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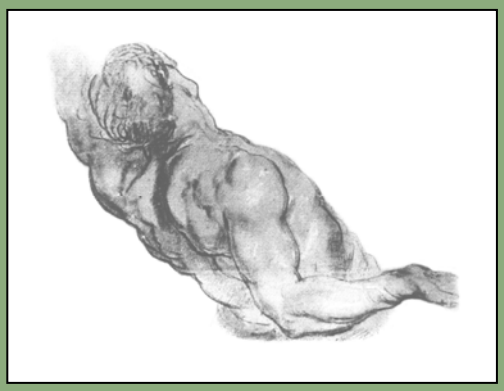

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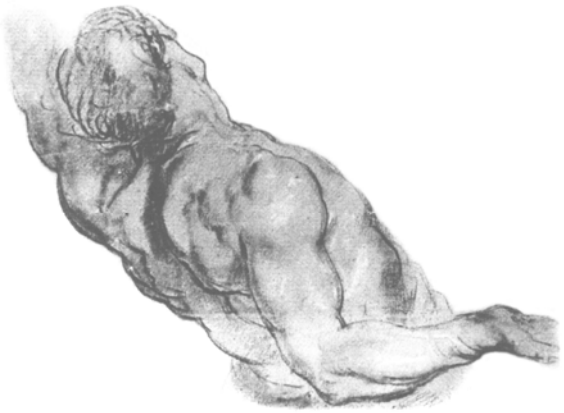
Table of Contents



USABP Mission Statement

The USABP believes that integration of the body and the mind is essential to effective psychotherapy, and to that end its mission is to develop and advance the art, science, and practice of body psychotherapy in a professional, ethical, and caring manner in order to promote the health and welfare of humanity.

Clinical Applications of Singing In Body-Oriented Therapy

Ron Panvini, Ph.D.

Abstract

Difficulties in singing most often appear to be the result of psychological factors such as developmental issues rather than genetic deficiencies or lack of musical ability. A diagnosis derived from observing a person sing can be conjoined with other diagnostic approaches to form a characterological evaluation. Teaching a person to sing through a process combining traditional vocal technique with somatic psychotherapeutic interventions, can affect changes in psychological character. Conclusions are that working vocally and somatically with clients produced increased insight and expressiveness, decreased psychological symptoms, increased changes in character structure and general psychological growth. Representative case studies drawn from a clinical practice are described.

The production of voice is a complex phenomenon. It is unique in man and characterizes the development of consciousness...the voice is the instrument of consciousness. (Pierrakos, 1968, p.8)

INTRODUCTION

Viewed from the perspective of clinical psychology, the act of singing in humans can be examined as a multidimensional behavior involving bodily processes, mental processes, psychodynamic processes, and cultural factors. Observing a person in the act of singing informs. In doing so, the clinician learns far more than the client's musical ability. He or she can also discern much about cognitive ability, personality development, and character organization, including sexuality, energy, motility, and expressiveness. Also apparent is complex information regarding ethnic and economic background, intelligence, educational level, and other factors. These elements viewed together provide substantial personal data about a client's conscious and unconscious processes that can significantly aid in the formulation of a clinical impression.

This paper draws from a thirty-year clinical practice in which singing has been employed as an integral part of the psychotherapeutic process. Presenting problems often center on difficulties in expression, though clients also seek help for a broad range of issues. While some clients are in the performing arts with professional careers or aspirations to sing, act, or speak in public, many are not. The clients described in the clinical vignettes presented in this paper are non-performers with presenting complaints including inhibition and social discomfort. They were seeking psychotherapy and were not trying to develop as performers.

The principle approach employed is Bioenergetic Analysis, the body-oriented, active psychotherapy that developed out of Reichian character analysis. Some techniques utilized are drawn from behaviorism, Gestalt therapy, and psychodynamic psychotherapy. On the musical side, interventions from various schools of vocal technique, vocal coaching, and music therapy are employed. Techniques from these disciplines have been integrated into a psychotherapeutic method aimed at helping people move beyond the limitations of character to live more emotionally expressive, satisfying lives. The clinical vignettes presented will illuminate the distinctions and characteristics of this model.

Singing Viewed Psychologically

Singing, as defined herein, is the ability to carry a tune, to execute a tune in rhythm, and to do this with appropriate feeling. Based on this definition, inability in singing means difficulty or incapacity in one or more of these three aptitudes. Rather than focusing on one's ability to produce a beautiful musical sound, as would a voice teacher, the psychotherapist listens to vocal quality as it reveals character and inner being. By minimizing the distinction between singing and noise, the clinician's focus is directed toward psychological issues such as analyzing why, for example, a person sings out of tune, or why someone's singing sounds emotionally flat.

The literature on poor pitch singing, the most common singing problem, indicates that relatively few people are actually tone deaf (unable to distinguish high and low notes) or tune deaf (unable to distinguish wrong notes in famous melodies). Research on perfect pitch indicates that about three in every one hundred people are tune deaf (Profita & Bidder, 1988, pp. 763-771). Kalmus and Fry found tune-deafness in only 3.6 per cent of males and 4.5 per cent of females (1980, pp. 369-382). Profita, Bidder (1988, pp. 763-771) and Rowley (1988, p.198) cited genetic factors, suggesting that over 96 percent of people are genetically capable of singing in tune. Why is it, then, that far more than three percent of people informally polled report that that they cannot sing in tune, and why do so many people express fear and unwillingness to sing publicly? A great discrepancy apparently exists.

Since the capacity to sing in tune appears to be inherent in most people, inability to sing should most often be due to causes other than genetic ones, such as difficulties in perception or execution. Inabilities in singing are most often fundamentally psychological in origin. It is precisely this relationship, between singing problems and emotional problems, which this work addresses.

Regarding singing in tune, Welch found, "a link between emotional problems and poor pitch singing," writing, "poor pitch singing appears to be a product of many environmental factors" (1979, pp. 50-56). Difficulties in singing are often related to difficulties in personality organization. Mitchell reported that out of tune singers, "…clearly do not listen to themselves when singing" (1991, pp. 19, 74), perhaps a difficulty in being sensitive to their inner cues or a difficulty in relating, i.e., to the accompaniment, and by extension, to others.

No literature was found concerning singing in time as it relates to psychological issues. A case vignette will elaborate on this relationship.

As to singing with feeling, one's capacity for emotional expression can be analyzed through observing this behavior. A typical obstacle is the fear of embarrassment or humiliation. Triplett reported on the prevalence of this fear. Three thousand participants were asked, "What are you most afraid of?" Almost half (41 percent) responded, 'Speaking in front of a group,' and thereby placed stage fright at the top of the list. It outranked, by a large margin, other fears such as the threat of sickness, financial problems, even death. (Triplett, 1985)

Many people also express trepidation at the thought of singing in front of others. Research on stage fright and performance anxiety focuses mostly on instrumentalists, though comparisons between musicians and singers are easily made. The literature suggests a strong correlation between fear and the inability to play an instrument expressively. In musicians, Clark noted, "The physical symptoms of performance anxiety, especially tremor, interfere with motor performance, and the psychological effects may lead to avoidance" (Clark, 1989, p. 28). Similar symptoms are found with regard to singing in public, including physical and vocal tremor. Nagel linked stage fright to an individual's life history writing, "symptoms are the conscious manifestation of complex unconscious processes" (Nagel, 1993, p. 493). Gabbard suggested that the anxiety generated in stage fright stems from the reemergence of key genital and pre-genital developmental experiences.

> Shame arises from conflicts around exhibitionism, from concerns over genital inadequacy, and from the fear of loss of control. Guilt is produced from the aggression inherent in self-display and from the fear of the destruction by rivals, along with the dread of retaliation. (Gabbard, 1979, p. 383)

Bioenergetic Analysis

Bioenergetic Analysis is a body-oriented psychotherapy which postulates that mind and body are functionally identical–what goes on in the mind reflects what is happening in the body and vice versa. Lowen (1975, pp. 151-173) presents five basic character types, developmentally ordered (Schizoid, Oral, Psychopathic/Narcissistic, Masochistic, Rigid), and five corresponding bodily holding patterns. Holding patterns have as their primary function the conscious or unconscious suppression of affect through the blocking of libidinous energy by muscular armor. In individuals such patterns result in character attitudes which are expressed in the form and motility of the body, i.e., level of energy, respiratory patterns, muscular development, sexuality, and posture, etc.

It is rare that a person will exhibit only one holding pattern. The clinician most often sees traits in varying combinations and degrees within different individuals. Focusing on the nuances of the client's personal expression such as facial cast, body attitude, and mannerisms, the therapist looks for fixed or repetitive manifestations of character, i.e., lifeless eyes, set jaw, inflated or collapsed chest, overall weakness or strength, resiliency or rigidity, as well as revealing behavior such as gestures, and fleeting signs of defended emotion.

In addition to verbal interventions, Bioenergetic therapists employ physical interventions integrating psychodynamic therapy with bodywork. Chronic muscular tension functionally limits the flow of energy in the body by impeding the vascular system from carrying oxygen through the bloodstream to particular muscles. Energetic blocks are interpreted as physical manifestations of psychological blocks, i.e., the lump in one's throat as a physical expression of the resistance to crying. Bioenergetic therapists, therefore, work to move energy through various parts of the body that are chronically blocked and which constitute an individual's character structure.

By over-stressing particular muscle groups through applied pressure or through putting clients in physically stressful positions, i.e., standing with knees bent to over-tax the legs, chronically held muscles begin to yield as evidenced by muscular vibrations. Breathing is concurrently mobilized and deepens. These bodily changes are often accompanied by increased contact with oneself and/or emotional release. Expressive exercises such as hitting a mattress with a tennis racquet, kicking, punching, or reaching out longingly, help people to experience and express suppressed affect. Such interventions give tangible expression to psychological conflicts and provide new emotional experiences that foster change and growth.

Within this model the voice is appraised for those properties that illuminate character. The clinician analyzes the distinguishing ways in which people speak, paying attention not only to what they say, but also to the tones, rhythms, emphasis, inflections, utterances, pauses, and patterns they use. Voice quality is examined for various elements such

as smoothness or roughness, loudness or softness, pitch, timbre, and other identifying attributes that often communicate that which is unconscious or defended.

In working with vocal release, Bioenergetic therapists encourage the discharge of affect through the expression of sound. If a person is to recover his full potential for self-expression, it is important that he or she gains the full use of the voice in all its registers and in all its nuances of feeling. The blockage of any feeling will affect its expression vocally (Lowen, 1975, p. 271).

The addition of musical vocalization and the singing of songs is a natural extension of the Bioenergetic model that furthers the therapeutic process.

CASE VIGNETTES: Diagnostic Perspective

The following case vignettes will illustrate the relationship between character structure, emotional reality, and singing from a body-oriented, diagnostic perspective. The use of singing as a psychotherapeutic intervention will be described later.

Otto: Out of Tune

Otto, a thirty-six-year-old Swiss businessman, came to therapy with a desire to be more expressive. In performing a body reading, an assessment of the physical dynamics of his character structure, I observed that his jaw was pushed and held in a forward position, and that his pelvis was retracted. His defiant, thrust jaw gave him the appearance of strength and independence, while his retracted pelvis revealed an underlying fear of his sexuality and withholding of aggression. These postural characteristics were consistent with his history. Otto described an austere childhood with a stern father and a mother who was both seductive and rejecting. Developmentally, Otto tried to stand up to his father (as expressed by his defiant jaw), yet had to retreat sexually from his mother (as expressed by his retracted pelvis). He reported that he had not had sex with a woman for over ten years and had never been romantically involved. His flat, hard chest suggested one who protected his heart and could not so easily feel his softer feelings. The arches of his feet were quite high, and this, as well as his highly held shoulders, gave him an, 'off the ground' look. His eyes darted, did not make consistent contact with mine, and did not seem to have much energy. He looked reasonably strong physically, but frozen in fear. These features, when considered as a whole, did not give one an impression that Otto was energetically connected. Rather, the overall sense was one of segmented ness and disconnection, his upper body suggesting one thing, his lower body suggesting another.

After taking a detailed history, I asked him to sing a song. He stared blankly at me. He had never sung a song and did not know how to begin. I played a note on the piano and asked him to match it. He tried several times, but was unable to reproduce a single pitch. He could not recognize whether a note I played was higher or lower than the previous one. I also noticed that his voice did not resonate in his head and chest, and lacked vibrancy.

From his history, and physical and vocal traits, I assessed that there were schizoid and psychopathic elements in his character. I saw Otto as a man with poor object constancy, and believed that his pitch difficulties were relational, reflecting a lack of connection to his mother in his early life. To verify my diagnosis, I asked him to lie down on a mattress and instructed him to breathe normally. His chest barely moved and his belly did not move at all. He unconsciously defended himself by limiting his breathing, thereby limiting his capacity to feel. Otto's fire needed stoking – he needed to breathe more deeply.

I asked him to put one hand on his belly, the other on his chest, and instructed him to first breathe abdominally and then breathe into his chest. As his breathing deepened and he relaxed somewhat, I instructed him to sing any note on the vowel sound, 'ah'. He tightened, held his breath, and had difficulty producing this sound. I instructed him to breathe in fully, but not to pause at the end of the breath before executing the note. My intention was to interfere with his tendency to freeze in fear. Instructing him to continue breathing in this way, I told him again to sing a note on the vowel sound, 'ah'. This time, however, I matched his pitch. We did this several times as he vocally explored his voice at different pitches. The combination of breathing and being vocally mirrored seemed reassuring to him. As we continued to do this we made eye contact. These moments of connection soon softened his eyes.

Next, I sang a note and asked him to match my pitch. Again, he tightened in fear. I asked him to focus once more on his breathing, and when he began to relax, I again sang and he tried to match my pitch. I instructed him, "a little higher, a little lower," and after several attempts, he connected. He lit up with excitement. In describing this experience years later he said, "I felt this as a deep process. It was the first time in my life that I had the experience of tones sung by two individuals in the same frequency melting into one. Yet it was not so much the joy of having hit the note at last, but rather the amazement at having met another person on the level of a sound." I was convinced from working with him in our first session that Otto's pitch difficulties were not genetic and immutable but, rather, a symptom of his chronic fear of connecting to himself and to others. The therapeutic goal became clear: help Otto to increase his ability to feel his emotions, and to build tolerance for emotional relatedness. Interventions from Otto's therapy will follow in a later section.

Gary: Out of Time

Gary, a forty-year-old college professor, complained that he was inhibited and socially awkward. In our first session, Gary sang a song to my piano accompaniment. He had a pleasant voice, and sang in tune, and with feeling, but stopped several times after making slight mistakes. He was anxious and self-critical, and seemed to need much encouragement. As he sang, I noticed that he could not sing in time, a difficulty that took two forms. First, he would anxiously anticipate his vocal entrance and begin singing too early. Second, regardless of our starting tempo, Gary would invariably drag the pace of a song to a slower speed. He could not yield to the musical tempo, but instead seemed to hold back, as if driving with one foot on the brakes.

Gary was a good boy growing up. He described his father as, "one of the most volatile people I've ever known," saying he was frequently criticized and often beaten. His mother, a teacher, was, "loving and compassionate," but overprotective. Gary dis-identified with his father and became a 'mama's boy'. In doing so, he gave up his father's rebelliousness, and became docile and non-threatening to his mother, and to women in general.

Regarding his physical structure, Gary's arms were somewhat disproportionately thin and undercharged compared to his torso, a physical trait that expressed his passivity. He did not need to reach out to his mother who doted on him, nor could he strike out and defend himself against his abusive father. His arms were under used and underdeveloped. His pelvis was slightly wider than his shoulders and was quite retracted, as was his jaw, though his full beard hid this feature. He had the overall look of a mild-mannered man, good-hearted, but tame and safe. His character structure was passive-feminine, characterized by excessive politeness and submissiveness, traits that mask aggression and anger.

Gary's singing reflected his character. His anxiety intruded on his ability to focus on the musical accompaniment causing him repeatedly to make early vocal entrances in singing songs. His holding back of the tempo could be interpreted as an attempt to avoid his deeply feared primitive impulses. He could not let go to his passion, restraining himself, and as a result, dragged the tempo.

In many of our sessions he focused on doing a song 'right', that is, compulsively following the melody and lyrics exactly as written. When he did not execute a song perfectly he would abruptly stop and appear demoralized. Gary had apparently introjected his father's criticality and had learned to masochistically direct his anger inward at his own imperfections rather than outward at his foremost critic. At the same time, his desire to sing correctly was an expression of his need to please. This was his role in life to submit to his father's aggression, and to please his mother by not being aggressive like his father.

Gary's compulsive need to execute a song perfectly was an attempt to manage his anxiety that was based in the fear that I, and others, would criticize and humiliate him as had his father. By putting his efforts into singing a song correctly, he defensively directed his attention toward a less threatening act instead of attempting the more risky act of singing expressively that could potentially provoke his historical drama. His desire to sing revealed a healthy aspiration to become freer and more trusting of his own expressive impulses. Vignettes from Gary's therapy, which focused on helping him reclaim his natural aggression, will follow.

Marilyn: Out of Touch

Marilyn, an attractive thirty-nine year old, divorced, clothing designer, came to therapy complaining, "I need to break out of my shell. I am not as free and expressive in my social life as I'd like to be." She reported having difficulty speaking up in social situations and believed that expressive psychotherapy could help her.

Marilyn was musical and had a pleasant voice. In our first session, she sang in tune and in time, though her range of emotional expression was very limited. She could sound pleasant and sweet, but could not sing with any passion. Rather, her performance was intellectual. She could render a sad song with what seemed to be an appropriately sad tone. However, her emotional rendering was static and monochromatic, with no arc of expression, and did not change from the beginning to the end of a song. When singing is emotional, the singer is visibly transformed to some degree by the end of a song, a sign that something emotional has been experienced. This is apparent in the singer's facial or body expression or is heard in the voice. Marilyn appeared to be very much the same before and after singing -- evidence that she was not moved by the act.

Marilyn reported difficulties in self-assertion in personal and professional relationships. She was polite and timid with an agreeable personality style that functioned to avoid conflicts. She spoke in a sweet, soft voice, was cheery, and smiled often. One could not easily see beneath her pleasant veneer. Historically, Marilyn had to cover up her feelings of anger, hide her opinions, and deaden her sexuality to emotionally survive in her family. She described her mother as, "loud, boisterous, and domineering," and reported that her father, a passive, intellectual man, sometimes looked at her in a sexual manner, an experience that often made her feel embarrassed and caused her to stiffen.

Characterologically, Marilyn presented as a rigid character, one whose conflicts began during the Oedipal stage. She was worldly, accomplished, and well socialized, though reserved. Her rigidity, however, was actually an overlay to pre-Oedipal, oral and schizoid issues. On a body level, Marilyn maintained a split between thinking and feeling to avoid experiencing emotions that were threatening. Her occipital muscles were especially tight, and this energetically kept her, 'in her head'. She described lifelong feelings of terror saying she experienced herself as if, "floating in space,

disconnected from anyone or anything", statements that expressed her abandonment and alienation. To feel her body would mean to re-experience her early terror.

Physically, her split between love and sex was expressed by a particularly small waist that cut her in half, thus keeping her heart and her genitals energetically out of communication. She tended to make decisions from either above or below the waist, and was either sexually attracted to unavailable men, or made friendly, heart connections with available men who did not excite her sexually. Marilyn's therapy, as described later, focused on increasing her tolerance for self-connection and expanding her range of expression.

Clinical Application

"There is a large body of evidence to suggest pitch discrimination...can be brought about by the sympathetic teaching of singing" (Welch, 1979, pp. 50-56). In the approach presented here, the concept of, "sympathetic" voice teaching has been extended into a psychotherapeutic model in which supportive, analytical, and expressive interventions result in observable psychological changes. It has been found that when personality issues are addressed psychotherapeutically, i.e., helping clients to listen to their inner emotional cues, difficulties in singing improve, often dramatically. Conversely, years of clinical experience have shown that working on singing can be psychotherapeutic resulting in generalized psychological change, i.e., increased self-awareness and improved ability to relate to others. Following are clinical vignettes of the psychotherapy of the clients discussed.

Pitch Addressed Developmentally

My work with Otto over a period of seven years focused primarily on issues of relatedness through a developmental process. Continuing from the work started in our first session, we spent many subsequent hours with him lying down, duplicating notes I sang. Sometimes this included eye contact. At other times, I instructed him to look at my mouth and copy the shape I made with my lips. This work was grounding for him and appeared to help him develop an improved sense of self- awareness.

When I would sit at the piano, about fifteen feet away from the mattress on which he lay, he often became anxious and sang off key. I sensed that his anxiety was provoked by our separation, for when I would return to his side he was again able to reproduce my sung pitches. Placing my hand on his chest often seemed reassuring to him, and allowed him repeatedly to match the notes I sang. As he became more comfortable with doing this, I started moving my chair a few feet away from him, as we continued to vocalize together. Each time I moved further away, he grew fearful, and became incapable of staying in tune with me. We continued singing together at these increased distances to help him build tolerance for separation while maintaining a vocal connection.

Eventually, I moved further away from him and nearer to the piano. I played a note and sang it at the same time. He sang it correctly. I repeated this several times, singing more and more softly each time until he could only hear the piano. He began to reproduce most of the notes he heard from the piano instead of from my voice. Thus he began to internalize the concept of pitch, and to tolerate increased separation, signs that object constancy was developing.

Freeing Physical/Emotional Blocks through Vocal Resonance

Marilyn: To therapeutically address Marilyn's schizoid issues, I asked her to lie down to help her regress. I applied pressure to the occipital muscles at the base of her skull, to promote a better flow of energy from her head to her body, so these two body segments could energetically begin to connect. Sitting behind her and holding her head seemed to comfort her and helped her begin to yield to her feelings.

With her head supported in my hands, I asked her to hold a note on any pitch for as long as she could until she had to inhale. She sang a low note on the sound, 'ah', and held it for a long time. She repeated this process several times and eventually, each time she breathed out fully, her voice began to quiver. I encouraged her to hold the sound even longer and, soon, she began to break into a slight sobbing sound. The low notes she sang resonated in her chest. I asked her to raise the pitch in increments as she sang, so the sound would vibrate in her head. As she did this, her head and upper body began to convulse rhythmically, a sign that her chronically tight neck was yielding. I asked her to open her eyes wide as she continued vocalizing. Her voice was dramatically strong and resonant as a wave of vibration pulsed through her entire body. It was as if a jolt of electricity was coursing through her. She broke into strong crying for a few minutes and released much stored up emotion.

When she stopped crying, I noticed that her eyes looked clear and bright, and that her face had lost its previous pallor. She was breathing more fully and said, "I was afraid at first but when my body let go it felt thrilling." Her tolerance for such a strong flow of energy suggested to me that as a child she had developmentally reached the Oedipal stage, but had to retreat from her sexual feelings to deal with her mother's competitiveness and her father's unconscious sexual attraction to her. Now she seemed to be reclaiming her sexuality.

Otto: In a sitting position, leaning against a large gymnastic ball to support his back, I asked Otto to tap lightly on his tight chest to help the sound resonate there. He began to breathe more deeply, and to sound more vibrant. In another exercise, I had him gently rub his throat while vocalizing to alleviate the tension there that served to block the flow of affect – he tended to choke back his tears. Following this, I asked him to move his fingers vigorously on his cheekbones while singing the vowel sound, 'yee'. This allowed the sound to resonate in his head, brought vibrancy into his voice and brightness into his eyes. I would also ask him to hold a note and rock his head from side to side, thus preventing his neck muscles from their chronic task of holding. These interventions began to free him energetically and emotionally and seemed to help him feel more connected to himself.

Singing Songs

Songs often touch upon universal human themes, and articulate the full range of human struggles, conflicts, desires, and feelings. The singing of meaningful, well-chosen lyrics can illuminate various aspects of a client's life experience, often helping one to experience unconscious need, longing, anger, feelings of self-worth, and other defended emotions.

Otto: The first I song taught to Otto was*, Love Me Tender* (Presley & Matson, 1956), a song that expressed his deep, but frightening, need to be loved. The song's simple and direct plea allowed him to awaken feelings he had to defend against early in life. We worked over time on several other songs as they related to his therapeutic journey, including the Beatles'*, If I Fell* (Lennon & McCartney, 1964), a song about trust which we did as a duet, *Can't Help Falling in Love* (Weiss, Peretti & Creatore, 1961), a song about surrender*, Somewhere* (Bernstein, Sondheim, 1956), from *West Side Story*, a song of yearning, *Crying Time* (Owens, 1964), the country lament about loss, *Tonight* (Bernstein & Sondheim, 1956) also from West Side Story, a song of anticipation, and *September Song* (Weill & Anderson, 1938), a reflection on growing older. Each of these brought new depth to his experience of himself.

A significant phase of this work was to help Otto with issues of independence through vocal work. Because of his pitch difficulties, I would always play the melody clearly when accompanying him. If I did not do this he would sing off key. Typically, the accompanist plays the harmony and the vocalist provides the melody, an interdependent act. Otto was dependent on me to supply the ground, the reality of the correct melody, and could not autonomously sing his part. Over time, I began to leave out a few of these notes in my accompaniment in an effort to help him sing independently. It was similar to moving the training wheels on a bicycle farther and farther away from the ground until they are no longer needed. When I did this he often panicked and lost the melody. I encouraged him to work with these fears tangibly by breathing and softening his belly, instructing him to feel his feet pressing down into the floor. Such tangible interventions grounded him, eased his anxiety, helped him to independently sing his vocal part, and to actively work on becoming more psychologically independent.

I also supported his independence by asking him to memorize songs. He typically had stood beside me looking at the sheet music as I played the piano, and depended on reading the lyrics and watching me play for his singing cues. As he was increasingly able to sing a melody on his own, I suggested that he should not continually look at the lyrics, but instead should sometimes look up and trust that he knew the song he was singing. Giving him a copy of the lyrics, I suggested that he should stroll around the room singing, only looking at the words when it was essential. It was necessary for him to move away from me safely to begin to build self-trust. I assured him that he could return to my side if necessary. I chose to have him walk rather than simply stand further away to counter his tendency to tighten in fear. Sometime later he remarked, "When you asked me the first time to sing a song from memory, I thought it was impossible. And even though I knew the text, I had the feeling of clinging to my sheet of music in order to have at least something which I could hold on to."

Marilyn: The singing of songs was employed as a tool to help Marilyn address her early deprivation and openly express her sexuality. In addition to our private sessions, she also attended an ongoing group I led in which participants did bodywork and sang assigned songs. The country classic, *You Don't Know Me* (Walker & Arnold, 1955), helped her express her shyness. I asked her to make as much eye contact as she could tolerate as she sang these meaningful words:

You give your hand to me, and then you say hello
And I can hardly speak, my heart is beating so
And anyone can tell, you think you know me well but
You Don't Know Me.

Songs of longing such as, *Someone to Watch Over Me* (Gershwin & Gershwin, 1926), helped her feel and express her need for closeness. I would ask her to imagine herself as a child as she sang:

There's a somebody I'm longing to see
I hope that he turns out to be
Someone who'll watch over me

I also instructed her to softly reach with her hands, as she sang, as if reaching for someone. Her hands trembled, at first with the hesitance of carrying out an emotionally risky act. However, her trembling soon took on an excited quality as she felt a new aliveness and flow of energy in her arms, hands, and fingers. With this, her voice became more resonant and emotional, expressing the truth of her need to reach out to others.

Marilyn's Oedipal issues were addressed physically and emotionally by assigning her the song, *Midnight at the Oasis* (Nichtern, 1973), for its overt, playful sexuality:

But you won't need no harem honey
When I am by your side
And you won't need no camel, no, no
When I take you for a ride

I suggested that she flirt with members of the group, encouraging her to move her body seductively as she sang. This, of course, was embarrassing at first, but she was willing to try it, allowing her hips to move more freely and her hands to gently caress her body in a sexual manner. As she permitted herself this freedom of expression, her eyes brightened and her skin became radiant. Such experiences, within the safe, therapeutic environment, helped her begin the process of integrating these new emotional states.

To help her develop more capacity to express feelings she deemed negative, I suggested she learn, *Cry Me a River* (Hamilton, 1953), a song of vengeance. To prepare her for singing this experience, I asked her to bend over with her feet shoulder width apart and parallel for good grounding. Then I asked her to bend her knees, and while doing so, to inhale. Next, I told her to push her feet against the floor, and in doing so to allow her legs to straighten until she felt the muscles behind her knees tighten. I asked her to repeat this several times – bend and breathe in, push her feet against the floor, and breathe out. I instructed her not to let out any sound. This exercise was intended to build a charge of energy. Preventing her from releasing sound helped this process. After a few minutes, her legs began to vibrate and this vibration soon moved into her upper body.

I had recorded the piano accompaniment to, *Cry Me A River*, and when she seemed to be brimming with energy and feeling, I played the recording and asked her to sing the song to me as if I was Steve, a man who had betrayed her. I asked her to let her feelings out through her voice as she looked directly at me. Her voice rang out strongly and fury came into her eyes as she sang:

Now you say you're sorry
For being so untrue
Well you can
Cry Me a River
Cry Me a River
I cried a river over you

She then hit a mattress with a tennis racquet while naming other people with whom she was angry. Her voice was dramatically strong and loud (like her mother's, with whom she had dis-identified) and she hit with resilient power. Following this, she did a reprise of the song and was able to express herself passionately in full-throated anger. Marilyn's intense emotional expression constituted far more than just an effective vocal performance. It was a long overdue discharge of unconscious emotion that was life changing.

Gary: Gary's self-criticality resulted from repeated humiliation by his father. I addressed this issue by maintaining a supportive, even tone with him. I treated his mistakes as minor, which they were, reminding him that this was not life and death, this was singing, and perhaps it could even be fun. I encouraged him to actively make mistakes, even to sing incorrectly intentionally. This helped to lighten his overly serious masochistic attitude. I also started to assign him songs of self-affirmation such as*, The Impossible Dream* (Leigh & Darion, 1965), with its inspired lyrics:

This is my quest,To follow that star,
No matter how hopeless,
No matter how far

and *My Way* (Revaux, Francois & Anka, 1969), an ode to individuality:

For what is a man,
What has he got,
If not himself,
Then he has not.

I instructed him to shadow box and imagine he was physically attacking his father while singing (Marks, 1967):

Whether I'm right

Or whether I'm wrong
Whether I find a place in this world
Or never belong
I've Gotta Be Me
I've Gotta Be Me
What else can I be but what I am?

At first, when trying to express his aggression, he flailed wildly and ineffectively, losing his grounding. I helped him coordinate his body, head, and eyes, and strike out directly and forcefully toward a perceived enemy, at times encouraging him to direct his wrath at me. These open expressions of anger and aggression allowed him to experience emotions that were previously terrifying and unacceptable.

In one session, Gary kept forgetting the words to a song he knew well, something he tended to do when anxious. I asked him what his thoughts were at the moment he had forgotten the words. He said, while singing with his eyes closed, he was imagining himself on stage before an audience. He told me he tried to stop himself from thinking this thought, and then would forget the lyrics. When I asked him to tell me more about the fantasy, he said, "The guys I knew in music school were there in the audience watching me". Gary had not completed his musical degree because of poor grades, transferring to a school of education where he received a doctorate. The men he saw in his fantasy had succeeded where he had failed.

As we discussed his fantasy further, Gary said he felt embarrassed to be on stage making a fool of himself, and that he felt, "exposed," adding, "I got cut off," from the lyrics. The words 'exposed' and 'cut-off' suggested an unconscious fear of humiliation and castration. His father's criticality had apparently prevented Gary from developing a healthy exhibitionism. I suggested that he try the song again, imagining himself on stage performing to the same audience. This time, however, I instructed him to grab his crotch while singing. Something profound happened as a result of that physicalization. He moved with a masculine grace and ease that was romantic, yearning, and passionate. For that moment the tame, passive, good boy was gone, and he owned an earthy sexuality that he had to bury to avoid conflict with his father.

Singing Generalized

Otto: Through the vocal work that addressed his developmental issues, Otto became less isolated and more able to relate. Our work with matching pitches helped him to make a more consistent emotional connection to another person -- something he could not learn from his labile mother. The therapeutic use of singing songs allowed him to integrate new emotional experiences, and helped him to mature. As a result, Otto became a warmer, more feeling person. This was not only evident in his singing that became quite expressive – his voice often quivered with emotion as he delivered a song in later sessions. It was also apparent in his body that took on a more alive, fluid quality. His eyes, once cold and fearful, developed a softer quality, reflecting the inner warmth he had gained. His breathing also increased and his previously hard chest became softer, reflecting his emotional vulnerability.

These internal and expressive changes generalized to his life as Otto began a turbulent romantic relationship, his first. He often reported being able to work through obstacles in this relationship following sessions during which he sang. Songs of yearning helped him to articulate his need for closeness to this woman, while songs with self-affirming lyrics gave him the courage to speak up for himself when he needed to do so. Through his dedication, courage, and persistence over a period of years, Otto accomplished his presenting wish to become more expressive, and through the process, started living a fuller life.

Gary: As he began to give up his compulsive tendency to hold back the tempo when singing, Gary found himself to be freer in other endeavors. His writing, which tended to be laborious, became less effortful. He was able to begin writing a play, a project about which he previously could only fantasize. As his words flowed on paper, so did they begin to flow in speech. Gary began to confront his ex-wife, an unstable woman, whom he feared would kidnap his twelve year old son if challenged. As he addressed Oedipal issues and castration anxiety through expressive work, he became bolder, hired a lawyer, spoke up in court, and put an end to his ex-wife's manipulative behavior. Though he still says he can be overly concerned with what others think of him, he reports being more spontaneous in his everyday life as a result of our work.

Marilyn: Through expressive bodywork and the singing of meaningful lyrics, Marilyn made progress in her difficulties with self-assertion. Her previously un-sexual demeanor began to blossom as she became more grounded and self-connected. Her willingness to express overtly sexual songs helped her to be more self-possessed and confident. She developed an ability to express both her needs and her anger with the men she dated, confront a superior at work whom she had feared for years, and also ask for a raise in salary. She eventually moved out of the city to a home overlooking the Hudson River. There she met a new man to whom she became engaged.

Conclusion

Difficulties in singing often appear to be the result of psychological factors rather than genetic deficiencies or lack of talent. Singing and vocal production can be effectively employed as agents for psychological assessment and as

instruments that promote emotional growth. Case vignettes have demonstrated that the production of sound is a visceral and vital experience that enhances the vibratory process that is central to the Bioenergetic model. Singing meaningful lyrics can help a client to experience his or her defensive way of existing, as well as provide new emotional experiences that can foster psychological change and growth. These changes are often apparent, not only in clients' vocal expressiveness, but also in their bodies, including shifts in energy and expression. The cases offered also demonstrat that gains from musical interventions may generalize to other areas of functioning, including decreased psychological symptoms and increased self-esteem.

Although singing is ideally suited as an extension of Bioenergetic therapy since both focus on breathing, movement, and expression, singing as an intervention can be used with other psychotherapeutic modalities to further the therapeutic process. As shown, sound and song can illuminate, inspire, provide insight, and assist in the process of change. It is hoped that this paper will create professional interest and motivate further research.

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Resources

International Institute for Bioenergetic Analysis: www.bioenergetic-therapy.com
New York Society for Bioenergetic Analysis: www.bioenergetics-nyc.org
BodyPsych: www.bodypsych.com

Biography

Ron Panvini, Ph.D., is a Certified Bioenergetic Therapist, practicing in New York City for nearly thirty years. His broad and varied background includes an extensive performing-arts career, acclaim as a body-oriented voice teacher, a doctoral degree in Clinical Psychology, and treatment of MICA patients and victims of torture as a Psychologist at Bellevue Hospital. He has presented a variety of expressive-arts workshops worldwide, and has been written about in "Self", "The Chicago Tribune", "American Woman", and "Women's World." He may be reached at doc@bodypsych.com, (212) 595-4952, or 160 West 73 Street, New York, NY 10023.

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How does material in this manuscript inform the field and add to the body of knowledge? If it is a description of what we already know, is there some unique nugget or gem the reader can store away or hold onto? If it is a case study, is there a balance among the elements, i.e, back ground information, description of prescribed interventions and how they work, outcomes that add to our body of knowledge? If this is a reflective piece, does it tie together elements in the field to create a new perspective? Given that the field does not easily lend itself to controlled studies and statistics, if the manuscript submitted presents such, is the analysis forced or is it something other than it purports to be?

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