Vocal Use in Receptive Methods

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Examples of Vocal Use in Receptive Methods

Providing a "voice"

- For clients who may not be able to engage musically in conventional ways.
- Singing lyrics composed by a client who may have some challenge singing them.
- Singing about an emotion or other expression by a client in the moment.

Speaking narrative/scripts in relation to music

- Often used in receptive methods for relaxation and stress reduction.
- May include live or recorded music.
Providing a “Voice”

Imagine working with a patient who is no longer able to engage actively in conventional ways of playing music.

- Determine whether singing will be an important addition to a receptive method. The client may need to listen to live and supportive instrumental music, without voice, to alleviate anxiousness or pain symptoms. Or, perhaps the client benefits from the use of a song with vocals, providing a secure and safe space for the client (Grocke & Wigram, 2007).

- Vocals without lyrics (singing “ah” or “oo” on a simple melodic line) may be more beneficial, as well as humming, to calm a patient in this situation.
Providing a “Voice”

In another context, imagine an adult patient on an oncology unit who needs a way to express a range of feelings, but who is unable to sing because of intensity of feeling.

• How would you speak or sing to the patient? Empathy is something often discussed as important in music therapy (Bruscia, 2014). By being present and seeking to understand another person’s experience, music therapists can musically resonate with what the client may be experiencing.

• As the music therapist, you must to be able to navigate the intensity of the patient’s feelings, and to express this intensity in song. In this particular case, you may try to validate the patient’s experience in that moment by singing with a similar energy and affect, expressing the genuine compassion and feeling experienced as part of the therapeutic relationship.
Providing a “Voice”

In some cases, this matching of music and/or vocal tone can be related to specific demonstrations of emotion.

- For a moment, imagine you are a music therapist working with a young child, about the age of 8-years-old, and as you are singing “How are you feeling today (name)”, the child loudly exclaims “MAD!” - You create a chant such as “(name) is feeling MAD today”, accenting the feeling word “MAD”. Doing this can validate the child’s feeling and allow for a supported expression of feeling “mad.”
Speaking narrative/scripts

One may also use the voice within music-assisted relaxation experiences.

- In addition to singing, the ability to speak with different tempos, accents, dynamics, and tone is also a consideration in music therapy settings. Music therapists may choose to speak over a selected piece of recorded music for the purposes of guiding a client through a progressive muscle relaxation (PMR) exercise. In PMR, a client is asked to tighten and release specific muscle groups while being supported with live or recorded music. (Clair & Memmott, 2008).
Speaking narrative/scripts

One may also use the voice within music-assisted relaxation experiences.

• Being able to speak with an appropriate volume and tone over the music, without being disruptive, takes some practice. The music therapist needs to be able to reflect the “tension and release” aspect of the PMR directives in the way cues are spoken or conveyed vocally. For example, a music therapist can create slight tension in the way the word “tighten” is spoken by clenching the jaw a bit and speaking the word with a more compressed and brighter vowel, and then relax the voice when saying “and release” by breathing out while speaking, and relaxing the jaw in a way that encourages the client to better respond to the directives.
In a different situation, a music therapist may be playing live instrumental music and speaking over it, guiding a client through a different relaxation experience.

- It is essential to practice the instrumental music/accompaniment so that it is second nature before adding a vocal element. Then, add the vocal aspect over the top of the instrumental music. In addition to speaking phrases in a supportive manner, it is important to be able to balance the volume and the use of one’s voice with the accompanying instrument, assuring the client can adequately hear.
In a different situation, a music therapist may be playing live instrumental music and speaking over it, guiding a client through a different relaxation experience.

- The music does not just provide “background” in this case; it is a central component to the relaxation directives because the music is providing the supportive space to encourage the client response. The role of breath, then, is also a key aspect of this type of experience. By audibly inhaling and exhaling while facilitating, the client may respond in kind. The quality and phrasing of the chosen music should be matched vocally, keeping in mind spaces in the music. It may be important to speak over silence or space in the music to keep a client focused on the therapist’s voice.

- Try practicing these types of experiences with other music therapy students or close friends, who can provide feedback on what worked or didn’t work for them.
Conclusion

Important aspects to remember when using voice in receptive methods is that the music therapist must make many clinical and aesthetic choices (Schwartz, Boyle, & Engen, 2018) that may include:

- Whether to use the voice alone or to add accompaniment
- Considering the balance of one’s vocal volume with other instruments/sounds, space of room, and client’s energy and needs
- The use of voice can provide powerful emotional support for a client in receptive experiences
- Always consider speaking voice in addition to singing voice in terms of accents/inflections, dynamic shifts, energy level, rhythm, phrasing/contour
- Provide warmth, support, and empathy as needed through the quality of your voice in all settings!
References

