step into the fifth. It can also withdraw into the fourth" (Robbins & Robbins, 1998, p.47), which is exactly the way it is treated in the blues scale, as it often resolves to a perfect 4th or 5th. However, in the case of the blues, resolution is not required because dissonance is part of the style. These intervals sometimes produce more grotesque gestures or more density when played harmonically; for example an *Eb-A* tritone in the right hand harmonized by a *C7* chord in the left hand (see *Figure 5.5*). In this case the *Eb* functions as the blues 3rd and the *A*, as the major 6th from the *C* major pentatonic scale. The resulting sonority is one of clash between the major and minor 3rd (producing an interval of min 9th) as well as a clash between the 6th and 7th (producing an interval of maj 7th).



Figure 5.5: Dissonant harmony resulting from Eb-A tritone in the treble clef.

Interestingly, the blues scale appears to fit almost perfectly over all chord changes (with possible exceptions over the V harmony). For example, in the key of C major, The *Eb* (blues 3rd) corresponds theoretically to the 7th over the F7 chord and the b13th over a G7 (V7) chord; while the *Bb* (blues 7th) corresponds to the 7th over a I7 chord and #9 over the G7 chord. The *F#* (blues 5th) obviously is the most dissonant tone regardless which harmony lies underneath it. Its highest peak of dissonance occurs when it is harmonized by a V7 chord. Surprisingly, this overt clash does not appear to be problematic in the blues style; sometimes it is even encouraged (Blumenfeld, 1992, p. 41). Consequently, the scale can be played over all harmonies and in some cases—such as in blues ballads—the principle extends beyond the harmonies of I, IV, and V (see Figure 5.6).

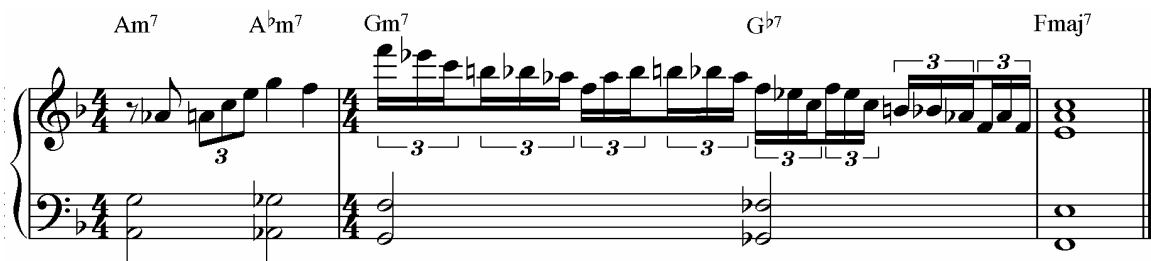


Figure 5.6: Blues scale run over conflicting harmonies (Gordon, 1995, p. 21: Blues Riff 17).

Furthermore, Blumenfeld (1992) mentions that an important aspect of blues melodies is the manner in which they are phrased (see Figure 5.7):

Melodically, the arch-typical blues phrase outlines the blues scale in a descending line. Repeatedly, after sustaining the first tone of each phrase (as in a “holler” or “field shout”), the blues vocalist allows his voice to trace a denouement, in descending patterns, over the tones of the blues scale. (p. 3)



Figure 5.7: A typical descending blues phrase (Blumenfeld, 1992, p. 3).

It is rare that a phrase begins in a low register and ends on a high note. Perhaps this tendency reflects the suffering inherent in the lives of the blues artists who created the music. This equating of descending motion with suffering is undoubtedly common to most Western music. An example of descending melancholy phrases can be heard on Skip James’ *Hard Times Killing Floor* (listen to CD track 6). Finally, as mentioned in section 4.1, melodic phrases are usually syncopated. Often their rhythmic style cannot be notated as they are executed in a half-sung-half-spoken or “sing-speak” manner, resembling chanting (Blumenfeld, 1992, p. 3). This suggests that melodies are improvised or constructed in a way to enhance or communicate the message in the lyrics.

5.2 Clinical Implications

The first chapter in Robbins & Robbins’ (1998) *Healing Heritage: Paul Nordoff Exploring the Tonal Language of Music* introduces several scales and modes, exploring them in various musical contexts. Of particular importance is the exploration of modal scales in the Nordoff-Robbins approach to clinical improvisation. Along with these scales

are archetypal musical idioms which make use of various international scales, such as the Spanish idiom. These often serve to inspire and motivate clients to respond by engaging in musicing (Wigram, 2004, pp. 113-138).

The blues scale could be considered an archetypal idiom due to its strong influence on contemporary popular music all around the world and the fact that it has existed for over a century. As mentioned in the previous section, the blues scale seems to embody a musical paradox or ambiguity. More precisely it situates itself between the major and minor modes. This quality is what gives it its therapeutic potential, for often, clients find themselves at important crossroads in their lives and their situations must be delicately dealt with in therapy. The inherent aesthetic properties of the blues scale are hence ideal for matching the level of uncertainty and confusion that some clients face on a daily basis.

As discussed in the analysis, the blues scale can express a variety of contrasting emotions depending on its musical context. It is musically simple, partly due to its pentatonic construction, while it differentiates from the pentatonic in its addition of a color tone, the blues 5th. This tone has been called the “soul” of the blues. It adds a point of tension within the solidity of the pentatonic scale. This feature can be useful in therapy when clients are feeling vulnerable yet need to express difficult emotions. The consonance of the scale provides enough musical “safety”, yet the blues 5th gives clients a chance to express themselves more daringly. On a prepared xylophone or metalophone, clients would have the opportunity to exert control as the scale provides a solid tonal anchor.

Furthermore, blues melodies often make note substitutions, for example, the interplay between major and minor third, or the pentatonic 6th and blues 7th. Such note substitutions relate to Nordoff's *Exploration 16: Tonal Relationships That Link Archetypal Scale Forms* (Robbins & Robbins, 1998, pp.168-180). In light of this, the blues scale tones lend themselves well to the mixolydian, dorian and pentatonic modes simply by substituting or eliminating one or two notes, which means that it is flexible to make quick but subtle or "seductive" musical transitions. Wigram (2004) mentions that the application of such transitions can be helpful for clients who display a strong resistance to change (such as clients with autism or problems of neurotic anxiety) or for musicians who are easily destabilized when making sudden and dramatic changes in the music (p.143).

Finally, coupled with the cyclical nature of a groove, the properties of the blues scale can lead to emotional catharsis. As discussed in Chapter 4, through the constant repetition of the expressive blue notes, one may become physiologically and emotionally aroused, which can lead to personal growth or change. It should be mentioned that when clients are in a state of emotional catharsis, therapist may need to take extra care by leading the music to a point of rest or safety afterwards, for, as Colin Lee believes, any state of catharsis should be balanced by a state of focus and control subsequently in order for it to be therapeutic (personal communication, April 9, 2007).

5.3 Practice Guide

The following explorations will be focused on the creation of blues melodies, the use of tritones and phrasing.

Exploration 1: *Creating blues melodies*

- Play the following blues scale accompanied by an open 5th drone in the left hand:

The image shows a musical score for a blues scale. The right hand (treble clef) plays the scale: C4, D4, E4, F#4, G4, A4, Bb4, C5. The left hand (bass clef) plays a drone consisting of two octaves of the 5th degree (G2 and G4) held together with a slur.

- Listen to the sound of the blues 3rd, 5th and 7th (Eb, F# or Gb, and Bb) against the bass drone.
- Create melodic phrases that emphasize the three characteristic tones.
- Play the pentatonic scale accompanied by an open 5th drone in the left hand:

The image shows a musical score for a pentatonic scale. The right hand (treble clef) plays the scale: C4, D4, E4, G4, A4, C5. The left hand (bass clef) plays the same drone as in the previous example (G2 and G4).

- Note how bright this scale sounds when compared to the blues scale (the major 3rd and 6th add brighter intervals against the tonic).
- Create short melodic phrases using pitches of both scales while holding a I7 chord in the left hand. Here are some examples:

The image shows a musical score with four measures. The right hand (treble clef) plays various melodic phrases. The left hand (bass clef) plays a dominant 7th chord (I7) in the key of C major, which is F2, C3, G2, and F3. The first two measures show a blues scale phrase. The third measure shows a pentatonic scale phrase. The fourth measure shows a phrase that combines notes from both scales, including a triplet of notes.

- Note the chromaticism that is created by using the notes of both scales in stepwise motion in the third example.

- By principle, the 3rd and 5th can be substituted by the blues 3rd and 5th, and the 6th and 7th are interchangeable at any time. To create darker or minor blues melodies, the blues scale on its own suffices; but for brighter, or more festive melodies, it is useful to borrow pitches from the pentatonic scale.

Exploration 2: Tritones

- The blues scale conceals several tritones which can make melodies sound unsettled and tense. They can occur in various ways. Play and listen to the following three examples:

Ex. 1

Example 1 shows a blues melody in C major. The first measure features a tritone interval between A (the major 6th) and Eb (the blues 3rd). The melody descends from A to Eb, then rises back to A. The bass line consists of three chords: C major, C major, and C major.

- The first example illustrates the *A-Eb* tritone both descending and rising. It is created by joining the *A* (or major 6th) from the pentatonic scale with the blues 3rd.

Ex. 2 C⁷ F⁷

Example 2 shows two measures of blues melody. The first measure is over a C7 chord and features a tritone interval between Bb (the blues 3rd) and Eb (the major 6th). The second measure is over an F7 chord and features a tritone interval between A (the major 6th) and Eb (the blues 3rd). Both melodies include triplet rhythms. The bass line consists of two chords: C7 and F7.

- Both tritones (*Bb-Eb* and *A-Eb*) in the second example correspond to the 3rd and 7th of the respective chords (C⁷ and F⁷).

Ex. 3

- In the third example, the Cs used to create the F#-C tritones are mainly ornamental, providing continuous 8th note movement.

Exploration 3: *Phrasing*

There are three general principles underlying the phrasing of blues melodies: these are 1) syncopation, 2) emphasis on the tonic, and 3) descending motion. The following example demonstrates them all:

- Repeating the tonic note often can give a sense of safety or instant gratification. In the blues, harmonic and melodic tensions are resolved as quickly as possible.
- Create melodic phrases that adhere to the three principles above. Play them in several different keys and registers.

Improvisation Exercises: *Solo*

1. Create a one measure melodic phrase which outlines the blue notes and transpose it in C, F and G major (the chords corresponding to I, IV, V in the key of C). Play this phrase within the confines of the 12 bar blues form. Play the same phrase in

2. Improvise melodies that contain the following tritone intervals: *Eb-A*, *C-F#*, and *E-Bb*. Remember to add accents and syncopated rhythmic figures. Improvise with and without pulse.

Improvisation Exercises: *With a partner*

1. Prepare a xylophone or metalophone with a group of notes outlining the blues scale (not all pitches need to be present). Improvise melodies on the instrument while a partner takes the role of the therapist by supporting harmonically and rhythmically on the piano. Observe carefully how the chosen pitches affect you as chords change. Experiment by playing with and without pulse.
2. Ask a partner to play a melodic phrase on the xylophone. Mirror the phrase back to him or her. Continue in this fashion in order to create a musical dialogue.

The most defining element of the blues is its melodic makeup and the manner in which it is executed. These melodic resources are not meant to be played with a refined pianistic technique. In fact, it would be beneficial to practice them with an unsophisticated tone, because it is likely to be through the rough or dirty quality of the blues that clients will be motivated to respond. When practicing, it is important to let the imagination run free. Therapists may find it helpful to imagine themselves in the historical settings of the blues (i.e. the cotton fields of the Mississippi Delta, the corner of a dirt road, a railway track, etc...) in order to gain inspiration from the resources.

CHAPTER VI

Form and Harmony

6.1 Aesthetic Analysis

Most blues songs are based on three phrase verses where the first two lines are repeated, followed by an answering phrase (AAB). The blues form evolved reflecting this simple three phrase structure, each phrase being 4 measures in length for a total of 12. In its more primitive form—particularly in the early blues of the Mississippi Delta—harmony was not the main focus, as often songs were built on a single repeating bass ostinato. Moreover, some of them did not follow a strict number of measures. Muddy Waters' *Rollin' Stone* and Skip James' *Hard Times Killin' Floor* from the analysis are prime examples of this style (listen to CD tracks 2 and 6). However, Western harmonies (I,IV,V) eventually became integral to the blues form. Although based on the simplicity of major triads, harmonies became increasingly complex with the addition of the piano in blues bands, especially those musicians who came from a jazz tradition. This naturally led to many chord substitutions. However, by far, most blues songs use the harmonies of I,IV and V, usually with added 7ths. In the 12 bar blues form, each harmony remains for a set number of measures (see *Figure 6.1*).

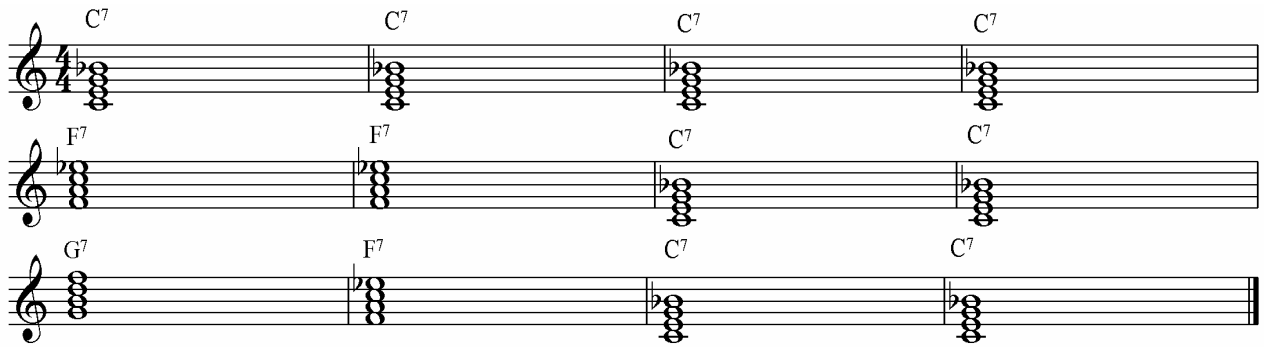


Figure 6.1: The blues form using 7th chords in the key of C.

An important aspect of blues harmony is the addition of the 7th tone to each triad resulting in a dominant 7th sound. Although in this case they do not necessarily function as dominant sevenths but as color tones which add thickness to the harmonic texture.

This added ‘dissonance’, associated with its corresponding mixolydian mode

(Blumenfeld 1991, p.32), may contribute to the folkloric, dirty and rough aesthetic qualities of the blues.

Although most harmonies revolve around major triads, sometimes blues are played in a minor key. This is achieved by substituting major triads for minor triads. In addition, minor blues often vary the regular chord sequence and make use of substituted chords, especially bVI or II leading to V7. Harry Manx’ *The Thrill is Gone* from the analysis consists of a typical minor blues as described above (see *Figure 6.2* and listen to CD track 7).

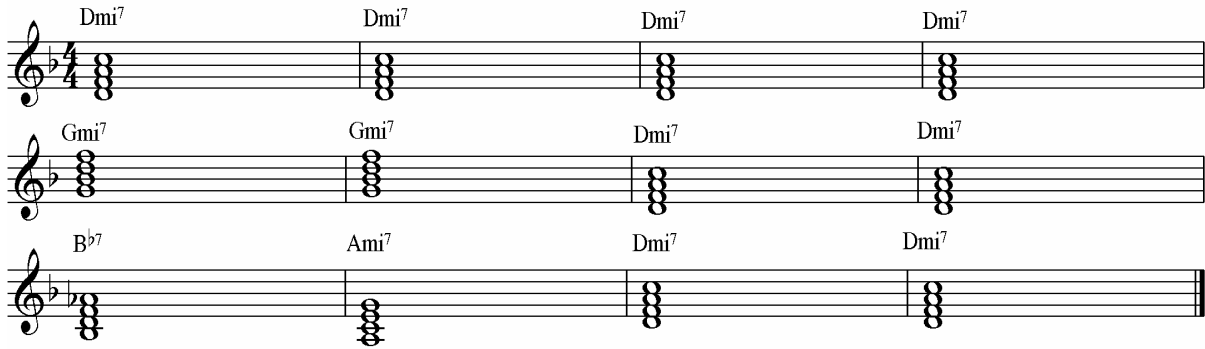


Figure 6.2: Minor blues chord sequence of Harry Manx' *The Thrill is Gone*.

The harmonies function to add points of tension and release on various notes of the scale as the form progresses. For example, the blues 3rd is at a highest point of tension when played against a I7 chord, as theoretically, it is equivalent to a #9 sonority. It takes on a point of least tension against the IV7 chord as it equals the 7th. Over the V7 chord, the blues 3rd acts theoretically as a b13th, which results in a point of medium tension when compared to the I7 and IV7 harmonies (see *Figure 6.4*).

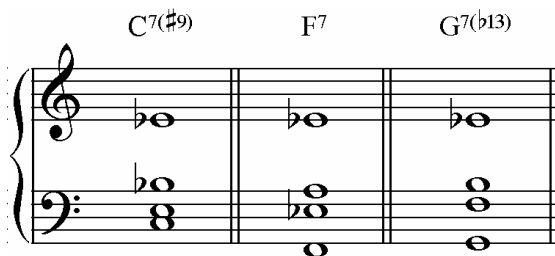


Figure 6.4: Harmonic tension created by the blues third over changing chords (I7, IV7, V7).

Piano blues chord configurations usually consist of block triads or 7th chords in any inversion. On many occasions, added 6^{ths}, 9^{ths} or 13th add density and colourful dissonance (see *Figure 6.5*). Ray Charles' *Mess Around* contains many syncopated block chords in the right hand accompaniment (listen to CD track 8). On some occasions, chords may contain both 7th and 6th simultaneously which give the harmonies a more

jazzy sonority. These voicings often result in harmonic clusters when inverted. In many instances the block chords are merely alluded to as they are outlined by a repeating figure or blues riff in the right hand (see Chapter 7 for further discussion on repeated figures).

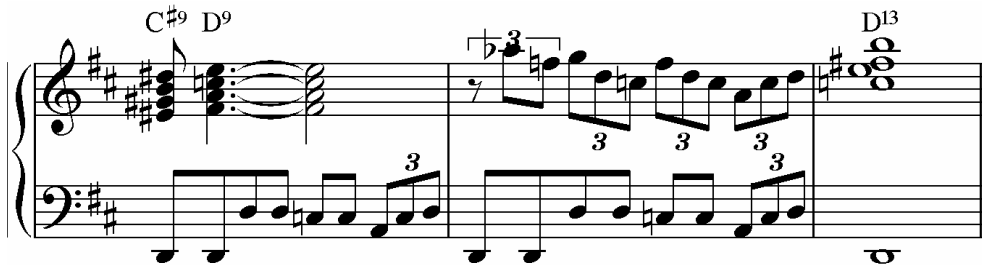


Figure 6.5: The presence of the 9th and 13th (influenced by jazz) add color and density to the sound (Gordon, 1995, p.17: Riff 10, mm. 3-4).

6.2 Clinical Implications

Before discussing the particular implications of the blues form² and its corresponding harmonies, it would be worth discussing the importance musical form in general and its relevance in music therapy. To begin, Lee (2003) advocates that musical form is of primary concern for music therapy, as it informs the clinical process:

Form surrounds all aspects of music and therapy—the form of the complete music therapy process, the individual session, the improvisation within the session, and every moment within each piece. How we perceive musical and clinical form, how finitely we are able to hear, understand, and interpret reflects our understanding of form. This in turn informs our response to the client and the musical style we use to translate form into clinical intent. (p. 82)

² I use the term ‘blues form’ in reference to the classic 12 bar structure and its three chords (I, IV, V)

He argues that “the level of maturation of the therapeutic process determines the form of an improvisation, as well as its ingenuity, spontaneous structure, and development” (p. 82). Alan Turry (2005) argues similarly and refers more specifically to the blues form:

Musical form provides a context for understanding the significance and implications of musical behaviour within an ongoing creative process. Within the blues form, the therapists respond spontaneously and relevantly to whatever is presented by the clients. Activity is supported and directed toward clinical goals while retaining a kind of creative appeal that stimulates all involved and keeps everyone—including the therapists—wondering what might happen next. (p. 67)

From this perspective, therapists should then trust the therapeutic process and be ready to use the blues form in perhaps less conventional ways to suit the needs of their clients. The way the form may enter in a session can vary depending on the client’s needs and responses in the moment.

What is it about the blues form that engages clients? I believe that its simplicity and redundancy allow people to relate to it more easily. Simple forms are easier to remember and thus create a solid structure in which one has the opportunity to create interplay between what is familiar and unfamiliar. A large part of engaging clients in music-making is to carefully balance the many dichotomies of musical experience; that is, the expected and the unexpected; structure and freedom; the familiar and the unfamiliar. Lee (2003) believes that “good improvisation is a blend of free invention and premeditated thought. For the client in music therapy the unexpected is balanced

alongside form and shape. Freedom can only make sense in improvisation if it is equated with structure” (p. 27). If clients can predict the music fully, they risk becoming uninterested. On the other hand, if the music is too unexpected, lacking form or structure, then they are also at risk of losing interest as it can feel chaotic, meaningless or, as Lee suggests, ‘unsafe’ (personal communication, January 16, 2007).

Many therapists agree that at the beginning of the therapeutic process, familiar songs are recommendable due to their high level of structure, especially when contrasted to free improvisations. Songs provide the comfort of hearing something familiar to which meaningful emotional experiences are associated. But sometimes clients simply need to play their *own* music and, in such instances, familiar songs can impede the therapeutic process. Idiomatic forms such as the typical 12 bar blues or 32 bar jazz standard—though in themselves not familiar songs—are familiar due to their distinct but simple musical languages, which provide structure, yet allow a versatility of emotions to be expressed through their open-endedness and cyclical nature. The blues form can thus act much like a familiar song as many songs use the same three harmonies (I, IV, V). The only difference is that there are no set melodies that one expects to hear. Especially for adult clients, improvising on familiar songs is often problematic as they can have difficulty letting go of their preconceived notions of how the music is “supposed to go”. The blues form, on the other hand, invites spontaneous singing and creative rhythmic improvisation because it is inherently understood that this is what is expected of anyone who performs in this style; that is, assuming that one has been acculturated to it.

Surprisingly, simple predetermined musical structures are often those that yield the most creative freedom. Roger Dean (1989) refers to jazz and blues, discussing the possible impacts of their strict forms and conventions on the improviser:

The use of formulae-like chord sequences may often simply be a way of facilitating maximally relaxed improvising, which may paradoxically be the less restricted as a result. The same can be said of the rhythmic formulae which are common in jazz (metres are usually 4/4, 3/4 or 6/4). (p. 89)

He refers to the drummer Elvin Jones to demonstrate how the simple meters serve as a strict foundation which allows the listener to appreciate the interplay and contrast of his complex rhythmic figures against it.

How can freedom be truly appreciated if it is not juxtaposed to structure? Lee (2003) contends that “the tension between freedom and constraint in improvisation mirrors that found in day-to-day living” (p. 26), which implies that the process of music-making is inherently a human one. It also suggests that improvisation may act as a safer medium of expression (due to its symbolic distance from reality) which gives clients the chance to experience or “try out” alternate selves.

As mentioned earlier, clients may need very clear improvisational forms in order to feel a sense of control or safety. To achieve this would produce optimum environmental conditions for them to explore and discover themselves. Some clients benefit from the freedom they have in music therapy as it opposes the rigid structure of their daily lives. Others appreciate the structure they experience in music therapy as it contrasts the chaos of their daily lives. It is the task of music therapists to determine

which is more beneficial for their clients at any particular time. The blues form allows for complete rigidity of structure or complete freedom due to its simplicity. In short, it can, be manipulated according to clients' expressive needs.

6.3 Practice Guide

The following explorations will focus on the blues form, extended harmonies, and cadences or endings.

Exploration 1: *The blues form*

- Play the following example:

The musical notation shows three systems of piano accompaniment for a blues form exercise in F major, 12/8 time. Each system consists of a treble and bass clef staff. The first system has a C7 chord above the staff and a bass line with a single note. The second system has F7 and C7 chords above the staff and a bass line with two notes. The third system has G7, F7, and C7 chords above the staff and a bass line with two notes. The notation shows voice leading between chords.

- Observe the voice leading. Notice how close in range the chords are played.

Instead of directly transposing each chord to fit the changes, find inversions that are closest to one another. This will ensure smoother voice leading. Blues chords are generally played in the surrounding registers of the middle C.

- In order to become familiar with the blues 7th chords, practice various sets of I,IV,V dominant 7th progressions in all 12 keys. Be systematic, playing the same chord pattern in various keys following a strict sequence. The first example below demonstrates the progression transposed according to the circle of 5ths, while the second shows the same pattern transposed according to an ascending step sequence:

Ex. 1 C⁷ F⁷ G⁷ C⁷ F⁷ B^{b7} C⁷ F⁷ B^{b7} E^{b7} F⁷ B^{b7}

Ex. 2 C⁷ F⁷ G⁷ C⁷ D⁷ G⁷ A⁷ D⁷ E⁷ A⁷ B⁷ E⁷

- Remember to keep all chords in the middle C region of the piano. If the sequence leads the chords in the upper or lower registers of the piano, choose a more appropriate octave.
- It may be beneficial to write out a complete set of progressions in all 12 keys in order to have a quick reference for practicing, or for actual clinical sessions.
- Although 7th chords form the basis of blues harmony, in many instances chords are reduced to triads or even open 5ths, which is probably due to the fact that the music has a tendency to cling to its folk roots.

Exploration 2: *Extended harmonies*

- Extended harmonies include the 9th, 11th and 13th intervals above the root. These often serve to increase the level of density in chords or to add color. They also create clusters depending on the inversions used. Play the following examples in order to become familiar with their sounds:

Diagram illustrating the structure of extended harmonies (9th, 11th, and 13th) above the root. The notation shows eight chords: C⁹, C⁹, C⁹, C^{#11}, C^{#11}, C^{#11}, C¹³, and C¹³. The chords are shown in a grand staff (treble and bass clefs) with notes clustered in the upper register.

- The 9th is equal to the 2nd degree of the diatonic major scale, in this case, the *D*. The #11th, equal to #4 or b5, is always raised as otherwise it would conflict harmonically with the 3rd of the chord. The 13th is equal to the major 6th above the root. Note that all harmonic extensions generally include the 9th. Also, the #11th can be substituted by the 13th or in some cases both can be present in a chord.

Exploration 3: *Cadences and Endings*

- The blues form is cyclical, which entails that it was never meant to have a beginning or end. It is meant to be timeless. But for practical reasons, the music must end at a certain point. Here are some typical endings:

Diagram illustrating typical endings for blues music. The notation shows two examples (Ex. 1 and Ex. 2) in a grand staff (treble and bass clefs). Ex. 1 shows a sequence of chords: C⁷, C⁷, D⁷/C, and C. Ex. 2 shows a sequence of chords: D^{#11} and C^{#11}.

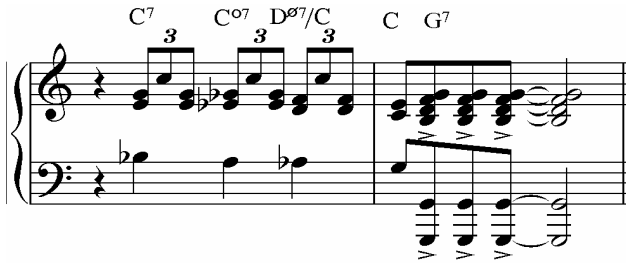
Ex. 3

D[♭]13 C¹³

Ex. 4

C⁷

- Observe the use of chromaticism (both ascending and descending) in the first three examples.
- Dense chords using extended harmonies, such as in examples 2 and 3, are often saved for endings.
- A typical ending borrowed from the jazz tradition makes use of the bII7 chromatic neighbour chord (see ex. 2 and 3), which resolves immediately back to I7 in parallel motion. These are usually decorated with extended harmonies.
- Example 4 is a typical “tag” ending leading to the b7th, as described by Blumenfeld (1992, p. 213), which suggests a perpetual continuation. This is particularly suitable for reflecting the therapeutic process, as often emotions do not resolve neatly, or in a timely fashion. The b7th keeps a certain tension which leaves the musical process open for further improvisation.
- For cadences at the end of choruses within the body of the piece (also known as *turnarounds*), similar techniques as those found in the final ending cadences can be used; only a V or V7 chord must be inserted at the end of the measure in order to prepare for another chorus:



Improvisation Exercises: *Solo*

1. Create an improvisation at a comfortable tempo using the strict 12 bar form along with its designated chords. Gradually distort the form using the methods outlined below:
 - a) adding dissonance or foreign chords
 - b) elongating the form through augmentation
 - c) changing the style (ex. Chopin prelude or march)
 - d) adding interjected musical material in between sections of the form (ex. adding a two measure atonal passage in between measure 4 and 5 of the blues form)
 - e) Eliminating the sense of pulse and playing freely and dynamically

Here is a hint: as long as the roots I, IV and V are present in the correct order, anything can be changed and the blues form will still be perceived through careful listening. The idea is to keep the AAB phrase structure where B contains the highest amount of tension-release. This exercise is meant to develop imagination and flexibility in order to adapt the form to the spontaneous events of a session or the needs of individual clients.

2. Experiment using extended harmonies on each chord as the blues form progresses. Remember that consistency and coherence will yield better results. Thus, if a #11 voicing is used, keep the same voicing when changing chords. Finish the improvisation with an archetypal blues ending as discussed in Exploration 3.

Improvisation Exercises: *With a partner*

1. Ask a partner to improvise freely, alternating between two contrasting instruments, such as a drum and cymbal or drum and metalophone. When he or she plays on the drum, support his or her playing with the elements of the blues form. Listen carefully for tempo and dynamic changes. When he or she plays on the contrasting instrument, support by improvising freely or using a contrasting musical framework, such as atonality or a different style of music.
2. Ask a partner to improvise using only the black notes in the upper register of the piano. Support his or her playing with a minor blues accompaniment in the key of *Eb* in the bottom and middle registers (it can also be done in *Eb* major). The improvisation does not have to be pulsed. Remember to leave a lot of musical space for the partner to be heard. In fact, the simplicity of long held chords can suffice to create a beautiful lyrical blues improvisation.

In brief, the blues form can act as an archetypal psychological symbol. It may be useful when a client has difficulty creating form in free improvisation. In such a case, the therapist may suggest openly to improvise a blues or bring it spontaneously into a free improvisation in order to create a clear structure. Therapists should feel free to change or

distort the blues form in order to serve the clinical purpose rather than preserve authenticity for its own sake. Authentic stylistic and ornamental techniques within the blues form will be discussed in the following chapter.

CHAPTER VII

Ornamental and Stylistic Devices

7.1 Aesthetic Analysis

For the sake of clarity, the musical elements of the previous sections should be considered the skeletal foundation of the blues, while those discussed in this section, the flesh, so to speak. Ornamental and stylistic devices are of prime importance in piano blues as they are the only means of tone modification (Blumenfeld, 1992, p. 61).

Pianistic figures such as grace notes, repeated riffs, tremolos, and octaves are necessary defining features of the blues, because without them, the style could not be conveyed authentically. In many cases, such devices attempt to replace or imitate gestures produced by the voice or guitar, and often accentuate or punctuate strong emotional expression. In addition to these figures, a device unique to the blues idiom called *stop time* will be introduced.

First, grace notes replace the bending pitches of the voice and guitar. They are often played on the blues 3rd and 5th where they resolve to the natural diatonic 3rd and 5th. They also serve to accent certain emotions. When played rapidly, grace notes tend to take the role of harmonic clusters (see *Figure 7.1*). The resulting dissonance can bring a sense of dirtiness, or out-of-tune sonority. Blumenfeld (1992) describes how to execute them:

There are two ways to execute a grace note; either before or simultaneously with the melody tone it embellishes. In the blues piano style, the type preferred [sic] is

the acciaccatura, played on the beat, crushed into the ornamented tone, so to speak. (p. 62)

Figure 7.1: Acciaccatura grace notes and clusters (Blumenfeld, 1992, p. 63: Drill #9, mm. 1-4).

Furthermore, the presence of many repeated notes and chords/riffs in succession adds much intensity in passages that require extra support. This device can be used either as a textural element to provide variation and support or as a response to a melodic phrase (see *Figure 7.2*). They can have a piercing or screaming effect, especially when played in a high register. Repeated riffs will stand out immediately, especially when played polyrhythmically against the regularity of a bass ostinato. This technique can be useful when many instruments are playing loudly at the same time. The use of such a device may bring catharsis in the player or listener due to its intense percussive and syncopated nature. It also creates a sense of individuality in the performer, which is characteristic of the blues and jazz idioms.

Figure 7.2: Repetitive chords are often played during intense passages that require more support from the piano (Gordon, 1995, p. 14: Riff 5, mm. 1-2).

Yet another equally powerful ornamental device is the use of a tremolo and/or trill. Tremolos, like repeated riffs, tend to stand out immediately when played either in the foreground or background (see *Figure 7.3*). They often serve to accentuate the emotions expressed by the singer. Depending on the musical context, tremolos may express fear, anger, or excitement and may vary in density. Some are even executed with two-hands (see *Figure 7.4*). However, in almost all cases, they appear to sustain intensity, similar to a scream or shout. They could be compared to the vibrato in singers' voices or the harmonica on longer tones. They can appear in any type of blues song, even those that do not include a rhythmic pulse. Tremolos may be heard on Howlin' Wolf's *Evil* and B.B King's *How Blue Can You Get?* (listen to CD tracks 1 and 9).



Figure 7.3: Tremolo using the interval of a 3rd (Alfassy, 1980, p. 37: No. 17, mm. 1-2).



Figure 7.4: Tremolo using two-handed chords (Alfassy, 1980, p. 39: No. 18, mm. 1-2).

Moreover, octaves and unison lines appear frequently in blues recordings and piano scores. Octaves can sound direct and powerful when played loudly in any register of the piano (see *Figure 7.5*). Indeed, the blues is not subtle; it is bold; it is pure emotion.

All musical intricacies or virtuosities are stripped away or serve the urgency of emotional expression. The use of octaves in a bass ostinato and/or melody reflects the directness and rawness inherent in the blues.

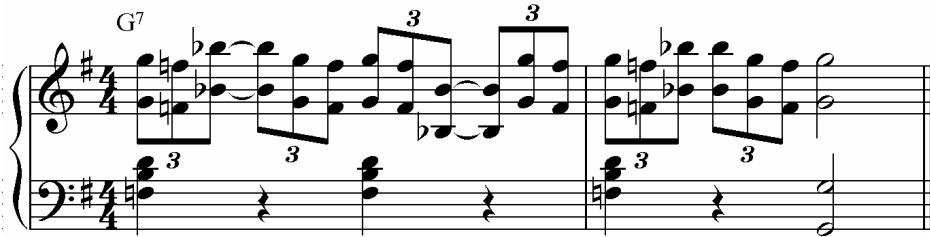


Figure 7.5: Use of octaves (Gordon, 1995, p. 21: Blues Riff 18, mm. 3-4).

Finally, many blues recordings include *stop time* sections where the soloist or singer is heard alone as the band leaves silences for him or her to fill. This device is most commonly used in the boogie-woogie style (Blumenfeld, 1992, p. 209). Typically, the “first four bars of the verse are extended to eight bars and ‘breaks’ or ‘stop time’ figures are inserted to chop up the verse line” (Brooks, Koda & Brooks 1998, p. 13). The rest of the form continues as normal. As a result the soloist stands out into the foreground, which allows for more personal or intense expression. Stopping the rhythmic pulse momentarily also provides variation within the redundancy of the blues form. An example of this can be heard in Oscar Peterson’s *Mumbles* (listen to CD track 10).

7.2 Clinical Implications

In order to create an authentic rendition of the blues style, it is necessary to add proper ornamental and stylistic figures. Some clinical situations may call for specific musical components found in the blues. In such cases, the clinical intent does not necessarily lie in clients’ recognition of the blues idiom. In other cases, clients may

become engaged musically by recognizing the style as a whole; for example, by composing a blues song or improvising in an idiom or style, or what Wigram (2004) calls a musical *framework*. In these situations it would be especially beneficial to use such devices. For the purpose of this discussion, I will use the terms ‘idiom’, ‘style’ and ‘framework’ interchangeably.

Aigen (2002) discusses the use of recognized styles emphasizing their unique potential as therapeutic interventions:

In Nordoff-Robbins theory, the style (or scale, mode, or idiom) can itself be an intervention. And one can also make interventions through a style. Yet, there is a unique experience (or set of experiences) held within particular musical styles and providing a client with an opportunity to partake of this unique experience is part of the therapist’s clinical intervention and focus. (p. 16)

He further states two important points: First, that “the improvised use of popular musical styles offers unique experiences that contain clinical benefits when done in a stylistically authentic way” (p. 17) and second, that “in addition to the experiences that are latent within these styles, their musical conventions, such as typical interactional forms, could be of significant clinical value when they are employed within authentic renditions of the music (p.17). This is not to say that everyone’s experience of the blues idiom is inherently the same, for musical experience is dependant on many factors including, culture, personality and past emotional experiences associated to a style or genre. Although the blues can be treated as an archetypal form that may reflect a corresponding mental state, emotion or process, everyone’s experience of this archetype must be unique

in one way or another and therapists should be prepared to deal with each client accordingly.

In a similar vein as Aigen, Wigram (2004) asserts that sometimes clients need a clear musical frame in order to become engaged in musicing. To describe this type of intervention, he refers to the concept of frameworking and discusses its role in clinical improvisation: “A framework might have the function of inspiring and encouraging, or it might equally have the function of stabilizing and containing” (p. 118). He further states some of its benefits:

Frameworking, provided that it doesn't become over-dominant, is a marvelous technique for encouraging and exploring the musical and communicative expressivity of the client. Frameworking is used for specific purposes with specific clients [...], and there are good examples where providing a musical framework can help clients 'move on' (change and develop), or develop their expressivity in the way they are able either to make music or join in. (p. 119)

However, he also gives therapists an important reminder:

When continued in a rigid or perseverative style, [frameworks] can overwhelm and block the potential musical (and therapeutic) process of the client. While frameworks are very useful in therapy, they also need to be introduced and applied with caution. (pp. 120-121)

Turry (2005) suggests that when using a blues framework, the flexibility of both therapist and co-therapist in adjusting their musical responses according to each client's

mood and expression is of utmost importance. Although the therapist, for clinical reasons, may loosen aspects of the authentic blues aesthetics (such as the use of tempo variation or non-stylistic articulation), he or she keeps the overall form and uses typical stylistic components of the idiom to support and contain the creativity of his clients. In ideal situations, clients may suggest the use of a particular framework from the quality of their playing. It is thus important to listen for their musical contributions and needs, and manipulate ornamental and stylistic devices accordingly.

For example, in one instance Turry (2005) employs the technique of *stop time*, described as “a bass line followed by a complete rest, so that no pulse is being produced from the piano” (p.63). Blumenfeld, (1992) refers to it as a musical “break” or “an interruption in the course of the performance of a musical composition during which the normal content and momentum is suspended and new material interjected” (p. 209). This device allows his client’s vocalizations to be heard in the foreground, which gives his client a very different experience than when singing with the pulse of the music. This could be a very effective intervention for clients who need to express intense feelings and be heard by others. This device would allow such clients to express themselves through the safety of a medium that provides symbolic distance from reality.

Similarly, therapists could make use of any combination of ornamental devices mentioned in the previous section (7.1) in order to facilitate clinical goals. For example, tremolos could be combined with octaves and repeated figures to produce musical excitement and respond with intensity to a client’s loud playing on the drum and cymbal. Another example would be to play grace note clusters in quick repeated succession to reflect frustration or anger. Wigram (2004, p. 58) introduces a ‘shimmer’ effect almost

identical to some tremolos found in the blues. I often used this device in my work as it is flexible (lending itself well to dynamic and register variation) and can support the overall intensity level of a group improvisation. The functional extent of stylistic and ornamental devices is unlimited and open to the creativity of therapists. As suggested above by Wigram (2004), the key is that therapist should be careful not to use them blindly or rigidly, in order to avoid anti-therapeutic interventions.

7.3 Practice Guide

The following explorations will focus on the ornamental and stylistic devices discussed in the previous sections. These are: grace notes, repeated figures, tremolos, octaves and breaks. It is recommended to explore the basic musical components of the blues discussed in the previous three chapters before practicing the exercises in this section, as these require a certain facility with the blues form and scale.

Exploration 1: *Grace notes*

- Play the following grace note figures:

The image shows two musical examples of grace notes in piano notation. The first example is in C major, 4/4 time. The right hand plays a sequence of eighth notes: C4, D4, E4, F4, G4, A4, B4, C5. The left hand plays a sequence of eighth notes: C3, D3, E3, F3, G3, A3, B3, C4. The second example is in C major, 4/4 time. The right hand plays a sequence of eighth notes: C4, D4, E4, F4, G4, A4, B4, C5. The left hand plays a sequence of eighth notes: C3, D3, E3, F3, G3, A3, B3, C4. A dashed line above the right hand notes is labeled 'grace'.

- Grace notes can be added to any type of figure either in the treble or bass, whether it is a repeating figure or a simple melody. In most cases, they add a folkloric and dirty character to the music. They can produce a piercing sound at the top register of the piano, such as in the last example, which can be effective to support loud percussive instruments.
- Create your own grace note figures. Note that they are often played on the blue notes, or on the semitone below leading to them.

Exploration 2: *Repeated figures*

- Play the following repeated figures:

The first musical example consists of two staves. The treble clef staff has a key signature of one sharp (F#) and a common time signature (C). It features four groups of eighth notes, each marked with a '3' for a triplet and a grace note above it. The bass clef staff has a simple eighth-note accompaniment. The second musical example also consists of two staves. The treble clef staff has a key signature of one flat (Bb) and a common time signature (C). It features four groups of sixteenth notes, each marked with a '6' for a sextuplet and a grace note above it. The bass clef staff has a simple eighth-note accompaniment. Both examples include a double bar line and a repeat sign.

- Such figures can add much energy and driving force in improvisation. They can act as a motivating element or a musical response reflecting the spontaneous expression of clients. Note the polyrhythmic accented figures in the top register in the second example, which creates a 3-against-4 rhythmic combination. In many cases, repeated figures include blue notes.

- Create your own repeated figures based on the examples above. Play them in various registers and keys.

Exploration 3: Tremolos

- Play the following tremolos:

The musical notation for Exploration 3: Tremolos is in common time (C). The right hand (treble clef) begins with a tremolo on a high note, indicated by a dashed line and the marking '8va'. This is followed by a series of notes: G4, A4, B4, C5, D5, E5, F5, G5, A5, B5, C6, D6, E6, F6, G6, A6, B6, C7, D7, E7, F7, G7, A7, B7, C8. The left hand (bass clef) has a tremolo on a low note (G2) and then moves to a series of notes: G2, A2, B2, C3, D3, E3, F3, G3, A3, B3, C4, D4, E4, F4, G4, A4, B4, C5, D5, E5, F5, G5, A5, B5, C6, D6, E6, F6, G6, A6, B6, C7, D7, E7, F7, G7, A7, B7, C8. The piece ends with a final chord in the right hand: G5, A5, B5, C6, D6, E6, F6, G6, A6, B6, C7, D7, E7, F7, G7, A7, B7, C8.

- Tremolos can consist of octaves remaining static for the lengths of one or several measures. They can also consist of block chords. Sometimes an entire melody is played with the tremolo effect, which gives the illusion of sustained pitches. This is particularly useful for crescendos and diminuendos. Finally, this device can be grandiose when executed with two hands, such as in the last example.
- Create your own tremolo effects. Try them in various registers of the piano. Experience placing your hands in the extreme registers of the piano.

Exploration 4: Octaves

- Play the following octave passages:

The musical notation for Exploration 4: Octaves is in common time (C). The right hand (treble clef) has a series of notes: G4, A4, B4, C5, D5, E5, F5, G5, A5, B5, C6, D6, E6, F6, G6, A6, B6, C7, D7, E7, F7, G7, A7, B7, C8. The left hand (bass clef) has a series of notes: G2, A2, B2, C3, D3, E3, F3, G3, A3, B3, C4, D4, E4, F4, G4, A4, B4, C5, D5, E5, F5, G5, A5, B5, C6, D6, E6, F6, G6, A6, B6, C7, D7, E7, F7, G7, A7, B7, C8. The piece ends with a final chord in the right hand: G5, A5, B5, C6, D6, E6, F6, G6, A6, B6, C7, D7, E7, F7, G7, A7, B7, C8.



- The first example outlines the blues scale. Play it in a shuffle meter in various registers of the piano.
- The second example demonstrates a festive New Orleans style. The octaves emphasize the pentatonic scale pitches with chromatic embellishment. Note the strong syncopated bass ostinato. This type of figure can be very arousing when played loudly in the bottom register of the piano.
- Create your own octave passages, exploring different keys and registers of the piano.
- Practice the blues scale in octaves with both hands up and down the entire range of the piano.

Exploration 5: *Breaks*

- Play the following example:

A musical score for a blues 'break' exercise. The score is written for a grand piano, with a treble clef and a bass clef. The key signature has one flat (B-flat). The music is in a 12-measure phrase. The first six measures show a descending blues scale in the right hand, starting on G4 and ending on G3. The last six measures show an ascending blues scale in the right hand, starting on G3 and ending on G4. The bass line consists of a steady eighth-note pattern in the left hand, starting on G2 and ending on G3. A dashed line labeled '8va' is drawn above the right hand, indicating the starting point for an octave transposition exercise. The word 'gliss.' is written above the final note of the ascending scale, indicating a glissando effect.

- This example demonstrates the elongation of the first A phrase of the blues form by extending it from 4 to 8 measures. In a typical break, only the first beat of every second measure is played by the ensemble, while the lead singer or soloist improvises throughout. This allows the performer to stand out. After the first 8 measures, the break ends and the groove resumes.
- Notice the glissando at the end of the first system. Glissandos are useful in signalling the end or beginning of phrases. In a clinical context, it could serve as a musical cue for a change of section, or simply to create a fun atmosphere.

Improvisation Exercises: *Solo*

1. Within the confines of the 12 bar blues form, improvise using two of the stylistic devices discussed in the above explorations. Remember that the same melodic motives or repeated figures can be transposed according to the chord changes. Make sure to play clear and coherent melodies.
2. Improvise a Hello song (similar to those of the Nordoff-Robbins style), using the musical break to introduce each imaginary client.

Improvisation Exercises: *With a partner*

1. Ask a partner to improvise freely using the voice to produce cathartic shouts (similar to Gospel preaching), retelling the events of his or her day in song. Begin a simple bass ostinato. Answer the vocal phrases with stylistic devices. Try to match the actual pitches sung.
2. Ask a partner to play quick repeated notes on a drum. Support the sounds with an appropriate repeating figure. Listen carefully, for the dynamics and articulations. Create a 3 against 4 polyrhythmic repeated figure against the steady repeated notes played on the drum. The idea is to expand on rhythmic possibilities and become more flexible in surrounding a rather ordinary steady beat with an interesting rhythmic context.

The ornamental and stylistic devices presented in this section are but a few good examples from which one can start. In reality there are countless ways to create variation in the blues form. Therapists are encouraged to continue to make their own musical discoveries as they continue to expand on the exercises suggested here.

CHAPTER VIII

Discussion

8.1 Music and Emotion

The relationship between structural musical elements and their overall expressive qualities is complex. This is one of the fundamental problems that musicology has been dealing with since the beginning (Justlin and Sloboda, 2001, pp. 45-70). The analysis showed that although the overall agglomeration of musical elements tended to produce a series of divers emotional reactions, specific elements could not be associated to specific emotional impacts or aesthetic qualities. What was most important was the surrounding musical context in which they were experienced (see *Figure 8.1*).

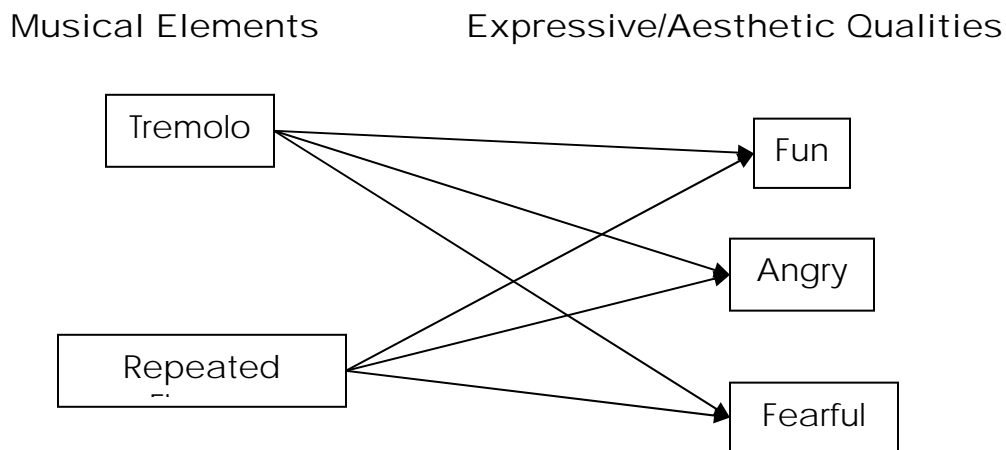


Figure 8.1. The emergence of a plurality of expressive/aesthetic qualities from isolated musical elements.

The same could be said if the focus was on a particular expressive or aesthetic quality in view of uncovering which musical elements are responsible for its presence (the inverse relationship between expressive/aesthetic qualities and musical elements).

Again, each expressive quality is produced by a number of musical elements (see *Figure 8.2*).

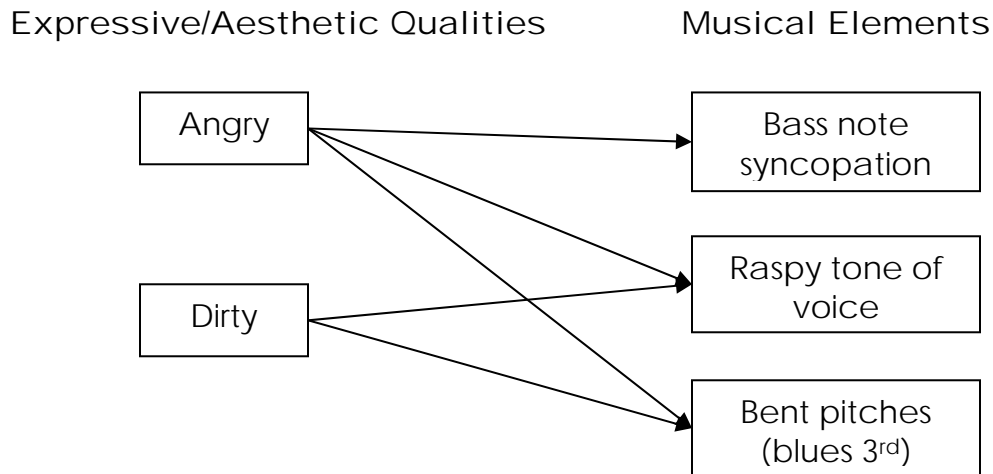


Figure 8.2. Isolated expressive/aesthetic qualities produced by a variety of musical elements (inverse relationship of *Figure 8.1*).

These diagrams illustrate that the nature of the human experience of music is mysterious and intangible, for no causal relations between the empirical properties of music and emotional experience can be claimed. Rather the relations shown in the diagrams represent subjective correlations. The analysis demonstrated that any attempt to quantify or define the complex relationship between the measurable aspects of music and their emotional impacts can only bring a mediocre and incomplete understanding at best.

Although the aesthetic qualities of the blues can only be associated to clusters of musical elements in an artificial and subjective manner, it nonetheless proved useful to examine them in view of gaining a more comprehensive understanding of the genre as a whole. In short, the analysis provided some general ideas about how the musical elements of the blues worked in concert to produce a cloud of aesthetic qualities.

In light of this, the resources formulated through this study should therefore be employed with care and musical sensitivity. They should serve as musical seeds that can be manipulated and adapted according to the clinical context, rather than musical prescriptions that lead to predictable therapeutic outcomes. It would also be beneficial that music therapists interested in using the resources immerse themselves in the sounds of authentic blues recordings in order to fully absorb the idiom and prevent superficial interpretations of the resources. As I have explored my personal relationship with the genre, I encourage music therapists to do the same.

8.2 Discarded Aspects of the Analysis

Some relevant research areas emerged from the analysis but could not be developed in this research paper. These are the two additional categories: vocal aspects and lyrical content (themes). Furthermore, instrumentation in the clinical setting is another topic that merits attention but was beyond the focus of this inquiry. I will briefly expand on them.

First, the voice is the main feature of the blues. Blues singing styles vary considerably from the vocal styles of classical Western music. In fact, all blues performers appear to consciously find and develop their own sound. Individuality is encouraged in this sense. Contrary to classical music, blues vocal styles often deliberately achieve an unrefined sound through the use of vocal effects such as falsetto, humming, groaning, scating, mumbling, yelling, and singing out of tune. These contribute to the highly expressive and cathartic sounds that the genre was meant to evoke. It is rare that music therapists use their voices in such an expressive manner. In

many cases, therapists' voices sound highly trained and operatic, which reflects a Western classical approach to music. The blues inspired me to explore more grotesque sounds in view of offering something different to clients who perhaps don't have the ability to produce sounds that are highly refined or on pitch. In some situations, it may even be prudent *not* to sing with a pleasing tone as it may actually inhibit client's will to use their own voices, out of fear of not being accepted by the therapist or matching his or her musical ability. In sum, blues singing emphasizes the natural and individual sounds of each performer, which corresponds to the ideals of humanistic music therapy philosophies.

I now turn to the lyrical content or themes of the blues. As the blues remained close to its folk roots, the lyrics are for the most part redundant and sung (and often improvised) in poor English. This obviously reflects the fact that most blues performers—especially those from the South who suffered from extreme poverty—were less educated. As a result, the vocabulary is often simple, yet in many cases the content is organized in a poetic or clever manner and themes are expressed in creative ways. For example, in Muddy Waters' *Rollin' Stone* the beginning verse reads as follows:

*Well I wish, I was a catfish
Swimin' in a...oh...deep, blue sea
I would have all you good lookin' women,
Swimin' after me.*

This approach to lyrics can easily be paralleled to those of children who vocally express themselves spontaneously in sessions, such as those featured in Aigen's (1998) *Paths of Development in Nordoff-Robbins Music Therapy*. Some of these children are extremely creative with words, yet have such limited resources. This hints at the idea that creativity has no bounds and often less is more. Some blues recordings contain only a

few key words, but their simplicity speaks volumes. Indeed, it only takes one word or phrase to create a beautiful vocal improvisation with a theme. The themes found in the blues are often centered on home, money, love, sex, and freedom. These are the themes that contemporary laypeople such as our clients are concerned with. Due to their strong emotional content, blues songs could bring a wealth of inspiration for clients who have lived similar circumstances.

Finally, a few ideas should be mentioned about instrumentation in the clinical setting. Many clients—especially those who listen to modern pop and rock music—have an affinity for the guitar. Since that is the primary instrument of the blues, therapists can easily adapt its tuning to produce only tonic and dominant pitches when played on open strings—similarly as it was done in many Delta blues styles—which would result in a folkloric sound. A piano can easily change chords over the open 5ths of the guitar in order to give more flavour to the sound. Similarly, the harmonica also lends itself well to the blues as often it is tuned to a single key with only the blues chords available. This instrument is highly accessible and could serve the same function as reed horns (used often in Nordoff-Robbins' Creative Music Therapy), but with more options, such as breathing inward and changing the pitch or chords.

Another area of research or practice related to instrumentation would be to explore the clinical use of amplified instruments such as the electric guitar and/or keyboard synthesizers (using sounds other than the piano), as it was done in the Chicago blues era during WWII. These types of interventions have been practiced extensively in Finland. This would mean bringing in the sounds of contemporary popular music in order to engage the younger client populations. Even Ruud (1998) speaks about popular

music and music therapy, but in general there are but a few music therapy literary sources on the subject. This area has yet to be explored in greater depths.

8.3 Implementing Blues Resources: Assessment, Goals and Approach

Before implementing the resources in therapy, the general appropriateness of using the blues idiom with clients should be assessed. In order to do so, therapists should ask themselves what sort of musical framework would work best with their clients or client populations and how they may benefit from the blues idiom. Here are some possible assessment criteria:

- A) **Diagnosis:** The blues idiom may serve client populations who suffer from depression, marginalization, poverty, grieving, lack of freedom, and abuse, because—as mentioned in Chapter 3—the aesthetics of the style tends to reflect the difficult and tumultuous lives of those who created it.
- B) **Client Background:** Although the blues may benefit clients who grew up between 1940-1960—when the genre was at its apogee—it should be noted that nowadays it extends much beyond the African American culture and the time period in which it was conceived. It is thus important to be aware of prejudices and stereotypes. In contemporary society, the blues may interest client populations who have an affinity for rock, soul or R&B music. In my opinion, children and adolescents could just as easily be engaged by the music as adults.
- C) **Quality of Musical Engagement:** In music-centered practice, it is important to assess the quality of clients' musical abilities and discover their tendencies. This is a crucial step in order to determine what sort of framework best supports their

musical utterances (in which ever form they may be expressed). For example, the blues may be especially suitable for clients who lack the ability to create musical form. The simplicity and redundancy of the blues form may be a good starting point for this purpose. Rather than the therapist personal taste, clinical listening should determine whether the blues idiom is suitable to meet the needs of the client.

The blues is useful in therapy partly because the familiarity of the idiom has the potential to motivate and engage clients musically. Here are a few examples of possible goals that could be addressed through the use of the resources:

- Enhancing group cohesion
- Musicing
- Developing the ability to focus
- Expressing difficult emotions
- Increasing self-esteem
- Increasing self-awareness

Regardless what type of musical resources are used in therapy, they should always be approached from a creative stance and should never be relied on to “produce” the therapy. I cannot emphasize enough that these are not magical recipes, but tools that can only work as well as the clinical thinking of the therapist. One of the key aspects to remember is the danger of keeping a fixed groove, as discussed in Chapter 4. Through my experience so far, I found that it was often unproductive to attempt to bring group members together rhythmically, especially in group improvisations where clients did not naturally fall into a definite pulse. Once the pulse was abandoned and other features of

the blues were used, such as the basic chords and ornamental figures, the improvisation sounded more natural. In fact, a non-pulsed blues improvisation with a single chord can sometimes allow clients more freedom and create a sense of timelessness. In a world where everything moves at a tremendous pace, doing the opposite in music therapy may create an ideal atmosphere for introspection and the sharing of meaningful feelings.

The resources are segregated into individual chapters exactly for this reason. It is important not only to be able to convey a style of music as a whole, but to know its individual musical properties and make use of them in various combinations in clinical improvisation. For example, a client may play beautiful blues melodies on a prepared xylophone or metalophone, but lack the capacity to groove or play in time with the therapist. On the other hand, a client may be able to play rhythmically but lack the capability to produce intelligible melodic phrases. In such cases, therapist may benefit from compensating musically what those clients lack by using the individual features of the blues.

8.4 How to Practice the Resources

It is important to develop a systematic approach to practicing. This applies not only to professional performers but to music therapists who seek to acquire and master new clinical improvisation skills. In music-centered music therapy philosophy, musicing is the primary means of attaining therapeutic goals, if not the goal in itself. It is therefore important to build a rich musical palette in order to accommodate the musical needs of a wide variety of clients. Like all musical idioms, the blues is at risk of sounding banal and clichéd if it is not treated with seriousness and care. The purpose of this research is to

help therapists enrich their knowledge of the style as well as expand their musical boundaries in order to unleash their creative flow. Thus, the musical ideas discussed in the *Practice Guide* are by no means fixed or complete.

According to Colin Lee (personal communication, March 2, 2007), there are two ways of practicing resources. The first is general non-specific improvisation practice; the second is specific to a clinical case. The blues resources presented here can be practiced in both ways. In general non-specific improvisation practice, the idea is to explore sound for its own sake, develop musical sensitivity, and expand musical boundaries. An example would be to explore all the possibilities of the blues scale by playing it in various registers, in octaves, harmonized in 4ths or 5ths, and so forth. On the other hand, in specific clinical case improvisation practice, the idea is to develop and master a specific part of the resources that will help solve a clinical improvisation problem. For example, if a therapist is used to playing the blues with a strict pulse, which prevents a client from being part of the music, it may be beneficial to practice non-pulsed playing and focus on more lyrical aspects of the idiom.

It should be mentioned that to absorb any musical idiom takes time and repeated exposure. In order to evoke the blues *feeling* it would be insufficient to simply practice the musical elements presented in the *Practice Guides*. Extensive listening of blues recordings, along with practicing the notes, is highly recommended, because it is by basing oneself in authentic renditions of the music that one will play it with more credibility.

8.5 Reflections on the Research Process

To summarize the project, I analysed the blues idiom in such a way to include relevant musicological information and personal emotional reactions in order to enrich and guide the building of pianistic improvisational resources for music therapy purposes. The idea was to start from the authentic music itself as it appeared in recordings and scores, discover its clinical implications, and from there derive practical notated resources. In a sense, the research process moved from the concrete (musical recordings), to the less tangible (clinical theory), and back to the concrete (improvisational resources), in a way not unlike any other process of transformation. As a result, the individual clinical improvisation elements are not dissimilar from their original form as found in authentic scores and recordings. What *is* different however is how I think about and interpret the musical elements. I believe that this project allowed me the opportunity to not only gain a deeper understanding of how the blues can function as a therapeutic intervention, but to develop the precision needed to focus and bring more clarity to the execution of the idiom in the clinical setting.

CHAPTER IX

The Future of Clinical Improvisation Resource Development

9.1 Indigenous Music Therapy Theory and Music Research

As an indigenous theory of music therapy is beginning to emerge (Aigen, 2005), my hope is that this research project will contribute to the flourishing body of music-centred literature it needs in order to mature. Aigen argues that the field of music therapy is at a point where it needs to develop its own indigenous concepts and cease to be fully dependant on the sometimes incompatible conceptual frameworks of other domains, such as psychology, sociology, psychotherapy, medicine, and so forth. Music is the strength of our work, and if it is not researched as extensively as are the purely therapeutic or clinical aspects, then the field is at risk of eventually dissolving into psychotherapy, counselling, or recreation. In the preface of his book, *The Architecture of Aesthetic Music Therapy*, Lee (2003) addresses this issue head on using a convincing metaphor:

Would a physician contemplate surgery if he did not know the intricate biological workings of the body? And yet music therapists use music with little knowledge of its structural makeup. We use music and yet seem ignorant of its complexities. We interpret through extra-musical theories in the hope that its intangibility may somehow become tangible. Yet, until we examine the qualities of music itself, its biological structure, its outcome will remain a mystery. (p. xv)

Is this the state of our profession? Are we sometimes “operating” on our clients in a blind way, hoping that through divine intervention, music will lead to a therapeutic

outcome? Compared to a scalpel, the tool of music used in therapy is obviously much more complex and can take a multiplicity of functions. It is at once a means to an end (facilitating clinical goals), and the end in itself (musicing). Now that the profession is well established, I believe it can begin its quest to resolve the enigmatic nature of music, or at least try to understand music in part, in order to gain more wisdom about its clinical uses.

Along with indigenous music therapy theory come Bruscia's (1998) terms, "music *in* therapy" and "music *as* therapy". According to my experience, I have found that the boundaries between the two can sometimes become unclear. One aspect that distinguishes the two is the amount of emphasis put on the verbal processing of musical experience. To illustrate, I often found it a challenge to simply let the musical process take its course without verbal information, especially in purely instrumental improvisation. Pre-composed songs are evidently more tangible than free improvisation as they involve verbal information. Music, in this case, is usually limited to enhancing or coloring the lyrics and the message contained within them. This is not to negate their therapeutic value, as they can be extremely potent when handled with care and sensitivity. However, I believe that free improvisation is a purer form of music-making, as its meaning extends far beyond what words can grasp. It is created in the here and now, and it is in the present moment that change happens. In my opinion, free improvisation without words is music *as* therapy in its purest form, and it is this form of musicing that gives a rationale for an indigenous music therapy theory.

Music is an illusive phenomenon. It is not tangible, as it does not have any material form. Yet it sometimes reflects the natural world, either as representation or

process³. Therefore, it cannot be entirely disconnected from the tangible. Indeed, music embodies a certain mystery, if not a sacredness. Perhaps some believe that it is not suitable for intellectual inquiry and should be left as a matter of the heart. I would argue the contrary that some of the world's finest musicians have attempted to theorize and philosophize about music with much success: Richard Wagner, Paul Hindemith, Victor Zuckerkandl, and Arnold Schoenberg—just to name a few—have not only illuminated new avenues of thinking about music, but have inspired the world through their music. Paul Nordoff could be considered one of the most influential thinkers about music in the field of music therapy. The composer still remains one of my personal inspirations for my future work as a music therapist, and it is directly through his clinical music that I have gained this inspiration; his philosophical stance came second. In short, my point is that music should be the primary source of inspiration, as it is more pure than any linguistic explanation, and that music therapy theory and clinical thought should stem out of music itself, rather than extra-musical foundations.

9.2 Conclusion: On the Mastery of Clinical Improvisation Skills

Some may associate the freedom of improvisation with chaos and feel themselves at a loss when attempting to make use of it in sessions. While I sympathize with such feelings, this serves to reinforce the argument that music must be researched more extensively, in particular, to develop more knowledge about its use in clinical improvisation. I believe that the art of clinical improvisation is like a form of yoga—as suggested by Allan Turry (2001) when speaking of the discipline of Creative Music

³ This thought is based on Aigen's (2005) discussion of Schema theory and Victor Zuckerkandl's Dynamic Theory of Tone (chaps. 8-10).

Therapy—because it demands an almost religious devotion, which leads to “raised consciousness and an expanded capacity to love, just as do meditation and prayer” (p. 375). Some mystics such as Sufi Master Hazrat Inayat Kahn consider musical improvisation the quickest path to spiritual enlightenment. With this in mind, improvisation should not be approached lightly. It demands that we listen with all of our beings and respond honestly and unapologetically. It can be one of the most intense and difficult forms of music-making, but, according to my experience, one of the most rewarding.

It is my hope that this research project will be part of a number of musicology and music analysis oriented inquiries that will help music therapists gain new grounds in terms of developing clinical improvisation skills and deepening their perception and appreciation of a large range of musical styles in the process. With an eventual body of clinical improvisation resources based on legitimate music research, therapists will have a solid basis upon which to inform themselves when in need of ideas, or when theorizing about the potential clinical implications of their musical interventions. At this time, the profession could benefit from having more clinical improvisation practical guides or manuals. Nordoff and Robbin’s (1977) *Creative Music Therapy*, Robbins and Robbins’ (1998) *Healing Heritage*, and Wigram’s (2004) *Improvisation: Methods and Techniques for Music Therapy Clinicians, Educators and Students*, are a few good starting points.

I also hope that music therapists will continue to broaden their practice by participating in improvisational workshops. For it is through direct hands-on experience that new musical discoveries are made. Music is a matter of sound, not words. It can be talked about endlessly, but it is when the performer sits down at his or her instrument and

plucks the strings or presses the keys that new perceptions are made possible. The practice of the art of clinical improvisation is a process without end, one I hope to pursue for a long time in view of perfecting it and using it as a primary tool in my future work as a music therapist.

References

- Aigen, K. (1998). *Paths of development in Nordoff-Robbins music therapy*. Gilsum, NH: Barcelona Publishers.
- Aigen, K. (2002). *Playin' in the band: A qualitative study of popular musical styles as clinical improvisation*. New York: Nordoff-Robbins Center for Music Therapy, New York University.
- Aigen, K. (2005). *Music-centered music therapy*. Gilsum, NH: Barcelona Publishers.
- Alfassy, L. (1980). *Blues hanon: Authentic, progressive exercises and etudes for the contemporary piano student*. New York: Amsco Music Publishing Company.
- Allison, L. (n.d.). *Brainy quotes*. Retrieved on May 28, 2007 from <http://www.brainyquote.com/quotes/quotes/l/lutheralli222175.html>.
- Ansdell, G. (1995). *Music for life: Aspects of creative music therapy with adult clients*. Philadelphia: Jessica Kingsley Publishers.
- Ansdell, G. (1997). What has the new musicology to say to music therapy? *British Journal of Music Therapy*, 11(2), 36-44.
- Arnason, C. L. R. (2002). An eclectic approach to the analysis of improvisations in music therapy sessions. *Music Therapy Perspectives*, 20, 4-12.
- Baker, R. M. (2004). *A brief history of the blues*. Retrieved May 28, 2007 from the Blue Highway Web site: <http://thebluehighway.com/history.html>.
- Barlow, W. (1989). *Looking up at down: The emergence of blues culture*. Philadelphia: Temple University Press.

- Blumenfeld, A. (1992). *The blues, boogie and barrelhouse piano workbook*. Katona, NY: Ekay Music, Inc.
- Bonde, L. O. (2005). Approaches to researching music. In B. L. Wheeler (Ed.), *Music therapy research* (2nd ed.) (pp. 489-525). Gilsum, NH: Barcelona Publishers.
- Brooks, L., Koda, C. & Brooks, W. B. (1998). *Blues for dummies*. Foster City, CA: IDG Books Worldwide, Inc.
- Bruscia, K. E. (1995). Differences between quantitative and qualitative research paradigms: Implications for music therapy. In B. L. Wheeler (Ed.), *Music therapy research: Quantitative and qualitative perspectives* (pp. 65-76). Gilsum, NH: Barcelona Publishers.
- Bruscia, K. E. (1998). *Defining music therapy* (2nd ed.). Gilsum, NH: Barcelona Publishers.
- Chase, K. M. (2003). Multicultural music therapy: a review of literature. *Music Therapy Perspectives* 21(2), 84-89.
- Dahl, B. (n.d.). *Definition of the blues*. Retrieved May 28, 2007 from the Blues Foundation Web site: <http://www.blues.org/blues/essays.php4?Id=1>.
- Davis, F. (1995). *The history of the blues*. New York: Hyperion.
- Dean, R.T. (1989). *Creative improvisation: Jazz, contemporary music and beyond: How to develop techniques of improvisation for any musical context*. Philadelphia: Open University Press.
- Ferrara, L. (1984). Phenomenology as a tool for musical analysis. *The Musical Quarterly*, 70(1), 355-373.

- Ferrara, L. (1991). *Philosophy and the analysis of music: Bridges to musical sound, form, and reference*. New York: Excelsior Music Publishing Co.
- Forinash, M., & Gonzalez, D. (1989). A phenomenological perspective of music therapy. *Music Therapy, 8*, 35-46.
- Gordon, A. D. (1995). *100 ultimate blues riffs for piano/keyboards*. Lawndale CA: A. D. G. Productions.
- Justlin, P. N. & Sloboda, J. A. (2001). *Music and emotion: Theory and research*. New York: Oxford University Press.
- King, B. B. (n.d.). *Brainy quotes*. Retrieved on May 28, 2007 from <http://www.brainyquote.com/quotes/quotes/b/bbking173520.html>.
- Lee, C. A. (2000). A method of analyzing improvisations in music therapy. *Journal of Music Therapy, 37*, 147-167.
- Lee, C. A. (2003). *The architecture of aesthetic music therapy*. Gilsum, NH: Barcelona Publishers.
- Mereni, A-E. (1996). 'Kinesis und Katharsis': The African traditional concept of sound/motion or music: Its application in, and implications for, music therapy (Part I and II). *British Journal of Music Therapy 10*(1), 17-24.
- Mereni, A-E. (1997). 'Kinesis und katharsis': The African traditional concept of sound/motion or music: Its application in, and implications for, music therapy (Part III). *British Journal of Music Therapy, 11*(1), 20-23.
- Nordoff, P. & Robbins, C. (1977). *Creative music therapy*. New York: John Day Co.
- Oliver, P. (1997). *The story of the blues: The making of a black music*. London: PIMLICO.

- Pavlicevic, M. & Ansdell, G. (2004). *Community music therapy*. Philadelphia: Jessica Kingsley Publishers.
- Robbins, C. & Robbins, C. (1998). *Healing heritage: Paul Nordoff exploring the tonal language of music*. Gilsum, NH: Barcelona Publishers.
- Ruud, E. (1995). Improvisation as a liminal experience: Jazz and music therapy as modern “rites de passages”. In C. B. Kenny (Ed.), *Listening, playing, creating: Essays on the power of sound* (pp. 91-117). Albany, NY: State University of New York Press.
- Ruud, E. (1998). *Music therapy: Improvisation, communication, and culture*. Gilsum NH: Barcelona Publishers.
- Ruud, E. (2005). Philosophy and theory of science. In B. L. Wheeler (Ed.), *Music therapy research* (2nd ed.) (pp. 33-44). Gilsum, NH: Barcelona Publishers.
- Santelli, R. (2003). A century of the blues. In Scorsese, M., et al., *The blues: A musical journey*. New York: Harper Collins Publishers Inc.
- Scorsese, M., et al. (2003). *The blues: A musical journey*. New York: Harper Collins Publishers Inc.
- Stewart, E. L. (1998). *African American music: An introduction*. Belmont, CA: Wadsworth Group/Thomson Learning.
- Turley, A. (2001). Supervision in the Nordoff-Robbins music therapy training program. In M. Forinash (Ed.), *Music Therapy Supervision* (pp. 352-378). Gilsum, NH: Barcelona Publishers.

Turry, A. (2005). Teamwork: therapist and cotherapist in the Nordoff-Robbins approach to music therapy. *Music Therapy Perspectives*, 23, 53-69.

Weissman, D. (2005). *Blues: The basics*. New York: Routledge.

Wigram, T. (2004). *Improvisation: Methods and techniques for music therapy clinicians, educators and students*. Philadelphia: Jessica Kingsley Publishers.

Appendix A

An example from the aural analysis

BB King: How Blue Can You Get?

Artist:	BB King
Album:	Live at the Regal
Track #:	4
Recording Date:	Nov 21, 1964

Contextual/Liner Notes:

This concert was recorded on a cold windy day in Chicago at the Regal theatre. The album is considered a rare live performance and one of his best recordings. BB King included many of his fans' old favorites including the piece How Blue Can You Get. The singer was apparently at his peak performance at this concert. BB King is considered one of the favorites of the Chicago Blues singers. This concert was recorded during the blues revival period of the 1960s. So there may have been many white people in the audience. "LIVE AT THE REGAL is a spectacular and obviously enduring testimonial to the power of BB King as a musician, entertainer and communicator, with the exemplary support from the equally important foils of both band and audience"... "Anyone seeking an understanding of how tension and release work at their best in the blues need look no further"—(my paraphrasing of the liner notes)

Album First Impressions:

This album is very joyful. An example of high spirited festive blues. Highly refined, great musicians. A full band including piano, great brass section. Some prepared musical elements (breaks, orchestral responses, big sudden exclamations, or sudden silences). I

didn't expect BB to use falsetto voice. He has a big range, very expressive. I love his transitions as he talks to the audience and makes his blues songs relevant to the present. Very spontaneous "I think I'm gonna play now". The drums are very good (fillers). Piano often pierces through high register. He sings as he talks, expressing each word like he means it. His guitar playing is often freely played (confidently) over the strict beat. He puts a lot of notes with wide range but it's always expressive like another voice or another animal responding to his lyrics. Overall, BB makes me think of Oscar Peterson's personality (joyful, virtuosic, great musical sensibility). ***It seems like one could distinguish between rhythmic and free blues licks. Some rhythmic in the piano involved a mixture of blues scale and repetitive chord patterns (riffs), while the free licks are more expressive as a solo voice singing with blue scale.***

Time	Music/Sounds	Emotions/Thoughts/Images	Links to MT
0:00	<p>Direct transition from previous tune. Music has a relaxed 12/8 groove (72 bpm). Crowd finishes applauding, while BB King announces what is to come for the next tune:</p> <p>"On this next tune—while we are reminiscing here—I would like you to pay attention to the lyrics, and not so much to my singing or the band—cause I think they're wailin' out there though...how 'bout' a hand for them, give 'em a big hand!"</p> <p>Crowd applauds enthusiastically. "Thank you!"</p> <p>"But now we are going way down in the alley...way down!..."</p> <p>"I'd like to play a little bit"</p> <p>Some shouting in the background.</p>	<p>It keeps the energy flowing when the groove keeps going in the background as the singer speaks. It seems to be part of the style to talk and sing during the groove. Perhaps an influence of the entertainment industry. It adds a strong verbal rapport with the audience. Makes the encounter more casual as opposed to a formal classical music concert. It makes it more 'human' in that he is himself on stage rather than trying to impersonate a diva. However, he seems to have an authoritative presence and the audience appears to respect him. Definitely a magnetic personality.</p>	<p>I have done this <i>speaking over the groove</i> during sessions. It helped guide verbally while preventing the music from stopping. To make smooth <i>transitions</i>.</p>

0:33	BB plays guitar licks for 1 chorus		
0:45	BB increases dynamics and band responds similarly almost immediately. Drum fill as band approaches bar 4 (IV chord).	Seems like a spontaneous addition to the song to set the mood. Makes a good transition into the music from the talking. He really sings through the guitar as though it was a second voice.	<i>Transition from verbal to musical:</i> stepping into ‘music-making’ mode from verbal explanation. <i>Supporting</i> client by <i>matching</i> dynamics and creating more movement when intensity rises.
1:14	Piano pierces though the band with a high register riff (tremolos between 5 th and 7 th). Texture sounds emptier. BB begins to sing: “I’ve been down-hearted baby... Saxophone suddenly emerges and plays in response with chromatic licks “ever since the day we met!”—shouting the word “ever”.	Words are sung with an almost free rhythmic style. It sounds like talking with a singing tone. Seems to be more appropriate for slower blues such as this one. He really means what he sings. He sounds serious and hurt. The shouting makes me feel the release of his pain vicariously.	<i>Free talk-like singing</i> may make it easier for clients to ‘fit’ into the aesthetics of the blues. Freedom against the slow regular pulse <i>Shouting musically</i> as catharsis of emotional intensity.
	Sax plays again (throughout the singing, responding more actively between sung phrases)	Sax gives a sexual feel to the music, maybe due to the presence of chromaticism	Expression of <i>sexuality</i> in MT. What potential population could benefit?
1:28	Lyrics and music are repeated in similar manner on IV chord.	Repetition of words allow me to just stay with them and absorb them.	<i>Repetition of words</i> for emphasis.
1:42	Sings “Our love is nothin’ but the blues, woman. Baby, how blue can you get”—		

1:53	<p>shouting the word “baby”</p> <p>Drums change texture to add tension at the end of the last phrase of the blues form. Piano emphasizes triplets in higher register with full chords.</p>	<p>Seems to be a difference between groove music and classical music where the interest lies in the changing textures of the music which add or release tension rather than harmonic and melodic development.</p>	<p><i>Groove textures</i> and creating tension</p>
1:56	<p>Drums keep same texture as chorus 2 begins Piano trills in high register BB sings “You’re evil when I’m with you, and you’re jealous when we’re apart”</p>	<p>His voice seems to vibrate differently on the word ‘apart’</p>	
2:08	<p>Drum fills on toms in response to the sung phrase.</p>		
2:13	<p>BB repeats the lyrics with more shouting and repeating “You’re so evil”</p>	<p>The word ‘evil’ is so biblical, which seems to hint at the concept of religious ‘sin’.</p>	<p>Verbal expression of <i>negative emotions</i> in MT</p>
2:21	<p>Sax plays same chromatic lick after words “jealous when we’re apart”</p>	<p>Again, the saxophone brings in the ‘sexual’ feel with a chromatic lick.</p>	
2:25	<p>On V chord piano again plays triplets on full chords in upper register, saxophone peaks melodically. BB sings “The answer is right here in my heart!”</p>		
2:37	<p>Band breaks! (rest of brass section and snare accent every first beat of each</p>		

<p>3:00</p> <p>3:04</p>	<p>measure) Chorus 3 begins: BB sings “I gave you a brand new ford/ and you said I want a Cadillac/ I bought you a ten dollar dinner/ and you said thanks for the snack!/ I let you live in my penthouse/ and you said it was just a shack!/ I gave you seven children / and now you want to give ‘em back!” The crowd responds by cheering between each line. Especially at the last line as BB shouts at the top of his voice. This seems to be the climax of the song. The piano enters on the highest register playing those triplets</p> <p>Horns are now fully present (on IV chord) playing long notes to sustain intensity. Drums play more loudly on snare and cymbal. BB shout-sings the first verse again “Yes, I’ve been down hearted, baby/ Ever since the day we met/ Our love is nothin’ but the blues, baby/ How blue can you get?!”</p> <p>Song ends with horns shouting and drum fills. BB sings “Yeah, yeah!” Crowd cheers.</p>	<p>The <i>themes of money and marriage</i> (divorce). Did many black people have large families? The words really paint a picture of the singer feeling unappreciated and taken advantage of. Possible abuse? Feels like singing these words would make me feel empowered. The crowd obviously empathizes with him.</p> <p>The piano triplets give me the image of blood pounding through the singer’s veins in his head. (hot-blooded anger)</p> <p>Obviously, well rehearsed. Piece ends on a positive emotional release. The general lyrics seem like an acknowledgment of a reality that cannot be changed. “That’s my hard life” it seems to say. But the expression of this reality leads to acceptance and empowerment. The</p>	<p>Verbal expression of <i>negative emotions</i> related to financial situation and marriage. Relevant for middle aged people or anyone going through <i>divorce or separation</i>. May lead to <i>empowerment</i></p> <p>Word ‘yeah’ seems to be a typical <i>lyric filler</i> or <i>response</i>. Could be used by therapist to emphasize what client sings. Could be used to promote the acceptance of a reality of suffering that cannot be changed. The word yeah meaning</p>
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		word “yeah” seems to serve the same function as a grand “Amen” to a prayer.	
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			‘amen’!
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General Notes:

The piece gradually moves from calm to enraging through a careful buildup of the band’s dynamics and BB’s vocal intensity. It demonstrates much interplay of the buildup of tension and its release through the blues form. The piano is particularly useful in creating tension by playing triplets in the high register. The horns add much ‘shout’ towards the end. This kind of music may be cathartic for clients either through listening to this exact recording or participating in a similar type of performance. Reed horns may serve the purpose for blues arrangements.

Appendix B

Blues Improvisation Resources Categorized

(1 of 6 categories)

Groove and Rhythm	Expressive/Aesthetic Qualities
Groove: relaxed (72pbm) 12/8, medium tempo, soft dynamics	- calm, setting an atmosphere
Minor blues mode (F pentatonic over Dmin) played quietly at medium pace	- calm atmosphere, sad
Groove: short accents on beat 1 and AND of 2 in 12/8 (dotted quarter 8 th) (snare drum)	- hard, sets mood, important thing to say, bittersweet, fun, provides a musical space for soloist to express himself
Groove: slow, emphasizing strong beats (1,3) with accents or outbursts on guitar (blues 5 th)	- heavy, dirty, cathartic, intense, painful
Groove: medium tempo, double time drums (16 th notes), marching pulse, barrelhouse style (presence of major 3 rd and chromaticism)	- bright, festive, driving, intoxicating, partying atmosphere
Syncopation (last 8 th note of every bar)	- dancing, fun, motivating, movement, drive, exciting
Syncopated texture	- dance-like, fun
Drum stick counting	- cultural, rock music
Groove: Famous 5 note riff in band unison (ostinato)	- redundant, heavy, cliché, empowering, sexual, confident, full of life
Groove: Jazz riffs (high density), medium fast swing, jazz blues chord progression	- drive, swing, fun, energetic, joyful, distinct, dance-like
Walking bass	- drive, archetypal jazz and blues element, direction, cycling, safe, energetic
Groove: Band melody in unison (brass), 12/8 medium pace, composed intro that repeats before every verse	- refined, bold, important, redundant, safe, powerful, empowering
Groove: dotted quarter 8 th syncopated block chords (piano) with boogie bass pattern	- drive, bold, exciting, creative, fun, energetic, extroverted, dance-like, irresistible