

Re-framing Impermanence

was naturally drawn to photographs, to videos, painting, writing poetry, scrapbooking and writing letters to Dad, cataloguing my thoughts and feelings day to day, tracking my experience. I curated an exhibition of my Dad's lifetime collection of soldiers and toys at the Museum of Childhood, Sudbury Hall, titled 'Action! Brought to life'- the collection highlighted for me a permanence within all of the impermanence of his loss. In the room with a selection of his treasured collection, he was permanent, he was placed. I was slowly carving permanence and re-framing the loss by piecing together parts of both Dad's life and history, and my own. I have worked with permanence since the exhibition with belongings such as Dad's denim jacket, where I have decorated half of it, with the other half being intact. A combination and dual-experience of presence and absence.

I have used items in nature in my own therapeutic self-work as well as working with re-framing experiences with Children and young people, more recently within my role in Social services. My therapeutic training began after experiencing loss and alongside my BA and MA in Philosophy. I find myself seeking the experiential in my work and encourage others to do the same, especially around re-framing experiences.



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Finding our voice in our clinical work

In November 2017 a group of therapists who are part of the local Creative Arts Therapist Group met in Norwich for our regular informal professional development meeting. This time it was to immerse ourselves in an experiential workshop in Voice Movement Therapy (VMT) which I facilitated.

Voice Movement Therapy is an expressive arts therapy where the main mode of expression is the voice. It explores the voice in relationship to the body and psyche. Our speaking, sounding and singing voice can help us gain insight into different aspects of ourselves, and transform and integrate feelings and experiences we discover as we explore our voice.

I am a Voice Movement Therapy practitioner and Integrative Child Arts Counsellor and have been integrating VMT into my clinical work with children and teenagers (as well as working with adults), helping them to claim their voice.

On this occasion I decided to focus on how we use our voice as therapists in our sessions with children and how a greater awareness of our voice can enhance our therapeutic presence, competence and awareness of our clients' voices, communication and development.

How does our voice impact our clients?

Our voice communicates not just our thoughts or information we need to give to our client, but also our intentions and attitude towards them. If we want to engage a child, make her feel accepted or nurtured, we will use our voice differently to when we want to structure the child's experience, regulate them emotionally, be curious, show interest, validate or mirror their experiences. I mostly think of Dan Hughes' PACE model and Daniel Stern's work on affect attunement to inform my thinking.

Vocal exploration

After a short warm-up to help us to arrive into our body, ground ourselves and connect with our breath, I engaged my colleagues in a vocal exploration of a few vocal components.

In VMT we identify ten vocal components in the sound of every human voice. Each voice is individual and contains a unique combination of these elements, and each vocal quality feels different on a physical and emotional level. It connects us to many parts of ourselves and helps us to communicate various affects and emotions. We all find our own personal meaning in each of the vocal components as we investigate them in our body and mind.

Free Air is a vocal component that I use frequently in my work as it has a calm and gentle quality and can communicate empathy and care. Free Air is often associated with soothing and nurture, and can be therefore helpful in terms of emotional down-regulation. However it can also conjure up feelings of exhaustion and depression.

The polar opposite of Free Air is Glottal Onset. Vocalising in Glottal Onset can be energising, as well as making us feel powerful, decisive or having a sense of authority. I find this vocal quality useful when I want to engage a child, structure their experience or match their strong affect.

Pitch Fluctuation has got a 'wobbly' quality and can be associated with vulnerability, fear and a lack of stability. We may hear this vocal component in our clients' voice or experience it in our somatic counter-transference as our own sense of a loss of ground which may effect our voice and how we talk to our clients.

The nasal quality, called Violin can connect us for example with a gentle resonance of humming, as well as the regressed 'whiny' child or the wicked witch we may encounter in our play with children.

The metaphor of the vocal tube guides us towards experiencing our voice as an embodied instrument that can change its volume and length, and therefore the quality of its timbre. The image of the vocal tube suggests that our voice is influenced by our physical and psychological states. As we explore different configurations of our vocal tube, we encounter our voice in different parts of our body. With the changes in the vocal resonance we consider the themes of containment, restriction, boundaries, openness, flow, our animal self and vulnerability. The work with the vocal timbres and corresponding body postures can support us in developing a greater expressive range and authenticity in our voice.

Child's voice

We then went on to explore our own unique voice through the use of imagery. An image holds an affective content and bypasses the left-brain thinking and goes straight into our unconscious. As the issues around our voice can be often stored in the body memory, beyond our conscious awareness, use of imagery can be effective to safely approach some of the themes around our voice and make them more conscious.

This personal exploration led to reflecting on our clients' voices. Children who have been through trauma often lack developmental confidence and ability to voice their experiences. Their voice has been silenced and expression blocked. Finding out how we feel about our own voice and self-expression can help us to gain some insight into the issues a traumatized child may be facing. Do we sometimes feel shame as we speak or sing? Has it not been safe to express our feelings in our family of origin?

Even if a child is not talking to us, we can read their body language, their breathing pattern, their silence speaks to us. They may use a few words, but the way they say them can give us a clue to how they feel, if we can attune to the quality of their voice and what it may communicate. We observe their body posture as they speak. Sometimes their actions speak volumes. The way they play, draw, paint, use clay. They may be developmentally on a more pre-verbal level or choose to withdraw their voice because of a particularly difficult relational dynamic or other trauma. Those children will need to build trust before they tell their story. Some will never say it with words but will show us in other ways. If there has been some form of relational or developmental trauma it often has an impact on the development of the self, and therefore self-expression. The child may develop very negative internal working models of how they feel about others and themselves.

We closed this exploratory session with a mirroring activity which involved taking turns in pairs passing on an imaginary ball and making various sounds. This activity can be a helpful playful activity for a withdrawn or non-verbal child or any child we want to engage in expressing different affect and feelings.

If you have any questions about how the therapist's voice can support the process of making sessions with our clients more child-centred, relational and emotionally containing please get in touch and come on one of my workshops.

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