

## **Trauma informed practice in an adult singing group that started as a Singing for Lung Health group**

**Background:** Across all sectors there is a great deal of interest in Adverse Childhood Experiences (ACEs) – what might also be called traumas – and particularly in “trauma informed practice” or TIP. I have been asked to set up a singing group at an FE college pursuing an ACE aware initiative, so I thought I would share with you what I have learnt from reading around the subject – most notably this book: *The Body Keeps the Score* by Bessel Van der Kolk.

**ACES:** To find out more about ACE’s have a look at this [video clip](#), but in a recent ACE survey in Wales, at least half of the population questioned reported having at least one form of significant childhood adversity and quarter as having two or more. (Feletti et al 1998).

**A little of the theory:** If children do not experience secure attachment as infants their brains become wired in a particular way. In extreme cases a child might learn the behaviour of despair from which it might not recover. This can happen to us as adults also – aka PTSD. In either case our amygdala (the brain’s smoke detector in the **limbic system**) goes into an “always on” setting. The body learns to be ready for fight or flight and the Vagus nerve doesn’t operate optimally. (The Vagus nerve controls much of our breathing, facial muscles, guts and heart). People with chronic lung conditions can learn **habits** of breathing which could be described as “holding” that are unhelpful. (Faces / voices are affected too and often lack expression. See this [paper](#) by Stephen Porges for more information).

But cells that fire together, wire together – our brains can relearn. So the Singing for Breathing program focuses on teaching a new technique which helps people to breathe more naturally and deal with breathlessness. As NVN practitioners, we are also teaching people a technique which helps people focus on their bodies as the power behind the voice. But further to this, the way we breathe, the way we move, the way we hold our body is therapeutic. We can use the breath to affect the Vagus nerve – a process called increasing Vagal tone. Read Van der Kolk on Yoga and the Stephen Porges paper above, to show how the body helps in recovery from trauma.

For the limbic system, it functions optimally when it is in sync with other human beings. And this may be linked to music through a process called Entrainment (see Dave Camlin’s [excellent paper](#)). There are many wider implications here for the way we are with each other, how we can help group members feel safe and how singing together can impact society and humanity.

### **The Practice which we could be developing – can we call it “Trauma Informed Practice”?**

Below is an overview of what we all do, but with a few tweaks and immensely helpful insights from Jane Lewis, Louise Blackburn, Rose Ellen Kemp, Franki Armstrong, Kirsty Abraham, Anni Summers and others who attended the workshop and discussion session at the AG on 12/01/2020.

**NB The small print!** This practice is purely a distillation of my own learning following my decision to open up the “Singing for Lung health” group to anyone with any kind of health problem, and feedback from participants in that group. And NB there are so many other things about music and group work that might be impacting the individuals who attend our groups. If you want to, please join our Facebook Group – Recovering our Humanity through Community Arts – for more discussion.

NB: emphasis on **choice** and on **language**. For those who have experienced trauma, we must give permission and we must *invite*, not instruct. The use of the continuous present is a great way to do this - “I am hunching my shoulders if this is something you want to copy” and so on. Also inviting feedback “I feel good when I do this – how is it for you?”. For more on language read: *Trauma sensitive yoga in therapy: bringing the body into treatment* by David Emerson. (By using trauma informed practice, he has done for Yoga what we all collectively might do for singing).

**1. Gentle stretches and body awareness** – aiming to make a mind body connection but also aiming to break any habits of holding the body. NB this can be done standing or seated. I alternate and also give **choice** because of those unable to stand for whatever reason etc.

Aim to make some small movements and get a sensation of expansion, movement in the trunk, hips, shoulders and jaw – particular places where people hold on to tension. Alternatively use touch – a sense of one hand held in the other may be enough for some – and graduating to tapping / clapping, or if doing it on the jaw – start with massage and move on to tapping.

Or if people don't want to / feel uncomfortable / are unable to do these actions then just getting them to **visualise** them. Thank you so much to Anne Marie Summers who showed us her technique for visualising movement focused very much on people owning the space. NB include an element of fun so that people get the release that occurs during laughter (great for increasing Vagal tone).

**2. Stamina exercises** – using the above but trying to encourage each individual to push themselves so that they are starting to breathe more deeply. This in turn gives a reason for the group to proceed to section 3. Again visualisation could be used, or some of the methods postulated by the Dalcroze Eurhythmics method – e.g. conducting, tapping a beat, which could be a way of moving / building stamina without people seeing it as exercise or without people noticing their body too much.

### **3. Mindfulness Moment**

A– Relaxation either guided body scan (not Jacobson – group members have not found this to be helpful) or visualisation exercise. This is done seated although if the some members of the group are physically capable I would suggest lying prone with knees up. After reading Suresh Thapaliya's paper (Musical Interventions in Psychiatry) I am also considering trying listening to piano / orchestral music during the relaxation.

B - Breath awareness – noticing the one element of the body that is now moving and using that as a form of meditation / mindfulness / recovery time (the words we use are again very important here). Aim to become more aware of shallow breathing patterns. Aim to encourage a constant return to the present moment and the moving breath.

**4. Breath and voice exercises into singing** with the aim of teaching a more natural way of breathing or "Breath management through airflow regulation where exhalation is active i.e deliberately controlled and extended" – what we might also call singing! See also [this document](#).

Aim to get an exhalation first as this is then followed by a natural (not forced) inhalation. Use the phrase "I invite you to release the breath"

Use of semi occluded fricatives (voiceless and then voiced) followed by humming / chanting – i.e. voiceless are f,s and sh (the voice is not operating) and then voiced v, z and zh (the voice is on)

Move on to natural phrases – oh, ah, ee etc – use colloquialisms and expressions from your own district ("Hey up" etc) to keep it light and fun.

Singing – short sung phrases (call & response) moving into simple songs that sound good and keep the attention (and use these mid session if attention wanders). Ensure there is continued choice in repertoire – within reason! (Do what you do best – you have to be feeling safe and happy if others are to entrain with you / feel the same). Use songs with strong rhythms – they definitely help with pitching for those who struggle. Ensure there is always a sense of celebration of what has gone well and so that everyone feels "felt"; that they matter; that they have bonded with fellow singers.