

An interview with Dr Diane Austin

By Patricia Preston-Roberts

Introduction

For many years Dr Diane Austin has been developing a very special use of the voice in her practice as a music psychotherapist. The transformational aspects of this approach have been witnessed by colleagues who have heard Diane present at conferences or have read of her work in various publications. There are now further opportunities for colleagues to find out more about her work by reading her recent book or participating in her trainings. On behalf of the editors of the series of interviews for Voices I am delighted to be able to introduce this interview with Diane by one of her colleagues Patricia Preston-Roberts. In the interview Diane explains how her approach evolved and she identifies some of the key features of the work. She provides some links to the theories underpinning her practice and talks very openly about some issues of countertransference that arise as part of this very powerful and profound way of working. Throughout the interview we are aware how all aspects of the voice have an enormous influence on the development of a warm and trusting therapeutic relationship. From the moment a client enters Diane's consulting room it is clear that her deep and empathic listening ability enables her to make connections to every vocal nuance, whether spoken or sung. As she points out "the whole session" can be viewed "as an improvisation."

- Leslie Bunt, Co-Editor

Patricia Preston-Roberts, MT-BC, LCAT is currently in private practice in both New York City and in New Jersey as a vocal/music psychotherapist. Patricia Preston-Roberts is a licensed creative arts therapist, a board certified music therapist and a certified vocal psychotherapist. Ms. Preston-Roberts worked for many years as a professional actress and singer before returning to school as an adult to train to become a music therapist. Much of her work has been with trauma survivors, primarily of violence, neglect and/or abuse, both with children and adults. She has also worked in depth with hospitalized adult psychiatric patients. She has presented extensively, both nationally and internationally, mostly about using Dr. Austin's techniques in her own work. She is in the process of applying to become a doctoral candidate.

Patricia Preston-Roberts: Thank you for doing this interview, Diane. I just finished a second reading of your book, *The Theory and Practice of Vocal Psychotherapy: Songs of the Self*. I have many questions, but to begin, what was the impetus for writing this book?

Diane Austin: Well, the book was a long time coming. When I got my doctorate, I remember feeling, “okay, well, what’s the next step? How do I get my methods, some call it a “model,” to other music therapists? Do I write a book, or do I start a training?” At that point, I didn’t feel ready to write a book and I was getting requests from music therapists to start a training in music psychotherapy focusing on the voice. The idea challenged and appealed to me and after thinking it over, I decided to begin an advanced training program in Vocal Psychotherapy. That was eight years ago in New York City and it’s still going strong.

The program inspired me, gave me the time and the opportunity to focus more attention on the voice, the use of the voice in psychotherapy...interventions, methods, the theories that inspired me and my work. I often took notes after a group, thoughts I had, questions, some new insights about singing, that kind of thing.

I had written lots of journal articles and book chapters on vocal improvisation and the use of the voice in music psychotherapy over the years and done a lot of presenting on vocal psychotherapy and people kept asking, “When are you going to write a book??” I said jokingly, “In my spare time.” But I realized I had a lot of material I never published, for example, research from my dissertation that primarily related to the voice and vocal improvisation. I guess I felt the field really needed a vocal model, something I never had as a music therapist whose main instrument was the voice. The way I finally did it was to devote every Sunday to the book.

Patricia Preston-Roberts: How long did it take you to write it?

Diane Austin: About a year.

Patricia Preston-Roberts: Well, for the benefit of some of those who might be less familiar with your work, could you provide an overview of what Vocal Psychotherapy is?

Diane Austin: Mhmm. Well, my formal definition is: Vocal Psychotherapy is the use of the breath, natural sounds, toning, singing songs, the music in the speaking voice, and vocal improvisation, as well as words in the service of intra-psychic and inter-personal connection and to promote growth and change.

Patricia Preston-Roberts: So Vocal Psychotherapy is more than singing and playing or listening to music?

Diane Austin: Right. I really view the whole session as an improvisation. The minute a client walks in the door, I don't know what mood they're going to be in, I don't know what event may have happened in that week, I don't know what to expect. I don't know what their need might be that day, and sometimes people need to talk. So, I'm a firm believer in not forcing a method on the client. So, although I believe the voice is the most powerful instrument in music therapy, if clients feel the need to talk and they're connected to what they're saying, then we're going to talk. And of course talking involves the voice too! The most important thing I look for in a session is connection. Are the clients connected to themselves? To their bodies? Are we connecting? And if they are connected, embodied, while they are talking, that may be all they need at that point. So, yes...I see the whole session as music including the way someone moves. I watched someone today who stamped his feet at a certain point and I

said, “Okay, let’s do that! There’s a rhythm there. What are your feet saying?” So all non-verbal communication is important, body movements, facial expressions, and of course, the music in the voice including the breath or lack of breathe. The breath is so important. I can see people holding, holding, holding, and either I’ll just breathe because I find that I need to, [sighs] and they’ll pick it up or I’ll suggest, “let’s take a breath.”

Patricia Preston-Roberts: Can you say more about the music in the speaking voice?

Diane Austin: Sure. The tone of the voice, whether clients speed up and talk very fast, fade out at the end of the sentence or speak very lethargically, whether there’s a melody in the voice, or it’s a flat line, monotone, the different vocal qualities you hear in a session and what they tell you about the client and also say about the relationship. Is there a flow to the “music,” a natural give and take, are you listening to each other, leaving space or fighting for it, lots of useful information.

Patricia Preston-Roberts: What about the music in your voice?

Diane Austin: Great question! A very interesting moment in my research—it’s in my dissertation—was when I listened to the session tapes, and I heard the music in **my** speaking voice. There was one client I wrote about. When I listened to the tapes of our sessions, my voice sounded judgmental. There was a certain, like a little edge, a tone, you know? So I realized I was feeling judgmental of her and worked on it in supervision.

Patricia Preston-Roberts: That’s really interesting. I remember that case. If only we had time to listen to tapes of all of our sessions.

Diane Austin: Right. Great self-supervision!

Patricia Preston-Roberts: You work a lot with sound and movement too. Can you explain what you mean by “natural sounds”?

Diane Austin: Well, sounds that are primal, pre-verbal. I do sound and movement exercises when I teach vocal workshops and we go back to our most basic sounds, we groan, sigh, moan, we scream, we wail. Sometimes the exercises evoke playful, childlike sounds like babbling, like “bidiblahblahblah”—that kind of playful sound. When we continue sounding and moving, the sounds start to take people deeper and deeper and usually transform into an emotion: fear, sadness, grief, anger. I have one client who comes every week and she’s very anxious and we always begin with taking a deep breath and exhaling a sound, “Ahhhhhhhhhhhh.” Then we let the sound go wherever it needs to. It’s an emotional release. We sometimes do it for a while

until she feels more grounded in her body and less anxious. It's similar to toning, but it's more primal [Diane gives an example of the type of sound].

Patricia Preston-Roberts: Very interesting. Well, I've experienced the different methods that you developed as parts of vocal psychotherapy as a student and as a client, and now as a therapist, as a teacher, and as a presenter. I also find them to be extremely effective as supervision tools. Can you discuss the specific methods of vocal holding and free-associative singing and how you developed them? Is that too large a question?

Diane Austin: Well, I can start with vocal holding. And if you want to throw something in...

Patricia Preston-Roberts: Sure.

Diane Austin: Well, vocal holding, I'll define it first. It's the use of two chords, or sometimes a drone, but usually two chords and the therapist's voice, to create a stable and consistent, safe musical environment. And it's used most often to form a bond with the client or create a reparative experience. It has a regressive feel to it—a mother-and-child-feel. There's a rocking rhythm to it, much like a lullaby, and you don't have to be a singer to do this; it's not about having a beautiful voice. It's about forming a connection, a relationship.

I've had so many clients who had years of analysis and could name every complex they had, but they hadn't worked through the feelings associated with their injuries because they stayed in their heads or the wounds were pre-verbal so they were still suffering and not getting to the core of their issues, not really healing. So, coming from a jazz background I've always loved vocal improvisation but there can be a lot of thinking involved, at least in the beginning. Thinking about different scales, ideas ...so I figured if there were only two simple chords, that would help clients to just relax, not worry about a scale or making a mistake, and just sink into their bodies, and they could sing whatever vowel sound they felt like, "ahh, ooh,"—and then I'd sing with them. Then I began to think about this whole process developmentally because I was doing a lot of reparative, re-parenting work. So I thought of unison as infant-mother merged, symbiosis. Harmony would be, say, you're starting to separate but you're still not ready to go it alone. Grounding - when I hold the tonic and the clients can explore and improvise and when they need to they can come back, touch base-then go off again- is like rapprochement.

Patricia Preston-Roberts: Yes, that makes sense. And then there is mirroring. Can you talk about that?

Diane Austin: In mirroring the client sings a melodic phrase, like "la la la," and I echo it, repeat it back to them.

Patricia Preston-Roberts: Lalling!

Diane Austin: Exactly. And I always think of Kohut when I explain the value of this stage because he said that no matter how old we are, we always need mirroring. It's not only those of us who weren't mirrored as children. Now I think of Jung again—I can't get away from him! Jung talks about parts of the self and if we keep growing and developing and individuating, we will always be bringing out different aspects of the self. A client the other day, in her 50's, has never been comfortable with anger, and now it's starting to emerge. So, when she screamed as she was singing really loud and then yelled "No! No! No! Why did you do that to me?!", I was mirroring and singing with her and repeating and reinforcing her words and music, because that new aspect, that new feeling needed to be mirrored, affirmed, witnessed, supported, so she could begin to integrate it.

Patricia Preston-Roberts: Do you always work with vocal holding in this order?

Diane Austin: Thanks! Important question! No! It's really essential that people don't take this as a recipe; it is NOT and never should be a recipe. Some clients may need to start out in Vocal Psychotherapy by singing a song, something more structured. Some may need to start with improvising words, free-associative singing. It's different for each client. Each client is unique. But looking at it developmentally is the easiest way to teach vocal holding.

Patricia Preston-Roberts: What about free-associative singing? Now, I know that developed out of vocal holding, but, how so?

Diane Austin: When I started using vocal holding in my practice, I wasn't sure about it. I was self-doubting, as many of us are, especially when you are trying to come up with something, or something new is being born, and I just fell into it one day. A client and I were doing vocal holding and I felt a strong feeling of anger coming through in her voice and I think I might have sung "I feel angry" or "I feel annoyed" and she repeated it. And that was fascinating to me, and then she sang "because of such-and-such" and I repeated that. So, after the session I started thinking more about what had happened. I was also studying psychodrama at the time and I realized that what I was doing, because I began using this method with several other clients and stretching more and more, what I was doing was actually acting as a double—the double speaks in the first person, so I sang in the first person and I found that singing as the client had a very reinforcing and supportive effect and moved the therapeutic process forward. So, someone might sing "I feel sad," then I would sing, "I feel sad." Then I started realizing other things, like how important repetition is because

sometimes things need to be sung (said) more than once to really sink in. “I feel sad, I feel SAD” and the inflection changes, “I FEEL SAD” And I realized, repetition helped because the experience was like working your way down from your head into your body and so many people have intellectual defenses, they’re so defended against feelings, that they need time, lots of time to allow the feelings to sink in so they can experience them on a deeper level.

Patricia Preston-Roberts: Free associative singing is an advanced method, right?

Diane Austin: Yes, and it really requires advanced training and your own personal therapy and supervision, because the music therapist makes interventions in the music. So a whole therapy session can be sung, actually. So I might sing, and the client sings: “I feel angry, and it’s because of Sam (her boyfriend)” and I might sing, “It’s because of Sam, and how he treated me last night.” So I’m taking information from what she came in the door with, what we were talking about, and what I know from her history. I use that information and I work with induced-countertransference, in other words, what I’m picking up from clients in my body, in my gut, in the energy field between us. And I might name those feelings when we’re singing, “I feel sad, I feel angry.” I might have an intuition, like the other night, someone was singing about her brother’s death, and her sadness that he wouldn’t be coming to her wedding, and at the end I sang “But he’ll always be in my heart” and I had a moment of doubt, I thought, “am I trying to tie this up in a pretty package? That’s so not like me.” When we processed the music at the end of the session I shared my countertransference with her and she said she was surprised and deeply moved when I sang those words because that was what she was feeling in the moment.

It just...It happens that way sometimes. So it’s also an intuitive process. The danger is that it can be a very slippery slope. That’s why we need to have done and continue doing our own therapy and supervision. We need to know our own issues and build resilient boundaries, so we will have tools to help us stay grounded while being so close to another’s unconscious.

Patricia Preston-Roberts: In your work, you were greatly influenced by the writings and theories of Jung, as you said. Can you discuss exactly how that occurred for you?

Diane Austin: Hmmm. When I first came to New York I was an actress and, you know how it is...I think you were an actress also.

Patricia Preston-Roberts: Oh yes, in my early twenties.

Diane Austin: You're dealing with constant rejection and injuries to your self esteem. And if you already have early unmet needs, acting, on the one hand, can seem like a way to finally be seen and appreciated. At some point, though, I realized that I wasn't really being seen and listened to, it was the character I was playing. After I had that realization, I became very depressed. At the time a friend had started Jungian analysis and really liked it so I asked him to get me a referral. So, it was serendipity, you know, I took the doctor's name, I showed up and I stayed with him for about twenty years.

Patricia Preston-Roberts: Long time!

Diane Austin: Yeah.

Patricia Preston-Roberts: So it was a good fit.

Diane Austin: Yes, fortunately he was a wonderful therapist. He really helped me a lot in that he didn't get too heady. We talked about dreams and archetypes and all that good stuff but he was very grounded and empathic and he helped me learn to identify my feelings and express my feelings, which is what I needed. So, of course, my own psychotherapy influenced me enormously and I also studied Jungian theory at several institutes. But then there was a point where I felt like I needed to study other kinds of theories to fill in the gaps. I wanted to learn more about Object Relations Theory and Psychodrama. Every client is unique and the more I had to draw on clinically, the more effective I felt I could be. Also, the clients that began coming to me needed other kinds of help. I studied trauma therapy, traumatology, because I started getting a lot of traumatized clients.

Patricia Preston-Roberts: Well I was just going to say, you work with many adults who have suffered from childhood trauma, often caused by the obstruction of the mother-child bond. I know vocal holding addresses this issue. What other ways do you work with attachment disorders and childhood injuries?

Diane Austin: Well, I think the therapeutic relationship is the most important part of the healing process. The music can deepen the relationship and the relationship can deepen the music. They work together to build safety, trust and create a facilitating environment where clients can have a reparative experience. The music and singing can help clients regress to earlier periods in their development where their needs weren't met and they can get them met

through being sung to, played with in the music, making silly sounds, singing songs or vocally improvising and expressing their feelings and having them heard and accepted. Vocal holding is ideal for creating a positive mother-child transference. Free associative singing can promote a therapeutic regression and often an altered state where the therapist can accompany clients back through the years to recover lost memories, feelings and parts of themselves and work to heal and reconnect with what they've lost. They can also sing to or as their inner child, confront their abusers or any number of creative interventions. Ideally, clients can have an experience where an empathic other is emotionally present and available to them in the music, in the words, in the silence.

In the middle of my dissertation I found a book on "Intersubjectivity." I was amazed that so much of what I had come to believe as a vocal/music psychotherapist was described in this book. The authors talked about mutuality and what we would call co-creativity. It's a non-hierarchical model. In trauma work I learned that a person needs a real human relationship to recover and reconnect. I still have my stance as a therapist, a music psychotherapist, but I bring more of myself into the room. I'm more transparent, and that has, over the years, proven to be very effective. I have clients, I have a social worker now who was in analysis for ten years, and we've been working together for about a year and all kinds of stuff is coming up that never got touched in her analysis. And she is realizing that she started shutting down several years ago, because she felt judged by her therapist. She says she feels safer with me because I'm more real and involved. And she loves to sing with me and singing together is so intimate. Sometimes clients bring in songs and we listen together, and that can also be quite an intimate moment. They are sharing something personal and significant with me, and we are listening together to a song that is telling their story. In intersubjective terms, we are equal but have different roles.

Patricia Preston-Roberts: You discuss a lot about the importance of the mind-body connection. How does vocal psychotherapy help to accomplish this?

Diane Austin: I think I've mentioned some of that, mainly the importance of deep breathing in gaining access to the body and feelings. Doing sound and movement exercises is especially useful in developing spontaneity and learning to be in the moment, present, with no separation between mind, body and spirit. In vocal holding and free-associative singing, the importance of keeping the chords simple, so the mind doesn't get into "what progression are we in?" and clients can let go more easily and feel the vibrations their bodies are

creating. And our voices create a kind of stream of consciousness, so there's a flow that's created that helps to connect mind and body. Especially in free associative singing where you are integrating music and lyrics, eventually without thinking, and are able to allow the unconscious to emerge without an observing critical eye that creates a split. I've also found that people who dissociate—which is a common trauma symptom—when we are singing together, I can feel them “leaving.” I might sing something like “come back. I'm going away, I need to come back,” because I can feel the energy shift. So, singing is an effective way to help them return to their bodies, and if that doesn't work, then afterwards we might do some moving and breathing together.

Patricia Preston-Roberts: Well, countertransference, as you've brought up, is a large part of what informs your work. Would you discuss how you use this and about what part the music plays in this process?

Diane Austin: Well, I think that singing with someone is the most intimate kind of musical experience you can have. I usually attune my breathing to my clients so we're breathing together, which can feel like the beginning stages of life. We're also exchanging energy; we're sitting fairly close to each other. I invite people to the keyboard, we're in pretty close proximity; we're in different seats but close, so there's also shared vibrations.

Patricia Preston-Roberts: I was just going to say vibrations!

Diane Austin: Yeah! The vibrations that are exchanged between each other, the vibrations, the energy field that you're sharing, what you're picking up in each other's voices, the moments of connection when you sing in harmony or in unison that are just so profound sometimes. It's very easy to pick up the client's feelings, very easy. And sometimes when singing a song, I've had experiences which were very challenging for me, like the time I had just sung “The Rose” at my mother-in-law's funeral and a client brought in the same song the next day and I thought “Oh my God, how am I going to sing this?” But there are different types of countertransference, I mean, that countertransference was to the music, the song and it had to do with my own personal material. But often, I pick up clients' feelings, and people are always saying, “Well how do you know if it's your feelings or theirs?” And that's the challenge part of the work, of course, and once again it's about your own personal work, you know?

Patricia Preston-Roberts: Supervision?

Diane Austin: Psychotherapy, music psychotherapy, vocal psychotherapy, and supervision. If I know myself well enough, when I start to feel something then I check it out and I might say “no, that's not mine, that sadness, what we're

singing about now isn't hitting a wound that I have." And the proof is in the pudding, so to speak. If it's sadness, and the person starts to cry, it leaves my body. It just leaves me because the client is taking possession of it. And this can also happen when someone's talking, but it's intensified, I find, with singing. So I have to be able to discern whose feelings are these? Another helpful way to tell if it's my feeling when the client doesn't, or isn't ready, to own that feeling is when that client leaves, and the next client comes in the room, to notice if the feeling is gone. Sometimes it goes with the client. Other times I notice I still feel, say, angry. Then I need to take some time and sit quietly until I connect with my self. Maybe I was feeling angry today but was unaware of it.

Diane Austin: It's complex and important. Countertransference is a large chapter in my book.

Patricia Preston-Roberts: Yes, many music therapists, and therapists, don't seem to know enough about it.

Diane Austin: The old definition of countertransference according to Freud was more pejorative. If analysts hadn't worked through their issues they'd react to clients as figures from their past and this would negatively affect the analysis. The client might have a father transference to the analyst and the analyst would react to the transference. It would also mean the analyst hadn't been cured yet. Today, we tend to look at countertransference as all reactions the therapist has to the client.

Patricia Preston-Roberts: Can you talk a little more about countertransference and the voice.

Diane Austin: Sure. Sometimes I have countertransference to the sound of a person's voice. You remember the client I worked with, the one that I listened to tapes of our sessions and heard judgment in my voice. Her voice also sounded judgmental, so we were caught in this complex. We were two big judges sitting in the room. Well, once I realized that, the dynamics shifted. And also, when she sang, her voice quality changed. It became warmer and more open and relaxed. I eventually realized her judgmental voice was her mother's voice. That was fascinating. Her speaking voice was usually her mother's voice, it was a critical voice, and through the process we learned that her mother was hypercritical of her. She was probably triggering me because my mother was also extremely critical of me! But when she sang, she wasn't her mother; she was herself as a young girl. She sounded vulnerable and I felt nurturing towards her.

Patricia Preston-Roberts: 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 Austin: 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. I would like to continue to train music therapists from other parts of the world who have expressed interest.

Patricia Preston-Roberts: I know you have a distance training program in Vocal Psychotherapy in Vancouver, B.C. What's next?

Diane Austin: I just started a program in Seoul, Korea.

Patricia Preston-Roberts: Congratulations! And thanks for the interview.

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