

VOICE AND MUSIC THERAPY

THE VOICE AS A PURE SOUND VEHICLE: RELATIONS BETWEEN THE THERAPIST AND THE PATIENT

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The life of every human being, from their conception, can be compared to that of a painter's canvas, whose colours, shapes and hues characterize its total beauty, its immense charm and an unmistakable uniqueness. This canvas, which is exposed inside the "gallery of time" of sorts, is filled with meaning in the eyes of every single observer. Every brushstroke imprinted on it represents an indelible mark guarded within the soul, which time has smoothed, transformed, faded, but not erased. Everyone tells their own story, dreams, desires, wounds, "cracks and crevices ascertained from life", which contain the experiences of an ever-changing existence.

This work focuses on the voice as a relational and creative tool within the intervention of music therapy; a voice that has the dual role of "lock and key" in the albeit limited knowledge of the other, in order to discover potentialities not yet known and for this unexpected reason, repressed abilities therefore go unexpressed. The voice "belongs to us", in the sense that we are not the only one who owns it, but it itself possesses us, both physically and at the same time mentally; elusive, sometimes even unreliable. Our "sonorous emission of breath" constantly places us "inside" and "outside" of ourselves, in a game of frictions and exchanges, with our most remote parts and with the external environment that surrounds us. In music therapy the therapeutic relationship is built together with the patient by means of the sonorous-musical element. The voice, as a "pure vehicle of sound" not only communicates but is also able, with its simple manifestation, to overturn scenarios of loneliness, evoke dreams and dormant desires, create spaces within which the usual roles can be stopped, to recover the essence of singularity.

The maternal voice

The fetus develops the ability to listen, to recognize and memorize voices and sounds from a very early stage. Already during pregnancy, through voice, singing and music, it is possible to foster communication between the mother and the child; in particular, the mother's mode of expression in

"Motherese" has been shown to be able to activate specific brain areas normally affected by the regulation of emotions in the newborn. The prosodic component of the maternal voice is therefore to be considered a real form of emotional contact, a form of a non-corporeal embrace. The great brain plasticity of the prenatal period can find a powerful activator able to simultaneously produce stimulation and pleasure in the voice and in the music. The child in the womb listens to its mother above all else, the sound of her breathing and her voice. This reaches the fetus directly from the inside, propagating itself throughout the organs, in particular the skeletal apparatus; from the larynx the voice descends along the vertebral column and reaches the pelvis which acts as a resonance chamber. During pregnancy, the sounds are filtered by the amniotic fluid that turns them into vibration; this causes a filter effect on the high-pitched sounds, while deeper sounds are kept almost unchanged. It follows that the low frequencies are those for which the fetus shows the greatest interest (in the sense of specific and selective behavioral response). The external sounds are perceived in an attenuated form and because of this, it is always the maternal body that guarantees the transmission of these sounds to the fetus. Starting from the early stages of the pregnancy, the child knows and recognizes the maternal voice; in particular, the prosodic aspects of the voice become familiar. Tone and melody stimulate the child and involve with him. Because for the child, this voice is music and rhythm above all else. The vocal rhythm can calm or excite the fetus, reassure it or worry it; through sound, the fetus can recognize the mother's feelings and become in tune with her. Listening and knowing this voice are a global and profound experience for the child, being able to get all the other senses involved and be an active ingredient in actively training its mind.

According to the psychophonologist Alfred Tomatis "for a child to lose his mother's voice means to lose the image of its own body", because this sound at the beginning of life is part of him and has a value worthy of its identity; in this phase of life its identity coincides with what it is able to perceive: "the unborn child thinks with emotion and feeling". The rhythm of

the maternal voice is probably the main bridge of continuity between prenatal and postnatal life. The voice becomes a sort of non-corporeal extension of the embrace and maternal contact.

The so-called "motherese" is the singsong-like characteristic of those which is directed towards the small child; in an unconscious way, elongated vowels, high tones, slow rhythms, long pauses, repetitions, underlined and exaggerated emphases are used. In "motherese" the content of the message is represented by the melody itself; in this way of communication, the speaker's feelings and intentions are made legible. Through the musicality of the maternal expression, the newborn begins to know itself and to "feel itself". According to Soldera, the sound, the voice and the word of the mother directed at the fetus are able to develop the attachment of the child to the mother and the father, to favor the development of language and sensitivity to social life, to stimulate cell activity and of the auditory pathways of the brain, increasing the density of auditory neuronal pathways, increasing memory and learning, promoting the development of "intellectual activities".

At this point, it can be easily deduced that the role of "Maternal Voice", as a "founding" and "fundamental" factor in the structuring of the subject, could assume a fundamental importance for the purposes of the music therapy relationship. According to the psychoanalyst Stern, language can "break the global amodal experience, introducing a discontinuity.... that is, what probably happens during the development is that the linguistic version of some perceptive experiences becomes the official version, while the amodal version, the one which occurs in the synesthetic transfer of an input, from one perceptive channel to another, disappears deep down, to re-emerge only when particular conditions suppress or counterbalance the supremacy of the linguistic version. The child is admitted into a wider cultural community, but risks losing the strength and fullness of the original experience".

In any case, in each of us there is a trace preserved, albeit remote, of the extraordinary childish vocal potential. From the maternal voice, the child receives a sort of "affectionate melody", a use of free sound that finds its maximum expression in the unique verbal acoustic type of play, whereas he acquires the scanning of the social order, of chronological time and of the rules from the paternal voice. So we can think of the "voice" and the "word" as being intrinsically linked, as a point of conjunction of three registers: that of the word that represents the symbolic order related to social exchange, that of the sound produced by the body that emits it, which indicates the dimension of what's real, and that of melody or prosody, which

pertains to the realm of the imaginary and which promotes creativity and invention. It is obvious that the three registers, real-symbolic-imaginary, are in any case interconnected to each other and therefore interchangeable.

From a stance of music therapy, the three dimensions that pertain to the voice are of fundamental importance since, based on the different problems of the patients, the different registers can be used from time to time.

The voice in the intervention of music therapy

The voice in music therapy is to be understood within a setting in which it and vocal expressiveness manifest themselves freely and spontaneously. The identity of the vocal sound of the patient and the music therapist meet in this relational dimension where new communication channels can be opened through the sound/vocal dialogue. The freedom to be able to express, within a protected setting, the psycho-emotional dimension of the patient through the voice and its expressiveness and its containment, favors the potential change and the evolution of the patient himself (but also of the music therapist) in a bilateral dimension of knowledge and awareness. In fact, music therapy as a psychotherapeutic intervention takes place where two play areas overlap; that of the patient and that of the therapist. The intervention has to do with two people playing together. The consequence of this is that when play is not possible, then the work done by the music therapist has the purpose of leading the patient from a state in which he is not able to play to a state in which he is capable of. According to Winnicott, play is universal, it is a vital part of health, leads to group relations, can be doing so a form of communication facilitates growth and therefore health. Furthermore, play is connected to creative activity and to the search for one's self. Only in being creative do you discover your true self. In the beginning, the therapist will adapt to the patient's play, but soon the music therapist will inevitably introduce their own play and the patient will vary according to the ability to accept these new ideas or not. This makes way for the therapist to provide the patient with the ability to experience the relationship with external reality.

Vocal improvisation will give rise to a shapeless experience rich in creative impulses (motor and sensory), which are the substance of the play. It is on the experience of the game that the existence of man is built as an experience and it is only play that the child or adult is free to be creative. This creativity can come only from a disconnected and shapeless functioning or from the rudimentary play that if mirrored becomes part of an individual, organized personality, and makes

the individual become rediscovered and able to postulate the existence of himself. The Self, in fact, is not to be found in the creations that derive from the body or from the mind (artistic productions), since complete creation never heals the underlying lack of the sense of self. The person in search of himself needs a new experience in a specific situation, devoid of intentions, like a sort of minimum functioning of the non-integrated personality. It is necessary to allow the patient, both child and adult, to freely communicate a succession of ideas, thoughts, impulses and unrelated sensations, elements that make relaxation possible.

The Transdisciplinary Dynamic Method defines the person as a unique, historical, unrepeatable, not totally knowable bio-psycho-social unit [1]. From this we can deduce the diversity-singularity-possibility of each individual, of activating the personal aesthetic dimension of experience and knowledge in order to plan oneself in life. The person is a form, an architecture that finds its own way to match life by dancing its experiences. This method seeks to identify and act on these architectures, enhancing them and looking for meanings that respect their diversity. It also provides an absolutely ideal distinction between settings for children and settings for adults and a different technique for each of them: the Winnicottian key (children) and the construction of stories (adults) [2]. Play does not serve as an escape, it is not something outside of reality, but there may be an inclusive way to experience of the play that is functional to the creation of the elaboration of reality. In the music therapy setting this concept is translated as follows: the therapist allows the patient to experience the phase of omnipotence (the period in which the child believes he/she creates the object, but in reality the object is there), then establishes the rules, through these rules the thought is transmitted that there is a trust in the patient themselves.

Respect for rules - respect for others - respect for oneself.

Play has no goals, there is creativity for its own sake, for the pleasure of doing it. When there is an interpretation the patient does not heal, if the therapist tries to give an order, he is not doing the patient any good, because he outlines a mentally constructed situation and therefore is not free, the whole thing does not allow one to experience relaxation. This can happen with the lowering of defenses and the acceptance of a state of dependency. This experience of depersonalization in which there is the separation of the psyche from the body is comparable to abandoning one confidence. The therapist must win the patient's trust so that it can give space to their creativity and

implement depersonalization, all contributing to the search for self.

Even in story construction (adult settings), there is no unilateral role but there is a co-construction that develops starting from the sharing of an experience. 'Doing'; can be considered 'telling'. The 'doing/telling'; is of an intuitive type, when from intuition we pass to understanding, we encounter difficulties because narrating is not innocent, it always has a hidden message that the narrator generally does not know. It can be said that narration expresses the complexity of a twofold plot: on the one hand, what happens visibly; and on the other hand, a hidden plot that operates at a deeper level. This second plot is linked to a primary desire that has been repressed, removed, but continues unconsciously, to press on the existence of man since he does not renounce finding satisfaction and can sometimes be moved to other goals. All the substitutive formations will not succeed in suppressing its persistent tension and the difference between the pleasure of satisfying the environment and that which was actually obtained, determines the impulse to pursue other satisfaction, an impulse that does not allow stopping at any stage reached. This desire is unattainable because it does not derive from a real need but from illusionary objects, from indestructible signs of fantasy and child's imagination buried in the subconscious. Desire is the primary movement of dreams but also of all psychic development and is about finding something in the future that belongs to the past.

The music therapy intervention does not consist of modifying the past. The restructuring aspect concerns what is born within a relationship because this brings out the unborn parts that allow us to change the future. History built in the setting becomes a new reality capable of restructuring the internal world of both the therapist and the patient. The aesthetic form of the experience leads to a new form of knowledge, which in turn generates a new form of existence. In the music therapy relationship which uses vocal improvisation, there is a high percentage of unpredictability, one lives the silence waiting for a proposal from the patient, the latter when it takes form, is accepted, welcomed, guided and transformed by the music therapist which covers it with "beauty". The fundamental thing is to succeed in creating the relationship in such a way as to bring out the parts not born of oneself, to make the patient surprise themselves. Being surprised means to exist and existing is no longer a desperate attempt being made in solitude. On the contrary, it reaches fullness precisely because it co-exists.

What is the role of the voice in all this?

If our every experience is a varied intertwining of doing (our acting in the world) and being subjected (the action of the world on us); if the fullness of the experience is linked to the perfect dialogue between these two dimensions, then we all have from very early on independently of learning and environmental conditions, an intimately intertwined and integrated doing and being subjected almost from birth. The reference is precisely to the vocality. If doing is the voice, just coming out of the mother's womb, to undergo is to feel it. The intertwining, the connection, the feedback between vocality and hearing are established very soon thereafter. The voice, which goes into the world and is felt by others, in its very production is also felt by ourselves in two ways: from within the body and from the outside. Producing it (doing) is always immediately checked and modified in the light of hearing it. The effect of the voice on others is something much more mediated and subsequent. The first gesture of coming to the world is indeed a breath of voice. The voice hosts, communicates the modalities of presence and declares the person in the world. And on the other hand, in the music therapist's voice, a presence that promotes the presence of the patient, which recognizes it as a center of value and finally allows him/her to experience being sheltered from anxiety, and to grow, to strengthen, to articulate, must resound.

As regards the musical skills of the music therapist in the vocal field, it may be necessary to implement paths

that have brought them closer to the universe voice, which allows them to utilize an effective variety of tone, volume management, expressive dynamics, of a ability and knowledge of the parts that contribute to the sound/vocal creation (breath, vibration, resonances, consonances, etc.) as well as a competence regarding musical parameters. The more the music therapist is able to reproduce, through a process of listening/imitation and subsequently reproduction/proposal with variation, the patient's vocal proposal, the more the process of attunement and integration develops with it. Furthermore, the music therapist must have full capacity to adequately apply silences, pauses in a non-invasive condition.

Vocal improvisation can be used in the active approach to music therapy in both preventive and rehabilitative contexts, with patients who are also very compromised, in a neonatal context, in the developmental age, in adolescence, in adults, in old age, as preventive and educational music therapy in schools and, of course, in many psychiatric and neurological settings; and/or, in any case, in all those contexts in which there is no verbal communication.

REFERENCES

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- [2] Donald W. Winnicott, "Gioco e realtà," Armando Editore Roma, 2005.