A Music Therapist's Exploration of Vocal Improvisation for Self-Care:

A Heuristic Self-Inquiry

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ABSTRACT

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Pierrette-Anne La Roche

Self-care is imperative for helping professionals yet literature indicates that these professionals lack the support and guidance that they need to engage in effective and personally meaningful self-care practices. Furthermore, music therapists face stressors specific to the practice of music therapy. Given the importance of self-care practices for music therapists and the potential for vocal improvisation to elucidate personal insights and potentials, the purpose of this heuristic self-inquiry was to examine my own lived experiences of engaging in free unaccompanied vocal improvisations as a means of authentic self-expression. Results were comprised of four overarching categories: impediments and facilitators of authentic vocal expression, the many voices, the authentic voice in professional contexts, and authentic vocal expression and self-care. Each category contained sub-categories explicated through personal journal quotes and insights that emerged. A creative synthesis, symbolizing aspects of my growth throughout the research process, is presented in the form of an original song. The results of this study helped me to further realize and connect to my authentic vocal potentials and in doing so, further understand how my own self-care needs might be addressed through vocal improvisation. Additionally, this research may inspire other music therapists and perhaps other health professionals to explore this medium as a means of authentic self-connection, which in turn could enhance their own self care practices. Other implications as well as limitations of the study, are presented. Suggestions for future research are offered.

ACKNOWLEDGEMENTS

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Chapter 1. Introduction

Significance of the Inquiry

Self-care can be defined in a variety of ways depending on the context. Generally, it refers to actions individuals engage in to improve their physical, mental, emotional, and spiritual well-being (Godfrey, 2011; Gooding, 2018; Reigel, 2019; Wilkinson & Whitehead, 2009). Self-care is imperative for helping professionals such as nurses, psychologists, counsellors and social workers and is deemed to be the most significant measure to counteract the impact of numerous occupational stressors these workers face daily (Coaston, 2017; Reigel, 2019; Richards, 2010; Sorenson, 2016). Health professionals are at risk for elevated levels of stress, anxiety and depression in relation to workload, time pressure, role conflict and lack of feedback as well as severe distress related to exposure to suffering, grief and death and managing complex ethical issues (Consiglio, 2014; Khalid, 2016; Nieuwenhuijsen, 2010; Sultana, 2020). By the very nature of their work, health professionals engage their physical, mental, emotional and spiritual selves and in doing so, are particularly vulnerable to physical and emotional exhaustion leading to burn-out. (Frazier, 2018; Portoghese, 2014; Richards, 2010). Furthermore, the COVID-19 pandemic has added a deeper layer of occupational stress for health professionals, aggravating all factors previously listed (Firew, 2020; Tran, 2020). However, literature indicates that many health professionals lack the support and guidance that they need to engage in effective and personally meaningful self-care practices (Bradley, 2013; Bressi, 2017; Skovolt, 2014).

Music therapists are certified helping professionals who use music in clinical contexts to support and promote their clients' health and wellbeing in a variety of institutional, educational, and community settings (American Association of Music Therapy, n.d. a; Canadian Association of Music Therapists, n.d. a). Like other healthcare professionals, they are exposed to multiple occupational stressors, such as those listed above (Gaddy, 2020; Gooding, 2018, 2019). Music therapists often work in complex contexts such as mental health and hospice or palliative care. In these situations, they need to maintain appropriate boundaries and manage transference and countertransference reactions (Silverman, 2014), and deal with compassion fatigue and secondary stress (Clements-Cortes, 2006; Swezey, 2013; Trondalen, 2016). They also

face stressors specific to the practice of music therapy, including the need to maintain a high level of skill on several musical instruments (American Association of Music Therapy, n.d. b) and the potential strain and fatigue of using their singing voice regularly in less-than-ideal singing environments (Boyle, Engen & Schwartz, 2018). These unique stressors will be addressed further in Chapter 2. Finally, it is relevant to note that music therapists are required by their professional code of ethics to pursue self-care in order to ensure their own safety and wellbeing as well as that of their clients (Canadian Association of Music Therapists, n.d. b)

I am a certified Canadian music therapist (MTA) with 20 years of professional experience in institutional (psychiatry, long term care and palliative care) and community mental health settings. I have not been immune to the occupational stressors outlined above. Most notably, my voice is my primary instrument and it has been directly impacted by the levels of stress I experience. For example, in stressful circumstances, my breathing has become shallow, and I cannot sing properly due to lack of proper breath support. Additionally, some significant stressful events in my life have triggered a persistent asthma response. Consequently, having to use a cortisone inhaler to enhance my breathing capacity resulted in temporarily losing my voice entirely. Although the formulation of the topic for the present inquiry began in 2017, my voice's susceptibility to stress became even more apparent with the onset of the COVID-19 pandemic and inherent difficulty in having to sing with a mask and visor.

Singing has been part of my life since I was a child, within my family and community contexts, rooted in hymns, folk songs, and French chanson. I studied piano throughout my school years and undertook four years of classical vocal training in my early 20's and four additional years of classical vocal training during my undergraduate degree in music therapy. Between the ages of 18-31, I pursued a career as a singer-composer-keyboardist-band-member. Throughout all of these experiences, I have discovered and incorporated new styles of music (i.e., rock, pop, jazz, standards and world music) into my vocal repertoire.

Singing has been both a bane and a soothing balm for me as my relationship with my voice has been convoluted and molded by complex family challenges. Because of this, I have felt that my singing voice has been constrained. As I began to formulate my

research thesis topic, I realized I had not yet tapped into the full potential of my voice as a vehicle for personal healing and self-expression. I have mild asthma and have used vocal improvisation to not only gain relief from labored breathing but also to gain insight into emotional states that contributed to the onset of asthma episodes. During these times (and during other times when I have vocally improvised alone or with others), I have sometimes experienced feelings of freedom and wholeness that are similar to those I experience when I dance, having trained as a dancer and engaged in dancing for self-care. I speculated that vocal improvisation could help me to actualize my authentic vocal potentials which in turn could help me to better utilize vocal improvisation for my own physical, mental, emotional and spiritual self-care. My idea was reinforced by multiple examples from the literature where vocal improvisation has been used with music therapy clients as a means of enhancing personal insight and feelings of well-being (e.g., Austin, 2008; Pederson, 2011; further outlined in Chapter 2).

Statement of Purpose

Given the importance of self-care practices for music therapists and the potential for vocal improvisation to elucidate personal insights and potentials that may ultimately contribute to addressing my own self-care needs as a practicing music therapist, the purpose of this study was to examine my own lived experiences of engaging in free unaccompanied vocal improvisations as a means of authentic self-expression. Heuristic self-inquiry was deemed to be an appropriate methodology to address this purpose as "self-understanding and self-growth occur simultaneously in heuristic discovery" (Moustakas, 1990, p. 13). It was my hope that the results of this study would help me to further realize and connect to my authentic vocal potentials and in doing so, further understand how my own self-care needs might be addressed through vocal improvisation. I also hoped to inspire other music therapists and perhaps other health professionals to explore this medium as a means of authentic self-connection, which in turn could enhance their own self care practices.

Research Questions

The primary research question was: What insights emerge when I (a music therapist whose primary instrument is voice) engage in free unaccompanied vocal improvisations for the purpose of exploring the potentials of my voice as a means of

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authentic self-expression? The subsidiary questions were: (a) How are these insights relevant to me personally?, (b) How are these insights relevant to me professionally?, and (c) How are these personal and professional insights relevant to my use of free vocal improvisation for my own self care?

Assumptions

It is important to note that I held assumptions that must be acknowledged as these influenced how I designed and conducted the study. Based on my personal, professional, and educational experiences outlined above, I assumed that in studying myself as I improvised vocally, I would gain self-knowledge, in the form of insights, some of which would concern my relationship with my voice. I assumed that these insights would contribute to my emotional, psychological and physiological self-care and well-being by allowing me to uncover the layers of my life experiences, make meaning of them and develop to my fullest potential within my current personal and professional life.

Key Terms

There are several key terms that need to be defined within the context of the present study. As defined by the Canadian Association of Music Therapists (n.d. a):

> *Music therapists* use music purposefully within therapeutic relationships to support development, health, and well-being. Music therapists use music safely and ethically to address human needs within cognitive, communicative, emotional, musical, physical, social, and spiritual domains.

In music therapy, a *primary instrument* refers to the musical instrument that a music therapist has the most training and expertise in and often uses the most in one's clinical practice. (American Association of Music Therapy, n.d. b). *Unaccompanied free vocal improvisation* "[...] includes humming, vocalizing or singing sounds, vowels and words in creative, spontaneous ways" (Bruscia, 1987) without the support of a musical instrument. *Authentic self-expression* as conceptualized in this study refers to expressing a raw, truthful reflection of oneself with one's own voice (Uhlig, 2006). *Personal insights* refer to gaining information about oneself including one's thoughts, feelings, and behaviors; insight work allows one to express, process, and transform these to achieve improved mental health and social functioning (Amir, 1993; Hadley, 2003; Scovel & Gardstrom, 2005). *Professional insights* refer to knowledge acquired concerning one's

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professional self and practice allowing one to make changes to improve clinical outcomes. (Bruscia, 1986). *Self-care* refers to the actions one takes to care for one's own physical, mental, emotional, and spiritual health, consequently regenerating one's personal resources. (Richards, 2010; Wilkinson & Whitehead, 2009; Williams, 2010).

Summary of Chapters

      I have organized this heuristic self-inquiry into five chapters. Chapter 1 addresses the significance of the inquiry which includes my personal relationship to the topic. The purpose, research questions, and assumptions are introduced, and key terms are defined. Chapter 2 presents related literature in the areas of: (a) voicework and music therapy, and (b) self-care and music therapists. Chapter 3 describes how the self-heuristic inquiry methodology was conceptualized for this research. Chapter 4 presents the results that emerged from the illumination and explication phases of the inquiry. Lastly, Chapter 5 illustrates a creative synthesis in the form of a song which serves as a meaning metaphor of the insights discussed in the explication phase of this study. This final chapter also contains the limitations of the study, as well as personal and professional implications of the results. Suggestions for future research are offered.

Chapter 2. Related Literature

In Chapter 1, I referred to literature to demonstrate the significance of and need for this inquiry. The purpose of the present chapter is to provide an overview of what is known about key topic areas that pertain to the study. These include: (a) voicework in music therapy including models applicable to self-care through personal insight work, and (b) music therapists' practices of self-care as relevant to voicework and self-inquiry

Voicework in Music Therapy

Definitions of Voicework

Newham (1998) referred to voicework as a generic term involving any work with or on the voice, and designated UK-based Melinda Moore Meigs as the first practitioner to identify voicework in relation to the healing use of sound and music. Voicework in music therapy has been defined as "the use of the human voice within the therapeutic approach to achieve health and well-being including improved vocal abilities, health and homeostasis, and human relationships" (Baker & Uhlig, 2011, p. 32). Breath, toning, and chanting are considered as inherent to voicework. Breath is crucial to the use of the voice and, conversely, using the voice renders one aware of the presence and role of the breath (Canga, 2015; Glick, 2015; Lewis, 2016; McNamara, 2016). Toning, as introduced to western healing practices by Laurel Keyes (1973), is characterized by the use of the natural voice to improvise innate sounds such as cries, grunts, open vowel sounds, and humming, which are maintained for the length of the breath exhalation (Loewy, 2011; Nakkach, 2005; Oddy, 2011; Snow, 2018). Chanting—a form of rhythmic, repetitive vocalization either monotone in nature or comprising a simple melody overlaid with a syllable or a few words—is present in many traditions, such as Yoga, Buddhism, Sufism, Shamanism, and Hinduism (Lynch, 2018; Nakkach, 2005; Simpson, 2021).

Properties of the Voice Relevant to Self-Care

The voice is the audible representative of our inner being and unique energy, a messenger of our thoughts and feelings and, consequently, a fundamental part of our identity (Baker & Uhlig, 2011; Bruscia, 1987; Newham 1998; Summers, 2011). It can be a powerful medium in caring for ourselves because "it is one of the instruments that has the strongest impact on development of the self, on self-awareness, and on self-regulation" (Pederson, 2011, pp. 287–288). The voice allows us to connect to our body

(Sokolov, 2020) and to cultivate "body awareness as a pathway to knowledge" (Pederson, 2002b, p. 215). Vocal properties, including tone and timbre, communicate our intent and actualize our nurturing presence, fostering infinite potential in caring for others (Austin, 2008; Cadesky, 2005; Dileo, 2011; Summers, 2011). Kenny (1982) elaborated that connection to spirituality, cycles of nature, death, and rebirth are inherent to music and to the voice as its vehicle, which in turn inspired Oddy (2011) to ponder the "intangible spiritual and emotional qualities of singing" (p. 85) which are difficult to quantify in objectivist forms of research.

Use of Vocal Improvisation for Personal Insight

A literature search revealed six prominent music therapist practitioner-authors who have used vocal improvisation as a means to achieve personal insight: Austin, 2008; Pederson, 2011; Snow, 2011; Sokolov, 2020; and Uhlig, 2006 who base their work primarily in psychodynamic theory, and (Oddy, 2011) whose theoretical constructs are informed by field theory and Gestalt psychology. Bruscia (1998) defined psychodynamic orientation in music therapy as the use of music to access, express, process, and resolve unconscious material that exerts considerable influence on a person's way of being. He discussed two core processes in psychodynamic therapy: transference, where a client interacts with the therapist in ways that reproduce past relational patterns; and countertransference, where the therapist interacts with the client in ways that reproduce past relational patterns from the therapist's or from the client's life. The Field of Play theory in music therapy was developed by Kenny (1989), as a model grouping interactive fields of existence and play within which one experiments with music in order to express all aspects of the self and effect personal growth. Gestalt psychology approaches "are concerned with the awareness of inner and outer realities in the here and now" and dealing with the needs that arise from this awareness (Bruscia, 1987, p. 507). In this section, six prominent vocal therapeutic models or approaches as implemented by the six aforementioned authors will be reviewed. Theoretical orientations, clinical goals, and processes be outlined. Some outcomes of engaging in voicework will be highlighted through case examples, case studies, and research.

Diane Austin: Vocal Psychotherapy. Austin's (2008) personal healing process including the recovery of her "lost voice" (p. 23) laid the foundation for the theoretical framework of her clinical work. In developing her model of Vocal Psychotherapy , Austin (2008) maintained that children need to be mirrored in their expressions and play by primary caregivers, in order to develop into their true selves. Part of this mirroring is achieved in the vocal interactions between the child and the caregiver. Consequently, the vocal holding techniques she created encompass a technique called mirroring. Here, the client sings their own melodic line and the therapist repeats it back to the client.

Her vocal warm-ups include (a) breathing exercises, (b) natural sounds such as yawning and sighing, (c) babbling allowing for mirroring vocal play, and (d) toning which is the holding of one note for the length of a breath. Once trust is established through the rapport with her client, Austin uses (a) chanting, simple repetitive melody, and lyrics, and (b) free associative singing which comprises of singing whatever words emerge in a spontaneously sung melody. Her clinical goals are to: (a) help her clients gain awareness of, express and process conscious and unconscious material, (b) recover "the lost voice" (p. 23), and (c) heal from trauma through reconstructive therapy.

Austin (2008) featured case examples of music therapy students who engaged in toning and vocal improvisation as part of their own personal therapy processes. Students reported increased self-awareness, self-knowledge, and self-confidence, as well as greater access to their voice.

Lisa Sokolov: Embodied VoiceWork. In explicating her model of Embodied VoiceWork (first published in Bruscia, 1987the most recent iteration also referred to as Vocal Improvisation Therapy) , Sokolov (2020) listed Maslow (humanistic-existential), Wilhelm Reich (psychodynamic), and Gestalt psychology as overarching theoretical influences. Humanistic-existential theories propose that when a person's needs are met with empathy and unconditional regard, they can progress to being their healthiest selves (Scovel & Gardstrom, 2005).

Sokolov (2020) stated that the goals of her therapeutic work are to: (a) "embody the voice" (p. 24), (b) "access the full resonance and expressive range of the instrument" (p. 25), and (c) "achieve congruence within the multiple levels of ourselves" (p. 26) through vocal improvisation. In order to progress toward these goals, Embodied

VoiceWork manifests within a developmental perspective comprised of sequential steps (Sokolov, 2020). The warm-up involves moving between spatial planes (lying down, sitting, squatting, and standing) while participants also sound their voices (breathing, yawning, babbling, vowels, consonants, words, and phrases). When guiding participants, Sokolov (2020) uses statements such as "Notice what you notice. Feel what you feel" (p. 29) and encourages clients to sing "Now statements [...] a statement of something that is true right now" (p. 48) to foster self-awareness.

As part of her model, she also designed a relational system encompassing vocal improvisation experiences in solos, duets, trios, and quartets. Her "inner sensing" (p. 44) concept is a state one can acquire through the practice of "learning how to feel what is happening in the body through the kinesthetic sense" (p. 44).

Sokolov's (2020) book contains qualitative testimonials from clients who experienced her Embodied VoiceWork model. They described increases in self-awareness, self-growth, self-confidence, authenticity as well as increases in feeling connected to others.

Inge Nygaard Pederson. Pederson (2011) claimed that after losing her voice, improvising natural sounds allowed her to reconnect with her natural voice and subsequently to link her vocal sounds to her "imaginations, feelings and sensations" (p. 288), a process she calls "self-regulation" (p. 288). As part of her psychodynamic framework, she conceptualizes vocal sounds "as self-objects" (p. 287), which can be understood as representations of the self that spontaneously appear in a given moment, allowing one to become aware of and to regulate one's state.

Although she does not overtly identify as a music therapist who specializes in voicework, her personal experiences with the voice prompted her to develop a unique approach to voicework . In the context of her music therapy clinical work, Pederson (2011) encourages spontaneous vocal expressions and supports clients in "exploring and challenging one's vocal sounds and expressions through vocal improvisation"(p. 287) as a means to: (a) increase self-awareness, (b) reclaim one's voice, and (c) reconstruct and regulate the self through the voice.

In a case study that examined her clinical work with a psychiatric patient, Pederson (2004; 2011) indicated that involvement in voicework served as the greatest

facilitator of change in her client. As a result of simultaneous and solo acapella vocal improvisations, her client reported that he felt like he was filling himself up from the inside. From this moment, Pederson noted that the client's self-expression increased, his anxiety diminished, and he progressively developed a concrete sense of self as well as a sense of his place in the world.

Finally, Pederson (2007) examined how music therapists understand the concepts of transference and countertransference in their clinical work. She noted that music therapists used vocal sounds to self-regulate in moments of chaos (that may manifest as a result of transferences) during clinical sessions.

Sylka Uhlig: Authentic Voices-Authentic Singing. Personal and professional experiences with voice led Uhlig (2006) to seek out vocal expression that would be truly reflective of her own self. This led her to formulate a psychodynamic and developmental vocal psychotherapy model called Authentic Voices-Authentic Singing. She suggested that increased self-awareness leads to increased authenticity and that the voice is an invaluable tool in this process. Uhlig (2006) defined "the authentic voice" (Introduction section, para. 7) as unaltered from its' original sound.

The clinical goals of Uhlig's (2006) model are to help clients: (a) find their authentic voice, and (b) express and process emotions that emerge as a consequence. Vocal warm-ups involve breathing and softly vocalizing natural sounds. Other qualitative (i.e., felt/experiential) techniques include: (a) Centering the body (vocal sounds including singing), (b) Freeing the voice (unlimited vocalizations in all body positions), and (c) Being present in the moment (connecting with words, feelings and inner resources). Other quantitative (i.e., more concrete/practical techniques) involve producing vocal sounds with given parameters (e.g., humming, head or chest register, with or without vibrato).

Uhlig (2006) illustrates her model through qualitative clinical case studies that contain examples where clients: (a) gain self-awareness, (b) regain lost aspects of their voice, and (c) discover new aspects of their voice as they progress in their healing journeys from trauma.

In further developing her work from the perspective of a Jungian framework, she claimed that the human voice produces archetypal sounds such as sighing, groaning, and

crying that express universal human emotions. Paying attention to these sounds in her personal life and in her clinical work led her to retrospectively review audio/video recordings of her sessions with clients. As a result, she became aware of transferences and countertransferences reflected in the vocal interactions between herself and her clients. Therefore, she suggested that music therapists analyze their own vocal sounds by reviewing audio/video recordings of sessions that they facilitate in order to foster awareness of what their vocal sounds and the parameters of their vocal expression are actually communicating to their clients.

Finally, Uhlig examined how patriarchal history has negatively affected the rapport women have with their voices by transforming: (a) how women use their voices, and b) the sound of women's voices. This perspective situates Uhlig's model within a feminist music therapy framework.

Nicola Oddy: Field of Vocal Discovery. Oddy (2001; 2011) chose field theory as a framework for her vocal work stating "since vocal discovery has no specific boundaries, field theory is an appropriate basis for thought in this phenomenological work" (p. 49). In a study that examined the singer's perception of their own voice, Oddy (2001; 2011) worked with five participants who fit a particular profile—those who were "very intimidated by the voice and what it represents" (p. 28). The clinical goal of the study was for these participants to uncover and "accept their authentic voices with enjoyment and without judgement" (p. 28). She described the authentic voice to be "the voice which gives a truthful expression of who the singer is" (p. 29). Data collection procedures involved five sessions in sequential order that involved discovery of: (a) the sensations of breathing in the body, (b) the sensations of the voice within the body, (c) the sensations of the voice in a resonant space, (d) the possibilities of improvisation in the voice, and (e) the sensations of the voice in an outside environment. Sessions one, two, three and five were group sessions that involved breathing, toning, chanting, and call and response. Session four was an individual session that comprised of guided imagery, free associative singing, call and response, drumming, and piano improvisation.

In analyzing the data, Oddy (2001) identified three themes: (a) the consequences of others' judgement and self-judgement versus, (b) absence of judgement on the

perception and use of their own singing voice, and (c) singing facilitating the expression of emotion and spirituality.

Although Oddy's study began with an action-based approach, the emergent framework revealed a need to incorporate the first-person perspective of the researcher. Consequently, Oddy (2001) was drawn toward the *immersion, illumination and explication* stages of Moustakas's (1990) heuristic research methodology. Through this research process, she became aware of personal and professional benefits. Oddy (2001) shared that she gained confidence in her singing voice and had increased insight about the importance of considering a client's relationship to their voice within the context of her clinical work. (pp. 116-117). Oddy (2011) continues to develop her approach through workshops based on her initial study. She summarizes that in presenting the workshop to clients, students, and colleagues since 2001, sessions one, two and three are essentially the same, session four is used to explore singing in outside space, individual session five's goal is to revisit the process for each participant one on one and session six regroups participants for closure and collaborative song writing.

Shelley Snow: Sound Healing. It appears that Snow (2011) was the first music therapist to study the practice of sound healing and how it intersects with music therapy. In referring to the application of voice in sound healing, she described the process of "vocal sound healing" as using "wordless sounds" such as "single notes, tones or overtones [...] directed at the human body" for the purposes of healing (p. 18). In a qualitative study that examined the effects of this vocal sound healing method, Snow (2011) reported that the thirteen participants described experiencing physical healing, release of emotions and trauma, increased insight, and spiritual awakening. Never noted in prior studies and of great relevance is that the "the after-effects of sound healing [...] occur well beyond the session in which the sound healing was administered" (Snow, 2011, pp. 190–191).

In light of this study's results, Snow envisions that vocal music therapists can incorporate sound healing into their clinical work with ease and can thereby contribute to the field of sound healing, specifically in the area of emotional processing that emerges from clinical voicework.

In a research project that investigated the experience and effects of vocal toning with 20 non-musician participants, Snow (2018) explained that one of the study protocols consisted of one session during which participants engaged in four given singing conditions: "a) toning; b) singing a slow song using phonetic sounds such as la, la, la; c) silent breathing paced by a visual cue that matched the breathing pattern generated by the participant during condition a; and d) silent breathing paced by a visual cue that matched the breathing pattern generated by participant during condition." (Snow, 2018, p. 231). Participants then described their experiences through short interviews and by completing the Geneva Emotional Music Scale (GEMS-48) questionnaire.

Some important findings were: (a) through "just seven minutes of toning, participants reported experiencing altered states of awareness, attention, and consciousness" (p. 241); (b) "feeling embodied vibrations also appeared to lead some participants into deeper states of awareness" (p. 243); (c) "Being able to find pitches that feel comfortable for the voice to express is essential for the health of the voice, and the enjoyment of vocalizing" (p. 245); and (d) "self-consciousness and performance anxiety were factors affecting some participants, resulting in difficulties with engagement and satisfaction with toning" (p. 246). She concludes that these findings reinforce the relevance of the use of toning in the context of music therapy voicework.

In reviewing these six models and approaches described above, there are similarities and differences worth noting. For Austin (2008), Pederson (2006) and Uhlig (2006), the rapport with their own voices led them to seek out a vocal sound reflective of their authentic selves which in turn influenced how they executed their clinical work. All of the authors, with the exception of Snow (2011; 2018), noted that they had gained increased self-awareness and an authentic rapport with their own singing voices not only as a result of their own personal therapeutic work but inadvertently as a result of their clinical vocal work with clients. In describing voicework clinical goals, Uhlig (2006) and Oddy (2001; 2011) spoke of helping clients regain and express their *authentic voice* while Austin (2008) referred to clients recovering *the lost voice*. Likewise, Pederson (2011) supported clients in reclaiming their voice. Additionally, these authors all aimed to help clients gain awareness of, express, and process conscious and unconscious material, as well as heal from trauma through vocal work.

In terms of intervention techniques, Austin (2008), Oddy (2011), and Uhlig (2006) utilized a sequence of breathing exercises and natural sounds (yawns, sighs, and moans) during the warm-up segment of their sessions with clients, which led into toning and chanting. Similarly, Sokolov (2020) and Uhlig (2006) guided clients to experience different body positions in the context of vocal improvisation. Some authors indicated that voicework may have specific purposes at given moments throughout the therapeutic process. For example, Uhlig (2006) used vocal techniques as part of the initial assessment phase of therapy, while Snow (2018) suggested that toning could establish rapport and trust at the beginning of the therapeutic process. Pederson (2011), however, suggested that vocal interventions could be a natural progression of the therapeutic process once trust is established through instrumental improvisation. Finally, Sokolov (2020) and Oddy (2011) used unaccompanied vocal improvisation exclusively, while Austin (2008), Pederson (2011), Snow (2011), and Uhlig (2006) incorporated the use of accompanying instruments into their vocal improvisation models/approaches. All of this information was considered as the data collection processes for the present study were initially designed and also as they evolved over time.

Self-Care and Music Therapists

Music Therapists' Need for Self-Care

As indicated in Chapter 1, various challenges experienced by health care professionals highlight the need for self-care. Furthermore, music therapists experience some unique challenges in relation to their work: (a) being an accomplished musician/singer, implying years of training and continual practice to maintain musical skills; (b) potential strain and fatigue of using one's singing voice regularly in less-than-ideal singing environments; (c) being a therapist, which requires in-depth training and ongoing continuing education; and (d) navigating and harmonizing the components of music and of therapy (Choi, 1997; Boyle, Engen & Schwartz, 2018; Turner, 2013). Furthermore, the lack of knowledge and recognition regarding the profession of music therapy within public, community, and institutional spheres demands ongoing advocacy and education on the part of music therapists, which can contribute to burnout and exhaustion (Chang, 2014; Clemens-Cortes, 2013a). Each of these challenges will be further described below.

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Gooding (2018) reported that there are occupational hazards inherent to playing music and using one's voice that music therapists tend to underestimate. Playing-related disorders involving the main instruments used by music therapists (piano, guitar, and percussion) vary and involve injury to the muscles, nerves, tendons, joints, and cartilage. In addressing vocal health issues of music therapists, Boyle and Engen (2008) indicated several challenges which included: (a) long days of speaking and singing, (b) voice-compromising postures, (c) singing in keys that are beyond the therapist's comfortable range, and (d) lack of focus on good posture and breath support while simultaneously singing and accompanying oneself. In an integrative review that examined the practice of self-care by music therapists, Gooding (2019) summarized pervasive occupational stressors that exist in music therapy. These included: (a) compensation issues (salary, benefits, etc.), (b) lack of job opportunities/ advancement issues, (c) negative work environments (e.g., lack of respect, lack of support, lack of understanding, lack of recognition, being undervalued, etc.), and (d) workload issues (e.g., balance, case load, types of tasks included in workload, etc.). She also highlighted that for music therapists, the most common contributors to burnout are work environment issues followed by compensation and workload, and that emotional exhaustion is the most commonly experienced dimension of burnout.

Finally, in a study that examined the impact of the 2020 global pandemic on the health of music therapists, Gaddy (2020) reported that music therapist respondents' primary concerns included being a carrier of COVID-19, being isolated from loved ones, income loss, and financial instability. Another frequent concern was personal mental health. Respondents described multiple sources of stress, anxiety, and negative affect change related to the pandemic. Many cited health/safety concerns, symptoms of burnout, and family balance difficulties. These results indicate that music therapists' needs for self-care may be greater than ever, which in turn further highlights the need for the present inquiry.

Self-Care as a Professional Responsibility

Several authors agree it is ethically imperative for mental health professionals to engage in self-care for their own well-being and for that of their clients as it directly impacts the quality of one's presence and the quality of services that one provides

(Bradley, 2013; Coaston, 2017; Reigel, 2019; Richards, 2010; Sorenson, 2016). Most health care professions' codes of ethics contain references to self-care. The CAMT Code of Ethics (n.d. b) states that music therapists must engage in self-care activities to benefit their health and the quality of their clinical practice. Consequently, these actions could prevent burn-out and avoid harming their clients. Some studies have shed light on how music therapists have engaged in self-care and highlights from these publications will now be presented.

Self-Care Strategies for Music Therapists

In a study that examined professional quality of life and career sustaining behaviors of music therapy professionals, Sweezy (2013) reported that the most commonly used strategies of self-care that contributed to career longevity were: to maintain self-awareness, a sense of humor, and objectivity about clients; to spend time with a partner and/or family; and to reflect on positive experiences. Gredler (2018) highlighted the importance of mindfulness and creativity as self-care strategies. She added that taking on leadership roles and collaborating with others in and outside the field could promote professional wellness. In an integrative review that examined music therapists and their self-care practices, Gooding (2018) found that music therapists manage their self-care through healthy eating and exercising; mindfulness techniques such as breathing, meditation, and prayer; warming up before sessions and taking breaks at work; continued education, supervision, and advocacy work; and engaging musically outside of the context of sessions.

Surprisingly, personal therapy did not come up in Gooding's (2018) integrative review. However, Bruscia (1998) stressed the importance for music therapists to "experienc[e] [their] own form of music psychotherapy regularly" (p. 119) in order to ensure the quality of their clinical practice. Relatedly, Vaillancourt (2016) reported on her own experiences of engaging in five approaches of music psychotherapy, which provided further evidence on the potential benefits for music therapists. Despite this, in a paper that studied what self-care practices music therapists utilize, Sweezy (2013) reported, "It appears that music therapy professionals are more likely to use passive music strategies such as listening to music, music-assisted relaxation, or other similar activities than they are to use active music therapy strategies or personal music therapy as a means of self-

care in their lives" (pp. 83–84). In a study that examined music therapists' use of music therapy for personal therapy, Wanamaker (2019) found that finances and dual relationships were the main factors that impeded music therapist participants from engaging in music therapy for themselves. Those who did engage, however, reported increased self-awareness and self-confidence, a deeper understanding of the therapeutic space, and greater empathy for clients.

Music therapy literature indicates that various approaches to peer supervision can help to ensure provision of quality services, enhance professional development, foster a support network, and cultivate self-care (Austin & Dvorkin, 2001; Pederson, 2002c; Pederson & Scheiby, 1999; Scheiby, 2019). Additionally, Bruscia (1998) suggested that engaging in "reflective self-inquiries" (p.110)–which he defined as "any form of contemplation or reflexive study aimed at understanding one's own attitudes, beliefs and emotions as a therapist" (p. 110)–might achieve some similar benefits as participation in personal music psychotherapy. Therapist journals and nurturing one's musical self were included among the self-inquiry techniques that Bruscia (1998) listed and these informed the methodology of the present study.

Singing is an accessible and cost-effective technique (Clift, 2017) that seems to have impacts on physiological components such as greater ease of breathing and psychosocial components such as anxiety and depression, elevating mood, and improving quality of life (Clark & Harding, 2012; Lewis, 2016; McNamara, 2016; Reagon, 2016). As indicated previously, benefits of vocal improvisation include: connecting with self and others, finding one's true voice, accessing unconscious aspects of the self, and working through trauma (Austin, 2008; Baker & Uhlig, 2011). It is also interesting to note how vocal improvisation for music therapists' self-care might not only contribute to their personal growth but also positively impact how they use their singing voice in their clinical work (Austin, 2008; Baker & Uhlig, 2011; Bruscia, 1998; Lee, 2011; Trondalen, 2016). Austin (2008) maintains that the more one resolves one's own issues with one's voice, the more one can use one's voice to produce and support all the vocal sounds that emerge within clinical work and tune in to what the subtleties of clients' vocal sounds are communicating, thereby being more efficient in supporting clients' processes. For example, in her work with Cindy, a client who expressed sighs, growls, loud singing,

screams, laughter and soft singing as part of her expressive process, Austin (2008) was technically and emotionally able to match and support her client's vocal sounds which seemed to allow her client to spontaneously vocally express what she needed to in order to feel more grounded and present as subsequently reported by her client.

Self-Inquiry and Voicework

A literature search on self-inquiry and voicework yielded few results. In her Masters thesis, Borgal (2015) examined her relationship with her voice as a music therapist working in palliative care. She found that authentic expression of her voice in her personal and professional life allowed her to navigate the use of her voice in her work with more confidence and ease. Consequently, she became more accepting of her vocal strengths and more comfortable in receiving comments that others made about her voice. In an heuristic inquiry that involved six adults participants and examined the impact of singing on psychological well-being, Brisola and Cury (2015), (both psychology students), found that engaging with one's singing voice: (a) connects one to self-identity, (b) promotes self-awareness, (c) enables self-growth, and (d) is an important vehicle for expressing creativity. Finally, Quinley (2019), a psychotherapist, conducted a heuristic inquiry with ten adult participants "to explore how individuals experience healing and transformation through different vocal practices, including therapeutic voicework, creative singing, and performance singing" (p. 4). She found that voicework has a great potential for personal healing through emotional expression and subsequent integration of multiple aspects of the self. Her study uncovered how the processes of vocal practice facilitate personal healing.

Self-Inquiries Related to Self-Care

A search on self-inquiry and self-care and music therapy revealed several relevant Master's theses. Moran (2018) examined the use of mindfulness as a form of self-care, concluding that it certainly is a viable technique for music therapists and thus warrants more attention. Goldman (2021) explored the impacts of mindfulness on clinical music therapy work by conducting qualitative interviews with three experienced music therapists. The theme of self-care emerged in the results, as participants indicated that mindfulness-meditation amplified embodied presence, resilience, and self-compassion. Tannous (2020) explored referential and non-referential piano improvisations as a tool

for her own self-care. She discovered that for her, non-referential improvisations generated more emotions, thoughts, and images than referential improvisations and noted that responses to improvising—such as feeling relaxed and energetic—could last for days after the fact, thus enriching her personal wellbeing. Furthermore, she gained self-knowledge, self-awareness, and self-confidence that she felt would help her identify and work through countertransference reactions in her clinical work. Arsenault-Cooper (2019) reflected upon her experiences of emotional awareness as she engaged in free improvisations on the piano. She discovered that her voice represented the most authentic part of herself and she felt that it was more likely than other musical mediums to capture and reflect her emotional states. Cumulatively, these studies indicate potential for vocal improvisation as a tool for self-knowledge and means for self-care.

Conclusion

This chapter reviewed relevant literature in order to present what is known and not known about the key topic areas related to this study. This included an overview of some influential vocal therapy models and the practice of self-care as applicable to music therapists. The following chapter will provide a description of the methodology used for this inquiry as well as the data collection and analysis procedures.

Chapter 3. Methodology

Design

This study utilized a heuristic self-inquiry methodology realized according to data collection and analysis phases as described by Moustakas (1990) who is credited with developing this methodology. Here, the researcher uses personal experiences and reflections upon these experiences as data in order to gain insight into a phenomenon. In this study, I engaged in free vocal improvisations and reflected upon these experiences in order to discover and/or better understand my authentic vocal potentials and subsequent implications for my own self-care practices.

Given the scope and duration of a master's thesis, the following delimitations were established. I was the sole research participant. Data was collected via four unaccompanied free vocal improvisations that took place over a two-week period (see additional details below). Although I used various creative means to bring closure to these free vocal improvisation experiences, data analysis was delimited to free associative writings that occurred immediately after each vocal improvisation experience and additional content contained in my self-reflective journal.

Validity

As stated by Moustakas (1990) "The heuristic research process [...] demands the total presence, honesty, maturity, and integrity of a researcher" (p.14), a disposition I aspire to as a person and as a therapist. Therefore, I viewed this research process as an opportunity to deepen this way of being. I achieved this through intense periods of engagement with the data and through regular consultations with my research adviser. Furthermore, I entered this study with a spirit of discovery and aimed to set aside the preconceptions I had of my relationship with myself, my voice, and with vocal improvisation. I hoped to "to accept as authentic and valid all that [came] from within the heuristic process" (Moustakas, 1990, p. 13).

Materials

Materials included a self-reflective journal and audio recordings of my unaccompanied vocal improvisations captured using my iPhone and iPad. All of these materials were stored on my PC computer.

Data Collection and Analysis Procedures

According to Moustakas (1990) the *initial engagement* phase is the period of time when the researcher ponders and clarifies the actual subject or question to be investigated and chooses a topic that ignites their passion. During this phase, I frequently reflected on my relationship with my voice and became excited about the prospect of researching my own singing voice, its potentials, and the potential personal and professional implications for self-care that might emerge. I read literature relevant to the subjects of voicework and self-care, most of it contained within a music therapy disciplinary context. I also wrote several working drafts of the first three chapters of this thesis upon which I received advice, input, and support from various university faculty members, fellow students, colleagues, and ultimately, my thesis supervisor.

The *immersion* phase is the period of time when the researcher engages with the phenomenon to be studied (subsequent to initial formulation of the research questions) in whatever forms it takes (Moustakas, 1990). In the present study, I engaged in four unaccompanied free vocal improvisations (the length of which occurred organically) over a period of two weeks. The first improvisation took place on March 27th, 2021 and lasted 14 minutes and 15 seconds. The second improvisation occurred on March 29th and lasted 9 minutes and 30 seconds. The third improvisation took place on April 3rd, 2021 and lasted 8 minutes and 28 seconds and finally the fourth improvisation on April 6th, 2021 was of a duration of 14 minutes and 45 seconds. Prior to each improvisation, I centered myself by focusing on my breathing. As I breathed in and out, I visualized an ocean wave to help regulate my breathing rhythm. I simultaneously started to move my body to that rhythm. Within a few minutes, the voice would manifest as the first sound/note emerged. While improvising, I generally kept my eyes closed and attempted to put my thoughts aside as I allowed my voice to lead my experience. I sensed from the music itself when a phase of the improvisation was coming to an end and another phase was starting and I followed this organic rhythm. The final musical phase of each improvisation revealed itself naturally and I adhered to this. I closed the improvisational space by dancing and drawing, and free associative writing. I then engaged in self-reflective journaling, writing any thoughts, feelings and insights that emerged as guided by my research questions. I

made subsequent journal entries on April 9th where I reflected on all of my vocal improvisational experiences as a whole in relation to the research questions.

The *incubation* phase is a period of time where the researcher takes a pause from the research and anything related to it (Moustakas, 1990). For a three-week period between April 10th and May 2nd, 2021, I did not engage in vocal improvisation or journaling and did not do any work related to my research. I did continue to work as a music therapist over this time and was required to use my voice in sessions.

The *illumination* phase is a context within which new or altered frameworks and ideas can emerge as a result of new perceptions and spontaneous insights (Moustakas, 1990). This phase started on May 3rd, 2021. During this period, I read my self-reflective journal a number of times to specifically attune to moments of meaning and insight. Using Newman's (2014) approach to open coding analysis, I highlighted key words and phrases as they appeared significant to me in relation to my research questions. I entered these words and phrases into a separate document on my computer and then used Newman's (2014) approach to axial coding analysis to group these key words and phrases into categories and subcategories. This process involved a number of re-formulations before I settled upon the final categories and subcategories, which addressed the research questions in ways that I felt were both clear and authentic.

During the *explication* phase, one inspects the elements discovered through previous phases and seeks to make sense of them (Moustakas, 1990). As I examined the categories and sub-categories, I made links between former self-knowledge and new insights and pondered these progressions. On May 11th, I listened to the recordings of my four vocal improvisations as a way to deepen the insights found in my journal entries. Listening back to my recorded vocal improvisations generally confirmed my written impressions, but one significant contrast emerged that will be addressed in Chapter 4. This chapter will also address how listening back to the recordings deepened my understanding of the transformational potentials of engaging in the act of vocal improvisation.

The *creative synthesis* phase involves blending the study components into a complete entity that usually assumes an artistic form (Moustakas, 1990). Here, I synthesized various facets of this study by composing a song entitled *Troubled Child*.

This song summarizes the feelings and insights I experienced as a result of my deep and authentic engagement in the research process. The recording is presented as part of Chapter 5.

Chapter 4. Illumination and Explication

The primary research question for this study was: What insights emerge when I (a music therapist whose primary instrument is voice) engage in free unaccompanied vocal improvisations for the purpose of exploring the potentials of my voice as a means of authentic self-expression? The subsidiary questions were: (a) How are these insights relevant to me personally? (b) How are these insights relevant to me professionally? (c) How are these personal and professional insights relevant to my use of free vocal improvisation for my own self care? The coding process described in Chapter 3 yielded 287 codes. These consisted of words or phrases such as: *scared to be heard, your voice is enough, I am safe within myself, witnessing, dancing, drumming, sacredness, ritual,* etc. As described in Chapter 3, I then used axial coding to organize these words and phrases and after much reflecting and re-organizing this resulted in four overarching categories, each one containing 3-5 sub-categories. See Table 1 for an overview of the four overarching categories and their related subcategories.

Table 1
Categories and Subcategories

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Category 1: Impediments and Facilitators of Authentic Vocal Expression
      Subcategory 1a: Breathing
      Subcategory 1b: Judgement, Fear, and Expectations
      Subcategory 1c: Acceptance, Being, Freedom, and Embodiment
      Subcategory 1d: My Voice as an Emotional Conduit
Category 2: The Many Voices
      Subcategory 2a: The Child Voices
      Subcategory 2b: The Parental Voices
      Subcategory 2c: Voice as a Means of Spiritual Connection to Others
Category 3: The Authentic Voice in Professional Contexts
      Subcategory 3a: Professional Identity and Disposition
      Subcategory 3b: Choice of Populations
      Subcategory 3c: Therapist Authenticity
      Subcategory 3d: Value of my Authentic Voice
Category 4: Authentic Vocal Expression and Self-Care
      Subcategory 4a: Interplay
      Subcategory 4b: Effectiveness of Simplicity
      Subcategory 4c: Nurturing and Healing Voice
      Subcategory 4d: Directing Versus Letting Go
      Subcategory 4e: Life Situations Requiring Self-Care

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The following sections will describe in more detail the categories and subcategories that emerged from this study in relation to the research questions. Excerpts from my journal are presented in *italics* and are included to support the credibility/trustworthiness of my results.

Category 1: Impediments and Facilitators of Authentic Vocal Expression

I struggled with the concept of authentic vocal expression. What does it mean? What does it sound like? Why and how is it important? As I engaged in vocal improvisation, some answers and potential definitions emerged. For me, authentic vocal expression requires that I hear a voice that I recognize as my own. I discern my voice primarily through its warm and round timbre. My vocal techniques further define my voice but at a cognitive rather than at a felt level. Over the course of experiencing and listening back to my free vocal improvisation sessions, I heard many voices. Which ones were authentic? One could argue that all of them or none of them were, depending on one's theoretical framework or personal mythologies (i.e. how one makes meaning of the world). The following subcategories include elements that impeded or facilitated my authentic vocal expression.

Subcategory 1a: Breathing

Becoming aware of my breath was the first thing that I did to center myself and be fully present for the experience I was about to enter. At times, I felt how my breathing shifted over the course of the session. Generally, I was most aware of the state of my breathing after improvising, while closing the session space. However, it is when I listened back to the recordings of the vocal improvisations that I heard the sequential evolution of my breath. It was audible that shallow and contrived breathing was an impediment to my vocal expression. Journal entries from the first session connected this type of breathing to a sentiment of anxiety: *contrived, barely breathing, all caught up inside, not allowing, can't breathe, no sound, muffled sound, no voice.* Conversely, deep and full breathing facilitated my vocal expressions. Other journal entries associated with the first session related this to sentiments of expansion and relaxation: *letting go, accepting, deep breath*. As reflected by these journal entries, inherent to session one was the feeling that the vocal improvisation was contrived, and my wish for it not to be so. I was surprised by my use of what I came to call my *wind breath*, which sounded like I

was imitating the wind, and how expansive that made me feel in session two: *breath, tree, wind, breath filling my belly, my lungs, so alive.* That day, it corresponded with an awareness of the elements of nature I often contemplate from my window and to the feeling I have when I am in communion with nature; a feeling I lived profoundly as a child and have internalized as an adult—I have a continued sense of it within myself. Once all of my vocal improvisation sessions were completed, I listened back to all of the recordings as a life review of what felt like a healing journey, and it made me feel peaceful and whole. *I am breathing so deeply now, like a whole space opened up in me that was obstructed, closed before, the whole space that I am.*

Subcategory 1b: Judgement, Fear, and Expectations

The earliest memories I have of my voice feature moments of being told how to use it and how it sounded. Assessments by others translated into incessant and relentless self-judgement. I could not express my voice naturally or enjoy it, and I felt my real voice recede into hiding to protect itself. A fake voice/real voice dichotomy eventually crystallized during my teen years as a result of derogatory comments about my voice from a parental figure and my best friend, who was also a singer. Expectations of how my singing voice should sound were amplified by eight years of classical vocal studies. Having lost contact with my real voice, I kept pushing myself to do better with the voice I was able to share but I felt that it was never good enough. Feelings of not being enough, self-judgement, and fear of letting go all emerged during my first free vocal improvisation session, which I retrospectively identified as the hardest session for me emotionally. These feelings were reflected in my voice, almost inaudibly at first, then having a sad, pleading, and uncertain quality about it. *No matter how much or how little I do it is never enough or never good enough, like there should be something more than what is.* My fake voice was eventually joined by a broken self that adopted a life story in which the protagonist (me) was not good enough, helpless, and powerless. Despite trying to return to myself, I felt trapped by that story. The following journal entries related to my first free vocal improvisation indicate the painful state I experienced during this session—after which I felt angry, depressed, self-cynical, and self-hatred, but ultimately led to catharsis and insight.

My voice is imprisoned and I am too scared to free it. My voice is contrived [...] by me, by my fear, my judgement. As if I would not know myself anymore as I know myself if I let my voice out of its box and I would truly hear it perhaps for the first time. What if it did not match with the story that I have been telling myself about myself my whole life? What if my authentic voice told me a different story? [...] Would I have to let go of my old story? [,,,] It would seem that my fear of losing my old story, my old self, my old voice is stronger than my desire to hear my authentic voice or tell myself a new story about myself.

Subcategory 1c: Acceptance, Being, Freedom, and Embodiment

As a consequence of my self-reflection processes, I became aware that I needed to grieve and let go of past moments where I felt I could have been more connected to my voice. As I improvised vocally, a process of acceptance of what was and what is unfolded from session to session. I came to understand that my relationship to my voice was exactly how it could be in the past and how it can be in the present. *I was always already in the place I was trying to reach. I just could not see it or hear it. Perhaps it is time I recognize and acknowledge the role music has played in my life, recognize that my relationship to [...] my singing voice has always been exactly what it was meant to be in all the moments of our time together.* Freedom of expression as experienced through spontaneous movement and body percussion that occurred as I vocalized during sessions two and four led to the same feelings of embodiment that I experience when I dance, consequently inducing what I felt and heard as authentic vocal expression. In the second free vocal improvisation session , during which a playful child voice emerged, I experimented with vocal sounds (vowels and consonants) and vocal parameters (melody, rhythm, tempo, accents): *I found myself moving my body, snapping my fingers, clapping my hands as if all of this was a key to unlocking true authentic vocal potential, otherwise was most likely boxed in, compartmentalized, as if embodiment was a facilitator.*

Subcategory 1d: My Voice as an Emotional Conduit

Although I had been previously able to identify and articulate my emotions from a cerebral perspective using therapist lingo, I was unable to fully access or experience them. These free vocal improvisation experiences helped me to realize that my voice is the conduit through which I can most likely become aware of what I am feeling. It felt as

if my voice knew what I needed as it spontaneously and intuitively chose and navigated songlike melodies that soothed and nurtured me as well as containing feelings of hope. One hour after session three, on the day that I had my last visit with my family member, I wrote: *For people like me who have a hard time identifying and experiencing emotion at a feeling level instead of a rational, cerebral one, the voice, its tone, color, urgency or despondency is a perfect alert system. Now that I think of it, it is my body and my voice that alerted me that I felt a certain way my whole life.*

Category 2: The Many Voices

All four free vocal improvisation sessions gave me access to several different voices; some felt authentic, others did not. *It [*my voice*] is my child and my Mother, it is my Father, it is what hurt me and destroyed me, it is what heals me and reconstructs me.*

Subcategory 2a: The Child Voices

I first thought that it was an internal aggressor voice that had manifested as I journaled after my first free vocal improvisation session, but as I listened back to the recording, I realized it was a hurt child. It was excruciatingly painful to encounter my hurt child voice. The depth of the hurt took my breath away and confirmed to me why I had experienced such a difficult first session: [This was] *very hard to listen to—to hear— bringing tears to my eyes and hurt in my body——-stomach.* Despite personal therapeutic work that I have engaged in throughout the years and my previous attempts to heal this hurt inner child, I acknowledged that I have always felt some form of irritation towards this child, wanting it to go away, to be silent, and to leave the adult alone to carry on in a happier life. This time, within the context of this free vocal improvisation, I really heard this child's pain and I could not ignore it. This was a deeply cathartic experience that de-compartmentalized aspects of myself and built a bridge between my child and adult selves, so that the adult could really acknowledge the child's pain. Consequently, it seemed that expressing and hearing the wounded child voice created space inside of me for something new to manifest. In the subsequent free vocal improvisation session, a joyful child voice emerged. This surprised me and I had so much fun experiencing, hearing, and playing with this voice. Although the transition from the hurt child voice to the joyful child voice might seem rapid, it actually felt like the culmination of years of therapeutic work. *Concerning vocal potentials which that child cares nothing for, only*

the judging adult does. I can do whatever I want with my voice, make whatever sound I want, sing in whatever way I want, low, high, soft, loud, out of pitch, in pitch, out of sync, in sync and it's all good. I found joy in playing with rhythm, singing with it but also against it, syncopation, delay on attack. I still have that joyful, free child inside me and my voice can reflect that child in playfulness, not concerned with the sound or the sound quality of that voice, just raw sound. I love and am grateful for that beautiful child.

Subcategory 2b: The Parental Voices

One of the internalized parental voices that has accompanied me throughout my lifetime is that of my Father. As part of my healing journey, I have progressively replaced negative aspects of his parental voice with my own and subsequently reclaimed aspects of his voice and personality that were nurturing. In other words, I have reconstructed and integrated a *good-enough Father*"(Borg, 2013; Winnicott, 1971) voice by re-focusing my attention on the good moments we shared.[1] In doing this, I now feel that my internal parental voice exists as one authentic voice only, that contributes to my own well-being, as well as nurture well-being in others. There were moments during my vocal improvisations when I felt nurtured by the soothing properties of my voice, and upon listening back, I heard my good-enough parental voice at work and was reminded of my Father. Subsequently, a few days after my final free vocal improvisation I noted what felt like a profound insight in my journal. [Had I accessed all potentials of my voice earlier on in my life, I feel that I would have]*lost a certain connection to my identity as a broken person, this* [being] *the connection, the sameness I shared with my broken Father, had I been unbroken too fast, I felt I would have lost him. In the last year of his life, fighting cancer, I saw his Being emerge, he was quite broken, but there was a sense of peace about him and I felt I could BE around him.* As a consequence of this insight, I felt my voice become more real to me, and it sounded truly authentic.

Subcategory 2c: Voice as a Means of Spiritual Connection to Others

I participated in choirs as a child and a teen and was then part of a family band. Singing and harmonizing in these contexts provided me with a sense of community and

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[1] The *good-enough Mother* concept was created by Winnicott (1971) to describe qualities related to supportive parenting, such as being attentive and responsive to a child's needs to provide a safe environment where the child can experience and integrate their emotions. I am replacing the *good-enough Mother* concept by a *good-enough Father* concept that resonates with my experience.

feelings of oneness much akin to what I experience when being in nature and feeling at one with the universe. To this day I miss the connective feeling of harmonizing with my brothers. Singing voices from the same family have a way of complimenting each other that feels natural and effortless. As I vocally improvised in the second session using my playful child voice , *I found myself yearning for a second voice to harmonize* [with] *my own*. Perhaps it was my Mother's voice or my brothers' voices I was yearning for.

My experiences of vocal improvisations in the context of this study as well as group vocal workshops I attended in the past have, at times, elicited a sense of connection to something that is greater than myself. This resonated with my personal mythologies and I have identified this greater than myself feeling as inherent intuitive knowledge that I have garnered from universal collective wisdom/ consciousness as well as from my ancestors. This sensation could be described as feeling like a conduit for the music that is just passing through me. During my final free vocal improvisation session, held the day after the death of a cherished family member, I felt spontaneously pulled toward vocal styles not inherent to my religious and cultural upbringing. *This type of vocal experience, related to spirit, liberates me momentarily from experiencing music, producing music from a cerebral point of view. I cannot think it, hear it in my head before I produce it, it is more like I am channeling it, that it is coming through me, not from me. And so, does that make it more authentic? Does more authentic mean more me or less me? It might not make it me at all but it might make it totally authentic, specifically for that reason! I was taken to the vortex of common sounding, before civilization organized sound, I felt in the Church of my Being.*

Category 3: The Authentic Voice in Professional Contexts

Subcategory 3a: Professional Identity and Disposition

When I started my career as a music therapist 20 years ago, the concept of authentic voice was far from my focus as I was very intent on proving that I was more of a therapist than a musician. Like all music therapists, I encountered employers, staff, clients, and families who had limited understandings of music therapy and found myself spending time every day explaining the clinical relevance of my practice. To heighten my credibility, I presented a serious persona in all professional settings. Working alongside art and drama therapists as well as psychologist colleagues, I adopted certain professional

dispositions such as the 'blank slate' posture in clinical sessions. This reinforced my propensity to be resolute in therapy sessions, singing 'correctly' (e.g., proper techniques, in pitch, in a structured, tonal way) which meant I was not accessing my authentic voice which I realize in hindsight might have helped my clients. Although I was aware of the clinical importance of playfulness (a concept reinforced by my colleagues), I was not trained in this area and as a parentified child I had lost the ability to play when I was quite young. Experiential training or personal work in play therapy might have allowed me to discover playful aspects of my authentic voice. These insights were clarified through reflections noted in my journal after my second vocal improvisation which featured the playful child voice.. *I am very hung up in my work about singing correctly [...]. Being "proper" does not lead to authenticity, it leads to being boxed in and to fabricating a voice that is just that, fabricated. Unboxing the authentic voice in the context of music therapy work requires acceptance of taking all of one's space. I take my professional space now but not with my singing voice yet. I have had moments in my professional MT life where I found myself more playful in my general disposition and vocal delivery, and not only was this more fun and satisfying professionally but clients (children, teens, and elderly adults) became more playful and more engaged as well.*

Subcategory 3b: Choice of Populations

How I thought about music therapy as a profession and how I naturally used my singing voice were foundational influences in the populations I chose to work with which consequently, entrenched a particular way of using my voice. Although I first chose to work in mental health, I still had so much personal healing work to accomplish before I could fully realize my potential as a clinician. I therefore used my voice in structured rather than in improvisational ways, fearful of creating responses in clients that I was not yet equipped to support. Subsequently, working in long term care (LTC) and palliative care (PC) settings, I held assumptions that these populations needed to be approached and cared for with caution and reverence which to me meant my voice needed to be soft and soothing. Additionally space constraints and lack of privacy in these settings contribute to keeping my voice small and in its 'box.' Reflections on my first free vocal improvisation session helped to reveal these professional insights. *My disposition has brought me to*

work with populations (LTC and PC) where it makes sense for me to use just my small boxed-in voice. I keep my singing voice small and contained for the purpose of soothing.

Subcategory 3c: Therapist Authenticity

Journaling after my vocal improvisation sessions allowed me to revisit at a deeper level some of the motivations that drew me to becoming a music therapist. Despite growing self-awareness and personal therapeutic work, I likely still hold unconscious ideas or assumptions that could inadvertently impact my work. *We are drawn to fixing in others what we need to fix in ourselves. I have been trying to help other people do what I cannot for myself.* This recurring insight has accompanied me throughout my career, and emerged once more after my third free vocal improvisation session during which my healing voice manifested. Keeping this perspective in sight has been fundamental in managing transference and countertransference that emerges in my clinical work.

In order to be a fully effective therapist one must be self-aware, have the courage to question one's self and be open to evolving (Bruscia, 2012). In my life, moments of self-growth have typically occurred in a given sequence: (a) gestation, (b) saturation, (c) key question, (d) insight and/or catharsis. A question arose during the catharsis that I experienced during my first vocal improvisation: *Who am I soothing?* Meaning, who am I soothing with my singing voice? Perhaps a lot of my energy was unconsciously being directed toward soothing my hurt inner child. I was aware of my intent to use my nurturing and healing voice in my clinical work, but I was not always aware that I was sometimes also trying to self-soothe at the same time. As a consequence of my free vocal improvisation sessions, I have gained more insight and understanding about what is happening in my therapy sessions when I use my voice. The concept of mindfulness (i.e., being present to myself in the here-and-now) was pervasive throughout this inquiry. I realized there is a strong correlation for me between being present and authenticity in all areas of my life. The degree to which I have felt most effective as a music therapist is proportional to my authenticity, which in turn is proportional to my level of self-acceptance, which in turn facilitates my ability to provide unconditional support to my clients. Journal entries made a few days after I had completed all four of my vocal improvisation sessions helped me to formulate these insights. *Being mindful [...] as opposed to Doing is fundamental. How the basis of my work lies in helping, guiding,*

accompanying people in accepting the expression of music and voice exactly how it is in the moment. Helping clients accept all that comes from them.

Subcategory 3d: Value of my Authentic Voice

As a music therapist, I have sometimes felt that identifying my voice as my main instrument was not sufficiently academic. I wondered about the properties and limitations of single-voice instruments as compared to harmonic instruments such as the piano in the context of music therapy sessions. I love the piano for its sound, its musical possibilities, and its symbolism as a therapeutic container. I also love rhythm, bass, and playing the drum. However, the regenerating experience of my healing and nurturing voice that emerged during my third free vocal improvisation brought forth a renewed awareness of the power of the voice and my voice all on its own, as this journal entry after session three reflects. *And so that leaves the barest of bones which is the voice communicating intuition, emotion, connection through sound, through melody. Like the Mother humming to one's child; all of her love, presence, intention communicated through her voice. I feel I have chosen the most direct, the most powerful communicative, expressive tool, instrument as a music therapist, the voice!!*

I have been critical of my musical abilities throughout my life. Yet listening to the recordings of my vocal improvisations and hearing the simplicity, structure, and efficiency of my musical expressions made me appreciative of my own vocal potential. I can now redefine my clinical vocal self through a positive lens as enunciated in this journal entry written during the process of retrospectively reviewing the experiential sessions at large. . *What this experience is teaching me is that although I had doubts about my relationship with music and my singing voice and my efficient and thorough use of them, suspecting there were un-used potentials lurking or wasting away in hidden corners or the recedes of my damaged self, I in fact use music (piano impro, vocal impro) quite efficiently (sessions were short) in an organically targeted way (connecting quickly to the heart of the matter).*

Most of my vocal improvisations were spontaneously grounded in melody rather than in lyrics. It became apparent to me that melody was a more direct and powerful way for me to express and connect to my emotions and that lyrics would actually change the raw emotional material of my voice. This was most poignant during my third vocal

improvisation session, which occurred soon after a visit I had with a family member who was in the process of dying. *I could hear how much emotion was being expressed just through the melody. Well, this experience confirms to me what I have been doing for a long time intuitively in sessions, ditching the lyrics for melody only, especially with people having lost verbalization like in advanced dementia, Alzheimer's and people in PC not needing to be encumbered with or spoon-fed words any longer. People have reported to me that* [they] *struggle with associating meaning to words, to lyrics or associating imagery to words, lyrics, or to melody. So, in this case melody itself is the meaning, the imagery.*

Category 4: Authentic Vocal Expression and Self-Care

Subcategory 4a: Interplay

What is the relationship between my authentic voice and how I practice self-care? In terms of caring for myself, especially in light of recent pandemic stress and grief related to loss of a family member, my vocal improvisations not only served to generate data for this inquiry, they also allowed me to express what I was going through in my personal and professional life and channel the related emotions into musical vocal forms. The intensity and rawness of my emotions naturally led to authentic expression, which in turn facilitated my transition to a state of well-being. Cumulatively, my four vocal improvisation sessions led me to the realization that actions targeting one's self-care could lead to authentic vocal expression and similarly, that authentic vocal expression could contribute to self-care, supporting an insight that emerged immediately after session one. *The more my voice is boxed in the less it will be available for self-care and conversely the more my voice is free and authentic the more it will be available for self-care.*

Subcategory 4b: Effectiveness of Simplicity

I had expectations (i.e., held assumptions) of what the experience of vocal improvising would be for me and what it would sound like based on my past experiences and, my life circumstances as they unfolded throughout the research process. I believed that my vocal improvisations would need to be serious and complex in order to be potent and meaningful. What emerged as I listened back to my recordings was the importance of simplicity. I heard myself use a few musical elements, repeat one sound or a few notes,

and play with altering the delivery of these (volume, tempo, accents, and rhythmic expression). I found that simple melodies most effectively captured the complexity of my emotions, and this was especially evident in reflections I had noted after my third vocal improvisation session. *I had imagined my free vocal improvisations would have to be out of this world in order to provide self-care. I had conceptualized they would be outstanding musical experiences leading me to uncharted territories in order to change me, yet they seemed to take me back to the known, deeper into the heart of it, like taking me back home instead of on a journey to new places.*

Subcategory 4c: Nurturing and Healing Voice

As mentioned in Subcategory 2b (The Parental Voices), freely engaging with vocal improvisation within a heuristic research context allowed me to feel and hear the nurturing and healing properties of my own voice. I became aware of my unconscious intent to self-soothe with my voice. To my surprise, I perceived the nurturing effect and ensuing healing to be greatest when I listened back to the recordings as opposed to when I was vocally improvising. *How is it possible that listening back to my voice could heal me more than using it?* When listening back to the recording of my fourth vocal improvisation, I wrote that I felt *consolidated, as if reconstructed by my voice.* I earned a new appreciation as to how my voice could contribute to my own well-being and felt gratitude for the voice that I possess. *My voice is such an important part of me, it is my life-line, it is how I have let myself know I am alive, I feel, I hurt, it is how I heal myself.*

Subcategory 4d: Directing Versus Letting Go

As a result of this inquiry, I gained awareness of how guiding my voice through cognitive intent versus letting my voice express itself intuitively produced contrasting states and vocal sounds. The latter was a much more powerful experience and it occurred most palpably during my fourth vocal improvisation session, the day after my family member died. *I feel that session 4 led me to a raw, intuitive place of vocal expression as if channeling and not singing as much as sounding, not pre-occupied with pitch or accuracy of vowel delivery or statement with beginning-development and end anymore. Bouncing sound around through me and around me, conscious that in that sounding I was in fact not alone but somehow in that moment part of an infinite community traversing and encapsulating a space-time continuum. It was delicious, powerful, and*

comforting. I do not think that it gets more authentic than that. Following this vocal improvisation, I was filled with acceptance for what is and gratitude for life. I also felt the spiritual presence of my family member letting me know they were transitioning and okay. Interestingly, the last melody I intuitively sang was from one of my Father's favorite songs. As I was singing it, I was filled with a strong sense that all beings are connected, whether in life or having transitioned from life, which affirmed my personal mythology.

Subcategory 4e: Life Situations Requiring Self-Care

My free vocal improvisation sessions provided reprieve from pandemic stress, grounding this study in an authentic need for self-care and to respond to a deeply affecting situation. I was working in healthcare during the pandemic while simultaneously continuing my Masters studies. There were numerous COVID-19 stressors in my personal and professional life. Like all music therapists, I had to rapidly adjust my clinical practice. I could not use my musical instruments and relied heavily on my singing voice as my main intervention tool. Wearing a mask and shield accentuated my ongoing struggle to connect with my voice. I did question why I was not reaching for technical tools to palliate this problem but did not act upon it. This journal entry was written after session one during which I experienced vocalizing as a painful struggle. *The pandemic has boxed it in with a few more layers (mask/visor) and yet I have not even considered using a small portable microphone to amplify it.* Despite these challenges, I tried to harmonize with the pandemic as it was my belief that it provided me with an opportunity to re-evaluate my way of being. Engaging musically for self-care became more crucial than ever during this period, and it took many forms. Vocal improvisation in the context of this inquiry ended up being one of them.

As I alluded to previously, throughout much of my data collection phase, a beloved family member was in the process of dying. Although not planned, my vocal improvisation sessions occurred at crucial moments during this process and served as a source of significant comfort and support. There is no doubt that these sessions were imbued with sadness and grief and yet, the emergence of spiritual meaning counterbalanced the heaviness of this grief. The emotions I felt shaped the sound of my voice and in turn my voice allowed my emotions to journey. This was particularly

poignant on the day of the last visit to my family member shortly after which I engaged in session three. *I almost lost my voice this week and it sounds raunchy and broken [...]a perfect sound to express grief. Not being able to control my voice perfectly or attain higher notes but in a breathy way, not being able to sing pretty, reflects back to me my vulnerability, my perfect imperfection and offers me an opportunity to embrace my vulnerability, my brokenness.* My vocal improvisations were a perfect metaphor for life events involving loss and grief. The day after session three after visiting my family member and reflecting on my most recent vocal improvisation experience I wrote: *Every improvisation is a departure from home, a metaphor for life; birth, creation and death all rolled into a space/time continuum moment.*

Chapter 5. Discussion

As noted in Chapter 3, the last step in Moustakas' stages of heuristic inquiry involves a creative synthesis of the research processes and/or outcomes. This final chapter describes the creative synthesis process of the present inquiry, and an audio recording of the final product has been posted on Spectrum (Concordia University's open access repository) alongside this thesis. Limitations of the study as well as personal, clinical, and training implications related to the results are discussed. Suggestions for future research are presented.

Creative Synthesis

Throughout my lifetime, I have composed songs to make sense of my life experiences and to synthesize their essence. In reflecting on the results of this self-heuristic inquiry, a palpable sense of my internal child was consistently present. I heard and felt myself addressing and comforting this hurt child with my voice during my free vocal improvisations. Consequently, it felt like an original song would be the most authentic expression I could utilize for a creative synthesis that is meant to represent the most salient components of my research process and outcomes. On June 14th, 2021, I composed my song at a fast pace, intensely immersed in the inventive process. The words *troubled child* emerged first as the theme and the title. I improvised with my voice, recording all that emerged on my iPhone. I realized that the melody was very similar to the chorus of Sweet Jane (a song by the Cowboy Junkies) and felt I had to let go of it because of copyright issues. I then sat at the piano and chose the key of C major—my *comfort* key—which I thought was perfectly appropriate for a song dedicated to my internal child. Through further vocal exploration, I found a melody for the chorus and added a B part to the song. The final version of the song is in an AB format, composed in a blues-gospel style, where the spaces between sung phrases allow for another voice to repeat these phrases and bring variations to the melody. I could immediately imagine and hear how a gospel choir could sing the variations of the original melody. Once I had completed the song, I recorded a few takes on my iPad and emailed these to myself so I could store them on my computer. I felt excited and then invited my partner to listen as I sang my song I felt connected to my feelings and was aware of tears in my eyes. After finishing the song, I turned to see that my partner was crying. In my song, I (the healed

adult) encourage my troubled child to rest and to find a place of comfort and belonging. Here I am using my voice as an authentic means of self-expression. I can feel and hear how I am caring for myself with my own voice. I can also embrace the potential that my voice has to care for others. The lyrics to the song are presented below.

Troubled Child
(Words and music by Pierrette-Anne La Roche)

Troubled Child
It's time to rest
Troubled Child
I've done my best
To give you a home of your own
So that you don't feel so alone

Let the wind
Carry you there
Let the song of the bird
Take you there
To a place where you feel you belong
To a place you can hear my song

Troubled Child
It's time to rest
Troubled Child
I've done my best
To give you a home of your own
So that you don't feel so alone

Limitations

This study had some limitations that must be acknowledged. This was my initial foray into first person research. There were times when I found it difficult to strike a balance between the exploratory nature of this research and the need to impose methodological rigor within an emergent qualitative process. Although my interpretations were supported by quotes from my journal, I did not include musical descriptions or audio excerpts from my free vocal improvisations which could have further verified my interpretations and perhaps even expanded my findings. I chose not to include audio excerpts as they felt too personal; my vocal sound was raw and deeply revealing of the vulnerable state that I was in and the grief I was experiencing due to the death of my family member. Considering the public nature of the readership, I consider choosing not to share this aspect of my experiential sessions as a form of self-care. Although I found that my free vocal improvisations served their intended purpose for this study, I did not have access to a sound-proof space which may have at times, somewhat hampered my vocal expressions. Finally, my data collection was based on four vocal improvisation sessions that took place over a two-week period and my incubation phase was only three weeks long. More sessions over a longer duration with an extended incubation period could potentially have yielded different insights and/or expanded results.

Personal and Professional Implications for the Researcher

Through this process, I realized that in its capacity to express my emotions and to contribute to my healing, my voice is a crucial part of my being. This, generated gratitude for the gift of my voice and revitalized my self-esteem as a vocalist. I was also reminded of the importance of caring for the artist in me and I now intend to make time for moments of creativity. As a result of this study, I: (a) feel more authentic and playful, (b) experience music and singing at a deeper level of sensation and meaning, and (c) hear myself singing with greater ease and increased emotional expression. Consequently, I believe that this authenticity, playfulness, and musical sensitivity is allowing me to better attune to clients' musical needs, thus potentially benefitting their therapeutic processes and outcomes. I have noticed that, my clients seem more relaxed and engaged in their sessions as well as being emotionally expressive while singing. This self-inquiry allowed me to consolidate my professional identity as a music therapist whose primary instrument

is voice. Additionally, it has influenced my professional disposition in the following ways: (a) I am reading research articles related to aspects of my work, (b) I am inspired to write more about my clinical work, (c) I feel motivated to develop new programs, and (d) feel motivated to seek funding for these programs. Also, I am more mindful of my work pace and have re-integrated the self-care practice of warming up my voice before sessions as well as taking a short break after sessions to facilitate much needed transitions. Finally, as listening back to my voice was deeply healing, it made me re-consider the benefits of using my voice as a tool for receptive music therapy with my clients. Therefore, I intend to re-integrate this approach in my clinical practice.

Implications for Music Therapists

It is crucial for music therapists to examine their relationship with their voice and work to resolve both technical and psychological blocks. In turn, this could enhance their capacity to help clients in finding and developing their own voices literally and metaphorically. Self-inquiry has great potential to uncover personal issues involving voice that might need to be addressed in supervision or resolved in personal therapy.

I entered this study as a mature woman with a lifetime of experiences and many years of personal therapeutic work. Despite feeling well-equipped to deal with what emerged, I experienced some emotionally challenging moments. Thankfully, I had a support network in place, as well as a very experienced and supportive thesis supervisor. Therefore, my recommendations to both music therapy professionals and students considering this form of research would be to have therapeutic support in place prior to starting the research process and to stay in regular contact with their thesis supervisor.

Finally, I would like to suggest that self-inquiry strategies including vocal improvisation for the purpose of self-care be integrated in music therapy training programs and provided in continuing education contexts for professional music therapists.

Recommendations for Future Research

As outlined in Chapter 2, voicework as a therapeutic tool to achieve personal insight has been documented to a certain extent. However, due to the paucity of research, it is important to continue to explore vocal improvisation as a form of self-care for music therapists. The current study focused on the use of unaccompanied free vocal

improvisation. Future research could examine how improvisations with givens (i.e., those that use a predetermined specific musical style, specific theme, etc.) may be used as a form of self-care. Although I used dancing and drawing to bring closure to the vocal improvisation space, I did not investigate how these mediums contributed to my process. Future inquiries on the use of vocalization for self-care could use more artistic mediums as sources of data which could potentially provide new or enlarged perspectives.

Closing Thought

My twenty-five-year music therapy journey is beautifully summarized by the words of Carolyn Kenny (1989), the very first music therapist to inspire me: "One only knows what one has experienced in the self" (p. 60). It is my hope that this work will inspire others to encounter all that they need and wish for on their own journeys of self-discovery.

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