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Portraits of Vocal Psychotherapists: Singing as a Healing Influence for Change and Transformation

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PORTRAITS OF VOCAL PSYCHOTHERAPISTS: SINGING AS A HEALING INFLUENCE
FOR CHANGE AND TRANSFORMATION

SUSAN SUMMERS

A DISSERTATION

Submitted to the Ph.D. in Leadership and Change Program
of Antioch University
in partial fulfillment
of the requirements for the degree of
Doctor of Philosophy

May, 2014

This is to certify that the Dissertation entitled:

PORTRAITS OF VOCAL PSYCHOTHERAPISTS: SINGING AS A HEALING INFLUENCE
FOR CHANGE AND TRANSFORMATION

prepared by

Susan Summers

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Dedication

I dedicate this dissertation to anyone who loves to sing.

I offer a special dedication to those whose voice longs for freedom, and for you who need to be encouraged to know that you are a singer.

Abstract

The purpose of this study was to explore the personal singing and vocal journey of music therapists who are also trained as vocal psychotherapists with the Austin model of vocal psychotherapy. I was interested in learning how singing has been a healing influence for change and transformation in their lives. It is my hope that this research will offer music therapists new perspectives and information about how singing is important in healing for their own change and transformation, and for that of their clients. This research also may have implications for leaders of change as well as those who engage in vocal and singing groups, choirs and projects.

Foundational literature relates to topics such as vocal improvisation, vocal psychotherapy, therapeutic singing lessons, sound healing, and singing for health and wellness, but no research exists that specifically explores the healing influence of singing as experienced by music/vocal psychotherapists nor the full spectrum of healing domains (energetic, emotional, physiological, etc.). I gathered data by recorded in-person or Skype interviews with five Canadian music/vocal psychotherapists, and analyzed the data from the interviews using portraiture. This dissertation is accompanied by six MP3 audio files. Five of the MP3 files are embedded in the dissertation PDF and all are accessible as supplemental files. A video recorded author's introduction is included.

The electronic version of this Dissertation is at AURA, <http://aura.antioch.edu/etds/> and OhioLink ETD Center, www.ohiolink.edu/etd

Table of Contents

Acknowledgements.....	i
Abstract.....	iv
Table of Contents.....	v
List of Supplemental Files.....	xi
List of Figures.....	xii
Introduction.....	1
Situating the Researcher.....	2
My Scholarly Practitioner Voice.....	7
The Purpose of the Study.....	8
A Gap in the Literature.....	8
Research Questions.....	10
Scope and Limitations of the Study.....	10
Organization of the Dissertation.....	12
Literature Review.....	14
Introduction.....	14
Significance of the Arts in Human Development.....	14
Selected Theoretical Orientations of Human Development.....	17
Adult Development Through Participation in the Arts.....	17
Introduction to My Voicework Practice.....	22
Introduction to Philosophy: Phenomenology and Hermeneutics.....	25
Introduction to Music Therapy Theory.....	29
Tree of Knowledge.....	33

Foundational Literature on Singing	34
Therapeutic Singing Lessons	37
Sound Healing and Toning	40
Vocal Improvisation and Vocal Psychotherapy.....	45
Singing for Wellness and Health	50
The Vocal Hello Space© Model.....	52
Integration.....	56
Methodology	57
Introduction.....	57
Portraiture	57
A Philosophical Lens	62
Research Questions.....	65
Participant Selection	66
Data Collection, Analysis, and Interpretation.....	66
Ethical Considerations	67
Conclusion	71
Findings	72
Introduction.....	72
Claire’s Portrait.....	73
Setting the Tone.....	73
Musical Influences.....	75
Music Therapy and Vocal Psychotherapy..	77
Her Inner Mother Voice.....	79

Finding Her Singing Home.....	80
Singing as Healing—The Search For Her Authentic Voice.....	83
Singing For Change and Transformation.....	87
Claire’s Aesthetic Whole.....	91
Claire’s Vocal Portrait.....	93
Kathy’s Portrait.....	96
Family and Cultural Influences.....	96
Musical Influences.....	98
Spiritual Influences: Identity as a Worshipper.....	99
Singing as an Influence in Healing, Change, and Transformation in Her Work.....	101
Singing as an Influence for Healing, Change, and Transformative in Her Life.....	105
Kathy’s Aesthetic Whole.....	107
Kathy’s Vocal Portrait.....	110
Catherine’s Portrait.....	110
Significant Early Experiences.....	111
Musical Influences.....	113
Singing is Home.....	117
Singing and Identity.....	121
Singing as Healing.....	123
Singing for Change and Transformation.....	124
Catherine’s Aesthetic Whole.....	125

Catherine’s Vocal Portrait.....	127
Chloe’s Portrait.....	129
Context.....	129
Early Musical Memories and Influences..	129
Her Journey With Self-Doubt.....	131
Expanding Her Awareness of Her Own Musical Skills.....	133
Singing and Healing.....	136
Spiritual Connections.....	138
Transforming Her Identity	139
Chloe’s Reflections.....	141
Chloe’s Aesthetic Whole.....	142
Chloe’s Vocal Portrait.....	144
Susie’s Portrait.....	144
Context.....	144
Musical Influences.....	145
Building Community	146
Singing Heals Depression.....	147
Performer Versus Healer.....	149
Her Identity as a Singer.....	150
Singing for Change and Transformation.....	153
Susie’s Aesthetic Whole.....	155
Susie’s Vocal Portrait.....	157
Analysis.....	158

Introduction.....	158
Influence of Vocal Psychotherapy	161
Concepts and Themes	162
Healing, Change, and Transformation	163
Vocal Freedom.....	164
Energetic and Vibrational Healing.....	166
Identity	169
Being of Service.....	169
Authenticity.....	172
Acknowledgement Versus Judgment.....	174
Singing in Solitude.....	178
Performer and Soloist.	179
Spirituality.....	181
Intuition and Being in the Moment.....	182
Embodiment.....	184
Clinical Work at End of Life.	185
Community	188
Influence of Gender	189
The Aesthetic Whole.....	191
Meaning.	191
Integration.	192
Implications.....	196
Introduction.....	196

Gaps in the Literature.....	197
Scope and Limitations of the Study	198
Future Research Directions.....	198
My Personal Learning.....	200
Implications for Leadership and Change	201
Recommendations for Singing as a Healing Influence for Change and Transformation.....	202
Appendix.....	204
Appendix A.....	205
References.....	206

List of Supplemental Files

All Files are available as stand-alone supplemental files. In addition, 5 MP3 files are embedded in the PDF and directly accessible to the reader, viewing with Acrobat Reader.

File Name	Type	File Size	Length	Page
Author_Introducton_Summers.mp4	MP4	14,000 KB	2:12	external
Audio_File_4.01_Claire_vocal_portrait	MP3	2.5 MB	2:41	93
Audio_File_4.02_Kathy_vocal_portrait	MP3	2.4 MB	2:34	110
Audio_File_4.03_Catherine_vocal_portrait	MP3	3 MB	3:13	128
Audio_File_4.04_Chloe_vocal_portrait	MP3	1.2 MB	1:12	144
Audio_File_4.05_Susie_vocal_portrait	MP3	2.8 MB	3:02	157

List of Figures

Figure 2.1. The Vocal Hello Space Model.....	55
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Introduction

Unlike many human attainments where a high degree of excellence must be reached before rewards can be received, singing offers rewards for everyone who attempts it. (Horace Mann, 1836 as cited in Kincheloe, 1985, p. 192)

Singing for me is synchronous with our beingness. “Singing was the first music, and the instrument of vocal music is the human body” (Crowe, 2004, p. 74). I have been interested in and witness to the healing influences of singing for over 30 years. As I have witnessed change and transformation through singing with my students and clients, it has further ignited my passion to explore and study how singing is a healing influence for personal change and transformation for everyone, but in particular for music therapists. For me, transformation is an intentional, dynamic, and individualized process of change that increases awareness of existing attitudes, energies, and behavior, involving integration of desired/needed changes to live and be who you truly are as essential self. Essential self is a person’s well and whole core spiritual self that encompasses the entirety of a person’s experiences, thoughts, feelings, memories, and energies. These are key concepts related to my clinical, healing and teaching practice.

Within my voicework practice, which includes my clinical, therapeutic, educational and healing/energetic settings, I encourage my clients and students to engage in vocal healing. It was important for me to define healing not only for myself, but also to ask each participant for her own definition of healing. How she experienced and defined healing provides the context for her story.

I define vocal healing as the use of one’s own voice through singing, vocalizing, chanting, toning, and expressing for personal restoration of health, wellness, and wholeness. For this study, I was interested in exploring how the participants articulated their own vocal healing journey—how singing has been a healing influence for personal change and transformation in their lives.

Although I have defined healing as a process of restoring health, wellness, and wholeness, I asked each participant to define healing in their own way, and then to relate their experience of singing and voice to that definition.

My doctoral research built on research from my master's degree, demonstrating a program of sustained scholarship incorporating knowledge, experience, and insight from my own training and experiences in vocal psychotherapy, spiritual/energetic healing, clinical work, and teaching, in an attempt to articulate how the singing voice was used for personal healing. By using the methodology of portraiture, I hoped to better understand how a music/vocal psychotherapist's personal vocal journey has brought them healing for change and transformation as a way of offering music therapists new perspectives and information about singing and voice that may affect their own personal and professional vocal journey.

Situating the Researcher

In my opinion, the voice is the one musical instrument common to every person, whether they actively sing or not. Using our voice is integral for expression, interaction, communication, and identity. The ability to sing is our birthright and constitutes a very personalized form of human self-expression. It forms part of our identity (Deighton, Palermo, & Winter, 1991; Gardner-Gordon, 1993; Hale, 1995; Martin, 1996). Because my voice is my major instrument in service of my clients and in my voicework practice, I feel a strong harmony within myself about whom I am—I identify as a singer. The research emanates from my own experience of singing as healing in my own life, from many years of teaching voice to music therapy students and observing client changes in my clinical voicework practice, and my involvement in the vocal psychotherapy training and practice.

My experiences of singing and my life story are foundational to my interest in singing as a healing influence. I grew up in a musical family where my mother played the piano and sang, and there was always music around us. I had piano and voice lessons and learned guitar and other instruments along the way. Although I am proficient with and enjoy playing instruments, my major instrument and love was singing.

I have always found singing to be a healing experience, though in early years, I would not have used the term “healing” nor known how to express my experience in words. In my family, singing gave us the opportunity to share music together in a harmonious state, which was almost the only time our family was in agreement and not in dissent and argument. When I sang in groups and in choirs, I experienced community and synchronous harmony. Performing brought joy to others and gave me my first experiences of singing in service to others. Throughout my life, every comment about my voice has been positive: “you have such a beautiful voice” is what I have consistently heard. I feel good about myself and am the most “me” when I am singing.

It became apparent to me in my early 30s, however, that my singing “self” was not always the same “self” that showed up in the world. I was aware that there was a disconnect between being heard for my singing and being seen for my authentic self. I was unable to articulate and ask for my own needs to be met and I did not feel seen or heard. My own therapy journey began as an exploration to heal my disconnected emotional self and has since become my life long journey with the support of verbal and music psychotherapy, the Bonny method of Guided Imagery and Music (GIM), spiritual/energetic healing practices, and vocal psychotherapy. Throughout this journey of 30 years, I have noticed consistent shifts in my own singing voice to a more open and free tone and embodied sound as I healed and cleared limitations, blocks and

became more aware of self. I also have more ease in accessing new and expanded emotional states of awareness, beingness, and energetic/physical groundedness and presence.

Early in my career, I had met a vocal music therapist pioneer who was influential in setting me on my vocal music therapy journey. Lisa Sokolov's (2012) clinical practice is Embodied VoiceWork, which she defines as a "practice of free, expressive, non-verbal, improvisational singing, which aims at the development of fuller human potential through the practices of attentiveness, an attitude of radical receptivity and listening" (p. 108). Another vocal psychotherapy pioneer, Diane Austin, was one of the first to understand and write about the importance and effectiveness of the voice as a major instrument in music therapy practice. During my two years of involvement with her intensive Vocal Psychotherapy training, my awareness of the power of the voice for transformation and change intensified and amplified, and confirmed my intuitive and clinical observations that the singing voice is a powerful change influence. Because my initial undergraduate training had limited exposure to vocal music therapy, Austin and Sokolov were important influences in my clinical work and are foundational for my research interest.

I have been a music therapist since 1988 working with older adults in residential care, with adults in hospice care and now with adults and older adults in the community. Singing and use of voice has been my primary intervention with choirs, group work, and individual therapy. Recently, I began a private practice that specializes in using neurologic music therapy and vocal methods for speech recovery and rehabilitation, where I am seeing the power of the voice and singing effect personal change in relearning speech. My private practice also includes adults who wish to change and transform their lives through vocal psychotherapy methods. I have taught voice lessons and offered "therapeutic singing lessons" (Priestley, 1975; Tyson, 1981) to music

therapy students for the past 15 years, witnessing change in their lives and in their awareness from engaging in voice and singing sessions.

Philosophically, phenomenology is common to all my work settings. Each direct, lived experience as a woman, teacher, music therapist, singer, vocal psychotherapist, musician, daughter, friend, healer, and spiritual seeker informs me about what I am seeing or sensing (visually, aurally, or intuitively) in the behavior of my client or student. My spiritual healing practice of 20 years has been the primary influence in my beliefs and values relating to serving people in wellness and health through vibrational, spiritual, and energetic healing.

My conceptual theoretical and methodological framework is my *hello space* model (Summers, 1999) and Kenny's *Field of Play* (1989). My voicework practice is based on the spiritual-philosophical tenet that we are spiritual beings living in a physical reality, which allows us opportunities to learn, grow, and heal through our experiences, attitudes, and feelings in relationship and community. I believe that finding "one's voice" is the journey that we all take throughout our lives, albeit in different forms. In my master's degree, I created a hello space model that represented the theoretical foundation for my clinical work and which emanated from my spiritual practice and Kenny's theoretical model, the *Field of Play* (1989). From these philosophical and theoretical roots, I have developed my own methods and vocal improvisation interventions, including my Vocal Hello Space model that I shared in *Voicework in Music Therapy: Research and Practice* (Baker & Uhlig, 2011). I teach and share with my voice and practicum students what I have developed and learned through my own clinical practice as well as through conferences, books, and research. I am known in music therapy circles in British Columbia and across Canada as one of the specialists in voice.

The hello space is the core element in my model of practice. “Saying ‘hello’ acknowledges the present—this moment—this person or space, and this experience. Saying hello is also about acknowledging, communicating with, and being in relationship with, the Being inside the body; the inner essence of a person” (Summers, 1999, p. 123). “Saying *hello* to someone in a clinical context acknowledges the client’s eternal inner spiritual radiance, inner beauty, and current inner wholeness and wellness—past the limitations and restrictions of the body, and past any assumptions and judgments” (p. 67). “The hello space communicates acceptance, worthiness and love to each person” (p. 125). The *vocal* hello space model involves the use of vocal interventions such as singing familiar songs, hymns and chants, vocal improvisation, toning, guided relaxation, breathing, vocal psychotherapy (vocal holding), a cappella singing, and energetic vocal healing techniques (Summers, 2011, p. 314), as the way to healing and transformation.

Theoretically, my main influence has been Kenny’s *Field of Play* (1989). “Being a human being means that human conditions exist—and they are part of the beauty” (p. 74). Kenny speaks of music therapists needing to identify and work with human conditions to change behavior and aid personal development. She defines beauty as “the ebb and flow of human life—love and loss, suffering and joy, pain and pleasure” (p. 73) and aesthetic as a “field of beauty which is the human person” (p. 75). Kenny’s aesthetic musical space is a field of beauty and sacred space, both of which gave rise to my own “creative space” in my hello space model. Kenny’s (1989) belief that “as one moves toward beauty, one moves towards wholeness, or the fullest potential of what one can be in the world” (p. 77) mirrors my own spiritual belief and interventions in the hello space. At the source of my own theoretical underpinning is a belief that we are all moving toward wholeness and healing.

My own theory is music-therapy-centered within a psycho-spiritual framework. My main theoretical approach emanates from my hello space model and includes the importance of embodiment, being a spiritual being within a physical form that has a physical personality and presence—ideally alive, awake, and present to each moment with awareness, insight, thought, and feeling. In every intervention and interaction, I am singing to and saying “hello” to the spiritual being within my clients and within myself. When I hold the creative space for a music therapy group session, I sing hello to each person and to the group as a whole, singing to the well and whole individual inside cognitively and physically impaired bodies, while establishing and maintaining a safe, therapeutic and enjoyable space for the group members to interact, express, and heal.

Metaphorically, I am aware that the doctoral journey over the past five years has further contributed to an expanded sense of my “voice” being heard in the world. I had gained confidence in personally speaking for myself, presenting professionally and in articulating my feelings and needs to others through many years of therapy, music therapy clinical practice, teaching and being involved in many professional boards and associations. However, this Ph.D. journey has created the opportunity for me to learn how to confidently articulate my own needs, opinions, and original viewpoints and to give priority in my life to my research and by extension, to me. My voice is heard within each portrait reflecting similar experiences, attitudes, and beliefs that my participants and I share. My voice is heard as I write their story and comment on what I hear and see. I have been interested in research questions relating to singing and healing for many years, and now I am at the right place at the right time to study and articulate to music therapists the importance of singing for healing in change and transformation.

My scholarly practitioner voice. My scholar practitioner voice is heard throughout this

study as I share my positionality, interest in this topic, and my personal, musical, singing and music therapy story and life narrative. My voice is also reflected in the five concepts of portraiture through dialogue with each participant. My relationship with each person spans many years in many roles such that the interview provided one more context to share and deepen our connection. My voice in the portraits includes my assumptions, my theoretical perspective, my professional experiences and my knowledge of the literature. My voice sometimes takes the form of the discerning observer, often is an interpreter of the participant's story, and at times reflects my own life story. I listened and noted subtle changes in my participants' verbal voices: quality, resonance, timbre, and meaning that gave added meaning to their story. Finally, as I wove the stories into the tapestry that would become the portrait, my voice was heard in the conception, structure, form, and cohesion and integrity of the aesthetic whole (Lawrence-Lightfoot & Davis, 1997).

The Purpose of the Study

The purpose of this study was to explore the personal singing and vocal journey of music/vocal psychotherapists, with the intent for them to articulate how singing has been a healing influence in changing and transforming their lives. It is my hope that this research will offer music therapists new perspectives and information about how singing is important in healing for their own change and transformation, and also for that of their clients.

A Gap in the Literature

The use of voice and singing for healing for change and transformation in music therapy practice, choral singing, sound healing practice, and community health is well documented. Music therapists, choral conductors, and voice teachers know that singing brings enjoyment, personal self-expression, improved connection to self and others in community, emotional

expression, and general feelings of well-being and health (Clift & Hancox, 2001, 2010; Clift et al., 2010; Clift & Morrison, 2011; Eyre, 2011; Tonneijck, Kinebanian, & Josephsson, 2008). Singing and vocalizing in sound healing is a prescriptive technique where certain tones and resonances provide particular healing benefits. In music therapy literature, singing is also written about as a technique and intervention used with clients to meet established goals and objectives. Through vocal psychotherapy and embodied voicework, singing is the primary way that clients express their inner world, thus making the unknown audible and visible through a shared and supported therapeutic relationship (Austin, 2004; Sauve, 2004).

Gaps exist in the empirical literature because most studies address the more external and readily available benefits that singing brings people, without participants having to have in-depth awareness of what is going on internally when they sing or vocalize (Chong, 2010; Unwin, Kenny, & Davis, 2002). In the choral and group studies, there was minimal emphasis on the historical aspect of a person's relationship with singing and their voice, which I believe would make a difference in the results. Most singers in the studies were amateur singers and there was gender imbalance in most studies, favoring women 3 to 1. None of the 19 empirical studies I read were longitudinal and most had small sample sizes.

The literature also does not talk about the uniqueness of our singing voice for our own healing and transformation that is particularly relevant and important to a music therapist or vocal psychotherapist. Building on the knowledge that our voice is as unique as our DNA, our face, and our name (Summers, 1999), our singing voice also has its own unique vibration and in my experience, is the audible expression of our own unique self—our essential self.

Research Questions

From the gaps I found in the literature, I was interested in exploring music therapists' experiences of their own singing and use of their voice as a healing influence in change, and in also having them articulate the transformative qualities of singing from their personal experience. I was specifically interested in interviewing music therapists who were singers and who were on their own self-growth and healing journey. A final criterion for the participants in this study was that they were trained in Austin's (2008) Vocal Psychotherapy model. The research questions were:

- What is the experience of singing as a healing influence in change and transformation?
- How is singing healing?
- How can healing happen through singing?
- How can singing contribute to personal change and transformation?

Scope and Limitations of the Study

I did a qualitative phenomenological and ethnographic study using portraiture and arts-based research. I interviewed five music therapists who have been a part of the 11-person cohort of the first Vancouver Vocal Psychotherapy Institute program. Because the participants were singers, music therapists, and now vocal psychotherapists, I felt they were well positioned to articulate what it was about singing that was healing and transformative for them. All are Canadian adult women, four are Caucasian, and one is Caribbean-Canadian. Age ranged from 30 to 62 years old.

There are some limitations to this study. The participant pool is small and not gender balanced, but has some racial diversity. The participants are mostly from one province (British

Columbia) and all are from Canada. I chose to interview vocal psychotherapy trained music therapists who are vocalists, therefore eliminating non-vocalists, non-vocal psychotherapy trained music therapists, amateur singers, non-music therapists, and strangers. I interviewed each person once so this short time frame could limit the breadth and depth of their story.

My participants in my doctoral study were my adult colleagues and co-students in the vocal psychotherapy training. Because I wanted to learn about the deeper and more intimate ways that singing has been a healing influence in their lives, I chose colleagues whom I knew well, so that trust was already established and comfort with each other was assured. Having experienced intimate and intensive training experience through the sharing of our voices, our stories, and our vulnerabilities, responses to my questions started at a deeper place and offered more rich information to the research.

In conducting this research, I remained mindful that I am in multiple roles. Some of the participants are also personal friends, colleagues, and former students. Because I have a personal relationship with my participants, this changed the dynamics of the researcher-participant relationship. Gadamer (2004) identified disabling and enabling bias. My enabling biases are many. I know about singing and singers, music therapists, and vocal psychotherapists from having trained and experienced being in the roles and from teaching and hearing many others. I know healing from an internal place and I know the way I experience it. As a therapist, teacher and healer for many years, I know what I am hearing, seeing, and sensing, and I know that my observations go beyond the physical and auditory to include the intuitive. As a teacher of therapists, I have had to learn to wear a different hat for each situation and to find the line between being in one role or the other.

My disabling biases could include my bias for having a spiritual and energetic healing practice, as it has been a powerful influence for change and healing in my life. I have been interested in the healing influences of singing for decades and I had to be mindful of hearing their responses as objectively as possible. I listened to their story as it unfolded in the interview, and tried not to fill in the parts of their story that I knew from previous interactions. I was particularly mindful of counter-transference in stories that matched my own life story, remembering that this interview was an opportunity for my participants to share their story and for me to listen, resonate, and reflect only what was relevant and meaningful to add to the conversation. I had the intention of entering each interview with fresh eyes and ears so that I did not predetermine what I expected to hear.

Organization of the Dissertation

The Introduction presents the researcher's positionality and situates her within the study. The chapter establishes the purpose of the study and articulates the gap in the literature that leads to the research questions. Finally, the scope and limitations of the study are discussed.

Chapter II gives the context for a variety of therapeutic approaches using singing and voice. These include therapeutic singing lessons, sound healing, toning, vocal psychotherapy, vocal improvisation, vocal hello space model, and singing for wellness and health.

Chapter III presents the methodology of portraiture that was used for data gathering and interpretation/analysis. Included also is the rationale for using portraiture as the research methodology for this study and the relevant risks and ethical concerns that may arise.

Chapter IV includes the portraits of the five participants, using portraiture's conceptual framework of context, voice, relationship, goodness, and aesthetic whole. There are also

embedded “vocal portraits” in Chapter IV, which will feature each participant’s unique personal vocal expression of her narrative story.

Chapter V discusses the results of the data interpretation and analysis. I compared and contrasted the emergent themes that arose from the portraits (using portraiture’s conceptual framework of analysis) with concepts from the literature and my own practitioner perspective.

Chapter VI describes how this study and its results have implications for leading change for music therapists who use voice as a therapeutic intervention and for others who engage in singing practices for healing and health. This chapter also included possible future research questions and studies as well as my personal learning.

Literature Review

Introduction

Singing is important in my life. It is an important technique in my clinical tool kit and often provides very meaningful interaction and experience for my clients. Singing was one of the few things that my family could agree on during my growing up—we all loved singing and would willingly and harmoniously gather around the piano with my mother playing the old familiar songs and hymns. I know singing provides an inner transformative experience for me, as I feel whole, well, and the most myself when I sing. The literature documents a similar outcome for hundreds of people from many countries who sing in choirs and who are involved in music therapy clinical work. Discussed within this chapter are many approaches that involve singing and the use of voice: therapeutic singing lessons, vocal psychotherapy, vocal improvisation, sound healing, toning, and singing for health and wellness. Also included in this chapter are the theoretical and philosophical underpinnings to my voicework practice.

In order to give a context for why singing is important and meaningful in life and to my research study, I will discuss several authors, developmental theorists, and psychologists who contextualize the important contribution that the arts make to human adult development. It seems appropriate to start with scholar Ellen Dissanayake, whose life work centers on the exploration and importance of art from an anthropological and historical perspective.

Significance of the Arts in Human Development

“One of the most striking features of human societies, from the Paleolithic to the present, is their prodigious involvement with the arts” (Dissanayake, 2008, p. 61). Archeologists have found evidence of the visual arts in ancient societies through cave wall paintings, sculptures, tombs, temples, and carvings. Dissanayake (2008) extrapolated that there would have been

involvement in other art forms such as dance, music, story telling, and in humans adorning their bodies for ritual, celebration, and everyday practices. She suggests that humans in development could have been called “*aestheticus* (artistic) rather than *sapiens* (wise)” (p. 61). Dissanayake argued that the arts are the common and pervasive element of overall human development, as involvement in technological, political, commercial, playful, language, social, moral, and ritualistic practices all include the arts, taking a “species-centred view that embraces the arts of all times and places...serving no purpose other than its own existence: arts for art’s sake” (p. 63).

Dissanayake believes that the arts were a functional and essential part of everyday life in traditional societies and were not just for the elite or to be put on display, as is common practice in today’s Western societies. Work songs, decorative mask making, and rituals for food gathering or hunting, artistic rituals for birth and death and the use of songs to settle legal disputes or to express joy in a community’s celebration are examples of common artistic practices (Dissanayake, 2008, p. 63). Other artistic practices were essential for the safety and sustaining of traditional community: fertility rituals, aural story telling of historic events and learning of roles and tasks, and creating self-sustaining bonds and relationships through understanding “who we are and what we believe” (p. 70) that was passed down through artistic expression through generations. Dissanayake believes that “we are born to use our artful nature” (p. 74) and encourages modern-day societies to embrace, support, and fund the arts as an essential pillar of the community.

Dissanayake (1995) also believed that there is “inherent pleasure in making something that did not exist before, of using one’s own agency, dexterity, feelings and judgments to mold, form, touch, hold and craft physical materials, apart from anticipating the fact of its eventual

beauty, uniqueness or usefulness” (p. 41). She created the term, making special, to describe how humans throughout history make ordinary reality extraordinary.

I suggest that the standard and unexceptional animal inclination to differentiate ordinary from extra-ordinary, to recognize specialness, would have been developing over tens of thousands of years...At some point in their evolution, humans began deliberately to set out to *make things special* or extra-ordinary, perhaps for the purpose of influencing the outcome of important events that were perceived as uncertain and troubling, requiring action beyond simple fight or flight, approach or avoidance. (Dissanayake, 1992, p. 51)

Dissanayake (1992) purposely used the word special to describe that “making art is different from making nonarts: embellishing, exaggerating, patterning, juxtaposing, shaping and transforming” (p. 53). Additionally, she spoke of special including care and concern that “appeals to emotional as well as perceptual and cognitive factors” (p. 54).

Dissanayake (1992) believes that human beings have a creative and biological need to adorn ourselves, to dance, to make art, to write, or to make music. She believes that artistic expression is our natural and inherent state, and that to separate creative life from our “ordinary” life is incongruent. Alignment between Dissanayake’s theories and music therapy practice is obvious. Clients involved in music therapy attempt to reclaim the aspect of creative self-expression—a part of them that had been “lost” or had not been given voice. Clients who have lost functional abilities, have sensory impairments or who are severely limited by disease or illness, find a new-found freedom in making special within their institutionalized settings through singing, vocalizing, and participating in music-making activities. Their family members and the staff at these facilities also benefit from having opportunities to join in the singing, or to observe their loved one enjoying, expressing, and interacting with life in new and different ways. Singing brings a physical, emotional, social and spiritual change, which can transform their reality into one that is extraordinary. They are making special and in doing so, transforming their lives.

Selected Theoretical Orientations of Human Development

Dissanayake (1992) makes the case that the arts have been with us throughout human history and are integrally involved in our daily life. Other theorists and psychologists have also written about the importance of the arts in their developmental theories, stage models, and interventions. Two seminal psychotherapists who influenced subsequent disciplines and therapists and who held creativity and the arts in high esteem were Carl Jung (1939) and Carl Rogers (1954).

Adult Development Through Participation in the Arts

In North America, arts involvement for children is often for skill building and learning—for patience and tolerance; socialization and connection, self-expression, self-regulation and fun; challenge, completion, achievement, and mastery; sharing and cooperation, cognitive, physical, neurological, and emotional development; and concentration. For children with developmental delays or challenges, the arts can be an effective way to offer them positive learning opportunities. The arts for adolescents can continue with many of the same skill building, but adding identity formation, peer group acceptance, career preparation, relationship, intimacy, and self-awareness. The arts can enhance, motivate, encourage, and reward learning in all these experiences.

In adulthood years, the arts can serve in many capacities: for rest and relaxation, for distraction and diversion, for meeting social needs and for intimacy, for self-expression, pleasure, enjoyment and beauty; to keep creativity and imagination free and flowing and to maintain all levels of functioning. Unfortunately, in our modern day society, arts as a form of play and relaxation is often separated from the many tasks that present themselves as a necessity and as a priority: work, family, children, financials, school and university demands, social demands, and

relationships. However, as people create their lives and find “ways in which the individual remolds himself” (Rogers, 1961, p. 349), the arts can act as a catalyst or container for helping people stay connected to their creativity, playfulness, and imagination, which can enable survival.

Rogers (1954) stated,

Unless man can make new and original adaptations to his environment as rapidly as his science can change the environment, our culture will perish. Not only individual maladjustment and group tensions but international annihilation will be the price we pay for a lack of creativity. (p. 250)

Like Rogers, Kenny (2006) believed that creativity was essential in our lives—that it “cannot be separated from the processes of life” (p. 14). She thought that creativity could be “rebellious” and believed that creative people are “drawn to tensions between opposites, and have a tolerance and ability to work with paradox” (p. 16). Certainly, adults experience many paradoxes throughout their life, and to have creativity as a strategy can make a big difference to overcoming and/or living with these challenges. In order to grow and create our lives, creative people have to either compile existing information in new ways or come up with new ideas using their imagination (p. 16).

Kenny (2006) wrote about the essential elements of creativity, expressing that a creative person must have passion and imagination, be in a search for meaning and have a desire for self-actualization, be open to free association, and consider creativity as a life force. Incorporating the arts into our adult daily lives can be accomplished through maintaining artistic and creative connections within paid work, home and garden management, family leisure time, personal leisure time, or within organized classes or groups. Participation with the arts can take many forms, including visual arts (painting, photography, working with metal, wool, dye, fabric, wood), performing arts (dancing, singing, music, theater), expressive arts (improvisational activities), narrative and writing arts (storytelling, poetry, slam poetry, writing, calligraphy), arts

for enjoyment and pleasure (clowning, jewelry making), arts as a career, and digital electronic arts, to name a few. Within each of these are hundreds of forms of artistic expression available to and accessible by people of all ages.

“Erikson noted that imaginative play is described as a need of young children, and that what happens to play as people grow older depends largely on our conceptions of the relationship of play to work” (Kivnick & Erikson, 1983, p. 608). Experiences like enrolling in an art class, playing in a drum circle or dancing increase a person’s creativity, playfulness, and imagination. “Arts activities provide one of the few arenas in which playfulness and imagination are viewed as appropriate for persons who are no longer children” (p. 609).

Music and art serve as gatekeepers to the invisible world. By releasing the individual from the strictures of words, they allow the imagination to play with sound and image. When play is unstructured, it provides many openings for the unplanned and the unexpected. Poetry falls into this group also, as do some forms of fiction and drama. When these are more evocative than descriptive they invite us into the mysteries. (Singer, 1998, p. 36)

The arts have been used throughout history as “portals to transformation” (Wallace, 2007, p. 2). Rogers (1954), Jung (1939), Maslow (1943) through self-actualization, Erikson (1980) with gerotranscendence and Keshet (1997) through personal knowing, shared a belief in the importance of having a strong sense of self. Their theories and clinical practices supported a person exploring, expanding, and achieving a fullness or oneness. Maslow and Jung talked about wholeness as foundational and Maslow tied this to self-acceptance. The arts can give that whole experience. For example, “music fulfills man’s need for beauty, and can satisfy his search for meaning in the world...aesthetic experience can have a preventative and curative effect” (Kenny, 2006, p. 38).

Through the creative arts therapies (art, dance, drama, and music therapy), support for people’s growth process is offered through creative engagement with an artistic medium,

instrument, or movement, and through the process of illuminating internal experiences and bringing them into an external form. In the case of music therapy, the music can express what is inside, and externalize it so that it can be shared, shown, and witnessed. The music can also be cathartic and act as a release, physically or emotionally. The music might provide meaning or understanding for the person as his/her inner feelings and beliefs are expressed. The music can share non-verbal awarenesses. The music can contain or structure a person's experience in ways that feel comforting and reassuring. The music can represent the person in any given moment, shifting immediately as needed. The non-verbal nature of the arts enables the unconscious to come to light.

The mystery of art, its lightness, and darkness, all provide a means for entering into an inner world where connection is possible with the unconscious. What we find emerge from our internal state can be made manifest in our work. This process may also be a means of self-transformation, and a process of healing through bringing the light and dark to wholeness. (Wallace, 2007, p. 58)

Kivnick and Erikson (1983) argued for allowing adults to experience art for art's sake within a psychiatric setting where the art program is the only "normalized" experience the patients receive. "Our central thesis is that it is a mistake to superimpose habitual therapeutic methods on activities that are healing in and of themselves" (p. 602). In this program, artists companion adult patients in a psychiatric program, offering abundant and interesting art materials with which they can create. The authors' belief and experience is that "working with materials represents an intrinsic, ongoing dialogue between the artist and the medium" (p. 606). As the patients create art (such as ceramics or painting) they learn to problem solve and work with the challenges that occur with the medium, i.e., they must have patience to wait for the ceramic pot to dry before it can be fired. Increased self-awareness can come when the patient is working with materials when

they must “struggle for mastery in the face of the uncontrollable” (i.e., things can go wrong with art materials and the processes associated with creating) (p. 613).

Many of the developmental theorists spoke of the importance of relationship in adult stages of life (Eriksen, 1980; Levinson, 1986; Miller, 1984; Rogers, 1954). Levinson asked the question: what is my life like now? The arts can enable the process of exploring that question or the answer can be demonstrated through an artistic rendering from the person. The arts provide people with opportunities to relate through non-verbal mediums such as musical participation in choirs or instrumental ensembles or dance groups, where members report feeling a sense of wellbeing, harmony and belonging (Cliff & Hancox, 2010). Cooperation is required in these kinds of group experiences in order for the music or dance performance to be a transformative experience.

It seems that for most groups, a sense of togetherness and desire to be in harmony with each other has been aided by their experience of making music together... This has implications for the development of the group culture and identity and is very much a part of the therapeutic value of having music therapy. (Bunt, 1994, p. 155)

By being involved in the arts, a person’s life will be changed, and in my experience, for the better. People have the opportunity to learn about themselves in the experience. “It is important to recognize art’s role as movement in the pursuit of meaning. It is largely in this ‘art-as-meaning-making’ that art provide a means for adults to learn from themselves” (Wallace, 2007, p. 77). Lawrence-Lightfoot and Davis (1997) also speak of “making and finding meaning through art as a transformative experience” (p. 35). She further speaks of the middle to later adult years as a “transformative time in our lives...requiring us to have the courage to challenge the stereotypes, the creativity to resist the old cultural norms, the curiosity to be open to new learning, and the adventurousness to pursue new passions and experiences” (Lawrence-Lightfoot, 2009, p. xii). As Dissanayake (1995) stated, the arts accompany and help us navigate our

journey through life. As a music therapist and vocal psychotherapist, voice and singing is my particular form of arts expression that accompanies and helps me navigate my life. In order to further explore the underpinnings of my research interest, I will explore my own theoretical and philosophical framework to my own arts-based practice that I call “voicework” that engages “vocal healing.”

Introduction to My Voicework Practice

My “voicework” practice refers to the use of my voice in all its ways in clinical, therapeutic, educational and healing/energetic settings. Within these multiple settings with many types of people, I encourage my clients and students to engage in vocal healing. Vocal healing is the use of one’s own voice through singing, vocalizing, chanting, and expressing for personal restoration of health, wellness, and wholeness. My singing voice has always been my primary instrument for my clinical music therapy work with older adults in residential care, and those at end of life, as well as with adults in vocal psychotherapy and neurologic music therapy sessions. My voicework practice also includes teaching music therapy students and offering supervision to practicum and internship students.

End of life care encompasses palliative care, hospice care, long-term care, and community care settings, and refers to people who may have a terminal illness or be nearing the end of their life. “Vocal psychotherapy is a new model of music psychotherapy developed by Diane Austin. She defines it as the use of the breath, sound, vocal improvisation, songs and dialogue within a client-therapist relationship to promote intra-psychic and interpersonal growth and change” (Austin, 2013, p. 141). Through using vocal holding© and free associative singing© techniques, a client can gain awareness and insight into his/her life issues and make appropriate and desired changes. Neurological music therapy (NMT) is defined as “an evidence-

based therapeutic application of music to cognitive, sensory and motor function challenges arising from neurological diseases of the human nervous system” (van Bruggen-Rufi, 2013, p. 92). I have found NMT techniques to be particularly effective with those with speech impairments or aphasia due to stroke and other neurological disease. Voicework plays a unique role here as the clients struggle to regain or use lost speech, and often singing and vocalizing is their way back to speaking. In addition to NMT techniques, I include vocal education and classical singing techniques that I use with my music therapy voice students at the university.

Vocal psychotherapy pioneer Diane Austin was one of the first to understand and write about the importance and effectiveness of the voice as a major instrument in music therapy practice. Austin (2011) recognized that, “as more and more singers enter the field...it will be important to raise the profile of voicework in music therapy” (p. 17). It is my hope that the articulation of my own theoretical and philosophical orientation of my voicework practice will give a foundation to my own research and will have an additional benefit of adding another voice to this ongoing discourse.

Baker and Uhlig gathered approaches and vocal therapy methods from 15 music therapists from around the world. From these various methods and voicework practices, they proposed a model that has four components:

- the sounds of the voice, which include breath, sighing, vocalization, chanting, toning, verbal singing, and dialogue
- identifying whose voice is being used/heard and in what form. This could include the music therapist’s voice, the client’s voice or them singing together, and could be a cappella or accompanied with instruments

- the voicework approach: in the employment of previously mentioned interventions, the therapeutic process of voicework may be unstructured, structured or semi-structured
- various theoretical frameworks such as psychotherapeutic, physiological/neurological/medical, developmental, cognitive or transpersonal/spiritual (Baker & Uhlig, 2011, p. 347)

This model represents another way to think about and describe our own voicework practice. In my own practice, for example, the sound of the voice is critical in all therapy sessions, but especially so in my work with those at end of life care and in my energetic healing work. Central to my vocal hello space model is the music therapist's voice and the client's voice within a transpersonal or spiritual framework.

Another vocal music therapist pioneer whose work I resonate with is Lisa Sokolov. Sokolov (2012) describes her clinical practice as Embodied VoiceWork, defining it as a “practice of free, expressive, non-verbal, improvisational singing, which aims at the development of fuller human potential through the practices of attentiveness, an attitude of radical receptivity and listening” (p. 108). Resonating here is Sokolov's practice of intention and attention to listening and receptivity, with the goal of personal growth and development.

My singing voice is a primary way that clients experience my energetic healing practice. What is common to all these settings and populations is that I derive my philosophical approach from direct, lived experience. In the following I will offer my two main philosophical frameworks (phenomenology and hermeneutics) and discuss the theoretical underpinnings of Austin and Kenny, music therapists who have had the most influence in my voicework practice.

Introduction to Philosophy: Phenomenology and Hermeneutics

Our direct experience and the way we view it, our philosophy, have a direct connection. Our philosophy is the source and therefore the cause of many of our actions in our work. It informs our decisions...philosophy asks questions of meaning. (Kenny, 2006, p. 92)

Philosophy is about a way of living. It is about beliefs, values, aesthetics, and assumptions—beliefs that are foundational for my work, values about people and their behavior, and the aesthetics of healing and therapy. The two philosophical forms that fit best with my voicework practice are phenomenology (lived experience) and hermeneutics (interpretation of that lived experience). “Phenomenology is the study of human experience and of the way things present themselves to us in and through such experiences” (Sokolowski, 2000, p. 2). Sokolowski is a prolific contemporary American philosopher who writes and teaches about phenomenology, spirituality, and metaphysics. He emphasizes intention, discusses how human thinking arises from experience and studies personal identity through time. Van Manen (2011) further deepens our understanding by stating, “the aim of phenomenology is to transform lived experience into a textual expression of its essence – in such a way that the effect of the text is at once a reflexive re-living and a reflective appropriation of something meaningful...lived experience is the breathing of meaning” (p. 36). Van Manen is a retired University of Alberta professor who writes about phenomenology of practice. He introduced a hermeneutic phenomenological approach and believes that “phenomenological research and theorizing cannot be separated from the textual practice of writing” (p. ix). His work focuses on language as it represents lived experience. Kenny (1989) spoke of the phenomenological approach as flooding “light” or illuminating the phenomenon, which “links tacit knowledge, direct experience and being in the world” (p. 50).

Phenomenology is the philosophy that is common to all my work settings. My music therapy practice has been influenced by my direct, lived experience as a woman, teacher, music therapist, singer, vocal psychotherapist, musician, daughter, friend, healer, and spiritual seeker. Each lived experience informs me about what I am seeing or sensing (visually, aurally, or intuitively) in the behavior of my client or student. “For music therapists, the connection to direct experience is fundamental. In a sense we must be doing, or at least vividly remembering, music therapy experience while designing philosophy and theory...we play a duet of music and the person” (Kenny, 1989, p. 47).

My spiritual healing practice of 20 years has been the primary influence in my beliefs and values relating to serving people in wellness and health through vibrational, spiritual, and energetic healing. My hello space model of practice, which I developed in my master’s degree, emanated from my spiritual practice and Kenny’s *Field of Play*. “Saying *hello* to someone in a clinical context acknowledges the client’s eternal inner spiritual radiance, inner beauty, and current inner wholeness and wellness—past the limitations and restrictions of the body, and past any assumptions and judgments” (Summers, 1999, p. 67). “The *hello space* communicates acceptance, worthiness and love to each person” (p. 125). Singing for me is synchronous with our beingness.

According to Van Manen (1997), “hermeneutics is the theory and practice of interpretation” (p.179). Additionally, Bentz and Shapiro (1998) stated, “hermeneutics is founded in the belief that researchers are embedded in a context of explanation that intrudes into the context of the data. You cannot get away from being involved” (p.112). I agree with Heidegger’s (Greaves, 2010) perspective that there must be space and time for reflection when interpreting data and that interpretation must be allowed to emerge. Heidegger, a German philosopher known

for his existential and phenomenological explorations of the “question of Being,” also believed that each person must have and know his/her own experiences and possibilities, rather than rely on other’s experiences. Gadamer, a German philosopher known for *Truth and Method*, sees hermeneutics as a “form of play that is an encounter between traditions” (Bentz & Shapiro, 1998, p. 113). He continued Heidegger’s discussion by adding play and curiosity in the search for truth, which is a solid fit with my own voicework and music therapy philosophy. Kenny (1989) clarified that it is “through reflection that we interpret our experience—always keeping an eye out for the whole, yet in direct relation to the experience” (p. 59).

My voicework practice is based on the spiritual-philosophical tenet that we are spiritual beings living in a physical reality, which allows us opportunities to learn, grow, and heal through our experiences, attitudes, and feelings in relationship and community. As spiritual beings, I believe that we are drawn to and incur situations and people that help us on our journey. I believe that finding “one’s voice” is the journey that we all take throughout our lives, albeit in different forms. My adaptation to the vocal hello space model involves the use of vocal interventions such as singing familiar songs, hymns and chants, vocal improvisation, toning, guided relaxation, breathing, vocal psychotherapy (vocal holding), a cappella singing, and energetic vocal healing techniques as the way to healing and transformation.

I hold a value that healing involves the whole, essential self—the one enduring and ever-constant self. I believe that we are whole and well inside, no matter what physical, emotional, cognitive, or neurological damage or impairment might be evident externally. I believe we are all singers and that our voice is the audible expression of our own unique energy (Summers, 2011, p. 37). Because singing involves our own resonance and vibration, the use of our voice for singing is akin to a cat’s purr, which researchers now know is primarily used for healing as well

as communication (Lyons, 2006). A cat's purr comes easily and naturally, having a vibration that is unique to the animal, not imitating another cat but rather sounding itself. Cats purr when they feel pleasure, acceptance, safety, love, and peacefulness. As human beings feel these same things, we may "sound ourselves" through breathing, humming, chanting and singing. During singing, there is a resonance created inside our bodies that reflects our own unique energy vibration—that which makes us unique as a person. Our own natural sound is healing for our bodies and spirit, just as making sounds that are not in alignment with our own true essential self can be damaging. When we are relaxed, calm, centered, grounded and within ourselves (what I like to call "being home"), then our singing sound and tone can come naturally with a resonance inside our bodies and a natural vibrato.

Singing can bring such pleasure when we are relaxed and "home." It is why so many people join choirs and report feeling a sense of wellbeing, wholeness, and wellness when they are singing in community. When we sing in a group or choir, we not only feel the healing vibrations of our own bodies and voices, but we experience the collective vibrations from others around us, and from the group as a whole. In modern medicine, laser surgery is being used more and more extensively for physical healing. I see singing and sounding ourselves as a natural form of laser healing for emotional, physical, and spiritual healing, and may become a part of the vibrational medicine movement in the near future.

Singing and using our voice musically is therefore connected to our own wellness and wholeness. In this process and action, to me singing becomes a spiritual practice. "Singing is a spiritual practice—it offers the possibility of transforming energy—to have an experience of your whole self" (Bepko & Kresten, 1993, p. 118).

Introduction to Music Therapy Theory

“A theory is a way of thinking about what we do or what we know... a theory is always created...and is concerned with phenomena within a particular domain” (Bruscia, 2005, p. 540). The writings of music therapists Carolyn Kenny and Diane Austin have been major influences in the development of my theoretical constructs and frameworks.

Kenny (1989) speaks of theory as a foundation that is abstract, represents the “big picture,” and comes about as a result of observation (p. 22). She also wrote that the purpose of theory is to help the clinical and practical everyday practice of music therapists (p. 25). In 1989, Kenny posited that it might be time for the profession of music therapy to develop its own independent theoretical structure. As if in response to this call, Bruscia published in 2012 an anthology of music therapy theory, citing Gaston (1968), one of the founding fathers of music therapy, as saying,

the music therapy profession would need a strong foundation, built upon the interdependence of practice, research, and theory. Without practice and research, theory is impotent and unproven; without theory and research, practice is blind; and without theory and practice, research is inapplicable. (Bruscia, 2012, p. 408)

I envision and hope that my research and dissertation will be my contribution to this important journey.

Each one of us brings his or her theory into each situation, each music therapy session, each class in techniques, and each research design. Sometimes it is not necessary to articulate our theory. But it is essential to be aware of its development...it means knowing that our theory is ‘in process’, an alive and growing part of us, which has a direct influence on those whose lives we touch, especially our clients. (Kenny, 1989, p. 43)

Kenny’s (1989) *Field of Play* has many aspects that have influenced my own theoretical approach. “Being a human being means that human conditions exist—and they are part of the beauty” (p. 74). Kenny wrote of music therapists needing to identify and work with human

conditions to change behavior and aid personal development. Kenny defined beauty as “the ebb and flow of human life—love and loss, suffering and joy, pain and pleasure” (p. 73) and aesthetic as a “field of beauty which is the human person” (p. 75). Kenny’s aesthetic musical space is a field of beauty and sacred space, both that gave rise to my own “creative space” in my hello space model. Kenny’s belief, “as one moves toward beauty, one moves towards wholeness, or the fullest potential of what one can be in the world” (p. 77) mirrors my own spiritual belief and interventions in the hello space. At the source of my own theoretical underpinning is a belief that we are all moving toward wholeness and healing.

Kenny (1989) stressed the importance of acknowledging the conditions that the therapist values and believes about therapy, the client, and the chosen interventions (p. 94). In my theoretical approach and as therapist, I hold strong values of relationship, openness, authenticity, and transparency. The effectiveness of therapy and the depth of healing depends much on building a strong relationship between therapist and client, which necessitates the therapist to be open, transparent, and demonstrating felt care and concern. In my hello space model, the hello between therapist and client is a deep, loving, spiritual hello to the wellness and the wholeness within the client and his/her musical/creative self. This belief holds the space for the client to feel safe in connecting with his/her inner whole, well, and creative self and take risks for desired therapeutic change.

Theories are unfolding principles that guide my work, my teaching, and my life. Bruscia (2012) suggested that for music therapists, theories can be “music-centered, therapy-centered, or music therapy-centered” (p. 547). I believe that my theory is music-therapy-centered in a psycho-spiritual framework. My main theoretical approach emanates from my hello space model and includes the importance of embodiment, being a spiritual being within a physical form that

has a physical personality and presence—ideally alive, awake, and present to each moment with awareness, insight, thought, and feeling. In every intervention and interaction, I am singing to and saying hello to the spiritual being within my clients and within myself. When I hold the creative space for a music therapy group session, I sing hello to each person and to the group as a whole, singing to the well and whole individual inside cognitively and physically impaired bodies, while establishing and maintaining a safe, therapeutic, and enjoyable space for the group members to interact, express, and heal.

This deep hello space allows each person to be their best for those moments, and in relationship to self and others in an optimal way—to be in flow. “The metaphor of ‘flow’ is one that many people have used to describe the sense of effortless action they feel in moments that stand out as the best in their lives” (Csikszentmihalyi, 1997, p. 22). Flow is one of the psychological frameworks that supports my work. “Purpose, resolution, and harmony unify life and give it meaning by transforming it into a seamless flow experience” (Csikszentmihalyi, 1990, p. 218).

Within my hospice work, I use the vocal hello through songs, improvisation, and chanting to create for clients “a state of flow so that they are less aware of pain and discomfort, allowing their body to relax and their breathing to regulate, reducing distressing symptoms and, in general, to have an experience of wellness within illness” (Summers, 2011, p. 318). Baker and Uhlig (2011) summarize my work within the following theoretical frameworks: “within a transpersonal/spiritual framework...health and homeostasis are important states of being. She stresses the importance of spiritual or emotional influences on health...as well as empowerment and self-actualization...and emphasizes that therapeutic relationship is critical to therapeutic change” (p. 336).

Austin's model of vocal psychotherapy comes from theories from Jung, object-relations, trauma, and intersubjectivity. Like Kenny, Austin (2008) believes "that the relationship between client and therapist is the primary healing agent in psychotherapy" (p. 79). One of Austin's theoretical influences that contribute to my voicework practice is intersubjectivity. "Therapist and client are both portrayed as real people who co-create the therapeutic relationship" (p. 80). The creative space and hello space is a co-creation of therapist and client that by necessity has to adjust moment by moment in a therapy session to always be in present time and current and appropriate to the client's needs. Intersubjectivity also "places great emphasis on the collaborative nature of psychotherapy" (p. 81). Because making music, singing, and improvising together with another person is collaborative, this approach is a natural fit within my clinical work. Vocal psychotherapy interventions employ voice and vocalization to sing with and support the client in an improvised collaboration that deepens relationship and a client's awareness of feelings, insight, and patterns.

Austin (2008) believes in the importance of the therapist being on his/her own healing journey, in order to support clients through their own growth and healing. This is in alignment with my own spiritual belief that we must continue to explore, illuminate, and heal our wounds, traumas, and unknowns, to be effective with our clients. The hello space model is all about deepening our connection with our clients, our music, the creative space, and ourselves. This deepened connection with ourselves expands and solidifies our "resourcing" (a term Peter Levine used in 1997), which refers to "helping access inner strengths and safe places" (Austin, 2008, p. 61). I often use the term "resourcing" during my teaching and clinical practice to remind clients and students of their inner and outer strengths, supports, progress and skills, in order that they may take one more step forward armed with their own expertise and experience.

empowerment has to do with collaborating with the client in the development of their ability to act and to participate in community. This ability has to do with individual strengths as well as the social, cultural, and economic resources available and the use of such resources. (Rolvjord, 2004, p. 103)

Tree of Knowledge

Kenny (1998) described the relationship of philosophy with theory and clinical practice using the metaphor of the tree of knowledge.

In this tree, philosophy is at the root of knowledge. Whenever we discover new things, our discoveries are rooted and influenced by our philosophies. Our philosophies inform our theories, being the trunk, the maps we create to understand phenomenon. These maps guide us in our practice. The data that we accumulate as the result of our research methods is the fruit of our efforts... Ultimately, the data returns to the earth, which in turn, nourishes the roots of the tree of knowledge for seasons to come. We do not operate in isolation. The results of our studies cause us to reflect deeply on our practice. (pp. 214-215)

Through this reflective exercise of articulating my own theoretical and philosophical frameworks for my voicework practice, I have been able to see the “tree” of my voicework practice, which includes my clinical practice, vocal psychotherapy work, teaching, supervision, and energetic healing practice. This increased awareness and understanding informs my practice and makes me a more effective therapist, mentor, and teacher. It reinforces what I wrote in my self-portrait about my relationship with singing:

Singing makes me whole and well, integrating my mind, heart, spirit and body.

Singing brings harmony and balance and restores health.

Singing sings my pain and darkness and gives voice to the silenced part of me.

Singing allows all parts of me to listen deeply and to hear each other.

Singing adds meaning, depth and color to my life.

Singing has been a journey...a path...and is of service to my spiritual *being self*.

Singing touches, calms, soothes and opens my heart and brings love to me and within me.

Singing allows me to sing the light within from a deep core place and to reveal all that I am, and perhaps most importantly, Singing brings me home to me.

Foundational Literature on Singing

Empirical research outlines the therapeutic, healing, and health benefits of singing. The first and most predominant benefit was the overall social, emotional, psychological, and spiritual health benefits of singing in a group or choir setting. The second was the improved physiological effects of singing alone or in a group, including relaxation, improved breathing, stress reduction, improved posture, etc. A third benefit was the impact of singing on personal psychological well-being, which included the regulation of emotions and mood, having effective coping strategies, finding/having meaning in life, having a good life balance, and overall life satisfaction.

Many studies based in research with choirs found that the majority of choir members reported singing gave them social, emotional, psychological, and spiritual health benefits (Bailey & Davidson, 2005; Clift & Hancox, 2001; Clift et al. 2010; Tonneijck et al., 2008; Unwin et al., 2002). Choir members reported they were “enacting wholeness,” related to an inner emotional and behavioral wholeness experienced by the person, as well as a feeling of belonging and acceptance with their fellow choir members (Tonneijck et al., 2008, p. 175). Choir members reported that singing was “emotionally arousing and provided opportunities for emotional expression” (Clift & Hancox, 2001, p. 253). Intrapersonal experience included inner and personal aspects of competence, purposefulness, managing emotions and well-being, and creating a meaningful life (von Lob, Camic, & Clift, 2010, p. 48). Each of these aspects deepened the person’s connection with their choral experience: the experience of successfully learning repertoire, singing and performing, using the songs and singing for cathartic release and as a way of channeling emotions, and having focused purpose and finding new meaning in the shared experience.

Results from a preliminary study of people with mental health challenges revealed improvements in self-esteem, emotional expression and mood, coping with stress, comfort level within the group, and the establishment of a regular routine (Eyre, 2011). “Marginalized” singers who had mental health and addiction challenges and lower socio-economic status spoke of having a sense of belonging, feeling included, accepted, and “normal,” states of being that they did not always enjoy in their regular life outside of choir (Bailey & Davidson, 2005, p. 298). Clift and Morrison’s (2011) study reported choir members handled problems more effectively and had improved psychological functioning (p. 92). A large cross-national study of 1100 choir members from 21 choirs in three countries (Germany, England, and Australia) revealed what appeared to be solid data supporting the efficacy of singing in a choir for psychological well-being (Clift & Hancox, 2010). Eighty-five choir members were identified as having psychologically low well-being while having relatively high results on the singing scale. The low psychological well-being resulted from significant health challenges, such as chronic mental health problems, family or relationship problems, bereavement, and physical health challenges. These 85 choir members reported choral singing gave them a regular weekly commitment that improved their mood, focused their attention (positively) on singing while distracting them from (negative and preoccupying) thoughts, increased their cognitive stimulation, afforded them increased well-being and relaxation related to deep breathing, and offered them social support from other choir members (Clift & Hancox, 2010).

Other research focusing on people with medical or psychological challenges such as pain or anxiety reported improved physiological effects of singing alone or in a group, and included relaxation, improved breathing, stress reduction, and improved posture (Deak, 1990; Grape, Sandgren, Hansson, Ericson, & Theorell, 2003; Kenny & Faunce, 2004). In one study,

participants attending three weeks of singing sessions showed improvement in their ability to cope with pain. At the six-month retest, the therapeutic levels had not been maintained, but the participants were still above their own pre-intervention level (Kenny & Faunce, 2004, p. 252). In this same study, the participants receiving the singing intervention reported lower levels of pre-intervention mood, coping, and pain, even though their self-reported duration of pain was significantly greater than the listening to singing group and also of those who failed to attend the singing sessions. This seemed to indicate the possibility of the singing intervention having a sustained impact, though not at a statistically significant level. A German study focusing on enhanced immune function with singing found participation in singing resulted in a significant and positive increase in secretory immunoglobulin A, an important hormone in healthy immune function. “Increases of positive affect, and decreases of negative affect, were observed after singing. Singing was emotionally rewarding, mentally refreshing, or supporting self-awareness in various ways” (Kreutz et al., 2003, p. 218).

Studies that focused on the healing aspects of singing for well-being included singing within a group setting such as a choir, as well as singing for oneself (Kreutz et al., 2003; McClure, 1998; Patteson, 2000; Sauve, 2004; Whittemore, 1998). Psychological well-being included empowerment, singing for emotional release, changing mood, managing difficult times, singing for overall enjoyment and well-being, releasing of endorphins, singing for meaning and wholeness, singing for cognitive stimulation and doing something different, and singing challenging repertoire for performances. An Australian study found statistical significance that singing songs could alter mood (Unwin et al., 2002, p. 180). Additionally, participation in choral singing resulted in:

- increased happiness (which mitigated feelings of sadness and depression)

- increased concentration and focus
- decreased anxiety (due to increased deep breathing)
- improved social interaction and opportunities for friendship (reducing feelings of isolation and loneliness)
- a commitment to the group and weekly rehearsals (encouraging stronger motivation to be physically and mentally active)
- increases in learning of music, listening to others, reading music, etc.—which increased cognitive stimulation and counteracted cognitive decline (Clift et al., 2010, p. 29)

Statistically significant gender differences were reported with women gaining more positive benefits for psychological well-being from singing in a group setting (Clift & Hancox, 2001; Clift & Hancox, 2010; Clift et al., 2010). Results from Clift et al. (2010) suggested “women with higher levels of general psychological wellbeing were more likely to express benefits from singing, and that this was not the case for men” (p. 26).

Other literature related to singing for personal healing, transformation, and change, includes therapeutic singing lessons, sound healing and toning, vocal psychotherapy, vocal improvisation models, and a vocal discovery method for singing for wellness and health. By expanding the professional literature that discusses the healing influences of singing for physical, emotional, and energetic change and transformation, my own unique voice can contribute to this important dialogue through introduction of the vocal hello space model.

Therapeutic Singing Lessons

Austin’s early clinical practice incorporated “therapeutic singing lessons” as she transitioned from voice teacher to music therapist, prior to establishing her own vocal

psychotherapy model and clinical practice. She noted that the focus of the therapeutic singing lesson was on “self-expression and self-exploration as well as vocal technique” and that “voice was my primary instrument and singing proved effective with every population” (Austin, 2008, p. 13). Austin based her use of therapeutic singing lessons on Priestley’s “therapeutic music teaching” as described in her 1975 seminal book, *Music Therapy in Action*. Priestley embraced all forms of therapeutic teaching, including singing. Therapeutic teaching appears to the client as a regular music lesson for the purpose of learning how to play an instrument, but for the therapist, the “priorities are altered” (Austin, 2008, p. 103). She believed that music education should embrace and invite the creative, exploratory, expressive, generous, and joyous approach to this art form.

“Therapeutic teaching is a valuable supportive therapy which will bring an element of pleasantly normal, non-medical activity into the patient’s lives” (Austin, 2008, p. 103). The important elements of a therapeutic relationship (being accepted, sharing oneself with another person, being listened to, feeling safe) coupled with the achievement and celebration of learning a new instrument, anticipating and feeling excited about the upcoming concert, performing for an appreciative audience, and receiving the accolades and social feedback from others, enriches the patient’s lives. Priestley makes the additional point that a patient taking “music lessons” may feel more free to talk with others, compared with talking about their “psychotherapy sessions,” where there may be stigmas, shame, or fear.

Music therapy pioneer Florence Tyson presented at the National Association for Music Therapy conference about individual “singing instruction as an evolutionary framework” in her work with psychiatric patients (Tyson, 1982, p. 5). She affirms Priestley’s belief that a “music therapy session devoted to singing instruction rarely resembles a singing ‘lesson’” (p. 10). She

commented on the complexities and paradoxes of offering therapeutic singing instruction to psychiatric patients. Having vocal instruction requires a person to be connected to and in their body, be present, centered, and grounded and to allow deep breathing, thereby letting down their defenses. Typical patterns of reduced respiration, muscular tension, and rigidity and reduced muscle strength due to symptoms of their mental illnesses might also hinder the person from having positive results. She noted that because singing requires breathing, and also because the body is connected with feelings, the “process of learning to sing can pose a direct threat to the individual’s defenses” (p. 11). What I found interesting was her use of the hum as a gentler, safer way to introduce the person’s voice to him/herself. Tyson intentionally used components of singing instruction to enable a person to experience new ways to connect with self, with others and with their world. She states that she is “concerned that the love of singing, which many adult psychiatric patients profess, be utilized effectively as a rehabilitative medium” (p. 7).

Gregory (2007), a Gestalt therapist and singing teacher, also talked about the therapeutic use of singing lessons. She wrote,

Singing is an integrating experience in which musical structures and composed text makes it possible for people to manage strong feelings. Therapeutically-oriented singing lessons provide a rich relational field between therapist and singer, who co-create ways to encounter both the satisfaction of skill mastery and the changes that occur through uncovering heretofore unexamined patterns of learning, expressing and interacting. (p. 80)

Gregory (2007) made an interesting observation that “vocal growth cannot be separated from personal growth” (p. 81). Newham (1998) discussed this, citing the teaching of Cornelius Reid who also believed that vocal instruction inevitably facilitates emotional growth.

Training process necessarily and unavoidably upsets both the physical and emotional equilibrium to which the student has become accustomed.... Is the “I” I think myself to be truly me?...correction of a vocal problem is equivalent to an attack on the student’s emotional core. (Reid, 1975, p. 13)

One of the methods that Newham (1998) uses is the “healing song” (p. 257). A person focuses on and touches a place of pain or disease, stroking it in a soothing fashion. The person is encouraged to use his/her voice to express words, sounds, and notes that emerge from the body. Instruments and arrangements can be added to this uniquely improvised song, which becomes a “container and a medicine for the sensations which instigated it” (p. 258). The person’s voice becomes the audible expression of his/her inner experience and allows the body experience to have a vocal and visible form of expression.

Research shows that our early relationship experiences with our mothers “creates the underlying patterns with which we listen, speak and sing throughout our lives” (Gregory, 2007, p. 85). She gives examples of how singing has positively impacted those living in traumatic situations by relaxing them and bringing them together in a shared experience, thereby offering individuals group support and group identity. She cited research from biology, neurology, and anthropology positing that singing may have biological roots (Attenborough, 2002). She concluded by saying that,

unstructured toning, rhythmic sounding and textual singing may all play a part in therapy, for whose effects we have been neurologically primed from infancy. Singing songs provides a way for people to safely release intense held energy while at the same time remaining in connection with each other. Using singing therapeutically is potentially growthful when engaged in with awareness. (Gregory, 2007, p. 89)

Sound Healing and Toning

Over the past 50 years, there have been numerous authors and sound healing practitioners who write about the power of sound, music, and singing for physiological, emotional, and spiritual healing. Many are musicians, while others use recorded music, chanting, and toning. In most of the books I read, very few were involved in active research of the connection of singing to healing and most of the books were how-to books for people who wanted to “heal themselves”

through music. Many cite anecdotal stories of people they had worked with who achieved positive effects through listening to and/or singing particular music, “prescribed” by the practitioner.

Gardner-Gordon (1993) cited the medical and scientific research of sound and vibration for medical healing over the past 90 years and makes the case that it is essential for our ear to receive sounds for our brain to process, for continued and optimal health. She wrote that “sound is a kind of food for the brain and the entire body” (p. 81), providing an example by French physician, psychologist, and auditory neurophysiologist, Dr. Tomatis, who was consulted by a French Benedictine monastery to help the monks recover their energy and cure their malaise and extreme fatigue. Until recently, the monks had maintained a vow of silence but had chanted for six to eight hours a day. A new abbot disallowed the chanting, thinking it to be a waste of time. Within a short time, the monks experienced disturbing symptoms of deep unfaltering fatigue and depression. Other medical interventions such as a change of diet and increased sleep provided no relief. Dr. Tomatis suggested they restore their daily chant routine, and within five months, the monks returned to full health and full energy. Tomatis is the founder of a listening method called the Tomatis© method, believing that the “voice can only reproduce what the ear can hear” (Gaynor, 1999, p. 92).

Most authors and practitioners of sound healing credit sound (whether listened to or introduced by the client) with enhancing the immune system, positively affecting brain function, eliciting a relaxation response, releasing emotions, integrating wholeness, and positively affecting the person who receptively or actively participates in the “sound healing” practice.

Bruscia (1998) discussed healing practices using music and sound as based in,

vibrational or sonic relationships between matter and energy, individual and universe, all of which are essentially physical or exterior in nature. A basic assumption is that as the

body comes in to harmony with the universe, the psyche and spirit follow, as all three are integrally related to one another energetically. (p. 201)

Scientists who have studied animal behavior know that animals are very sensitive to sound for navigation, safety, finding food, avoiding predators, and for maintaining social and communication connections. Gardner-Gordon (1993) stated, “it is safe to say that we are all vibrations, and every part of the body has its own vibration” (p. 83). Dr. Manners further posited, “each individual has his own different pattern, or collection of tones just as each individual has a unique shape. We can see from this that harmony is the secret of perfect health. Within the human body any deviation from this harmony would result in ill health” (Keyes, 1973, p. 99).

This is a key premise in the use of vibrational medicine. Gaynor wrote about vibrational sound as healing, as well as diverse ways that singing is used for healing. Joseph Moreno, music therapist and student of shamanic and ancient healing, sees modern day music therapy growing out of an ancient shamanic tradition of sound and healing. The shamanic model “restores our connections with our essence—the realm beyond our conscious awareness—and thus, with the cosmos” (Gaynor, 1999, p. 78). Theresa Schroder-Sheker, well known in the field of music thanatology, spoke of a person having a “blessed death” when someone is accompanied through the dying process by Chalice workers who chant and sing so that the body can be “freed from literal time, burdened time, to be replaced with eternity” (Gaynor, 1999, p. 91).

Many practitioners of sound healing and music therapists use toning. Keyes (1973) described toning as an “inner sonar massage” (p. 41). It is an organic and free expression of one’s voice, using pure open tones (humming, vocalizing, vowels) and sounds (sighing, groaning) to restore balance. Her initial organic experience of toning resulted in feelings of exhilaration, aliveness, wholeness, and extreme well-being. Toning is not singing per se, but does involve the same mechanisms, breathing and releasing of sound. “Tone is an underlying

force in our lives. It is the voice, not only of our thoughts, but primarily of our physical body” (Halpern & Savary, 1985, p. 72). Deak (1990) offered her own definition, “toning is the use of personal sound to change a particular state of being” (p. 2). Her single case study thesis focused on the physical, mental, and emotional responses of a person to toning. Deak (1990) offered her conclusions that “the investigation of the acoustical properties of vocal sound indicates there is a measurable vibratory effect which may affect the human cellular structure” (p. 67) and noted that this is an area for further study. She made further conjectures that toning can offer a therapeutic experience for someone through engaging the limbic system and the autonomic nervous system, which could result in pain reduction.

Toning is one of the techniques widely used by practitioners of sound healing. Jonathan Goldman is an author and sound-healing practitioner who extensively lectures, researches, and writes. He believes that each part of a person’s body (organ, bone, tissue) resonates with its own unique healthy energy or vibration (Goldman, 1997, p. 138). Disease causes the vibrations to change and be misaligned, thus the body feels dis-ease. Through toning the person’s healthy resonance, that part of the body can once again resonate freely and be healed. Goldman, a pioneer in the field of harmonics and founder of the Sound Healers Association, used specific and prescribed sounds and instruments, sacred chants and spiritual songs to effect individualized change and, in a similar way as Dr. Manners, introduced sounds that will “restore vibratory resonance that is out of harmony” (Goldman & Goldman, 2011, p. 18).

In addition to toning, Goldman used tuning forks, which are acoustic metal two-prong bars that vibrate and resonate, when struck, at a particular pure tone or frequency. Although originally created to assist musicians to tune acoustic instruments, sound healers intentionally resonate tuning fork frequencies to encourage a person’s body to entrain with a healing vibration

for some part of their physical, emotional, or spiritual energy system. Sound healers may duplicate that sound using their voice in what is called a “single-tone frequencies” (one note sung or played with repetition), asking a person to “tune into” himself or herself, matching that frequency and allowing his/her body to be at that vibration.

Harmonics and overtone toning or singing are also common tools used by a sound-healing practitioner. Harmonics are integral to every musical tone and give instruments and voice their unique sound qualities. Levitan (2006) explained it this way: “it is a property of objects in the world that they generally vibrate at several difference frequencies at once. Surprisingly, these other frequencies are often mathematically related to each other in a very similar way: as integer multiples of one another” (p. 42). It is this property of having more than one frequency per note that sound healers utilize with their voice. Goldman (1997) wrote extensively about the use of overtone singing in spiritual practices such as shamanism, the occult and Buddhism, as well as in the Tomatis© method and in various meditation practices.

Goldman stressed the importance of intention, defining it as the “energy behind the sound being created...the consciousness we have when we are making a sound” (Goldman, 1997, p. 138). He created the formula of “frequency + intent = healing” (Mason, 2006, p. 82). By the sound healer choosing and executing the appropriate resonance or frequency of sound with an intention to help guide the person toward restoring balance and health, healing can occur. Goldman and Goldman (2011) believe that “sound can heal the body, mind and spirit, as well as the emotions” (p. 1) and that “sound is a dynamic agent for shift and change” (p. 3), citing the fact that historically “music was not an art form, but a way of using energy and power to be respected and studied as a sacred science” (p. 16).

Goldman wrote more specifically about the use of voice in his own sound healing practice. “There is a long history in virtually every tradition of vocal sounds, chants, and toning that have been used for healing purposes...a person’s own voice can be an instrument of healing” (Mason, 2006, p. 83). Goldman (1997) stated, “the human voice is able to focus and project energy of intention during sound-making better than any other instrument” (p. 138), suggesting that we can use our own voice for resonating our own healing and that using our voice in this way brings us into the present moment. Intention can visualize the expected outcome, hold hope in our heart for a positive healing outcome, and is created with the breath.

Goldman’s (1988) view is that music is a holistic tool for therapy, and that sound can help the body become integrated through sounding its own healthy vibration. He also believes that it is critical that scientists, therapists, medical doctors, researchers, and musicians “work together with a unified purpose...to create therapists who can truly work with the enormous power and energy inherent in music” (p. 30). Music can help people improve their connections with each other and with community.

Vocal Improvisation and Vocal Psychotherapy

Vocal improvisation is a common technique and intervention used by music therapists in their clinical work. A Canadian study found that the technique of vocal improvisation enabled her participants to have greater “sense of connectedness with the inner self, with other singers and with what is referred to as spirit” (Sauve, 2004, p. ii). Sauve commented, “vocal improvisation is primarily a means of personal expression...from one’s inner world to the outer world...allowing the inner-self to become audible” (p. 25). Her findings centered on the relationships that were facilitated or formed by the use of vocal improvisation intrapersonally, interpersonally, and transpersonally, which affected the person mentally, emotionally, physically,

energetically, and spiritually. Other effects included well-being, connection to self and spirit, resolution and balance of emotions, fun, flow, beauty and love, and connection to environment (Sauve, 2004). Interestingly, Sauve found similar social benefits of participating together in vocal improvisation as had other authors studying the health benefits of singing together in a choir, which tended to be song-based singing (Bailey & Davidson, 2005; Clift & Hancox, 2001; Eyre, 2011; Tonneijck et al., 2008, von Lob et al., 2010). “As singing together in this context entails the sharing of one’s being with others, it appears to bring about a vulnerability which makes the process very intimate” (Sauve, 2004, p. 137). Sauve acknowledged that the results were very unique and personal to each individual, and were not always long-lasting. Persons with a variety of limitations or illnesses—physical, emotional, expressive, intra-personal, and inter-personal—use vocal improvisation to reduce stress and pain, to expand vocal and verbal expression, and to access inner resources for wellness and improved self-awareness.

Lisa Sokolov (1987) was the first music therapist I heard speak about the use of voice as a therapeutic intervention. In the late 1980s, she worked with adults with normal intelligence and verbal capability who chose to work on personal growth (p. 353) using vocal improvisation, verbal discussion and processing, imagery and imagic language (the language of our deeper mind, our knowing self), toning, touch (opening to feeling and inner sensation), breath, and tone. The body was the main instrument of sound. She identified various body parts that influenced and were related to abilities such as groundedness, ego strength, and creativity. She believed that “each body part carries its own imagery and messages” (p. 357). Improvising from the body part gave voice to that part and had potential to release the imagery and messages, thus providing increased awareness and connection to self. “The voice is regarded as the midpoint between the physical, emotional, intellectual and spiritual self” (p. 357).

Sokolov's influences come from her work as a singer/musician, composer, music therapist, and arts educator. Over her many years as a music therapist, she has now developed a five-stage method called Embodied VoiceWork, which she describes as a "practice of free, expressive, non-verbal, improvisational singing, which aims at the development of fuller human potential through the practice of attentiveness, an attitude of radical receptivity and listening" (Sokolov, 2012, p. 108). She emphasized the practice of deep phenomenological listening (p. 111), which informs us about our inner self and our body, through the music within our body. For Sokolov, "body" can mean the physical, energetic, emotional, imaginal, mental, and/or knowing (wisdom) body. Through vocal improvisation, the "invisible is made visible...revealing the energetic body...that transports us into other realms and other states of consciousness. Singing is the language of the soul" (p. 110).

Sokolov's approach aims to move a client toward wholeness and awareness through exploration of his/her voice in a warm-up that would include movement, sounding, and breathing. She likens our body to a house that has many rooms. We may only live in the attic (head), afraid to live in the rest of the rooms (body, heart, soul), and the aim of her voicework approach is to help the client to explore all the rooms, and choose to inhabit them all. From the initial stage of exploration, a second stage of awareness of oneself turns into release, "an unwinding that resolves an imbalance and brings the fourth stage of *new balance of strength and openness* to the organism" (Sokolov, 2012, p. 118) which in turn finally integrates the new piece into relationship with the whole. Her method is "informed by the science of sound" (p. 111), that includes the effect of resonance and reverberations between people and within a person's body, and the relationship of musical intervals. Sokolov describes the qualities that distinct intervals have and how they come to have meaning and effect for a person. For instance, the initial

interval from root to the octave and then the falling to the major seventh in the song, “Somewhere over the Rainbow,” represent the “fall from union with the ideal and the longing for reunion” (p. 112). Sokolov (1987) believes that, “the healing and learning of therapy takes place within the vocal improvisation itself” (p. 356).

Sokolov’s approach is predicated on the therapist being sensitive to all aspects of music, singing, and voice, and in attunement and relationship with the client in a very deep way. She considers Embodied VoiceWork a “therapeutic art, in which healing transpires within the structured mystery of music” (Sokolov, 2012, p. 119). Her method is used with clients in music therapy, artist education, and human potential work (Sokolov, 2009). Her underlying belief is that people will be drawn to find that place of re-connection (or reunion) with who they really are, through the transformative influence of vocal improvisation, breath, touch, and relationship.

Diane Austin is a music therapy pioneer in vocal improvisation. I first heard Austin present on the use of singing and voice for profound inner healing in the early 1990s. I was excited to finally hear a music therapist talk about voice as a primary therapeutic instrument, as there as no one else writing about voice in music therapy at the time.

The voice is a primary instrument in music therapy. It is the instrument we are born with, the body’s own voice. Yet there is an obvious lack of literature addressing the physical, emotional, psychological and spiritual benefits of using the voice and singing in therapy and the effectiveness of vocal interventions in music psychotherapy. (Austin, 2008, p. 19)

As with other pioneers in music therapy, Austin developed her vocal psychotherapy model from her own personal and professional influences. Vocal psychotherapy’s theoretical roots lie in Jungian psychology, object relations theory, and trauma theory. Austin’s experience as a jazz singer, Jungian client, voice teacher, and music therapist form her primary clinical influences. Intersubjectivity, addictions, 12-step program philosophy and psychodrama have added their resonances and techniques. Somatic experiencing (Levine, 1997) added “resourcing”

to the vocal psychotherapist's toolkit, supporting clients to find and/or create inner strengths and external resources and people in order to feel safe when in the depths of their wounds. Austin studied her own voice-based music psychotherapy practice in order to identify and articulate her model of music therapy. Using productive sampling, she chose three clients that were audiotaped and interviewed over ten months in therapy sessions. Interpretation of the themes and findings in the data identified the role of the therapist, the therapeutic process, need for therapist/researcher awareness, and increased therapist self-awareness.

The purpose of vocal psychotherapy is to "help people connect with their authentic selves. The heart of the work is about connection and integration and the ways in which voice work within a reparative relationship facilitates this process" (Austin, 2008, p. 131). Whereas Sokolov believes that the improvisation is where therapy and healing takes place, Austin would emphasize that the relationship between the therapist and client is key to the reparative process. "Like many depth psychologists, one of my core beliefs is that the relationship between the client and the therapist is the primary healing agent in psychotherapy" (p. 79). Austin also talks and trains about therapist counter-transference and the importance of using self in conscious ways.

Similar to Embodied VoiceWork, vocal psychotherapy focuses on the person's experience of being in their body and having a somatic experience. "Early on in therapy, my analyst told me that singing was a way for me to become embodied because it was a way to enter life that was aesthetically pleasing" (Austin, 2008, p. 60). Austin works primarily with adults who come to her with trauma and who desire to have the freedom to express. Many are creative arts therapists and psychotherapists themselves who have found limitations with verbal therapy. Her clients want to give voice to dissociated parts of themselves through a supported, safe, and

structured approach in order to increase awareness from having voiced what has previously been invisible and unknown.

The strength of Austin's vocal psychotherapy practice lies in her philosophical and clinical clarity in weaving depth psychology theories with voice as the primary instrument for therapy. Each intervention and step in the process has clear attention, purpose, and use. Austin intentionally utilizes the pre-verbal and non-verbal qualities of singing and the voice to offer her clients a somatic experience that often is not within the mind's control. Her belief is because the voice has been active since a person's birth, it can hold many memories and experiences that are released when the voice is activated in adulthood. Thus, vocal psychotherapy facilitates a powerful and effective use of singing for adult's personal healing, change, and transformation.

Singing for Wellness and Health

Oddy's research in 2001 explored vocal stigma and a singer's self-perception of what made them feel self-conscious when they sang. She wanted to learn how a singer perceived his or her own voice related to fear of expressing oneself, as well as what emotional and spiritual issues a person had related to singing, and to self-perception and whether it changed over time when a person sang in a non-judgmental, safe environment. Six people who were told as children they were not able to sing, but as adults expressed a desire to sing and be heard, attended a 6-session group workshop series dedicated to "rediscovering their voice through introspective singing" (Oddy, 2011, p. 83). The workshop was about "the discovery of self through the discovery of voice" (p. 59). A qualitative phenomenological, heuristic enquiry was conducted with the workshops being grounded in action-based research. Her theoretical approach was taken from music therapy theory (particularly Kenny's 1989 Field of Play), field theory, and theoretical thought in Gestalt therapy.

Oddy (2001) defined the authentic voice as “the voice of beauty...the voice which gives a truthful expression of who the singer is, and which allows truthful expression to emerge through the voice” (p. 28). This is in line with Salaman (1989) who commented, “the wish to sing is intimately bound up with the desire we all have to know and express ourselves” (p. 64). Cooke (1952) wrote, “the human voice is the only musical instrument with a heart, mind and soul” (p. 15).

Oddy (2001) chose seven clinical experiences to present to the participants within a safe, non-judgmental and accepting environment. She asked them to concentrate on participant sensations and offered them sequential experiences. First, an inner experience (breath) that transitioned to sighs and vocalizations (sensations within the body). Expanding to singing and chanting in a resonant space such as a stairwell, the participants then participated in an outdoor environment and finally, returned to the person’s inner world with an individual session with the therapist. This session utilized guided imagery, chanting, drumming, piano improvisation, and call and response to have the participants assess any differences they noticed between their initial experience and this fifth session. The sixth session was a final group session where summation and closure were addressed through songwriting and community building (Oddy, 2011).

Oddy (2011) differentiated between the “intangibles” and “tangibles” of singing. The tangibles refer to the parts of the body involved in vocal technique and the audible sounds made during singing. The intangibles refer to the emotional and spiritual aspects of singing as well as the person’s self-perception of their singing, which emanate from her own philosophical approach to music therapy, singing and voice instruction. She discusses three ways that authors consider the voice to be spiritual: through chanting, toning and singing as a means to engage in religious practice.

The results showed three primary themes: being judged by self and others, not being judged, and the discovery of singing as a channel for emotion and spirit (Oddy, 2011). Oddy summarized the results as follows,

When a voice is judged, fears are brought out in the singer that prevent him or her from using the voice and from enjoying the benefits that people can gain from signing. These are benefits such as feelings of wellbeing, feelings of community and awareness or expression of emotion and spirituality. When the voice is not judged, all of these benefits are accessible to the singer. When the singer allows himself or herself free reign to use the voice, he or she can become accepting of the authentic voice, the voice that contains the beauty of who that person is. (p. 101)

The participants identified past wounds of feeling judged, rejected, or inadequate as a person when their voice was criticized. Their response was to withdraw, not sing, and to “believe” the person who had judged them, especially if it was a significant adult such as a teacher or parent. Participants learned that there is no such thing as “singer vs. non-singer”—that we are all singers. This appeared to free them to participate more actively in the workshop. Changing attitudes included that a person’s voice does not have to be trained for them to be called a singer. Participants gained confidence during the workshop and felt they might join a casual singing group if there could be a guarantee not to be judged. All felt comfortable singing alone. All identified that singing brought them a feeling of wellbeing, emotionally and spiritually, especially when singing with others who were non-judgmental. In reflecting on her results, Oddy (2001) concluded that, “the field of vocal discovery points to acceptance of the authentic voice as an important goal of the singer. If the singer accepts the authentic voice, then the issues of being judged and not being judged no longer become important” (p. 114).

The Vocal Hello Space© Model

I am aware that all the readings and writings that have led me to this dissertation topic are building on my own model of practice that was borne out of my master’s degree research. My

original hello space model was influenced and inspired by the teachings in my spiritual practice (Summers, 1999) and by Kenny's (1989) *Field of Play* model. "The origin of *hello* was from a spiritual healing and teaching institute in Vancouver, BC, called the Leyline Centre for Spiritual Practice, a non-denominational spiritual community for people committed to personal growth and healing through expanded awareness of energetic presence" (Summers, 2011, p. 304). Hello space is a term that describes the spiritual communication space between people, their personal energy and creative spaces. "Saying *hello* to someone in a clinical context acknowledges the client's eternal inner spiritual radiance, inner beauty, and current inner wholeness and wellness – past the limitations and restrictions of the body, and past any assumptions and judgments" (Summers, 1999, p. 67). Giving and receiving a hello is healing for a person as it enables them to reclaim their connection to their essential self. "The *hello space* communicates acceptance, worthiness and love to each person" (Summers, 1999, p. 125).

The *vocal* hello space model in Figure 2.1 is a spiritually based model that is adapted from the original hello space model of practice. It articulates my music therapy work in hospice, but is also applicable to other clinical work and teaching (Summers, 2011, p. 302). The essential elements of this model of practice are the interactive and reciprocal hello space between therapist, client and the creative space, which includes music and voice. In Kenny's model, "the music therapist provides the conditions for the establishment of a musical space...which is a contained, intimate, aesthetic and sacred space in the relationship between the therapist and client" (1989, p. 79). My creative space is an energetic space that is formed with intentionally preparing the aesthetic space, in choosing the music, and by "saying hello to the now, the present and the spontaneous, and my own creative space – my musicianship, my spontaneity, my voice, my music" (Summers, 1999, p. 128).

In my model, the therapist gives and receives a hello to self as therapist, person and singer; to the client as person and as singer; to the creative space, including the music, and to the “music” of the hospice unit that day. This hello space acknowledges the present reality for each of the component parts of the music therapy session and in the unit.

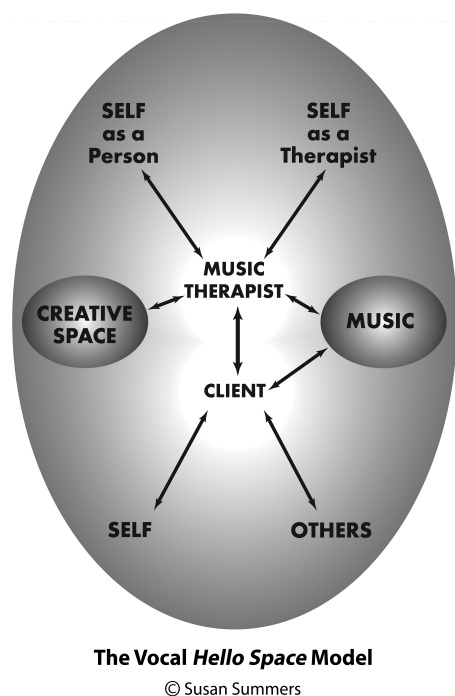


Figure 2.1. The vocal hello space© model.

The therapist has the most responsibility for initiating and maintaining the hello and the hello space in this dynamic therapeutic field. As a therapist and singer, I am acutely aware of saying hello and knowing my own emotions, physical state, and vocal health, as well as my connection with the song or improvisation I am singing, my therapeutic intention, and what is a real for me today. By offering vocal hellos to the client, I acknowledge him/her as a person with physical, social, emotional, and spiritual needs and strengths, and I also validate the person as a singer and musician, regardless of his/her skill level, training, or experience. I see and sing to the person’s inner wellness, despite physical and often cognitive illness. My intention is to provide

music and singing that is sensitive to the ambiance and sound environment in his/her room and in the unit, as sound travels easily and people who are in fragile states of health are particularly sound sensitive. This is one aspect of my hello to the creative space and acknowledges the hospice unit as another “patient” whose needs are considered in the music therapy session.

“My experience has shown me that voice is one of the most important tools in a music therapist’s toolkit for hospice work” (Summers, 2011, p. 310). Through the use of vocal interventions such as singing familiar songs, hymns and chants, vocal improvisation, toning, guided relaxation, breathing, vocal psychotherapy (vocal holding), a cappella singing, and energetic vocal healing techniques, the use of voice is central to healing and transformation. “Music is an energy system” (Kenny, 1996, p. 89). “The energetic space for a client in hospice care is liminal” (Summers, 2011, p. 311). Non-lyrical vocalization by a trained voice-based music therapist or vocal psychotherapist intuitively matches and joins this liminal space easily. When client cognition and physical expression is limited or non-existent, spiritual and emotional needs can be well supported with sensitively chosen vocal interventions.

Additional therapist skills include allowing and using emotion intentionally in the therapist’s voice, knowing how to vary timbre with the needs of the clients (for example, adding depth and resonance to one’s voice for grounding, using breathiness intentionally for relaxation), choosing appropriate and meaningful songs, and being attuned to the client’s inner needs. These experiences “re-affirm for me the power of music and of voice for healing, and the authenticity and abundance that can be experienced because of a simple *hello*” (Summers, 1999, p. 135). The hello space model is the center of my voicework practice, which gives opportunities for my clients and students to transform and change their lives through vocal healing.

Integration

Ironically and appropriately, this exploration of how music therapists, voice teachers, choral directors and sound healers use singing and voice for healing, change, and transformation, along with the deepening of my own understanding of my theoretical and philosophical roots, has led me “home” to my own model of practice, the vocal hello space model. Through interviewing music/vocal psychotherapists about their own singing journey through the use of the methodology of portraiture, I hope to contribute my unique voice to the important dialogue among professionals of how singing is a healing influence for change and transformation.

You must sing to be found, when found you must sing.
(Lee, 1990, p. 69)

Methodology

Introduction

I was interested in exploring how singing was a healing influence for change and transformation in people's lives and in particular with music/vocal psychotherapists. I believe that wholeness and wellness exists within each one of us, and can be revealed well through music and singing. Portraiture as a methodology is also wholistic, focusing on the goodness in people's behaviors, attitudes, and lives. Portraiture mirrors my worldview as well as the way I do music therapy. The methodology built on my natural strengths and was in alignment with the way I want to conduct research.

From the moment I heard about portraiture and witnessed it in a dissertation defense in 2010, I knew it was a perfect fit for the methodology for my own dissertation research. Coming into the doctoral program, I knew my strengths and alignment lay with qualitative research methodologies. As I learned more about ethnography, narrative enquiry, arts-based enquiry, phenomenology, and grounded theory, I would test my research interest and how it might be best served using one of the qualitative methods. I kept returning to portraiture as my methodology of choice, recognizing that it is a combination of phenomenology and ethnography.

Portraiture

Portraiture combines both art and science in an attempt to articulate the "complexities, dynamics and subtleties of human experience and organizational life. Portraitists seek to record and interpret the perspectives and experience of the people they are studying, documenting their voices and their visions—their authority, knowledge, and wisdom" (Lightfoot-Lawrence & Davis, 1997, p. xv). The researcher is integrally involved with every aspect of the study, and the lines between participant and researcher are not always separate or distinct. The researcher takes

the dialogue and stories, and weaves them together in an aesthetic whole narrative that resonates with the participant's experience of himself or herself as a whole entity... "to allow the research portrait to achieve through narrative what is so readily accomplished in drawing by the child: the sensing of the universal in the particular" (p. 80).

Portraiture was an excellent fit with this research and with our practice as music therapists and vocal psychotherapists as one of Sarah Lawrence-Lightfoot's main tenets is voice. Lawrence-Lightfoot uses her concept of voice to enable the portraitist to be a witness to the story, attempt to make sense of and interpret the data, be mindful of her assumptions and autobiography that is relevant to the participant's story, while she listens for the participant's "voices" in dialogue. Portraiture embraces resonance, the aesthetic whole, empathic regard, the search for goodness and meaning, and the importance of relationship, dialogue, and listening. Lawrence-Lightfoot and Davis (1997) likened portraiture to the image/metaphor of a tapestry being woven. Ironically, I also used a tapestry as a metaphor for my master's thesis research. As Lawrence-Lightfoot and Davis explained:

In portraiture, the voice of the researcher is everywhere: in the assumptions, preoccupations, and framework she brings to the enquiry; in the questions she asks; in the data she gathers; in the choice of stories she tells; in the language, cadence, and rhythm of her narrative. Voice is the research instrument, echoing the self (or the "soul", as Oscar Wilde would put it) of the portraitist—her eyes, her ears, her insights, her style, and her aesthetic. (p. 85)

My doctoral research built on my master's research and my hello space model of practice. The hello space model is one of deep beingness and wholeness—between therapist, client, music, and the creative space. It has a depth of internal, external, and intuitive communication and relationship. A good interview, set of observations, and subsequent portrait is possible when the portraitist is also accessing her own best communication and relationship skills.

Portraiture blends art and science elegantly, and nourishes my need for variety and creativity. Portraiture provides a creative, non-linear, empowering, and narrative form that leaves space for a researcher to create something new that is truly an artistic creation. “Portraiture is a method of inquiry that shares some of the features of case study, narrative, phenomenological and ethnographic approaches. Portraiture emphasizes the ongoing dialectic between process (collecting and interpreting data) and product (the portrait)” (Carroll, 2007, p. 151). Because I spoke with the participants about their experiences as a singer and of how singing had been healing for them in their lives, I knew that a narrative, phenomenological, ethnographic, and contextual approach would bring out the best in their story.

Portraits tell a person’s story. Kenny shared this profound statement with us in our last doctoral residency in Santa Barbara, “stories are the beginning of change” (personal communication, May 17, 2012). If this is true (and I believe it can be) then methodologies that support the invitation for, the listening to, and the telling of a person’s story promote and make possible transformation and change. Dixson, Chapman, and Hill (2005) spoke of portraiture “dismantling the notion that the researcher is the only knower and expert on the lives and experiences of the participants” (p. 17). It is important to me that the methodology I chose included elements of humility and equality between researcher and participant.

A fourth reason I chose portraiture was its emphasis on meaning making. What a participant shares with a portraitist and how she interprets that story and creates the portrait will depend on how the portraitist derives meaning from the story. Kammann (2003) wrote, “rather than attempting to describe the theoretical patterns of a particular style of meaning-making, portraiture tells stories that illustrate how a person made meaning in different situations/contexts” (p. 11). Because I have my own experience of singing as a healing, transformational and change

influence in my life, I have my own meaning and interpretations of the experience. For my research, I was interested in how others have made meaning from their singing experience in their lives, and to see what emergent themes would be brought forth.

Portraiture requires the researcher to have strong interpersonal skills, be a good listener, be curious about human behavior, and enjoy talking with people. Dixon (2005) commented that her training as a jazz musician made her a better researcher because she had to “listen for a story rather than listening to a story” (p. 131). I know my years of musical training and my music therapy clinical work have gifted me with abilities to intuitively tune in and know when to come in, when to stay silent and just listen, and when to allow someone to “solo”—to support someone’s voice or instrument to be heard above everyone else. Throughout my doctoral studies, I learned that I enjoyed and had natural abilities with conversation, dialogue, and interview-based approaches, likely stemming from my many years as a therapist and teacher, and also as a musician and singer. I found I had an ability to establish immediate safety and rapport and was easily able to invite people to share about their lives—to tell their stories.

A sixth reason I was attracted to portraiture was its emphasis on “goodness” and the empowerment of participants to give their own definition of goodness. A portraitist searches for meaning in the goodness of people and their circumstances. “It is an intentionally generous and eclectic process that begins by searching for what is good and healthy and assumes that the expression of goodness will always be laced with imperfections” (Lawrence-Lightfoot & Davis, 1997, p. 9). Portraiture allows for the participant’s definition of “goodness” or in the case of my research, “healing.” As “healing” can be experienced in many ways (physically, emotionally, psychologically, and spiritually), I wanted to offer my participants their own way of talking about it, rather than define it for them.

Not only do portraits seek to capture the origins and expression of goodness, they are also concerned with documenting how the subjects or actors in the setting define goodness. The portraitist does not impose her definition of “good” on the inquiry, or assume that there is a singular definition shared by all. (Lawrence-Lightfoot & Davis, 1997, p. 9)

That voice as one of Lawrence-Lightfoot and Davis’ (1997) five aspects was another reason that this methodology was a natural fit. “Portraitists seek to record and interpret the perspectives and experience of the people they are studying, documenting their voices and their visions—their authority, knowledge and wisdom” (p. xv). Because I interviewed music vocal psychotherapists about the healing and transformative influence of singing in their lives, I wanted an approach that honored each person’s individuality and unique experience, as a person’s singing voice is unique.

Carroll (2007) described how voice may be viewed in portraiture. Voice “refers to the many ways of knowing...as a metaphor for authority and empowerment...and it refers to the researcher’s role in the inquiry” (p. 152). It was meaningful for my research interest that this methodology gave equal emphasis to the researcher’s voice as it did to the participant’s voice.

Another aspect of portraiture is relationship. My life work has been all about relationship: relationship with my students and clients; my teachers and mentors; my mind, heart, body, and spirit; growth and healing; friends, colleagues, and those in my world; and my relationship with music and singing. I have witnessed people’s relationship with themselves change when they sing. The participants in this study and I already have relationships from being together during the two years in our vocal psychotherapy intensive program. We are all music therapists, singers and vocal psychotherapists, and some of us share other roles in our community (instructor, board member, colleague, friend, choir colleague). This research was an opportunity to use the strong foundation of our current relationship and deepen it with this research.

Portraits are constructed, shaped, and drawn through the development of relationships...it is through relationships between the portraitist and the actors that access is sought and given, connections made, trust built, intimacy negotiated, data collected, and knowledge constructed. Relationships are never static – they are dynamic, evolving and fluid. (Lawrence-Lightfoot & Davis, 1997, p. 135)

I appreciated that portraiture offered creative options as to how a portrait is created and the story told. Some researchers have expressed their research through jazz and song lyrics (Dixson, 2005), others through poetry (Hill, 2005) but many share their results through narrative and story, as Lawrence-Lightfoot does. Merrill (2009) makes the argument that portraiture can be “described as arts-based research” (p. 44). Austin and Forinash (2005) stated, “the arts play a primary role in any or all of the steps of the research method” (p. 458).

One final reason I chose portraiture for my methodology lies in this sentence. “In constructing the aesthetic whole, the portraitist seeks a portrayal that is believable...that causes that ‘click of recognition’...we refer to this experience as *resonance*, and we see the standard as one of authenticity” (Lawrence-Lightfoot & Davis, 1997, p. 247). Resonance and authenticity are two values that completely define my life, my work, and my spirituality. While singing with others, one can experience a resonance with the song, the melody, the harmony, the timbre of voices together, and the experience and clarity, beauty, and connection. When singing with one’s “real voice,” authenticity is available.

A Philosophical Lens

Phenomenology studies human experience as a whole—studying its being in the world—rather than dissecting the experience into fragments (Fornish & Grocke, 2005, p. 321).

Portraiture is “framed by the phenomenological lens, which seeks to illuminate the complex dimensions of goodness” (Lawrence-Lightfoot & Davis, 1997, p. xvi). Portraiture’s roots in phenomenology and ethnography are “designed to capture the richness, complexity and

dimensionality of human experience in social and cultural context, conveying the perspectives of the people who are negotiating those experiences” (Lawrence-Lightfoot & Davis, 1997, p. 3).

The drawing of the portrait is placed in social and cultural context and shaped through dialogue between the portraitist and the subject, each one negotiating the discourse and shaping the evolving image. The relationship between the two is rich with meaning and resonance and becomes the arena for navigating the empirical, aesthetic, and ethical dimensions of authentic and compelling narrative. (Lawrence-Lightfoot & Davis, 1997, p. xv)

Phenomenology as a philosophy is common to all my work settings and to the way I do music therapy. My music therapy practice has been influenced by my direct, lived experience in all my life arenas: personal, professional, musically, spiritually, and community. Each lived experience informs me about what I am seeing or sensing (visually, aurally or intuitively) in the behaviour of my client or student. “For music therapists, the connection to direct experience is fundamental. In a sense we must be doing, or at least vividly remembering, music therapy experience while designing philosophy and theory...we play a duet of music and the person” (Kenny, 1989, p. 47). The phenomenological approach is also the underpinning for my research as I explored what is ineffable and difficult to quantify or articulate, listened to the direct experience of music psychotherapists/singers, and attempted to find articulated meaning in how singing has been a healing influence for personal change and transformation. Singing is a physical, emotional, spiritual, and energetic activity. Its effects and its impact can be felt, observed and heard. Phenomenology seems to be a natural way of studying a healing singing experience. “One uses a phenomenological approach when one wishes to understand, to gain access to the meaning of human phenomena as expressed through an individual” (Bentz & Shapiro, 1998, p. 98). A phenomenological researcher uses empathy to understand the experience of the person through data gathering tools such as self-reflection, interviews, writings or artistic expression (Forinash & Grocke, 2005).

Van Manen (2011) articulated three ways in which phenomenology contributes to practice: knowledge as text, knowledge as participation, and personal knowing. The latter two are most relevant to my philosophical viewpoint. “Phenomenology is the active and reflective participation in meaning” (para 3). Van Manen’s emphasis in phenomenological reflection is the “achievement of personal, formative knowledge...that enhances our perceptiveness, contributes to our sense of tact in human relations, and provides us with forms of understanding that are embodied, situational, relational and enactive” (para. 4).

Van Manen (1997) observed the conversational interview “explores and gathers experiential narrative material that may serve as a resource for developing a richer and deeper understanding of a human phenomenon” and, further, that the interview “develops a conversational relation with an interviewee about the meaning of an experience” (p. 66). Bentz and Shapiro (1998) articulated that the “researcher is regarded as the co-creator of the transcribed narrative, generated through interviewing” (p. 99). Davis “emphasizes the ongoing dialectic between process and product that is emblematic of portraiture” (Lawrence-Lightfoot & Davis, 1997, p. xvii). Phenomenology maintains that “reality is constructed by experiences...and research examines reality through our shared experiences with others” (Fornish & Grocke, 2005, p. 325).

Ethnography contributed a methodological approach for portraiture. “Ethnography is a scholarly approach to the study of culture as lived, experienced, and expressed by a person or a group of people” (Stige, 2005, p. 392). The portraitist believes that “human experience has meaning in a particular social, cultural and historical context” (Lawrence-Lightfoot & Davis, 1997, p. 43). Ethnography strives to answer questions about human experience or behaviour within the context of their society, community, or group. Ethnographic researchers may

participate or live in the culture, and will document their experiences with the use of methods such as participant observation, interviews and field notes.

Context is one of portraiture's five essential aspects. Context helps the researcher to understand the participant's perspective as well as his/her own interpretation of their behavior and is the setting for the experience and action of the participant. "Portraitists view human experience as being framed and shaped by the setting" (Lawrence-Lightfoot & Davis, 1997, p. 41). Portraits are framed by the internal context of physical geography, demography, sensory details, and neighbourhood, in order that the reader feels like he/she is actually seeing, hearing and feeling the setting. The researcher's context is important to articulate so that the reader understands the stance and perspective of the researcher's lens and can better interpret for himself/herself what she is reading. The portraitist uses the aesthetic context of metaphor and symbols to "capture the reader's attention, call up powerful associations, and resonate through the rest of the piece" (p. 55). Because a participant's context can change during observation or interview, the portraitist pays close attention and documents such changes, taking the reader along for the journey.

Research Questions

My research questions were:

- What is the experience of singing as a healing influence in change and transformation?
- How is singing healing?
- How can healing happen through singing?
- How can singing contribute to personal change and transformation?

Participant Selection

I explored my research questions with those who consider themselves to be “singers” and who have the willingness and ability to articulate their inner journey of healing and growing self-awareness through singing. Because music therapists are trained as reflective practitioners and those who are vocal psychotherapeutically trained have an even richer understanding of the subtleties, impact, and power of vocal and singing, I found that their responses gave me the depth of understanding that I sought in this purposeful sample.

A specific criterion for the participants in this study was that they were accredited music therapists who had also trained in Austin’s Vocal Psychotherapy model. I chose to interview five of the participants who were students of the 11-person cohort of the Vancouver Vocal Psychotherapy Institute program between 2010-2012 with Dr. Diane Austin, music therapist and vocal psychotherapist. I also was in that cohort as coordinator and student.

The participants I interviewed were Canadian women, four from British Columbia and one from Ontario; four are Caucasian, and one is Caribbean-Canadian. They range in age from 30 to 62 years. Each participant chose her own pseudonym.

Data Collection, Analysis, and Interpretation

Although the research was one two-hour interview with each person, my long and deep history with each person and with the music therapy community in British Columbia and Canada was also a part of the research process every step of the way. I have been a music therapist for over 25 years and initiated the development of the vocal psychotherapy community in Canada for the past six years. I have taught voice and singing to music therapy students for 16 years and have been a part of singing groups, bands, and choirs throughout my life. I have witnessed the

effects that singing can have with people, and have been eager for 20 years to find out more about how others view singing as a healing, change, and transformative influence in their lives.

From this context, data were collected through one recorded narrative interview, researcher observations, and heuristic awareness. The researcher interacted verbally and sometimes vocally with the participants. Each participant interview was recorded by the researcher and transcribed by a professional service. The researcher observations and awareness were documented in narrative text.

Data analysis was done in accordance with portraiture methodology: context, voice, relationship, thematic analysis, and emergent themes that reflected an aesthetic whole.

Each individual was invited to create her own “vocal portrait” through singing after the verbal interview. The vocal portrait was unique to each individual participant and involved singing songs, toning, and/or vocal improvisation. Each vocal portrait was an audible vocal expression of the individual’s narrative story and will not serve as data.

Ethical Considerations

I submitted an ethics application to the Institutional Review Board that was approved. It was required that the participants sign an informed consent form. The main ethical issue was my dual role. I had been a fellow student and coordinator of the Vancouver Vocal Psychotherapy program, which has afforded me the experience and knowledge of sharing my participant’s lives and inner journey. Because of experiencing this intimate and intensive training experience through the sharing of our voices, our stories and our vulnerabilities, my interviewees and I are well known to each other and have established trusting relationships. Some of the participants are personal friends, colleagues, and former students. Because I have a personal relationship

with my participants, this may have changed the dynamics of the researcher-participant relationship.

I considered both disabling and enabling bias (Gadamer, 2004).

bias or prejudice is always defined negatively as something that interferes with, prevents, or inhibits having true, genuine knowledge. However, it is precisely this understanding of method and prejudice that is severely criticized by advocates of philosophical hermeneutics. For example, Gadamer's critique of the Cartesian notion of method as providing a sure path to knowledge is based in large part on a rehabilitation of the word 'Prejudice.' Building on the work of Heidegger, Gadamer argued that prejudice ('prejudgment') can be neither eliminated nor set aside, for it is an inescapable condition of being and knowing. In fact, our understanding of our selves and our world depends upon having prejudgment. What we must do in order to achieve understanding is to reflect on prejudice (prejudgment) and distinguish enabling from disabling prejudice. (Schwandt, 2007, p. 21)

I was also aware that by the very nature of portraiture and in talking about personal awareness and process, there was potential for emotional and psychological issues to be brought up and felt. Should the participants require further psychological or emotional support, I know that many of them already have their own therapists who will provide that support. For anyone who does not have her own therapist, I was prepared to make available an appropriate referral to a local psychotherapist or counsellor.

Researcher Process

Within the music therapy community in British Columbia, I hold multiple roles of clinician, instructor, supervisor, board member, and colleague. I am very familiar with navigating different roles and relationships, as many of my students and interns become my colleagues shortly after they graduate, and then we may become fellow board members or co-committee members in the professional association. In this study, I also held multiple roles. Being the researcher interfaced with being my participants' former instructor, former supervisor, former board member, current colleague, fellow singer, and fellow student in the vocal

psychotherapy training. I found the boundary of being researcher was easier to hold because we all have completed the vocal psychotherapy training and the main relationship I had now with the participants was colleague and fellow singer in a small ensemble.

Because I share many contexts with my participants and have known them for many years through these contexts, I believe it made my interviewing experience easier. I knew some of their historical story, knew of their current music therapy context and often knew of current issues and life challenges, which helped me empathize and understand their responses. I am very familiar with observing, assessing and talking with people, because of being a teacher and a therapist for over 25 years. Interviewing in this study was a slightly more formal process, but once I initiated the first question, the rest of the interview felt very similar to my teaching context that requires me to hold a personal and professional boundary, discerning what I share and what I hold to myself, and the timing for each. One of my strong values in teaching is to be honest, open, and authentic. I found the same value held in doing research, especially within the methodology of portraiture, which requires the researcher's voice to be present. In terms of values, who I am as a researcher does not differ from who I am as a person, therapist, instructor, and friend.

Because of my many years of experience of changing roles often within my community, I have had to learn how to know my own boundaries energetically, emotionally, and physically, so that I know who I am at any given moment, know what my role or purpose is with the person I am with, and then interact with them appropriately. My spiritual practice has helped me learn the tools of creating and maintaining energetic and emotional boundaries, knowing myself and maintaining connection to me. The four research questions I asked each person contributed to keeping me grounded in the research rather than meet, match, and support the person as I would

if I were in a therapist role. Keeping my mind focused on the healing influence of singing helped me focus on what I was listening for and what my response might be as a researcher.

One small challenge I found with the dual roles was my response in the interview and my writing of the portrait when I intuitively could hear in their story a connection that was unconscious to the participant. My dilemma was whether to bring this to their attention or allow them to continue telling their story without this awareness. When writing the portraits, other connections surfaced and I faced the same decision. I noticed common threads and had to reflect whether I was noticing this in my researcher role or in my therapist role. Having advisors reading my work and offering their feedback enabled this process to be transparent for me.

I had an interesting experience when I was writing each portrait. I felt as I was living in their lives for that time: feeling their feelings, resonating with their experiences, and accompanying them on their journey. I was consciously aware that I wanted to represent their words and life experiences accurately and with sensitivity.

The process by which I interpreted the data was an interesting one for me. Distilling from the broader data of the transcripts from the interviews to the portraits allowed me to begin to recognize common themes that were emerging from the data. As I re-read the written portraits, I realized I had made an assumption that singing had been a significant part of the participant's lives, which I know to be true in part because of my long-standing relationship with each person. As I read through the portraits a second time, I color coded quotes according to themes and importance, immersing myself once more in the participant's lives and in the data. I then merged all the color-coded quotes into one document, which ended up with 12 themes: early influences, recognition and acknowledgement, performance, spirituality and intuition, confidence, identity,

change and transformation, healing, being a woman, building community, emotional blocks, and hospice and end of life work.

In discussion with my dissertation chair, I extracted healing, change, and transformation from the other themes, since I had asked direct questions to the participants about how singing had been healing for them and how singing had contributed to their personal change and transformation. Healing, change, and transformation became the first concept that I reflected and wrote about in Chapter V. As I continued to reflect and incubate my thoughts and feelings about the other themes, some of them started to naturally collapse into and merge with each other. There were three more times of selection and distilling before the other five concepts were finalized: identity, spirituality, community, and to complete the interpretation, I decided to write an aesthetic whole of Chapter V that included meaning and integration.

Conclusion

I am grateful to have found a research methodology that has meaning and resonance with my values and experience, that was arts-based, creative, and relational, and which tells the stories of people's goodness. Portraiture has allowed me as a beginning researcher to bring my authentic self and contribute my best qualities, attributes, and skills to create and share portraits that illuminate the participant's stories of how singing has been a healing influence for change and transformative in their lives.

Findings

Introduction

I interviewed and observed four of the five participants at their homes in an environment that was familiar and comfortable for them. Due to distance, one interview was conducted by Skype. All five of my participants were music therapists and were also vocal psychotherapy colleagues. Having the common experience of the vocal psychotherapy training meant that we had shared intimate details of our lives, taken risks, showed vulnerability, and had built trust with each other over many years. Some of us had been on professional association boards together, served on committees, and worked together. I knew two of the participants in my role as educator at the university and one as a former intern at my clinical site. These integrated relationships allowed the interviews to start at a deeper level that generated very rich information.

Although I initially was uncertain whether my dual roles as colleague and researcher would impact the interviews, I did not feel any difficulty nor did any of my participants comment on this. The interviews felt comfortable and over the next days after they were finished, I heard positive reflections and gratitude from the participants about the process and the opportunity to be involved in this research study. Many of them found the interview process to be very healing by virtue of their reflections of their life journey with their voice and singing. Most of the participants gained new awareness and commented that the interviews “came at a good time” in their lives.

Throughout the portraits, I will refer to “toning.” Defined and explained by Keyes (1973), toning is a non-directed and non-structured vocal sounding that emanates from within. Toning includes vocalizing, chanting, rhythmic sound and all forms of making sound including sighing.

Two of my participants chose to do toning within their vocal portrait, and also commented about toning being a part of their meditation or singing practice.

The headings for some of the portraits emanate from the five elements of portraiture: context, relationship, voice, beauty/good, and an aesthetic whole. Most portraits begin with a context that defines the interview location, setting, and tone of the interview. I discuss the relationship and context between the participant and myself. I acknowledge and encourage their voice to be heard through their stories, memories, awarenesses, and with their vocal portrait. Each portrait has unique emergent themes and an aesthetic whole at the end. In the aesthetic whole, I reiterate themes, give them context, and try to capture emotional tone and insight, in order to “develop a narrative that both informs and inspires” (Lawrence-Lightfoot & Davis, 1997, p. 259). My purpose in writing the aesthetic whole is to identify the resonance I heard and felt with each person’s story and with my own story. At the end of each portrait is their vocal portrait. Each person chose a song, improvisation or toning experience to offer a vocal expression of her narrative story. It is my privilege and honor to introduce you to the five women who have generously shared their portrait and their vocal portrait.

Claire’s Portrait

Setting the tone. It was a bright, sunshiny morning on the Canadian Thanksgiving long weekend and the weather was glorious. The sunshine illuminated and highlighted the beautiful colored trees with fading grass and evergreen trees that had marked this particular fall. Because Claire has a family who would normally be home at the time of our interview, she had arranged for her husband to take the children out, so that the space and time would be completely ours. Claire is a music therapist who works in her home studio with children with autistic spectrum disorders. As I tried to open the latch for the very tall gate with, I contemplate that Claire’s tiny

clients would definitely need an adult with them to come to their sessions. I felt as if I was one of Claire's clients, coming to learn and grow.

Although Claire and I had been together many times in many roles (singers, students, instructors, and committee members), I felt a little nervous, with never having interacted with Claire in this way before. I wondered whether I was going to be able to ask the questions in the way that would elicit the responses that were held inside her story.

Claire greeted me warmly, gave me a hug and a smile of welcome and asked if I would like tea. She was dressed in blue capris with a light brown hoody and no shoes. She recently had lost much weight and runs many kilometers a day. I again notice this change in her physical appearance and how it resonates well with her. Her auburn naturally curly hair hangs loose. Claire looks relaxed, even though she tells me she is exhausted due to her daughter's birthday party.

As a teacher of energy awareness, I am also aware of the importance of setting the energetic space, clearing out any distracting energies, and owning the space for my interview. I invite Claire to tone with me so that we can make the transition to the interview space. She willingly agrees, closes her eyes and rests her hands in her lap, in a meditative-like stance. We are both familiar with toning from our vocal psychotherapy training as well as our from own vocal instruction practice.

I verbally guide her through an induction of breathing and sighing deeply, tuning into self and into the beauty of the day, releasing what is ready to be let go, reflecting, "as we release the breath, let's release the day." I hear her breathe in and out, with a deep sigh. We breathe together. I hear the gurgling of the water in the fish tank, and it somehow provides the perfect natural serenity for this meditation. "Accept the breath as support, as nourishment, as beauty, as love."

I guide us to become aware of each other, and then invite tones to come forth as a way of grounding our bodies and being in relationship with each other. Claire sighs heavily and welcomes this vocal toning as a way of centering herself, as she says she felt “fluttered.” For three minutes, we tone together with eyes closed, focusing on our breathing and inner state of emotional, energetic and physical being while connected with each other through vocal improvisation, breath, and sound. We start when we feel drawn to—we finish when we feel done.

Musical influences. Although I knew many parts of Claire’s personal story, I ask her to tell me in her own words and in her own way how it was that singing became a significant part of her life. She surprises me by commenting, “singing was not something that my parents did in my house, except at church with hymns”. Claire muses that her Dad was “not really interested in music at all—did not put on music at home and did not sing.” Claire credits the development of her musical skills completely to her mom, as she enrolled both Claire and her sister in all the music programs available in their small Alberta city: piano lessons, musical theatre, voice, speech, and choir. She explains that her parents had separate finances, and so her mom paid for and supported the “extras” for her two daughters while Claire’s dad paid for the basic and essential costs of living.

Claire’s Mom loved her daughter’s voice and took on the task of teaching and coaching her for the local Kiwanis music festival vocal class. When Claire won the class, she attracted the attention of the eminent vocal coach in town, who became her first voice teacher for many years. Claire remembers that her teacher was “very, very, very strict and disciplined” and would yell at the other students and make them cry. Claire made an important choice at this point in her life that set the stage for her future relationships with voice teachers, conductors and coaches.

She never yelled at me because I always did what she wanted me to do - we didn't want and didn't dare deal with the consequences...so every single vocal coach I've had in the

meantime has been a pushover compared to her. So it actually worked in a way to my benefit because now each and any director or vocal coach who asks something of me, I'm very willing to give it. And then we have a softer relationship together. So it's very validating and I never find anybody else hard or difficult because of my first experience with her.

About her experience with her first teacher, she goes on, "it really built up my reserve, I think...my character, but yet it wasn't traumatic directly to me so I could be on the peripheral a little bit, observing what the process was and how I needed to put myself in that process."

What I heard Claire saying was at the age of seven, she had learned several important lessons that would serve her well with her future mentors and teachers. She was consciously receptive to all learning, acknowledging the teacher's knowledge and wisdom and was therefore able to develop a "softer relationship" with them. She was a keen witness to the process and was able to figure out how to put herself *into* that process in the most optimal way for her benefit. She acknowledged that she had to develop a "reserve" early in life, so that others who followed her first teacher were a "pushover" by comparison. I noted that Claire was also willing to embrace and go with the opportunity that presented itself to her in that moment, and this became a theme for many other decisions in her life.

Claire continues her story. She continued to take piano and voice lessons throughout high school, completing Grade X voice and piano. She and her sister both entered the university program in music, her sister in performance and Claire eventually in music therapy, which surprised their parents. Claire laughs when she remembers the conversation:

When my sister and I both went into music related careers, my parents were surprised. You know - that was supposed to be just a hobby! We said: what you mean? We don't know how to do anything else. We don't have any other skills. That's what we did five days a week after school.

Claire and her sister entered university as piano majors. Claire watched her sister practice diligently eight hours a day and knew in her heart that she herself was "much too lazy, not as

committed and never liked practicing—not ever.” I can completely relate to her sentiments. I, too, took piano lessons throughout my school and although I enjoyed playing the piano and I enjoyed learning at the lessons, I never liked the hours of practice that were demanded for an advanced degree and a performing musician. Hence, my decision was not to enter a university music program. Claire had a similar strategy to me in her practice time. During home practice hour, she would literally bide her time, taking a Bach Prelude and Fugue book and “sight-reading it from the beginning to the end so that she could tell her mom that her hour was up.” Claire knew that music performance was not a career direction for her.

Music therapy and vocal psychotherapy. Claire’s journey to music therapy was similar to how she has come to many of her “major milestone changes” in life: through someone else’s suggestion and the opportunity availing itself to her. She believes that everybody has a “connector person.” For Claire, this was her sister, who suggested music therapy to her as a career.

I usually jump in feet first and have no idea what it's all about. I didn't know what music therapy was all about, and I leapt into that. I had never seen a music therapy session. My sister suggested music therapy to me and I said “sure, sounds good.” Because I just trust that I am making the right decision. And that I’m creating uninformed intent and that somehow it all works out. I have been able to trust myself over my life to just go for it.

This feels like an important realization in Claire’s life. She trusts herself and chooses to say yes to opportunities, education, experiences, and people as they present themselves to her, often without her actually knowing much about them. What I intuitively hear in this is her self-awareness, self-confidence, and strong inner resources and resilience. She also envisions that her choices will be successful, even if they may have initial “uninformed intent.”

Another important decision occurred because of her awareness of her place in the family. Claire observed that her sister was the pianist in the family (and has gone on to be a concert

pianist and piano teacher) and wanting to create a niche for herself, Claire switched from piano to voice as her major instrument. She recognized that she needed “an outlet somewhere but not with piano as my main focus.” She reflects about her decision recognizing that, “in my family, my sister was the first born and the good girl. So that niche was filled. I had to be the rebellious one. My sister was the pianist (and I was too) but when she filled that niche, somehow I focused a little bit more on the voice. And as I got older I focused on the voice side of things.”

Claire did well in the music therapy program, learning to “improvise and express myself with my music” and continuing to explore her voice. Upon graduation, she established a successful music therapy private practice in her home community, specializing in working with children with autism. She soon discovered that she needed to use her voice by necessity, as she could not connect with the children with a guitar in between she and them. “I can't connect with them unless I'm touching their bodies to ground them so now my hands are busy, what do I have left? I have my instrument in my voice. So it became a natural—the more I tried it out, the more I realized that I was connecting with the kids by using my voice.”

When a voice instructor position came up at the university in the music therapy program, Claire applied. She thought, “destiny is leading me on this path. So it seemed natural to apply for the position and I once again I knew I was going to get the job.” Claire recognizes now that her teaching helps her concretize how she uses voice in her clinical work because she has to explain what it is she does to the students in a way they can understand and use.

A final stop on Claire's vocal journey was her participation in the vocal psychotherapy training, from which she recently graduated and can now call herself a vocal psychotherapist. As I was the main impetus for her joining the program, I became her “connector person” to her next step.

Her inner mother voice. Family and significant adults have helped to shape my values and identity as a person and as a musician and singer. Claire’s mom was her first “connector” and a major support for her as she discovered her musical talent, taking piano lessons, and being heavily involved in choirs in her hometown. With voice, Claire knew throughout her childhood that her mother had very definite opinions and judgments about other’s voices and she realized as she joined the women’s choir as an adult, that her vocal experience had been very narrow. She explains:

My mother had a very limited range of what she thought sounded good vocally that permeated through to me. I never realized until I joined the choir that I had (and still do, though it's getting better) a very limited acceptance of what sounds good. The classical voice sounds good - the folk voice doesn't sound good.

And that was my mother through me. As a child, when my mother would listen - I would hear what my mother would say about singers: “Oh I don’t like her voice, it’s an ugly voice.” And she would be very harsh about her judgment. I had only been exposed to classical singers. Joining the choir was a huge shift for me because suddenly I was with country and folk and lounge singers and cruise ship singers. You get that in music therapy, but that's not so much the focus.

As a music therapist, I was surprised to hear Claire’s admission of this judgment she held about other’s voices, though I had heard her express her opinions at times about classical singers. Claire looks comfortable with her admission and awareness of this more “dark” part of herself, knowing that she has worked on changing her attitudes, letting go of her *inner mother voice* and becoming more accepting of other’s voices.

Because Claire’s mother loved her voice, the harshness of judgment was not directed at Claire. “I knew the potential was there, but I was on the sideline and was never attacked directly, which probably helped to insulate me.” Through being in the choir and also being a music therapist, Claire had to “flex her acceptance ear” and started to hear the beauty in other’s voices, beyond the technique that was indoctrinated in her from her classical training. The vocal

psychotherapy training also helped Claire to hear voices differently—to derive meaning from the message rather than be focused on the quality or technical expertise of a singer.

I hear more the messages that are being conveyed through people's voices instead of just sticking to the surface. Do I like your tone quality? By connecting more to what their message is or how that makes me feel, and knowing about them as a person helps me accept their voice more, I start to like their voice more. I accept people's voices far more than I ever did before so it's definitely continuing, but there are still people's voices that I can't stand.

I am also curious about how Claire's *inner mother voice* might affect her teaching of students. Her answer surprises me.

I probably accept students' voices more than anybody. Because I see them coming to the table with a voice that's new and that we can mold together, I don't see it as a finished product. I think I'm very, very accepting of student's voices.

I find this an interesting comment. Claire has broadened her acceptance of others' voices when they are her clients, her students or in a vocal psychotherapy setting. She defends others in her choir when she feels their voices would also be a suitable fit with a particular auditioned song. But for professional singers in her life, Claire's judgment can still be harsh, like her mother's. She seems to have expectations of professionally trained singers that are not applicable to others in her life. As a therapist and healer, I wonder silently if there is a part of Claire's inner self she may still not be accepting.

Finding her singing home. Although Claire was a high soprano in choirs and performed for most of her life, there was a period of nine years when she was training in the music therapy program and establishing a practice that she did not sing in a choir. She began singing again when she was pregnant with her first child. Noting that she was a music therapist, her doctor mentioned a choir she might like to join. When she went to audition, the director recognized immediately that Claire's vocal skills were more appropriate for her women's performing choir rather than the community choir. Claire recognized that her doctor was her next connector. She

reflects now that it is interesting that she did not consider joining one of the semi-professional or professional classical choirs in Vancouver. But she also recognizes that after becoming a music therapist, she longed for music that was “less structured and not just classical.” Her current choir performs and records music from all different genres, and the director “exposés and solos different people depending on whether their voices match that song and that genre.” Claire also finds it fascinating that she initially had to reject music performance as a career in order to find music therapy and “come full circle and back into performance in some aspects with this choir,” which she feels really “platforms” her voice. She has discovered, “it’s the voice that connects me more” through the “lush harmonies in a cappella singing, I feel so much more connection when I listen to singing than when I listen to instrumental music.” Claire has come home to her singing self.

Claire’s excitement and passion for this realization of the importance of voice in her life is palpable.

I completely get off on the choral stuff so much more because it's coming from people's bodies! It's just so amazing that the people can stand there and sounds can come out of their bodies and they can organize those sounds to create music.

Claire brings her singing self home to her family with the intention of creating an “environment of acceptance and opportunity for free expression without judgment.” She sings at home, encourages her children to sing and models freedom to use voice for self-expression. Her husband is completely supportive and in fact is known as the singer at work because he is always walking through the office singing! Her daughter is musical and is very involved in music at school. Her four-year-old son will sing but she notices he is hesitant in the past months, stating, “I can’t sing” and “I don’t know how to sing.” Claire is puzzled, but not concerned, as to where he gets this from, as he would not have heard this message at home or at school from the teachers.

She wonders if it's a developmental step for children or whether there is some form of peer feedback.

I am very interested in how Claire sees the connection between her voice and her identity.

She makes an interesting comment.

Some people say that singers are not real musicians. I've pulled away from other instruments and really feel like I'm identifying more as a singer than anything when it comes to my musical realm... So it's not just my musical identity but it's my personality, and that's a huge piece of who I am.

This shift in her identity as a singer is exemplified by physical changes that have occurred as a result of her weight loss and a recent illness that affected her voice. Claire got laryngitis four months ago, and because she is in private practice, she had to keep working, which of course involved singing with her clients. She knew that this was not healthy but felt she had no choice, given financial ramifications. In doing so, she thought she had damaged her voice, as she lost her top notes and her range decreased dramatically. When another choir member shared her story of training for a marathon last year and losing her high range, Claire breathed a sigh of relief. Armed with knowledge and facts, she found out that it is common for the musculature and diaphragmatic breathing to shift with excessive exercise and weight loss, which would affect her voice and vocal range. With focused technique exercises and relaxing her fear, Claire found her high notes again and regained her ability to have her usual range.

Claire's identity as a singer extends to her current experience of herself. "As singing is such an embodied thing, I'm having to learn how to embody myself differently because my body's actually different." She seems to be redefining what embodiment is now for her and what it feels like to be grounded in *this* body. "I used to also be more self-conscious about my physical appearance and I don't have to do that anymore and so that's weird. I can be more focused. I don't have to be out of my body as much." Claire's experience seemed to confirm my own belief

about the importance of integrating all of our *selves* for singing—physical, mental, emotional, and spiritual.

Singing as healing—the search for her authentic voice. When I ask Claire for her definition of healing, she responds immediately.

I think for me, healing takes place any time you walk away from the experience and you feel differently or more positive. If there's a small shift, I think it is safe to say that there's some healing on some level going on...as long as you walk away from that vocal experience and you feel differently.

She gives an example of a colleague's response to a toning workshop given by a vocal psychotherapist. Her colleague is someone who is not a vocalist and is somewhat resistive to singing outside his clinical practice. This workshop opened his eyes to the power of the voice.

There was healing because he was feeling his own voice. I think for him because he was in this group experience and feeling the positive effects of singing with other people and the vibrational effects, and then the healing after was the processing of "I enjoyed that experience and I was unencumbered by my inhibitions or my self-consciousness."

Claire pauses and reflects on how she might describe singing for herself in a healing context.

I'm always chasing the high with music. The high for me is the euphoria, the goose bumps, the endorphin release that you get from music. And if I don't get that, I don't really like songs. Like I need that. That's why I like music by Eric Whitacre and Morten Lauridsen because they have thick, thick harmonies that have suspension chords, and chords that should not be together but sound so great and lush together. And I'm always looking for that euphoric sound, whether it's happy or very sad.

As I listen to Claire's interpretation of the "high," a question comes up for me about which element of music might bring the most healing for Claire. I ask her about harmony, melody, lyrics, and rhythm. She immediately replies, "its harmony. I feel like the music is entering my body and I'm interpreting it. It's like it's coming into my body like medicine, actually, like liquid medicine. It's a visceral thing for me and emotional, absolutely." Claire

shares that when she was pregnant with her first child, the increase in hormones at that time increased her emotional connection to any music.

I would get very emotional even listening to a commercial if the music was on... if the music grabbed me or a song on the radio, I could start to cry. But then after I finished being pregnant and finished with breast-feeding and the hormones got back to normal, that stayed...it opened up the heart or something.

We talked further about what might have happened in her pregnancy experience that would have created her sustained deeper emotional connection to music after her daughter was born. Claire described it as “opening up the space.” I silently wonder if the hormonal experience might have kick-started a new awareness, and with maternal feelings after the birth for her first-born daughter, created a new “set point” for her emotional sensitivity and well-being.

Before I could voice this question, however, Claire continues with her story of how she experiences singing as healing with her clients.

I see healing every single time I have a client and I'm using my voice, and seeing how they're reacting to it, specifically when they're lying on the drum and for self-regulation where they're getting all that proprioceptive input. But I find that it needs my voice to create the container for it. And I find that I can convey my energy to that person lying on the drum more if I'm singing as well. So it can't just be me playing on the drum and my intent in my mind. When I bring my voice into it, I feel like they're getting a double layer of relaxation somehow. And all I'm doing is vocalizing along to the beating, but it's providing this blanket, this house, this secure place that they can live within. And then they come off the drum and it's very obviously what healing has occurred because they'll sit up and just...[she exhales a deep breath] stop stimming as much.

Claire has a lovely awareness that for this particular situation, “it's a combination between something vibrational married with my voice, and that marriage of the two as a delivery system is a very obvious example of healing for me and my clients.”

I am curious if she is consciously aware of what she is doing with her voice, or whether her clinical work with voice is more intuitively based. She thinks momentarily and replies that it is both—simultaneously. She admits that sometimes she is working with intuition solely and not

consciously aware of what she is doing. She always has intention, though. She comments, “with the tone drum, I have to *be* there. I have to be working my body properly so that I can, just from a technical standpoint, convey and still maintain resonance—so that I can convey my energy through my singing with them.” I ask Claire if she feels the resonance in her own body. She nods. “I almost see the voice as being the person who's holding the hand. So the person's lying on the drum and feeling the drumbeat in their body—and then my voice is being the hand that's saying, ‘Here, come, come with me,’ and pulling them towards a connection. This connection is with themselves and with me—the voice is like a bridge.”

Because I do not work with children with autism, I find this fascinating but also resonant with my own clinical work with older adults with dementia and those at end of life. What I hear Claire saying is that she has to be present and available for the client, and aware of how her physical, mental, emotional, and spiritual self in alignment with her therapeutic intention to create what music therapists call “the therapeutic container” for the client (container is a word that many types of therapists and psychotherapists use. I found references in the psychology literature dating back as early as 1980 and in GIM and music therapy literature from that time, as well). Claire adds another layer to the process by including her voice. “I find that it needs my voice to create the container for it.” As a clinician, I know this experience and am heartened and excited to hear another music therapist describing a similar experience to my own. Because we both teach voice to the music therapy students at the university, I am curious to hear her impressions and experiences with the students being able to learn and use their voice effectively with their clients. I ask Claire if she thinks using voice effectively for healing can be done by anyone, or whether there are unique abilities that perhaps she brings to her clinical work. Her response is that she believes that everybody can do it, but that “it matters that they're using their

own voice to the best of *their* ability, and know how to utilize and manipulate their voice to get what they need out of it.” She and I discuss and agree that students are not usually at an awareness level of their body and voice in order to use their voice effectively with knowing, awareness and intention, given that they are learning to hold many factors at once in a session: client’s needs and goals, interventions planned, playing guitar or piano and singing, going in the moment with what is happening and seeing opportunities for improvisation. “So it has to be this shared focus that you have between your own voice and still keeping track of what's going on with the client.”

This leads to a question about what is an authentic voice—and also transparency of voice—and how does one get there? Claire pauses for few seconds and then articulates a clear sequence for how she sees this happening.

I think the authentic voice is obviously the person not trying to emulate anybody else – that's the first step. Then being embodied is absolutely necessary, which takes a long time for students. Then they have to be accepting of their own voices. Usually when people don't have authenticity in their voices it is because they're not accepting of their own voice, so they're trying on a different hat or trying to emulate somebody else. So I think acceptance is a huge thing in being authentic. Finally, losing yourself in the moment, too, helps you be authentic. It's like this juxtaposition of being aware of your voice but at the same time not being aware of your voice.

Claire gives the example of her own vocal journey to authenticity, working with children with autism in her music therapy practice. She had to learn that her voice could not be “pretty” all the time and that she had to explore her voice and sound “weird” sometimes. She knew that she had to be authentic and sing in her authentic voice. She offers her awareness that her work is “a huge piece of being authentic for me as a singer. My work dictates that I must.”

The certainty of her philosophical belief and knowing affirms Claire’s ability as a voice teacher and as a vocalist in her choir, learning from her master director, conductor and vocal coach. Her four-step approach outlines what all singers may go through to “own” their voice and

to sing consistently from an embodied place. I share with Claire how important I think this is for our work as music therapists, as well as for our work as singers. Claire adds an interesting observation, “most people do not accept their own voices. *Most* people, including totally trained singers don’t accept their voices or don’t like a quality of their voices”. I comment, “this is the journey, isn’t it?” to which she wisely replies, “this is probably the *only* journey.”

Singing for change and transformation. We return to talking about the quality of the voice when changes happen: physical changes that occur with aging, weight loss or illness, and also with emotional changes in life. Claire has learned from her director that as a woman ages, her tone quality shifts. Her choral director calls this shift in the mid-40’s the “woman’s voice” or “mature female voice.” This is new information for me, and I’m interested because I work with older adults and also have passed that age milestone, and it makes me wonder how my own voice tone shifted, merely because of aging. Claire muses, “I think as a singer, it’s very difficult when your identity is as a singer, because with just the physicality, it’s always going to be changing.” As Claire has just turned 40 this past year, this information is now starting to be relevant to her life, and is on her identity “radar.”

She reflects on the qualitative aspect of her voice in her various identities and roles in life. In her earlier years when she sang classical music and was committed to proper technique and sounding pretty, she also had a certain range of vocal tone that was acceptable and appropriate. As she now reflects on the changes in her own attitudes about others’ voices, she also makes connections about her own voice. “It doesn’t become about ‘what’s the quality of my voice?’ as much as ‘is my voice authentic?’ If I can be authentic here in this capacity, and it’s all singing and vocalizing, then it’s all part of who I am as a singer.” Claire admits that it heals her to start to merge all her voices into one authentic voice that will be available and present to her no matter if

she is in her vocalist/singer, therapist, teacher, mother, wife or friend role. She credits her work with children as being the catalyst and reason she has been able to go to the extremes with her voice. “Children are more expressive and will pull that out of you more as a singer than other populations will.”

When I ask Claire about how healing connects for her with change and transformation, she pauses to think for a few moments. She shares her perspective that “through healing, change and transformation can happen. Healing is maybe a less definable action that happens.” She uses the example of our mutual colleague who was involved in the toning workshop. Claire sees the healing as the experience for him in the toning, which then offered him the opportunity to transform his relationship with his voice and singing, and when he was less scared to sing, change might be encouraged.

For Claire, “change has a more negative connotation—like something happens to you.” People often say, “change is difficult” or “how do we *deal* with change?” She recognizes that she “does not like change” and so prefers to use the word “transformation.” A recent example of change would be her laryngitis over the past four months. It came unbidden and unwelcome, and caused undue stress and anxiety with Claire’s identity as a singer.

Claire differentiates change from transformation. “Transformation is something that I’ve chosen to do. I have more power and control over the process.” She likens transformation to the phoenix rising out of the ashes with something new as an outcome. When I asked her if her laryngitis had had a transformational impact, her face showed confusion. Then I asked whether the experience of having less voice for so long added to her experience of who she was or had been? She acknowledged that the experience caused her to have a “negative mini-transformation of herself questioning her ability as a singer.”

In these past months, Claire lost a very close cousin to cancer before Christmas, which was a big change and was certainly unwelcome and sad. She went back to be with her family and sing at the service, and this experience, as well, was a piece of her current change and transformation cycle. Claire cites her lengthy laryngitis, her cousin's death, and her upcoming 40th birthday as spawning a "mid-life crisis" that started her on her diet and exercise regime, resulting in a loss of fifty pounds, a move toward wellness and a big change in her self-identity.

Claire acknowledges that, "worrying about my identity as a singer these past months absolutely transformed me." She has increased awareness that she has been "waking up" and becoming more present for the past three or four years, ever since her son was born. Being a determined and focused person, Claire had achieved many of the life milestones that most people strive for by her mid-30s. She was happily married to her college sweetheart and had two children (one boy, one girl), had a fulfilling and meaningful career (both as a music therapist and as a voice teacher), had built and was working in a lovely music therapy home studio, had good health and close relationships with family and friends, and was living in a supportive community in a beautiful city. She speaks about that time in her life. "After I had my second child, I knew I wasn't going to have any more children, didn't want to have any more children, was happy to have that side of my life, but also happy that that was completed. I started looking forward to the future and then looking within myself."

When her maternity doctor invited her to consider joining the choir and the choir conductor welcomed her, Claire felt a distant echo of a need being heard and met. "I need to focus on my voice, I need to be here." She remembers the first choir rehearsal vividly when the director "put me in the middle of the circle and the singers sang some songs around me." This struck me as a beautiful and fascinating metaphor because Claire was in a major period of

change and transformation. She was pregnant with her first child and had just joined a women's choir who placed her in the centre of their circle, surrounding, accepting and supporting her need to be there. Recognizing that she was about to have a major life change with becoming a mother, Claire now realizes joining the choir was one way that she could take control and balance her life by having the choir be something that was just for her.

I was able to embrace and become close and intimate friends with a group of women in a completely different capacity. And that was probably my first really positive women's group experience that was women-only, which then made it I think much easier and natural than to bond and have an intimate group with the vocal psychotherapy group.

For Claire, this was the first SSAA (soprano/alto) choir she had sung with since high school and she has noticed “a big difference physiologically, emotionally, personally, and energetically.”

I know what she means. I joined a women's choir six years ago and have found being with only women to be a healing experience for me, although initially it was difficult and I experienced resistance. I felt female vibrations going through my body as I sang with the choir, which was very different from feeling and hearing the lower male tones of a usual SATB (soprano alto tenor bass) choir. Women's ways of being and deciding are markedly different from men. I have found the experience of being in a matriarchal community brings us home to ourselves as women.

Claire was not sure there were other meanings of her joining a women's choir at this particular time in her life. She felt ready to “jump into the experience” as she had so many other times of her life. I suggested that there seemed to be a synchronicity of her imminent motherhood with creating a female “tribe” (my word) when her actual mother and family lived hundreds of kilometers away and would not be here on a daily basis for support, guidance, and information. I harkened back to ancient cultures where the women helped each other through pregnancy, childbirth, and raising of the children—where community was established for support

and continuity of the tribe. It seemed to me that Claire had created her “tribe” in a beautiful way by having other mothers around her. Did Claire’s need to sing draw her to a women’s musical community or was her need for companionship, support and nurturing at this transitional time of her life the catalyst? Either way, once again, Claire had created what she needed, and had found her vocal community.

Claire’s aesthetic whole. I have always been interested in community and have witnessed how singing together creates close bonds and important relationships, and can serve an individual’s need for self-expression and healing. From being with Claire, I have an image of her being in the centre of her life, with people and communities “naturally radiating, like dropping a pebble in a pond and seeing the waves of energy spread out in concentric circles” (Pavlicevic & Ansdell, 2004, p. 16). I hear her story and see how her “connector persons” have enabled her to grow and change. From her mother enrolling her in singing classes and the Kiwanis festival, to her sister suggesting music therapy, her maternity doctor inviting her to the choir, and I inviting her to take the vocal psychotherapy training, Claire has listened within, recognized the inherent alignment in the invitation, trusted that, and has jumped into her next adventure without hesitation. From her experience with her first vocal coach, she found the most effective way to have a strong and “soft” relationship with her teachers and mentors was to willingly give them what they asked. Sharing her learning and awareness, Claire has been the catalyst and encourager for clients, students, and her own family to sing, find vocal freedom and express what is inside through voice through her roles as music therapist, voice teacher, singer, mother, friend, and vocal psychotherapist.

Recognizing the harsh critic that her mother modeled in evaluating and judging voice quality, Claire has worked to heal her inner mother voice and has become more accepting of

other's voices, though admits she still has difficulty with some trained classical singer's voices and believes that most singers have difficulty in accepting their own voices. She has noticed shifts in her identity as a singer throughout her life, in particular after she joined the choir several years ago and more recently with the changes that have occurred physically and emotionally. She acknowledges her "mid-life crisis" has been a healing for her to be in a healthier, more embodied, and grounded place.

Healing happens for Claire any time someone walks away from an experience feeling differently. As a therapist working with children with autism, she has noticed that her voice is the most effective tool and acts as a bridge to the child's world. As a teacher, she believes that anyone can learn to use her/his voice for healing, but requires the maturity to have adequate awareness and embodied presence. Claire has a four-step approach to helping her students find their authentic voice: sing like you and do not emulate others, be embodied, accept your own voice, and be present in the moment.

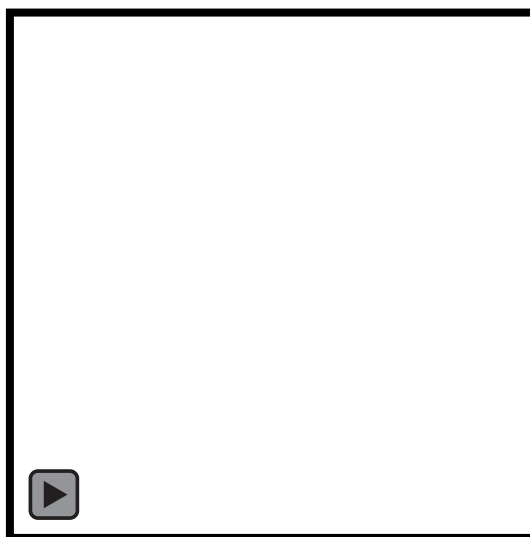
Claire knows she experiences healing when she "chases (and has) the musical high"—the euphoria or the goose bumps that occur when she listens to lush harmonies and music that touches her heart and soul. She describes it as "coming into my body like liquid medicine." She also knows that her authentic singing voice has deepened over the past few years as she has "awakened," recognizing that our acceptance of ourselves is very important.

"Through healing, change and transformation can happen." She differentiates between change and transformation, preferring the latter word to describe the ability to choose and have control over the process. Claire acknowledges that "worrying about my identity as a singer over these past months has absolutely transformed me." She knows that her identity is in a transition place, having achieved many milestones in her life and now at 40 years of age, looking at the

road ahead and where she needs to go. Perhaps she is waiting for her next “connector person” to become apparent and lead her on her next great adventure.

What Claire knows is that she listens to and trusts herself, and has been able to find meaning and fulfillment in all the parts of her life. Music and especially singing has played a central role in the various chapters of her life, and likely will continue to do so. From her observation that “most people don't accept their voices or don't like a quality of their voices,” I had commented, “this is the journey, isn't it?” Claire's response says it all. “This is probably the *only* journey.”

Claire's vocal portrait.



When I checked in with Claire, she knew exactly what she wanted to do. Because we had been talking about grounding and authentic voice, she wanted to give me an experience of her huge tone drum, one of the main instruments she uses with her children with autism. We walked from the living room down a few stairs into her studio, where we made the transition from talking to musicking and for me to experience Claire's authentic voice and her healing practice.

The room is brightly lit, having floor-to-ceiling windows on all sides that show the sky, the trees and natural setting beyond, in the front yard. The sunlight shimmers on the clean hardwood floor and warms the room. There is a large upright grand piano as we enter the room, a guitar in the far corner, a beanbag chair and a “tickle trunk.” (Ernie Coombs was Mr. Dress-up, a successful CBC-TV children’s show that was on the air from 1967 to 1996. The “tickle trunk” held wondrous treasures for costuming the songs, imaginary characters and play events that were an integral part of the show.) Claire’s tickle trunk holds many wonderfully creative and colorful hats, clothes, scarves, costumes, and things the children might use for self-expression in the music therapy sessions. In the room also were many drums, percussion instruments, and musical decorations. The room is wonderfully inviting, colorful, creative, and spacious. Near the far right wall is a very large tone drum that is four feet long and two feet high. The tongues of the drum are turned on their side so that Claire could sit beside the drum with her mallet and beat the drum, vocalizing, and singing to the person who would lay their body on the drum. For her tiny clients, the four-foot drum would be more than adequate. For me, she adds a chair so that my legs could rest.

I was excited to be able to experience this, and also a little nervous– what would I experience? Could I switch from researcher to person experiencing and gain the full benefit of this gift? I lay down on my back, got comfortable and closed my eyes. Claire led me through a brief relaxation sequence, inviting me to breathe while she began beating the tone drum in a slow, steady heart-beat-like rhythm.

Her voice joined in humming very low tones, offering a grounded and warm presence to me. I could feel her reaching out to me, embracing me with her voice, while the steady and consistent drumming held my body in physical and musical safety.

Although my music therapy mind was trying to analyze what she was doing, I did my best to allow myself to physically relax, mentally shifting to a meditative state and allowing Claire's voice and the drumbeat to enter my heart, my body, my mind, and my energetic space.

The voice I was hearing was a new voice that I had not heard Claire use before. It had a rich lower range texture that sounded plaintive, supportive, loving, and mother-like. This was not the voice of the high soprano we had spoken of earlier—this was the voice of an experienced and present music therapist and healer. Claire shifted from hums to “oo’s,” still maintaining low tones. Her improvised “song” sounded organic to me—of nature and like a lullabye. I felt my heart receive her song and her love, and I could feel my body rest deeper. Her musical phrases had a downward waveform that allowed me to breathe and sigh in tempo with her improvisation. I knew that she was matching me, and I allowed entrainment to take hold. Entrainment is a scientific principle that music therapists use intentionally for therapeutic purposes, offering clients external validation of their internal rhythms: heartbeat, breathing rate, energy levels, or actual musical or physical rhythms. As our bodies hear an external rhythm, our internal rhythms match and entrain with the same intensity and tempo. Entrainment is the essence of matching, which is one of music therapy's main techniques. Even if I wanted to, I could not have resisted the magnetic pull of the drum's heartbeat and Claire's voice.

For ten minutes, I rested while Claire changed tones from humming to “oo’s” to “da da dum,” “woh woh” and back to “oo’s” and hums. Her voice sang some mid-range chordal tones but generally stayed in the lower range. Her repeated phrases felt comforting and familiar to me—I could trust this person. Toward the end of the improvisation, the heartbeat drumming slowed slightly as Claire's voice softened and then became silent, ending with a low sustained tone...mmmmmmmm... Sighs, breathing, and then silence.

When I opened my eyes and we talked briefly, I noticed my voice had a lower and slower pace. I felt more grounded and “tingly.” The room felt different to me after the experience. It was my room now—our room always—and a healing space for all.

Kathy’s Portrait

Kathy lives in Toronto and therefore was available for the interview only through Skype. She lives alone and was at home, dressed casually and relaxing on a two-week break from her clinical work. Kathy’s interview will be the only one that I do over a distance, and as I set up for the call, I wonder if this interview will feel as real as the in-person interviews. Since Kathy and I regularly Skype for lengthy amounts of time, I am confident that we can bridge the distance and virtual factor with our long-established friendship and previous experience communicating through Skype.

Family and cultural influences. I start out with my first question about what role singing has played in her life. Kathy says that she has always sung throughout her life. She shares that her family tells the story of when she was three, she stood up on the bus and sang the song “I just called to say I love you!” As with most favored stories of childhood, the story has been repeatedly told and Kathy chuckles and rolls her eyes as she recalls that. Her mother says that Kathy would listen to the radio and hum and sing along with the songs so much that the family *knew* that Kathy would be a singer when she grew up.

Kathy says her Mom loved to sing and made up songs all the time, including a special song for her. As she sings, “Mommy has a beautiful Kathy,” her voice sounds playful and more child-like than her regular adult voice. There is a tenderness and a gentleness in her voice as she sings “her” song as well as another song that sounds like a lullabye. *I love baby...baby don’t hush....I sing to baby...baby won’t hush....I love baby....baby won’t hush....hush baby, don’t cry*

no more. Kathy remembers that her mother used to wake her children at 7:00 am singing hymns with changed words. Kathy recalls that she and her siblings did not always appreciate her Mom's early morning songs at the time, but now as she looks back, she feels appreciation that her mother modeled that singing was normal. She credits her Mom with her not having "singing hang-ups." Kathy knows that her Mom wanted to be a singer and never had the opportunity, so lived vicariously through Kathy and her singing. I can strongly relate to this, as this is exactly what my mother did. I make a mental note of this for myself and I secretly wonder if and how this has affected Kathy's freedom of singing.

Kathy's stepfather sang with her mother, even though she said he couldn't really sing well. Because in their church it was acceptable to sing because you "love the Lord," her parents would sing duets, which Kathy thought was cute. With her stepfather being originally from Africa, but her church and cultural heritage being Caribbean, I wondered if people from these cultures felt free to express themselves through song and I ask her about this. Kathy reflects for a moment and comments that her Mom and her side of the family would sing freely, but with a tightness or a squeezed sound in their throats. As a music therapist, Kathy knows this can be due to emotional blocks that can hinder free and open expression. She muses whether this tightness might be related to a familiar family dynamic of keeping secrets about "bad" experiences in their lives. She wonders if that part that stays hidden in the voice is just a reflection of who they are "in their secrets".

I comment that there seems to be a conflict between the power that family secrets might have and the spiritual freedom that she talked about with the family singing. Kathy recognizes in her family, "something is held back" and she knows that she also shares this quality in her own singing voice. Ironically, this does not affect her ability to sing freely with her music therapy

clients, because singing for clients has “nothing to do with me - the music is for them.” As a music therapist, I recognize this in myself. It is so much easier to be open and free with clients than it is with family and within us. Kathy becomes quiet and says she longs to work through this difficulty with a vocal psychotherapist who could support her in looking at what she is avoiding by not feeling free to sing for herself.

I ask her more about the secrecy in her family and whether it was dangerous to be visible. Kathy nods and her voice tone softens. She shares that when she was a child, she was constantly accused of “being too much” or was what her family called “frontish (being too forward).” Her overt laughter camouflages the painful experience that I hear lies underneath. Kathy is aware that outside opinions from others influenced her family’s view of her.

Love was conditional upon my success. I was only seen when I was being successful and fabulous and making my family look good. They wanted to see me compliant and well behaved, so I stayed in my room as much as possible to avoid causing problems because I was constantly a problem. I was constantly doing something wrong. None of my life was fair.

Musical influences. She speaks of how deeply moving music is for her, touching her emotionally and often causing the hidden sadness and the hurt to surface. In her childhood, it felt safer for Kathy to be in control of her emotions so that she could make it through the days and “not fall apart.” She is aware that this now means she has to control her singing and to calibrate how much she shares through making her own music. Kathy nods with awareness that in her role as a music therapist, she feels she has to take care of her clients and that if she was to be “fully musical” she might not be able to do that. “If I start singing, who knows what is going to happen?” What started as a childhood coping mechanism seems to have now become a limitation to her adult vocal freedom.

Kathy goes on to say that she feels the most vocal freedom when she is playing the guitar. She feels she “needs” the guitar, especially in her clinical work. When accompanying herself on piano, she also can stay connected and does not lose herself in a session. She feels she can connect with herself and her emotions and finds a release when having either instrument accompany her singing voice. Kathy uses these instruments to sing for herself after a session with a client where there is some particularly heavy emotional material or when she feels heaviness in herself.

Kathy remembers that a pastor once told her that she saw Kathy’s life path as ministering to thousands of others and leading them to God. Kathy feels she does this in her own way through her music therapy clinical work. She explains her belief that when you show people that they are loved and you express that love, that this is another way to minister and lead people to God. Her voice has a wistful quality when she comments that she does miss ministry and that spiritual piece of it.

Spiritual influences: Identity as a worshipper. Kathy states that singing has always been strongly connected to her spiritual life, is her strongest form of worship and when she feels closest to God. Kathy’s Christian faith is extremely important to her and through it, she experiences singing as an “expression of my heart to God.” I ask Kathy about how singing has shaped or contributed to her identity. Her response is immediate:

I am a singer...I am a musician. I feel like “I am a worshipper” fits better. That’s who I am. That’s my strongest self. My voice is the way I express my love for God. It’s my vehicle...my medium...it is how I express myself.

Kathy explains to me about what worship is in her life. “I was always taught that worship is the holy of holies. I can pray without worship but I do not.” For Kathy, worship includes singing in a part of the service called “praise and worship time,” where parishioners would praise

God through song, prayer, and spontaneous improvisation and singing. Kathy recalls that this time felt completely free to dance, sing, and express oneself. She laughs as she recalls some pastors who tried to start preaching before everyone was ready to settle down and realized that God had other plans! Kathy's voice and face changes as she remembers these times of worship and praise, where singing was encouraged and honoured and there was spontaneity in every aspect of the service.

Kathy remembers when she was a teenager, their church had a female pastor who encouraged people to sing and to express their love of God through song. She calls that type of expression "testimony." For Kathy, this particular pastor was instrumental in modelling the power that she felt in being an independent black woman who was "confident in her own skin" and did not care if people's voices were out of pitch. What mattered to her was that people loved God and felt free to express themselves through song.

Kathy also was on the praise and worship team at a young age and sat beside a woman who she describes had a "huge, hardcore, typical Caribbean voice— a big fabulousness." While Kathy lacked self-confidence at that time, she remembers feeling encouraged by this woman to sing freely, and she loved the experience. Kathy muses and wonders who she would be now if she had stayed around strong women like her pastor and this choir member. I hear a longing in her voice when she asks herself what it would feel like to feel good in her own skin, to take care of herself and to also just be a Christian and be free in that.

I reflect and share with Kathy about my own spiritual practice that encouraged me to share the best part of myself, my voice, and to be free to just open my mouth, sing and feel good about it. For me, there has never been a judgment about my voice. It's the one place in my life that I do not have the experience of being judged critically, which I know will shut me down

immediately. Kathy agrees that having a place of no judgment is huge and her experience of that is in her creation of her own clinical business. She acknowledges that there is “great freedom that comes with a place that nobody gets to touch and that you feel confident in your own skin. I do know what that feels like. I have not really had that with voice.”

Singing as an influence in healing, change, and transformation in her work. Kathy defines healing as having peace and awareness. She acknowledges that peace can be physical, emotional and/or spiritual for her, and she clarifies that when she can let go of something or is able to talk about it without pain, then she feels she is healed. Again, her spiritual beliefs play a large role in her healing. “A huge piece of healing is being able to give it over to God, trusting him enough to take this from me.” I ask her about her own process of “giving it over” and whether the act of giving it over is the healing or if it is actually God’s working with her to bring her peace is the healing. She thinks about this for a moment and talks about the power of prayer and trusting the process. She gives an example: “God, I have no idea what to do with this and I need your help to work it out. However He helps me do that – through my therapist, friends or just time, the healing happens.” Kathy speaks about peace in the moments of worship where she feels completely loved and accepted, and also having peace where she realizes she did not react by breaking down or responding in an old patterned way.

When asked about how singing has brought change and transformation with her clients, she is quiet for a few moments. Kathy refers to her experience as a vocal psychotherapist witnessing one person’s transformation within vocal psychotherapy sessions. She gives an example of a client who typically came into a session feeling “fine” and within minutes of singing and vocalizing using vocal holding© (a technique commonly used in vocal psychotherapy), would dissolve into tears in an honest expression of what was really going on

inside her. The client told Kathy that she really felt heard and this seemed to be the important part in her healing story.

Kathy also related another story from her clinical work from a few years ago that was pivotal for her in seeing a new piece in her career path. The reason she decided to undertake the vocal psychotherapy training was because she saw music therapy as one part of her work and the use of voice another. She shares the story of a woman who was palliative, unable to speak, and with whom no other visible response was seen by other professionals who worked with her. Although this person did not have a singing background, when Kathy played the guitar and sang with her, this client would match pitch and melody, improvise and sing back. Kathy drew on her worship and praise experience to offer her a foundation for expressing herself through vocal improvisation. The experience made Kathy wonder, “what part of her sings? What part of us is kept safe in our voice and is that really the last piece that leaves us before we go?” Kathy reflects now on this experience with this client and says that she knows the singing was transformative for her client but also it was transformative for Kathy. She felt in those moments that her client had peace and was seen, because Kathy was able to match and provide the support necessary only through this invisible medium, the voice. Kathy says, “What is it about the voice that people connect to?”

Reflecting more deeply on her awareness, Kathy says her belief has always been that this client’s singing was an expression of herself and who she was and is – that singing was the only thing she was able to do at that time and was what was left for her to give at that time in her life. Kathy also comments that singing with people is a very intimate thing – we get in close, people feel our breath and feel our touch. Because this client kept her eyes closed, it was only through singing that she felt the presence of another person and would respond vocally.

From her experiences working with people at end of life, Kathy also knows that singing can give people an opportunity to begin their grief and to begin to mourn, even before the death has occurred. She remembers offering and holding the space through singing for the family to have another way of expressing themselves as they sit by the bedside with their loved one. Kathy would encourage family members to hold the hand of their loved one while they sang to them, while she provided the musical and vocal foundation. She felt that the singing gave the family another way to have a relationship with their loved one.

As I listen to Kathy's story, I can see threads of her life drawing together into one tapestry. The prophecy of her being a minister, her strong, deep faith and love of God, having a beautiful singing voice, believing that singing has the power to heal and transform, and having the intention to bring beauty and love to people at a time when most people do not know what to do or there is not much to say – all seem like a perfect fit for all her strengths, loves and the passions in her life. As she has identified herself as a worshipper, and is informed by her clinical training as well as her spiritual experience in worship and praise, ministering through her singing seems a natural. She is thoughtful for a moment as she considers this new awareness and possibility for her life path and seems excited by the prospect.

I share with Kathy my own experience of working as a music therapist in hospice care for several years, a job I loved for similar reasons as Kathy has expressed. I saw myself vocally “midwifing” our patients from this world to their next world, whatever that may be for them. Music was the bridge between the family, the patient and sometimes also for the staff. My songs and singing connected everyone without them having to do anything. And I too felt privileged to be in this type of work as it was a spiritual and transformative gift to me.

Someone once told me the legend that as a people, we were supposed to sing instead of talk, and that singing is a sort of language of angels. If this is true (and I would like to believe it is) then the singing of ourselves assists someone's transition from this physical reality to his or her next spiritual reality.

We are connected to a meaningful rite of passage. We journey together. We meet each other. And through the music we are also connected to the mainstream of humanity – past, present, and future. Music is a constant reminder of the ongoing process of life. It builds. It releases. It builds again. It inspires us to turn loose so that a new cycle may begin. It reminds us that our common heart is always beating. Life is connected. (Kenny, 2006, p. 67)

I was excited to hear her talk of her experiences and felt drawn to share a resonant experience I had with a friend and colleague who was dying of cancer a few years ago. My friend was a deeply spiritual person who loved music and singing. I had the privilege of playing music for her for many hours a day during her last week of life and was there the evening she died. Her spirit was palpably present even after it left her body, and it was such a powerful experience for all of us. I could feel her spirit in the room and I could see her journey to meet her guides, predeceased family members, God and the light. I led others in singing all her favourite songs for more than an hour as we all stood in a circle around her bed, sending love and feeling the emotions of losing someone precious to us. It had been her family's wish that music accompanied her spirit during this transition, and it was an honour and privilege to be able to do so. This experience stands as one of the most profound spiritual experiences in my life.

Kathy nods in understanding, and shares her favourite session and an experience that happened to her when she was a young therapist. She had been referred to see a person who was palliative and non-responsive. As she sang to her, many staff came in and told her that this patient used to sing all the time, and eagerly suggested that Kathy sing hymns. It was important for me to know that the staff was all Caribbean Christian women. Kathy recognized at this point

that she was singing as much for the staff as she was for this person. She saw in their eyes that they loved this person and they loved that “I also loved her through song.”

Kathy saw the patient again the day before she died. As she finished a hymn, one of the nurses came in and gently started stroking the patient’s face and started singing with Kathy. The nurse shared some personal stories about her interaction with the patient that showed her respect and fondness for her. Soon, there was four other staff in the room, quoting the patient’s favourite scriptures and singing with Kathy. They all sang to and held the patient in a circle of love. Kathy is visibly moved even at this moment recalling this beautiful experience. She says, “I was in awe of the moment.” The patient died that night and the staff expressed their gratitude to Kathy that she had been there with this special patient and had given her “a real send off.”

Kathy’s felt that the staff was grateful that the patient was able to die surrounded by love. In the moment of her telling me her story now, I felt that this patient must have felt peace and love so that she could let go. I comment to Kathy that this seemed to fit her definition of healing. Kathy nods and talks about her learning with this experience about giving permission for the patient to die. Kathy’s voice expresses the blessing she felt to be a part of people’s lives at this time, and what a gift it has been for her to see family members accept the inevitable transition of their loved one, give them permission to let go, and together through singing, allow the natural process of life and death to unfold.

Singing as an influence for healing, change, and transformative in her life. Because of the literature I had read, I know how research with choir members speaks to choir having a change and transformative effect on its members, so I am curious whether Kathy has ever sung in a choir and whether that might be where she experienced change and/or transformation. After she sung in high school choirs, church choirs and university choirs, she has realized in the last

few years that she is a soloist, preferring to sing on her own. Kathy acknowledges she loves to sing in harmony with good singers who have good ears, but otherwise she feels the “creative piece is missing.” In most traditional choirs that read music and have assigned parts and notes, there is no space for a choir member to solo, be creative or “vamp on a line for ten minutes because it speaks to you.”

Kathy reflects upon her own experience of how singing had been a change and transformative experience in her life through her experience in the vocal psychotherapy training. She described that two-year period and the experiences she had as a “launching pad” for her to work through deep feelings and past life traumas. “One huge piece was about being authentic – not hiding in those moments and just being myself and seeing what that was like.” She wondered whether the other women in the training program would accept her for just being herself and not relate to her only as the brilliant singer, music therapist or business operator, a pattern she had learned from her family. Although she was afraid, she decided not to shift herself for each person and perhaps for the first time in her life, allowed herself to trust others and be held and loved by the women in the program through interaction and singing. She relates a story of feeling held through singing and without physical touch by the facilitator, and how powerful that was for her.

Kathy carried this newfound confidence, integration and transparency of self into an audition for a master’s program, identifying it as the first time she remembers singing without holding back. The timing of the audition was during the vocal psychotherapy program and so Kathy had received emails that day from fellow vocal psychotherapy students reminding her that they loved her and wishing her well. Kathy felt that everyone was in the room with her, and it meant so much to her to feel that kind of support. Pivotal also was a vocal psychotherapy session she had had in the previous week to prepare her for the audition. Kathy was torn between which

song she should sing for the audition: one that her singing teacher wanted her to sing (but that she did not relate to) or a song that she felt very connected to. Should she please her teacher and sing his choice or be true to herself and sing the song that she knew would let her own singing voice and light shine through? Once she owned that it was her choice, she chose an India.Arie song, Beautiful Flower (2007). The lyrics are beautiful and have obvious resonance for Kathy's life story:

This is the song for every girl who has ever been through
 Something she thought she couldn't make it through
 And I sing these words because I was that girl, too
 Wanting something better than this
 And who do I turn to?

Kathy recalls singing full voice, no holding back. "I felt free and remembered what it was like outside the church. I performed and I did not break down. That was freedom of voice!" Her voice changes from excited to slightly melancholy when she comments,

I am the most powerful and am the most fabulousness when I have made time to worship in the morning. If that is how I start my day, it shifts everything. It shifts my perspective and I walk in so strong and so grounded. It is also a thing I have not done in a very long time. I think it is a sacred and special place.

Kathy's aesthetic whole. Although I already knew that Kathy's faith was very important to her, I now hear how integral her spirituality is to every part of her life and especially to her singing. From her family beginnings with her mother who sang freely, made up lyrics to hymns and demonstrated for her children the freedom to sing, to her experience in church with the joy and exuberance of praise and worship time, to being a music and vocal psychotherapist who holds therapeutic space with her voice for her clients, Kathy knows the power and freedom can be experienced. She has had mentors in her pastor and her fellow choir member, who have encouraged her to express herself and share her vocal gifts authentically and freely. I hear her longing to have this freedom at all times.

With unconditional love and support, she touched a space of absolute and complete vocal freedom in her audition for her master's degree, despite being in a situation where she felt evaluated and judged. She is aware that she is a soloist and does not find vocal freedom or enough creative expression in choir singing. She knows when she feels her most "fabulousness" when she is singing for God through worship, is doing clinical work accompanied by guitar or piano, and touches that sacred and special place in herself through singing. When she relates her client's stories, I hear a change in her voice tone, as she shares the powerful healing her clients have experienced. These clinical singing experiences have been transformative for Kathy, opening her heart and spirit to reveal the minister within her who offers opportunities for peace and awareness to those around her. She muses how her life might have been different had she stayed surrounded by strong Caribbean women and had those kinds of influences around her, and I hear how much she misses having a community where she feels embraced for her authentic self.

I also hear contradictions and perhaps confusions within her as she tells her story and relates her singing experiences in her life. Although there was some freedom in her family to express authentically, there were also secrets that resulted in voices being "held back," an experience Kathy also knows to be true for her voice. She was accused by her family of being "frontish" or too forward – "too much" – so she hid in her room to avoid being "in trouble." She experienced love and praise conditional upon her successes. I find it ironic and interesting to learn that she knows she is a soloist in her adult life. It makes me wonder how her life would have been now had her family recognized the soloist in her as a little girl and had encouraged and guided her to be authentically who she was, instead of criticizing her "soloistness" so that she isolated in her room. I hear that she may now be ready to be the soloist in her life, be front and centre and be authentically successful on her own terms.

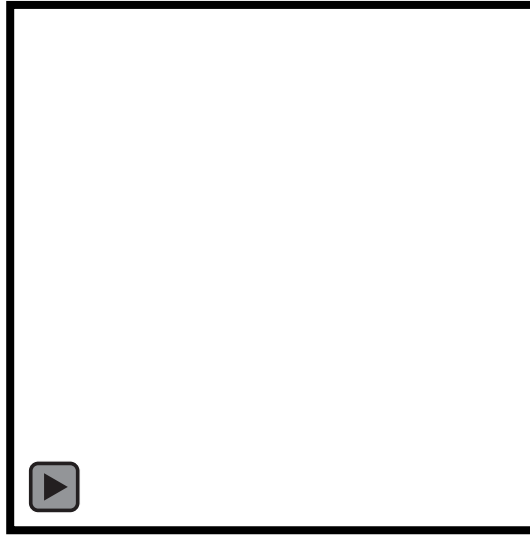
Kathy commented that she used to “write a lot” and then more reflectively repeated the phrase as if she was connecting with a long lost part of herself. She recalled worshipping that would lead into a song and through her teens, resulted in her writing many songs. This seems like an important addition to her vocal history, as another way for Kathy to express herself in the world through her voice. Kathy also spoke of singing teachers who have wanted her to sing a particular way or use her voice for specific purposes that were not in alignment with Kathy. She shared her struggles to find her own unique voice and to hold true to what she knows is authentic for her. She commented more than once that she admired and respected the women who felt “comfortable in their own skin,” which made me think that Kathy may not feel that. Listening to more songs sung by the beautiful young black American singer, India.Arie, I can hear in her song lyrics a reflection of Kathy’s search for vocal freedom and authenticity. One of India.Arie’s songs seemed a fitting tribute to Kathy’s story as if the words were crafted just for her:

Inside my head there lives a dream that I want to see in the sun
 Behind my eyes there lives a me that I've been hiding for much too long
 'Cause I've been, too afraid to let it show
 'Cause I'm scared of the judgment that may follow
 Always putting off my living for tomorrow
 It's time to step out on faith, I've gotta show my face
 It's been elusive for so long, but freedom is mine today
 I've gotta step out on faith, It's time to show my face
 Procrastination had me down but look what I have found, I found

[Chorus:]

Strength, courage, and wisdom
 And it's been inside of me all along,
 Strength, courage, and wisdom
 Inside of me (Strength, Courage, Wisdom by India.Arie, 2001)

Kathy's vocal portrait.



Accompanying herself on the guitar, Kathy chose to sing a gospel song called “Take me to the King.” Her lyric soprano voice beautifully crafts the sacredness of the lyrics and conveys the honesty of the song’s message:

Take me to the King...I don't have much to bring...My heart is torn in pieces...
It's my offering...Take me to the King
Truth is it's time...To stop playing these games...We need a word...For the people's pain
No rules, no religion...I've made my decision...To run to You –...The healer that I need
(Kirk Franklin, 2012)

Kathy says that she loves the song because it is honest. “When I feel terrible, there is a part of me that refuses to die...in the midst of all the crazy, I refuse to die.”

Truth is I'm weak...No strength to fight...No tears to cry...Even if I tried...But still my soul...Refuses to die...One touch will change my life...

I hear strength in Kathy’s voice and a resolve to step forward in her life with strength, courage, and wisdom to sing, heal and minister to herself and the world with her authentic, free voice.

Catherine’s Portrait

I drove to meet Catherine at her home on a bright morning the week between

Christmas and New Year's. Because we typically have rainy and cloudy weather during that time, it was a nice change to see the sun. Catherine lives in a very comfortable apartment in my neighbourhood and she makes tea for us when I arrive. I am aware that I feel a little nervous, hoping that I will be able to maintain my "researcher hat" here, compared with other roles that she and I have in our community. I was one of Catherine's instructors during her music therapy training and have been a colleague with her in the vocal psychotherapy training, as well as the coordinator of that training. Although we are colleagues in the music therapy community, it feels like a developing relationship. I greatly admire and respect Catherine's abilities as a musician, singer and music therapist and look forward to getting to know her story. I acknowledge to myself that I am curious and excited to hear what Catherine will have to say, as I find her to be very articulate, intuitive and wise. In comparison, I often feel less verbally articulate and shy to share what I want to say as my style of communication feels different than Catherine's. This is one of my own personal challenges that I am addressing in the doctoral program as well as in my life. Although I am aware of these personal feelings, I am also aware that I have an intention to listen deeply to Catherine's story and to learn from her. We sip our tea and touch in about our week before getting started with the interview.

Significant early experiences. I ask Catherine to talk about how singing has played a role in her life. She remembers "being musical" for the first time when she was about six years old when she started playing piano. Because her Mom also played piano, Catherine grew up playing and singing songs from the pop and folk music books lying around her house. She started singing along to the songs she was playing but stated it was "mostly on my own." Catherine was also exposed to her older sister's music in her early teen years. She relates that singing for her really started in earnest and increased in importance the summer her family

moved to Montreal when she was 13 years old. Catherine was “not impressed” that they had moved again (her father’s job required them to relocate often) and because it was the summer and her sister was away, it was a difficult transition because she had no friends. Catherine picked up the family guitar and started teaching herself to play. As she relates the story, “I was terrible—really bad—so I would sing to cover it up a little bit.” She also attended summer camp and her new guitar and singing skills were put to use there, singing campfire songs and songs by John Denver. She now knows that she was always drawn to singing and has always loved it, but was not aware of that at the time.

Catherine says that no one in her family really sang but her Mom liked music, and would play the piano and lay on the living room floor with headphones on, singing opera (albeit off-key). Her father was a music fan and her sister took piano lessons and learned to play the guitar but never continued with it. Catherine shares that her paternal grandfather played soprano sax in an orchestra as a young man, but then “got serious and went off to start a career.” Her maternal grandmother might have been musical but died when her mother was 18 years old, and no one in the family talks about her. It is interesting to me that Catherine had no early family musical mentors, especially in singing. In my experience, our family is often one of the first places we experience singing and music, can be a major influence in who we are as musicians.

Catherine relates that the living room became “her” room as her family’s baby grand piano was there. She remembers playing and singing alone with no one interacting with her, although she knew that her family was aware she was playing. This seemed to be the start of Catherine’s solo journey with her music. She says, “I don’t have companionship in music...just the music itself is my companion.” She was not acknowledged by her family for her musical talent, although she remembers her Dad commenting about a song he liked that she had played,

not commenting on her singing or playing of it, but on the song itself. She never had singing lessons, which I find to be amazing given the powerful voice she has. She realizes that she still feels a sense of insecurity and is constantly looking for feedback, because she did not get any from her family or subsequent teachers. “I don’t have anyone in my life to give me that feedback so I sort of exist without it.” I feel sad and a little empty for Catherine in her not being companioned or acknowledged by her family for her beautiful singing voice and wonderful musical gifts, and I wonder to myself who she would be today had she had a singing teacher or a mentor who had given her feedback and reflected back to her about her voice and her musical talent. I reflect on the critical importance of my own piano teacher to my development as a person, as a pianist and as a musician and can relate to Catherine’s need for feedback from outside herself. It was my piano teacher and other significant adults who were able to give me the acknowledgement that my parents were not able to give.

Musical influences. I know Catherine to be very skilled in many areas of music: singing, playing piano and guitar, writing songs, recording, performing, and using music as a therapeutic tool in her music therapy and vocal psychotherapy practice. I ask her about her musical influences.

Catherine goes back to a memory of when she was in grade 4, singing in the choir of a school for “gifted children” that she relates was more for kids who “acted out or who were smart but did not fit well in the school system”. With her “feisty little five foot zero choir teacher,” Catherine started to learn and love harmony singing, which remains with her to this day. She remembers that her choir teacher made an impression but interestingly, it was more the experience of being in the choir, being handed a sheet of music and having to figure out how to sing her alto part that she enjoyed because it “stretched her brain in a new direction.” She found

that “singing the lead was boring...I always wanted to sing the other part.” Her statement surprises me as I have heard her sing lead in her own band for the past few years with much ownership and enjoyment. She says she still does not see her voice as a lead voice. As she never sang a lead or melody part, she now reflects that she is still drawn to adding a harmony line when she sings to songs in her car. I can relate to this as I do the same thing. I love the sound of and enjoy the experience of singing harmony together with someone, even if it is over the radio. I feel I am companionship and being companionship when I sing harmony.

Catherine credits her difficulty in writing melodies to having been an alto in the choir and not having sung the melody. She references the mechanics of melody and harmony from her classical piano training to describe her experience, commenting that she found the sounds she loved and would sing and play them over and over again.

The melody is climbing and the alto part tends to stay the same much of the time...in classical music, you learn about intervals and about which ones sound “right” or “wrong”. I think I identified early on which sounds I really liked but it was not until I became a music therapist that I had a vocabulary to explain what that sound made me feel or why I was drawn to it.

Catherine took classical piano lessons for many years. She recalls always being nervous for piano exams and terrified if she had to perform, which limited how much she did it. Catherine fondly recalls her piano teacher. When Catherine was in university and her piano teacher was elderly, Catherine would travel by bus once a month to visit her, have lunch, take a nap, sometimes play piano and visit with her. “She was a really lovely lady and the visits were about keeping the connection going.” When her teacher died, she left all her piano music to Catherine who still has it, even though she says she likely will never play it again. “I love it because it is old and it smells like old paper.” She remembers, “she had this big, loopy writing and she wrote her name all over it. It was neat because she was quite the significant piano player

in her day.” In my own way, I can relate to this, as my own piano teacher also had big, loopy writing and wrote on my music her reminders to me for my practice each week. I too have kept all my music and value the old music as has a nostalgic and a strong emotional connection and memory of her. Catherine nods in agreement when I comment that it was an acknowledgement to their relationship that out of all her students, she chose to leave Catherine her music.

As I ask her about her songwriting origins, she remembers writing poems when she was around ten years old, which naturally morphed into writing songs after she learned to play the guitar. She originally did her songwriting on the guitar but eventually wrote on the piano, finding it easier as she was a much better piano player. She had more freedom as she knew more chords and could voice the chords on the piano in a more satisfying way. Because Catherine always loved language, she says the lyrics mattered more to her than the notes.

A university poetry class and the American poet, Emily Dickinson, became important to Catherine’s songwriting in her early 20s. What Catherine loved about Dickinson’s poetry was her “economy of phrasing”—being able to communicate more in a few words than most people do in a novel. Catherine was inspired to edit the lyrics of her songs to reflect the essence of her meaning, which resulted in more succinct language choices. Later in life, she realized that this attempt to distill things down to their bare essential parts allowed her “inner critic to go crazy” and to have a “literal and linear pressure applied to her musical self.”

Catherine continued to play guitar as a teen and played occasional songs in talent shows and a few high school events. Once she got to university, she lived in residence and played guitar and sang with other students on her floor. This attracted many of her friends to her tiny dorm room to sing and play and “get shut down by the residence police every now and then!” She played at university open mike nights and met someone from a band who invited her sing back

up for them. Catherine remembers being with them for a little while, singing on a few songs and being on stage half the time, and comments this was a time where she also started to experience stage fright.

She was encouraged to sing her own show at a local student pub and someone recorded it. She remembers singing every song at “Mach 6” and being “quite terrible,” but with all her friends there, she received a lovely warm response. Even though she cringes with this memory now, she muses that “you cannot ever go back and judge yourself in those moments. It was a huge moment for me to have my own thing and be on stage for an hour or more by myself singing lead.” She acknowledges that playing with the bands and performing during this period of her life opened up generally positive experiences for her.

Catherine continued to write and perform, expanding her sets to three or four hours each night. She sang her own original songs as well as some cover tunes with a back-up band. From the outset, it was clear that this was Catherine’s band, a “benevolent dictatorship” as she calls it, whose members played instrumental back up on her original tunes. I ask her about her stage fright and whether it got easier for her to perform. “Over time, yes. Initially I was paralyzed with stage fright. Eventually it became more like normal nerves. To this day, if it has been awhile since I have played, then I am pretty jangled before I go on stage.”

Because I have heard Catherine perform over the past few years, I ask about her current band and how it feels to have others singing with her on her original songs.

I like it a lot. The musical situation I have been in for the last couple of years has been the first time I have had anybody sing harmony to my songs. What we discovered is that it was super annoying for my band mates because I had sung alone forever and never sing things the same way twice. So I have had to actually grow some discipline and sing things in a predictable way, which is hard for me to remember.

There is something beautiful that can happen if you have two singers who really commit to their parts so that if my band mate powerhouses through, I could go off and do

something else and come back, knowing that she would still be there. I can't turn off that part of my brain that is micromanaging and trying to make everything okay for absolutely everyone else, when I know the person beside me on stage might be panicking. I feel like I have to take care of her.

I find it interesting to hear about the inner workings of Catherine's band.

When I have heard them play together, they seem confident, in alignment with each other and offering what feels to me to be an authentic experience of themselves. Catherine acknowledges that although this is not always *her* experience, she too finds it interesting to ponder the "inner and the outer, and how different and yet simultaneous they can be." We both become philosophical for a moment. Catherine comments that perhaps it is what life's magical moments are – when your inner and outer actually comes into being the same thing. I call this a transformative moment and she agrees that they are rare, interesting and quite valuable when they happen – a time when she has felt "genuinely in the moment."

Singing is home. Catherine says:

It is a funny thing. Being on stage is one of the few places where I feel like I know who I am – which is not to say that I am always 100% comfortable up there. I have done it enough times now and in enough different sort of challenging circumstances, that it is rare that something can happen on stage that would throw me off. There is still an enormous amount of discovery when I am on stage. Stuff still happens in the music itself that I have never experienced before or that I was not expecting.

I guess it is like what we were talking about with structure and freedom. It is like I know how to be on stage. I know the pattern of how to play a set. I know the arc of where the gig ends and where it begins. There are not many insecurities left around how to play a gig. Because I know the pattern so well, I can sometimes "sink in" – not every time – but sometimes sink into it and I can have an experience on stage that is truly magical, that I was not expecting.

Catherine explains that on some nights with some gigs, there is a certain synchronicity or alignment with the receptivity of the audience, her band mates, and with herself playing well and being relaxed within herself. She acknowledges that it does not happen every night and usually not early in the gig. She recognizes that she needs to be on stage long enough to let go of "micro-

managing every tiny thing” in order to relax and embrace the idea that the audience is enjoying themselves and want to be there. If the sound system is working properly, and her band mates are in good form, then something can happen with her singing. With songs that she has sung hundreds of times before and that she knows very well, then she can improvise within them, change the way she sings without throwing her band mates off, or sometimes just hit a note that feels like she is “channeling something much bigger than myself and it really feels just beautiful. It feels cathartic and open and very pure.” She spoke about her awareness of singing not from a “place of ego” and being in a calm, observant space where there is a “certain kind of alignment or kismet where all energies are moving in the same direction and they’re in sync.”

Catherine remembers singing with the band in university when they decided to go into the studio and record a CD. This was Catherine’s first experience in a recording studio and she discovered that she loved it. She built the necessary skills that were different from singing on stage: the precision of getting the melodic line right, really matching someone else’s singing, blending and “trying to disappear into their singing”. Recording has become a huge part of Catherine’s life and she attributes its genesis to this first recording experience.

Interestingly, she does not always feel this same alignment when she is in her role as a music therapist. Catherine works in a very challenging in-patient and mental health day program with emotionally traumatized clients who need her to be focused and pay attention to all the small details (both for her client’s safety as well as her own) while being highly sensitive to their needs. For these reasons, she feels she cannot let go in the same way she can on stage. She talks about being intentional when she does move into a more “self-involved place” such as a karaoke night at work. Catherine chooses to lead by example—being visible, dancing, singing along and modeling for her clients that singing is fun and coaching them how to be comfortable singing in

front of others. She genuinely acknowledges when they take risks and shows people how it looks when “we are connected to each other and we are supporting each other.” She says she rarely sings at karaoke but sometimes will tell her clients, “I’m inserting myself into the mix because I need a little music therapy.” She chooses a song that will be for the wellbeing of the group, and models that she takes care of herself through music and singing. She has received interesting feedback from her clients when she does sing at karaoke (and she wonders if it is specific to her group). They tell her that they like to see her sing well because they trust her to be their “musical mentor”. Her interpretation of their feedback is that she needs to show them that she is capable of “walking the talk” so they can value her as a musician. I have the image of Catherine being an example of Winnicott’s (1971) good enough mother, in encouraging her clients to express themselves through their voice, in a way that she herself did not have as a child learning to play and sing.

Catherine talks more about how different her experience of singing on stage is from singing at work. Sometimes her clients will ask her to give them 100%. She jokes with them and tells them, “you could not handle 100% - I will give you 85%”, but for Catherine, there is truth to this statement. She explains,

for me to go 100% would actually require me to block them out to some degree and go into my own head and be in the song all by myself. And that is not what a therapist is for, nor what is OK to do at work.

She goes on to say that when she is performing for an audience, she is very connected with them but is clear that they have chosen to come and hear her sing, which is different than her clients, who are there “because they need attention paid to them”.

Catherine shares an interesting experience at work with a young female client who has been singing with her for years. The client brings current pop songs that Catherine has to

scramble to learn, as she says the songs are completely out of her element. Recently, this young woman brought a duet. Catherine started to sing her part and the client became annoyed and said, “no, sadder. It has to be sadder. You have to mean it.” Catherine was surprised and impressed that this client could tell the difference in the emotional quality of her singing, and also that she felt comfortable to demand the kind of vocal experience she wanted. Catherine was surprised at her own discomfort knowing that she was being asked to go to a very “personal place in the music that I wouldn’t have normally gone to with a client.” However, she knew she had the ego strength and “bounce-back capability” to genuinely sing sad for her client and not have to depend on her client to bring her back out of the sadness.

This experience started in the music therapy session and then repeated itself in the karaoke group in front of 40 clients. Again the client reminded Catherine that she “had to be sad” and Catherine had to make the decision to sing with real emotion in front of her clients. This seemed to be an important moment of change for Catherine, as she knows that her clients feel upset when she is truly sad. However, she intentionally used this moment of vocal self-disclosure to communicate to her clients that she also is human and to normalize emotions. Catherine makes the distinction that “singing is a different animal than just sort of walking around being sad because there is a certain level of exposure in singing that I feel, for myself, would cross a line that I do not want to show my clientele.” For Catherine to sing at 100%, there has to be a “level of vulnerability and true emotional content.” Her fear is that she would take everyone to a place where “we might not be able to come back from” and “I don’t think that’s OK.” This seems to be a responsible, professional and ethical position for Catherine to take but underlines her awareness of the power of singing to offer she and her clients an emotional transformative experience.

Singing and identity. I ask Catherine how singing has shaped or contributed to her identity. She expresses it best in her own words.

I have form because of singing. It makes parts of me tangible that would otherwise remain nebulous or intangible. The act of singing has been one of the few ways in which I have been able to have a mind/body connection. For multiple very good reasons, I have had a real disconnect between my mind and my body for a long time. Singing is one of the opportunities I have to let them be in connection with each other.

When I think about the relationship between my love of language and singing, singing has been at times in my life – not always but certainly lots of the time – the only emotional expression I have had. There is a cognitive dissonance for me because I am a very emotional person but I do not have an easy ability to express these emotions verbally unless I am singing.

Her voice softens and her words are poignant as she makes connections between singing, her songwriting and vocal psychotherapy. Until she trained in vocal psychotherapy, her songwriting and creating music had been the way in which she had given voice to herself. Discovering the idea of giving voice to things that were non-corporeal was fascinating to Catherine. She shares that she has remained unconscious about many things in her life, sometimes intentionally. Singing has brought some of her unconscious into conscious knowing, which has been uncomfortable or shocking, but a learning experience.

Singing, plus language, plus writing, plus music therapy training have given me many filters to look through to realize what has been going on for me for my whole life.

Singing was the inherent part. The singing was the part that came instinctively and I do not presume to be special in that way. I think human beings tend to gravitate towards using their voice in some way or another. So that was the more unformed, instinctive part of who I am. As I started to layer academic experiences and cultural experiences – singing with a band, meeting like-minded people, having experiences, seeking out mentorship through different writers or producers – I started to give form to whatever that instinctive thing is inside me.

I have taken it to the place of wanting to become a student of human behaviour in becoming a therapist and then in the last few years, specifically starting to hone in on the voice and what role it plays. Everything that I have learned for the betterment of the people around me, obviously I apply to myself first because I am coming at this from some degree for a selfish reason of being curious about myself.

I find her awareness fascinating and exciting. I reflect to her my understanding of what she has shared. From my own life learning, what Catherine shared seems normal. When we can “own” our voice and incorporate it into our lives, then we can actually share it more freely and hold the space for others to sing. Catherine goes on to make a distinction between the act of singing (i.e., wind passing over vocal cords) with voice being “that kind of emotional body inside.” She comments that she feels more compassion for her voice since the vocal psychotherapy training, and that her attempt to play improvisation has been an attempt to be less critical. Catherine shares that improvisation has been a whole journey unto itself. She recalls having a hard time with learning and doing improvisation in music therapy training because it is,

loose and long, and it can take awhile before the kernel of the idea comes out. I don’t have the patience for that. I really try to get down to the core of the idea before I even say it out loud.

She goes on to say that she personally does not really care for improv that much but sees the value for certain clients, especially after she completed the vocal psychotherapy program. Her current music therapy clientele are not “improv people” and she finds it is contraindicated to use improvisation with them. With vocal psychotherapy, she says she “doesn’t feel structureless which I often identify with improvisation. It is this structureless that makes me uncomfortable.” She comments on the paradox of music being that the “more you are structured, the more free you can be.”

Catherine recognizes that her focus on the economy of language in her early 20s fuelled her inner critic to the point where she treated herself very harshly. She also is aware that she was raised with and thus embodied a type of self-judgment and self-criticism in her family that she feels has created a schism in her brain and personality. She shares her experience of being a 50/50 type of personality that has resulted in her feeling half the time her life and her music have

two distinct flavors. She recognizes that one part of her brain is useful for organizational details such as managing a band, but she also longs for freedom in her brain to allow her creativity and flourish. Catherine is a very pragmatic person and recognizes that although these two parts of herself co-exist and keep a “cautious distance from each other,” music requires them to come together. For example, she must be able to tap her toe to a certain tempo while she is singing. She has held the hope that the two pieces would integrate, but she is unsure they ever will. In the past, she has judged this lack and felt that it held her back in some ways.

Singing as healing. As Catherine contemplates letting go of the idea that her two “selves” might integrate someday, she defines healing as an “integration or finding a way of peacefully coexisting with the things that happen to us and within us”. She relates an example to her songwriting and singing what she has written.

When I am very close to the events that are upsetting in my life, when emotions are intense, overwhelming and at their peak, I cannot sing; I cannot write. I am easily swept away by my emotions. When I get some distance from something, I can start to give it some voice and get it on paper. As I am able to sing it over and over again, and sing and sing and sing it, then I am able to process it and let it go. I have to be in it and feel it. Sometimes the impact of having the feelings shuts down my ability to voice them.

She shares that she has always felt “cheated” in some way because she does not feel she has control over her emotions. She knows that growing up in a family who kept a very tight rein on their emotions all the time made it seem that they did not have emotions. Catherine has always felt different from her family in this aspect and says it has taken her years to understand and have compassion for herself. Her songwriting was where she poured her emotions in those days, and the painful part was that the songs “would be rejected because they represented something that nobody else wanted to feel.”

I ask Catherine how her parents are now with her music and performing, as I know they attend her concerts. She replies that her parents are “super proud of me and they love me” but in

her narrative, I can hear that they still cannot acknowledge or compliment her in the way she would like them to. She says she has come to a place in her life where she tries to let that be enough, but I can hear both pain and resignation in her voice, just like the little girl inside her who played the piano all by herself in the living room and was not heard or seen. She is aware that she is “not special” in this way, as many people have the kind of wound that family will never be who we want them to be.

Singing for change and transformation. Catherine realizes that she rarely sings without playing the piano or guitar. She wants to give her full attention to her voice at this point in her life and support her own learning of how to use her instrument more safely and effectively. She comments in her last two recordings that she hears her voice being pitchy and her “singing sloppy.” She wonders if she is doing too many things at once. She hopes that concentrating on her voice will bring the change she seeks for her own enjoyment.

She also plans to take a voice workshop that she hopes will help her to understand a concrete, anatomical approach to the voice. She feels confident that she can offer a very “effective way of deconstructing emotional and psychological barriers to using their voice” and wants to build a therapeutic vocal psychotherapy practice where she supports people to “make noise, sing and develop into those emotional, psychological places.” From her current clientele, she has learned that people have an enormous amount of fear around their voice - fear of judgment (their own and others) and fear to make noise that is outside their comfort zone. She has also witnessed a “reunion” of a person to their voice where they could have sung for hours merely for the pleasure of it.

These experiences have given Catherine an appreciation for the fact that “to have the ability to have anything come out of your mouth that is sustained and melodic is a total novelty

for some people”. She wants to help others reclaim the idea that making sound can be for the joy of it. I strongly resonate with her idea. My students and clients have also inspired me when they express who they are through singing, and these have been beautiful moments to witness and be a companion to. I know that for me, reflecting what I hear, saying “I see you in there and I can hear you, and wow! Your voice is beautiful” feeds me as a therapist and voice instructor.

Catherine agrees and comments that she is appreciative of her music therapy training because this reflection and witnessing is “so easy to offer. It is genuinely easy to hear somebody sing and when they do something lovely in their singing, I dance around and squeal with glee because I know they sounded good. I think they need an enthusiastic and genuine response that someone thinks they are good and have potential”. I agree and feel lucky to have found a profession where this is our work.

Catherine’s aesthetic whole. I am inspired by Catherine’s story and interested to learn about the influence of her own vocal and singing experiences. What stood out most for me in her music story was the solitude she has experienced throughout her life as well as in music. As she retells the story to me, people seemed to play a minimal role in her musical development, and I wondered if this might have been related to the lack of reflection, acknowledgement and interest she received as a child from her parents. Her comment, “I don’t have companionship in music...just the music itself is my companion” and the vocal portrait’s lyrics: *So I begin again...to start without a friend...begin and end in solitude....* seemed particularly poignant to me.

The theme of solitude was repeated in many of her musical experiences in life. Music seemed to be her only companion throughout her childhood: playing piano at home as a child, singing for herself when she had no friends the summer her family moved to Montreal, and teaching herself to play guitar. She expressed her emotions in songs, because her family provided

no safe outlet for Catherine to express herself. She stated that there was no one in her life to give her feedback and she acknowledged that she existed without it, and yet I ponder whether her love of recording might partially fill this need.

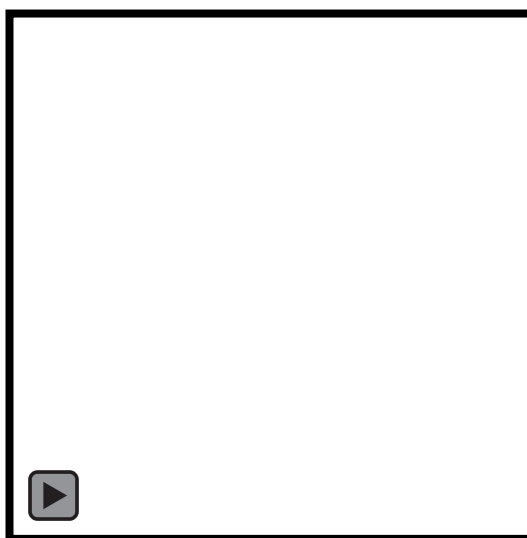
Catherine acknowledged that her piano teacher was important in her life but this was only evident with the storytelling about her visits with her at the end of her piano teacher's life. There seems to have been few people who were invited to accompany Catherine on her musical journey, though many have been influential along the way, and no one person who has had a sustained musical presence in Catherine's life. Till recently, Catherine sang her own songs in bands without vocal partnership and now she acknowledges that this has changed. She is enjoying singing and playing with others, inviting her band mates to sing harmony on her original songs for the first time.

Not surprising, I hear in Catherine's story her need to feel safe, have control and find a way to "peacefully coexist with things that happen to us and within us", her definition of healing. I hear her longing and desire to have, live and be in creative freedom, especially when singing. She speaks about how music gives her freedom within structure, and how singing requires her to bring together parts of herself that she normally would keep separate and divided. She is aware of the divide between brain and personality that results in her feeling she lives an uncomfortably dichotomous life. I hear how the compartmentalized parts of her life try to maintain their separateness but that singing encourages the parts to become aware of each other. This was evidenced in her story of singing as a music therapist when her client asked her to sadly sing on the duet in the session and again at the karaoke night. This seemed to represent an important shift and change in Catherine's relationship to her singing as she decided to allow and show emotion to her clients in her voice.

Catherine acknowledges that she has a disconnection with her body, mind and emotions. She knows that singing has the ability to bring her unconscious into consciousness and is the best way to integrate her “selves,” even though this learning is often scary and uncomfortable. She says that singing has sometimes provided her with the only emotional expression she has had, and she remembers moments on stage when she knows exactly who she is, discovering new aspects of her songs and her voice, letting go and channeling something much bigger than herself. As a music therapist and vocal psychotherapist, I hear that Catherine’s next steps are in wanting to give others (and herself) an experience of consistent vocal freedom – an experience where they can reclaim that making sound can be for the joy of it.

I see Catherine as having great courage and commitment to her own healing - to silence her critic and sing with unfettered abandon. By having her many filters of singing, language, writing, music therapy and vocal psychotherapy, Catherine’s journey to use her voice and singing as a positive influence for change and transformation in her own life and in others, seems destined for success.

Catherine’s vocal portrait.



I ask Catherine if she knows what she wants to do for her vocal portrait. She has two ideas in mind but chooses to sing a new song she has written, accompanying herself on the piano. The song emerged out of hard times that Catherine experienced recently. The music sounds plaintive to me, with descending phrases and pauses for reflection. My image is of Catherine singing this song to soothe herself. The piano starts and ends the song, and for me, its voice speaks of the piano being her friend when she was a child. The song and her singing of the song are beautiful, and very moving. The words speak to the story that she has so eloquently shared with me in the interview, and after, she comments that she was aware of the synchronicity as she was singing it but had not thought of it consciously. It was truly the right song for this right moment.

I cannot explain
 Just how much I need
 To set me right again
 Cracks are all around
 Moments where I stand
 There is nowhere safe anymore
 And then words come crashing in
 Digging through my skin
 Dissolving all my arguments

And I begin again
 And start without a friend
 Begin and end in solitude

I will tell myself
 Poets have it made
 Words create reality
 To loosen up my tongue
 To speak what I have done
 To fill the room with beautiful air
 So I begin to sing
 And see what change it brings
 Song rewriting history

Vocalized interlude

So I begin again
And start without a friend
Begin and end in solitude

Chloe's Portrait

Context. Chloe and I have known each other for several years and in many contexts. I was her internship supervisor and we have since worked on several music therapy committees together. We were fellow students in the vocal psychotherapy training program and we now sing in a small vocal ensemble together. I know Chloe to be someone who seeks inner knowing, inner peace and answers to the big questions of life. She laughs easily and has an aura of calmness.

We meet at her house, which is a very comfortable basement suite in a lovely older neighbourhood. Chloe has lived there for many years and I have been a guest at her home many times. I feel genuinely welcomed as she smiles and invites me to come in, asking me if I'd like a cup of tea. We sip tea and catch up on our lives for a few minutes before we settle into the interview. Chloe lets me know she feels honoured to be a part of this research process.

Early musical memories and influences. Chloe grew up in a family where she and her father were the only ones who were musical. Her father played the piano and sang, and her parents listened to albums from big band, classical and popular genres. Chloe's mother remembers Chloe's father waking up singing first thing in the morning, and going downstairs to play the piano. He would play and sing religious and country gospel songs like "Just a Closer Walk with Thee" and "In the Garden". Chloe's paternal grandfather had been a minister and she thinks this is where the influence for religious music might have come from, even though her father never went to church as an adult. Chloe remembers her mother being instrumental in bringing her to Sunday school where she sang in the church choir as a teenager. Her grandmother

played the organ, led the choir, transposed music and seemed to be an early musical influence for Chloe.

Though her father played the piano, Chloe's family did not gather around the piano to listen to his music and sing together. This was surprising to me, given my own family history of my mother playing the piano and our family often joining together to sing old favourites. In fact, while Chloe was taking piano lessons from six to eleven years of age, she remembers it being difficult because she did not like to practice. Her mother was determined to keep her focused on learning to play but Chloe remembers her doing it in a harsh way. When Chloe dislocated her arm, piano lessons stopped, which at the time she was grateful for. She thinks she might have sung in school and she played clarinet in the high school band but never had voice lessons. She had a judgment about her voice due to her lack of training, as she assumed that people needed to have trained voices in order to sing. Remembering back to her teenage years, Chloe laughs as she remembers not playing "her" recorded music when her parents were home, something I can relate to.

I ask Chloe if either of her parents ever commented on her musical skills and in particular, her singing. Chloe initially had no recollection of her mother commenting directly but has the impression that her mother was proud of her. Later in the interview, she remembered that her mother entered her in a talent contest in their local town, where Chloe won a trophy. Her mother encouraged Chloe to apply for music therapy training and believed in her ability to could become a music therapist. Later in her life, Chloe's aunt had commented on her piano playing and how musical she was. She acknowledged Chloe's abilities and her mother admitted that she "wished she had given her more, but there were other kids to consider." Although her father shared a love of music, it seemed that he did not or perhaps could not see or support Chloe in her musical

development. I hear in Chloe's story a sad and unfortunate lost opportunity, for her to feel a positive reflection from her parents for an ability she later would find meant everything to her.

Her journey with self-doubt. Chloe's journey with self-confidence and self-doubt spans most of her life. Chloe's feeling as a child was that she was "always getting into trouble." Her mother has shared with her that she was "into things and doing things" that her mother could not understand. Her mother relates stories of Chloe playing with her childhood friends and coming into the house to turn on the washing machine, the stove and the water for no apparent reason. Another time she stuck a nail into a live outlet and was almost electrocuted. This scared her mother so much that she punished Chloe, hoping to stop her from doing things that were dangerous. What Chloe interpreted was that "something is wrong with me" and she felt that her family was angry at her much of the time.

She even felt that she could not sing "right." Her mother has recently shared that when Chloe was 5 or 6 years of age, she would wake up singing in the morning and needed to be reminded to stop singing when she went to bed at night. Her mother would tell her to "be quiet and go to sleep". Chloe becomes quiet and says, "I thought they did not like me and did not like my voice. They would tell me to shut up, or be quiet, or that I'd be disturbing people if I was singing."

She remembers having an emotionally painful experience around the time that she dislocated her arm and stopped playing the piano. She had won a trophy in the local talent contest for playing piano and she was feeling "blissful" for about two weeks, until a boy down the street told Chloe that she "didn't deserve the trophy" (only because another boy had won it two years in a row and wanted to win it a third year so that he could keep the trophy). Chloe

remembers being shattered by this boy's comments and remembers not saying anything to her parents about it, keeping her hurt inside, adding to her pain.

Chloe had a complex relationship with her father. He was not around much because he taught school, drove ambulance and was taking photography courses. She was scared of his anger and unpredictability but also was aware that on some level, she was taking care of his emotional needs. She now knows that,

I was trying to convince him that he was lovable. It was like I internally knew how unlovable he felt. I sensed in him, like a mutual knowing, a mutual experiencing of being unloved, that there was something wrong with us. He was an only child and his parents did missionary work, so he was handed off to whomever. He was told, "children are seen and not heard."

I resonate with her experience of her father in some ways. My own father had a temper and worked away from home most nights. He also had been raised in a very difficult family situation, and abided by the same edict about children being seen and not heard. I reflect on the emotional damage that was done to my father and how unprepared he was to be a parent to me, and feel that Chloe's father might have been in a similar situation. I begin to understand more about Chloe's story and am interested in her awareness that she had a mutual experience of being unloved.

Her self-doubt was reinforced by a significant incident involving her father when she was 13. She remembers singing while her father played piano. He made a comment that has stuck with her for decades and has affected her entire vocal journey. "Your voice is tinny," her father said. Chloe interpreted this to mean that she "did not sound very good" and recalls retreating into herself, never consciously singing in the house again. Now in her early 60s, Chloe still carries the hurt around his comment. Chloe thought that that she and her father were having a positive

interaction singing and playing together so his comment not only deeply hurt her on a personal level, but also confirmed her own self-doubt about her voice.

Expanding her awareness of her own musical skills. With her parents not reflecting or acknowledging Chloe's musical capabilities, it seemed she felt that she had no talent. It took other people to recognize and acknowledge her gifts for her to gain a more realistic picture of her musical abilities. For example, Chloe remembers a particular time when her older sister and she were singing on the ski lift going up the hill. Chloe was "shocked, puzzled and pleasantly surprised" by her sister's comment that she had a good voice since no one in the family had ever commented on her voice before.

She goes on to share her experience in later life of applying to the music therapy program at Capilano University and having to audition in front of two faculty members. When they asked what her major instrument was, she replied, "after this interview, I know it's my voice." She recalls being surprised about this realization but saw the audition and the subsequent music therapy training as pivotal experiences for her in gaining confidence in her voice and in knowing how important her voice was to her.

Her memory of the audition to the university program reminded her of the development of her vocal skills during many personal growth workshops she engaged in when she was in her 40s. The groups began to have entertainment evenings where people would sing. Chloe remembers envying their beautiful voices but was too afraid to sing by herself. Another woman asked her to come and sing harmony with her, through this experience, she found that she could harmonize. She continued to learn songs she could harmonize with and one of first songs was Two Trees by Canadian singer/songwriter Loreena McKennitt (1994), a song Chloe sang by herself at another entertainment evening. Although Chloe had learned to harmonize as a teenager listening to

Simon and Garfunkel songs and had harmonized to recorded music for years, the entertainment evening was the first time she had sung in front of other people. She now loves harmonizing with others and finds herself doing this to recordings all the time. Chloe also remembers listening to and enjoying recordings of singers who sang in close harmony such as a group of women called Womenfolk in the 1960s, Simon and Garfunkel and the Beatles.

Chloe recalls in these workshops that she learned how to breathe for singing. She found that as she did more breathing exercises, she noticed her vocal tone a deepened and her voice strengthened. This gave her increased confidence and knowingness, especially once she discovered that she had perfect pitch. She began to sing alto in the groups and to explore her lower range and deepening voice.

Chloe lets out a deep sigh and pauses as she remembers how she discovered that she had perfect pitch. When she was about 11 years old, her sister sat at the piano one day and played a game where she would strike a note and ask Chloe to guess what the note was. Chloe could identify each note accurately – she just “knew.” Because no one had ever noticed her ability, Chloe thought that every child could do this. It was only after she asked her sister that it was confirmed that indeed, her sister could not identify the notes, whereas Chloe could. When Chloe was 16 years old, her chemistry teacher confirmed that she indeed had perfect pitch, as he was demonstrating a tuning fork, and Chloe was able to identify each of the tones accurately. Chloe has worked over many years with how to utilize this special ability, and is grateful for it in her work as a music therapist.

I know Chloe to be a wonderful songwriter. I ask her about how her songwriting came to be a part of her life. She recalls having written her first song in 2000 and dedicating it to her mother for her birthday that year. Chloe’s early songs just “came to me” and she still sees them

as coming from her “higher self—the flow from within- her intuition.” Interestingly, she says that it has been difficult for her to sing a song that she has written. Songwriting has been her “source of joy and inner connection” and at the same time, been her greatest source of doubt. She recognizes that her songs are a source of awareness for her and an invitation for her to trust herself and follow her curiosity. She talks about her inner process when a new song is ready to be birthed.

Some moment, there is an inner knowing without even knowing that it’s going to happen. I simply cock my ear and there it is. There’s the song – I can hear the music and then the lyrics come right along with it.

This sounds like such a beautiful process to me, compared with stories I have heard of other songwriters who labour over lyrics or melody. Chloe comments that, “it’s a listening that has to happen. When my head and ego get involved, it’s so frustrating.” She says that throughout most of her life, she did not believe in her abilities, but she felt her intuition was guiding her along, though she was not always consciously aware. She remembers someone telling her that she was going to write a book someday and so one day in her early 50s, she decided to sit down to “see what might happen.” Before long, a song was there. Chloe remembers being in awe and feeling scared and shocked. She now reflects that these songs brought awareness to her of the disconnect within her. Song titles such as “To be open is the only way” and “The flow from within”

document Chloe’s journey. She comments about her own original songs,

it is part of the joy that is the whole that I am. I love the songs, and I hold them in myself and sing them at every opportunity to myself. I’ll hear myself singing them and they are all there. I can’t forget them. I do write the lyrics down and then I know the whole song. I don’t need to record them because I keep hearing them.

Chloe’s self-doubt sometimes kept her from sharing her songs widely and publicly, as she questioned if they truly were original. I also hear her lack of self-confidence having silenced her original songs until she trained as a music therapist. In 2008, one of her original songs won a

national music therapy song contest and now, Chloe has begun to share her original songs with a choir she created. It seems that *the flow within* her is starting to find its voice.

Singing and healing. Chloe knew that her disconnected self longed for re-integration. She engaged in counselling when she was in her early 40s after she began having panic attacks. After four years, she remembers feeling whole and healed enough to go deeper with many other types of healing practices. She felt a freedom to express herself in a way she had not felt before, and this included singing.

Chloe now says singing is her favorite thing to do. I ask her about what singing means to her. Chloe immediately replies, “Joy. It is joy.” She begins to cry as she realizes that “singing lets her joy come out.” This seems to be a moment of awareness for her as she reflects that this is likely her client’s experience when she is singing with them in her music therapy work. Her clients are helping to reflect to her the joy they experience when Chloe sings with them, and again, she learns about the positive impact of her voice. She also recognizes that her voice has a different quality when she is at work, is singing with her clients or is singing for the purpose of giving something to someone. She can sing in a higher range and she feels her voice has more clarity. She feels this is because she is singing from this place of joy and feels more connected with her spiritual self. She says she feels free to share her love through her voice with the clients because she “sees the light in them. It’s like my whole heart opens up and I’m just connecting to them through that place.” She remembers her father feeling free to express himself vocally in the family and Chloe reflects that she now finds herself singing as she walks down the street without even realizing she is doing it, much like her father did. She says she will sing “at the drop of a hat with anybody, anywhere. It doesn’t have to be perfect. It’s just about singing together.”

Through much therapy and inner personal work, Chloe has come to know that singing lets her know where she is. She ponders the lyrics of the songs she sings and consciously tunes into her vocalizations and songs as a barometer of her own inner being. She says,

since I started doing personal growth work, I started paying attention to the singing, and trusting it more. It makes me feel good to hear my voice. I hear it strong, and reasonably on-key, and I add improvisation so that it sounds the way I hear it in my head.

Chloe had a vision of an a cappella choir whose vocal connection was primarily through intuition. She likened it to a “baby who initially so freely expresses herself before things happen that start making the baby hold back over the years.” She established the Intuitive a capella choir that drew five music therapists together for peer support and expression of joy and healing through vocalization, toning, singing, harmonizing, and song.

When I ask her to define healing, she immediately responds, “loving... Healing is loving.” Then she gasps in recognition as she remembers her favourite mantra, “my job in this life is to remove all the barriers to love.” This sounds like a similar quote I know by the Persian poet and mystic, Rumi, “your task is not to seek for love, but merely to seek and find all the barriers within yourself that you have build against it.”

She goes on to contemplate how singing as healing has been a journey for her. She says she used to only listen to recorded music and never sing, not even with her own children. When they were small, she sang to recorded children’s music with them in the car or at children’s concert but nowhere else. As a family, she and her husband and children would sing in the car on road trips, but not otherwise. Chloe loved to use her voice to read animated stories to her children. She loved bringing the stories to life, cuddle with her children and read to them. As a grandmother, she now sings with her grandchildren and her own children sing with their kids and feels like she is starting a new trend of bringing music and singing into her family’s lives.

Chloe has made many connections during this interview, and now turns her attention to the integration that her vocal psychotherapy training offered her. She had been involved for many years in a vocal release practice, and had grown comfortable with using her voice for screaming and making noise to express what was inside. She says that the vocal psychotherapy practice gave this practice more “form and a container.” She feels that her emerging vocal psychotherapy practice would look slightly different than others, involving response to other’s vocalizations, using a cappella singing predominantly instead of the more usual piano-based foundation, and allowing what is inside to have voice. She harkens back to the vision of the baby, having “successive traumas, holding back and then allowing her voice to come out.” She had an opportunity to offer this kind of experience to others and found that it felt natural, even though her self-doubt still played a part. Chloe felt a calmness and had the most intuitive experience she had had, knowing exactly how to guide them through their vocalizations.

Spiritual connections. I am struck by Chloe’s story of her many musical abilities and the contrast between the lack of her knowing and expressing herself and the ease and flow from her intuition. I comment that I cannot help but think that her voice is in alignment with her spiritual connection. I hear in her story that songs come to her through intuition, that singing is joy, and that as a child she sang freely and often, and was curious and inquisitive. I see and hear today that her “inner child” still feels joy as she walks down the street or sings at work. I share my own understanding and belief that our voice is a powerful expression of who we are and embodies the whole essence of us and I ask her if singing is a spiritual journey for her, or a part of her spiritual identity.

Her voice tone and facial affect changes as she admits that this is a “scary place for me right now” to acknowledge that her voice is connected to the spiritual. She says she has felt very

disconnected from spirit for most of her life and feels vulnerable and undeserving, stating, “God doesn’t believe I deserve.” She shares a “cleaning prayer” that she speaks daily as a way of bridging the “separation and barrier I created, and feeling the fear that I have about being connected to God.” Her voice tone and facial affect changes as she relates that she feels an “opening up” with her clients, because they offer her a safe place to share herself. “It is a place to love.” This triggers another memory of her finding her life purpose at a personal marketing workshop many years ago. She discovered that her purpose was to love. Now being a music therapist with the residents at the complex care home, she gets to love them with all her heart. I reflect that she not only loves them but she brings them joy. Chloe admits that she has been journaling lately as a way to gain awareness and integration about deserving to be paid for loving people and bringing them joy.

Transforming her identity. When I ask Chloe about how singing has shaped or contributed to her identity, she pauses for thought and says that it has been difficult for her to have a sense of identity. She is trying to find a connection between being a feeling and emotional person and being a thinking and “getting it done right” kind of person. She explores several possible words that might express her identity: student, daughter, sister, niece but none of them seem to resonate. I offer this question, “if you were to have an identity as a singer or a musician, would that resonate for you?” She looks perplexed as she considers this. She shares that she would not have thought of herself as a singer, pianist or musician when she was younger. She does not remember feeling comfortable with singing as she does now. Singing was learning a song but was not an enjoyable thing. She seemed to be “trying on” various identities to see which intuitively “fit.” She considered herself a clarinetist when she was 16. She shares that she was an avid reader of books and a good marble player! As a physical education teacher, she knew she

had a “loud and strong voice in the classroom” that commanded the students to become quiet and listen. “Singing was something I did, not something I valued.”

The vocal psychotherapy training helped Chloe take her next steps in healing her identity as a singer and discovering her identity as a musician. Through having the vocal psychotherapist/trainer be the “good enough mother” (Winnicott, 1971), Chloe was able to re-experience her own childhood with a loving, gentle and positive “mother.” She was able to allow her voice to be heard freely for the first time—“the allowing of the freedom to go wherever I wanted to go, whatever sound I wanted to make...and to be me...to be accepted as me”. She recognizes as she did more healing work, her voice became more embodied and she started to re-evaluate her long-held belief that she was not a musician. Even as we speak in this interview, Chloe says, “I’m not a great musician.” We speak in metaphor in order to consolidate her experiences. I share my image of folding egg whites into a batter to make a cake or a loaf, and that each part of her life journey has now brought her to this place where she is folding and enfolding dis-integrated parts into herself, in order that she come out as a “well-baked” and whole person. Chloe’s image is that of a flower—slowly opening up the petals. Chloe’s image reminds me of the lotus flower, with an infinite number of petals.

As I remove the barriers, it's opening up the petals and allowing those things that are coming at me, and allowing myself to feel, to experience, and to be with whatever as a result of it. Whether it be pain, discomfort, joy, bliss, whatever that is. Allowing myself to be able to be with that. The goal in my meditation group is complete oneness with God, which means complete openness. This is about my first song, *To be Open is the Only Way*.

Chloe has another image of an art piece that is in the shape of a transparent head. The head is lit from within and there are “sticky notes” all over it. The sticky notes say, “I am bad, I am not good enough, I don’t deserve, I am a bad girl, I did this and I don’t deserve.” Chloe says, “I have all these senses of identity that are negative and that block the light. All the barriers to

me shining my light.” Chloe speaks of this image as one of transformation, as she removes each sticky note and lets her light shine. “Shining our light, and ultimately that beingness...being in a state of beingness...the more I reflect and allow, the more I can open.” I am reminded of an image I often use to indicate transformation – a butterfly emerging from its cocoon—and I share with Chloe that I see her going inward, reflecting and listening inside, and then revealing herself, like a butterfly spreading its wings, to be beautiful and visible. Chloe shares that this opportunity to talk about her vocal journey and make connections has given her an “opportunity to see my voice in an entirely different way than before. I now see it as the thread that has always been there through my life that gives me more of a sense of constancy of myself...a connectedness to myself.”

Chloe’s reflections. Chloe’s recollection of what role her singing has played in her life seemed to free associate from one experience to the other. Her story did not follow a chronological or linear line but rather realizations came as her memories stirred. Being a reflective person, Chloe wrote to me the next day after the interview to share her awareness and gratitude. It feels important for her own words to be voiced here.

Yesterday's experience and the revelations are still reverberating through me. It is one of those profound experiences where another truth has been revealed which reshapes/reformats one's perception of oneself and one's entire life experience. The inner narrative has been changed yet again.

I am a musician. Fact. It just is. Wow.

I am so grateful for this awareness. Doubting and even avoiding it, and regularly qualifying my musicianship (essentially to avoid criticism), has been exhausting. I have essentially been keeping myself separate from a significant aspect of my identity.

Today, I feel a congruency, a harmony within, like a group of puzzle pieces appeared and now all fit together. It feels good to be in my skin. I'm happy, joyful.

It occurs to me that for most of my life, while I was largely unaware of my inner turmoil or its unconscious origins (prior to panic attacks and other "sign posts") and thus did not

consciously speak of them, singing may have been a significant means of externalizing my inner experience (whether Joy, Love, Peace, sadness, anger, angst - I'm thinking Simon and Garfunkel here, etc.). I sang unconsciously, whatever was in my head: words, melodies. It wasn't until the last 4-5 years that I began to pay attention to what I was singing and to what it might unconsciously represent. And was surprised at what was revealed. Cool.

I think your research is going to be a profound piece of literature for musicians and other communities. And I think your interview is a gentle yet profound tool for heightening self-awareness.

Chloe's aesthetic whole. When I hear Chloe's vocal story, the lack of reflection in her early life silenced her voice and her ability to self-express until she was in her 40s when she sought counselling and started her healing journey. She not only experienced an isolation and dis-integration of self but also had massive self-doubt about her abilities as a singer, musician and as a person. Interestingly, in Chloe's story, I do not hear her blaming her parents nor being bitter or resentful, although I imagine that some of those feelings may have been felt along the way. When her mother admits that she wishes she had been able to do more, Chloe's gracious and heartfelt response is, "that you gave me what you did was amazing. I had that and it got me started". I hear in Chloe's story a deep gratitude for people and events along her life path that have contributed to her well-being, healing and in the integration of who she is today.

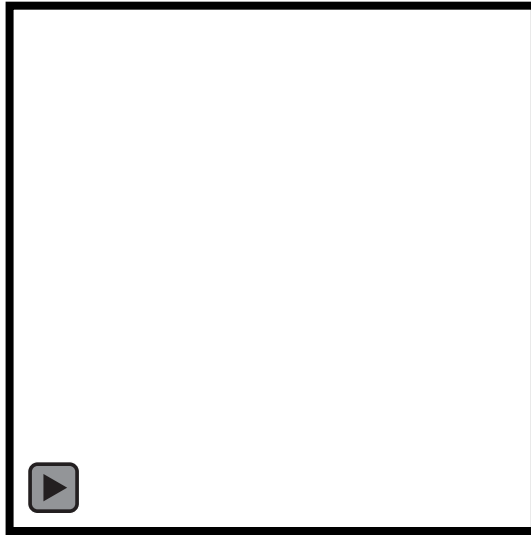
As Chloe remembered more parts of her life history and made connections with poignant events, she realized that she was not even aware that singing was a part of her identity until she started getting feedback from others: her father's comment about her voice sounding tinny, her sister's comment that she had a pretty voice, her ability to harmonize and realizing she had perfect pitch, that she was a wonderful songwriter and my affirmation that she was indeed a singer and a musician. After many experiences with her healing communities, music therapy, counselling and vocal psychotherapy, she has come to a place where she can say with more confidence, "I am my voice. I am a singer. I am a musician." When Chloe states this, her energy

changes and she becomes quiet as she contemplates what this means in her life. As is her custom, she chooses to “leave it be” and let it reveal itself to her in its own time. This statement feels very important as I hear Chloe’s story, as it represents a further integration of her voice with her spiritual practice and her identity.

Chloe’s awareness that singing is joy and that healing is loving seemed to connect her deeply. As a music therapist working with elders in complex care, she recognizes that she can freely share her love through singing and song, opening her heart and connecting with the residents from that place. This integrates her stated intention of sharing joy and offering healing through loving them. Chloe now shares her voice and songs freely with her children and her grandchildren, allowing them to experience the genuine, authentic person she is from that expressive place. This is changing the role of singing and music in her family.

The role of intuition in her life is palpable through every stage of her life, although she admits that for many years, she felt disconnected from the spiritual and from her intuition. She continues to explore, integrate and trust her intuition and spiritual identity, although admits that she feels fearful to acknowledge that her voice is connected to the spiritual. Through this interview, change occurred as she realized that she now sees her voice as the thread that has always been in her life, that gives her more of a sense of constancy about herself—a connectedness to herself. As she stated in her reflection after the interview, she acknowledges that another truth has been revealed, her inner narrative continues to change and she feels a harmony within. She is accepting that she is a musician. She is a singer. She is joyful. She is enough.

Chloe's vocal portrait.



Chloe chooses to sing a capella the song that she first sang for those entertainment evenings. Two Trees is a beautiful song whose lyrics are taken from a poem by poet William Butler Yeats and set to music by Canadian singer/songwriter, Loreena McKennitt. I hear a depth, a longing and a beauty in Chloe's voice as she brings these poignant words to vocal life.

Beloved gaze in thine own heart
The holy tree is growing there
From joy the holy branches start
And all the trembling flowers they bear...

Susie's Portrait

Context. I meet Susie at her house one evening after work. She had just been on holiday for three weeks and looked rested and well. I have always felt a kinship with Susie and we have shared many experiences together over the past eight years. We are colleagues together in our music therapy community, we were on the professional association board together, we were fellow students in the vocal psychotherapy training and we now sing in an a capella ensemble together. We share many similar beliefs and experiences related to energetic healing and the

power of spiritual healing. I look forward to hearing what she has to say about her singing journey. We sip our tea as she starts talking about the role that singing has had in her life.

Musical influences. Susie's recollection of her childhood memories about singing comes easily and seems completely accessible to her. Her earliest memory is when she was three years old, singing and dancing for people who came to visit. She recognizes that even at this early age, singing was already an identity for her. Her family was very musical. Her father loved to sing and tap dance; her older brother played piano, middle brother played guitar, youngest brother played flute, her mother greatly appreciated listening to good music, and Susie played guitar and sang.

Susie's father taught the family old popular favourite songs such as "Side by Side," "Let the rest of the world go by," and "Mairzydoats." Her father was more interested in popular music of the day while her mother preferred classical and opera, plus the cultural music of her own country, Denmark. Susie remembers having a special relationship with her father. He loved to hear her sing and she says that, "my singing had a special place in his heart." My father also loved to hear me sing, and it was a special bonding time when we would sing as a family, so I can relate to what Susie is saying.

I ask Susie whether she sang to her son as I wonder whether singing as a family carried on into the next generation. "Definitely! I sang to him from when he was born and he still enjoys singing with me." She remembers a special memory of singing to her young son after a car killed their cat. He was crying and feeling sad, and Susie talked with him about the cat but also sang and improvised songs to soothe and comfort him. She tells me that her son has a good ear and a good bass voice and is now singing and performing in a small barbershop quartet. She seems pleased that he has embraced singing, both with his friends and also still with her.

Building community. Susie remembers the family singing together on car rides but not that much at home. They were an active family who often went skiing together or on camping trips, so there were many opportunities to sing together in the car. I reflect to myself how interesting that many families feel comfortable singing in the car together when they do not necessarily do it outside of that circumstance. Susie reflects her thoughts. “Those early experiences of singing together with my family really set the stage for me—that singing was about bringing people together and building community through singing together that brought us closer.”

Susie’s experience of building community continued to be a theme for her throughout many other life experiences involving singing. Susie’s mother took her to see the *Sound of Music* when it first came out in the movie theaters. Susie was about eight years old and remembers how the family was brought together while singing together on the mountains or while they were riding bicycles. “I really resonated with that. I was already, on some level, conscious that there was something very special about singing and especially about singing with others.”

Susie recalls a trip to Japan with her volleyball team when she was 17. The team went onstage to be with the Japanese students for their assembly. When 2,000 Japanese students all stood and sang their national anthem, Susie remembers, “it seemed like the roof was just going to lift off.” She remarks that, “singing together, no matter what culture you are from, is a way of building community.”

Susie remembers her experience working at the children’s hospital as also building community. “I saw how music was such a beautiful bridge. It made people connect and kids open up. It seemed to so quickly bring people together—myself with others and others together.” I can relate to Susie’s experience, as I have often felt the same when I sing for my elders in

residential care. My master's research found that people in my senior's choirs felt a strong sense of community when they sang together (Summers, 1999).

Singing heals depression. Susie shares what feels like a significant and important awareness about her connection of singing to healing. She has noticed that during any period of time in her adult life when she was not singing or was not singing her preferred music, she began to get depressed.

Up until 17 years of age, she shares that she loved singing and felt free to sing the songs she loved in the way that she felt the music. At university, some of this natural freedom and love of singing became "squashed." Susie loved singing folk songs and singer/songwriters from the 70s. Her classical vocal teachers told her that she was not to sing those kinds of songs, as "it will ruin your voice." Susie's passion for the type of songs she enjoyed disappeared as she recalls,

I was being evaluated all the time so I lost the joy of singing during the time I studied classical music. The training enforced a certain way to sing and required me to sing in the way my teacher wanted me to sing. I had to sing a certain way and sound a certain way. All that just kind of squashed my natural effervescent joy of singing.

Susie recalls her 20's as being stressful. Not only did she lose her joy of singing while studying classical music at university, but also she had a baby at the age of 23 that interrupted her university program. As a single mother, she had to find ways to support her and her son financially and music had to be put on hold. She remembers those years as being very difficult and looking back now, she would say that she likely was depressed.

Susie remembers another period of her life when a lack of singing resulted in depression. She had moved to the interior of BC and was not singing regularly. Susie had been asked to accompany a recital and when at the piano, she started singing and burst into tears, realizing how much she had missed it. Currently, Susie is experiencing another job transition that is related to her not singing. Over the past five years being in a management position, she has not sung as

much as she would have had she been doing music therapy work, and she has noticed a tendency towards her feeling depressed. She likens the loss of not singing to someone who has always done a certain job in life and then retires or loses that job, and feels the subsequent loss of identity. Susie explains it this way,

There is this deep longing for that expression of me. What is also happening as I am aging too is that my voice is changing and I realize that the quality of my voice has changed and, in my opinion, not as good as it used to be. With not using my voice over several years, even though I haven't lost my ability to sing, I feel that I've lost something.

Susie defines healing as “coming to be at peace within myself—comfortable in my own skin. Touching into that joyful place, having love and feeling connected with no separation from others.” She gives examples of times in her life when she felt the best as herself, having “a sense of belonging to the bigger whole, having a place within that whole and feeling connected to the people around me.” She adds that many times this has been when she was singing with others.

Susie speaks of times where she felt she was at her best and experienced healing moments. The first was after she graduated from university at age 28 and started entertaining for seniors in long term care homes, something she thoroughly enjoyed for 20 years. Susie also worked at a children's hospital and would play guitar and sing for the children, where the children would open up to her when they had an “owie” and the music soothed their fears and accompanied their medical routines. Both were opportunities that showed her how music could be therapeutic, long before she heard of and trained in music therapy. We both chuckle as we acknowledge that most of us had never heard of the profession of music therapy but had been going down that road already in our life's work, enjoying the sharing of music for the benefit of others rather than just for performing. As a music therapist, Susie has also worked with seniors for many years and has been witness to moments and experiences where her singing has been healing, both for her and for the residents she served.

Susie has often been involved in toning and chanting groups and finds that using her voice in these ways has been a healing experience. She is able to put aside other thoughts and focus on the sound with few words while toning or chanting. She says it brings her peace, comfort, and healing. She led a toning circle for three years and she remembers leaving those sessions feeling like “my cells were singing—that the toning had vibrated inside me—that everything was vibrating at a more intense level.” I ask her if this was her “joy level” and she smiles and nods yes. “People would go away from those sessions feeling uplifted and happy and centered.”

Susie speaks of two other musical experiences she currently has that she considers to be healing. She and I sing in a small an intuitive a capella choir of five music therapists. We come together bi-weekly to tone, sing, vocalize, chant, and use our voices for support, expression, healing and inner joy. Susie also relates that singing on Sunday at church has become very important to her in the past seven years. Both these experiences are healing because they involve singing, but I also know that they also involve community. What I hear is that two of Susie’s most important and valued experiences in life come together to offer her beautiful ways of connecting to herself.

Performer versus healer. Susie remembers enjoying singing all though elementary, middle, and high school. She belonged to choirs in high school and university and remembers choir experience as being very positive. She sang in liturgical choirs, Gregorian chant choirs, and all sizes of university choirs. She found the repertoire in these groups somewhat limiting and felt a similar pressure as in her classical undergraduate program to “sing a certain way and sound a certain way.” She recognized that the choir experience was about performance and she felt the same pressure of evaluation whether she was “good enough” and “singing correctly.”

Susie sang solos at concerts and recitals, but enjoyed performing at what she considered “important” events such as weddings and funerals because there was meaning, ritual and ceremony. This was confirmed for Susie when she sang in a lounge for a summer when she was 18 or 19 years old and realized she was not interested in using her vocal talents in that way. She enjoyed performing when it was a meaningful for the seniors. She remembers times in her life when she would be performing and people would ask her to stop encouraging others to sing with her as they wanted to hear her sing. Although she felt uncomfortable with performing on demand, she acknowledges that she has a performer inside, but it’s “not the biggest part of me. There is much more desire to encourage people to sing for the joy of it, as opposed to singing for how it sounds.” I hear in Susie’s words and in her examples of when her singing touched lives, a common thread that is related to how meaningful the experience is for her, and whether she is allowed or given the opportunity to bring joy, peace, healing and feeling uplifted to the persons she is singing for. She enjoys sharing her gift with others.

I am curious about whether the pivotal moments in Susie’s life where she reconnected with singing and where she has been influenced by people, situations or both. Susie remembers that both parents, and in particular her father, were very supportive of her singing. In school, teachers and other adults recognized Susie’s talents and offered her solos. She gained attention and validation in this way that reinforced her family’s socialization of her being a “good girl” and using her talents to perform for others.

Her identity as a singer. When Susie finally made the decision to train as a music therapist in her mid-40s, she attended a university program in Ontario, where she was with much younger singers in the program. She remembers going through a “grieving process for the quality of my voice, for what it had been and what it was now.” She says she still feels sad as she

speaks about it now. Her singing is so much a part of who she is that she questions, “who am I if I’m not a singer?”

Because of her love for folk music and singing for healing, I ask her how her *authentic* singing voice is linked with her favorite musical genres and songs. She answers immediately that the message in the song and the lyrics are really important to her. This is why she loves folk music so much. The words to most folk songs hold great meaning, sometimes are about true stories or messages of protest, and are often heartfelt and have deep meaning. Susie says, “I find that when I sing inspirational music, because the lyrics have meaning, I am conveying a message and telling a story through my singing.” Susie also values that her singing is uplifting in some way. “People have said to me—and I believe this is true—that when I’m accessing the joy in me and singing, that I can spread joy through my singing”. She relates that sometimes she feels elated when she is really connected with her singing.

Susie reflects that singing has always been connected to service in some way—in giving to others. She acknowledges that it is healing for her also, but that she feels that it is her gift to others to be of service. She says,

it is a cycle or circle—giving is receiving. I always feel better afterward so there’s no question that it has been healing for me. At the same time, my giving to others has contributed to their lives. What a gift to be able to give, and in the giving, receive.

I am interested to hear all the twists and turns that her vocal path has taken, given that Susie considers her singing to be the most important part of her identity. Many times throughout her adult life, I hear that Susie has lost her singing self-identity, only to discover it again when she sings for others, contributes to building community, spreads joy and is engaged in meaningful interaction. I ask her whether she feels her identity as a singer has always been underlying all her experiences, or whether it has been a developmental process. She replies that,

“it has been a kind of coming and going where I’m more in touch and in tune and then I lose touch with that identity. I only know I’ve lost it when I regain a connection to it or sense that something is missing.” She agrees that, “singing has always been the most important thing in my life that I have identified with from very young.”

Besides singing, Susie identifies that she also feels that counselling and teaching is ways in which she can also share her gifts. She enjoys supporting people through the use of her empathy, listening and sharing understanding. Susie’s grandmother was a teacher, and was someone she connected with more than anybody in her family as a female role model. I continue to be astonished at how much Susie’s and my life experience match. My maternal grandmother was also a teacher and was one of four strong female role models for me, and my becoming a teacher had much to do with the example she set.

Because singing came naturally to Susie, she does not feel as competent in the technical aspects of voice and is not interested in being a voice teacher. She wants to teach singing “in my own way.” She feels she is at her best when she combines her love of singing and sharing joy with her music therapy and vocal psychotherapy training. She says she wants to help people open up and express themselves in their own way. She speaks about the person who she practiced vocal psychotherapy with during the training that was very afraid of singing and had not done it for many years. Susie helped her open up and relax her throat, offering her a therapeutic and educational experience. “From the beginning, when she said ‘I am afraid to open my mouth’, to the end when she was able to express herself through her singing - even though she had gone through much sadness, there was also joy.” Susie learned to listen to the quality of the voice and what emotion was in the voice that helped her hear it in her own voice, also. Because I too teach

voice lessons, both technically and expressively, I acknowledge that there is always a therapeutic experience in the lessons, especially because I am a music therapist and vocal psychotherapist.

Singing for change and transformation. Susie talks about the healing and change that happened for her during her two-year vocal psychotherapy training. She shares that she became more comfortable with improvisation and now feels very free to vocalize. She also learned how to really listen in the voice—“listen to the quality of the voice or what emotion was there.” She realized how quickly the voice could access and express deep emotions. She gives the example of her own private vocal psychotherapy session that enabled her to release deep and long-held unconscious anger and rage. Releasing through the voice helped her come to a place of acceptance, so that she could talk about the inciting event in a way that she had never had open access before. She goes on to say that the vocal psychotherapy session,

gave validity or really affirmed that this was something that I needed to heal and to work with. Even though it was a very intense and difficult emotion, there was still much beauty in the experience. It took the harsh edges off and made it easier for me to accept myself and embrace myself, working towards healing and letting go. Right in that moment was, in itself, very healing. Not just understanding but also healing.

Susie gives an example of how singing as a music therapist has offered her clients healing opportunities for change and transformation. She sees singing as healing when she has been singing with a senior who tears up and expresses something that they have held on to for a long time, or soothes someone who is agitated or anxious. She recalls that almost every time she has done a session, she has some healing, change and transformation happen through singing.

Before Susie trained as a music therapist, she volunteered at a palliative unit in a large hospital in Vancouver. She used to bring her guitar in and sing to the patients. She relates a story of a man who was at end stages of lung cancer and was having great difficulty breathing. He asked her for a specific song that contained his wife’s name, Kathleen—a song he had sung to

her many times during their marriage. When Susie sang “Take me home again Kathleen,” he sobbed and cried and asked for her to play it over and over again. Susie realized the power, importance and meaning of that one song to that one person at just the right time. I comment that even though he might not sing it himself, he is singing it in his heart and in his spirit. Susie nods in agreement.

Susie relates an image that seems to beautifully illustrate how singing brings back memories and reminds us of our stories. “It is *our* story. We weave our story through the songs that have been important to us in our life—like a river of songs.” Hearing her metaphor of a river of songs reminds me of my own work in end of life care in hospice, where many times, the songs I sung had significant meaning and touched people very deeply. I always felt privileged to be able to be a part of this precious and sacred time in their lives. Susie goes on to share her own stories of transformation at the time of her father’s death. She and her brothers were at his bedside and sang all the songs to him that he had shared with them throughout his life. Although he was in a coma, they felt he could hear them. She reflects that it was the,

healing of being together and singing together that mattered. I have facilitated for others when family members are with someone who is dying. They request songs that were important to their parent or sing the songs for them. It provides something that you *can* do when it seems like there is nothing else that you can do at the end of life.

I know what she means. After physical care is done and there is no verbal or social interaction, there can always be singing. Those songs that a family has sung together for a lifetime become particularly poignant and significant, and help them to keep close and connected to each other at this difficult time. Susie likens the experience of singing to building a bridge very quickly— one song can build the connection and make all the difference.

Susie remembers another transformational experience she had when she was leading the toning circles. She would encourage people to be in the center of the toning circle so that

everyone could tune for and to them. Susie would guide them to “go inside, connect with your core, your spirit.” She saw the vibratory quality of their singing help them release energy and emotion. “When you think about it, vibrating something releases something, which opens up and creates an energy flow that was not there before.” She likens this vibrational vocal healing to other medical equipment and procedures such as an ultrasound or laser surgery that uses vibration for healing. She asks, “Why wouldn’t our voices have that same effect?”

I completely agree. Having had over 20 years of energy training classes and experienced countless number of healings, I have been witness to the profound healing power of spiritual energy work. Susie talks about a woman who once used toning and consciousness of focusing where blocks were in her body, and how much she was affected by that session. She remembers thinking at the time that “I would like to do that.” I affirm that she is completely capable of doing this. Susie and I share a belief in the reality of energetic healing and I feel affirmed and fascinated by her clarity about the power of the human voice for real healing. For me, this is “home” and it feels wonderful to share this discussion with someone who believes, as I do, that singing is a profound healing influence for change and transformation.

Susie’s aesthetic whole. Susie admits that she was always the “artsy” one in her family, having brothers who are now lawyers and businessmen. “I had a natural understanding that music could be therapeutic and singing could be therapeutic. I had a passion for and a love for singing.” Through Susie’s story, it seems that it is important for her to have the experiences before she found her true calling of being a music therapist. This included singing in senior’s homes for twenty years, singing with the children in the hospital, singing with those at end of life, and just generally wanting to encourage everyone around her to sing. “When I ended up going to school and training to be a music therapist, I had all these experiences that I could draw from that

enhanced what I had to offer.”

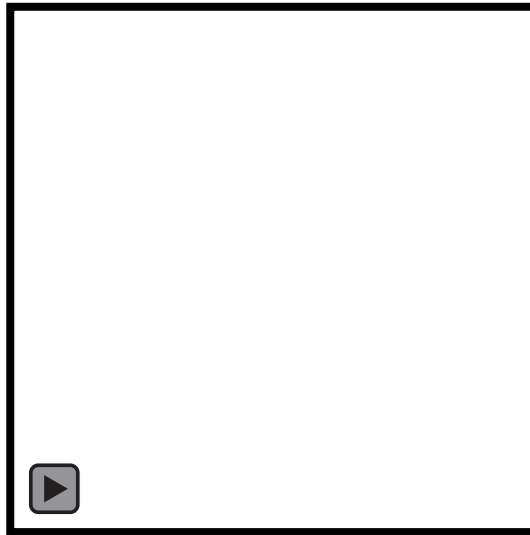
Susie has had many experiences throughout her life where singing provided her with healing experiences. She defines healing as “coming to be peace within myself – comfortable within my own skin...touching that joyful place, having love and feeling connected.” Her many experiences with leading toning circles, being at bedside of those at end of life, experiencing vibrational and energetic healing through sound, toning, and chanting, and singing in the intuitive a cappella choir have been places where Susie has experienced singing as healing.

Susie brings much awareness and insight to the discussion about the role that singing has played in her life. Her family demonstrated for Susie the importance of singing and being in community and this is something that continues to be an essential part of Susie’s life. Singing gives her joy and allows her to share that joy with others, and is her primary identity. She has seen how “music is such a beautiful bridge” between people that allowed them to open up and connect. Connection was a common theme in Susie’s story. Although she knows she has a “performer self,” she feels more comfortable in a role as therapist, facilitator and healer.

I am interested in Susie’s pattern of knowing that singing is the most important thing in her life, and yet, it often gets shelved or drops into the background for several years. She knows that when she is not singing, she becomes depressed, and ironically, she often does not know that she is depressed or missing something in her life until she starts to sing. Susie becomes reflective as she remembers feeling excited about the potential for voice and singing to be her path now in leading workshops, and helping others to release and sing freely. She seems a little sad when she asks herself, “why do I not really go for it?” She thinks that lack of confidence and self-esteem and having her own trauma to heal first likely held her back, but now she says, “I don’t want to have any more excuses. I want to just go for it!”

I encourage her that it sounds like the right time for her to find her own unique niche and offer her gift of singing and music. “Each of us has a unique voice. It’s not just about the singing; it’s about who we are. It’s not *out there* and instrumental. Singing is something that comes from us.” I hear in Susie’s voice and story a resolve to integrate her many talents and skills into her identity. She seems to be at a crossroads and inside, she knows that singing and her voice can bring her home to that connected place of love and joy that she seeks in her life.

Susie’s vocal portrait.



Susie’s request was to tone together, as we have done many times before. We start to vocalize easily and spontaneously in what feels like perfect alignment and synchronicity. Our voices blended beautifully and many times, we are in unison or in harmony with each other. Our breathing synchronizes; we start new phrases together; we feel fully connected. A sacred space is created with the sound and beauty of our voices and in that peaceful and connected place, there is love and joy.

Analysis

Introduction

The purpose of this study was to explore the personal singing and vocal journey of music therapists/vocal psychotherapists, with the intent to articulate how singing has been a healing influence in changing and transforming their lives. It is my hope that this research will offer music therapists' new perspectives and information about how singing is important in healing for their own change and transformation, and for that of their clients.

Although the research was one two-hour interview with each person, my long and deep history with each person and with the music therapy community in British Columbia and Canada also was a part of the research process every step of the way. I have been a music therapist for over 25 years and initiated the development of the vocal psychotherapy community in Canada for the past six years. I have taught voice and singing to music therapy students for 16 years and have been a part of singing groups, bands and choirs throughout my life. I have witnessed the effects that singing can have with people, and have been eager for twenty years to find out more about how others view singing as a healing, change, and transformative influence in their lives.

From my personal and professional context, I conducted interviews with five vocal psychotherapists, asking each person the same research questions:

- What is the experience of singing as a healing influence in change and transformation?
- How is singing healing?
- How can healing happen through singing?
- How can singing contribute to personal change and transformation?

The themes of healing, change, and transformation were integrated into the data and portraits because each participant was asked to articulate her experience of how singing had been a healing, change, and transformative influence in her life. I made every effort to genuinely integrate Lawrence-Lightfoot and Davis' (1997) five main concepts of portraiture (context, relationship, the good, voice, and aesthetic whole) into each portrait.

As it was important to me to honor the integrity and uniqueness of each person's experience of how singing had been a healing influence in their lives, I asked each participant to define "healing." Kathy spoke of feeling healed when she has peace and awareness and can let go of something or was able to talk about it without pain. "I know peace in the moments of worship where I feel completely loved, accepted and seen." Similarly, Claire spoke about healing taking place any time she walks away from the experience and feels differently or more positive. "If there's a small shift, I think it is safe to say that there's some healing on some level going on...as long as you walk away from that vocal experience and you feel differently." Catherine defined healing as "finding a way of peacefully coexisting with the things that happen to me and within me." For Chloe, she said simply that "healing is loving," which I interpreted as loving others as well as being loved. Perhaps Susie's definition is the most inclusive when she shared that healing is "coming to be at peace within myself—being comfortable in my own skin. Touching into that joyful place, having love and feeling connected with no separation from others."

I heard similarities among their definitions of healing as they spoke of feeling peaceful, connected, loving, and being accepted, being able to be in the same place as something, and recognizing change (and for one, specifically positive change). The participants were often

speaking more broadly about healing and not just about vocal healing but their definitions connected well to their stories of personal change and transformation through singing.

My initial definition of vocal healing was “the use of one’s own voice through singing, vocalizing, chanting, toning, and expressing for personal restoration of health, wellness, and wholeness.” This definition still fully encapsulates how that I see singing and voicework contributing to healing. Wholeness and wellness for me includes peace, feeling connected, loved, and accepted, including self-acceptance. “Restoration of health, wellness, and wholeness” includes embracing changes to my physical, mental, emotional, and spiritual self with the result that I experience an energetic, emotional, and physical balance in my essential self.

Additionally, I invited each participant to create a vocal portrait that demonstrated her singing voice in a way that felt authentic to her. Each vocal portrait is embedded in the portrait as an audible expression and artistic representation of the participant’s narrative story. Dewey (1934) believed that language was a powerful tool but had limitations in representing artistic experience because meaning was embodied within the medium of expression. Eisner (1988) wrote, “knowledge is rooted in experience and requires a form for its representation. Since all forms of representation constrain what can be represented, they can only partially represent what we know” (p. 15). Each person’s story therefore, is represented in narrative form as well as with a vocal portrait that expresses her singing voice in an experience that feels authentic and genuine. Each vocal portrait offers the reader another form of understanding her experience through a different form of representation: hearing the person’s voice as she sings, tones, or improvises.

Each person was given the opportunity to read her completed portrait and was asked for her approval to ensure accuracy and more importantly, that she felt comfortable with what I had written. Three participants sent back a few corrections of inaccurate information but otherwise

felt I had captured well the essence of their story. One person offered a detailed reflection of how reading her portrait impacted her. She said, “It is a very profound experience to read this document. I love the connections you made - I feel validated and seen, just as on the day of the interview. And I had forgotten about singing being the thread through my life. I love that! Thank you, thank you and thank you again for asking me to be a part of this.”

Another participant offered her reflection, “I really enjoyed reading your write- up of our conversation. It’s an unusual opportunity to see myself reflected through another person’s writing, so thank you for that experience. There were several realizations I came to for the first time when we were talking - I guess it was a very different lens than I am used to looking through.”

Influence of Vocal Psychotherapy

Since I interviewed a select group of music therapists whom had all trained together in the Austin model of vocal psychotherapy, it seems important to talk briefly about how each person’s involvement with the vocal psychotherapy training enabled her to explore and deepen her identity and connection with her voice. The purpose of vocal psychotherapy is to “help people connect with their authentic selves. The heart of the work is about connection and integration and the ways in which voice work within a reparative relationship facilitates this process” (Austin, 2008, p. 131). In addition, each person who I interviewed had been involved in her own healing and therapeutic journey of change long before the vocal psychotherapy training. Many had done therapeutic personal work for many years and are still involved on an ongoing basis.

Kathy attributes the vocal psychotherapy training to her taking huge steps in being more authentic. “I decided I was not going to hide. I was just going to be myself and see what that was

like.” The vocal psychotherapy training helped Chloe take her next steps in healing her identity as a singer and discovering her identity as a musician. She was able to re-experience her own childhood with a loving, gentle and positive good enough mother (Winnicott, 1971) which allowed her voice to be heard freely for the first time—“having the freedom to go wherever I wanted to go, whatever sound I wanted to make...and to be me...to be accepted as me.”

The training for Claire helped her to start to hear voices differently and to gain meaning from the message rather than only be focused on the technical expertise of a singer. Catherine felt more compassion for her voice since the vocal psychotherapy training, and her attempts to play improvisation has been less critical. Susie shares that she too became more comfortable with improvisation and now feels very free to vocalize. She also learned how to really listen in the voice—“listen to the quality of the voice or what emotion was there.” She realized how quickly the voice could access and express deep emotions. She goes on to say that the vocal psychotherapy sessions,

gave validity and really affirmed that this was something that I needed to heal and to work with. Even though it was a very intense and difficult emotion, there was still much beauty in the experience. It took the harsh edges off and made it easier for me to accept myself and embrace myself, working towards healing and letting go. Right in that moment was, in itself, very healing. Not just understanding but also healing.

Concepts and Themes

The data from the five participants yielded rich material for consideration in response to my research questions. It is relevant to say that although each music therapist was greatly influenced and affected by her involvement in the vocal psychotherapy training, many of the concepts and themes that emerged from the data were also discussed in the literature. The congruous research about singing as a healing, change and transformative influence was mostly done with non-trained singers, non-music therapists and definitely non-vocal psychotherapists.

This leads me to believe that many of the concepts and themes that my research uncovered would likely apply to others who are involved in singing, and especially for those who have an intention to use singing as a healing, change, and transformative influence in their lives.

In this chapter, I discuss five overall concepts and themes that emerged from my research. In interpreting the themes and concepts, I have supported these concepts with foundational literature and data from the portraits. Where there is no existing literature, my research contributes its voice to the ongoing professional dialogue. Now I will introduce the discussion of healing, change and transformation followed by the new concepts and themes that emerged from the data. Each concept has sub-themes, where I will share a synopsis of participant's stories and responses related to the theme and then offer a discussion. The main concepts from my research were: identity; spirituality; community and finally, an aesthetic whole of meaning and integration.

Healing, Change, and Transformation

Each participant was asked to define healing and to share how singing had been healing for her. The participants felt that singing was a healing influence for change and transformation that offered well-being and peace, vocal freedom, energetic and vibrational healing, and a deeper connection with self. I found that the literature generally agreed with my data, as similar aspects of psychological well-being were found in studies that focused on the healing aspects of singing for well-being within a group setting as well as singing for oneself (Kreutz et al., 2003; McClure, 1998; Patteson, 2000; Sauve, 2004; Whittemore, 1998). Psychological well-being in these studies included empowerment, singing for emotional release, changing mood, managing difficult times, singing for overall enjoyment, releasing of endorphins, and singing for meaning and wholeness. The following sub-themes were evident within healing, change and transformation.

Vocal freedom. Kathy's story exemplifies how her family background has influenced her vocal limitation in contrast to how her church experience has given her opportunities to have vocal freedom. Kathy knows she experiences healing when she has peace and awareness, and can let go of something or is able to talk about it without pain. She knows peace in the "moments of worship where she feels completely loved, accepted and seen." From a young age, Kathy was encouraged by family, pastors and other strong women in her church to sing freely, and she loved the experience. Kathy recalls her experience of singing in church as having the ultimate vocal freedom, a time when she was not holding back, because she felt accepted, seen and loved. She reflects that this experience was a "sacred and special place." She acknowledges that her mother modeled a freedom to sing as she improvised special songs for each child and would sing freely at church. However, Kathy also knows that her family sang with a "tightness or squeezed sound in their throats" like "something is held back." As a music therapist, she knows that this is likely due to emotional blocks and she wonders if this is related to "family secrets." She comments, "I wonder if that part that stays hidden in the voice is just a reflection of who they are in their secrets?"

She knows that she also shares this quality in her own singing voice. Ironically, this does not affect her ability to sing freely with her music therapy clients, because singing for clients has "nothing to do with me - the music is for them". Kathy speaks of how deeply moving music is for her, touching her emotionally and often causing the hidden sadness and the hurt to surface. In her childhood, it felt safer for Kathy to be in control of her emotions so that she could make it through the days and "not fall apart." She is aware that this now means she has to control her singing and to calibrate how much she shares through making her own music. Kathy recalls a pivotal moment in the past two years where she carried a newfound confidence, integration and

transparency of self from the vocal psychotherapy training into an audition she had to do. She recalls singing full voice, no holding back. “I felt free and remembered what it was like outside the church. I performed and I did not break down. That was freedom of voice!”

Catherine expresses a longing for creative and vocal freedom through “finding a way of peacefully coexisting with the things that happen to me and within me”. Catherine longs for freedom to allow her creativity to flourish. She knows that music is the only thing that requires her to unite her usually disconnected “selves” which allows her emotional release. As Catherine’s family did not acknowledge her musical and vocal talents, she has had to find other ways to have acceptance. Kathy’s and Catherine’s feelings of feeling accepted and seen, and finding peaceful coexistence are supported by the choral studies that found choir members “enacted wholeness,” related to an inner emotional and behavioral wholeness experienced by the person, as well as a feeling of belonging and acceptance with their fellow choir members (Tonneijck et al., 2008, p. 175).

Susie had a similar definition as Catherine, defining healing as “coming to be at peace within myself—being comfortable in my own skin. When I touch into that joyful place, I have love and feel connected.” She recalled that many times it was when she was singing that she felt at her best and had a sense of belonging to the bigger whole while having a place within it. Susie also has been involved in healing group singing, toning and chanting and finds that using her voice in this way has been a healing experience for her. She says that the vocal toning brought her “peace, comfort and healing, and left me feeling uplifted, happy and centred.” Halpern and Savary (1985) agree that, “tone is an underlying force in our lives. It is the voice, not only of our thoughts, but primarily of our physical body” (p. 72). Susie comments, “people have said to me—and I believe this is true—that when I’m accessing the joy in me and singing, that I can spread joy

through my singing.” She relates that sometimes she feels elated when she is really connected with her singing. Susie feels she has vocal freedom at these times.

When I ask Chloe to define healing, she immediately responds, “loving... Healing is loving.” “I have all these negative parts inside me that are barriers to me shining my light.” Chloe speaks of transformation when she identifies that singing “shines my light, and ultimately my beingness...being in a state of beingness...the more I reflect and allow, the more I can open.” Her songwriting is “part of the joy that is the whole that I am. I love the songs, and I hold them in myself and sing them at every opportunity to myself”. “The creative process...is informed by love, the intelligence of the heart and the knowledge of the self-organizing system” (Kenny, 1989, p. 89). Chloe struggles internally for vocal freedom because of her conflicting beliefs and past experiences of self-doubt. An aesthetic represents the conditions one establishes by ‘being one who is’ in relation to self and others” (p. 77). “Increases of positive affect, and decreases of negative affect, were observed after singing. Singing was emotionally rewarding, mentally refreshing, or supporting self-awareness in various ways” (Kreutz et al., 2003, p. 218).

The participants identified various factors that limited their vocal freedom: family messages and secrets, emotional blocks and fear of falling apart, negative feelings about self, and lack of acceptance. All spoke about how deeply they felt music and singing, indicating vulnerability in feeling so deeply without having ensured safety and acceptance of others around them. How they experienced singing as healing was in feeling loved, accepted, connected, seen and heard by significant others in their lives and often at critical times. Through emotional release, they felt peace within themselves. Having had an experience of vocal freedom, each person longed for that to be her usual experience of singing.

Energetic and vibrational healing. “Each individual has his own unique tones and this is

the secret of perfect health. Within the human body any deviation from this harmony would result in ill health” (Keyes, 1973, p. 99). Because I have been involved for over 20 years with a spiritual energetic healing practice, I have seen the healing effects of energetic healing through singing and creativity. It is one of the aspects in which I was most interested for this research. Does singing offer energetic healing and if so, how?

Claire and Susie believe in the energetic and vibrational healing power of their voice for change and transformation, and sound healers and the literature agree. Goldman (1988) writes that music is a wholistic tool for therapy, and that sound can help the body become integrated through sounding its own healthy vibration. Sound healers Goldman and Goldman (2011) believe that “sound can heal the body, mind and spirit, as well as the emotions” (p. 1).

Claire said that healing takes place “anytime I walk away from an experience and I feel differently or more positive.” She knows that she “chases the high with music”, feeding off the euphoria and endorphin release that she gets from singing. She likens the visceral and emotional experience of singing to a “liquid medicine” that enters her body through vibration. “Sound is a kind of food for the brain and the entire body” (Gardner-Gordon, 1993, p. 81).

Gardner-Gordon (1993) stated, “it is safe to say that we are all vibrations, and every part of the body has its own vibration” (p. 83). Claire speaks of the combination of her voice and the four-foot tone drum she uses in her clinical practice with her young clients. “It is a combination between something vibrational married with my voice, and that marriage of the two as a delivery system is a very obvious example of healing for my clients and for me.” Sokolov (1987) also believes that “each body part carries its own imagery and messages” (p. 357). I experienced Claire’s authentic singing voice and tone drum healing, as I was the “client” in her vocal portrait. I felt her voice resonate through the tone drum and synchronize with the beating of the rhythm -

like a heartbeat—into my physical and emotional body. I experienced the vibratory quality of her voice with the tone drum as a energetically healing and grounding experience and I felt a calming and a coming home to myself, an experience I would call healing.

Susie used to lead toning circles where she would encourage people to be in the center of the circle so that everyone could tone for and to them. “Toning is the use of personal sound to change a particular state of being” (Deak, 1990, p. 2). Susie would guide them to “go inside, connect with your core, your spirit.” She saw the vibratory quality of their singing help them release energy and emotion. “When you think about it, vibrating something releases something, which opens up and creates an energy flow that was not there before”. Csikszentmihalyi (1990) says, “purpose, resolution, and harmony unify life and give it meaning by transforming it into a seamless flow experience” (p. 218). Susie likens this vibrational vocal healing to other medical equipment and procedures such as an ultrasound or laser surgery that uses vibration for healing. She asks, “Why wouldn’t our voices have that same effect?”

Sound healers and some music therapists use voice for release and for sounding parts of their body for healing purposes. “There is a long history in virtually every tradition of vocal sounds, chants, and toning that have been used for healing purposes... a person’s own voice can be an instrument of healing” (Mason, 2006, p. 83). Sokolov (2012) believes that people will find that place of reconnection or reunion with who they really are, through the transformative influence of vocal improvisation, breath, touch and relationship.

Claire and Susie recognize the power of using their voice to offer healing resonance experiences to their clients. Both music therapists have personal healing experience of using their voice, which I believe is an important contributing factor to how their practice has developed in this direction. My vocal hello space model is the center of my voicework practice, and offers my

clients and students opportunities to transform their lives through vocal healing. It is precisely and only because I have had the energetic training and practice in my own life that I am able to offer it to others. “My belief is that our voice is the audible expression of our own unique energy” (Summers, 2011, p. 307).

Susie asks a good question: why couldn't our voices be used for the same purposes as laser surgery? Sound healers would say they already do this. In my experience, some music therapists are reluctant to combine their clinical practice with sound healing practices, but my research suggests that the combination is very powerful.

Identity

Identity as a singer and therapist/healer was a common and important theme for all five participants, and expressed itself in different ways with each person. Identity as a singer seemed to evolve and be influenced by certain factors: family involvement and acknowledgment, judgment or lack thereof, opportunities offered and chosen, significant mentor experiences, level of commitment to self growth and healing, having successful experiences with music, and finding alignment with chosen path and people serviced with singing. “People use music to construct their emotional experiences, social experiences, and identity” (Rolvjord, 2004, p. 108).

The sub-themes identified aspects by the participants related to their identity as a singer included: being of service, authenticity, acknowledgement versus judgment, solitude, being a performer and soloist, and underlying all, knowing that singing was the most important part of their identity.

Being of service. Because these women were music therapists and by the very nature of their profession would serve their clients, it was not surprising to me that being of service was an integral aspect of each person's identity as a singer. Although there are many internet resources

and websites dedicated to being of service and singing, I found no literature that discussed how being of service was an aspect of identity for singers.

Susie found fulfillment and satisfaction in singing with others in her music therapy practice and reflected that singing was always connected with service in some way. “it is a cycle or circle—giving is receiving. My giving to others has contributed to their lives. What a gift to be able to give, and in the giving, receive.” Susie feels she is at her best when she combines her love of singing and sharing joy with her music therapy and vocal psychotherapy training. She says she wants to help people open up and express themselves in their own way.

Kathy shares confidently that she knows she is a musician and a singer, and that her identity has always been strongly connected to her spiritual life. She believes that singing has the power to heal and transform with the intention to bring beauty and love to those she serves. She has been told that her life path is to be a minister, sharing her strong faith and beautiful singing voice with others. Through being a music therapist, she feels she is doing exactly this. She explains, “when I show people that they are loved and I express that love, this is another way to minister and lead people to God.”

Catherine chooses to lead her music therapy practice by example —being visible, dancing, singing along, and modeling for her clients that singing is fun and coaching them how to be comfortable singing in front of others. She genuinely acknowledges when they take risks and shows people how it looks when “we are connected to each other and we are supporting each other.” Her clients like her to sing for them sometimes and be their “musical mentor.” I have the image of Catherine being a good enough mother (Winnicott, 1971), encouraging her clients to express themselves through their voice. Her personal experiences have given Catherine an appreciation for the fact that “to have the ability to have anything come out of your mouth that is

sustained and melodic is a total novelty for some people.” She wants to help others reclaim the idea that making sound can be for the joy of it.

Chloe’s clients are helping to reflect to her the joy they experience when Chloe sings with them. She feels this is because she is singing from this place of joy and feels more connected with her spiritual self. She says she feels free to share her love through her voice with the clients because she “sees the light in them. It’s like my whole heart opens up and I’m just connecting to them through that place.”

One of the ways Claire uses her voice with her young clients is to intentionally support their self-regulation through proprioception by having them lie on a four-foot long tone drum. By lying still, they receive her resonant a cappella voice and consistent drum beat vibrating through their young bodies. “I can convey my energy to that person lying on the drum more if I am singing as well.” She speaks of “needing her voice to create the container” and a secure place that her client can live within. She acknowledges that by necessity, she needs to use her voice to connect with the children. “I can’t connect with them unless I’m touching their bodies to ground them so now my hands are busy, what do I have left? I have my instrument in my voice. So it became a natural – the more I tried it out, the more I realized that I was connecting with the kids by using my voice.”

All participants identified being of service as an important factor in their identity as a singer and healer/therapist. Each person used her voice to strongly and lovingly connect with her clients, bringing beauty and love, and experiencing the reciprocity of receiving as she gave, and feeling the flow of energy that happens when in that interaction. Their voice was used primarily to encourage clients to express themselves and open up, to connect with their bodies, to shine

their light, to make a sound and feel good about it, and to feel the effects of change and transformation.

Authenticity. Oddy (2001) defines the authentic voice as “the voice of beauty...the voice which gives a truthful expression of who the singer is, and which allows truthful expression to emerge through the voice” (p. 28). Cooke (1952) wrote, “the human voice is the only musical instrument with a heart, mind and soul” (p. 15). Four of the participants spoke of authenticity being another essential factor in their identity.

Chloe acknowledges with some sadness that she has struggled throughout her life to have a sense of identity. She recalls trying to find a “connection between being a feeling and emotional person with being a thinking and doing person. Singing was something that I did, not something I valued. I have come to know that singing lets me know where I am.” She consciously tunes into her vocalizations and songs as a barometer of her own inner being. She says,

since I started doing personal growth work, I started paying attention to the singing, and trusting it more. It makes me feel good to hear my voice. I hear it strong, and reasonably on-key, and I add improvisation so that it sounds the way I hear it in my head.

Susie has discovered that when she does not sing or does not sing her preferred music, she tends to become depressed and starts to lose a sense of self. “There is this deep longing for that expression of me.” Statistically significant studies concur with Susie’s experience that singing songs alters mood and increases happiness, which mitigates feelings of sadness and depression (Clift et al., 2010, Unwin et al., 2002). Kenny (1989) believes, “as one moves toward beauty, one moves towards wholeness, or the fullest potential of what one can be in the world” (p. 77). Singing for Susie is the most important part of her identity so she questions, “who am I if I am not a singer?”

Catherine makes the connection that until she trained in vocal psychotherapy, her songwriting and creating music had been the way in which she had given voice to herself. Giving voice to things that were formerly unconscious has been uncomfortable and a learning experience for Catherine. Salaman (1989) commented, “the wish to sing is intimately bound up with the desire we all have to know and express ourselves” (p. 64).

Singing, plus language, plus writing, plus music therapy training have given me many filters to look through to realize what has been going on for me for my whole life. The singing was the part that came instinctively. I have taken it to the place of wanting to become a student of human behaviour in becoming a therapist and then in the last few years, specifically starting to hone in on the voice and what role it plays. Everything that I have learned for the betterment of the people around me, obviously I apply to myself first because I am coming at this from some degree for a selfish reason of being curious about myself.

Claire makes an interesting comment about the connection between her voice and her identity.

Some people say that singers are not real musicians. I've pulled away from other instruments and really feel like I'm identifying more as a singer than anything when it comes to my musical realm...So it's not just my musical identity but it's my personality, and that's a huge piece of who I am.

Claire acknowledges that, “worrying about my identity as a singer over the past months has transformed me.” When she started on a wellness program earlier last year as she approached a milestone birthday, she found that her singing voice changed and this seemed to usher in what Erikson (1980) termed an “identity crisis.” This refers to a time in a person’s life where their sense of self is challenged, confused, or forced to be examined or when changing circumstances causes disorientation, distress or uncertainty. For Claire, her identity is tied directly with her authentic voice. “It is not about what is the quality of my voice as much as is my voice authentic?” She comments,

I think the authentic voice is obviously the person not trying to emulate anybody else – that’s the first step. Then being embodied is absolutely necessary. Then they have to be

accepting of their own voices. Usually when people don't have authenticity in their voices it is because they're not accepting of their own voice, so they're trying on a different hat or trying to emulate somebody else. So I think acceptance is a huge thing in being authentic. Finally, losing yourself in the moment, too, helps you be authentic. It's like this juxtaposition of being aware of your voice but at the same time not being aware of your voice.

Oddy (2001) concluded that, “the field of vocal discovery points to acceptance of the authentic voice as an important goal of the singer” (p. 114). Claire continues, “if I can be authentic, then it is all a part of who I am as a singer.” Rogers (1961) says we must, “seek to be authentically ourselves” (p. 17).

There was a range of experiences with the four participants. Chloe struggled to identify and know her authentic self, but recognized that when she sang, she knew herself more easily. Susie became depressed when she did not sing and lost a sense of her authentic self, so had learned that singing was the most important part of her identity. Catherine found new ways to give voice to herself and was exploring her knowing that singing was instinctive and a natural part of her. Claire acknowledged that singing was a huge part of who she was and as she has gotten older, her authentic voice has become more important. The authentic expression of self in each singer's voice is the *hello to self* of my model of practice. Saying *hello* to self as a person, as a therapist and as a singer acknowledges our authentic, “eternal, inner spiritual radiance, inner beauty and current inner wholeness and wellness – looking past the limitations of the body and mind, and not making any judgments or assumptions. Hello acknowledges a person's core wellness and wholeness as a being” (Summers, 2011, p. 305).

Acknowledgement versus judgment. Judgment, invalidation, criticism and self-doubt touched each person's life and were often related to our early experiences with parents and family. Acknowledgement by parents and family had an effect on the participant's singing self-identity. Three of the participants had strong and consistent family acknowledgement,

recognition and support for their musical and singing skills. Susie and Kathy were singing, dancing and performing at three years of age. Kathy's family *knew* she was going to be a singer when she grew up because she always listened to the radio and hummed and sang along. Susie's family was musical, all playing instruments, listening and/or singing. Susie recognizes that singing was already an identity for her at this age, and she felt her family supported her greatly. Claire's mother recognized musical talent in her daughter and consistently encouraged, coached and supported her musical development.

For Chloe and Catherine however, no acknowledgement and overt criticism from family early in their lives affected their confidence and belief in themselves. Research shows that our early relationship experiences with our mothers "creates the underlying patterns with which we listen, speak and sing throughout our lives. Vocal duets between mother and baby are one of the ways that babies develop their sense of self in relation to an important other" (Gregory, 2007, p. 85). In vocal psychotherapy, Austin's (2008) core belief is that the "relationship between the client and the therapist is the primary healing agent in psychotherapy" (p. 79) because so many people do not receive sufficient and supportive parenting as a child.

Kathy acknowledges now that there is a "great freedom that comes with a place that nobody gets to touch and that you feel confident in your own skin. I do know what that feels like. I have not always had that with voice." Although Kathy was supported by her mother and the church, she shares that when she was a child, she was constantly accused of "being too much" or was what her family called "frontish (being too forward)." Kathy is aware that outside opinions from others influenced her family's view of her and that she has a fear of being visible.

Love was conditional upon my success. I was only seen when I was being successful and fabulous and making my family look good. They wanted to see me compliant and well behaved, so I stayed in my room as much as possible to avoid causing problems because I was constantly a problem. I was constantly doing something wrong.

Like Kathy, Chloe feels that judgment has played a part in her disconnection with herself and with God but for Chloe, she feels it as self-doubt. She has felt vulnerable and undeserving, believing that “God does not believe I deserve.” Chloe sang alto in choirs and did not believe in her voice throughout much of her adulthood. She grew up in a family where she and her father were the only musicians, but given that her father was often angry and unpredictable, Chloe grew to have self-judgment and self-doubt about her singing voice due to comments her father said along with no acknowledgement from her family that she indeed have musical talent. She felt as a child that “something was wrong with me” and that she could not even sing right. Through many years of growth and healing work, including the music therapy and vocal psychotherapy training, Chloe has come to be more accepting of her voice and has discovered she has many unique talents such as perfect pitch and songwriting.

In Chloe’s music therapy work, she recognizes that “her voice has a different quality when I am at work and when I am singing with my clients or singing for the purpose of giving something to someone.” She has noticed her vocal tone deepens and her voice strengthens, giving her increased confidence. She knows that when she sings with her clients, “singing lets my joy come out” because “my purpose is to love.”

Claire believes that everybody has a “connector person” in their lives, who is there at major milestones and life changes to suggest opportunities to her. Claire’s mother loved her daughter’s voice and was her first connector, enrolling her in all the music programs in their small town and coaching her for the local Kiwanis music festival vocal class. Claire’s sister became her connector person to suggest that she apply to the music therapy program; her doctor was the connector for her joining the women’s choir in which she currently sings. I became her connector with the vocal psychotherapy program.

Claire's mother was often judgmental about other's singing voices, which caused Claire to develop a very narrow range of what sounded good. When she sang in other choirs, she initially heard her own *inner mother voice* limiting her acceptance of other voices. Through choral experience and the vocal psychotherapy training, Claire started to hear voices differently and to gain meaning from the message rather than only be focused on the technical expertise of a singer. Although she can still find fault with classical singer's voices, she is completely accepting of her clients' and students' voices. Interestingly, Claire did not experience the judgment from her mother that she witnessed being given to other people.

Catherine comments that family will never be whom we want them to be. She is aware that she was raised with and thus embodied a type of self-judgment and self-criticism in her family that she feels has created a schism in her brain and personality. She made certain decisions she made in her 20's that have fuelled her inner critic to the point where she treats herself very harshly. Her current clientele reflect people's enormous fear about their voice—fear of judgment (their own and others) and fear to make noise that is outside their comfort zone. She has also witnessed a “reunion” of a person to their voice where they could have sung for hours merely for the pleasure of it.

Oddy (2011) found that singers had three general experiences of judgment: being judged by self and others, not being judged, and the discovery of singing as a channel for emotion and spirit. Oddy summarized the results as follows,

When a voice is judged, fears are brought out in the singer that prevent him or her from using the voice and from enjoying the benefits that people can gain from singing. These are benefits such as feelings of wellbeing, feelings of community and awareness or expression of emotion and spirituality. When the voice is not judged, all of these benefits are accessible to the singer. When the singer allows himself or herself free reign to use the voice, he or she can become accepting of the authentic voice, the voice that contains the beauty of who that person is. (p. 101)

Susie comes from a very musical family who supported her through her many musical and life endeavors. She was particularly close to her father, as he loved to hear Susie sing. Susie's love of singing was "squashed" during university classical voice program as her teachers expected her to conform her voice to one they thought was the right voice for her. It took Susie many years to regain the enthusiasm and to know that singing was the most important thing in her life.

Participants shared many stories where acknowledgement from others, particularly from family, was critical to their feelings of self-worth and self-esteem as an adult. Conversely, some participants experienced a lack of acknowledgement to the extent that they were almost invisible to their family members as musicians and singers, and years later, they were often still struggling with feeling a strong sense of worth, deservedness and belonging. Austin's (2008) belief is because the voice has been active since a person's birth, it can hold many memories and experiences that are released when the voice is activated in adulthood.

Singing in solitude. It is important to document one person's story because it has unique features, resulting from the lack of acknowledgment Catherine received as a child. Although she grew up playing piano and singing songs from the music books around her house, she recalls that her music making experiences were in solitude. She grew up in a family who kept a tight rein on their emotions. Her parents and family knew that the living room was "her territory" but never acknowledged, joined or seemed to take an active interest in her pursuit of music. She says, "I don't have companionship in music...just the music itself is my companion." Catherine's main companion was her guitar and singing when they moved to a new city when she was 13 years old, which was a very lonely time for her.

Catherine realizes that she still feels a sense of insecurity and is constantly looking for feedback, because she did not get any from her family or subsequent teachers. “I don’t have anyone in my life to give me that feedback so I sort of exist without it.” In seeking to find her own form, she says,

I have form because of singing. It makes part of me tangible that would otherwise remain nebulous or intangible. The act of singing has been one of the few ways in which I have been able to have a mind/body connection. For multiple very good reasons, I have had a real disconnect between my mind and my body for a long time. Singing is one of the opportunities I have to let them be in connection with each other.

When I think about the relationship between my love of language and singing, singing has been at times in my life the only emotional expression I have had. There is a cognitive dissonance for me because I am a very emotional person but I do not have an easy ability to express these emotions verbally unless I am singing.

Like Chloe, Catherine also sang alto in choirs, so does not consider her voice to be a “lead voice” and is still drawn to sing a harmony line. She says she always had difficulty in writing songs because her ear would hear the harmony line instead of writing a melody line. Being a music therapist means that she loves helping others to sing and be their best singing self. However, she has had difficulty in expressing herself authentically in other ways except when she is singing.

Catherine’s experience might be the ultimate “judgment experience” in that her music and voice, and in a way, she as a unique being, were never acknowledged. Catherine knows now that her parents are proud of her, but still minimally acknowledge her many talents. Catherine found a way to “hear” herself and gain acknowledgement that way through recording her original songs and through performing.

Performer and soloist. Being a performer or soloist was an identity that three of the participants held strongly, although to varying degrees. Both Susie and Kathy were performing for their families and friends by the age of three and were given ongoing acknowledgement and

support for their identity as a singer. Susie considers herself a soloist but enjoys performing when it is connected to a meaningful experience such as singing for seniors or singing at a wedding or funeral, where there is ceremony, ritual and an opportunity to share her vocal gifts with others. Susie values that her singing is uplifting in some way. “When I sing inspirational music, because the lyrics have meaning, I am conveying a message and telling a story through my singing. When I am accessing the joy in and in singing, I can spread joy through my singing.” Claire has always performed as a soloist and also solos in her choir. “I identify as a singer more than anything else when it comes to my musical realm. It is not just my musical identity but it is my personality and that is a huge part of who I am.” Ironically, it was because Claire rejected music performance as a career that she found music therapy, and then “came full circle back into performance” with her current choir.

Kathy has recognized in herself that she is a soloist and prefers to sing on her own or in harmony with singers with “good ears.” Because of her love of improvising for praise and worship, she craves the creativity of improvising melodies, hearing luscious and rich harmonies, and having the creative experience of vocal relationship through song. A Canadian study found that the technique of vocal improvisation enabled participants to have greater “sense of connectedness with the inner self, with other singers and with what is referred to as spirit” (Sauve, 2004, p. ii).

Catherine performs but does not consider herself a soloist. As she continued to perform and expand her confidence, she discovered that “being on stage is one of the few places where I feel like I know who I am. There is an enormous amount of discovery when I am on stage.” Oddy (2011) speaks of discovery of self through discovery of the voice (p. 59). Because I have heard Catherine perform over the past few years, I ask about her current band and how it feels to

have others singing with her on her original songs. She replies that with songs that she has sung hundreds of times before and that she knows very well, she can improvise within them, change the way she sings without throwing her band mates off, or sometimes just hit a note that feels like she is “channeling something much bigger than myself and it really feels just beautiful. It feels cathartic and open and very pure.”

Interestingly, all but one person felt being a performer and/or soloist was part of their identity. For Kathy, Susie and Claire, they have found a way that performing feeds their musical self though Susie is more specific about the criterion that has to be there for it to be meaningful for her. Because Catherine writes her own songs, her performances are directly linked to her original song material. Catherine feels the most connected to herself when she is on stage, acknowledging that there is a place for discovery of self, for vocal exploration of her songs and reveling in the interaction with her band mates and the audience. For Claire, she performs regularly with a women’s semi-professional choir and she finds that her voice is “platformed” within the performing context. She has discovered, “it’s the voice that connects me more” through the “lush harmonies in a cappella singing, I feel so much more connection when I listen to singing than when I listen to instrumental music.”

Spirituality

Spirituality was a third concept related to how singing and healing are connected for change and transformation. I like Mohan’s (1998) definition of spirituality as, “ a personal quest for meaning and purpose in life which relates to the inner essence of a person” (p. 5). All participants felt some aspect of spirituality played an important part in their singing journey as well as in their work as a music therapist. Three of the participants spoke of their clinical experiences working with those at end of life and how spirituality and intuition played a major

part at that time. “Singing is a spiritual practice—it offers the possibility of transforming energy—to have an experience of your whole self” (Bepko & Kresten, 1993, p. 118).

Spirituality for two people was a religious experience through worshipping and singing at church, while for others, was experienced in a very personal way through energy awareness, intuition, intention, and being in the moment. Some spoke of singing helping them to live in a more embodied state.

Intuition and being in the moment. Four of the participants spoke about the importance of intuition in their life and in their work. Tied closely to this was being in the moment – being in self and with others -with presence. “One only knows what one has experienced in the self” (Kenny, 1989, p. 60).

Claire trusts herself and chooses to say yes from her intuition to opportunities, experiences, and people as they present themselves to her. “I usually jump in first and have no idea of what it’s all about. I just trust that I am making the right decision, although I do create it through uninformed intent”. Claire has strong self-awareness, self-confidence, inner resources and resilience. During her music therapy clinical work, Claire admits that sometimes she is working with intuition solely and not consciously aware of what she is doing but she always has intention. Goldman (1997) stressed the importance of intention when he stated, “the human voice is able to focus and project energy of intention during sound-making better than any other instrument. Intention is the energy behind the sound being created...the consciousness we have when we are making a sound” (p. 138). Claire describes a clinical session,

I almost see the voice as being the person who's holding the hand. The person's lying on the drum and feeling the drumbeat in their body, and then my voice is being the hand that's saying, “here, come, come with me,” and pulling them towards a connection with themselves and with me—the voice is like a bridge.

Catherine comments that, “life’s magical moments might be when your inner and outer actually comes into being the same thing. This could be a transformative moment - rare and quite valuable when it happens.” At these times, she felt she was “genuinely in the moment” and had awareness of her singing not being from a “place of ego” but being in a calm, observant space where there is a “certain kind of alignment or kismet where all energies are moving in the same direction and they’re in synch.” “Being present can be described as an intentional commitment that requires us to bring ourselves to share in the present moment with another human being” (Mohan, 1998, p. 33).

Chloe says that throughout most of her life she did not believe in her abilities, felt disconnected from spirit and now wants to “bridge the separation and barrier that I created.” In this place of transition, she acknowledges that voice is connected to her spirituality, although she feels more comfortable calling it “intuition.” Chloe wants to explore, integrate, and learn how to trust her intuition more consciously in order to know her spiritual identity. “Valuable things can happen in this wordless place” (Mohan, 1998, p. 10). Chloe feels she experiences her spiritual side when she sings with joy as she walks down the street, and when she allows her intuition to guide decisions and life choices. She acknowledges that her original songs come from her “higher self – the flow from within – my intuition” and although songwriting has been her greatest “source of joy and inner connection”, she still has to overcome her self-doubt.

Kathy says, “I am a worshipper. That’s who I am. That’s my strongest self. My voice is the way I express my love for God. It’s my vehicle...my medium...it is how I express myself.” Kathy’s favourite time in her church service was the “praise and worship time” where God was praised through song, prayer and spontaneous improvisation and singing. Kathy recalls that during this time, she felt completely free to dance, sing, and express herself. Sauve (2004)

commented, “vocal improvisation is primarily a means of personal expression...from one’s inner world to the outer world...allowing the inner-self to become audible” (p. 25).

I think it would be safe to say that most psychotherapists and music therapists rely heavily on their intuition to make informed choices in sessions. To some extent, we all use our intuition to live life, make decisions, and understand human behaviour, our own and others. In the case of these music therapists, intuition played a role for one in making life changes and decisions, in being spontaneous in vocal expression, and for another, using her intuition as a way of knowing her spiritual identity.

Embodiment. Embodiment in singing is a part of vocal production where vocal tone and timbre resonate within and throughout our physical selves, offering clients a feeling of the therapist being present, being mindful and being “home”. Two of the participants commented on the importance of this in their work and life.

Chloe knows her singing has brought her more connection to herself. “I now see singing as the thread that has always been there through my life that gives me more of a sense of constancy of myself.” Chloe has noticed that her voice has become more embodied as she increases her involvement in healing work and that her involvement with the vocal psychotherapy practice has provided form and a container. Vocal psychotherapist Austin (2008) says of her own journey, “early on in therapy, my analyst told me that singing was a way for me to become embodied because it was a way to enter life that was aesthetically pleasing” (p. 60).

Chloe recognizes as she did more healing work, her voice became more embodied and she started to re-evaluate her long-held belief that she was not a musician. Gregory (2007) said, “vocal growth cannot be separated from personal growth” (p. 81) and Goldman and Goldman (2011) said that, “sound is a dynamic agent for shift and change” (p. 3). Chloe reflected the day

after this interview that, “I feel a congruency, a harmony within, like a group of puzzle pieces appeared and now all fit together. It feels good to be in my skin. I'm happy, joyful.”

Claire’s identity as a singer extends to her current experience of herself. “As singing is such an embodied thing, I’m having to learn how to embody myself differently because my body's actually different.” She seems to be redefining what embodiment is now for her and what it feels like to be grounded in *this* body. “I used to also be more self-conscious about my physical appearance. I can now be more focused and don't have to be out of my body as much.” Claire has a unique perspective on why singing is so fascinating to her, especially in choral singing. “It’s just so amazing that people can stand there singing in choirs with sounds coming out of their bodies and they can organize those sounds to create music.”

What Claire and Chloe have experienced in different ways is how they experience their voice coming from within their bodies. Having their voice integrated will affect the vocal quality of their singing voice. Chloe’s words are that it feels like a congruency or harmony within. Claire is in awe of the actual physical expression and capability of how people make sounds and sing.

Clinical work at end of life. All participants spoke of how spirituality and intuition play a major role in their clinical practice. I share their stories as examples of how spirituality and intuition are essential for music therapists in their end of life work, as many of my participants had worked in hospice and palliative care. Mohan (1998) discovered the existence of a quality of “relationship” between one’s spirituality and one’s work, building on Kenny (1989) who said, “the psyche or soul of the work is contained in the individuality of each and every music therapist” (p. 8).

In hospice music therapy work, Kathy shared the story of a woman who was palliative, and with whom no visible response was seen by other professionals. Kathy drew on her worship and praise improvisation experience to offer this client a foundation for expressing herself through vocal improvisation. Even though the client was unable to speak, she was able to sing. Sokolov (2012) says through vocal improvisation, the “invisible is made visible...revealing the energetic body...that transports us into other realms and other states of consciousness. Singing is the language of the soul” (p. 110). Kathy reflects now on this experience and knows the singing was transformative for her client and for Kathy. She felt in those moments that her client had peace and was seen, because Kathy was able to match and provide the support necessary only through this invisible medium, the voice. The experience made Kathy wonder, “what part of her sings? What is it about the voice that people connect to? What part of us is kept safe in our voice and is that really the last piece that leaves us before we go?”

Reflecting more deeply on her awareness, Kathy says her belief has always been that this client’s singing was an expression of herself and who she was – that singing was the only thing she was able to do at that time and was the only thing left for her to give. “Our real self shows through our voice” (Summers, 2011, p. 307). Kathy also commented that singing with people is a very intimate thing – we are close to the person, they feel our breath and feel our touch. “As singing together in a context entails the sharing of one’s being with others, it appears to bring about a vulnerability which makes the process very intimate” (Sauve, 2004, p. 137). Because this client kept her eyes closed, it was only through singing that she felt the presence of another person and responded vocally.

Kathy also experienced how singing gives people an opportunity to begin their grieving, even before the death has occurred. She remembers offering and holding the space through

singing for the family to have another way of expressing themselves as they sit by the bedside with their loved one. Kathy would encourage family members to hold the hand of their loved one while she sang to and with them, providing the musical and vocal foundation for relationship. She felt that singing gave the family another way to have a relationship with their loved one at a time when words were no longer possible between them. “We relate to each other through that which we share as humans. We come together through soul” (Kenny, 1982, p. 139).

Susie also has sung for many years with people at end of life and with older adults in residential care. One specific example she recalls was when she sang a special song to a man who was in palliative care. He asked for a song that he had sung to his wife for many years. He sobbed and cried and asked for her to sing it over and over again, as it brought him comfort and support to feel like his wife was once again with him in the room. Susie realized the power, importance and meaning of singing with spiritual connection through this experience. She also shared her own stories of transformation at the time of her father’s death. She and her brothers were at his bedside and sang all the songs to him that he had shared with them throughout his life. Although he was in a coma, they felt he could hear them. She reflects that it was,

the healing of being together and singing together that mattered. I have facilitated for others when family members are with someone who is dying. They request songs that were important to their parent or sing the songs for them. It provides something that you *can* do when it seems like there is nothing else that you can do at the end of life.

“Music is an energy system” (Kenny, 1996, p. 89). “The energetic space for a client in hospice care is liminal” (Summers, 2011, p. 311). In my own hospice work, I experienced myself vocally “midwifing” our patients from this world to their next world, whatever that may be for them. Music was the bridge between the family, the patient and often also for the staff. My vocal improvisation and singing connected everyone without them having to do anything. This type of work was a spiritual and transformative experience for all involved. Kenny adds her voice and

similar experience of offering music therapy to a woman in hospital. ““I cared that I had somehow been a co-producer in a concrete path between life and death. What I had learned in a dramatic form was that it was not the death that was the essence of the experience, but the transition, the moment of change, the journey, and the transformation. Dorothy and I had worked together. Through my singing and her response, we were weaving, building, working at making a path between what she knew as life and what she feared as death. Dorothy died a few days later.”

Someone once told me the legend that as a people, we were supposed to sing instead of talk, and that singing is a sort of language of angels. If this is true (and I would like to believe it is) then the singing of ourselves assists someone’s transition from this physical reality to his or her next spiritual reality.

We are connected to a meaningful rite of passage. We journey together. We meet each other. And through the music we are also connected to the mainstream of humanity – past, present, and future. Music is a constant reminder of the ongoing process of life. It builds. It releases. It builds again. It inspires us to turn loose so that a new cycle may begin. It reminds us that our common heart is always beating. Life is connected. (Kenny, 2006, p. 67)

Community

For one participant, singing as a way of building and having community was a very important theme in her story. Susie likened the experience of singing to building a bridge very quickly – one song can build the connection and make all the difference. Susie shared a metaphor of a river of songs as she spoke of singing with her clients. “We weave our story through the songs that have been important to us in our life—like a river of songs.”

Susie was aware that the early family experiences of singing together on the family road trips influenced her life greatly. She learned that “building community through singing together brought us closer” and that there was “something very special about singing and especially about

singing with others”, no matter the age or cultural differences. In her work with the children, she “saw how music was such a beautiful bridge. It made people connect and kids open up. It seemed to so quickly bring people together—myself with others and others together.” Studies reported choral singing gave choir members a regular weekly commitment that improved their mood, focused their attention (positively) on singing while distracting them from (negative and preoccupying) thoughts, increased their cognitive stimulation, afforded them increased well-being and relaxation related to deep breathing, and offered them social support from other choir members (Clift & Hancox, 2010).

I can relate to Susie’s experience, as I have often felt the same when I sing for my elders in residential care. My master’s research found that people in my senior’s choirs felt a strong sense of community when they sang together (Summers, 1999). “There is a sense of group support and group identity that develops when people sing together. Singing has been an aspect of group organization throughout human history (Gregory, 2007, p. 88).

Influence of Gender

Although the impact of gender in this study was not a pronounced theme, it is important to note that there were gender influences for each participant. The profession of music therapy is highly dominated by women. This gender dominance played out in this research, as all five participants were women, as was the researcher. The music therapists who have been influential in pioneering voicework practices in North America, Austin and Sokolov, are women. All five of the participants have been strongly influenced by women in their lives. For some, it is mothers and singing/music teachers; for others, it is female mentors at church or in their communities. All of the vocal psychotherapy students were women and the primary trainer was also female. Many of the music therapy authors quoted are also women: Oddy, Sokolov, Austin, and Kenny.

Kathy's female pastor was instrumental in modelling the power that she felt in being an independent black woman who was "confident in her own skin." Kathy also had another female choir member who sang beside her and encouraged her as a young woman in her vocal freedom. Claire's mother first heard her daughter's voice and strongly supported her by teaching her and coaching her for her first singing competition, which supported her musical development and ultimate career choices. All of Claire's connector persons were women as were her singing teachers, choir directors and many colleagues. Chloe's mother believed in her daughter and especially in later life, was very supportive of her retraining as a music therapist. Conversely, Chloe was afraid of her father and his influence has had a long-standing effect on her. Susie's family was generally positive and supportive and Susie related more to her father than anyone. She feels that her family influence was most noticed in the importance of community in her life.

Statistically significant gender differences were reported with women gaining more positive benefits for psychological well-being from singing in a group setting (Clift & Hancox, 2001, 2010; Clift et al., 2010). Results from Clift et al. (2010) also suggested "women with higher levels of general psychological wellbeing were more likely to express benefits from singing, and that this was not the case for men" (p. 26). Belenky, Clinchy, Goldberg, & Tarule (1986) studied ordinary women from various backgrounds ethnically, educationally, socioeconomically and age-wise. The authors were interested in the women's perception of "Voice", which the authors described as relating to,

their sense of Self, of their authority, self knowledge, self worth, self autonomy and of their ability to take charge on behalf of their lives. The authors found that many women continue to feel silenced in their relationships, families, professions and culture. (Ziv, 2000, p. 44)

Ziv (2000) studied women who were engaged in personal growth work or psychotherapy to determine their ability and capacity to take charge of their own lives. She found that with support,

the women became effective in expressing Voice when choosing to, and had an inner knowing that they were in control of their lives. The affirmation of one's Voice and taking charge is an ongoing process of growth and development...She is clearly aware that it is within her power to gain a sense of psychological health and well-being as a person and within the context of relationships. She is free to live the life that she wants and wishes to live. (p. 171)

The Aesthetic Whole

Meaning. Dissanayake (1992) writes that the arts accompany and help us navigate our journey through life. She believes that human beings have a creative and biological need to adorn, dance, make art, write, or make music and to *make special*. She believes that artistic expression and *making special* is our natural and inherent state, and that to separate creative life from our "ordinary" life is incongruent. Dissanayake views art as having the power to take reality and transform it into extraordinary. Wallace (2007) says, "the arts have been used throughout history as "portals to transformation" (p. 2). He goes on to "recognize art's role as movement in the pursuit of meaning. It is largely in this 'art-as-meaning-making' that art provide a means for adults to learn from themselves" (p. 77).

The participants involved in music psychotherapy and vocal psychotherapy have shared their stories about how their singing self that has sometimes been limited, lost or become unconscious which has limited their creative self-expression and thus, hidden or limited their essential self. Singing was their preferred way of *making special*, allowing them to improve awareness and experience how singing can transform their lives, helping them to know and have their essential self. Intrapersonal experience included inner and personal aspects of competence,

purposefulness, managing emotions and well-being, and creating a meaningful life (von Lob et al., 2010, p. 48).

Lawrence-Lightfoot and Davis (1997) speaks of “making and finding meaning through art as a transformative experience” (p. 35). Each person in this study was seeking wholeness and change in order to discover more about herself to sing freely. Participation in this research enabled some to make connections that further enabled healing and transformation. Lawrence-Lightfoot (2009) further speaks of the middle to later adult years as a “transformative time in our lives...requiring us to have the courage to challenge the stereotypes, the creativity to resist the old cultural norms, the curiosity to be open to new learning, and the adventurousness to pursue new passions and experiences” (p. xii).

Maslow and Jung talked about wholeness as foundational and Maslow tied this to self-acceptance. The arts can give that whole experience. “Music fulfills man’s need for beauty, and can satisfy his search for meaning in the world...aesthetic experience can have a preventative and curative effect” (Kenny, 2006, p. 38). Keshet (1997) believed that, “personal knowing contributes to a woman’s identity through the refinement of her meaning system...Women find meaning in their lives rather than make meaning” (p. 154).

Integration. Many participants spoke of harmony being one of their favourite musical elements. Integration is akin to singing in harmony, with different elements being folded into the final tapestry as the themes are discovered and uncovered in this research. After interpreting the data in relation to the literature, what resonates with me and is foundational to my voicework practice and my theoretical underpinning is my vocal hello space model that is influenced by Kenny’s Field of Play theory (1989).

The vocal hello space model involves the use of vocal interventions such as singing familiar songs and chants, vocal improvisation, toning, guided relaxation, breathing, vocal psychotherapy (vocal holding), a cappella singing, and energetic vocal healing techniques (Summers, 2011, p. 314), as the way to healing and transformation. I defined vocal healing as the use of one's own voice through singing, vocalizing, chanting, toning and expressing for personal restoration of health, wellness, and wholeness. The participants spoke of singing being a healing influence for change and transformation as they experience vocal freedom, energetic and vibrational healing and a deeper connection with self. Because singing involves our own resonance and vibration, I have likened the use of our voice for singing to a cat's purr that comes easily and naturally, having a vibration that is unique to the animal and not imitating another cat but rather sounding itself. Cats purr when they feel pleasure, acceptance, safety, love, and peacefulness. As human beings feel these same things, we may "sound ourselves" through breathing, humming, chanting, and singing. During singing, there is a resonance created inside our bodies that reflects our own unique energy vibration—that which makes us unique as a person. Our own natural sound is healing for our bodies and spirit, just as making sounds that are not in alignment with our own true essential self can be damaging. When we are relaxed, calm, centered, grounded, and within ourselves (what I like to call "being home"), then our singing sound and tone comes naturally with a resonance inside our bodies and a natural vibrato. This results in a deeper connection with self with increased access to vocal freedom. I believe that finding 'one's voice' is the journey that we all take throughout our lives.

The ability to sing is our birthright and constitutes a very personalized form of human self-expression. It forms part of our identity (Deighton et al., 1991; Gardner-Gordon, 1993; Hale, 1995; Martin, 1996). Participants described their identity as a singer involving being of service

and being authentic. As music therapists and vocal psychotherapists offering clinical service to clients, being of service seemed to be a natural fit. In my model of practice, being of service is the hello space that “communicates acceptance, worthiness and love to each person” (Summers, 1999, p. 125).

Because the profession of music therapy and vocal psychotherapy values and encourages personal growth, the participants had a strong commitment to illuminating their inner self so as to be as authentic as possible. Their authentic singer identity was affected by whether they had received acknowledgement, expectations or judgment from people and situations early in life, and also was influenced by how they had experienced singing for performance, for themselves and with others.

Spirituality became an important theme in the participants’ vocal healing journey. Participants spoke of how spirituality, intuition and being present (in the moment) facilitated embodied singing to be foundational for transformation. My vocal hello space model emphasizes the importance of embodiment, being a spiritual being within a physical form that has a physical personality and presence—ideally alive, awake, and present to each moment with awareness, insight, thought, and feeling.

My spiritual belief is that we are all singers and that our voice is the audible expression of our own unique energy (Summers, 2011, p. 37). I hold a value that healing involves the whole, essential self—the one enduring and ever-constant self. I believe that we are whole and well inside, no matter what physical, emotional, cognitive, or neurological damage or impairment might be evident externally. In every interaction, I sing and say *hello* to the spiritual being within. This *hello* is very poignant with those nearing end of life. When a person’s body is ill, fragile and dying, his or her spiritual journey becomes prominent and the spiritual and energetic self

becomes more visible. Music therapists working with those at end of life have a relationship with their own spirituality and intuition, and find singing to be “the language of the soul” (Sokolov, 2012, p. 110).

Kenny’s (1989) *Field of Play* has influenced my own clinical work and my vocal hello space model of practice. “Being a human being means that human conditions exist—and they are part of the beauty and the aesthetic (p. 74). In Kenny’s model, “the music therapist establishes a musical space...which is a contained, intimate, aesthetic and sacred space in the relationship between the therapist and client” (p. 79). Kenny’s aesthetic musical space is a field of beauty and sacred space, both that gave rise to my own “creative space” in my vocal hello space model.

My creative space embraces community. “Singing draws people together” was a common sentiment from my choir members in my master’s research (Summers, 1999, p. 101). This same observation was made by one of my participants in this research. “Music is a beautiful bridge, bringing people together”. Building and having community was one of the most common benefits reported by choir studies (Bailey & Davidson, 2005; Clift & Hancox, 2001, 2010; Tonneijck et al., 2008; Unwin et al., 2002). I end with a quote from one of my favourite singers, Pete Seeger, a life-long activist who believed in the power of music and of the song to bring people together. Seeger died in January at the age of 94 and was known to say, “there’s no such thing as a wrong notes as long as you’re singing it” (Minzesheimer, 2014, para. 22).

Implications

Introduction

In this chapter I identify the gap in the literature and discuss the scope and limitations of the study, look at the implications of the data related to leadership and change, share my personal learning, and finally, discuss recommendations for future research.

I have been curious about the healing influence of singing for over thirty years. I know I am the best “me” when I sing. I identify as a singer and believe that finding ‘one’s voice’ is the journey that we all take throughout our lives. I believe we are all singers. Throughout my music therapy career and now in my voicework practice, I have observed and felt change occur when my clients sing, when my students take a risk and learn how to open up their full singing voice, and when I have personally experienced vocal freedom in a new and fresh way.

The aspect of voice is central in portraiture and embraces three interconnected aspects. Epistemologically speaking, voice refers to the many ways of knowing. Ideologically speaking, voice can be viewed as a metaphor for authorship and empowerment. Methodologically speaking, voice refers to the researcher’s role in the inquiry process. (Carroll, 2007, p. 150)

I was curious to know more about other’s experiences of singing as a healing influence for change and transformation and to find out how singing is healing and can contribute to their personal change and transformation. I used an ethnographic and phenomenological approach called portraiture to interpret the data my five participants shared with me in one recorded in-depth interview. I chose to interview and observe music therapists who were vocalists with specialized training in the Austin model of vocal psychotherapy. We were close cohort colleagues in the vocal psychotherapy training and thus had shared personal history, life issues and emotional experiences for many years through singing and experiencing vocal improvisation.

I knew their responses would be articulate and have depth, and that they would be mindfully engaged, curious about and interested in this research. I felt that portraiture would honor their story in powerful ways. Finally, I could not complete a dissertation about singing without including actual singing, so I invited each participant to share an expression of her story through a vocal portrait, which is embedded within each portrait. Each vocal portrait gives voice to her experience for the reader to hear her story through singing, toning and improvising.

Gaps in the Literature

The use of voice and singing for healing, change, and transformation in music therapy practice, choral singing, sound healing practice, and community health is well documented. There are many studies that focus on singing for health benefits such as emotional release, social and psychological connection, wellness, redirection or distraction from pain or anxiety, and for building personal self-confidence. Most studies are with members of choirs or with music therapy clients with multiple challenges (Bailey & Davidson, 2005; Clift & Hancox, 2001; Clift et al. 2010; Eyre, 2011; Tonneijck et al., 2008; Unwin et al., 2002).

Gaps exist in the empirical literature because most studies address the more external and readily available benefits that singing brings people without participants having to have in-depth awareness of what is going internally when they sing or vocalize (Chong, 2010; Unwin et al., 2002). In the choral and group studies, there was minimal emphasis on the historical aspect of a person's relationship with singing and their voice, which the data found to be a factor related to acknowledgement and judgment. Most singers in the studies were amateur singers and there was gender imbalance in most studies, favoring women 3 to 1. None of the empirical studies I read were longitudinal and most had small sample sizes. None of the studies talked with music

therapists about their own personal experience of how singing was a healing influence in their lives.

The literature also does not talk about the uniqueness of our singing voice for our own healing and transformation that is particularly relevant and important to a music therapist or vocal psychotherapist and to anyone who is on a self-growth and healing journey. Building on the knowledge that our voice is as unique as our DNA, our face, and our name (Summers, 1999), our singing voice also has its own unique vibration and in my experience, is the audible expression of our own unique energy and self—our essential self (Summers, 2011).

The data found identity was a major concept for the participants. I found no literature that addressed being of service as a part of a singer's identity and minimal literature that spoke about the authenticity of a singer's voice being important for healing, change and transformation.

Scope and Limitations of the Study

This study had a small sample of participants who were music therapy and vocal psychotherapy colleagues. I have a long-standing relationship with the participants that gave me privileged access to their responses and story. A potential limitation of this study could have been the small sample size. However, the richness and meaningfulness of the data suggests to me that the small sample size allowed me to go into greater depth with each participant. Another potential limitation was unrecognized disabling bias. I was mindful and aware throughout each interview of my own counter transference and my own attitudes that might match my participant's story.

Future Research Directions

This study has been an amazing journey of learning and has piqued my curiosity about other types of research that could be conducted. I certainly have more questions than answers.

This study was conducted with adult women who were singers, music therapists and vocal psychotherapists. Would the results have been different with singers who were youth or children, men, non-singers, and non-therapists? How would the results be the same or different if the research had been done with strangers who were unknown to me as the researcher, or if the research had followed singers during a life-changing period in their lives?

Building on any of the concepts and themes, research could go deeper into how singing positively affects identity, how singing is affected by and related to mindfulness practice, and how intention plays a role in the healing, change, and transformative process. If singing enables us to feel more embodied and present, there might be important research done with youth to use toning, humming and singing for purposes of knowing how to be grounded and present in their bodies, being aware of their feelings and choosing to access their inner knowing, so that they have skills and tools to grow into positively functioning adults.

If I had been interviewing singers who were not therapists, I would question whether being of service would have surfaced as a main theme. I wonder what role authenticity plays for most professional singers. Would there have been a difference with amateur or professional singers, or with singers who sing songs from different genres (rock, pop, musical theatre, classical, opera)? An interesting study would explore how different aspects of singing affect a person's well-being and health through studying breathing patterns when singing, or how a person experiences having his or her own unique sound vibrating in his/her body.

My study makes me curious to know how we hear and know our own inner voices. How does singing positively impact our ability to express ourselves? One person shared how her culture had impacted her voice and her identity, and I wonder if different cultural influences impact singing differently, or whether there is a universal way that culture affects voice. Finally,

a particular interest of mine is how singing can be used for energetic and vibrational healing, and how research can support our society's confidence that singing is a healthful way to know self, heal self, and change self for positive transformation.

My Personal Learning

I have been a life-long learner and seeker of inner truth. Going back to school later in life was a leap of faith but one that I felt was totally doable, albeit with its challenges and benefits.

This doctoral journey has made me a better instructor for my students, a better therapist for my clients and a better writer and researcher. I feel more confident in what I know and what I believe, and I also am keenly aware of so much that I do not know and am curious about. I have learned to deepen my trust of my inner voice and wisdom and to know I am indeed an expert in many aspects of my topic and profession. I have had to learn to set boundaries with my datebook and make different life choices so that my focus and priority was writing this dissertation and me. This balance was a daily choice.

Although I have been in leadership my entire life, I had never studied it before applying to the Antioch program. I was challenged to read, write and learn about leadership, change and leading change in ways that I had never experienced and many which were not my path in life. One of my biggest challenges was to be within an American program. It was not always comfortable, as many times I felt my Canadian voice was not visible or welcome at the table. The experience taught me to appreciate who I was and has strengthened my pride in being Canadian.

One of the joys of my doctoral journey has been getting to know the people in my cohort. I have valued each class, residency, cohort member and faculty member with whom I had the privilege to connect, as each person and experience has taught me more about myself. The

program has changed me in ways that I would not have anticipated, and has offered me transformation and healing in having a stronger voice in the world.

The research topic I have chosen is definitely mine to do and has come at a perfect time in my life journey. I discovered I loved doing research, loved the reading of fascinating articles and books, loved talking with my participants and finding out their singing stories and have loved writing the dissertation. I am excited to finish this project, and am also feeling sad, as if I am saying goodbye to a friend with whom I have lived intimately for five years.

In my master's thesis in 1999, I wrote that my life experiences “re-affirm for me the power of music and of voice for healing, and the authenticity and abundance that can be experienced because of a simple *hello*” (Summers, 1999, p. 135). This is still true today in a deeper and more meaningful way, for which I am grateful. I give myself an inner *hello* to validate my learning, and I give an outer *hello* to my creation—this dissertation—the newest expression of me that is about to be released and heard in the world.

Implications for Leadership and Change

My very first class at the initial doctoral program residency was with Dr. Jon Wergin, who introduced us to how we learn. This lecture gave me access to contextualizing how singing as a healing influence is a way of leading change. Wergin said, “we learn by making meaning of the world around us” and then outlined five elements that connect leadership and learning, all which are relevant to my study (personal communication, August 2, 2009). Good leaders create a positive learning environment, engage creativity and flow, find the right balance between competency and challenge, question assumptions and make time for reflection. In my research, participants spoke about change as synonymous with learning. The participants experienced singing for healing as a creative act that has flow, an integral part of the experience. They spoke

of how singing creates a positive ambiance, often challenging us, and greatly improving meditation and reflection time. Wergin also spoke of leaders needing to be aware of feeling their emotions, being authentic, relying on relationship and trust, having generosity and being in reflection. All these elements are reflected in the data of this study. I believe singing as a healing influence contributes to leading change and transformation.

Although I cannot generalize that singing would have a healing influence for change and transformation to other people and situations, there is already historical use of singing as leadership. Singing and songs have been used in social justice movements for a long time. Two recent world examples speak to how singing leads change. During the civil rights movement of the 1960s, the song “We shall overcome” became the movement’s defining song of strength, hope and courage. The original slower hymn and work song was adapted and introduced by Pete Seeger and taught to thousands of people who marched and sang at protest rallies and meetings. Inspired by Dr. Martin Luther King’s leadership, and singing of freedom and equality, “We shall overcome” offered community and solidarity to those who were standing together, singing for change.

Similarly, in Estonia in 1988, the “Singing Revolution” occurred when 300,000 Estonians gathered publicly to sing their forbidden patriotic songs and share protest speeches in their hope of gaining back independence from Russia. They joined together hand in hand, singing for their freedom in a civil act of defiance. Estonia won its independence without war. Singing is truly a powerful way of leading change.

Recommendations for Singing as a Healing Influence for Change and Transformation

In British Columbia and in Canada, we are experiencing music programs being eliminated in schools and government cutbacks occurring across the arts sector. As results of

studies show that singing offers positive health, wellness, a more solid and known identity, and social and emotional benefits without undue costs, contraindications or side effects, it will be important for communities to take leadership and create places where people can sing and express themselves in a safe and supported environment for personal healing and for change and transformation within the community. Singing may give children easy ways to learn how to feel their feelings, be embodied, listen more carefully and grow into well functioning and balanced adults who have a solid identity, thereby contributing positively to society and our world. If energetic and vibrational healing occurs through singing, then medicine may accept other ways to heal through music and singing. I would like to live in a world where the hello space and the *Field of Play* are the norm and not just theoretical conceptual models. An unknown author left us these wise words,

In this life we are all just walking up the mountain and we can sing as we climb or we can complain about our sore feet. Whichever we choose, we still got to do the hike. I decided a long time ago singing made a lot more sense. (unknown author, Towne, September 26, 2012, para. 1))

I leave you with one of my favourite legends of the nomadic Aboriginal peoples of Australia, who believed that,

in the Dreamtime, the Ancestors sang the world into existence...and that each ancestor journeyed through the country, scattering a trail of words and musical notes along the line of his footprints...these Dreaming-tracks lay over the land as 'ways' of communicating between the most far-flung tribes...A song was both a map and a direction-finder. Providing you knew the song, you could always find your way across country. (Chatwin, 1987, pp. 11-13)

May singing and our songs always bring us home to ourselves, our communities, and to our wholeness.

Appendix

Appendix A

Permissions

Permission to use copyrighted songs for Susan Summers' dissertation

March 13, 2014

Dear Susan,

This e mail is to confirm that Quinlan Road gives you, Susan Summers, permission to use the song, "The Two Trees", composed by Loreena McKennitt, in your dissertation for Antioch University.

Best regards

Ian Blackaby, Business Affairs representative to Quinlan Road and Loreena McKennitt

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April 7, 2014

This email is to confirm that Capitol CMG on behalf of Aunt Gertrude Music Publishing gives Susan Summers permission to use the song, "Take me to the King", composed by Kirk Franklin, in her dissertation for Antioch University.

Sharon Shaub

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