

ARTICLE

Vocal Psychotherapy with traumatised Greek clients

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ABSTRACT

The purpose of this article is to describe my personal music therapy journey and my work in Greece with two individuals with psychological trauma, following Austin's Vocal Psychotherapy model. Vignettes from sessions with two female clients who have experienced trauma are presented and examined through the lens of the theoretical foundations and the approach of this voice-based model of music psychotherapy. I examine trauma, its origins and its connection to the Ancient Greek drama, and how this is reflected in the contemporary Greek family. Trauma symptomatology is then analysed and explored, as well as its implication for dealing with the obstacles that inhibit growth and change. Using two case studies as examples, methods from Vocal Psychotherapy such as "Vocal Holding" and "Free Associative Singing" are presented. The descriptions illustrate the procedure through which the clients gain access to their feelings, memories and sensations so that unconscious material can become conscious and the processing of obstacles can lead to individuation allowing space for their true voice to emerge. Further analysis is done based on countertransference and the ways that I integrate my Greek origins within the Vocal Psychotherapy model.

KEYWORDS

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INTRODUCTION

Since 2010, during my work as a music therapist in Greece, I have regularly used the Vocal Psychotherapy model both in group and private sessions. Vocal Psychotherapy was founded and developed in the 1990s by Diane Austin and is codified as the first voice-based model of music psychotherapy. It refers to "the use of breath, sounds, vocal improvisation, songs and dialogue within a client-therapist relationship to promote intrapsychic and intrapersonal growth and change" (Austin, 2008, p.13). Emphasis given to the music experience versus the verbal can vary depending on the clinical situation and therapeutic orientation during the sessions. Vocal Psychotherapy has proven to work well with many clients I have worked with, either because a number of them were singers and felt comfortable with using their voices, or because some found expressing themselves vocally to be an effective way to access feelings that were repressed or dissociated.

As a therapist who was born and raised in Greece but studied and worked both in Greece and the U.S., I have been combining elements coming from the cultures of both countries. This can be expressed in the choice of songs I may use during my sessions or in mental representations, the ways I perceive an image, an idea, a thought, or a sensation a client of mine may share.

During the music therapy process, and as Bruscia (1998) describes, I am an active participant in the client-therapist-relationship. Therefore, there is a moment-to-moment activation and shaping of countertransference during the session. The mechanisms of self- and object- introjects (internal model of oneself and internalised model of another person accordingly) are part of both the therapist's and clients' life histories and new introjections of one another are developed based on the mutual work.

The reader of this article will have the opportunity to see how I apply the Vocal Psychotherapy model as I was raised in Greece, am acquainted with the Greek culture and family dynamics, and explore trauma based on the intersubjective points of view within the client-therapist interactions. For someone to understand the purpose of this article, it is crucial to have an idea of some elements of the Greek culture and family dynamics. In the following section I will be referring to myths – the origins of Greek traditions and culture – which in some ways remind me of psychoanalysis, as both fields work with stories, deal with the irrational, and have to do with the interpretation of metaphorical language (Sels, 2011). I will also talk about symbiosis, the Greek family structure, and how living patterns of today may have contributed to the formation of fragile relationships, as shown in the cases that will follow.

Myths

Myths have influenced my understanding of human nature. The word myth has its Greek origin in *mythos*, which derives from the verb *mytheio* (to tell, to narrate) and *mytheo* (to count, to talk to). *Mythos* arises with the sense of history or narrative being conveyed through word (Mano et al., 2018).

There is a strong connection between psychoanalysis and myths. Carl Jung argued that myths (as well as dreams) revealed the client's unconscious and were very helpful in the treatment of trauma. He believed that myths – many of which had Greek origins – were expressions of the collective unconscious, the inborn unconscious psychic material common to humankind, accumulated by the experiences of all preceding generations (Jung, 1968). The fact that both myths and psychoanalysis interpret metaphorical language has often resulted in a kind of self-exploration – in psychoanalysis as a discourse analogical to mythology – operating on the same level (Sels, 2011).

Mythology is part of Greek culture, but moreover an additional means for me to approach Vocal Psychotherapy work. This does not necessarily mean I interpret my work through the mythological stories, but that Greek mythology has affected the way I perceive the therapeutic process. Many Greeks are brought up with numerous tales of gods, goddesses and heroes. Though we might not necessarily talk about connections with mythology during therapy, I can see the common patterns with the stories of my clients.

For instance, when I am working with traumatised clients I am often reminded of the famous Ancient Greek myth of Pandora (Buxton, 2004). The Gods created Pandora as punishment to humans after Prometheus stole the fire from them. Pandora was presented as a gift to humans and was sent to them followed by a box she was not permitted to open. The box contained all the illnesses and

hardships of the world, something Pandora was unaware of. One day out of curiosity she opened the box and all the evils flew out and spread over the earth. After realizing what she had done she tried to close the box, but one last spirit remained inside. It was Hope.

A common explanation of the myth is that human beings are endowed (Pandora = pan-dora = "all-gifted") with a mind and soul, also known as psyche, that is like a treasure house of riches and fine jewels. However, when the person is dominated by ruminations about the past, she unleashes myriad woes in the form of intrusive thoughts and negative emotions. Hope perhaps means, at least in part, the hope that we may yet return to a mental condition free from agitation and worries; that is, the journey to wisdom and return to mental wholeness. Pandora's myth resembles components of the psychotherapy process, the clients' inner struggle, search for wholeness within the human psyche and process of individuation (Watkins, 1990; Woodard, 2007). During Vocal Psychotherapy sessions, clients open their own inner box that contains their life difficulties and struggles. Together we work on the path of hope to create a happier, healthier and more productive life.

From symbiosis to dependency

In order to comprehend the way Greek families are structured and how this may affect children's upbringing, it is important to explore the connection between symbiosis and dependency and talk about some living patterns in contemporary Greek society. The meaning of "Symbiosis" in Greek is "life working together" (Paracer & Ahmadjian, 2000). Sharp (1991) refers to human symbiosis as an early attachment dial, which manifests in an unconscious interpersonal bond between the mother and the child – a psychological oneness. At birth the child experiences a symbiotic relationship or a "psychological oneness" with the mother figure. The child is totally dependent on the mother to have its needs fulfilled. This is necessary for the child's healthy development. The next stage, and a major developmental task of early childhood, is separation or the rapprochement phase: a phase where the 15-24-month-old child begins to be aware that the mother is in fact a separate person, that she operates independently of her toddler, and is therefore not always physically available to provide assistance in the toddler's ongoing efforts to overcome environmental challenges (Frantz, 2014; Mahler, 1971). During this phase, the child slowly gains the ability to function as a separate individual. What are the results, however, when this separation is not possible because the mother needs the child to stay merged with her and fulfil her needs and sense of self? Then the child has no support to grow and even senses the parent's needs for them to stay a child and remain dependent on the parent.

In modern Greece there is a living pattern that resonates with the lifestyle of many families: people living together, depending on each other – in some cases – to survive. There are numerous examples of extended families living and existing in the same dwellings, under the same roof, with financial issues being the number one current culprit, but also due to multigenerational living being part of what some may consider the "norm" of a "traditional" Greek home. There are definitely advantages to multigenerational living, apart from offering financial security. Elders have the opportunity to connect with their grandchildren and overall emotional well-being may be observed, provided there is mutual respect of all the members' needs. Georgas et al. (2006) studied the changes of the eco-cultural realities of 30 nations – including Greece – as expressed by family structures,

functions, religion, and values, based on the premise that family is an institution that is adapted to its cultural, ecological, and sociopolitical situation, and provides the main context for the progressive development from infancy to adulthood. The team came up with the conclusion that those living in western rural areas value their children's material independence but support their emotional interdependence. They also stated that even in westernised societies an increasing interdependent emotional aspect of the family can be observed.

What happens though when there is lack of mutual respect? Many times, the economic dependence may be an abusive tool, meaning one family member controls another member's access to economic resources, thereby controlling their individual freedom. In such an environment the mother-child bond can be deeply affected. Sometimes, the mother herself is incapable of giving or showing unconditional love to her child. From a psychoanalytic viewpoint, unconditional love may be considered the most real and truthful form of affection and bonding (Beauregard et al., 2009) and a lack of it contributes to the child's feeling of not being good enough and, in some cases, even the feeling that they do not deserve to be loved. In reference to human behaviour, Jung (2003) was the first to talk about archetypes, which he described as patterns of instinctual behaviour that are common to all people and are contained in the collective unconscious. He explains that innate patterns influence how we behave and how we react to others, and describes the mother as the carrier of the mother archetype. As the child develops and moves towards independence and autonomy, aspects of the mother archetype become experiences of the personal mother and determine whether the internalised mother is largely a positive or a negative force in the child's life. The mother archetype forms the foundation of the mother-complex: "The psychic fragments that have split off owing to traumatic influences or certain incompatible tendencies" (Wilson, 2006, p. 416).

Through the years I have encountered several cases of clients whose mothers had been absent, controlling and/or abusive, often as an outcome of the conditions discussed above. There is a common pattern of neglect and/ or abusive behaviour in the cases that follow on behalf of the mothers. Psychotherapy sessions may create a new environment where the therapist and clients participate in the "illusion of symbiosis" (Machtiger, 1992, p. 127). In this situation the therapist provides a healthier way of relating and gives the chance for reparative experiences to occur so that clients renegotiate separation-individuation and finally continue on their personal journey to selfhood.

METHODOLOGY

This paper aims to explore Vocal Psychotherapy by presenting excerpts from two cases of clients who underwent therapy in Athens, Greece. This article provides descriptions of certain times, events and therapeutic experiences reflecting Vocal Psychotherapy's techniques. The two clients are women of different ages, different interests and different courses of life. They share though common characteristics in regard to their Greek origin, their emotional and psychological trauma and their hidden wounds. The symptomatology differs, but the major therapeutic goal has an akin denominator for both clients: to find their lost-repressed voice and follow their own path to healing. The application of techniques follows a similar order in both cases, but for each one the usage of techniques and further exploration are inextricably linked to the clients' needs and state at the specific moment.

An aspect of trauma that is being discussed in between cases is the expression of trauma in ancient Greek drama and its transformation through the years. Human nature is inherently dramatic. This can be understood in a broad sense, in that most human behaviour can be read through dramatic metaphors and that dramatic experience is intrinsically connected with change and transformation. The alternative reality experimented within drama can influence the lives of people involved and can be addressed, either consciously or not, towards healing, problem-solving, a better adjustment to the world, or even the search for a deeper meaning of existence (Pitruzzella, 2011).

A primary instrument in the Vocal Psychotherapy excerpts that are presented is countertransference. During sessions, conscious and unconscious experiences come alive as I work with the client; these bring to life what the latter communicates. I identify with my clients in two different ways. First, I align my own mind with the client's. This corresponds to what people ordinarily call *empathy*, and I subjectively feel that I understand my client. Second, for which Racker (1957; as cited in Farge, 2007) borrowed the term *complementary identification*, I identify myself with one of the client's internal objects. There, the analytic process itself becomes a web of enactments in which that reality is both played out and understood and is totally bound up with the psychic reality of me. Everything that happens in therapy reflects something about me and the client.

A few publications have underlined the risk of focusing on the demonstration of the significance and need for music therapy services through research and writing, and the fact that music therapists are preoccupied with *professionalisation* and no longer write about their work in the same way that they actually do the work (Fairchild & Bibb, 2016; Procter, 2001). The methodology of the specific article is based on the principle that therapy is a unique process directly connected to the growth of the therapeutic relationship, and a way to challenge and give opportunity to expand upon the traditional discourse by the representation of both the therapist's and clients' perspectives involved in the Vocal Psychotherapy sessions.

The clients gave written permission for the inclusion of their work in this paper. Key ethical implications associated with this article were: issues of privacy, right to withdraw, confidentiality, and the impact on participants' of reporting sensitive personal data. The article does not provide the real names of any person partaking in the procedure, ensuring their confidentiality and anonymity. To maintain the privacy and confidentiality of the clients, only my supervisor and I had access to the data, which will be used solely for clinical, supervisory and publication purposes.

THE CASE OF ANNA

Background information

Anna is a 20-year-old woman that I have been seeing at my private practice during the last four years. She was referred to me when she was sixteen years old by a school psychologist I collaborate with. Anna had been living in a family where financial support led to great psychological and emotional manipulation. She suffered from suicidal ideation, self-harming acts and severe panic attacks that were usually followed by feelings of disorientation. Anna often mentioned that she had never been appreciated. She grew up with a mother who rarely showed affection, who consistently decided for the child and rarely allowed Anna to make decisions on her own. As for her father, he consistently

pressured her to be perfect. He rarely showed any affection or true concern. Anna never felt that she was ever “enough” for her parents, nor truly loved. In *Psychoanalytic Studies of the Personality*, Fairbairn et al. (2013) refer to a child’s need to preserve a positive image of at least one parent in order to feel safe. In Anna’s case there was no parent to fill that role.

Anna’s two first years at Vocal Psychotherapy

The sessions with Anna during the first two years usually started with breathing exercises in order to help her feel grounded and more “settled.” The breathing exercises operated as a warm-up and a reminder that this was our time together; the breathing and sound of the exhalation introduced us to a musical place where there would be no criticism but instead an opportunity for self-expression. Sometimes our sessions combined breathing with guided imagery relaxation, music assisted relaxation or moving around in the room combined with breathing. Anna loved to write and draw in a diary that she would bring to our sessions. We explored her everyday life through her drawings, the songs she brought along to listen to and share with me, or the songs I sang or improvised for her.

Anna would not sing to me or along with me. She had repressed her needs and emotions and eventually had lost her own voice. In the course of her therapy, it became obvious that criticism and self-criticism had affected her to the extent that she believed authentic feelings and aspects of her personality were “sick.” Austin and Dvorkin (1993) talk about the “false self” (as cited in Austin, 2008, p. 125): the persona individuals create throughout the years as a defense against feeling a loss of identity, and sensing that parts of who they are at the core are inadequate, bad, guilty and unlovable. Anna had a false self, and singing felt threatening to her because of its ability to reveal parts of the self that have never been seen or heard and might be attacked or rejected.

So, I would sing for her. According to Rolla (1993), songs that are meaningful to clients may carry feelings that are connected to specific parts of the self; therefore, the client can become more aware of those parts of the personality that have been split off from the self. When playing live music, and especially during musical improvisations, I felt Anna connect with her feelings and many times she would burst into tears, whilst other times she would experience traumatic symptoms like dissociation and disorientation. Therefore, we would commence some breathing and eye contact to help her feel grounded again. Austin (2008) describes how music loosens boundaries and bypasses defenses that keep the unconscious at a distance. This can be healing especially with a client who is repressed and not used to feeling; however, the therapist must be aware of the client’s issues and be mindful and attuned when they suspect they are working with a traumatised client.

Anna singing for the first time

From time to time, we wrote songs based on thoughts from her diary. During the 10th session of the third year, she came to the session with a title and some lyrics, “But I exist:”

I am telling you I exist
I am strong
I have dreams

Do you hear me?
I resist
I move on
I love
I don't stop
Let me live as I wish.

When writing the lyrics, she had the rhythm of a Greek chorus in mind. Anna had never sung until that moment. Usually, she would mouth the lyrics of the songs we were listening to or writing about. While I was singing, I usually felt that even though she was not singing out loud, she was singing on the inside. Our sessions acted as her "safe place" and a "safe time," giving her a chance to be the way she truly wanted to be.

Austin (2008) points out the need of clients to connect with the therapist, to be seen and listened to, to feel that they are understood and truly known. Most importantly, they need to sing, laugh and cry with someone safe and supportive. This way their self-esteem can be increased; a more complete and realistic sense of self is created and the ability to sustain a more intimate connection to themselves and others is strengthened. Anna's "but I exist" song was clearly a statement about her need to be heard, her desire to be able to live her life as she wanted and to become her true self. I started singing her song, she started mouthing the lyrics like she usually did and while doing so she began to cry.

Whenever I asked Anna questions, she usually gave me one-word answers and she seemed as if she were afraid to speak so I sometimes chose to share my countertransference to facilitate her sharing. As Sedgwick (2017) describes, the level of the therapist's disclosure varies with each client. It depends on the client, the reason of disclosure, the therapeutic relationship and the length and stage of treatment. Therefore, I sometimes shared the sensations and feelings I felt in my body when singing Anna's song requests and lyrics. This kind of intervention usually helped her describe her own feelings verbally. This time I shared a feeling of pain in my chest. I said it was like a small hammer knocking from the inside. I asked her to observe if there was any thought or sensation she wanted to share. Anna replied that the feeling I was sharing was like all the things she wanted to express to her parents; the lyrics she had just brought in the session were what she wished she could say to them. I suggested we tried singing the song together. Anna said she would try.

First, it was a whisper. Then, I heard a very soft voice coming out of her mouth. I was in awe. It was the first time I was hearing Anna's singing voice. We sang in very soft dynamics. I felt it was a very fragile moment for her and I tried to match every second of her singing. Her face conveyed embarrassment. With my facial expression I reassured her it was okay and that I was there for her. When we completed the song, I had a sense there was still more to say even though it was the first time I heard her singing voice. I wondered if she was also feeling this way. I suggested we repeat the song and she agreed. We sang it three more times, and each time our voices would get louder and louder, more intense, more grounded and she started to sing "I resist," "I move on," "I don't stop." I looked at Anna and it appeared that she wanted to stand up. I suggested she moved in any way that expressed her. She seemed to grow taller and stood more firmly than I had noticed before. We repeated, "I resist," "I move on," "I don't stop." Anna clenched her fists; she was breathing deeper, and she became teary. I could feel a sensation of heat in my own body, which was revealing to me that her

inner strength was growing. At the end of the session, she hugged me and said, “thank you.”

Therapy is not only concerned with the content of what is voiced. It is also focused on the act of giving voice itself. The act of giving voice contains a healing balm; it is self-empowerment in its most rudimentary and primal manifestation (Newham, 1999). Anna gave voice to parts of the Self which had remained muted for years. She reclaimed them, she refound them, she rediscovered them.

During our next session (11th session of that year), she was able to name and describe her feelings and discuss a little bit more about the relationship with her parents and the excessive pressure they exerted on her to be the best in all that she tried and did. She stated that no matter how hard she tried her parents would probably never completely accept her for who she was and acknowledged how important it was for her to stand on her own feet but still such a step for her was intimidating.

Anna's drawing

During the 22nd session of the third year, Anna came with the following drawing (Figure 1).



Figure 1: Anna's drawing

She described it as a terrifying beast that was ready to devour a lonely crying girl. Anna felt that she herself was the girl and she understood that the beast symbolised fear. She referred to the intense fear she had been living with, especially when experiencing panic attacks. She talked about all the times her mother would leave for days for days on end and no-one knew where she was. During those days, she would experience panic attacks. She said she felt all alone and abandoned and did not know if and when her mother would return. Her father blamed Anna for her mother leaving and would say, “if you were a better child, she would not have left.”

I suggested we work on the image musically. As Austin (2008) explains, clients who have early attachment or abandonment issues need to experience a direct involvement on a sensory and feeling level with a positive (mother) therapist and may benefit from Vocal Holding Techniques.

Vocal holding techniques and Free Associative Singing are the two primary methods in Vocal Psychotherapy. Austin (2002) explains vocal holding as the intentional use of two chords in combination with the therapist's voice, which creates a stable and consistent musical environment that facilitates improvised singing within the client-therapist relationship. Through this reliable and stable structure, the client is supported to connect with herself and others. Vocal holding can promote a therapeutic regression in which unconscious feelings, memories, sensations, associations can be accessed, processed and integrated with the therapist's help and use of words and music.

Free Associative Singing is the term to describe a technique that can be implemented when words enter the vocal holding process. It is similar to Freud's free association (Kris, 2019) where clients are encouraged to verbalise whatever comes to mind with the difference that clients sing instead of speaking. During the process, the therapist sings and makes active verbal and musical interventions as the client's "double" or alter ego. This way the therapist sings as the client, acting like her inner voice and using "I." The musical dialogue may include questioning, reframing, word additions. It does not matter if the therapist sings the "right" words but rather that the process moves forward through these interventions. As a result, the client experiences the therapist not only as the "good enough mother" but also in other roles that derive from the client's interpersonal and intrapsychic world (Austin, 2008; Cruz et al., 2018).

If the client wishes to sing about her experience, depending on her musical background and knowledge I explain the method in detail. She chooses two chords (the musical structure used in vocal holding and free associative singing). Some of the clients know the exact chords they prefer to use (major, minor or a combination) or they describe the feeling of the sound they have in mind. Examples of chords they can choose from may need to be played. Then the clients choose the rhythm and dynamics.

The first step with Anna was to commence breathing together. It is always important to ground and settle the body before progressing to any deep process like vocal holding and free associative singing. The second step was for Anna to choose two chords. She chose A7 minor to E7 minor.

When she shared that she was a little hesitant to try this method, I started singing words based on a brief discussion we had had earlier, with the intention to make the process easier for her. I started playing the chords Anna had chosen, at a slow tempo, as she had requested.

At the beginning I softly vocalised "Ah-h-h" and I commenced synchronised singing with Anna's breathing. A few moments later I added words.

Kandia: I'm scared

Anna whispering I'm scared

Kandia repeating: I'm scared

Anna: I' m scared

Kandia: I'm lonely

Anna whispering, I am lonely

Kandia (*exhaling softly*): I am lonely... There is a black beast standing next to me

Anna: It is scaring me

(Because of the intensity of the feeling I decide to switch from the double to the "mother-therapist")

Kandia starts to sing very softly: I won't let it get you. I'm here for you

Anna vocalizing almost whispering, "Ah-h-h" and starts to cry

I look at Anna to make sure she is ok. I ask if she wants me to keep on singing.

She nods "yes."

(I continue singing)

Kandia: You are not alone

Anna softly singing I am not alone *(in a questioning way)*

Kandia: I'm not alone *(I return to double now that she is questioning herself)*

Anna: I'm not alone

Anna looks at me and says: The beast and the fear don't seem that big anymore.

Throughout the improvisation I used the "double" technique (Cruz et al., 2018). I gave voice to Anna's frightening feelings that were hard for her to express. At times when she seemed to need more resourcing, I changed my role and became the "good enough mother-therapist." By including phrases like "I won't let it get you," "I'm here for you," "you are not alone," I reminded her that we were together in the therapeutic process and that we could face the beast together. I provided her with the experience of truly seen and truly understood in a world where she usually felt unworthy and invisible.

Another technique in Vocal Psychotherapy that I used is referred to as "resourcing" (Levine & Frederick, 1997). Resourcing is an effective method in psychotherapeutic work, especially with clients who are traumatised and by the first year I was certain Anna had developmental trauma with abandonment at the core. Van Der Kolk (2005) explains that if children are exposed to unmanageable stress like verbal or physical abuse and the caregiver does not take over the function of modulating the child's arousal, the child will not be able to organise and categorise experiences in a coherent fashion. Therefore, if they are unable to grasp what is going on and feel unable to do anything about it, they go immediately from "fearful" stimulus to "fight/flight/freeze" response without being able to learn from the experience. Eventually, when exposed to reminders of the original trauma (e.g. situations, images, sounds, sensations), they can be re-traumatised. Hence, the particular circumstances of the therapeutic setting, as well as the traits and techniques of the therapist can make an enormous difference to the client's success and whether she experiences disturbing retraumatisation in therapy.

In this particular session with Anna, I helped to refocus on her inner and outer resources of support and remade a list of them. For example, her good friends were outer resources, and her creativity was her inner resource.

In Anna's case, the fear of singing challenged me as a therapist. I had to feel, sense where she was, I had to be able to "hear" her inner voice, and sing for her, but also make interventions when needed while being well acquainted with my own feelings and issues at the same time.

My major goal was to offer Anna a stable therapeutic environment where she felt safe and could be herself, and to help her find this sense of safety in her everyday life.

During the fourth year of our work Anna joined a choir and started taking voice lessons. She now has more self-confidence and is continuing to find her authentic voice. Anna's case underlines the

procedure of how the insight into one's own destructiveness can give rise not only to pain, guilt and fear but also to feelings of relief and hope (Groarke, 2018).

CONTRIBUTIONS FROM TRAUMA THEORY

Many people seek psychotherapeutic help when they reach the realisation that they can no longer carry the burden of intense psychological pain. In addition to the burden of living with unhealed pain, many people like in the cases of Anna and Calypso (that will be presented further on), face the torment that their pain remains invisible until the moment they reach out for help (Newham, 1999). An interesting factor regarding pain is that nowadays in Greek society we do not easily talk about the need to address the unhealed pain. The word "psychotherapy" often carries a stigma around it. In the ancient Greek world though, drama was an inseparable part of people's lives, a mode of art which had a great impact over the Greek lifestyle. Dramatists of those times handled themes like human existence, destiny or fate which could not be altered even by the divine intervention. The tragic sense of humanity prevailing within the human soul was a main topic in dramas. The emotional trauma was understood and expressed in literature, history, theatre, art and philosophy of ancient Greece.

In real life, children were taught about Greek myths, myths of abandonment of children and of infants even being sold into slavery. In Athens and other Greek cities, unwanted babies were placed into terracotta pots or other containers and left outside the city, where they were likely to die from starvation or attacked by wild animals. Infants born deformed, illegitimate, from single parents (following the death of a spouse) or poverty-stricken were abandoned; however, also healthy, legitimate children of non-impooverished couples were sometimes abandoned as well (Cambiano, 1995).

In addition, there were myths that captured various aspects of the relations between children and parents. One such myth was the myth of Oedipus, the Greek king of Thebes who accidentally fulfilled a prophecy, by killing his father and marrying his mother, and as a result brought disaster to his city and family. Yet another myth was of the young girl Persephone who was abducted by Hades, God of the underworld. Overlaps between the myths and the marital reality of young girls in ancient Greek times have been well recognised by scholars (Pomeroy et al., 2018).

The word trauma (Liddell & Scott, 2009) derives from the Greek word "τραῦμα" (pronounced "travma") meaning physical "wound." The dictionary definitions since the 1970s include words such as "shock" and "wound" as the cause of lasting effects and/or damage. The task of describing how trauma affects people is a quite complex one (Sutton, 2002).

Traumas can be single-blow ones happening when life shocking events occur (e.g., natural disasters) that may produce enduring traumatic reactions in many people. However, the most serious psychiatric disorders are the result of prolonged and repeated unbearable stress and abuse like being a concentration camp convict or a prisoner of war. Physical, emotional and sexual abuse may span the whole of childhood development. Any experience that causes unbearable psychic pain and anxiety to an infant or child could be traumatic. Unmet dependency needs, inadequate nurturing, and interruptions of the attachment bond could cause trauma. Attachment trauma related to the very beginning of life within the mother-infant bond may have a lifelong impact on a person's life and might pave the way for vulnerability to other forms of trauma (Austin, 2008). The traumatic experience and

the meaning attached to it, affect a person's ability to engage in an intimate relationship. Trusting another person is difficult as intimacy can feel dangerous for clients with early trauma because close relationships can trigger intense fears of dependency, engulfment and/or abandonment. Recovery requires restoring a sense of safety and security, and positive attachment relationships play a vital role in healing attachment trauma (Sutton, 2002).

Trauma is a feeling of unspeakable terror and manifests in various symptoms. It can affect the body in many ways, cause psychosomatic symptoms, addictions, self-harming behaviours – like in the cases presented in this article. Numerous studies have documented that exposure to interpersonal trauma during childhood is related to the increased incidence of affect and impulse dysregulation, disturbances of attribution alterations in attention and consciousness, and schema, and interpersonal difficulties (D'Andrea et al., 2012). The most common defenses are denial and dissociation. Jung was a pioneer in observing and documenting the psyche's tendency towards dissociation (Jung, 2014). Dissociation includes any wide array of experiences from mild detachment from immediate surroundings to more severe detachment from physical and emotional experiences. Bremner et al. (2010) probably provide the most comprehensive contemporary review of the neuroscientific and other evidence showing that "early childhood abuse has causative long-term effects on brain areas involved in memory and emotion" (p. 172). In addition, shame is possibly the most pervasive and persistent result of early relational trauma and probably the most resistant to change in psychotherapy. It is such a diffuse generalised feeling, easily constituting a self-blame system, as though being vulnerable and powerless somehow permitted abuse or neglect. It frequently takes the form of persistent self-attacks – of self-hate, of self-disgust – so that any attempt to work through a traumatic memory quickly becomes hijacked by overwhelming shame (Loewenstein & Welzant, 2010). Yet, it is important to remember that if children have safe places to go and safe people to be with in their environment, they may have a better chance of recovering (Austin, 2008).

As a therapist, I have worked with people who have suffered from generational trauma, cycles of abuse and neglect and how the pain is passed on, handed down, from parent to child. I observe the false idea of what a "healthy" family is. In my experience, countless numbers of clients have been exposed to trauma more than once and for excessive periods of time before deciding to seek help. Some severely wounded clients tend to fall into a "trauma vortex;" the continuous, unproductive re-experiencing of the trauma (Levine & Frederick, 1997). Also, clients might repeat and re-enact painful relationships and events so as to remember the original loss or trauma; not just with the mind but with the body and the whole self (Austin, 2008).

Beyond the issues of shame and doubt, traumatised people struggle to arrive at a fair and reasonable assessment of their conduct, finding a balance between unrealistic guilt and denial for all moral responsibility. In coming to terms with issues of guilt, the traumatised person needs help from someone who will witness her tale, recognise that a traumatic event has occurred, who will suspend her preconceived judgements. Because the truth is so difficult to face, traumatised people often vacillate in reconstructing their stories. It is understandable that both client and therapist would wish for a magic transformation, a purging of the evil of the trauma. Psychotherapy's, and more specifically Vocal Psychotherapy's, purpose though is not to get rid of the trauma, it is integration (Austin, 2008). Transformative reconstruction happens in the sense of the trauma story becoming more present and real. The fundamental premise of the psychotherapeutic work is believing in the

restorative power of storytelling, where trauma becomes a testimony and testimony becomes a healing ritual. Deep characterological change depends upon working within a therapeutic framework that embraces regression in service of the self (Herman, 1992).

Traumatised clients who have experienced extreme judgment, verbal, or physical abuse often produce musical improvisations that involve similar characteristics like repetitions with insistent compulsive qualities in rhythm, melody, harmony and words – when lyrics are included too. Austin (2008) pinpoints the need to re-address trauma, educate the traumatised individual and help them move into a “healing vortex,” where their inner experience will start to be a feeling of safety instead of fear and they will start feeling grounded instead of feeling disoriented.

As presented in the previous and following examples, music can be effective in helping clients “return to earth,” to differentiate their own voices from the state of unconscious identity with particular complexes (e.g., abandonment complex, inferiority complex). Music can facilitate clients to connect to authentic feelings that hide beneath judgement and find their own perspective.

Vocal Psychotherapy can provide a consistent, therapeutic relationship within a safe music container that can act as a stimulant for a therapeutic regression to occur. During the therapeutic regression clients can grieve what was and never will be, make meanings out of confusions and beliefs that were false, and accept the past so that they can live more fully in the future. The following case is a presentation of how regression – a necessary part of the therapeutic process – has a curative potential, how it enables the client to interpret earlier positions, and promotes therapeutic progress that eventually leads to growth.

THE CASE OF CALYPSO

Background information

A year and a half ago, I started working at my private practice with a 35-year-old client, Calypso, a singer with a beautiful, alto voice. When I first met her, she revealed to me that it had been a while since her last concert or recording because she could no longer sing in the upper register. Time and time again she mentioned, “I feel like I have a black hole inside of me. And I don’t want to fall in.” As a child, she experienced neglect and great difficulty when her parents divorced. She remembers herself at the age of eight to 10 losing the ability to sing. Later on, after taking singing lessons and starting to study jazz, she realised she could sing jazz tunes in the lower register. She revealed that she has been trying to “come to terms” with this loss and accept the fact that this is her voice now and she has to accept it.

Usually by adolescence, individuals have already formed a certain sense and image of themselves, their identity, their social roles, their values, their strengths and weaknesses (Côté, 2009). Even though Calypso’s life was unhappy, and her self-esteem was low, she did not know how to change and improve her life. Calypso could only slightly remember her childhood at the beginning of our psychotherapeutic work. She recalled only a few happy memories but realised she was probably repressing very painful incidents. She said, “I feel like my feelings would be too much for anyone and even you to handle.” She had been in therapy before but had not trusted her therapist to be strong

enough to deal with her unconscious feelings and help her uncover the pain and anger she suspected dwelled there.

First sessions with Calypso

Our first sessions covered different breathing exercises and combinations with movement. We gradually had discussions about her need to find herself and her voice. She felt that she would be betraying her parents by emotionally separating from them if she found her true self. In later sessions, I mentioned vocal holding, thinking that it would be a good way for her to move forward with her singing. Vocal holding techniques were introduced in forms such as singing in unison, harmony, mirroring (client singing her own melodic line and therapist repeating the client's melody back to her) and grounding (therapist singing the tone or root of chords providing base for client's vocalization) (Austin, 2008).

As her sessions progressed, Calypso was slowly building a close alliance with me and I felt she was ready to risk going a little deeper. She began to feel she could stand on her own two feet without her parents' approval and decided she was ready to try vocal holding (Austin, 2008). I felt Calypso needed to have some control and feel empowered. Depending on the circumstances, I give alternative musical choices. For clients who had no choices as children, it is empowering for them to make as many musical decisions as possible. It was in our 8th session where Calypso decided it was time to choose chords. Her choices were G minor 7 and C minor 7. She started singing a soft "Ah-h-h" in a low register and after a moment I joined her. She became teary and I sensed there was a scream inside of her wanting to come out. We continued singing "Ah-h-h" on a higher note, but then she stopped suddenly. She said she wanted to express herself but, at the same time, there was another part of her saying that she should be a good girl. She said she pictured herself singing loudly but instead of that her voice remained "soft" and "reserved." She was holding back. I suggested a second round without singing but sounding (vocally) instead. I proposed we let ourselves be "extreme" for a while and she agreed.

Searles (1999) refers to the necessity for therapeutic symbiosis and mutual regression when working in depth with clients. This means that while being partially regressed, the therapist should be capable to function, be familiar with her feelings, her strengths and vulnerabilities so that she can face whatever emerges from her clients' unconscious and manage to remain emotionally present.

I started making loud sounds and Calypso gradually joined me. As I became freer and more modelled that to her, she started to get louder, and her body seemed to relax. Soon, we were screaming, wailing, howling. My playing changed, matching our voices' intensity. Calypso looked frightened but did not stop making sounds. I found myself picturing her as a little girl standing in the corner of a room screaming at her parents, trying to "wake them up," make them stop fighting and persuade them to be there for her. We stayed with that intensity for a couple of minutes. By the end of the improvisation, we began to decrescendo. It was as if a balloon had been deflated and the feelings had found their way out. Calypso said that it had been difficult, but she felt a release. She said, "I always felt too shy to express myself in the way I desired to." At one point she had the image of her parents turning away. She got frightened they were abandoning her but realised that if she didn't own her own power, she would be abandoning herself. She said, "I am through being the good girl. I will never please them. So,

I want to go on with my life and please me.”

In our 10th session, she said she would like to try vocal holding again. She chose A minor to F minor chords. We did some grounding and breathing together, and Calypso started singing “Ah-h-h” at pianissimo level. I joined her in unison in the same dynamics. Calypso continued singing mezzo forte and I matched her singing. Then, I sang the root of the chord and held it and she began to experiment singing other notes on her own. She was beginning to improvise. At one point we made eye contact, and she started to smile. She was enjoying herself. Our dynamics became forte and a few moments later, fortissimo. She started laughing. She said, “I have never had so much fun singing. My voice went so high. I was soaring, I felt like a bird.” I emphasised her words by repeating some of them. I told her I thought of a bird too, “a beautiful bird flying through the sky.”

Calypso and free associative singing

Several weeks later Calypso told me she had been doing a lot of introspection since we started working together. She said that the image of the bird had been with her since our last session. I asked her if she would like to try free associative singing for the first time and explained it to her (Austin, 2008). I also gave her the choice to sing as the bird, to the bird or about the bird, or any other images or feelings that arose in her. Calypso chose to sing as the bird in G major 7 and F major 7 chords. I started playing at a medium tempo and volume and I asked her if it felt right to her. She nodded “yes.” We did some breathing together and started singing “h-h” while we moved side to side. After a moment she sang, “I’m flying.”

Kandia: I’m flying

Calypso: I’m flying

Kandia: I’m flying

I matched the volume and tone of her voice

Calypso: I have been trapped for so long

Kandia: I have been trapped for so long. I’m leaving this cage

Calypso: I’m leaving this cage

Kandia: I’m not coming back

Calypso: I’m not coming back

(Calypso and Kandia repeating in a louder and stronger volume): I’m not coming

back. I’m not coming back

Kandia: I’m leaving this cage. I’m leaving the fear

Calypso: I’m leaving this cage. I’m leaving the fear

Kandia: I’m feeling so free

Calypso: So free

Kandia and Calypso: So free

Calypso: I can see so much from up here

Kandia: I can see so much from up here

Calypso: It’s just so beautiful

Kandia: So beautiful

Calypso and Kandia: So beautiful

Calypso: I’m free

Kandia and Calypso: I’m free

During free associative singing I used “doubling,” repetition, intensifying the meaning of words (Austin, 2008; Cruz et al., 2018) and made interventions when needed to help Calypso with self-awareness.

I could identify with Calypso’s experience. I had gone through a similar journey when I was younger. My therapist used to tell me I was a “wounded healer” because of my wounds and my knowledge of them. She referred to the Greek myth of Chiron who was poisoned and developed an incurable illness by one of Hercules’ arrows. Because of his own wound he was able to heal others (Jung et al., 1983).

Rippere (1994) adds that the years a therapist spends exploring her own interiority provides her with a window into her own issues so that she is more able to notice and use countertransference reactions to the benefits of her clients. When the therapist understands the vulnerability of another human being, she may use the experiences, sensations, induced feelings and the wisdom drawn from her own wounds to make therapeutic interventions. During this session, by repeating Calypso’s words, by taking a role in her story and by making interventions when needed, she was able to recognise where she was, she was able to realise the boundaries she was breaking and the new goals she was setting in her life. Just like I made connections between Calypso’s singing and images, her past and present and the underlying meaning of these images, so did she. Clients often have insights into their own processes after engaging in Vocal Psychotherapy techniques. These insights change what existed before and create a new awareness expanding the person’s self-knowledge and/or knowledge of others (Austin, 2008).

Calypso’s choice to improvise as the bird, our free associative singing around and about flying were altogether symbolic. Music allowed her to express and experience emotions about the bird’s freedom and possibly helped her face the fear regarding change and made it less painful (Priestley, 1994).

In the last part of our work together, Calypso had grown strong enough to confront her family about incidents she remembered and had never before discussed, such as the occasion when her parents divorced, and her mother and another man moved into a new apartment. After that she rarely saw her mother and felt abandoned by her. We continued with free associative singing and the image of the “bird” returned, but this time it looked right into her eyes and said, “We are one”. Now her voice sounded freer, and she could sustain phrases for a longer period of time. I also noticed that she had acquired more flexibility and could improvise with more fluidity in dynamics, tempo and range. Calypso’s flying bird reminded me of Pandora’s box once again. Pandora opened her box; all the spirits flew out leaving Pandora with one spirit alone that was hope. Calypso “escaped” from her “cage” that contained neglect and abandonment and started a new chapter in her life journey. Calypso is now giving concerts and has started to record again.

CONCLUSION

In the article presented, I looked into trauma from various angles. I explored its origins and connection to the Greek drama, the reflections in the Greek life of the past and of today, but also the ways it was expressed in two individuals that live in Greece where the word “psychotherapy” still carries a stigma

around it. These two cases illustrate the impact of interpersonal trauma during childhood and how the lives of these two individuals were affected on multiple levels.

The loss of voice is a contemporary psychological problem. Sometimes the process of becoming an adult is a process of becoming silenced (Newham, 1999). For many this silence starts from early on. Once a child learns to speak, from that point on even the most intense emotional experiences will have to be named, worded and articulated in order to be communicated and accepted. Anna and Calypso were silenced for a long time. The psychological pain, the neglect, the abusive behaviour, the feeling of abandonment led them to lose their voice.

Through these cases presented, I demonstrated examples where the Vocal Psychotherapy techniques give dissociated parts of the psyche, such as the inner child, a voice so that repressed memories, images and associations can be rebuilt and worked with and eventually help clients to have a more complete sense of self.

During the process I was an active participant in the client-therapist-relationship. Therefore, there was further reference to the ways countertransference worked during the sessions. Countertransference is an essential tool in Vocal Psychotherapy, but a therapist needs to be aware of the reality of limitations in the therapeutic process. It is crucial to create a free and a safe environment to establish trust. The therapist has to remember she is a human being with weaknesses like any other human (Maroda, 2009). Usually, the greater the client's emotional conviction of helplessness and abandonment, the more desperately she feels the need for an omnipotent rescuer. Often, she casts the therapist in this role and may develop idealised expectations of the therapist. Careful attention to the boundaries of the therapeutic relationship provides the best protection against excessive, unmanageable, transference and countertransference reactions (Herman, 1992). Therefore, the therapist needs to be a constant observer even though she is actively participating in the process. The therapy has an effect when there is mutuality, respect and realistic expectations. In addition to professional support, the therapist must attend to the balance in her own professional and personal life, paying attention and respect to her own needs. The role of a professional support system is not only to focus on the tasks of treatment but also to remind the therapist of her own realistic limits and to insist that she take a good care of herself as she does of others (Herman, 1992).

When it comes to the application of the model in Greece, I did not have to make any significant adaptations and/or alterations in the techniques used. So, I feel there is a universal frame that embraces the approach of Vocal Psychotherapy. It would be interesting if Greek clients could present their own perspective in a future research. Also, in regard to the ease or difficulty of applying this model to the specific clients is that I felt I could easily empathise with them due to our common origin. I could easily comprehend things, the way of living and the cultural framework, the situation of growing up with a Greek mother. I believe that all the above did facilitate the process so as to open Pandora's box during sessions and work on the clients' issues.

To conclude, as in Pandora's myth, people start psychotherapy with the hope that they can be cured. Cure is not always realistic, but symptoms can be reduced and clients can change and grow. Vocal Psychotherapy can be transformative, as in the cases I have presented. Critical parts of the self can be redefined so they can be related to and integrated into the self as voices of discernment instead of critical judgment. The transformation of this negative complex allows the self to become more complete. Like in Anna's and Calypso's cases, it is possible for someone to gain the courage to

integrate parts of herself and sing with her true voice as the journey to individuation continues (Watkins, 1990).

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Ελληνική περίληψη | Greek abstract

Φωνητική Ψυχοθεραπεία με Ελληνίδες θεραπευόμενες με τραύμα

Κάνδια Μπουζιώτη

ΠΕΡΙΛΗΨΗ

Σκοπός του άρθρου είναι η περιγραφή της προσωπικής μου μουσικοθεραπευτικής διαδρομής κι εργασίας στην Ελλάδα με δύο άτομα με ψυχολογικό τραύμα, ακολουθώντας το μοντέλο Φωνητικής Ψυχοθεραπείας της Austin. Υπό το πρίσμα της προσέγγισης και των θεωρητικών βάσεων του συγκεκριμένου φωνητικού μοντέλου μουσικής ψυχοθεραπείας, παρουσιάζονται και αναλύονται αποσπάσματα συνεδριών με δύο θεραπευόμενες που έχουν βιώσει τραυματικές εμπειρίες. Διερευνώ το τραύμα, τις ρίζες και τη σύνδεσή του με το αρχαίο ελληνικό δράμα, αλλά και πώς αυτό αντανακλάται στη σύγχρονη ελληνική οικογένεια. Στη συνέχεια, αναλύονται και εξετάζονται τα συμπτώματα του ψυχολογικού τραύματος, καθώς και οι επιπτώσεις στην αντιμετώπιση των εμποδίων που αναστέλλουν την εσωτερική ανάπτυξη και αλλαγή. Παρουσιάζονται μέσα από δύο μελέτες περίπτωσης οι μέθοδοι της Φωνητικής Ψυχοθεραπείας όπως είναι το «Φωνητικό Κράτημα» και το «Ελεύθερο Συνειρμικό Τραγούδι». Αυτή η περιγραφή σκιαγραφεί τη διαδικασία με την οποία οι θεραπευόμενες αποκτούν πρόσβαση στα συναισθήματα, στις αναμνήσεις και στις αισθήσεις τους έτσι ώστε το περιεχόμενο του ασυνειδήτου να γίνει συνειδητό, και η επεξεργασία των εμποδίων προς την εξατομίκευση δίνει χώρο για να αναδυθεί η αυθεντική τους φωνή. Περαιτέρω ανάλυση γίνεται με βάση την αντιμεταβίβαση και τους τρόπους με τους οποίους ενσωματώνω την ελληνική καταγωγή μου στο μοντέλο της Φωνητικής Ψυχοθεραπείας.

ΛΕΞΕΙΣ ΚΛΕΙΔΙΑ

Φωνητική Ψυχοθεραπεία, τραγούδι, τραύμα, αντιμεταβίβαση, Ελληνική μυθολογία