

Proposal for 3 part organ arrangements:

I've composed hundreds of 3-part organ arrangements, all of which have a full pedalboard bass, a melody line for one manual and an inner voice for a second manual. These accompaniments are intended to support unison singing of standard and contemporary hymnary, psalm responses, service music and Gregorian chant in most places of worship that have a pipe (or digital pipe) organ. I've included recordings and corresponding scores for all of these (except the psalm responses) on this website:

musicforliturgy.com

There are days when enthusiastic, strong voices in the congregation adopt an alternate tempo or decide to keep a hymn moving along by skipping rests and shortening note values. If the melody is played on one manual, a penetrating stop can help hold the singing together and boost the confidence of those who know that a "melodious accord"* is not achieved when congregants try 2nd guessing a hymn composer's notation or a song-leader's tempo . A trumpet, oboe, mixture or even chime stop can effectively highlight the melody line at any point, and is especially helpful when unfamiliar music is introduced. If the melody and an inner voice **share** a manual, and the organist "pulls out stops" from the brass or woodwind ranks, the melody is no longer highlighted and the sound produced by the combined parts is simply harsh!

When the Body is singing the melody as One, the remaining two parts of the accompaniment, the inner voice, played by the left hand, and the bass, played by alternating feet on the pedalboard, have a potential for energizing the singing, counterintuitive as that might sound! Whether offset or simply lined up under the melody, this kind of counterpoint accompaniment can be galvanizing in a way not always achieved with 4 part chordal harmony.

On my Website's HOME page I've included some voice-over renditions of the three organ parts. (Bass, 1st, and 2nd tenor)

Does this seem to undercut my case for unison singing by congregations as stated above? I will always hope - some fantasy dream-singers or choral group (on encountering my website) will want to show me how my singing on the recordings is **not** making an effective case for the arrangements, and **want** to show me how to do it!

In the meantime.....

So, how should I advocate for this arrangement technique to a point others find it as helpful as it's been for me and start working with it themselves?

cont. below

I was once advised that devoting full energy locally will lead to visitors hearing what's happening "here" and wanting to take with them what they're hearing.

But in 2020, I had to give up driving due to absence seizures (I also have grand mal seizures at night.) and with that, my position as organist.

My ledger of physical liabilities is substantial. Open heart surgery, to replace a congenitally deformed aortic valve in late 2014, along with other operations since then, have left me severely underweight to a point I need to sit on a thickly padded cushion when I play. The cushion raises my thighs uncomfortably close to the underside of the organ's lower keyboard.

In 2017, I was having regular intestinal blockages due to a tick-borne Alpha Gal allergy I wasn't aware I had. Following one ER visit, I had a foot of ulcerated and inflamed duodenum removed which the surgeon later told me might have healed on its own. I had hoped the resection would stop intestinal bleeding, but in the following year, I was still having regular blood transfusions, every nine days at one point.

An underlying auto immune disease has suppressed my bone marrow, to the extent I have had to depend on the hemoglobin of many kind donors just to get through the day. But all blood lines are affected. Due to white cell shortage, I get regular bouts of cellulitis affecting my ankles (and of course my playing). I was scheduled to have an ablation for severe A fib and ordered to take a blood thinner, until critically low platelets started the bleeding again. The procedure had to be canceled!

A finger operation in 2016 resulted in a permanently swollen joint, which can end up stuck between black notes if my finger is not precisely placed. "Tone clusters" can result, when the placement of the finger tip is not on the wide portion of the white keys. If placed on the narrow portion, the swollen joint can snag some black keys inadvertently.

My resources: instrumental and recording, are limited. The system I've developed has come about, in part, as an adaptation in the face of severe handicap. As far as musical aptitude goes, I have to admit: I have no aptitude for improvisation; I have no ability for memorization; my sight reading is average.

My recordings are only finalized after hundreds of takes. While still playing for Masses, I was subject to cognitive, visual and joint problems. These caused lapses that kept the congregation guessing. I always feared having to leap up in the middle of a verse due to thigh, calf or finger cramps. I take shots of straight Apple Cider Vinegar when I get them - at the risk of a choking attack. More often

cont. below

than not, though, I could count on good song-leadership and congregational singing. I put together a recording, comprised of the sung portions of a Mass from my last day on the job. There is a play button for it on the MUSIC page of my website, “7/5/20 Mass ‘sung portion’ ”, providing a record of 15 minutes of satisfying liturgical music, including a Psalm response and a Gospel Acclamation which are not included on my Site.

The arrangement process is so satisfying, I can do it under duress**. The accompaniments almost seem to write themselves! (An expert improviser might consider the process glacial but then again most improvisation I’ve heard over the years has struck me as “empty calories”.) I hope to have a chance to explain my process to anyone interested. I think I could easily “pass the baton”. Sincerely,

John Gloninger

Gloningers@gmail.com

* expression taken from the title of Alice Parker’s book of the same name with subtitle “Good Singing in Church”

** until shortness of breath after Covid reached a new level of discomfort.”

cont. below