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VOICE MOVEMENT THERAPY:
TOWARDS AN ARTS THERAPY FOR VOICE

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Therapy, Art and Communication

There is, thankfully, a unifying epistemology which underpins all the arts therapies. This is the inherent belief that the necessarily intangible and insensible fabric of the self is adequately represented by the quality and mode of its expression.

For the purpose of analysis, human expressivity, that is the modes by which the contents of the self are 'pushed out' by way of an e-motion or expression, may be divided into dimensions, though which conscious, subconscious and unconscious psychological processes and imaginative preoccupations may be witnessed, interpreted and transformed.

We may note, firstly, the choreographic dimension, pertaining to the deliberate and spontaneous kinesis of bodily movement; secondly, the dramatic dimension, referring to the 'inter-active' dynamics engendered and perpetuated by individuals in a particular social context and the roles assumed in the utilisation of those dynamics; and third, the acoustic dimension, meaning the sounds generated by the vocal folds (vocal cords) and amplified by the vocal tract (pharynx, mouth and nasal passages).

The orientation of an arts therapist may be perceived as reflecting that particular dimension which he or she is most engaged and proficient in assessing and developing. For example, the choreographic dimension has become the expert domain of the dance movement therapist whilst the dramatic dimension is investigated by the dramatherapist.

In addition, it is the dramatherapist who is involved, certainly to a greater degree than the dance movement therapist, in interpreting the acoustic dimension, often through the analysis of the individual's text and its manner of utterance.

These three dimensions of expression are inherent to the behavioural vocabulary of most people blessed with the fortune of sound and motion and do not, by necessity, relate to a rarefied discipline of artistic specialisation.

Though choreography is central to the art of dance, nonetheless, everybody moves and therefore, taking the broadest cultural liberty, one might say that everybody dances. By the same token, though acting is the skilled function of the performer or theatre-practitioner, everybody plays out role-specific activities, and we might say therefore that everybody acts.

The dramatherapist and dance movement therapist is working, then, with the 'psycho-artistic' interpretation of dimensions which, on the one hand, have been sequestered by professional arts specialisation and yet, on the other hand, remain the property of a universal human 'lay behaviour'.

In contradistinction, with art therapy and music therapy we are in slightly different territory, for unfortunate though it is, neither painting, sculpting and wroughting three dimensional objects nor the use of instruments to make organised sound are integral to the expediency of everyday communication.

The art therapist and the music therapist are therefore attending to dimensions of human expression which, by the developmental orientation of our culture, have been peripheralized, disjointed from the community of communication and relegated to the elite quarters of the artist.

By happenstance, therefore, one of the little discussed by most astounding achievements of all the arts therapies, but particularly those orientated around the fine arts and music, is that they not only provide an artistic framework within which therapeutic development can occur, but they serve to 'remember' and remind society that the quality of art is dependent upon the degree to which the process of its creation genuinely expresses the psychology of its creator and therefore, by way of a Jungian implication, the psychology of humankind. The degree to which the final product is entertaining and gratifying to the hedonistic usury of a contemporary society whose members are bored by images which remain unchanged for longer than two seconds is of little relevance here.

The Art of Human Noise

We now come to the complex issue of the human voice and how attendance to its therapeutic use and analysis relates to both the dimensions of human expression and the professional delineations between the work of the other arts therapies.

Firstly, let me begin by stating that working with the voice is by means the same, or even similar, to working with speech. When the vocal folds of the human larynx phonate, that is open and close at high speed, a fundamental tone, pitch or note is produced.

During phonation, the extrinsic and intrinsic muscles of the larynx can and do alter their configuration to produce differing timbres or voice qualities without changing pitch; otherwise every person singing a given pitch would sound the same and one individual would always sound identical whenever he or she sang, for example, middle C. In addition, the tongue, lips, jaw and what is referred to as the speech mechanism moves, adding further uniqueness and specificity to the fundamental tone.

This is all voice and it is a trans-cultural phenomenon, communicating information, often of an affective nature, which does not require insight into a cognitively acquired code for correct understanding or interpretation.

However, the speech mechanism, particularly the mouth and oropharynx, can make some shapes and orchestrate certain acoustic phrases which segment, order and divide the sounds of the voice into those particular units and combinations thereof which we recognise as language; this is very much a culture-specific phenomenon and without cognition of the code unique to the culture in which those sounds are produced, the information contained therein is not comprehensible.

In everyday communication, we tend to combine the timbral shifts of the voice with the acoustic changes necessary to make vowels and consonants understood. Therefore, we rarely hear the voice independent of speech, but rather are aware of the way the voice is used to bring stress, implication, emotion and character to spoken words through constituents of vocal expression such as prosody, intonation, timbre and intensity.

The Therapeutic Theatre of Voice

From a therapeutic and analytic standpoint, the voice gives particularly significant information about the individual. The text spoken is little revealing without attention to the way it is said. Thus, dramatically speaking, the so-called sub-text is not textual at all, but rather vocal. This fact has been identified by some of the most prolific dramatically and psychologically orientated minds of the twentieth century, including Antonin Artaud, Peter Brook, Jerzy Grotowski, Roy Hart, Gregory Bateson, Paul Moses, Fritz Perls, Jacob Moreno and even Freud and Jung themselves.

The word audience comes from the same root as audio meaning 'to hear', and in many early indigenous cultures the acoustic dimension of performance was highly developed.

From the guttural and thunderous belly-howling of masked dancers to the whistling screeches of the tragic chorus; from the rhythmic symphony of Aboriginal chants to the primal cacophony of totem dance rituals -the voice was once a key feature of the actor's and the dancer's work.

In modern times, however, the de-ritualising and formalisation of dance and the delicate refinery of speech and diction, which has come to dominate theatre, has dampened and nullified the incredible power of the voice as a vehicle for intense performance which confronts the audience with a reflection of the depths of the soul; a performance-form which whose above mentioned theatre-practitioners were so eager to retrieve.

The underlying, latent or semi-conscious reasons why a text should be uttered in a particular manner, that is with a particular voice, can best be highlighted by removing the text altogether, clearing the way for an unhindered view or reception of the voice alone. This implies an epistrophe to the roots of human expression and its pre-linguistic infancy, a psycho-social archaeology in a therapeutic context which mirrors the search for the primal roots of theatre inherent in Hart's, Brook's and Grotowski's insistence on replacing recognisable language with impulsive vocal utterance in much of their most experimental research.

With regard to the aforementioned dimensions of human expression and the arts therapies over which they are presided, the dramatherapist is implicitly endowed with, quantitatively at least, the maximum responsibility, for his or her clients are dancing, voicing and acting all at once, very often in such a way as to involve the expression of repressed and (therefore in its emergence) extreme material.

Furthermore, the client of Dramatherapy is by no means consistently verbal, but very often vocal. The dramatherapist is often working through voice and movement simultaneously.

In compensation for the dramatherapist's multifaceted responsibility, he or she is able to take advantage of a history of profound and fruitful research into the human voice; indeed the so called 'experimental theatre revolution' of the 960s and 1970s would have been seriously less voluminous without the widespread attention given to vocal as opposed to verbal work.

Yet, the appropriation of the vocal work of those like Grotowski, Brook and Hart brings with it a new set of problems. Theatre research was not clinical and made no pretences to be so. Consequently, the discoveries made and the vocabulary used to articulate such findings are often bewildering and, dare I say it, often uncommon with any other discipline.

An example of this is the notion of voice resonator and its confusion with voice placement. Grotowski, for example, claimed that the voice had many resonators, in the head, the chest, the back and so on. Now, speaking with due attendance to the science of acoustics, the only resonators of the fundamental tone produced by the vocal folds are in the skull and the vocal tract; yet every voice teacher knows of the advances that can be made by asking a student to imagine that the voice originates, vibrates, resonates or is placed in a certain part of the body. But, once we ask anyone to imagine anything about the body, we are dealing not with the physiological soma but with the representation of the body to the self, and we consequently walk headlong into the complexities of object relations.

Of course, you do not need to understand anything about object relations and the representation of the body to the self in order to use the image of voice resonator or voice placement to train a great singer; but the aim of therapy is not greatness of artistic achievement but the therapeutic development of the self. And, in my opinion, for this to take place, the facilitator of the development must understand the psychic and somatic significance of the process which he or she initiates and the terms used to that end.

Physiology and Physical Damage

The use of non-verbal acoustic vocal expression has not been confined to theatre-based arts but has been the subject of scrutiny and investigation within the field of music and, consequently, music therapy also. Composers such as Peter Maxwell-Davies, for example, were able to write and realise such challenging scores only because there were vocalists pushing back the boundaries of vocal expression and extending the timbral and tonal range beyond that previously facilitated by traditional forms of vocal coaching and consequently were able to sing such scores. Therapeutically speaking, the music therapist who seeks to work with voice is therefore also able to take advantage of a preceding artistic context which appreciates and concedes to a broad canvass of sound as 'musically expressive'. But the music therapist using voice as a medium for amplification of unconscious material invites further complexity.

The use of instruments to manufacture sounds which are sustained, disharmonic, and which reflect what the ethos of most western cultures would describe as ugly noise, may be appropriate for an anxious patient with an obsessional neurosis concerning order, regularity, cleanliness and beauty. And although the skill of a music therapist may be entirely necessary to ensure appropriate facilitation and interpretation of the expression, the absence of a therapist or the presence of a bad one is unlikely to cause the client any physical damage. Contrary to this position, the expression of what Jung called the shadow through the voice involves the employment of very delicate tissue and physically extreme configurations of the laryngeal musculature to make psychologically extreme sounds.

A bad therapist may therefore not only provide irresponsible modes of facilitation and inappropriate interpretation, but may also actually cause scarring of the vocal fold tissue, provoke spasm of the laryngeal musculature, cause strain of muscle fibres and a host of other disorders or dysfunctions which arise from misuse of the voice.

The active expression of figurative images and intense affects which have been repressed or peripheralised by a self-protecting psyche does not only require the therapist to be skilled in raising, highlighting, retrieving and containing them; it also involves the therapist in the preparation and training of the material and sensible body, in this case the entire laryngeal and respiratory apparatus, to be able to withstand their expression. Any therapist working with vocal sound runs the risk of causing a vocal dysfunction at which point the individual would be most advised to consult a speech and language pathologist or an E.N.T. consultant via a GP; and indeed a vast majority of the patients to whom these professionals attend manifest a vocal dysfunction because of misuse. When working with the voice, it is crucial to provide training simultaneous with therapy. To make a further arts therapy cross reference, I would propose that a dance movement therapist who is unable to provide a degree of somatic training also runs the risk of causing the client's body a dysfunction which will take him or her to a physiotherapist.

But this relationship between allopathic laryngology or speech and language therapy and an artistically orientated vocal training or voice therapy invites yet a further complexity or contention.

The Art of Being Healthily Diseased

Would the work of Van Gogh have benefited if its creator had gone into therapy? Probably not.

To develop a person's artistic potential is not always synonymous with enhancing their health. Indeed, it would not be preposterous to propose that the art, in all mediums, which has most thoroughly and uncompromisingly reflected the human condition has emanated from those individuals closer to their own dis-eased shadow than to their own potential for health.

A practitioner who is both an artist and a therapist is therefore continually faced with the knife-edge walk between facilitating the individual's artistry and nurturing his or her development towards health and wellbeing.

A voice quality which is assessed as dysphonic by a speech and language therapist may, by artistic standards, be highly expressive. For example, Louis Armstrong and Janis Joplin both had dysphonic voice qualities, yet culture would have been severely depleted without their work; and those individuals could probably not have expressed their psychological make-up through any other sound. At such a complex juncture between an artistic and a clinical assessment of a voice disorder or voice quality, one of the most significant questions is whether or not the client is threatened with physical pathological damage as a result of their voice use. Whilst Louis Armstrong seemed to enjoy unhindered artistic and social expressivity, Rod Stewart, who also has a dysphonic quality, has had a more troubled time.

It is in such a position that the relationship between training and therapy makes itself clearly apparent. The aim of the vocally orientated therapist must always be to find a non-pathological and non-damaging way to produce the voice qualities which are expressive of the client. In my years of experience working with people's voices I have never heard a single voice quality which has not been able to be produced with a healthy vocal function through training. If Louis can do it so can we all.

The Psychotherapist, the Singing Teacher and the Speech Therapist

There are few people who have been teaching voice and singing for some years who at the same time do not appreciate the delicate set of psychological dynamics which find a focus in the use of the voice. However, in order for any vocal worker to provide a contained and effective context for expressive development, he or she must, in my opinion, pay heed to the inherent psychological implications of various expressive dysfunctions, inhibitions and fixations. This brings the singing teacher, voice coach and vocally orientated therapist of any kind into a working proximity and liaison with the psychotherapist.

But in addition, a therapist seeking to use acoustic nonverbal sound as the medium through which amplification of unconscious material may occur is by necessity in close cahoots with the clinical professions attending to voice disorders; in the same way that the physiology and anatomical mechanics which inform the physiotherapist's work can and should enhance the work of a dance movement therapist.

With the sustained dissemination of psychosomatic ideas, an increasing number of physiotherapists are prepared to scrutinise the psychology of the expression which provoked dysfunction, and more than a few speech and language therapists provide the context for a psycho-analysis of that which is being expressed through the voice quality which is causing damage. This is a vital development, because vocal misuse never ever occurs outside of a specific expressive context in which the voice has been misused in order to ex-press or e-mote psychological material.

However, when a psychological analysis of physical dysfunction does occur in allopathic clinical work, the analysis usually takes the form of a counselling service which is disjointed from the process of working on the sensible medium in which the pathology has manifested; that is the body or the voice. The physiotherapist facilitates bodily work through exercises which are often preceded or succeeded by a psychosocial contextualising of the problem. The speech and language therapist will also often facilitate vocal change with a greater or lesser but always separate attendance to counselling. In other words, the psychological work, where it is done at all, is not done through the physical or vocal work, that is the medium through which the problem has arisen or made itself known. The aim of the therapist is, in this context, less inclusive of a desire to enhance the psychological development of the individual, and more geared to returning the patient to a state of physical health according to the standards implicit in an allopathic model of western medical and clinical practice.

The artist, arts teacher and arts therapist has in common with this situation the fact that he or she works on and through an expressive medium -the body or the voice.

Though there may be psychological reasons why a singing student finds it hard to reach a particular pitch or sustain a particular timbre on a particular note, the singing teacher attempts resolution by changing the voice; by the same token, the physical patterns which arise out of and further enforce entrenched psychological matrices are changed by the dance movement therapist through movement.

But unlike the physiotherapist and speech and language therapist, the purpose of arts therapy or training is not to reinstate physical health but to facilitate psychological and artistic development. Consequently, the psychotherapy is inherent in the expressive process and the nature of the process is sculpted from psychological rather than somatic needs.

The aim of an arts therapist using voice should, therefore, be to facilitate the amplification of unconscious material and its psychological integration through the sounds of the voice with due attendance to its physiological as well as its psychological dimensions.

Clearly, from these complexities and contentions, the responsible use of the voice as a medium for psychic expression and psychotherapeutic development is not adequately incorporated by any of the existing allopathic, clinical or artistic therapeutic strategies available.

In order for the therapeutic use of the non-verbal dimension of the human voice to be realised by the therapeutic community there surely needs to be a strategic model which is both artistically responsive but physiologically responsible, that is both therapeutically analytical and instructively and constructively an educational training. Though between a music therapist, dramatherapist, speech and language therapist and voice and singing teacher the voice can be developed, there is no single figure in our society who represents a combination of those views and approaches and seeks to apply the artistic nurturing of vocal expression in a psycho-analytic context whilst preserving the healthy physiological functioning of the vocal apparatus. It is primarily in response to this deficit that my work to develop Voice Movement Therapy and to make some headway in laying the foundations for the training of voice movement therapists has arisen.

To Hear the Image

I began this paper by commenting on the unifying epistemology of the arts therapies, and I would like to return now to that point. Central to this unification of the arts and their therapeutic application is the shared attendance to image as the illusive yet forever yielding subject of interpretation.

Image, in its etymological context as *imago*, a spiritual emissary of the gods themselves, reminds us of why so many arts therapists are engaged by the poesis of its analogical behaviour. At once content and form, affect and cognition, image subverts and paralyses the wish for a 'psycho-logical' understanding and responds only to the appreciative, contemplative engagement with itself for itself.

For, as a true emissary it can speak only the language of that for which or for whom it is a faithful messenger -the gods, the psychic contents, perhaps even the archetypes themselves. Only Jung himself has understood this, being the sole therapist to brave the suggestion that 'psyche and imagination are the same' and that 'the psyche is made up exclusively of images'.

The purpose of Voice Movement Therapy is to solicit the company of images in their acoustic guise. To hear in the timbre of the voice on various notes sung on various vowels the pantheon of figures and moods, images and colours to which the art therapist attends in painting, the dance movement therapist in bodily motion, the dramatherapist in dramatic action and the music therapist in tonal structure, rhythm and harmony.

Jung claimed that we each are not one person but many people, made up of all the animal essences, colours, mini personalities, moods, images and propensities which gain life most intensely when we dream. One of Jung's primary contributions was to recognise the value of the arts in providing a channel for the expression of these inner parts of ourselves. The painter, the choreographer, the musician, the poet and the playwright shape their dreams in colour, motion, melody and words. But the voice too, irrespective of its musicality or the words it utters, may be a channel through which the unconscious aspects of a person may gain expression and subsequently be integrated into the total personality of that individual-and this is the purpose of Voice Movement Therapy.

Voice Movement Therapy

Voice Movement Therapy uses the basic form of an individual or ensemble singing lesson where the quality or timbre of the voice singing or sounding on different vowels is believed to carry significant information about the psyche.

The client begins by making her most effortless natural sound whilst the voice movement therapist analyses her breathing pattern, muscle tone and the emotional quality and pitch of the sound.

The therapist then massages and manipulates the client's body encouraging her to animate and amplify the essence of the sound. In the process the therapist also demonstrates his own voice, enticing the client to mirror and respond in sound and so develop the contours of her voice.

Where the client is able to comprehend and process verbal instructions, the therapist may also suggest images, •moods, figures, colours and tastes which the client is asked to feed into the sound.

This may involve encouraging the client to inhabit a character or caricature, it may involve the vocal expression of particular emotional essences such as envy, rage, sorrow or sympathy. It may involve translating the •tastes of bitter or sweet or the colours of blue or red into sound.

As the client works, she develops a 'voicedance', a combination of bodily movement and vocal sound in which the inner aspects of her psyche and soul are drawn out and given tangible form through sound and movement.

From the high-pitched breathy falsetto of angelic infancy to the brittle piercing screeches of the hag; from the howls of lunar lycanthropy to the proud baritone of bravado and panache; from the deep gravely growl of depression to the warm-hearted call of the evangelist.

The voice of the client dips and swerves, glides and twists through an acoustic aural mind-scape. And where the voice meets a resistance, a limitation or an inhibition there is psychological work to be done. Often certain sounds are well within the client's reach but they represent a part of themselves which has become distasteful and therefore is hidden.

For some it is difficult to sound spiteful, for others it is hard to decrease the breathiness and sound firm and solid. For some men, the falsetto challenges their sense of masculinity; whilst for some women the baritone challenges their sense of femininity. Some fear ugliness and are concerned only that they should sound beautiful; others have for so long contained their feelings that their voice is intense with the backwaters of emotion dammed up by conditioning. Some choke themselves with coughing whenever they are asked to be loud, others fear quietude and mildness. Some will always ascend in precise pitch steps with a concern for regimentation and logic; others will slide up and down without attendance to regularity or uniformity. Some will breathe with a short sharp inspiratory rate causing their vocalisation to be rushed and panicked; others breathe deeply and slowly and cannot wake themselves from sounds of slumber.

The point is not that the vocal patterns reveal underlying psychological patterns, but that the vocal patterns are psychological patterns because the only adequate terms we have to describe the voice are psychological. There is no reason why a single human voice cannot span a pitch range and timbral spectrum far in excess of that suggested by the tradition of normal use and classical training. I have been able to develop my own voice to possess a great power and range and I demonstrate this for practitioners from various disciplines from time to time, not as a celebration of my own ability, but as a reminder of how much of each of us there is to be discovered and used.

In consequence to these facts the central aspect to the training in Voice Movement Therapy which I have set up for practitioners consists of working on his or her own voice. At the moment there are two trainings in Voice Movement Therapy: a one week introductory course for those wanting an insight into its practical principles; and a one-year part time fundamental training followed by supervision for those wanting to bring the use of voice central to their therapeutic practice.

Quite what degree of sustained influence the work might have on the therapeutic professions and the development of arts therapy is of course impossible to assess. However, I hope that it can be appropriated to some degree by the existing arts therapies the work of which has in no small measure changed the face of the therapeutic picture in the United Kingdom and beyond.