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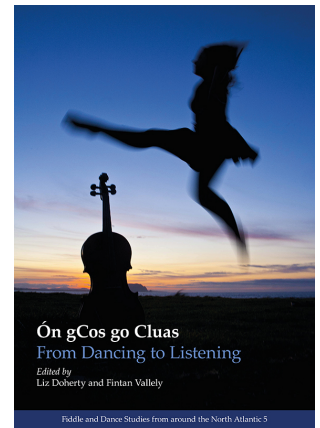
From Dancing to Listening

Fiddle and Dance Studies from around the North Atlantic 5

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Josie Nugent is active as a fiddle teacher and performer. She trained as a music therapist at Anglia Ruskin University, Cambridge, UK, graduating in 2010, and providing music therapy services to children in a hospice setting and to adults with profound communication difficulties while resident in Cambridge. She currently works in Derry for the Northern Ireland Music Therapy Trust in the areas of dementia, acquired brain injuries and autistic spectrum disorder. Her 1996 PhD from Queen's University, Belfast (1996), is in virology, an area in which she worked prior to a career change to music therapy.

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The fiddle as a symbolic creative therapeutic tool in music therapy

JOSIE NUGENT

Music is a powerful connecting tool. It can serve both as an auditory and emotional stimulus and connect to our innermost self.¹ It is also motoric and we involuntarily let our muscles interact with many elements of music such as its rhythm, timbre, pitch, melodies, and harmonies.² Its use as a healing force dates back to ancient times and most cultures have myths and narratives on the healing power of music.³ While music has been used in this way throughout history, the concept of music therapy evolved and gained professional recognition around the time of World War I⁴ when it was used to deal with trauma in healing war veterans. While this is documented as having been helpful and supportive, those giving the therapy lacked training in therapeutic assessment procedures and also were limited in medical and psychological knowledge of their clients. But such historical events set the scene for the establishment of training courses in music therapy for musicians who wished to put their skills into therapeutic use both in the USA and UK.⁵

Music therapy

This is a psychological interactive musical intervention using music, sounds, and voice as interactive communication tools between the therapist and client. The goal of a music intervention is primarily to enhance the client's social, emotional, physical and mental well-being.⁶ This can be achieved in many ways using activities such as music improvisation, singing, creating music together, dancing to music, recalling familiar songs or tunes, song-writing and creating music to express feeling states and work through emotional states of being. During the intervention the therapist acts as a facilitator to establish a safe and secure relationship between them and the client (which is central to the therapeutic process). This growing therapeutic relationship gives the client freedom to self-express and the therapist interacts to create a shared music experience leading to the pursuit of therapeutic goals. The intervention can therefore enable the client to express and work through their feeling states and consequently gain a greater understanding of their behavioural states and their mental well-being. The sessions can also be used in more functional ways to help a client develop

gross and fine mobility skills, for example, clients affected by strokes and children with reduced fine mobility skills.

The Fiddle as a therapeutic tool

The fiddle or violin is a stringed instrument that evolved from the *viola da braccio* in the 1600s, whose Latin name is 'Vitula' the name of a Roman Goddess. The Romans in Germany called it a 'fidula', then 'fiedel' while in Italy it became known as the little viol, hence 'violino'.⁷ As both names are interchangeable, this paper will address the instrument as a 'fiddle'. It has many of the qualities of the human voice, and has been used as a connecting tool between people to aid relaxation and calmness.⁸ It is a live, expressive instrument where a wide range of sound effects can be expressed, as on it the player controls the formation and execution of a note, its timbre, duration, and dynamic. Finger-plucking can aid the development of fine-mobility skills, the bow stroke has very soothing qualities which can help a client to find a more peaceful sense of self. The fiddle can be used as both a melody and accompaniment instrument, it is portable and small, with a unique shape which makes it an ideal convenient, creative tool of expression in music therapy settings. In discussing how the fiddle is 'applied', I will deal with two client groups where it can be used in music therapy as an intermediate, interactive tool of engagement to enhance a client's communication, social-interactive and mobility skills:

1. Its role as a social-interactive, symbolic and creative tool in music therapy interventions for children with special needs, and
2. Its role as an intermediate tool of communication with adults who have acquired neurological disorders, such as strokes and dementia.

1. Children with special needs

Children are innately social and we cannot underestimate the creativity that exists and that is constantly developing in a child's mind once stimulated to do so in social settings. Social interactions give children the opportunity for imaginative thinking and in doing so they learn and create alternative ways to socially interact and communicate with others. Early influential thinkers, such as the education psychologist, John Dewey (1859–1952), saw children as innately social beings who actively learned in both adult-child and child-child environments.⁹ Educational psychologists such as Piaget, Erikson, and Vygotsky all agree that the child uses play for self-teaching.¹⁰ *Aistear*, is an early childhood curriculum framework created by the Irish Department of Education to support the learning and development of children from just after birth to up to six years of age. It is structured around the themes of well-being, identity and belonging, communicating, and exploring and thinking. It uses different kinds of play to support a child's early learning and development across the above mentioned themes.¹¹ Similarly, music therapists use play to inspire a child with special needs to be their creative, expressive self during a music therapy session. The goals of a music therapy intervention centre on the social, emotional, physical and mental

well-being of the child and the importance of self-expression to discover the self. This is echoed in the words of the psychoanalyst Donald Winnicott:

It is in playing and only in playing, that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self.¹²

Findings

The music therapist adopts collaborative interactive strategies. Musical objects are used as interactive tools, one of which is the fiddle, which I have found incredibly useful as an intermediate tool of engagement in my sessions with young children. Many non-verbal children are fascinated with the resonance produced through the body of a fiddle from plucking its strings. This fascination helps them to develop engagement skills, in some cases opening up an additional door where the child wants to share this level of engagement with the therapist, leading to developments in their social interactive skills. Active involvement in rhythmical string plucking can enhance fine mobility skills, and can be further developed into a turn-taking activity which introduces new cognitive ideas to the child. Children with reduced cognitive abilities (such as those born with global developmental delay), sometimes see the fiddle as a symbolic tool that they can use in interactive play. One such child interacted by using it as a see-saw, a form of play which brought her great joy and gave her a means to develop her social interactive skills. Another such child engaged with the fiddle as a revolving wheel above his head and his body came to life showing many facial gestures of wonder and amazement as the therapist moved it in circular motion above his head. For a number of children who could not voice what they wanted to express, the soothing qualities of the sound produced when they or the therapist bowed the instrument appeared to bring a sense of calm and peace of mind. The fiddle, therefore has many dimensions to its use as an interactive tool of engagement, and can be used to enhance children's social interactive and mobility skills as well as further developing their creative imagination, stimulating opportunities for social interactive play.

2. Adults with acquired brain injuries

My work with adults with acquired neurological disorders centres around patients with strokes, hypoxic brain injuries and dementia. Especially when dealing with clients with a diagnosis of dementia, I have found the tone and timbre of the octave fiddle (pitched an octave below the fiddle) much more appealing to these clients than the tone and timbre of the standard instrument. Dementia is a neurological progressive disorder that is characterised by a decline in cognitive function that results in short- and long-term memory changes, impairment of abstract thinking and judgment, disorders of language (aphasia) and personality change.¹³ There are many medical conditions that can lead to dementia, with the Alzheimer's type being best-known. Research has shown that the areas of the brain that respond to music are the last to deteriorate in dementia, suggesting a role for musical communication with dementia patients.¹⁴ The potential of music therapy to aid the well-being of clients at various stages of dementia has been well documented¹⁵ and this section

will illustrate how the octave fiddle can be used as a melody or accompanying instrument to enhance a client's well-being.

Findings

With patients at the more advanced stages of dementia the octave fiddle can be used as a social interactive tool to boost alertness and interactivity. Because of its size and portability it can be played in close proximity to a patient. This can stimulate a patient into a more immediate state of alertness, enabling them to communicate vocally and/or by use of facial gestures. This instrument is also ideal to encourage dancing and/or movement, an activity known to greatly enhance the well-being of such patients.¹⁶ For example, dementia patients who had been Irish step dancers in their youth immediately engaged by dancing in their chairs when some of the once-common, never-forgotten dance-tunes were played to them. Some also would lilt to specific set-dance tunes such as 'St Patrick's Day' and 'King of the Fairies'. These patients also enjoyed dancing to waltz-like melodies from old films such as 'The Tennessee Waltz' and 'After the Ball' and/or reminiscing about the dance-hall days of their youth. The octave fiddle can also be used as a melody and/or accompanying tool to assist song-memory recall. This client group became uplifted and enlivened when engaged in group settings to recall songs of local interest, of emigration, love and Irish ballads. Ballads with stimulating repetitive choruses such as 'Will you go Lassie Go' and 'The Wild Rover' especially appeal to this client group as the repetition in the song choruses assists memory recall. Regular weekly engagement in group singing appeared to improve their awareness of self and others and to enrich and brighten their mood and spirit.

Conclusion

This paper has outlined pathways for the use of the fiddle in music therapy, based on my personal experience as a fiddle player and music therapist. The expressiveness and physical qualities of the fiddle opens avenues for its use in therapeutic settings as described. The octave fiddle has a timbre particularly suited for working with adults, and I have suggested possible uses for it with adults with acquired brain injuries. I would like to acknowledge the many shared interactions I have had with clients while training to become a music therapist and in post-qualification experience.

Notes

¹ Leslie Bunt, 'The Growth of Music Therapy', in *Music Therapy: An Art Beyond Words* (London: Routledge, 1994); Oliver Sacks, *Musicophilia: Tales of Music and the Brain* (New Jersey: Picador, 2007).

² Sacks, 2007.

³ Tony Wigram, I. N. Pedersen, and Ole Lars Bonde, 'Introduction to Music Therapy', in *A Comprehensive Guide to Music Therapy* (London: Jessica Kingsley, 2002), pp. 17–43.

⁴ Leslie Bunt, p. 4.

⁵ Leslie Bunt, pp. 4–5.

⁶ Leslie Bunt, pp. 5–16.

- ⁷ Chris Haigh, 'Introducing the Fiddle', in *The Fiddle Handbook* (London: Backbeat Books for Outline Press, 2009), pp. 9–11.
- ⁸ Elaine Simmons, 'Playing the Violin – Importance and Benefits', [online] (2010), http://EzineArticles.com/?expert=Elaine_Simmons [accessed June 2015]; Alex Johnson, 'Tonal Therapy – Violin Music', [online] (2012), <http://www.tonaltherapy.com/> [accessed June 2015].
- ⁹ Geraldine French, 'Children's Early learning Development', [online] (2007), <https://www.ncca.ie/media/1112/how-aistear-was-developed-research-papers.pdf> [accessed June 2018].
- ¹⁰ Weber State University, 'Play from a Theoretical Point of View', [online] (2012), <https://departments.weber.edu/chfam/4990a/theory&play.html> [no longer available, June 2018].
- ¹¹ Aistear, 'The Early Childhood Curriculum Network', [online] (2010), Available at <https://www.ncca.ie/en/early-childhood> [accessed June 2018].
- ¹² Donald Woods Winnicott, 'Playing: Creative Activity and the Search for the Self', in *Playing and Reality* (London: Tavistock / Routledge, 1971), pp. 53–64.
- ¹³ David Aldridge, 'The Creative Arts Therapies in the Treatment of Neuro-Degenerative Illness', in *Music Therapy Today* [online] (2001), <http://www.musictherapyworld.info> [accessed June 2018]; Melisa Brotons, 'An Overview of the Music Therapy Literature Relating to Elderly People', in *Music Therapy in Dementia Care* (London: Jessica Kingsley, 2000).
- ¹⁴ Howard A. Crystal, Ellen Grober, and David Masur, 'Preservation of Musical Memory in Alzheimer's Disease', *Journal of Neurology, Neurosurgery and Psychiatry* 52 (1989), pp. 1415–1416.
- ¹⁵ David Aldridge, ed., *Music Therapy in Dementia Care* (London: Jessica Kingsley, 2000); Andrew Sixsmith and Grant Gibson, 'Music and the Well-Being of People with Dementia', *Ageing and Society*, 27 (2007), 127–145; Ruth Melhuish, 'Group Music Therapy on a Dementia Assessment Ward: An Approach to Evaluation', *British Journal of Music Therapy*, 27, no. 1 (2013), 16–31.
- ¹⁶ David Aldridge, ed., (2000).