

The Heart of Voice Movement Therapy: One View of Its Purpose and Principles in the Context of the Creative Arts Therapies.

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I was recently asked whether I consider the work of Voice Movement Therapy to be a whole and complete unit, a therapeutic discipline in its own right, or just "additions to a toolbox" for various kinds of practitioners in the healing arts to use. What follows is a brief attempt to answer this question, from my point of view as both an Expressive Therapist and a Voice Movement Therapy Practitioner, and in the light of the practices and published writings of a number of innovative creative arts therapists from different modalities, with several of whom I have had the privilege to train and to collaborate. I divide this article into four parts:

A. I will give a very brief background of the major Creative Arts Therapies, in terms both of their establishment as therapeutic disciplines and their use of the voice; B. I will describe the methods, which I believe all the Creative Arts Therapies have in common; C. I will explain what I think these methods contribute to the practice of psychotherapy in general; D. I will present my understanding of how Voice Movement Therapy fits into this framework. For clarity, clients will be referred to as "he" and practitioners as "she."

A. Let me begin, from an American point of view, with a very brief background of the major Creative Arts Therapies:

MUSIC THERAPY, the first to offer university training, at a bachelor's level, began in the early 1940's and tended to focus on specific problems such as autism, physical and behavioural disorders and mental retardation, in conjunction with medical research investigating the ability of music to bring about physiological change and stress reduction. Thus it developed a strong behavioural component, with some attention to psychological dynamics (McNiff 1986: 56). It is notable that the "music" in Music Therapy primarily involved the use of instruments, with little attention to the resources and development of the voice as a therapeutic tool.

DANCE MOVEMENT THERAPY, whose early pioneers were initially professional dancers who sought to aid troubled people by marrying their art with clinical and psychological practice to heal what they perceived to be a functional split between psyche and soma, had its beginnings in the mid-1940's through '60's. It established its own association in 1966 and its first graduate-level training programs in the early '70's. Much of the early work of dance therapists was with shell-shocked war veterans, people with schizophrenia and other major mental disorders, children with special needs, and others with distorted body image or difficulty expressing themselves. Dance Movement Therapy has been variously influenced by the Jungian practice of Active Imagination; Freudian drive theory; object relations theory; relational psychology, and, in more recent times, by the body-oriented theories of Wilhelm Reich.

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through the actual reach of all parts of his body, but by the amount of energetic space he feels he can take up, habitually or according to internal and external events on any given day. In Dance Movement Therapy, this is explored through spontaneous, improvised and sometimes choreographed movement; in psychodrama, through verbal and physical enactment of a personal script; and in art therapy, it is often investigated by creating group murals or by a single client sharing his creative space - a piece of paper or a canvas, for example - with his therapist. It also presupposes the work of identifying, negotiating and resolving the relationship which emerges between them in this interpersonal space.

4. **ACTIVE IMAGINATION**: By working within a creative artistic as well as a therapeutic process, they employ Carl Jung's method of Active Imagination, not only through verbal and imagistic inquiry, but through symbolic action within the structure of an arts modality. In addition to the client's own images, they receive and offer images gleaned from observation of the movements and sounds which he uses to explore his story;

5. **ACTIVE INTERVENTION**: In addition to observing and talking with the client, they frequently engage with him in movement, vocalisation, dramatic enactment and/or contact through massage, manipulation or demonstration and modelling of particular techniques;

6. **CULTIVATION AND USE OF THE SOMATIC COUNTERTRANSFERENCE WITHIN THE THERAPEUTIC RELATIONSHIP**: They use their physical senses, honed by the development of their skill as artists, to pick up and relate to an individual or group's bodily and vocal cues in order to discover both congruence and incongruence with the subject's verbally expressed material and to increase their empathy on a body level with the individual or group's physical and psychological state.

C. How do these methods contribute to the practice of psychotherapy in general? I would say in the following three ways:

1. By providing non-verbal or pre-verbal means of communication to clients for whom words are difficult, impossible or in the way;

2. By providing the client with both deep and rapid access to unconscious images and memories;

3. By providing a creative structure in which the client can explore his issues and enact his story.

According to Joan Chodorow in her book, *Dance Therapy and Depth Psychology*, "Every form of psychotherapy... is involved with the diagnosis and treatment of emotional dysfunction" (Chodorow 1991: 42). Such dysfunction, whether caused by faulty brain chemistry or biological structure, early or later personal trauma, or cultural dislocation or disaster, affects not only the way we are able to be and act in the world, but how we view ourselves which is often at the root of our dis-ease:

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Some innovative dance therapists, such as Norma Canner (pioneer Dance Therapist who founded the Dance Therapy Core Group at Lesley College Graduate School) and Penny Lewis (noted author and clinician who founded the Dance Therapy Program at Antioch New England Graduate School) encouraged vocalisation and the use of sound as an integral element of movement - "the kinaesthetic made audible", as Canner has said (Canner, private conversations). It was to these dance therapists that I turned when I first realised the need to "embody" my voice.

PSYCHODRAMA evolved somewhat differently in that it took its origins mainly from the work of one person, J.L. Moreno, rather than from a group of individually experimenting pioneers and established itself, not by allying with a college or university as an academic specialty, but by certifying individual trainers rather than programs (McNiff 1986: 76). Vocal expressiveness was fostered, but defined principles for the use of the voice as an expressive therapeutic instrument were limited. The parallel discipline of drama therapy was explored extensively in the United Kingdom, in terms of its application for both therapy and education, before becoming established, as well, in the United States.

ART THERAPY also began to coalesce in the '60's and '70's when it, too, established graduate programs in recognised universities and art schools. In 1974, Shaun McNiff, an art therapist and educational innovator, established a Masters program in what he called Expressive Therapy, at Lesley College in Massachusetts, which became the first such program to integrate the arts and psychotherapy. He, along with his early colleagues in the program (Norma Canner, Paolo Knill, Mariagnese Knill-Cattaneo, Joseph Powers and Peter Rowan), established core-training groups in each of the major arts therapies and sought to combine different arts modalities within a common therapeutic procedure, often encouraging both students and clients to contact visual images through expressive movement and enactment and by spontaneous vocalisation. It was this program in which I trained.

B. Here follows a brief description of the methods which I believe most major innovators in the Creative Arts Therapies share:

1. **THE USE OF NON-VERBAL MODALITIES AS A WAY OF ENGAGING THE UNCONSCIOUS WITHIN A THERAPEUTIC FRAMEWORK**: Through body movement, the making of visual images, symbolic enactment and, to a lesser extent, vocalisation, they seek to access pre-verbal traumatic experience stored in the muscles as well as in verbally encoded memory;

2. **EMBODIMENT OF EXPERIENCE**: By dancing, drumming, singing, drawing or enacting the materials of dreams, fantasies, and memories, they seek to engage the client actively - physically - through manipulation of his own body or of materials in the physical world;

3. **THE USE OF THE KINESPHERE OR PROXEMIC SPACE, BOTH PHYSICALLY AND ENERGETICALLY**: They encourage the client to become aware of and to negotiate personal and interpersonal space by defining and exploring that space not only

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The Heart of Voice Movement Therapy.

How we feel about ourselves is the most important feeling we have. It colors all other feelings. I believe each child knows what feels good and is satisfying if he or she is allowed to develop without fear and the need to satisfy someone else's needs. When we disconnect from our needs and feelings, we begin to separate the self from the body and the body from the mind (Canner 1986).

It is this separation of body and mind, and its effect on the person, which the creative arts therapies have such power to influence and change.

An example of combining pre-verbal communication, access to the unconscious, and a structure to give it form would be as follows: A severely handicapped brain-damaged child is able to learn to communicate affective feeling states and needs through expressive gestures and sounds and thus becomes more recognised and validated in a social context. He learns not only to control his drives, but also to express and communicate those needs and feelings, along with a great deal more of who he is, beyond his disability. Such an accomplishment increases and transforms his embryonic sense of self as much as the achievements of a person who is able to combine thought and feeling on a sophisticated verbal level, and motivates him to further effort.

We each have our own story; we each have our stuck places. For some of us, those places were formed so long ago that they are in our muscles as well as our minds and we cannot find a way to release them. Without a therapeutic process that is sensory-based as well as conceptual, some of us who do not have easy access to words, or whose access to that medium is so good it has become our best defence, might either remain silent or talk around and moan about "our issues" forever. Following the thought of Carl Jung, that the personal story is the rock on which the client shatters, we need a way to embody and transform that story through a symbolic creative act, which, through the common humanity of its particulars, is able to link us to a larger context.

What the arts and therapy have in common is the ability to contain conflicts within a structure and a process which is not reductive but able to hold and often to integrate opposites. Learning appropriately to express and contain our contraries, our conflicts and desires, in a way that enables us to function better in the world could be said to be the purpose of psychotherapy in general. If we believe, with Jung, that the ultimate purpose of therapy is not just to achieve homeostasis by restoring or bringing a person to a state of balance (which I understand was Freud's view and the view of most medical-model psychiatry); if our purpose is to help an individual achieve a change in how he views himself, then we need to provide him with a therapeutic process which engages his whole self through his senses as well as through cognition. Most people who come to therapy need to find a better way to contain and deal with the opposing tensions in their lives. The creative arts therapies have the potential to provide both a sustaining transference relationship and an artistic, symbolic structure within which we can address our problems, our issues, and our aspirations.

Most of the early pioneers in the Creative Arts Therapies were artists before they were therapists, or at least walked that road for a considerable time before, for one reason or

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other, they perceived that their passionate dedication to their art could be used to help struggling individuals achieve a better quality of life. Each found a way to utilise the healing power of the arts within a therapeutic relationship so that their clients might, in the words of Dostoevski's character Ivan in *The Brothers Karamazov*, "descend to the dregs in order to rise with the bubbles". Each discovered that artistic process could be joined to therapeutic process to engage the unconscious, to give it form, and to enable the client to transform and integrate its most hidden and explosive contents to energise and enrich his life. After all, in the words of Mircea Eliade, "Life cannot be repaired; it can only be recreated" (Chodorow 1991: 107).

D. This brings us to the question: How does the relatively new discipline of Voice Movement Therapy fit into this framework?

The Promethean forerunner of Voice Movement Therapy, archetypal father of the singing cure, struggled mightily to create something healing from his pain. Alfred Wolfsohn, in trying to rid himself of the acoustic hallucinations acquired in the trenches of World War I, found a way to deal with this form of what we now call post traumatic stress disorder by recreating through his own voice the sounds which tormented him. In the process, he discovered: that different timbral qualities could be made on each pitch of a person's range; that that range could be greatly extended, surpassing cultural stereotypes of what was supposedly exclusively masculine or feminine; and that both the range and the kind and quality of vocal expression could be released and extended by manipulation of the held musculature of the breathing apparatus which also released repressed affect. When that affect was released, in conjunction with the process of rendering visual images acoustically, both the voice sounded, and the person to whom it belonged felt, energised and liberated (Newham 1994 1997 1999 and Pikes 1999).

By working in this way, Wolfsohn arrived at the idea of the "vox humana," a kind of universal voice of great physical and emotional range, power, and versatility (Wolfsohn 1956). Whereas he was not particularly interested in analysing the physiology of the process or searching out and determining therapeutic guidelines, preferring to concentrate on his pupils' subjective experience, instead (Newham 1986: 67), he recognised his type of singing as a form of active imagination. Although Wolfsohn's work was barely acknowledged by Jung whose interest lay in the visual rather than the acoustic image, he was recognised by laryngologist, Dr. Paul Moses.

It was Moses who, as Newham says, "grounded the notion of a vocal psychology in the theoretical principles established by psychoanalysis" (Newham 1998: 203) and sought to establish an interdisciplinary approach for treating vocal disorders; and it was Moses who recognised "that it is often emotional disturbance which causes the misuse of the vocal instrument which, in turn, causes the symptoms with which the patient comes to the laryngologist" (Newham 1986: 203). Moses also defined specific vocal components and pointed out the way in which the voice was an indicator of developmental phases in a person's life (Moses 1954: 15). Further, he articulated why the acquisition of speech, in contrast to the golden age of the voice when the baby can lie in his crib and experiment with all sorts of vocal sounds without the necessity of having to

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2. EMBODIMENT OF EXPERIENCE: To the work begun by Wilhelm Reich to engage Western psychology in direct work with the body, VMT adds specific investigation and application of the vocal apparatus as part of that body. According to Reich, "The therapist has to physically investigate the movements of the body and, by manipulation of, and direct contact with, the muscles, ventilate pent-up energy and attend to the process of respiration" by which the patient keeps instincts repressed (Newham 1998: 196-97). The client, in Reich's work, is asked to change himself characterologically by altering patterns of respiration and muscle tension in order to move, as dance therapists would say, from bound to free flow. The involuntary vocal sounds, which accompany such muscular and respiratory release were encouraged by Reich, but not in any systematic fashion. The work, first of Wolfsohn and then as developed and extended by Newham, was intended to enable their clients to go through a similar process to achieve vocal ease or flow. The principles of compression, manipulation and massage as set forth in Voice Movement Therapy carry the practices of both Reich and Alexander Lowen further in that they are used, are in fact designed, to release inhibitory respiratory and muscular patterns and accompanying affects while the client is both moving and vocalising.

It was a statement by Roy Hart which explained to me what I had been trying to do for many years and which, seven years ago, inspired me to pursue a training in Voice Movement Therapy when I discovered Newham's first published book, *The Singing Cure*. Hart said: "I was aware that my voice was not embodied... For singing, as we practice it, is literally the redemption and resurrection of the body. The capacity to hold the voice in identification with the body makes biological reality of the concept 'I am'" (Roy Hart: Gunther 1978).

Taking Wolfsohn and Hart's investigation of animal sounds and movements as they give voice to and embody the psychic human shadow and expanding upon and changing Wolfsohn's conception of the timbres to wind rather than strung instruments, enabled Newham to employ the notion of the flexible vocal tube. Through the human/primat interface and accompanying physical and vocal postures, he helped the client to experience intensely the transition from the articulation of conscious speech to the more primal configuration of early speech required for truly liberated vocalising and singing. The further descent into feline/canine opened up this primal voice to its fullest extent and all the animal postures give psychophysical access to the shadow. Thus, he gained entry to what expressive therapist Paolo Knill has referred to as, "the language from the place before the word is born" (Knill 1981: 9).

3. THE USE OF THE KINESPHERE OR PROXEMIC SPACE: As described by Dr. Penny Lewis, the proxemic space is the distances between people determined by emotional, social or cultural norms and is "an invisible dome or sphere-like boundary which protects individuals from people getting too close and thereby abusing them ... gives individuals room to know and feel themselves ... and, from the perspective of the other, keep individuals from violating others' space" (Lewis 1993: 83). Spherical space, as conceived by Newham, particularises this invisible dome as a globe which provides the psychological equivalent of a womb which the person can create for himself, in movement and sound, as the ultimate psychic container which he can take with him wherever he goes. Newham emphasised this concept of space as spher-

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"mean", can be traumatic. In Newham's words, "To learn language, the child is required to bring his feelings, instincts, moods and affects...under the jurisdiction of words" (Newham 1998: 204) and is subject to some higher authority's judgement as to whether his efforts are "good enough" or not. In adult life, singing becomes "the only pathway to once more giving voice to the psychological dimensions for which no words are appropriate" (Newham 1998: 204), that time when primary infantile experience is grounded in a relationship with the mother before the advent of words. Dance therapy, too, has a language for such experience, but it is a movement language and not a vocal one. While confirming that speech was comprised of two parts, the cognitive meaning as conveyed through the word and the affective meaning as expressed in the voice, Moses gave primary attention to the latter and began to formulate a method of diagnosis for it (Moses 1954). The understanding and use of the basic components of vocal sound is, in my opinion, the rock on which Voice Movement Therapy is founded.

With Wolfsohn's death, his heir apparent, Roy Hart, shifted the emphasis away from therapeutic voicework and individual subjective investigations to the creation of an experimental performance-oriented ensemble where aesthetics, although a very new and different kind of aesthetics, and public presentation became major factors. The fundamental difference between the arts and the Creative Arts Therapies is the absence, in the latter, of aesthetic judgement as a guiding principle. Newham, who carried on investigations into the voice in the light of the pioneering work of both Wolfsohn and Hart, pursued a therapy of the voice which would explore the unrealised or only partially realised self through vocal expression in a discipline which "combines a basic knowledge of acoustics and the anatomy and physiology of the voice with movement, enactment and imagery which it seeks to integrate with psychotherapeutic principles and practices to create a specific vocal modality for therapeutic work (Brownell 2000, www.iavmt.org, "About Voice Movement Therapy").

Which brings me back to the question with which I began this article: Is Voice Movement Therapy a creative arts therapy in its own right? Let me tell you, as briefly and clearly as I can, why I am quite certain that it is--with one possible exception or at least a difference of opinion on my part--by looking at Voice Movement Therapy in the light of what I have outlined as essential elements of the Creative Arts Therapies:

1. THE USE OF NON-VERBAL MODALITIES AS A WAY OF ENGAGING THE UNCONSCIOUS WITHIN A THERAPEUTIC FRAMEWORK: Voice Movement Therapy, as conceived by Newham, is a powerful attempt to create a therapy of the voice, which is "an exploration of the self through vocal expression (Newham 1998: 320). As Newham says, he is interested in a therapeutic work "where the medium of expression is the acoustic emission of the human voice" (Newham 1998: 325) And he establishes and articulates certain specific core principles by which such work may be pursued.

Whereas both Wolfsohn and Hart certainly used the embodied voice as a way of engaging the unconscious, neither made a consistent attempt to anchor their work in a rigorous therapeutic process. Wolfsohn's pupils considered him an inspired teacher rather than a psychotherapist, although much in his work was certainly therapeutic. Roy Hart was a man of the theater engaged in an experimental, although also often therapeutic, process of discovery of new depths of performance through the voice.

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ical rather than linear, instructing his clients to explore in movement the simultaneously convex and concave structure of the body and all its parts as a process of constant change along a continuum.

A basic fact of anatomy and physiology is that every conscious human action requires the opposition of at least two muscles: one which contracts and the other which extends. According to Newham, any action along a psychophysical spectrum requires a gathering in and spreading out both three-dimensionally and simultaneously on conscious and unconscious levels, because part of the body will be doing the opposite of what the intentionally motivated part is doing. Further, from a psychological perspective, if one does not take the physical time and psychic space to gather in one will, quite literally, have nothing to give out, in terms of either physical or psychic energy. If one does not give out, whether to discard or to create, one will not be able to make room for anything new, for the process of change and growth, and will become stuck or frozen. To this particular concept of space as spherical, Newham specifically added the component of sound (Newham 1998: 126).

4. ACTIVE IMAGINATION AND 5. ACTIVE INTERVENTION: As Newham showed, "The process of active imagination and amplification can be applied vocally" (Newham 1998: 329). With regard to amplification, he made a departure from Jung whose focus was to generalise the patient's images in order to get to their archetypal roots; and, instead, embraced the theories of James Hillman by using "the therapeutic dialogue to make a particular image which emerges more distinctly idiosyncratic, more specific and more precisely emblematic of the client's concept of it (Newham 1998: 329) and, in so doing, aid in his discovery of "a particular quality of voice which is entirely his own" (Newham 1998: 330). It is not just the archetypal figure of a wolf which may emerge from the client's unconscious, but a particular wolf with a particular kind of fur and gait and teeth and toenails, and other specific details that spring from that person's imagination and manifest in that person's voice and body in a particular way. At the end of the day, every voice may play the same in that all voices are made up of the same basic acoustic components, but each individual voice is as unique as a fingerprint or a snowflake; and it is this voice, as it works with and manifests in the material of this person's story, that is struggling to emerge.

6. CULTIVATION AND USE OF THE SOMATIC COUNTERTRANSFERENCE WITHIN THE THERAPEUTIC RELATIONSHIP: As said earlier, every form of psychotherapy is involved with the diagnosis and treatment of emotional dysfunction, and it is the job of the Creative Arts Therapist to help an individual contact, externalise and transform that dysfunction through an active body-oriented artistic process. Because such a therapist not only processes her client's material through verbal discourse, but also endeavours to attune herself physically to a client's movements and vocalisations, and because she is often called upon to demonstrate and model ways of moving and sounding in addition to the kind of modelling which takes place in talking therapy, her work with the client often precipitates in the therapist herself unconscious associations in both verbally encoded and pre-verbal body memory. Consequently and precisely because of the somatic countertransference, interpersonal space must be even more carefully negotiated and projections worked out and taken back even more thoroughly. I will return to this consideration in a moment.

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In reviewing the work of Roy Hart and the function of rehearsal in the theater, Newham gives a description of its three stages which can be likened to traditional therapeutic process:

During the early stages of the production, the actor discharges the emotional expressions which seem appropriate to the character, in great magnitude, often with gestures and motions which correlate. Then, through the process of rehearsal, the emotions and their expression are refined, plotted, scored, choreographed and inscribed so that they are repeatable with some degree of consistency... The final stage, before revealing all to an audience, is for the actor to rediscover and re-engage the original emotional fluidity within the contours of the rehearsal moves and choreographed interactions (Newham 1998: 381-382).

In talking therapy, this process can be likened to identification and amplification, through the medium of words, of the client's unconscious projections onto the therapist; the conscious particularisation and clarification of these projections; and the renewed energy and feeling of liberation—of psychic flow, if you will—which the client experiences when he takes back those projections and dispenses with them or integrates them into his life. Newham goes on to say that:

The process of rehearsal has great creative, therapeutic and pedagogic effect, particularly when a client brings to a session material which is highly charged with emotion to the point of being overwhelming, consuming and difficult to form and, therefore, to contain. For the practitioner, the process of requesting rehearsed repetition of the material can enable the client to shape an expressive container for intense affect...one of the most liberating ways of relieving the client from the sense of being subjected to a clinical analysis and providing an opportunity to investigate the self through empowering artistic expression (Newham 1998: 382).

He compares his role to that of a theater director or a musical conductor (Newham 1998: 348). In discussing working in the transference, Newham says:

There is no training process which will guarantee the client freedom from his therapist's projections or preoccupations. Neither is there a training that will ensure that the therapist is able to respond extensively or analytically to what he hears in the client's voice. The therapist must do nothing less than put all his efforts into increasing the reservoir of images from which to draw in the process of nurturing a voice (Newham 1998: 333).

It is precisely here that I find myself in disagreement because, from my point of view and my understanding based on previous training and experience, being a director or conductor places not only the interpretation but the manner of enacting or performing the material squarely in the hands of that director or conductor, whereas I believe, for purposes of therapy, it needs to be more in the hands of the client, not only for producing realised compositions or performances when they emerge, but throughout the

process. Within the transference, I think that the client needs more freedom and less direction to "act out" as well as enact his story in order to find his own way. For the voice is located in the body and the client is trying to embody his voice by learning to explore, to express and to contain conflicts coming to consciousness, within an artistic structure which has been specifically designated as therapeutic and articulated according to known principles of therapy.

From my point of view, the therapist, having consciously defined herself as, and taken on the role of, therapist, has to work constantly to be grounded in her body, to delineate her boundaries for the appropriate expression of her ideas and interpretations and to be as clear as possible in both her verbal and non-verbal interactions with the client. Voice Movement Therapy, as I understand it, is not only the improvisation and the performance of the story through the song and dance; it is also, by declared intention, therapy; and the therapist has an obligation to be there in constancy, to go with the client through the inevitable pain of his journey, and not to abandon him when the going gets rough and the path murky. Creative Arts Therapists, even more than most, need supervisors to whom they can go regularly, in order to do their best to maintain, not objectivity—for no one can be completely objective—but to cultivate an attitude of conscious subjectivity (Knill-Cattaneo 1985) to keep the "me" and "thee", what is mine and what is yours, as clear as possible. This imperfect human struggle is as much a part of the Creative Arts Therapies as it is of all therapy worthy of the name and it must be adhered to as much as the artistic process which defines it. The client needs a containing therapeutic relationship and he must not be abandoned. Otherwise, he will never be able to achieve the independence and liberation which he seeks; for it is an age-old paradox that a child must be able to experience dependency on another before he can become truly independent in himself; and so it is with therapy. The therapist must be there in constancy, to the very best of her ability, working to increase her awareness of her own unconscious material and to contain the conflicts of her own life in order to make herself a conduit for the client's process.

Because of the ability of, especially, the performance-oriented creative arts therapies to cut through defences quickly by a self-directed imaginative process which takes people directly to their deepest affects through the fulfilment of an action that connects them to the emotional conflict stored in the musculature (Chodorow 1991: 36-37), the client can often have a cathartic experience. After that experience there is a need for containment. When we have enabled the client to bridge the verbal and non-verbal aspects of psychotherapy through an imaginative movement and vocalisation process that takes the client directly to his deepest affects, what then? Where do we go with that? There is a value to emotional catharsis in that it releases tension and it can serve to "reverse a process of denial and repression and help the client express himself and relate to others with depth and authenticity" (Chodorow 1991: 36). But we cannot leave him there, for the tension is intolerable and his choice will be to constantly repeat the cathartic experience or revert back to his old habits and resistances. There is a third option, which is consciously pursued in Voice Movement Therapy as conceptualised by Newham and described by Chodorow, as follows: "To contain is to feel deeply what is in us, to bear the terrible discomfort, and to find a way to express it symbolically. Symbolic expres-

* "There is no such thing as objectivity; rather, as a therapist, I strive to achieve a conscious subjectivity."

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sion holds the tension of the opposites; we feel the full impact while at the same time maintaining a bit of observing ego. Development occurs when we can contain the affect" (Chodorow 1991: 37).

My favourite quote in the literature of Voice Movement Therapy comes from the book, *The Singing Cure*, and says, "Singers at their moment of greatest affect keep on singing and that is the singing cure." However, if we all could do that from the outset, in a marriage of fully realised expression and containment, there would be no need for Voice Movement Therapy as a therapeutic discipline.

According to my understanding, the client learns to contain that affect, not only through working in an expressive artistic structure, but by being contained by the therapist, as therapist, as well. Voice Movement Therapy, if it is to be considered as a therapy which is engaged in psychotherapeutic process for the health and benefit of the client, must combine voice, movement, imagery and enactment within a containing transference relationship which, within the limits of human frailty and the vicissitudes of life, is constant. Otherwise, it is therapeutic voicework which assumes a different kind of expertise and a different level of responsibility. The degree to which the individual practitioner prioritises the projective material through the transference determines that choice. Both are good and useful ways of working if the practitioner is clear about the agreement she has made and the intention with which she works; they just have different boundaries and obligations.

CONCLUSION:

My point of view, which I have attempted to present here, is that Voice Movement Therapy, as conceived and synthesised in the work of Paul Newham, inspired by the therapeutic voicework of Alfred Wolfsohn and the creative performance work of Roy Hart, in combination with the body-oriented theories of Wilhelm Reich and the method of vocal or aural analysis pioneered by Dr. Paul Moses, and the creative imagination work of

C. G. Jung, comprises a new Creative Arts Therapy which is an addition to the major Creative Arts Therapies in that it provides a set of core principles articulated in terms of both vocal expression and psychological principles and provides a specific methodology and way of work for its practitioners. Where it needs to go further, in my opinion, is in its application of the principles of transference.

The strength and genius of the Creative Arts Therapies, I believe, is that they enable the client to achieve individuation through a process of transformation based on a symbolic creative act in which he is engaged body, mind and soul. Unlike "talking therapy" which relies primarily on the exchange of verbal content between therapist and client, or strictly body-oriented psychotherapy where the client, although a willing participant, is more worked on than initiating the work, the creative arts therapies require that the client engage his own history on a pre-verbal, physical level; transform it through symbolic creative action; and identify and integrate its meaning in relationship with his therapist. "The danger of producing emotional attachments that last too long is diminished in all phases of Dance Therapy (here I would include all the Creative Arts Therapies, including VMT) because clients are encouraged to move and do it by themselves. This active doing counterbalances dependency needs" (Siegel 1984: 85), but it must take place within the bounds of a containing relationship until the client has achieved his struggle or the process is otherwise ended.

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The Heart of Voice Movement Therapy.

The heart of VMT is, I believe, the achievement of the embodied voice, and its container is the song. The voice is the medium; movement grounds it in the body; and it is pursued within the crucible of a consistent therapeutic relationship.

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Anne Brownell is a therapist and singer. Having trained in the expressive therapies with innovative dance therapists Norma Canner, Penny Lewis and William Freeman Anne's search for the vocal component for a movement oriented therapy led her to be the first American to qualify in VMT in London with founder Paul Newham. Since this time she has maintained a private practice, taught and supervised students on the English and American trainings and devised a method for using VMT to provide a basis for meaningful speech with children experiencing language delays. Her prior experience included working with children with developmental and language delays in Early Intervention programs; supervising graduate students in Dance Therapy on the therapeutic use of the voice; and conducting music and movement groups with Norma Canner for formerly homeless and substance abused people with AIDS.

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