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Interview

**From Out of Our Voices**

Diane Austin

Interviewed by Evangelia Papanikolaou

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**Note from the interviewer:**

*Diane Austin's new book "The Theory and Practice of Vocal Psychotherapy: Songs of the Self"<sup>1</sup> (2008) which was published recently, has been an excellent opportunity to learn more about the use of voice in therapy, its clinical applications and its enormous possibilities that offers within a psychotherapeutic setting. This interview focuses on introducing some of these aspects based on Austin's work, and on exploring her background, motivations and considerations towards this pioneer music-therapeutic approach. The interview has been edited by Diane Austin and Evangelia Papanikolaou and took place via a series of emails, dated from September to December 2009.*

**Dr. Diane Austin** DA, LCAT, ACMT is the Director of the Music Psychotherapy Center in New York City where she offers a two year training program in Vocal Psychotherapy. Dr. Austin has maintained a private practice in music/vocal psychotherapy for over twenty years, supervises creative arts therapists and is an Associate Adjunct Professor in the Music Therapy Department at New York University. She has lectured and taught internationally and published extensively on the use of the voice and music psychotherapy.

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**Evangelia Papanikolaou** studied music at the Hellenic Conservatory (Athens), Music Therapy (MA) and Neuroscience & Immunology at Roehampton University (Surrey, GB) and has been trained in Guided Imagery and Music (GIM). She has worked in London and now in Athens, in the fields of neurology, speech and language difficulties, psychiatry and emotional difficulties, using a combination of improvisation, vocal and receptive techniques. She runs music therapy workshops and seminars, she is visiting lecturer at the National Kapodestrian University and Aegean University in Greece, member of the editorial board of *Approaches: Music Therapy & Special Music Education* and founding President of the Hellenic Association of Certified Professional Music Therapists.

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<sup>1</sup> For a detailed review of Diane Austin's (2008) book *The Theory and Practice of Vocal Psychotherapy: Songs of the Self*, see Tsiris (2010).

**Evangelia:** Hello Diane!

**Diane:** Hello!

**Evangelia:** First of all, could you please tell us few things about the beginnings of your career as a music therapist? How did it all start?

**Diane:** I remember acting and singing in my first musical in high school and thinking “This is it... this is the career I want to pursue!” After graduating, I attended Emerson College in Boston, USA where I majored in Theatre Arts.

After college I moved to New York and worked in musical theatre but I soon grew disillusioned. I was tired of playing roles and other people. I was really looking for myself. I entered Jungian analysis and loved it - well, not all of it. Analysis is a painful process but I loved what I was discovering about myself and others. The world of dreams and symbols was fascinating and the theories were intriguing.

I quit theatre and started singing in nightclubs and then began writing my own songs. Song-writing and of course, singing was very therapeutic for me, but it was hard to make a living. Both jobs and salary were unpredictable. I started teaching voice to augment my income. One day after a particularly emotional lesson, I began to think that many of the people who came to me for singing lessons were really looking for permission to feel. The majority of the students I worked with were not looking to become singing stars. They were looking for their feelings and ultimately for themselves. And this interested me. I wasn't interested in teaching voice. I was interested in helping people express their feelings and learn more about themselves, their issues, their vocal and creative blocks.

I remember the day I told my therapist that when I taught voice I felt like I was doing therapy. He asked me if I had ever heard of music therapy. I hadn't. In fact I couldn't believe such a thing existed. My two passions-combined! I wasted no time and in 1986 I graduated from New York University with a Master of Arts in Music Therapy. I worked with a wide variety of people with various clinical needs: blind, autistic and developmentally delayed children, psychiatric adults, women in prison, battered women and children and adolescents in foster care. The voice was my primary instrument and singing proved effective with every population.

I gradually realized I wanted to work in more depth, to be qualified to practice the kind of psychotherapy I was benefiting from, to integrate the ideas and theories of depth psychology with

the practice of music therapy, the voice in particular. I knew that my personal therapy and supervision would not be enough to begin a private practice with adults as a primary therapist, so I pursued Institute training and later a Doctorate in Music Therapy. I began my own practice while I was studying at the Institute for Depth Psychology. My doctoral studies helped me to integrate psychological theories and ideas with the practice of music psychotherapy and the voice in particular.

**Evangelia:** What does “listening to” mean to you?

**Diane:** Listening is essential to our work. It takes discipline and practice to free the mind of preconceived ideas and biases. Listening means taking something in with my whole self-hearing, seeing, sensing, feeling, intuiting. I need to be emotionally, spiritually and psychologically present in order to do this.

In my book *The Theory and Practice of Vocal Psychotherapy: Songs of the Self* I talk about “layers of listening”. These layers refer to the multiple facets of the listening process. When clients talk, move, make music or are silent, I listen and gather information from what they say and don't say, the sound of their voices speaking or singing, the music they play and their body language and other non-verbal communication.

I process this information on a variety of levels: I listen to my thoughts, I listen to my feelings in response to the material, as well as to feelings evoked by the clients and their music (counter-transference), I listen to my body and my physical sensations and I listen to my reactions that emerge in the form of imagery and intuitive hunches.

Listening is different from hearing. I might be talking to my husband and he is distracted. I tell him he's not listening to me and he says he is, and that he can repeat every word I've said. I say, “You hear me, but you are not really listening to me. I don't feel listened to”. I think many music therapists were not really listened to as children. Perhaps that is why we are so sensitive to this issue.

**Evangelia:** Having talked about your view on listening, I would like you to talk about what does “playing” mean to you?

**Diane:** Playing is about being spontaneous - not thinking, not judging - being in the moment and allowing whatever wants to emerge to emerge. It could be making funny sounds and movements,

improvising with the voice or other instruments, letting a song sing you, talking freely, flowing, taking chances.

All playing is a kind of free associating - not censoring oneself, allowing space for one's authentic self to be revealed. A person has to feel safe enough to play and playing is not always painless. It may bring feelings and images and sensations into consciousness that are not always comfortable to feel. In order to play with another you need to trust them. Many music (and other) therapists I have had as clients or students have experienced difficulty playing because they had to grow up too fast, become little adults, caretakers. Sometimes parents are out of control so to survive the child becomes controlling, not just of others but also of themselves and their feelings. Playing and the spontaneity it elicits, is threatening because one never knows what might emerge - there is a fear of losing control. Miller (1981) and Winnicott (1971) write beautifully on this subject.

**Evangelia:** So, it seems that “playing” already offers excellent opportunities for therapeutic work. Then, how and what exactly made you ‘shift’ to voice work in particular?

**Diane:** My voice has always been my primary instrument whether I was working with developmentally delayed children, psychiatric patients, adolescents in foster care or ‘normal’ adults. When I was at New York University working on my Master’s Degree, there was very little written about voice work in music therapy and the one article I remember was about the “therapeutic voice lesson” by Florence Tyson (1981) that was very similar to what I had been doing for years.

I think during that time I felt like other vocalists in the program did - that the voice wasn't as important as piano or guitar. Some of my music therapy students and clients today who are vocalists still feel this way when they start school; undervalued and unsure of how to work using the voice clinically.

So it wasn't a ‘shift’ really, it was a ‘coming out’. I had support from the Head of my department, Barbara Hesser and other colleagues to present and write about my work. Then, when I began teaching Clinical Vocal Improvisation at New York University, everything started to fall into place. I finally felt like I had come home. I began to see by watching the transformative effect deep breathing, sounding, singing and vocally improvising had on the students in my class, what a powerful instrument the voice is – how it can enable people to access, express and process their

feelings, ultimately helping them connect to their authentic selves and relate more meaningfully to others.

**Evangelia:** Could you please talk a bit more regarding the client groups that you are working with?

**Diane:** I work primarily with people in the arts, as well as music and other creative arts therapists. Most of my clients have heard me lecture or have been in one of my vocal workshops or have read my work. Then there is ‘word of mouth’ - for example, one client referred a friend of hers to me, a social worker who had been in analytic treatment for years but who still suffered from depression and anxiety. Singing combined with verbal processing proved extremely helpful in alleviating her symptoms. I have also worked with singers and other musicians with psychosomatic symptoms that other therapists have referred to me.

I have written and spoken about trauma, especially developmental trauma, quite a bit so a person who knows about my work may refer a friend or colleague who needs treatment for physical, sexual or emotional abuse or has symptoms associated with growing up in a household where there was drug or alcohol abuse, neglect and/or violence.

I have clients who have graduated from New York University, and our Music Therapy Department is highly multicultural, so I am fortunate to work with many music therapists and people from around the world. Right now I have some clients from Greece and others from Korea, Hong Kong, Japan, Israel, Ireland and England. This is very exciting to me, to learn about other cultures and to hear their music.

**Evangelia:** Your new book is entitled and entirely devoted to “Vocal Psychotherapy”, a term inspired by you. What is Vocal Psychotherapy exactly?

**Diane:** Vocal Psychotherapy is the use of the breath, sounds, vocal improvisation, songs and dialogue within a client-therapist relationship to promote intra-psychic and interpersonal growth and change. Vocal Psychotherapy can be used with clients who suffer from a variety of symptoms many of which result from unmet childhood needs, as well as clients with histories of emotional, physical and sexual abuse, addiction, or developmental arrests associated with being children of alcoholics or dysfunctional families. A combination of singing, vocal

improvisation and talking can be used in different stages of the healing process to resource and support the client and to retrieve, experience and integrate feelings, images and memories from the unconscious while providing a powerful reparative experience.

**Evangelia:** Why does Vocal Psychotherapy work so well and perhaps more effectively compared to other music therapy methods?

**Diane:** It works because when we sing, our voices and our bodies are the instruments. We are intimately connected to the source of the sound and the vibrations. We breathe deeply to sustain the tones we create and our heart rate slows down and our nervous system is calmed. When we sing we produce vibrations that nurture the body and break up and release blockages of energy, releasing feelings and allowing a natural flow of vitality and a state of equilibrium to return to the body.

It works because using the voice to sing songs, to vocally improvise, to make sounds and tone, and so on, enables us to connect with our feelings, our sensations and images and associations from the unconscious world. Singing helps us to integrate body-mind-spirit. The self is revealed through the sound and characteristics of the voice. The process of finding one's voice, one's own sound is a metaphor for finding one's self. There are many other reasons singing is emotionally, physically, psychologically and spiritually healing, but that is a whole chapter in my book.

**Evangelia:** I can see in your book you refer to specific techniques such as "vocal holding" and "free associative singing". Could you please tell us a bit more about these?

**Diane:** "Vocal holding techniques" is the name ascribed to a method of vocal improvisation I have been developing and refining since 1994 (Austin, 1996, 1998, 1999a, 1999b, 2001). Vocal holding techniques involve the intentional use of two chords in combination with the therapist's voice in order to create a consistent and stable musical environment that facilitates improvised singing within the client therapist relationship. The client's voice, feelings, and emerging aspects of the self are all held within this musical matrix.

Vocal holding techniques also support a connection to self and other and can be used to promote a therapeutic regression in which unconscious feelings, sensations, memories and associations can be accessed, processed and integrated. This method is especially useful in

working through developmental injuries and arrests due to traumatic ruptures in the mother-child relationship and/or empathic failures at crucial developmental junctures (Austin 2001).

Vocal holding techniques are not meant to be a prescription or recipe and are not necessarily used in the order that follows. In the initial "vocal holding" phase the client and I sing in *unison*. Singing together on the same notes can promote the emergence of a symbiosis - like transference and counter-transference. The second stage, *harmonizing*, creates the opportunity for the client to experience a sense of being separate yet in relationship. *Mirroring* occurs when a client sings her own melodic line and I respond by repeating the client's melody back to her. This musical reflection provides encouragement and validation. *Grounding* occurs when I sing the tone or root of the chords, and provide a base for clients' vocalizations. They can then improvise freely and return to 'home base' whenever they want to check in.

"Free associative singing" is the term I use to describe a technique that can be implemented when words enter the vocal holding process. It is similar to Freud's technique of free association (1938) in that clients are encouraged to verbalize whatever comes into their head with the expectation that by doing so, they will come into contact with unconscious images, memories and associated feelings. It differs from Freud's technique in that the client is singing instead of speaking, but more significantly, the therapist is also singing and contributing to the musical stream of consciousness by making active verbal and musical interventions.

In its simplest form free associative singing involves clients singing a word or phrase and my mirroring or repeating the words and melody back to them. The vocal holding techniques of singing in unison, harmonizing and grounding add additional and various kinds of support and containment.

There are clients for whom free associative singing is not appropriate. The client needs to have enough ego strength to be able to regress without becoming disoriented or overwhelmed by unconscious material.

**Evangelia:** How do you facilitate those who are not responding well to the vocal approach, those unwilling or unable to participate?

**Diane:** I would never force them to sing. I believe the clients' needs should come first, not any particular method or technique. I often begin sessions with deep breathing exercises; I might

spend more time working with the breath especially if there is resistance to singing because of anxiety.

Some clients would rather play an instrument. I have a client now who played piano for over a year and I sometimes sang with her. Recently, she began to sing while she played and was deeply moved by the power of the sounds. I believe her singing paralleled her developing sense of self and her newfound ability to speak out when something bothered her.

Some clients bring in song recordings and we listen to them together and discuss the meaning of the music and the lyrics. Some prefer to talk and may eventually become interested in singing or playing.

I am patient and every client is unique. I use whatever creative intervention works to establish the therapeutic relationship and aid in the clients' development. I think it is also important to discern if it is resistance to singing that can then be worked through or if this particular client responds better to another instrument or modality.

**Evangelia:** Would you tell us a bit about the resistance of the therapist's self?

**Diane:** Sometimes therapists can be resistant to verbally processing the music or the dynamics between client and therapist. They can use the music defensively as a resistance to going deeper into the therapeutic process. This can be due to their lack of knowledge and training in verbal processing. Not knowing what else to do and feeling an urge to offer a response, these therapists may decide to sing songs, vocally improvise or play music when the clients would be better served by talking about their problems and being listened to and supported, questioned, challenged and helped to find words for their feelings and needs.

Then there can be situations when not playing music demonstrates a therapist's resistance to the therapeutic process. One reason for this may be that therapists lack confidence in their ability to understand and make meaning from the music being offered by the client in the session. Music psychotherapists<sup>2</sup> may also avoid singing and playing because they do not feel musically competent. This defence may be triggered particularly when the clients are more musically proficient than the therapists and the therapists

feel threatened or, as in the clients' resistance, the therapists may be afraid of criticism.

**Evangelia:** What happens in a session "without" music?

**Diane:** For me, the whole session is a musical improvisation even if we are talking the entire hour! I think most experienced music therapists are aware of the information they receive about clients from the affect, tone, inflections, tempo and dynamics of the voice. Listening is fundamental and unique to our work. We depend upon our abilities to listen to music and words with our whole selves and this ability is an essential aspect of being an effective vocal psychotherapist.

I usually make audio recordings of all of my clinical sessions. I have learned through the years that I can receive quite a bit of 'self-supervision' from listening to the sound of the client's and my own speaking voice, as well as his/her singing voice and my own. Besides, sometimes clients need to talk. I believe you can speak and be fully present and embodied just as the opposite is also true; you can sing and/or play and be disconnected from yourself and others.

**Evangelia:** Are there any current applications of Vocal Psychotherapy in other clinical populations within other areas, such as the medical field, psychiatry, or neurology?

**Diane:** Certainly there are aspects of vocal music therapy in all clinical work because singing is such a vital part of all music therapy whether you are working with autistic children, cancer patients, paediatric pain management, psychiatric patients etc. As for Vocal Psychotherapy I have trained other music therapists in my model, some of them are currently working with a variety of populations. They use or adapt interventions from Vocal Psychotherapy depending on whether they are practicing supportive, re-educative or more in depth music/vocal psychotherapy. One vocal psychotherapist I taught has been doing free associative singing with a dementia patient and having successful results.

**Evangelia:** You have inspired many music therapists from around the world. Are there any people who have inspired your own voice work?

**Diane:** When I was singing professionally, the great jazz singers inspired me. I heard how many vocal possibilities existed within a song and learned the joy of singing spontaneously. I

<sup>2</sup> Note from the interviewer: Some further information with regards to the different use of the terms "music psychotherapy" and "music therapy" between USA and Europe can be found in Tsiris's (2010) review of Diane Austin's book.



particularly loved the playful, creativity of Bobby McFerrin and admired Carmen McRae's phrasing. She could use the music to take the lyrics to another dimension.

When I began coaching singers and giving therapeutic voice lessons, before I knew anything about music therapy, I was inspired by songwriters, especially Stephen Sondheim. His music and lyrics have a psychological depth and wisdom that are profound and touch me deeply. I believe such depth only comes from suffering and much later in my life I learned about his traumatic childhood. I think writing music was his own music therapy. For me and for many of my clients singing his songs was, and still is extremely therapeutic.

While studying at New York University, the two music therapists that affected me the most were Florence Tyson and Mary Priestley. Later, I found Paul Newham's books that were equally inspiring. I also took a workshop once with a remarkable woman, Kristen Linklater. She primarily does voice work with actors. It was the most exciting workshop I have ever taken. She combined vocal technique with exercises influenced by theatre games to peel away defences, access feelings and enable participants to find their natural voices.

**Evangelia:** As a pioneer in vocal music therapy, do you feel you have a greater responsibility to the music therapy community beyond your own clinical work?

**Diane:** Great question! I have presented and written so much about using the voice in psychotherapy because I want to spread the word that the voice is not only a primary instrument, but is a powerful instrument capable of helping people connect to themselves and others in great depth. I also want this work to live on after I'm around, so training others in Vocal Psychotherapy has become very important to me. This is an in-depth form of music psychotherapy and you need advanced training to practice it (besides your own personal psychotherapy). I would like to train music therapists from other parts of the world who have expressed interest. So far, I have only been able to give week-long trainings in other parts of the world, so the model and methods are out there. Now I have to find a way to make the training accessible in some other format than once a week for nine months. This limits the training to people in or near New York City.

**Evangelia:** Despite voice being our inner instrument with a powerful role as a therapeutic

tool, do you believe its place within music therapy training courses is sufficient and respected?

**Diane:** No, I don't. Very few music therapy training programs have courses in vocal improvisation or the use of the voice in music psychotherapy. Many students who use the voice as their primary instrument still feel undervalued and unacknowledged. I even see it at New York University with the first year students. They are often amazed to learn that they can run an entire music therapy session using only their voices.

**Evangelia:** Could you please tell us about any current and future developments concerning practice, as well as training in Vocal Psychotherapy?

**Diane:** Actually, I am piloting a distance training program in Vancouver, B.C. this summer. It would entail two weeks of experiential learning, one in the summer and one in the winter, and then once a month didactic sessions held via video-conference, Skype or webcam. It will be a two-year certificate program. I am a very 'hands on' teacher so it will be a new challenge for me. Fortunately, I have a lot of support in Vancouver since I have taught several short intensives there and colleagues approached me with this idea.

**Evangelia:** Are there any plans to 'spread the word' in Europe?

**Diane:** I have led many short intensives in parts of Europe and all over Asia and I love working with different cultures. In fact, I will be teaching in Malaysia and then Sweden in the spring and I'm very excited about it!

**Evangelia:** Approaching the end of our interview, I would like to make two personal questions...

**Diane:** Ok!

**Evangelia:** What kind of music do you like to listen to privately, while you are not working, and what is its role in your life?

**Diane:** My favourite music is Brazilian and I love jazz, soul and Sting (I don't know what category he fits into). I still sing in public occasionally - parties, weddings and special occasions for friends. I get great pleasure from that. I also keep CD's in my office to listen to in between clients for relaxation and inspiration.

**Evangelia:** I was intrigued by your Amazon parrot mentioned in the biographical note of your book. Could you please tell us more about him?

**Diane:** He is a twenty-six year old Blue Fronted Amazon parrot that I love very much. He is playful, like most Amazons, and great company. He often sits on my shoulder when I write and edits my work (only kidding)! He does talk and sings sometimes but usually off key...!

**Evangelia:** Thank you so much Diane! This interview is the fruit of a fertile collaboration. I hope it will inspire many music therapy colleagues to start thinking and feeling ‘from out of their voices’.

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