Canadian Journal of Music Therapy

Revue canadienne de musicothérapie

Volume 22(1), 2016

Volume 22(1), 2016

When the Client is a Music Therapist! Experiencing Five Approaches to Music Psychotherapy

Quand la cliente est une musicothérapeute! Expérimenter cinq approches en psychothérapie par la musique.

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Abstract

This article highlights the value of music therapists undergoing therapy—in particular, music therapy—in order to have better self-knowledge and to better understand the experiences of their clients. The author explored five music psychotherapy approaches: the Bonny method of guided imagery and music (Bonny, 2000/2010); mythopoeic music therapy (Gonzalez, 1992); music therapy group (Hesser, 1985); bio-energy and music therapy (Scheiby, 1992); and vocal work (Austin, 2008). The author wishes to encourage music therapists to undergo music therapy in order to maximize the therapeutic process they can offer to clients in their music therapy practices.

Keywords: music therapy, music psychotherapy, personal therapy, group therapy, guided imagery and music, mythopoetic music therapy, bioenergy, voice work, music therapy group

Résumé

Cet article met l'accent sur l'importance pour le musicothérapeute de cheminer en thérapie personnelle, tout particulièrement en musicothérapie, afin d'acquérir une meilleure connaissance de lui-même et de mieux saisir ce que le client expérimente de son côté. Cinq approches en psychothérapie musicale ont été expérimentées par l'auteure, soit : la *Bonny Method of Guided Imagery and Music* (Bonny, 2000/2010); la *mythopoeic music therapy (*Gonzalez, 1992); le groupe de musicothérapie (Hesser, 1985); le travail de bio-énergie et musicothérapie (Scheiby, 1992); et le travail vocal (Austin, 2008). L'auteure souhaite encourager les musicothérapeutes à suivre une thérapie personnelle en vue de maximiser le processus thérapeutique en musicothérapie auprès de leurs clients.

Mots clés : Musicothérapie, psychothérapie musicale, thérapie personnelle individuelle, groupe de musicothérapie, musique et imagerie guidée, *mythopoeic music therapy,* bioénergie, travail vocal, groupe de musicothérapie

Music therapy is a relatively young profession, especially in the realm of psychotherapy private practice. Thus there are a limited number of music therapists able to offer personal music therapy to music therapists who wish to experience this work as client. Some universities are facilitating personal therapy, either by offering free counselling sessions or by integrating some educational personal work into the curriculum. During my master's degree in music therapy at New York University, I had the opportunity to experiment with various approaches to therapy, especially music psychotherapy, in and outside the program. As a graduate student these experiences allowed me to better know myself and to better understand the therapeutic processes that clients go through. I consider it essential for music therapists to have experienced music therapy approaches for themselves when working with clients, especially in psychotherapy. Ethically it is desirable to do personal work to better identify transference and countertransference reactions that could interfere in the development and maintenance of the therapeutic alliance. In addition, these reactions are often subtle in music therapy, as music expresses material that is not always conscious (Bruscia, 1998).

To explore this issue of personal therapy further, I conducted a survey (Vaillancourt, 1996/97) looking at the mandatory personal work of the guided imagery and music (GIM) therapist. This survey was conducted with 115 GIM fellows from the United States, Canada, New Zealand, and Australia with 67 responses. Of these, 92% agreed that it is essential to be in therapy, and several respondents indicated that "you cannot take a person further than you are willing to go yourself."

Music Psychotherapy, Transference, and Countertransference

There is no one definition of music psychotherapy, as there are various practices (Bruscia, 1998). For the purpose of this article, Bruscia's definition provides us with foundational principles: "Music psychotherapy is the use of music experiences to facilitate the interpersonal process of therapist and client as well as the therapeutic change process itself" (Bruscia, 1998, p. 2). Bruscia has expanded this definition to include four levels: music as psychotherapy, music-centered psychotherapy, music in psychotherapy, and verbal psychotherapy with music (see Bruscia, 1998), some of which the author of this paper experimented with through five music psychotherapy approaches.

There is a general consensus in the literature about the need for the therapist to have been in psychotherapy in order to better serve clients. One of the early works around this issue was reported through a survey with

psychotherapists done by Kaslow (1984). Five attitudes stood out from their practices: they show more respect for the struggles encountered by their patients; they replace the need to "do for" with the ability "to be with"; they better differentiate their needs from those of their clients; they evaluate the duration and objectives of the process more realistically; and they are more aware of the downfalls of countertransference reactions. Wolberg (2005) also argues that a therapist should be in therapy in order to limit interferences with the client's therapeutic process.

Definitions of transference and countertransference have evolved through the years since Freud introduced these concepts in the beginning of the 20th century. Bruscia (1998) proposes a broad definition, which he specifies is not limited to one perspective but is more on a continuum of possibilities: "A transference occurs whenever the client interacts within the ongoing therapy situation in ways that resemble relationship patterns established with significant persons or things in real-life situations from the past" (p. 18). Countertransference, on the other hand, "occurs whenever a therapist interacts with a client in ways that resemble relationship patterns, in either the therapist's life or the client's life" (p. 52).

Wolberg (2005) suggests questions therapists can ask themselves in order to test their attitudes:

> How do I feel about the patient?
> Do I anticipate seeing the patient?
> Do I over-identify with or feel sorry for the patient?
> Do I feel any resentment or jealousy toward the patient?
> Do I get extreme pleasure out of seeing the patient?
> Do I feel bored with the patient?
> Am I fearful of the patient?
> Do I want to protect, reject or punish the patient?
> Am I impressed by the patient? (p. 799)

Kroll (as cited in Kottler, 1991) discusses attitudes associated with countertransference, ranging from protecting oneself in the face of fears to exploiting the client to meet one's own needs. For example, the therapist may want to protect himself against the fear of being criticized versus his need to be flattered; the fear of engulfment versus his need to take care of others; the fear of being seduced versus his need to be desired sexually; the fear of being passive versus his need to be in control; and the fear of being correct versus his need to be correct (pp. 186–187).

Musical Transference and Countertransference

Benedikte Scheiby, a music therapist who studied analytic music therapy with Mary Priestly, talks about "musical transference and counter transference" (1992, p. 13), which consist of sound patterns depicting relational life and unconscious feelings, those of the client for the transference, and those of the music therapist for countertransference. Musical countertransference is a unique phenomenon in a therapeutic relationship because it is "audible for both the therapist and the client at the moment of its creation" (Scheiby, 1992, p. 13). When Peter Jampel (1981) invites the music therapist to "find out where the music in us comes from" (p. 41), he points out a key element for music therapists. Bruscia (1998) and Hadley (2003) have also discussed how music countertransference manifests itself in therapists' musical responses and reactions to clients, whatever populations they are working with.

Music Psychotherapy and University Training Programs

Josée Préfontaine (1953–2006), in her article *On Becoming a Music Therapist* (1997), advocated for experiential learning for the development of professional identity in addition to academic training: "Learning in the field of music therapy implies all the dimensions of a person's being: the body, through vocal and instrumental play; the mind, through the mastery of concepts; and the affective domain, through the music" (p. 5). She underlined the limits of verbal therapy for music therapists who are training to intervene in music therapy, stating that "learning music therapy implies more than the cognitive domain: the learner must become involved with his body and voice, with his affectivity, creativity, sensitivity, and intuition" (p. 8). Préfontaine envisioned a learning process in music therapy through the exploration of relationship to self and other.

Jackson and Gardstrom (2011) conducted a study with undergraduate music therapy program coordinators in United States on the issue of personal therapy. They were looking at what is requested or encouraged in these modalities: verbal therapy, music therapy, or creative arts therapies. The results showed that 14% of respondents require personal therapy for their students in one of the modalities and 32% encourage it. Of those 32%, 73% encouraged verbal therapy and 46% music therapy. The authors reported four aspects expressed by the respondents: (a) the legal and ethical aspects of making personal therapy mandatory; (b) the fees and availability of qualified professionals; (c) the benefits of personal therapy as part of academic training at the undergraduate level in music therapy; and (d) the usefulness of personal therapy in music therapy undergraduate training (Jackson and Gardstrom, 2011).

In Canada and Europe, some graduate music therapy programs strongly encourage students to undergo personal therapy, and some offer free counselling sessions. Other programs, with a psychodynamic orientation, request students to undergo personal therapy during their training. In addition, some recommend that the student have personal psychotherapy before entering the program.

I had the opportunity to experience music therapy for myself while training at New York University. One of the approaches was a weekly music therapy group, which helped integrate personal and professional learning. Barbara Hesser, who created this group, is convinced that "the more we understand and explore music together and individually, the better we can bring it to our clients" (1985, p. 68) and that "being a music therapist is an in-depth, lifelong process, not begun or completed with a degree" (1985, p. 67).

Five Approaches in Music Psychotherapy

In the course of my master's degree at New York University, I had the opportunity to explore five music psychotherapy approaches or methods: The Bonny method of guided imagery and music (GIM; Bonny, 2008); my thopoeic music therapy (Gonzalez, 1992); music therapy groups (Hesser, 1985); bio-energy and music therapy (Scheiby, 1992); and vocal work (Austin, 2008). The GIM and bioenergy sessions took place one-to-one, while the three other approaches took place as groups. These approaches allowed me to explore aspects of myself through music, imagination, movement, body, and voice—like a musical kaleidoscope where one perceives different angles of one's personality. These approaches will be described in the next section with examples of possible applications.

Five Approaches in Music Psychotherapy

The Bonny method of guided imagery and music (GIM) is an approach developed by the music therapist, Helen Bonny (1921–2010), in the early 1970s. It is defined as follows:

> Guided Imagery and Music is defined as the purposeful use of prepared classical music by a guide or facilitator to evoke sensory and emotional responses in the listener. These responses, in the form of imagery, symbols, feelings, past and present life review, sensations, unfolding metaphors and transformative experiences, become the heart of the session.

> Through the guide's use of relaxation, verbal intervention and knowledgeable application of the music, the client receives insights which lead to healing and therapeutic resolution. The ingredients for the process include: verbal communication, relaxation, focus/ concentration of attention, and a music program. ("The GIM Process," Bonny, 2000/2010)

The future GIM therapist has to experiment with this therapy while in training, which allows her to explore levels of consciousness through music. As Madelaine Ventre—a trainer in GIM—teaches, "our client will explore the blackness of the cavern to the extent that we have seen ourselves. Otherwise, she or he risks being alone, once inside" (1991). This does not mean that the therapist has to know everything and has to have been everywhere; it means, rather, that she has experienced the same kind of deep work, which will help her accompany clients in their experiences.

This psychotherapeut ic method allows reaching layers of consciousness that present themselves symbolically. Just as dreams send coded messages or symbols of what our fears and desires are, GIM experiences help us seek inner resources to work on these symbolic images in order to understand their meaning.

GIM provides the opportunity to connect with our own needs through music that adapts to each individual. Ventre (1991) compares music to a river that shapes itself to its environment as the music molds to the "client-traveler." Like music, the river has several forms, from the river to the ocean, and several expressions, from the drop of the water to the aggressive and tumultuous wave. The river changes in volume, in speed, and in depth, and just like water, music is a source of life. For the client, music becomes a source from which he can draw what he needs to grow.

This approach also awakens personal mythology. Themes in the form of mythical creatures surface, either in primitive or sophisticated representations. One can engage in dialogue with them, often realizing that they come from one's own world. For instance, GIM allowed me to reconnect with a part of my childhood. I recall a session where I visualized a photograph of myself at five years old with my two young sisters. We were in front of our house in the village, the sun intense. I was smiling. Then, the woman I am today, the one who was visualizing the photograph, "entered" the picture to take and cradle this five-year-old child in her arms. There was a sense of being reunited, safe, and protected.

Related to my personal work in GIM, I realized that the therapist plays an important role in the therapeutic relationship in that we have an unconscious influence on clients. For instance, I observed some changes in my relationship with clients after I had returned from an intensive training in GIM. A group of adults living with mental health problems seemed more responsive to therapy. I felt myself more receptive and empathic. Clients were expressing their emotions more openly. For the first time in the group, some of them cried. I was impressed by the depth and sensitivity of the participants. The fifth session was a turning point for the group, which became more cohesive and the members more capable of helping each other. Group participation remained at a high level until the twelfth and last week. One cannot assert that it was due to my personal process—other factors also came into play such as the group development stage and trust building—but I felt more openness in the group.

GIM personal therapy is a requirement when in training, but I believe that all apprentice music therapists should experience it. GIM allows in-depth psychotherapeutic work that uses intuition and feelings. This approach offers multimodal expressions through music (auditory), imagination (visual), thought (mental), body (feeling, kinesthetic), emotions (psychological), and spirituality (transpersonal).

Mythopoeic Music Therapy (David Gonzalez).

Gonzalez (1992) created an original approach, mythopoeic music therapy, as part of his doctorate at New York University. This approach uses a myth that is interpreted through music, voice, movement, and poetry. In his case, he explored the myth of Orpheus and Eurydice:

> The story of Orpheus and Euridice expresses a wide range of human experiences and contains an ample arena in which each person could do their own investigation and work. The myth touched on such universal human themes as love, separation, loss, grief, joy, fear, doubt, rage, and loneliness. (Gonzalez, 1992, p. 166)

During five 90-minute weekly sessions, our group of five participants, and sometimes the therapist, gave life to an excerpt of the myth. We moved chronologically through the myth to uncover both the individual experience and the essential meaning of the myth itself.

The marriage of Orpheus and Eurydice was the object of the first session, followed the second week by the death of Eurydice caused by a snake bite. The third week, Orpheus descended into darkness to implore the King and the Queen to free Eurydice. The fourth session dramatized their ascension to the upper world where Orpheus, in a fatal gesture, turns to look at Eurydice, who

must now return to the underworld forever. Finally, the myth was re-enacted in its entirety at the last session.

Myths contain symbols and images with which participants are encouraged to identify. In the myth of Orpheus these included, among others, the snake, the river, the three-headed dog Cerberus, the King and the Queen of the underworld, the upper word, and the characters of Orpheus and Eurydice. These symbols were amplified by musical, bodily, and poetic expressions; amplification magnifies symbols and sheds light on their meaning. Each participant gravitated towards an interpretation and personal integration in connection with their experience. "Amplification toward the inner world was a revelatory experience that led the client further into himself by helping to bring out hidden aspects of the personality" (Gonzalez, 1992, p. 122).

Music, movement, and poetry help stimulate the emergence of symbolism, and improvisation is a powerful means to connect and work with our symbolic world. I recall a musical theme that was played throughout sessions on the piano by the therapist that became a leitmotiv in my personal work.

In beginning my journey through this myth, I was fascinated by the parallels with my own story, all of which were amplified during subsequent sessions. Some symbols appeared to me as representations of themes I was working on in personal therapy in GIM. In this approach, I could play more actively with these symbols. It was as if mythopoeic music therapy and GIM gave each other material to work through various angles. For instance, the snake became a symbol of inner energy, both threatening and creative. With the help of music improvised at the piano by the therapist, instrumental and vocal group improvisations, and poetry, I felt supported in the discovery and exploration of that energy. Gonzalez stresses that this process results in an "experiencing of the self in relation to the mythic material; a sensuous and tangible world of feeling that was charged with the potential of self-realization" (p. 182).

The river was also a meaningful symbol for me. The water, often a symbol of life, presents itself with different facets; there is the clear river where Eurydice washes her hands during her marriage ceremony before she is fatally bitten by the snake, and then there is the tumultuous and malevolent river that flows in the underworld that Orpheus will have to cross to reach Eurydice. These rivers called out to me. I had the opportunity to become these rivers; they became symbols of polarity. The first river—blue, clear, calm, flowing in the upper world—inspired in me love and eternal life. The river of the underworld was black, dark red, tumultuous, and harmful. I used the coloured scarves to symbolize the rivers' movements; the therapist improvised at the

piano, and the group played percussion and chanted. The river that I was a symbol of, and which I unleashed in dance, calmed itself under the singing of Orpheus, personified by a member of the group. The movement of these rivers changed as a river crossing itself within me, as a vital energy, changing from blue-violet to red-black. In giving life to these rivers, I connected with my maternal and soft side for the first river and the energetic side for the second one. Other symbols were explored such as the gong to represent the rite of passage between the land of the living and the world of the dead. The sound of the small harp represented Orpheus, which provided me with a sense of beauty in the music.

Although I lived this experience far more from within for myself, the group contributed with a powerful presence. The other participants became witnesses of each other's stories; they supported and acknowledged our personal expression. The therapist was able to accompany and sustain our individual and group process with his presence and music. The trusting relationship established by the therapist enabled us to take risks through self-exploration. This approach allowed me to work on a process of grieving that the myth of Orpheus and Eurydice reflected symbolically in themes of union, separation, homecoming, and death. David Gonzalez admirably concludes his dissertation by giving the myth and music their true meaning:

> Myths are a traditional source of knowledge, they come to us from humanity's dark past and yet can help illuminate the way through the difficulties of our contemporary lives. Mythopoeic music therapy makes myths available to us and helps to effect a cohesive integration of the personal, interpersonal, and transpersonal dimensions of life. (Gonzalez, 1992, p. 186)

This experience lasted only five sessions but was intense and stimulating. It prompted me to explore meaningful moments in my life through mythology, which is a human heritage. This approach is unique, and the use of arts and mythology expands therapeutic resources.

Music Therapy Group (Barbara Hesser)

The music therapy group is part of graduate music therapy training at New York University and was designed by Barbara Hesser, director of the program. It consists of a one-hour weekly session co-led by two outside music therapists; it unfolds during the one-year advanced master's degree program for students who are already music therapists.

In my case, we were six certified or accredited music therapists from the Canadian and American music therapy associations. This group experience evolved in a training context, where we also saw each other outside the group.

Therefore, the objectives were guided towards self-expression in the here-and-now, not in depth psychotherapeutic work. Hesser encouraged a weekly journal to reflect group experiences: "Logs are an opportunity for you to process analytically the experience of the group. As a therapist in training, to take the time to step back and objectively look at the session is very useful and an important part of your training" (Barbara Hesser, personal communication, May 13, 1992).

The return to student status for the graduate music therapists also required a certain level of humility and openness. Putting aside the role of music therapist to be part of that group helped us better understand the group process that our own clients go through. We also learned to recognize our needs and to work with the group to fulfill some of them. One meaningful experience I had was when the therapist suggested that the group sing me a lullaby to respond to an emotion I had expressed. The group sang a soft melody from a motif that the leader asked me to initiate. The group resonated as a voice, a breath; I had the impression of hearing my own voice like in a mirror. The group became an active witness and gave a new meaning to my stories and related emotions.

The group also provided an opportunity to work on oneself because it recreated patterns of interrelationships within this "microcosm" (Yalom, 2005). New roles were explored in the context of a safe environment where trust and cohesion established itself gradually. For me, the music therapy group helped overcome linguistic barriers. Like many foreign students who have English as a second language, I often felt alienated from others because of a feeling of inadequacy in making myself understood with words. It was sometimes difficult to follow the discussion and to intervene without interrupting its rhythm. I had the impression that I had to double my efforts to be assertive. I gradually allowed myself to break into the discussion, to take my place and benefit more from the group, and the group also encouraged me to express myself through music when challenged with words. This experience helped me better capture what clients sometimes go through themselves.

The music therapy group represented a quest for the "musical self." It was like musical awareness paralleled with my own intra- and interpersonal relationship dynamics, like the encounter between tonal and atonal music; the role of piano and percussion; the presence of the voice; quality versus quantity of sound. Sometimes the group was needing a musical aesthetic, which represented magical moments to me; at other times, the energy of the group translated into chaos and the abundance of music. Equally present through group life was the fear of losing one's identity while desiring to grow within; wishing to find a balance between needs of the group and individual

needs. It is the perpetual movement of tension and release. Eventually this type of group invites us to become more aware of what our clients experience in music therapy group and to define our role as music therapist.

Bodywork/Bioenergy and Music Therapy (Benedikte Scheiby)

Few music therapists combine bodywork and music therapy because more training is required in order to do both. Nevertheless, music and the body are closely linked, both using the same channels or elements: music and the body are rhythms, vibrations, movements, sensations, energies, and emotions. Thus the body is the ultimate musical instrument, as is often mentioned in music therapy.

Émile Jaques-Dalcroze (1865–1950) was one of the few musicians to write about the bond that exists between music and the body. He brought back the idea developed by the ancient Greeks on the role of music in the search for harmony. Jaques-Dalcroze wrote in 1919 that he perceived music as "the agent of connection or the reconciliatory" (Bachmann, 1984, p. 22) between the body and the spirit. For him, "music [is] like the harmonious reunion of these three movements of the being, the Gesture (expression of the body), the Verb (expression of the thought) and the Sound (expression of the soul)" (Jaques-Dalcroze, 1965, p. 438).

The bioenergetics method developed by Wilhelm Reich (1897–1957) in 1953 was widely practised by one of his patients, Alexander Lowen (1910–2008). The bioenergetics analysis is a psychotherapeutic method that combines bodywork and analytic process. (Corsini & Wedding, 2008). According to this method, the mental and corporal states are in constant interrelationship; for instance, stress or psychological trauma experienced in the past or the present could impregnate itself in the body. "The body is the repository of one's life experiences" (Corsini & Wedding, 2008, p. 573).

An essential aspect of bodywork is to foresee and understand the source of the corporal blockage by working on the breath and movement:

> One learns early in life that holding one's breath can suppress painful or frightening feelings. Restricting the depth of one's breathing reduces the intensity of all feeling. The mechanism for the diminution in breathing and the suppression of feeling is the blocking of spontaneous movement through muscular tension or rigidity. Thus every chronically tense muscle in the body reflects an inner conflict between an impulse or feeling and the expression of that impulse or feeling. (Corsini & Wedding, 2008, p. 573)

Bodywork is not limited to recognizing the "freezing areas," but Lowen (2005) insists that we must work through them. He believes in the potential of working in depth with one's emotions to achieve what he calls breakthrough. He adds that "the realization that the body has its own wisdom and logic inspires a new respect for the instinctive forces of life" (Lowen, p. 210).

I was able to experience bodywork through dance/movement therapy classes; through GIM sessions, which I consider a method to work on the body; and through individual and group music therapy and bioenergy sessions with Benedikte Scheiby, a practitioner in bioenergy and analytic music therapy who trained with Mary Priestly.

Scheiby used different techniques such as pressure points, massage, or stretching while working on the emotional components connected to these tensions. She then supported this work by reflecting my body's emotional state through music improvisation or, vice-versa, by having me express myself by moving to her improvisation. By doing bodywork, I became aware of parts of my body where muscular pain would situate itself when I felt stressed. This work was revealing about what the body preserves in its own memory, how it does so, and what nonverbal body language can communicate.

The awareness of our own body's expression helps us to be more sensitive to body language. The music therapist who is sensitive to this aspect of the work can help the client get in touch with his body and emotions.

Voice Work (Diane Austin)

The voice is a powerful instrument and an echo of the body and emotions. For some music therapists, it is sometimes challenging to sing because it involves an unveiling of the self. How does the client perceive what the therapist communicates with her singing and speaking voice? What does the voice reflect? Why is the voice so powerful? The growing fetus in the intrauterine world is first connected to the external world through the sound of their mother's voice (Tomatis, 1977). As early as 1954, Moses talked about how children take in more of the nonverbal communication of the voice rather than the words themselves—elements such as melody, intonation, rhythm, and intensity, which reflect emotion, intention, and authenticity.

As an adult, it is sometimes necessary to revert to childhood to find one's voice. A former singing teacher of mine used to tell her students to listen with humility to children singing and imitate their spontaneity and freedom. Children sing without prejudice, use their voice to express anger, do not fear making mistakes with their voice, and take pleasure in hearing their voice and feeling its vibrations. Moses (1954) describes this sort of freedom:

> In archaic days . . . the complete range of the voice was used more freely. Like the infant who lets his vocal powers range to their fullest extent, primitive peoples at the dawn of society used their voices to their hearts' content to express their feelings and reactions. (p. 41)

Voice work with clients pushes music therapists to work on their own voices. While working in mental health, I remember trying in vain to involve clients in a vocal improvisation only to realize that I was not comfortable myself with my own voice. Clients are sensitive to the therapist's "willingness."

The voice is a musical instrument with a living soul. As Bruscia (1987) writes in a synthesis of Lisa Sokolov's work and ideas, "Being an inner instrument of the body, the voice is at a unique and powerful vantage point for working with the self from within" (p. 358). Sokolov is a music therapist who has done voice work for many years using voice and breath "to reveal the symbolic material held in body blockages" (Sokolov, 1981, p. 25).

During my graduate training, I explored voice work with Diane Austin, a Jungian music therapist. In our class, she asked us to do a drawing exercise. We had to draw three pictures: first, how we perceive our voice; second, how we would like our voice to be; and third, what prevents our voice from being so. My first drawing was a sort of "vocal dash" arrow whose source was a spiral inside me that reflected the limited use of my vocal potential. The second drawing of the desired voice was like a living large breath, like a flame taking the form of the body, burning without constraint, demonstrating the voice's reverberation through the body. Finally, what blocks this resonance resembled a central knot that restrained the natural wave of the voice. This exercise was revealing and meaningful, helping me further develop my voice in order to better accompany clients.

Toning, a technique developed by Laurel Elizabeth Keyes (1973), was another vocal approach that I experimented with. This technique focuses on breathing in order to release sounds that come naturally. The production of vocal sounds is like an internal massage. These sensations and vibrations awaken images and emotions that put us as music therapists in touch with the self. We listen to our voices from within by exploring registers, dynamics, timbers, and nuances. Rhythmic and melodic motives shaped from colours drawn from the voice are all reflections of emotional states. These vocal improvisations give us access to our "different voices."

Vocal improvisation is another approach that contributes to discovering our own voice and by extension allowing clients discover theirs. The more comfortable we are with our voice, the more likely our clients will be as well.

Discussion

The opportunity to experiment with various music psychotherapy approaches during my graduate training encouraged me to broaden my concept of therapy and better understand what clients go through themselves. These approaches touched upon personal facets and dynamics that are at play as a music therapist. For instance, I got a better sense of transference and countertransference in the therapeutic relationship.

Working in GIM provides access to a symbolic universe that helps us connect with what we have carried since childhood, to discover unexplored resources; it is like travelling within one's self. Mythopoeic music therapy and GIM fed into each other, both revealing mythological aspects of the process. While in individual GIM sessions we discovered and lived our personal mythology from within, in Gonzalez's approach I appreciated "playing" it out in a group context. This was an active spontaneous process and an opportunity to play music, chant, move, dance, and create poetry to express the myth. In addition, Gonzalez's leadership style was very stimulating, and he was able to respond to individual needs within the group process. He also experienced the myth with the group without losing his perspective as leader:

> At times throughout the process I stepped out of the role of therapist and entered into the mythic process myself to renew my creativity, to get a more direct sense of the group and what the participants were experiencing at a given time, and to demonstrate to the group that the mythic themes have meaning for me as well. (Gonzalez, 1992, p. 179)

The size of the group with five participants allowed for deep work, and it would have been interesting to go beyond the five designated sessions in order to touch upon more symbols of the self and the myth.

The music therapy group was also a group experience. It allowed participants to express their needs and to ask the group for support. The process unfolded over the training year and we got to know each other better. It reflected a typical music therapy group that I could lead with clients in a psychotherapeutic context with instrumental and vocal improvisation and movement.

My experiences with bio-energy and voice work in music psychotherapy were new territories for me. These approaches supported the search for and the affirmation of self and identity, both personal and professional, as well as working on emotions. I believe that these approaches could be quite powerful in conjunction with the other three for clients who need to connect with their bodies.

Conclusion

The practice of psychotherapy has developed in the past few years as a speciality in music therapy and offers music therapists the opportunity to experience music therapy for themselves. For many years verbal therapy was for the most part the only modality available, which did not allow music therapists to understand the experience of their clients in depth. It is now possible to be in personal therapy in our own modality, music therapy, or in other creative arts therapies.

According to Singer (1996), "the eventual outcome of psychotherapy is not the achievement of ultimate insight and understanding of self but the willingness to engage in a never-ending striving for such insight, a willingness characteristic of well-being and therapeutic success" (p. 353). The great music pedagogue Jaques-Dalcroze, founder of the Dalcroze method, describes the essence of working with music: Music helps establish immediate rapport between the external music and the one that plays within each of us, and which is still only the echo of our individual rhythms, our sorrows, our joys, our desires and our powers (1965, p. 66).

I would like to pay tribute to the music, the inexhaustible source that draws its aesthetics from each of us. Carolyn Kenny expressed it beautifully: "As one moves toward beauty, one moves toward wholeness, or the fullest potential of what one can be in the world" (2006, p. 99). I also would like to sincerely thank Barbara Hesser, music therapist and director of music therapy training at NYU, who guided me during my master's thesis. I also extend thanks to all the music therapists who guided me throughout my exploration of music psychotherapy.

* This article was originally published in French in the 2012 volume of the *Canadian Journal of Music Therapy/Revue canadienne de musicothérapie.* It is based on the author's unpublished master's thesis, *A Music Therapist in Music Therapy/Une musicothérapeute en musicothérapie* (Vaillancourt, 1992).

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