Singing in Co-Harmony: An Introduction to Trauma Informed Voice Care

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[A note from the author: I acknowledge how my multiple privileges—including race, class, education, access, gender identity, and ability—impact the lens with which I approach this work. I also acknowledge both my experience and imperfection with this material, honoring my scope of practice as a voice professional, not a mental health care provider. There is no discussion of grief, disconnection, and trauma that will land in the same way for every body. This work is constantly adapting to new research and terminology based on shifts in the landscape of social justice and mental health. Two things can be true: there are rarely "right" answers when working in human complexity, and we can offer informed, compassionate care to the best of our ability.]

INTRODUCTION

Sara's Story

Sara was a 50 year old professional singer whose teenage son passed away five years before I met her. Immense grief manifested physically throughout her body as chronic fatigue, intrusive thoughts, emotional and physical numbness, muscle tension dysphonia, and disordered breathing (hyperventilation). When we first started working together, she would tearfully exclaim, "I can't access my low breath, and when I do, I feel *too much*!" For several years after her son's passing, Sara's lifelong breath for singing—in the lower abdomen— triggered feelings of overwhelm, intense grief, and constriction. Feeling shame over not being able to "breathe correctly" (her words— having been told by a voice professional that if she could not breathe properly, she would never re-gain "healthy vocal function") exacerbated this emotional distress. Sara's body was habitually mobilized for threat, armoring her against further emotional pain. This made diaphragmatic breathing feel unattainable and emotionally untethered.

After anchoring to the present moment with mindful movement, Sara described the sensations that were uncomfortable. She pointed to her abdomen, using words like rigid, gut wrenching, suffocating. After spending a few moments sitting with these feelings, I asked Sara where she would like to feel her breath. Was there anywhere in the body that felt secure, like "home"? She pointed to her heart center and around her back between the shoulder blades. Sara seemed surprised and relieved to find that this space was available to her. Words like whole, spacious, intentional came to her mind, as well as

soothing images from nature. In that moment, breathing through her nose and into her heart center allowed for present moment connection. With this breath, her voice soared. In time, Sara began remembering other spaces in her body that had once seemed separate, and her breath deepened on its own.

When you work with bodies, it is highly likely that you interface with the complexities of chronic stress or trauma. In fact, a current statistic indicates that it is more likely that an individual walking into a voice studio or clinic has experienced abuse or neglect than it is for them to be left-handed.[1] Distressing circumstances and compound stress, whether experienced at once or over a period of time, can result in posttraumatic stress. The biopsychosocial effects of traumatic stress can inhibit vocal function and create communication difficulty, voice loss, fear of speaking, performance anxiety, and a feeling of being silenced. Others may struggle with trauma resulting from oppressive systems like racism, classism, ableism, heterosexism, and colonialism (among countless others) that frequently prevent access to basic needs, let alone mental health care resources.

As voice professionals, we can acknowledge how traumatic stress impacts voices, and offer embodied, compassionate tools that promote nervous system support for both ourselves and our students—all while maintaining our scope of practice. Trauma informed voice care (TIVC) recognizes the profound neurological, physiological, psychological, and social impacts that trauma can have on singing bodies. By cultivating mindfulness, present moment orientation, self-inquiry, and an emphasis on observation rather than correction, TIVC provides a collaborative approach to voice work that empowers individuals to more clearly identify their innate creative agency.

This article provides an overview of how trauma *can* impact the individuals that we work with, and offers strategies for creating a supportive environment within the context of voice care. Trauma informed voice professionals aim to cultivate a supportive presence that has the ability to mindfully and imperfectly navigate both comfort and discomfort. We can begin this process by noticing our own physical and emotional sensations, and engaging in co-regulation (or co-harmony)[2]—establishing compassionate, nonjudgmental reciprocal connections. By acknowledging how trauma and chronic stress can manifest in our bodies, we learn to hold more informed spaces for individuals to communicate with more ease, creativity, and authenticity.

WHAT IS TRAUMA?

Neuroscientist and researcher, Dr. Stephen Porges, often says that trauma is a chronic disruption of connectedness.[3] Author and activist Staci Haines elaborates.

> Trauma is an experience, series of experiences, and/or impacts from social conditions that break or betray our inherent need for safety, belonging, and dignity. They . . . result in us having to vie between these inherent needs, often setting one against the other. For example, it might leave us with the impact of "I can be safe but not connected" (isolated), or "I have to give up my dignity to be safe or connected."[4]

At our core, we yearn for community. In times of distress, the necessity to protect ourselves overrides our need to connect with others. Trauma can occur when we are unable to feel safe in our environments, in our bodies, in our families, or in our communities, and the impact of this stress outweighs our ability to access supportive resources. It is important to emphasize that not everything that is difficult or disconnecting is traumatic. The words *trauma, traumatized,* and *triggered* are often trivialized and marketed (particularly in social media spaces) as what is colloquially referred to as "instagram therapy." Our bodies can exhibit various physiological and psychological responses to threatening or painful situations *without* manifesting as posttraumatic stress.

Much trauma research has been dedicated to how the autonomic nervous system (ANS) responds to external cues of safety and danger. Comprised of the sympathetic (SNS) and parasympathetic branches (PSN), the ANS is the primary regulating system for the body's many functions, including heart rate, digestion, respiration rate, elimination, and sexual arousal. However, the human body is not as cleanly categorized as this definition of the ANS might suggest. In fact, the autonomic space model created by Berntson et al. in 1991 suggests that there are nine possible states (including blended) that our ANS may be in, and that the SNS and PNS are *not* "universally reciprocal"—meaning, when one turns on, the other doesn't necessarily shut down.[5] Rather, we can have a variety states that respond to the complexities and challenges of being human. The ANS and its connection

to our bodies and voices is far more intricate than a linear spectrum from calm to anxious. The following is an attempt to provide a bit of clarity to a vastly dynamic, interconnected system—humans (voices) cannot be reduced to models of behavior.

The SNS provides us with survival energy, mobilizing the body's vital resources for daily functional tasks. When hyperaroused due to immediate or perceived threat, the SNS shifts into "fight or flight" mode, characterized by increased heart rate, the release of adrenaline and cortisol, muscle contraction (including the diaphragm, which stabilizes the core muscles as they activate to "run"), rapid breathing, and sweaty palms. As the body prepares to flee from danger, we may experience feelings of overwhelm, hyperarousal, anxiety, anger, and hypervigilance. A singer in this state may not be able to access a "low breath" because the diaphragm is preparing for defense, not for Debussy. In these moments, it is important to be mindful that the impact of pedagogic cues like "just relax" or "breathe deeply" can bypass the singer's current emotional and physiological experience, creating more stress. *The body is doing exactly what it was designed to do—find a safer alternative.*

In contrast, the parasympathetic nervous system (PNS) is associated with the common phrase, "rest and digest." Signaling wellbeing and groundedness, the PNS can help us to feel at home in our bodies, connected to ourselves and those around us.[6] It should be noted that a resourced nervous system is *not calm all the time*—it is adaptable, ready for mobilization, and able to ride the natural waves of mood and energy fluctuation. After all, transformation, creativity, and purpose necessitate stimulation in some form—artistry requires activation. In moments of hypoarousal, however, we may experience feelings of separation, numbness, depression, reduced movement capacity or futility.[7] The cycle between fight, flight, freeze, and connection keeps us alive and able to make choices about which people or activities make us feel connected and which signal danger. Often referred to as neuroception, this decision about who and what feels safe is out of our conscious control—perhaps a "gut feeling" emerges. Researcher Stephen Porges writes,

> The nervous system, through the processing of sensory information from the environment and from the viscera, continuously evaluates risk. Since the neural evaluation of risk does not require conscious awareness and may involve subcortical limbic structures, the term neuroception was introduced to emphasize a neural process, distinct from perception, that is capable of distinguishing environmental (and visceral) features that are safe, dangerous, or life-threatening.[8]

When intense situations prevent us from making choices about how to respond to cues of danger, we may feel trapped in either fight, flight, or freeze responses (or a combination), long after the initial event has passed. This sense of immobility, hopelessness, or constant hypervigilance can take hold in the body as trauma.

Trauma can manifest differently in every body. While we might tend to think of trauma as a response to a singular event, therapist Resmaa Menekem explains that trauma

> can also be the body's response to a long sequence of smaller wounds. It can be a response to *anything* that is experienced as too much, too soon, or too fast. Trauma can also be the body's response to anything unfamiliar or anything it doesn't understand, even if it isn't cognitively dangerous. The body doesn't reason; it's hardwired to protect itself and react to sensation and movement.[9]

Trauma is not the event itself; it is how our nervous system responds to the event, and can result from any event that we perceive to be beyond our threshold for autonomous, embodied, and instinctive response. Much like an animal "shakes off" unwanted experiences, humans require physical and emotional movement to process traumatic events. Author and therapist, Peter Levine, explains.

> A threatened human must discharge all of the energy mobilized to negotiate that threat, or it will become a victim of trauma. This residual energy does not simply go away. It persists in the body, and often forces the formation of a wide variety of symptoms (anxiety, depression, psychosomatic and behavioral problems). These symptoms are the organism's way of containing the undischarged residual energy.[10]

Trauma can occur after any event in which an individual does not have the time or choice to complete this natural survival cycle. If an individual is not allowed or empowered to naturally discharge an experience of sexual assault, abuse, bullying, domestic violence,

neglect, community violence, racism, emotional abuse, car accident, forced displacement, war, natural disaster, terrorism, a medical illness or procedure, arrest or incarceration, emotional manipulation/abuse, separation from family, collective disaster (e.g., a pandemic), or historical trauma, they may experience long-lasting impacts of trauma in the body.[11]

While the physical and mental effects of trauma can vary widely and are *highly* complex, common indications include anxiety, depression, insomnia, flashbacks, numbness, clenched muscles (neck, shoulders, jaw, tongue, diaphragm), sunken chest (heavy heart), hypervigilance, dis-regulated breathing, and an absence of agency/powerlessness.[12] Any one of these presentations can significantly impact vocal function. An emerging research field, the intersection of trauma and voice reveals that our lived experiences impact the efficacy and authenticity of our spoken (and sung) communication. One study, conducted by Helou, Rose, Wang, and Verdolini Abbott, found that stressful circumstances notably increase activity in the intrinsic laryngeal muscles.[13] Researcher and psychotherapist Elisa Monti, PhD, elaborates that traumatic stress can result in significant vocal difficulty, including psychogenic dysphonia.

> This is a type of voice disorder that generally occurs in the absence of laryngeal pathology and can be comorbid with a type of psychological disorder or traumatic event (or both) that interferes with voice control . . . there are multiple ways in which a traumatic experience can have effects on the voice. Voice physiology, acoustics, and perceptual components are altered by the physiology of the rest of the body, which is itself influenced by emotions . . . [14]

Another groundbreaking study conducted in 2019 at the NYU School of Medicine investigated the subtle speech patterns of PTSD patients. The authors found that

> [p]atients with PTSD tended to speak in flatter speech, with less articulation of the tongue and lips and a more monotonous tone, the researchers reported . . . We thought the telling features would reflect agitated speech. In point of fact, when we saw the data, the features are flatter, more atonal speech. We were capturing the numbness that is so typical of PTSD patients . . . We've known for a long time that you can tell how someone is doing from their voice.[15]

Although the acute and long-term effects of trauma on the voice are in the early stages of research, *possible* physiological responses associated with depression, anxiety, and/or trauma might include: intense shame, fear, or discomfort with communication, including voice loss; feeling overwhelmed by tasks; difficulty sensing movement, breath, or vibration inside the body (interoception); overactive SNS responses like shaking, sweating, gasping for breath, nausea, etc., during lessons or performances; "freeze" response in lessons or on stage (PNS/dorsal branch).

Directly or indirectly, singers can feel stigmatized for the ways in which their bodies have protected them during threatening experiences in the past—such as gasping for air, or difficulty exhaling consistently. Often, these are habituated, involuntary nervous system responses, created in moments of stress to armor the body against danger (e.g., the diaphragm acting as a core stabilizer, preparing to fight or flight). It is critical to point out that these responses are not *necessarily due to trauma*—our bodies' responses to danger are normal, healthy, and biologically intelligent! The paradox of trauma informed care is that we are not assuming that the responses we observe are "trauma"; and yet, we can reframe how we interact with *all* singing bodies, treating any response with dignity and reverence. How does it change the way we think about voice pedagogy when we consider that many responses historically labeled "vocal faults" are actually survival strategies? Instead of treating these responses as "problems," let us honor how the body has functioned as a fortress in times of distress. Singers should not be made to feel that their bodies' natural responses to stress are incorrect, inappropriate, or render them "unhealthy" singers or "ineffective" performers.

It is also necessary to examine how ableism influences how we decide what "healthy, balanced, beautiful" looks and sounds like. In her seminal work, *The Body is Not An Apology: The Power of Radical Self Love,* author and activist Sonya Renee Taylor writes, "There is no standard of health that is achievable for all bodies. Our belief that there should be anchors the systematic oppression of ableism, and reinforces the notion that people with illnesses and disabilities have defective bodies rather than different bodies."[16] How might voice professionals hear this message within the context of the singing body? What happens when we exchange the word "bodies" for

"voices"? Does this message challenge constructs about voice pedagogy?

TRAUMA INFORMED PRACTICE

Becca's Story

Becca was a reading specialist who loved to sing avocationally in her church choir. Although singing had always been a source of healing, she had recently experienced total voice loss when a stressful experience triggered a memory of childhood sexual abuse. Although slowly regaining vocal function, Becca felt intense shame and fear when singing, and was inundated with intrusive thoughts that if she could not be "accurate," her voice would not be acceptable. Cues like "you're not breathing correctly, take a deeper breath" from a well meaning choir director exacerbated these feelings. Gasping for more air through the mouth activated her fight or flight instincts and caused hyperventilation. Becca was inhaling more oxygen than her body could metabolize, thinking that more air meant better singing. Our bodies use only 25% of the oxygen that we inhale, and we need a residual amount of carbon dioxide for optimal functioning. Carbon dioxide is a necessary hormone that regulates blood flow, airflow, and our mood. When we deplete the body of this natural resource by taking in too much oxygen, anxiety increases.[17] With habitual patterns like "deep breathing" through the mouth, Becca's vocal onset was breathy and hesitant, creating a sound quality that *she felt* was inauthentic. The cycle of fear-hyperventilation-phonation-shame was a deeply engrained pattern.

Within ten minutes of steady, natural breaths in through the nose, Becca's demeanor shifted. She reported feeling grounded, less tense, and less focused on accuracy. Her instinct to "protect" her sound softened. Further, when we isolated inhalation to the left nostril (activating the PNS),[18] Becca's vocal onset was immediately clear and connected, and a vibrant, warm, authentic timbre emerged. Becca did not need to learn how to breathe; she needed to remind herself that she already knew how. We gently invited the muscles of protection to rest, as they were not required in this moment.

Singers like Becca often feel stuck in patterns of how the body and voice "should" feel based on other's suggestions or subjective sound ideals, rather than trusting their own instincts. Instructing a singer *how* or *what* to feel in their body may not acknowledge their present moment or their lived experience. Perhaps their breath is shallow because a lower breath feels inaccessible or unsafe. For some survivors, breath itself is triggering. We must take care that our language does not prioritize the teacher's goal over the student's body. Instead, invitation-based language (e.g., asking "Where does this land? What sensations are arising for you?") grants permission for the singer to experience breath and spaciousness in any location— the shoulders, clavicle, pelvis, throat, thoracic spine, sinuses, toes, etc. We can encourage singers to observe sensations and movement possibilities without judgment, or enforcing normative conditions for how singing bodies *should* inhabit space. A starting point for empowering our students to reclaim this kind of vocal dignity is to understand the basic foundations of trauma informed practice.

WHAT DOES TRAUMA INFORMED MEAN?

According to the CDC's Substance Abuse and Mental Health Services Administration, the phrase "trauma informed" is comprised of six principles.[19]

- Safety: Ensuring that people feel physically and psychologically safe or grounded, both with the practitioner and in the space itself.
- Trust: The practitioner conducts themselves with the utmost transparency, with the goal of gaining and maintaining trust with the client.
- Peer Support: "Peer support [meaning other survivors/individuals who have experienced trauma] and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experience to promote recovery and healing."[20]
- Collaboration: The practitioner creates an environment of mutual respect, dialog, and collaborative decision making.
- Empowerment, Voice, and Choice: The practitioner honors the individual's lived experience and cultivates an environment of agency, choice, and self-efficacy. Practitioners "understand the importance of power differentials and ways in which clients, historically, have been diminished in voice and choice and are often recipients of coercive treatment."[21]

- Cultural, Historical, and Gender Issues: The practitioner "moves past cultural stereotypes and biases (e.g., based on race, ethnicity, sexual orientation, age, religion, gender identity, geography, etc.); offers access to gender responsive services; leverages the healing value of traditional cultural connections; incorporates policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of individuals served; and recognizes and addresses historical trauma."[22] The trauma informed journey is a life-long, unequivocal commitment to social justice, decolonization, cultural humility, and anti-oppression in its many forms.

When seeking to establish these principles, we can never assume what "safety" feels like in another body, or that we can provide it. We can create considered spaces of inquiry, creativity, choice, and challenge (when appropriate); however, creating a "safe space" should not assume that what feels safe for us creates safety for someone else. Our sense of well being is relative to our lived experience. As teachers, we can provide tools like mindful movement, nose breathing, meditation, and other forms of physical and mental sensing that *promote* embodied safety in a considered environment. Perhaps most importantly, we can be sure that the space itself is filled with choice: the lighting, the temperature, a visible exit, a thoughtful use of props, repertoire, inclusive and affirming language, and even the process of sound-making. In the words of intimacy director, sexological body worker, and creator of the Wheel of Consent, Betty Martin, *the choosing is more important than the doing.*[23]

Each of these six components serves to rebuild a sense of empowerment, trust, and hope in the individual; in truth, however, there is no "arrival" at being trauma informed. Although these principles provide a scaffolding, working with trauma is a nonlinear journey of creating compassionate spaces for messy learning. It is acknowledging multiple truths about our body ("I have an injury, and I am resilient"), our mind ("I experience depression, and I am powerful"), and our voice ("I feel afraid to sing, and my voice has agency"). To a trauma informed voice teacher, each student provides a new opportunity to learn, to stumble, to apologize when harm has been done, and perhaps most importantly, to do our own work of self-realization and accountability.

Another significant piece of trauma informed awareness involves recognizing our position of power (especially those who identify as white, cisgendered, and/or heterosexual). The linage of Western classical voice pedagogy often establishes a "master/apprentice" binary,[24] where the teacher/practitioner assumes full control and knowledge of the student's voice (and body). This control may be subtle: "I want you to feel it here . . .", "You're not doing it correctly . . .", or more overt: unwanted/unannounced touching, shame-based motivation, and even abuse. We must actively consider how voice pedagogy is rooted in Eurocentric aesthetic ideals and examine if our opinions and actions reflect the bias of oppressive systems. In the text, *Humane Music Education for the Common Good*, contributing author Emily Good-Perkins writes,

> Historically, bel canto singing was intertwined with colonialism. In 19th-century Britain, vocal pedagogy was referred to as "voice culture," where "culture" in the 19th century was synonymous with "civilization." The "othering" of singing voices justified the use of vocal teaching to "civilize" and refine those who were not part of white bourgeois culture for the betterment of society . . . voice culture provided the opportunity for re-forming the voice, for colonizing yet more of the other's body . . . the singing voice . . . became the vehicle for "symbolic violence."[25]

Trauma informed care unambiguously asserts that *no one is in charge of the student's voice/body but the student.* Understanding this critical boundary helps teachers to cultivate mindful, rational leadership. In his book, *To Have or To Be,* humanist philosopher Erich Fromm writes, "Rational authority is based on competence, and it helps the person who leans on it to grow. Irrational authority is based on power and serves to exploit the person subjected to it."[26] Becoming aware of our position of power, the biases that often come with this power, and the responsibility that we have to our students to maintain our own learning, competency, and humility builds rational authority in the voice studio. Leading with integrity allows us to move beyond making assumptions about our students' preferences and abilities based solely on gender, race, culture, body, or sexuality. We can instead invite singers to explore

choices that feel authentic to their lived experiences and limitless creative potential.

The power-over dynamic described by Fromm can sometimes take the form of a "rescuer" persona, underscored by the age-old trope: *Voice lessons are like therapy/my voice teacher is my therapist*. This is a complicated topic, filled with both/and. There is an undeniable, innate "healing" power in music and sound making—not to mention the significant impact (both conscious and unconscious) that interpersonal connection (co-harmony) can have in the healing process. Studies in neurobiology, music therapy, psychotherapy, and countless other disciplines have proven that sound builds neuroplasticity, resiliency, and present moment orientation. Additionally, voice teachers can approach the therapeutic benefit of singing, co-creation, and artistic expression with great humility for their potency, especially as most of us are not trained psychotherapists.

The "voice teacher as healer/therapist" analogy can become problematic when we frequently position ourselves as the source of the healing, crossing the scope of practice boundary, assuming a role that we are not equipped to handle. Training in trauma work, somatics, yoga, nervous system support, etc., does not give us permission to make psychological and psychophysiological assumptions about singers. Further, psychological tools and interventions cannot be decontextualized, reduced and re-packaged as workshop gimmicks, quick fixes, or body hacks in the name of "deepening artistic expression" or "accessing the true creative self." This includes pushing students to the edge of emotional catharsis in repertoire or character work without having any training or supportive scaffolding to hold what might emerge. Our unconscious material is vast, and working with emotional and physical reactivity is an intricate and sacred endeavor.

We could ask: Who am I continually centering as the conduit of this "therapeutic work": the music and sound itself, or me, the teacher/practitioner? What do we mean by therapy/therapeutic, and what is my impact (not just intention) in the space? Is there an understood, consensual agreement about how this space functions? Are there mutual expectations for what happens in the space, and why is the singer here? Am I frequently taking on a "healer," "rescuer," or "savior" persona, wherein I impart emotional and psychological wisdom to my student, especially in an attempt to keep them coming back?

As we seek to create and honor our own scope of practice as voice teachers, we must be in a constant relationship with knowing and unknowing, what we offer and what we do not. Recognizing that the voice studio is a place of powerful conscious and unconscious connection, we can affirm that our boundaries are as sacred as our offerings, and it is not our role to "save" voices.

SINGING IN CO-HARMONY

We have a biological imperative to connect. When we co-regulate (or co-harmonize), we support one another by cultivating trust, reciprocity, and the kind of healthy boundaries previously mentioned. In *The Polyvagal Theory in Therapy: Engaging the Rhythm of Regulation,* Deb Dana tells us, "Co-regulation [or co-harmony] creates a physiological platform of safety that supports a psychological story of security that leads to social engagement. The autonomic nervous systems of two individuals finds sanctuary in a co-created experience of connection."[27] In states of distress or distraction, teachers cannot clearly communicate information, and our students may not be able to receive new information. One way that we can help to de-activate this "alert" response is to acknowledge (mindfully or verbally) what is happening *right now*. The most important resource that we can provide our students is our intentional presence and language that clearly communicates *I am here, help me understand*—especially in times of discomfort or awkwardness. This framework supports subsequent learning and information processing, building a compassionate bridge between intentions and actions.

As teachers, we can notice when our own bodies feel grounded, disconnected, or activated so that we can be a more effective co-harmonizer for our students. When we build self-awareness, it becomes easier to attune to our students' need. We can more clearly sense when it's time for challenge or time for rest; time to integrate or time to compartmentalize. Being present allows us to pause and ask: What is necessary in this moment— my guidance, or my patience? More information, or more space? It may be challenging to answer these questions in the moment, and we have to rest more in the asking than the answering.

Part of our role as a co-harmonizer asks that we sit with discomfort, the insecurity of not knowing, and be

willing to pivot, evolve, and unlearn. In fact, by the time you read this article, it is likely that I will have adopted different language around these concepts and gained new insight based on current research. Honoring the present moment means continually embodying humility and checking one's own assumptions. It's easy to revel in the "aha!" moments from students, but the "I'm still discouraged" moments can make us feel uncomfortable, often defensive of our strategy, approach, or track record. Let us take care that our impulse "to prove" does not invalidate the student's frustration, becoming more about our need to fix, to please, to perform, than the student's need to be heard. When we stay attuned to the student's physical and emotional cues in moments of disappointment, as well as our own internal responses, we can step back, take a breath, and create space between our feelings ("I feel defensive!") and our actions ("Yet, I can respond with compassion").

Resisting immediate change, sitting with discomfort, or being willing to think outside of the "(any genre) voice pedagogy box" are critical aspects to honoring our students' lived experiences. In Sara's case (above), it was more important for her to feel more safely embodied with a breath of *her choice* than for me to ask her to connect to a place that felt inaccessible, though more traditional. It was necessary for her to articulate her sensation, receive validation, and make collaborative choices about how to proceed. Cultivating a co-harmonic presence helps us to provide a space for processing conflict, especially when evidence-based vocal techniques may not be beneficial in the moment. By validating the student's concerns, we communicate that it is possible to sit with doubt and also recognize wholeness. In this way, we can help students to learn that they can hold multiple truths about their voices and experiences—"I am learning, this is challenging," and "I am resilient, I can ask difficult questions."

When we as teachers are not aware of our own current physical and emotional states, these choices become more difficult. Our self-limiting beliefs, feelings of threat, or defensiveness can creep into the space. If you feel these armoring tendencies arise, pause and ask: Do my internal sensations and subsequent actions reflect an environment of trust, choice, and collaboration, or hesitation, power, and resistance? In the latter case, can I respond to myself as a self-compassionate witness rather than a judge, tenderly affirming that this reaction is human? I can both take responsibility and affirm that I am worthy, even when I am not able to be present in the ways that I intend.

EMBODYING A SUPPORTIVE PRESENCE

Our nervous systems are designed naturally to cycle through periods of activity, mobilization, rest, and inertia. Under traumatic stress, it is overwhelming to negotiate this process when we feel disconnected from our body and our surroundings, and do not have the resources to ride the waves of this cycle. Because trauma makes it difficult to trust our external and internal experiences, embodiment practices help individuals regain present moment awareness. Jungian Somatics creator Jane Clapp defines embodiment as, "to provide with a body; incarnate; make corporeal: to embody a spirit. Embodiment can simply mean living in conscious awareness of our body in whatever way is available to any given body at any moment in time." [28] Cultivating this conscious awareness takes time, and is often nonlinear. It is also inherently tied to our relationship with the land and environment, as colonization has disconnected us from our roots, our sense of the ground, and our responsibility to be in a sustainable relationship with the collective body.

One way to practice conscious "embodiment" is through developing awareness of exteroception, *what is happening outside my body* (e.g., I feel my feet on the ground, I see the wall, etc.), proprioception, *where is my body in space* (e.g., without looking, I sense my hand moving to touch my nose), and interoception, *how do I feel internally* (e.g., I feel hungry/tired/vibration/breath/other internal sensations). Voice work is highly internally focused. Teachers frequently ask: "How does this feel? What are your sensations?" Cultivating interoception is a critical component for sound building; yet, for singers living in constant hyperarousal or freeze states, paying constant attention to internal sensation may become difficult, obsessive, or dissociative. Individuals that have experienced trauma may be over, or under, stimulated by their internal sensations, unable to come back to the surface of the body and hold onto what is happening in the moment. For singers who express difficulty connecting outside experience (exteroception)

with internal sensation (vibration, breath, heartbeat, emotion), providing a scaffolding for anchoring the body-mind in the present moment can be an invaluable resource. It can be a tremendous act of bravery to notice how breath and sound move in the body.

The process of dual awareness (or pendulation)—shifting our consciousness back and forth between two perceptions—can help us to more easily access internal sensation while staying grounded in the here and now. "I feel my feet on the floor, as well as my breath"; "I can focus on a fixed point outside of my body while also sensing into vibration in my torso"; "I feel my breath moving internally while maintaining awareness of my hands at my side." These examples of dual awareness can allow us to explore internal sensations without becoming untethered. Over time, we may be able to sit with more uncomfortable sensations because we know that we have a container on the outside of our bodies to hold emotional and physical intensity.

Straw phonation is a wonderful example of incorporating dual awareness into voice practice. We can slowly pivot between what we experience externally (straw, bubbles, holding a glass) and internally (a steady flow of air and sound). If an internal sensation becomes too stimulating, we can always return to the exterior of the body and ground ourselves in the present moment. With patience and practice, singers can explore the relationship between bubbles and small sensations on their lips. This might slowly expand to observing both bubbles and feeling vibration around the face, as well as movement in the torso during exhalation. By titrating external awareness (water) with small internal cues (subtle airflow, movement, and buzzing), singers experiencing overwhelm can widen their capacity to experience interoceptive vocal sensations with less numbness or hypervigilance—and a bit of joy, as blowing bubbles can feel whimsical and child-like! Which of your favorite techniques could you adapt for mindfully exploring external and internal awareness? Intentional practice tools, along with the language that we use to describe technique, sensation, and application, invite an atmosphere of co-harmony. Trauma informed voice care promotes vocal dignity by offering choices about if, when, and how much singers access sensation. Establishing boundaries around perception creates an external scaffolding for internal exploration.

CONCLUSION

Acknowledging how complex stress can manifest in the body, trauma informed voice care provides an opportunity for voice professionals to examine how we hold space for our students. By noticing areas of disconnection and discomfort in our own bodies, we can make considered choices about how our words and practices invite well being, continually affirming that all bodies, all voices, deserve to take up physical and acoustic space. The vital work of co-harmonization encourages us to be fully in the moment, welcoming *any* sensation that arises, and cultivating an environment of reciprocal trust, presence, and creativity. We are *always* guests in our students' physical, energetic, and acoustic spaces. Our visiting role is not to correct, fix, or answer, but to observe, offer, and empower. There is no technique more transformational than offering students the gift of a co-harmonizing supportive presence. In this way, our essential function shifts from *I am here to teach* to *I am here.*

NOTES

1. Deborah Caputo Rosen, Jonathan Brandon Sataloff, and Robert Thayer Sataloff, *Psychology of Voice Disorders,* 2nd ed. (San Diego: Plural Publishing, 2021), 223–224.
2. In her Movement for Trauma work, coach Jane Clapp suggests that the term "co-harmony" or "co-rhythm" may be a more suitable choice.
3. Stephen Porges, "Social Connectedness as a Biological Imperative" (handout from Butler University, September 21, 2019).
4. Staci Haines, *The Politics of Trauma* (Berkeley: North Atlantic Books, 2019), 74.
5. G. Berntson, J. T. Cacioppo, and K. S. Quigley, "Autonomic determinism: the modes of autonomic control, the doctrine of autonomic space, and the laws of autonomic constraint," *Psychology Review* 98, no. 4 (October 1991): 459–487.
6. Yana Hoffman, "Sing in the Shower to Make Friends with Your Vagus Nerve," *Psychology Today*; https://www.psychologytoday.com/us/blog/try-see-it-my-way/202003/sing-in-the-shower-make-friends-your-vagus-nerve (accessed March 17, 2020).
7. Pat Ogden, *Trauma and the Body: A Sensorimotor Approach to Psychotherapy* (New York: W. W. Norton, 2006), 30–31.
8. Stephen Porges, "The polyvagal theory; New insights into adaptive reactions of the autonomic nervous system," *Cleveland Clinic Journal of Medicine* 76, no. 2 (April 2009): 86–S90.

9. Resmaa Menakem, *My Grandmother's Hands: Racialized Trauma and the Pathway to Mending our Hearts and Bodies* (Las Vegas: Central Recovery Press, 2017), 14.
10. Peter Levine, *Waking the Tiger: Healing Trauma* (Berkeley: North Atlantic Books, 1997), 20.
11. "Concept of Trauma and Guidance for a Trauma Informed Approach," *Substance Abuse and Mental Health Services Administration*; https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf (accessed September 15, 2020).
12. Mental Health by the Numbers," *National Alliance on Mental Illness,* https://www.nami.org/mhstats (accessed September 15, 2020).
13. Leah B. Helou, Clark Rosen, Wei Wang, and Katherine Verdolini Abbott, "Intrinsic Laryngeal Muscle Response to A Public Speech Preparation Stressor," *The Laryngoscope* 123, no. 11 (November 2013): 1525–1543.
14. Rosen, Sataloff, and Sataloff, 223–224.
15. Dave Phillips, "The Military Wants Better Tests for PTDS. Speech Analysis Could Be The Answer," *The New York Times Magazine,* April 22, 2019; https://www.nytimes.com/2019/04/22/magazine/veterans-ptsd-speech-analysis.html.
16. Sonja Renee Taylor, *The Body Is Not An Apology: The Power of Radical Self-Love* (Oakland: Berrett-Koehler, 2018), 40.
17. Glenn White, "The Science of Breath Retraining," *Buteyko Breathing Clinics*; https://www.buteykobreathing.nz/Principles-of-Breathing-Retraining.html (accessed September 15, 2020).
18. K. V. Naveen et al., "Yoga Breathing through a Particular Nostril Increases Spatial Memory Scores without Lateralized Effects," *Psychological Reports* 81, no. 2 (October 1997): 555–561.
19. Larke N. Huang, "Concept of Trauma and Guidance for a Trauma Informed Approach," *Substance Abuse and Mental Health Services Administration*; https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf (accessed September 15, 2020).
20. Ibid.
21. Ibid.
22. Ibid.
23. Betty Martin, "Why the choosing is more important than the doing," YouTube, November 13, 2015; https://www.youtube.com/watch?v=muW-QsJ6SKQ.
24. Travis Sherwood, "Inspiring Autonomous Artists: A Framework for Independent Singing," *Journal of Singing* 75, no. 5 (May/June 2019): 527.
25. Iris Yob, Estelle R. Jorgensen, editors, *Humane Music Education for the Common Good* (Bloomington: Indiana University Press, 2020), 160–161.
26. Erich Fromm, *To Have or To Be* (New York: Harper & Row, 1976).
27. Deb Dana, *The Polyvagal Theory in Therapy: Engaging the Rhythm of Regulation* (New York: W. W. Norton, 2014), 44.
28. Jane Clapp, "Movement for Trauma Level One Training Manual" (syllabus, Toronto, Canada, 2020).

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Two Travellers perishing in Snow
The Forests as they froze
Together heard them strengthening
Each other with the words

That Heaven if Heaven—must contain
What Either left behind
And then the cheer too solemn grew
For language, and the wind

Long steps across the features took
That Love had touched the Morn
With reverential Hyacinth—
The taleless Days went on

Till Mystery impatient drew
And those They left behind
Led absent, were procured of Heaven
As Those first furnished, said—

Emily Dickinson, "Two Travellers Perishing in Snow"