

You Must Sing to be Found

Healing with Art and Soul
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Morning sun pours through the studio windows, lighting up a singer as she stands with arms raised, feet planted, chest expanded, mouth open, eyes shining, sustaining the full last note of a song. She remains a moment with arms uplifted when the music stops, then bursts into a grin and declares, "I'm back! I feel alive!" Lowering her arms and gaze, she quietly adds, "I never thought I'd want to sing again." This 72-year-old professional woman had been depressed since September 11, 2001. She came to me in 2002 hoping to use singing to regain her love of life.

We worked with a modality that mixes singing study with therapeutic movement and conversation, using singing as a catalyst for self-discovery and growth. Songs that she chose, at first those that had been part of her history and later new ones, provided a context that engaged her interest. She expressed feeling a sense of safety in the structure of our work. Within that safety, we began our vocal experiments, first with pure sound-making, which fostered her attending to somatic experience, including grounding and breath, then with short rhythmic atextural patterns that allowed us to widen the inquiry. We then moved to aesthetic experiences of melody, timing, pitch, vowel color, and dynamics, and finally, to singing with words.

Through attention to these stimuli, emotions began to flow that we accepted without interpretation, held in the field of our therapeutic relationship. This led to her revisiting unfinished business in her life, which became expressible not only in therapeutic conversation but also through song texts and sound itself. Her choices of songs became more adventurous and far-reaching as our work progressed; and our processing conversations after the singing included attention to the inter-subjective field of our work together. Our therapeutic relationship provided an environment for experimenting with voice, and from that, the possibility for personal growth emerged (Amendt-Lyon, 2003.) Singing and listening to songs involves deepening breathing, mobilized body movement, heightened sensing (Desjarlais, 1996.) intensified emotional flow, and sustained aural contact with the environment, the whole of which has been shown to promote health (Rousseau, 2000.)

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

As a Gestalt therapist and a singing teacher, I have drawn the case examples in this essay from my seventeen-year practice of weaving these areas of expertise together into an action therapy (Cook & Wolfert, 1999) called GestaltSing. Vocal growth cannot be separated from personal growth. Emotions are quickened through the aesthetics of music. Awareness is heightened through the poignancy of lyrics. The body is mobilized through breathing and supporting vocal tone. All of this provides an enlivened functioning for therapeutic exploration. Moreover, it is grounded in the neurobiological and developmental underpinnings described below.

Neurobiological Considerations

Dr. Steven Porges (2002/2008) has established experimental programs in which he uses enhanced recordings of human singing to treat both adult depression and childhood autism. The work is based on laboratory studies he pioneered regarding neuronal connections from brain to ear, face, mouth, larynx, pharynx and diaphragm. Those connections are a branch of the vagus nerve that innervates what he calls the muscles of

social engagement This neural plexus is so important for an infant's survival that it is the second nerve to myelinate in gestation. With good functioning of this nerve complex and its associated muscles the infant is able to call or cry for help and then to hold the attention of caregivers by use of appealing facial expressions and prosodic sound making. Porges points to the strong connection between ability to vocalize and success in social interaction.

If the neural regulation of muscles of vocalization and facial expression is dysfunctional, a flat affect is observed, typical of depression and autism. Porges has found that listening to enhanced human singing activates the vagus nerve complex and its associated neuronal controls. Through a program of regulated activation, Porges has shown that facial and vocal expressiveness can be aroused, and that a range of social affects appears, improving social contact and life quality. It has been suggested that Porges's ongoing work provides the scientific explanation for the success Tomatis (1969) achieved in his program of therapeutic listening.

Voice scientist Alison Behrman (2004) is also interested in the relationship of brain functioning and voice use. She speaks of an area deep within the midbrain called periaqueductal grey matter or PAG. When that area is stimulated, the subject emits wordless, affect-laden sounds. Behrman notes, too, that nerve endings involved in stimulating movement of skeletal muscles closely approximate, and in some cases penetrate, the PAG.

From this, she posits that overt body movement and expressive soundmaking are intrinsically connected. As a phenomenon, we may observe the connection in all cultures where people dance, stamp, clap, or sway as they sing. Anthropologically, in many cultures, the words for "sing" and "dance" are the same word. Based on this, I have found it productive to have my GestaltSing clients engage in movement while singing. This often heightens their self-awareness.

Infant Development and Voice

The intrinsic connections between movement and vocalizing are most observable in infancy. Infant researchers M. and H. Papousek (1989) have shown that singing begins in the first months of life with prosodic exchanges between infant and caregiver. In those wordless duets, relationship grows in a co-created field of sound, gesture, touch and gaze through which attachment occurs and the self is elaborated (Shore, 2002.) In order to have their needs met, infants vocalize. While attending to those needs, caregivers may respond by making a variety of sounds that soothe or stimulate their charges.

Caregivers' sounding is essential to infants' well-being. This was proven pragmatically as early as the 13th Century when Frederick the Great had an experiment performed in which 30 infants taken from households around his empire were cared for in his palace with every need assiduously attended to, save one; the caregivers were forbidden to talk with or sing to the babies. Within a year, every otherwise-healthy infant died!

Sound exchanges develop between infants and mothers as part of development. These dialogues, a form of play, are musical in nature. Papousek and Papousek (1984:142) state, "It is not just the empathic mother who adapts flexibly to her infant, but the infant too is alert, sensitive and responsive to the mother's own variations of communications.'" Thus, self is a relational self, forming in interaction with other (Fogel, 1993), and prosodic exchanges—earliest singing—are important components of those interactions.

Trevarthen (1999) studies how babies teach good-enough mothers to sing with them, often taking the initiative. On research tapes of mothers and their babies of five and six months of age, intricate songs are sung with obvious delight. At about nine months, complex cross-modal action begins in which they combine singing, movement and facial expression. Infants and mothers reinforce attunement between themselves with gaze, gesture and vocal toning. Stern (1985) stated that mothers constantly introduce

modifying imitations or else themes and variations. Vocal duets between mother and baby are one of the ways that babies develop their sense of self in relation to an important other.

The ability to hear begins in the fourth month of gestation. A baby is already familiar with its mother's voice before birth and is thus primed to communicate with her vocally and to be receptive to her vocalizing. The aural/oral field that babies and caregivers co-create supports the infant's developing awareness of self/environment. These prosodic exchanges may be seen to be the infant's first experiences of group singing. These earliest experiences create the patterns with which we listen, speak, and sing throughout our lives. In the therapist-client singing relationship, those established patterns are revealed.

This example reveals the presence of early patterns of interaction in a singer's contemporary functioning:

In her first few lessons, Joan chose to stand to the side of the piano and slightly behind me. That way, we made no eye contact. After a few weeks, I asked her to experiment with a different position in the room. She tried, and reported feeling frightened. Her voice became much quieter. Yet, in moving back to her original position, she became aware of being disappointed. When she said this, her voice was fuller. We experimented with changing positions regularly. We devised some eye contact experiments for her to try outside the session. Over time, Joan reported feeling more present in life. We kept up this work using songs Joan loved to sing as a supportive resource while she continued to enlarge her contact with the world.

Approaching Trauma with Singing Activities

There are many examples of the power of singing in sociopolitical contexts. Here is one I find very moving.

In 1997, Ugandan musician Samite Malundo visited a refugee camp in Rwanda where the child occupants were survivors of horrific massacres. One day Malundo sat down next to a silent young boy and sang him a song. The boy quietly sang another back to him. Soon, a group of orphaned children gathered around them. They exchanged songs for several hours; and slowly, their trauma-related flat affect began to change, the heightened breathing and movement helping them undo a frozenness that had set in as a survival strategy.

While they had lost everything—homes, families, villages—they began, through singing, to experience their pre-traumatic memories, feelings and group identifications. In slowly reclaiming these, they began to lay ground for possible recovery. After having been mute and in shock for weeks, many of the children began to cry and to tell their personal stories to Malundo, with the support of the music and the group. By the end of his one-week visit the children had begun to talk about a future: "When I leave here. When I am big...I want to introduce you to my new best friend." Through singing, these shocked and uprooted children had begun to reorganize their life field, self-mobilizing and forming new social connections.

Peter A. Levine (2002), the founder of trauma amelioration work called Somatic Experiencing, has reported how utilizing singing and dancing with mixed groups of Bosnian and Serbian mothers and babies enhanced communication among all members of the community and promoted a general relaxation of tension in a town whose inhabitants were traumatized by war. He believes that changes of brain states were promoted by their singing and dancing together.

Bessel van der Kolk (1996,) a clinician specializing in trauma work, has spoken of working with spontaneous singing in both groups and individual sessions with sufferers of PTSD. Observing the efficacy of singing in helping persons revisit their traumatizing

experiences without their then becoming retraumatized, he has put out a call for formal research to backup the results he is seeing in his practice (2003.)

Working with Individuals

Singing and speaking are important ways of connecting. Our vocalizing transforms the aural/oral field of which we are a part. The activity of singing, in which breath and movement are mobilized to support sound, activates all parts of the field. Therapist Bud Feder (2005) sometimes asks clients, "Were you to sing any song right now, what would it be?" And Laura Perls often asked clients who were verbalizing uncontactfully, "Can you sing that?" (Goodman, 1951)

Here is a student describing the therapeutic effects of her singing lessons, even without psychotherapy per se having been practiced:

I was involved in developing a true body instrument, requiring a mindbody unity from the inside, out. It also meant overcoming an area of previous failure and disability in my life. I experienced a combination of trust in my teacher's diagnostic ear and prescriptive methodology and trust in my own neuromuscular capacities. It took more faith and perseverance to overcome the obstacles of my past vocal history than anything I ever did in my life. I had an awareness of owning a voice that could command attention. My speaking voice had more nuances and was expressly connected to my thoughts. My body seemed to be standing behind my voice. I found I could use more of my voice in the world.

Almost everyone has a song that has been important in his or her life, important because of the context in which it was sung or listened to. Songs can be markers of one's personal history. Drawn from my practice, here are examples of songs as personal narratives:

A professional singer chose Kurt Weill's *Trouble Man* to perform. Working on it led to an outpouring of emotion about her father having brutalized her, something she had kept hidden for twenty years.

A teenage baritone selected What I Did for Love from *A Chorus Line*. Through exploring the lyric's meanings, plus facing his feelings around having chosen a song sung by a female character in the show, this young man was able to find support to become clear about his sexual orientation, first with me and then with his family.

A European film actor brought Brahms's *O, wusst ich doch den Weg zuruck* (Could I but find the way back.) The poet speaks of longing to return to childhood. Through singing this song, she mourned a lost childhood in her war-torn homeland.

A bass-baritone struggled to sing Papa Germet's aria from *La Traviata*, which he had chosen for a concert. Finally, he broke down in tears, "I wish I were a tenor. I'm frightened by my low sound. I sound like my father. This character and my father are so unbending. I don't want to be that kind of man."

In each of these cases, the singers and I combined singing study with therapeutic conversation, adding a variety of voice and movement experiments to engage with concerns that came foreground through singing the song.

Group Singing

In his book *The Singing Neanderthals*, Mithen (2006) shows that singing is an activity whose roots are evolutionarily deep within us. Singing is an ancient way that groups prepare to carry out mutual activity and soothe themselves when activity is done (Berger & Del Negro, 2004.) Soccer fans, field hands, army squads, birthday celebrants, church congregations all demonstrate this. There is a sense of group support and group identity that develops when people sing together (Wade, 2004.) Singing has been an aspect of group organization throughout human history (May, 1980.) It provides opportunity for

participants to experience strength and solace by "simultaneously coordinating the emotions of a group of people" (Storr, 1992:114.)

Campbell (1997) reported that group members singing together have been measured to have similar pulse rates, blood pressure, and pupil dilation; and a study of people singing has shown their brain wave patterns to be synchronized (Rider, 1997.). Human beings are neurologically primed for this somatic entrainment by the vocalizing exchanges they first participated in during infancy. They are thus neurologically available for a kind of light trance induction (Rossi, 1993) which group singing may facilitate. In group settings, these understandings can help therapists use singing to create either soothing or stimulating therapeutic experiences, which aide in bringing about brain wave changes (Taylor, 1997,) evince phenomenological qualities of arousal, expansion, and the blurring of boundaries between self and other which some have called spiritual.

Since in infancy most of us have engaged in vocal exchanges with caregivers, we are primed in our neurons to be moved in various ways when we participate in group singing. Under differing circumstances, singing in groups may encourage heightened individual awareness facilitated by the experience of group aural support, or dulled individual awareness facilitated by an experience of group domination.

Daniel Stern (1985) describes a process called "automatic induction" whereby heightened auditory experience, spoken or sung, may move people to respond on a preverbal level to the prosodic elements of oratory, including timbre and melodic line, pitch patterns, pace, volume, and relationship of phrasing to breath pauses. Based on early developmental patterns of sound exchange, humans are deeply susceptible to qualities of vocalization, and may be moved toward an orator's or singer's ends as much by the sounds of voice as by the meaning of words.

Anthropologist David Attenborough (2002) investigated the uses of singing in preliterate societies and in group activities of several other species. He found songs to be important coordinators of group effort, signifiers of readiness to mate, and a means to denote group boundaries or territory. The singing of structured vocal activities was once thought to be exclusively a human activity. Research at the Department of Biomusicology at the Massachusetts Institute of Technology now shows that singing structured songs antedates human evolution. Articles in *Science* (Angier, 2001) compare the structures of songs by birds, whales and humans. Biomusicologists describe what they call a music instinct identifiable in vertebrates brain functioning. They show many interspecies parallels in range of pitches, variety of rhythms, harmonic relationships, melody patterns and song forms. Based on this research as well as his own, Attenborough (2002) proposed that singing, rather than being exclusively cultural, might have biological roots. Some MIT researchers proposed that human beings may be "hard wired to sing" (Angier, 2001.) This evolutionarily deep connection of human beings to singing may point to one of the reasons that working with singing therapeutically has such potentially powerful effects.

Conclusion

"...you must sing to be found; when found you must sing."

These words were written by contemporary poet Li-Young Lee (1990). A therapy client a visitor to New York from Ireland, brought them to me. She told me of wanting to sing and having been forced to fall silent. We were able to hear how her mellifluous speech and skillful storytelling have become her singing. We spoke of the rich oral tradition of her culture. We noticed together how, in times of social emergency, group singing comes to the fore.

We saw that in New York City on the nights following September 11, 2001, when neighbors spontaneously gathered in the streets to light candles and sing songs of solace. On the streets, we heard people say that singing allowed them to express the intensity and complexity of their experiences, something for which conversing alone was

not enough. Singing facilitates manageable discharge of held-back energy. Moreover, when we can do that in tandem with others, the community holds our expression and, through its aliveness of functioning, points toward the future. In singing, we engage body, emotion and thought simultaneously. In that sense, it is an integrative undertaking, and thus therapeutic. Singing in a group, in addition, allows us to experience both the individual and social aspects of self. Singing is a mode of lively contacting through which we can experience self-in-community.

Singing connects people with their histories, remembered and hidden, and with each other, and helps people renew their energy for life's challenges. Grounded in neurobiological and infant developmental experiences, singing connects us to our present relational field and to our evolutionary and anthropological past. Expanding Li-Young Lee's thought we may say:

"...we must sing to be found; when found, we must sing..."

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