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How Gamelan Music Has Influenced Me as a Music Therapist – A Personal Account

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Abstract

This essay discusses how the playing of Indonesian Gamelan music has influenced my work as a music therapist. Having played Gamelan music for 23 years it is part of my musical identity. I reflect on what drew me to the Gamelan and the relevance this has to its use in music therapy practice. I feel that the unique ways in which the group plays together in this music have influenced how I work musically in my clinical group-work. These features include the lack of a conductor and consequent emphasis on listening and responding to aural cues, group communication, the culture of inclusion and the lack of hierarchy. I also discuss how I have used gamelan in the training of music therapy students and consider some directions for future research.

The Indonesian Gamelan

Javanese and Balinese are the most commonly used gamelan in the West. A gamelan consists of a set of between about 5 and 25 Indonesian percussion instruments: mainly five or seven note tuned metallophones, gongs, chimes and xylophones, and drums. The instruments have ornate and colourful carvings and are visually impressive.

Fig 1: An Indonesian Gamelan



I have been a music therapist for twenty years and in addition to playing western instruments, have played Indonesian gamelan musician for twenty-three years. This essay is a reflection on

how playing this music has influenced me in my work as a therapist, in my teaching and research direction.

How I Came to Play Gamelan

I first encountered the gamelan in my final year of my music degree. Having spent two years studying violin, viola and flute, playing in the orchestra and chamber ensembles, I returned from the Christmas break to find a large set of Balinese instruments had appeared in the recital hall. The Balinese Gong Kebyar had been purchased by the music department and I joined the group to learn it. It was an exciting and exhilarating experience; I had never seen or heard anything like it before. It was such a contrast to the music I had been learning to this point; it was fast and loud, with rapid changes in tempi and dynamics and complex interlocking rhythms. The tonality was quite different and we played without any written music, learning it aurally. What I remember most from the experience was the fun and excitement of rehearsals; the music seemed incredibly alive.

On finishing my degree, I spent a few months studying at the Orff Institute in Salzburg followed by a short internship with Gertrud Orff at the Kinderzentrum in Munich. Whilst living in Munich, I found another Balinese Gamelan group. I attended a concert being given in the gardens of the art museum. In the interval I introduced myself to the director of the group and was immediately invited to join them playing in the second half. This was an early introduction to the inclusivity of gamelan playing. I was welcomed into the group and although I did not at that time speak much German, was able to participate and establish my place in the musical and social group through playing this music together. The music provided a great sense of connection for me with these new people. As we so often find in music therapy, when without a common verbal language, we share a musical language, but in this case, it was Balinese. This was also an introduction to what I have found is a unique social aspect of gamelan playing. All the groups I have played in have formed strong relationships with each other in a way I have not found with western music groups. Although we are often from very different backgrounds; many of the players are not musically trained and there is a great diversity of age and careers, there is a general atmosphere of acceptance and friendliness.

In Munich, socialising after rehearsals and having small group practices over brunch in someone's house was the norm. Although other forms of music may share this aspect, I think there is something particular to do with the way one has to listen and communicate within gamelan music that engenders this particular sense of the group.

On travelling to Indonesia I encountered similar experiences. Whilst Gamelan is played in the Royal Courts of Java and Music Academies, as well as in expensive hotels, these groups are also part of every day life, particularly in Bali where most villages have their own ensemble. A favourite memory is an evening in Java in which my companion and I were invited by a friend studying there to listen to a local group of men who met weekly after work to play on the gamelan of a neighbouring teacher. After much smilling and tea drinking we were invited to sit and join them. No fuss was made of this and they simply played various pieces with no instructions and we were able, mostly, to pick up what they were playing and follow their musical cues. It was a unique and privileged experience to play with these ordinary people of Java, with whom I could exchange no words, but with whom I could share a musical understanding, under the evening stars.

On returning from Munich to London a few years I trained as a music therapist and starting playing the viola again in a string quartet. Although the music therapy training and subsequent work was exciting, I missed the music and atmosphere of the gamelan. Eventually I joined a gamelan class at London's South Bank Centre, which runs a large educational programme in Javanese Gamelan. I continued here for many years, becoming part of the South Bank Gamelan Players performing group, playing many concerts in the UK and abroad.

I should note here that I am only describing a very small range of characteristics of Indonesian Gamelan music in this essay. There are many different ensembles from different parts of Indonesia, all of which have a distinct sound, way of playing and particular instruments. Music usually accompanies dance or puppet dramas. The scope of this essay does not permit a comprehensive account of this music, just some thoughts on how my experience of it has influenced my work as a music therapist.

The Effect on My Music Therapy Practice

I think having gamelan music within me as part of my musical vocabulary always affects the way I play and hear music, just as my other musical learning does. It is part of my "musical

identity" as defined by MacDonald, Hargreaves and Miell (2002). During periods when I am playing a lot of gamelan I become particularly aware of this, as motifs and patterns and rhythms, distinct to the gamelan creep into my playing. Gamelan has only five or seven notes, depending on which mode (pathet) you are playing in. What I have learnt from this is how much variation can be achieved with so little. This affects how I hear music when improvising with clients; a few notes can sound to me like a "gamelan type" phrase that perhaps would not in conventional western harmony. This then affects how I respond musically; the way I might incorporate that phrase into my playing and develop it. Javanese Gamelan music is very polyphonic. In a full group, there are about twenty interrelated parts, which in general relate melodically rather than harmonically. What we would call the melody is in fact the "skeleton melody" (Balungan). It does not exist on its own, but is filled in and elaborated upon in various ways by the different instruments. I think this type of structure lends itself well to improvisation in music therapy. Lee (2004) comments on this in noting Sutton's (1998) description of how the structures of improvising are defined in Javanese gamelan: "These terms show the importance of improvisational devices in other cultures and emphasis placed on improvisation as a standard and accepted art form" (p. 23). I have found that understanding these has enhanced my improvisational skills.

The most striking feature of gamelan music that I find relevant to music therapy practice is the way in which the musicians work together as a *group*. There are several unique aspects to this:

Hierarchy

The idea of hierarchy is very different in gamelan music to some western music. Each part is considered as important as another, even though parts and instruments vary in their technical complexity. Whilst a few instruments are in practice considered more vital to the music and are played by more experienced players, there is a strong sense of the worth of all players; even the simplest of parts would be missed if it were not heard. The music is listened to and heard as one unit. One example of this is the way the voice is used. The solo female vocalist (*Pesinden*) is treated as another instrument – she is not a soloist accompanied by the orchestra as in western music. The voice blends in to the whole sound, although it can be quite prominent at times – it weaves in and out and should balance with the rest of the group. The male chorus is also another voice – sung by the players, who also join and contrast with the female voice. Interestingly, this non-western use of the solo voice has been difficult to retain, as was noted over twenty-five years ago by Lindsay (1979):

One unfortunate Western influence in Java today is the over-amplification of the singing part in radio recordings, or even sometimes in live village performances when a microphone is used. This destroys the traditional balance in the music. (p.37)

This non-hierarchical model of playing is relevant in clinical group improvisation. I try to reflect that even the simplest of contributions from clients has meaning and is an important part of the whole. Clients should not feel they need to become an accomplished player to succeed in the therapy.

Playing all the Instruments

When I started playing Javanese gamelan I was surprised to find that everyone was expected to play all the instruments. My first teacher made it a rule that we would all learn a piece on every instrument; after each play-through we would move one instrument along in the row and play through it again. This was a brilliant way to become familiar with all aspects of the music; to really be able to hear it from the inside out. It is sometimes said that Gamelan music is more interesting to play than it is to listen to. I think this has more to do with the familiarity with the music as with any music that is new or unfamiliar to a listener. It takes time to understand it, to recognise what is happening and appreciate its depth and subtleties. As a player one has more understanding of this. I find it important to remember that my clients will need time and encouragement to become familiar and comfortable with all the different instruments in the therapy room, which can often appear overwhelming.

Absence of a Conductor

In the gamelan ensemble there is no conductor. All signals and instructions are within the music and are communicated aurally. The group is led by the drummer. Drum signals are used to indicate changes in tempi, breaks in the music, a move to different sections of the piece, or to different pieces (most music is performed as a suite of pieces). Other instruments give different signals, for the example the *rebab*, a two-stringed bowed instrument will indicate whether the main melody cycle is to be repeated or that the piece is going into the *ngelik*, a high section which is only played once before returning to the main melody. The player does this by playing certain high notes towards the end of the phrase. This is picked up by the *bonang* (small tuned gongs, suspended horizontally in rows) players who then play certain

notes, which emphasise the *rebab* signal. The result of this style of playing is that one has to listen carefully to the whole sound and to different instruments. One has to pick out individual instruments at certain times, be very alert and sensitive to them, to know where one is in the music and then respond accordingly at just the right time. I feel this has greatly developed my listening skills, teaching me to listen to music in a different way to how I listened when playing for example in an orchestra. I take this form of listening into the group playing and improvisations of my clinical work.

Group Communication

What is particularly powerful in the Gamelan is the way that the group moves as a whole without a conductor. Although the drummer initiates changes in tempi it requires the players to respond to this as a group, remaining together as they speed up and slow down. They need to be able to make minute adjustments to their playing in response to each other. For instance at the end of a piece, having given the appropriate signal, the drummer virtually stops playing. In contrast other instruments are still playing fast patterns of notes. The group as a whole must keep slowing down whilst staying together until the final gong note. Somehow the players feel this movement, though a combination of acute listening, responding and experience. How well the group achieves this is an indication of their level of communication with each other, just as in music therapy, one can also make assumptions about how the group is communicating through actively listening to the music they produce.

The Use of the Gamelan in Music Therapy Teaching

In my work on the Music Therapy MA at Anglia Ruskin University in Cambridge, I have devised a short module of multi-cultural improvisation. This interest in world music arose not just out of my experience of Indonesian music but also out of many years working as a music therapist in an adult mental health setting in area of London which had high numbers of residents from non-white British cultures in addition to many refugee communities. The clients had a range of diagnoses, including depression, psychoses and schizophrenia. The issue of the clients' musical heritage and familiar musical world frequently arose. It was important to consider what music the clients would be familiar with and what meaning western music, instruments and tonality might have to them, in considering their responses within music therapy. This is an issue which cannot be simply addressed, however I consider it important that as therapists we at least familiarise ourselves with as wide of range of music from around the world as we are able.

One part of the multi-cultural improvisation module involves giving the students an experience of playing Javanese Gamelan music. The students enter a room containing the gamelan instruments and are told just a few basic rules concerning gamelan-playing etiquette. I then invite them to improvise on the instruments in whatever way they feel, and to find a way to play together as a group. This exercise has had interesting results; the students often find the experience quite difficult and feel de-skilled. The music can be chaotic and loud, the players seeming to be unable to listen and respond to each other; they can become very frustrated. In the ensuing discussions, the students sometimes recognise their experience as reflecting how clients may feel when brought into the music therapy room and invited to play on instruments which are unfamiliar to them; not having played music before they did not know what sounds to expect or how to control them. It may also reflect what it may be like to be expected to play and improvise within a musical culture and world which is foreign to one. This can lead to discussion of clinical work the students have been undertaking with clients from cultures and musical heritages different to their own and can lead to more understanding of them. As we carry on with the improvising the students have to draw on new ideas and approaches to playing which enhance and extend their improvisation skills.

Future Research

I am beginning to examine in more depth what the playing of Gamelan music has to offer the practice of music therapy. There has been a recent development of many Gamelan programmes in the UK involving different special needs groups, such as children and adults with learning difficulties and mental health problems, the hearing impaired, as well as young offenders and prisoners. The majority of the people working in this area are not music therapists, however they report many therapeutic benefits to their work. I am interested in exploring what it is about gamelan that appeals to people, and that appears to make this work so successful.

Significant research into the use of gamelan workshops for people with learning difficulties has been conducted by MacDonald with various co-collaborators, (O'Donnell, MacDonald, Davies &

Dillon, 1999; MacDonald, O'Donnell & Davies 1999; MacDonald & Miell, 2000; MacDonald & Miell, 2002). In these studies the authors show that, amongst other benefits, taking part in Gamelan workshops improves the musical and communication skills of people with learning difficulties. They suggest that there are many personal and social gains which can be made from participating in this music, which in part stem from the structure of gamelan musical form and how one has to work as a group within it. MacDonald and Miell (2002) also note that "Its relative obscurity within Western cultures makes it an ideal instrument for use with special needs populations as individuals can approach the Gamelan, as both listeners and performers, without any preconceived cultural stereotypes."

Whilst there is much use of the Gamelan in a variety of settings which could be described as therapeutic music making, there is very little research into the specific clinical applications of Gamelan in the music therapy setting. This is the area that I hope to begin to address in my research.

Conclusion

The music of the Gamelan has been part of my musical identity as a music therapist and has influenced me in often subtle unconscious ways through my playing, and more overtly as I have considered the aspects of the group dynamics which have relevance to group music therapy. On a more immediate level, after a day working as a therapist in an Eating Disorders Unit, I found nothing more relaxing and invigorating than to sit down in the midst of the Balinese Gong Kebyar and become totally engaged in playing the intricate rhythmic and dynamic music with my fellow musicians, immersed in the rich and resonant sounds of the Gamelan.

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