Therapeutic Voicework in Music Therapy

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Sylka Uhlig European Conference Music Therapy, Spain 2010
Therapeutic voicework in music therapy

1. Book Ideas & Initiators

2. Book motivation: The Importance of the Voice in Music Therapy

3. Book subjects
   3.1. Part 1: Introduction
   3.2. Part 2: Voice work in medical music therapy
   3.3. Part 3: Voice work in psychodynamic music therapy
   3.4. Part 4: Voice work in speech rehabilitation

4. Conclusion & Literature
1. Book Ideas & Initiators:

Forums & Ideas

- **Voice Focus** at Music Therapy Conferences:
  - Netherlands 2007, European Congress of MT
  - Argentina 2008, World Congress of MT
  - Canada 2009, National Conference of MT
  - Denmark 2009
  - Spain 2010

- **Discussing** clinical & vocal work in field of music therapy.

- **Collecting** experiences and research (past 5 years) into the treatment effectiveness of specifically vocal interventions.

- Development of vocal methods, identification of **key similarities** and **differences**.

- **Involving**:
  - Client groups of neonates,
  - Children with autism,
  - Brain injury
  - Parkinson’s patients
  - Dementia patients
  - Spinal patients
  - Patients with ranges of mental health problems; engaging in vocal improvisations and vocal techniques to address disorders or possibilities for personal growth.
1. Book Ideas & Initiators:  

Professionals involved

Voice Forum Initiators:
  • Sanne Storm (Faroe Island),
  • Kate Richard Geller (USA),
  • Inge Nygaard Pederson (Denmark),
  • Felicity Baker (Australia; editor of the book)
  • Sylka Uhlig (Netherlands; editor of the book)

Felicity Baker:
Director of Music Therapy Training/Director of Research; The University of Queensland Australia. She is a pioneer in developing and researching voicework techniques in neuro-rehabilitation (10 of her publications relate specifically to voice methods).

Sylka Uhlig:
Lecturer/Faculty member Creative Arts Therapies; HAN University Netherlands. She integrates emotional, relational, cognitive, physical, aesthetic, spiritual and technical aspects of voice and singing into a multicultural clinical method. Published book in 2006 *Authentic Voices Authentic Singing*, Barcelona Publishers and other articles.
2. Book motivation:
*Voice in music therapy*

Study of the *vocal interventions* in music therapy is needed:

- Significant effects of this *primary instrument* on our clients > collecting and supporting development of methods and research about voice.

- Most published work focuses on outcomes without *specific details* to clinical methods used.

- Lack of guidelines and sufficiently *detailed theory and method* for which students, clinicians (music therapy, psychology, speech pathology, music education, social work etc), and researchers can draw upon when preparing clinical sessions or clinical research.

- Evidenced-based practice requires methods to be detailed to allow for *replication* however > there is no text of voicework interventions.
3. Book subjects:

- **Part 1**  
  Introduction

- **Part 2**  
  Voice work in *Medical Music Therapy*

- **Part 3**  
  Voice work in *Psychodynamic Music Therapy*

- **Part 4**  
  Voice work in *Speech Rehabilitation*
3. Book subjects:

PART 1: INTRODUCTION

Felicity Baker (Australia) & Sylka Uhlig (Netherlands) *Concept of therapeutic voice work*:

- Short historical account of the method of the voice as a primary instrument
- Definitions about the voice, rationale for the need

Annette Cramer (Germany) *Linguistic aspects in therapeutic dialogue*:

- Socrates’ expression “Speak, for I can see you” suggests the voice goes beyond pure function of speech.
- Personality comes from the Latin word “persona” (mask, person), “per sona” actually means “by the sound”
  ⇒ *Development of the voice plays a central role in human existence, a “sound-like biography”*.
- Valid for the music therapist who usually works non-verbally.
  ⇒ *If patients are able to express themselves, an initial vocal dialogue between therapist and client can allow the therapist to collect important diagnostic information.*
3. Book subjects:

PART 2: VOICE WORK IN MEDICAL MUSIC THERAPY

Helen Shoemark (Australia) *Exposition of contingent singing: the musicality of companionship with the hospitalised newborn infant.*

- Music therapy can counter-balance the non-contingent experience of major medical care.
- When babies are born, their brains are hard-wired to seek and make use of auditory stimulation from significant people > for hospitalised babies interaction is discarded through major surgical or medical care.
- Infant-directed speech and singing involve well-established patterns in register, melodic intonation, tempo, attack and timbre.

Joanne Loewy (USA) *Tonal intervallic synthesis as integration in medical music therapy:*

- Primary use of the voice as the bridge between harm and healing in treatment.
- Voice is the one instrument that is inside the body and as such, between breath and timbre, has capacity to assist integrating aspects of body function.
- Technique of 'tonal intervallic synthesis' describe and explicate several cases: treating asthma, pain, and assisting a musician in the recovery of her voice amidst past traumas.
3. Book subjects:

**PART 2: VOICE WORK IN MEDICAL MUSIC THERAPY**

**Lucanne Magill** (Canada) *Gathering together through voice in oncologic music therapy: A Circle of Love*

- Clinical context and the needs of cancer patients and families across the continuum of illness > fragile and vulnerable conditions of patients and families
- Commonly use of voice to convey human presence > voice has inherent associations with nurturing and relationship, significant during times of isolation, loneliness and grief.
- Music therapist’s skill is essential, various vocal methods are included in sessions to inspire expression, improve comfort, sense and connectedness.

**Cheryl Dileo** (USA) *Therapeutic uses of the voice during life’s final days:*

- Clinical needs of individuals receiving inpatient hospice treatment and who are imminently dying.
- Therapists voice is an essential component of human contact with the person who is dying and to address family needs and support the patient’s transition
- Use of the therapist’s voice to: create patient-based iso-music, facilitate entrainment, to shape the environment at the bedside, to communicate without words, to support relationship completion, to relieve pain.
Susan Summers (Canada) *Vocal presence for healing in a community-based hospice care*:

- All humans are singers who can resonate easily with vibration and voice. Energetic voice presence has a strong healing component.
- Skilled music therapist with vocal strength, emotional sensitivity and energetic awareness, can easily and quickly match, support mood, vibration, energetic feel in a room, a rhythm or can turn lyrics into a personalized improvisation.
- Voice offer patient normalized experience of socializing, enjoying music together with family/others, opportunities to reminisce about a song/memory, deep spiritual, emotional and physical healing, even in the presence of death.

Hanne Mette Ridder (Denmark) *How can singing influence social engagement*:

- People with severe dementia show agitated behaviours and are difficult to engage in social interaction > are often isolated.
- Psychological/behavioural symptoms of dementia increase when psychosocial needs are not met.
- Processing of the human voice is neurobiologically different from the processing of other acoustic signals. This has an impact on social engagement via hippocampal function, stress-related responses and self-soothing behaviours.
3. Book subjects:

PART 3: VOICE WORK IN PSYCHODYNAMIC MUSIC THERAPY

Sylka Uhlig (The Netherlands) Effects of vocal interventions (Rap/Singing) on emotional and cognitive development of at-risk-children in music therapy:

- Primary expression like shouting, riming, rapping and singing > aggression regulation can be achieved; rhythm & repetition comforts expression
- Cognitive development will be stimulated by searching for fitting words for rimes and poems.
- Focusing on the release of stress and anxiety, emotional (subcortical) and cognitive (cortical) development of at-risk children while using rap.

Esther Thane (Canada) Voice - the therapeutic connector: vocal methods and strategies for children with Autism Spectrum Disorder:

- Voice can be accessed in both therapist and the child with Autism; voice as “delivery system” in musical experiences, children with Autism often respond with reduced anxiety surrounding expectations; accessing and modulating his or her own voice, especially for the purpose of interpersonal communication.
- Vocal methods target development and refinement of vocal parameters (duration, dynamics, breath control, flexibility, vocal range, inflection etc.), circles of communication and concept of self: Who am I? What do I prefer?
3. Book subjects:

**PART 3: VOICE WORK IN PSYCHODYNAMIC MUSIC THERAPY**

*Hyunju Jung* (Korea) *Sori (=sounding the voice) for healing emotional trauma is essential music resource in Korean music.*

- Sori > contact with one’s identity through voicing emotional traumas > clients continuous rejecting inner feelings and impulses and tensions/shyness in their use of voice.
- Sori explore existential aspects of “self” through voicing: meeting own voice, finding one’s tone within the pentatonic idiom, vocalization, iconic singing (associating quality of emotion with vocal timbre), and vocal grounding.

*Sanne Storm* (Faroe Islands) *Psychodynamic Voice Therapy: “body and voice” as primary instrument*

- Human voice most personal and intimate instrument for both: client or music therapist > you are the instrument,
- Tool for embodying psychological/physical state > working towards the integration of feelings.
- Establishing principles to understanding of the human voice as a primary instrument in music therapy.
3. Book subjects:

PART 3: VOICE WORK IN PSYCHODYNAMIC MUSIC THERAPY

Inge Nygaard Pederson (Denmark) *Voice improvisation directed by imaginations: Focus on self-identification and self awareness.*

- Exploring and challenging one's voice, expressions through improvisation directed by imaginations, sensation of borders, sensation of dialogue.
- Specific emotions can give a focus of being present in and relating to the world, can influence one's self-identification and self awareness.
- Focus on a phenomenological study of such experiential imaginative voice work which is a part of their music therapy training.

Satomi Kondo (Japan) *Voices within and without*

- Voice symbolically reveals personality, emotion and diversity of self image which subsequently facilitates self understanding.
- Voice could become a central part of our personal empowerment in a therapeutic context.
- Client's inner world and influences changes to the world around her, including her family, friends and community.
3. Book subjects:

PART 3: VOICE WORK IN PSYCHODYNAMIC MUSIC THERAPY

Nicola Oddy (Canada) *A field of vocal discovery: Self discovery through community singing.*

- Entrainment, the voice can reflect a melody right down to the microtone, follow key changes, create harmonies, and match rhythms.
- Voice follow and join the texture or timbre of another voice, can reflect despair, joy, and every variation in between.
- Diversity of the voice as a reflection: people who were not able to sing as children > rediscover their voices through community singing.

Lisa Sokolov (United States) *Embodied voice work*

- Exploring the resources and power within the process of finding and freeing one's voice: breath, tone, touch, imagery and vocal improvisation.
- Developmentally sequenced exercises to connect to impulse and information in the body > move into exploration, awareness, release, strengthening and integration of the body, the voice and the self.
- Symptoms are understood as messages and communications > deeper mind of the individual that contain individual path towards wholeness.
Felicity Baker (Australia) *Reclaiming emotional expression in the dysprosodic voice of people with traumatic brain injury:*

- Impairment of traumatic brain injury > flat, monotonous sounding voice
- Intonation impairments risk of being misunderstood, of being unable to engage and maintain conversations with people, and in social isolation.
- Inadequacy, paranoid ideation, diminished interpersonal communication, social withdrawal, alcoholism, depression and even suicidal tendencies

Felicity Baker & Jeanette Tamplin (Australia) *Coordinating respiration, vocalization, and articulation:*

- Rehabilitating apraxic, dysarthric and dysphonic voices of people with neurological damage.
- Neurological damage caused by stroke, neurological disease, or brain injury may lead to severe communication impairments.
- Difficulty articulate words or coordinate respiration in order to achieve phonation > negative impact on community reintegration and may lead to breakdown in family and social relationships.
3. Book subjects:

PART 4: VOICE WORK IN SPEECH REHABILITATION

Jeanette Tamplin (Australia) Singing for respiratory muscle training:

- Using therapeutic singing and vocal interventions to improve respiratory function and voice projection for people with a spinal cord injury.
- Respiratory impairments resulting from spinal cord injury are a major cause of morbidity, mortality and economic burden.
- Respiratory system plays major role in vocal production >provides the driving air pressures required to initiate and maintain vocal fold function as well as control prosodic features of vocal intensity and stress.

Madeleen de Bruijn,
Joost Hurkmans & Tea Zielman (The Netherlands) Speech Music Therapy for Aphasia (SMTA):

- Combinatory treatment of speech-language therapy and music therapy for clients with aphasia and/or apraxia of speech, offered simultaneously.
- Music can facilitate speech fluency, particularly through melody and rhythm; words and sentences are performed with support of tone ladders and newly composed melodies.
- Speech-language exercises, including all linguistic levels i.e. Sounds.
4. Conclusion

- Large diversity in approaches to therapeutic voice work – a comparative analysis
- comparing approaches that the contributing authors have described to identify **key similarities** and **differences**.
- examination of different theories, applications, populations
- detailing the methods and any special features concerning the methods and the purpose of their application.
- Professionalisation of voice as primary instrument and specifically use of vocal interventions
4. Conclusion Literature

_Therapeutic Voicework in Music Therapy_

Thank you for your attention

Please,

keep singing & writing about it!!