

Chapter 1

The voice work continuum

Background music

A woman is walking down the street. You recognise her as a famous fashion model and are impressed with her grace and beauty. As she passes, she takes out her glamorous mobile phone and you hear her speak. Her voice is tight, rough, nasal and monotonous, and suddenly she seems far less appealing.

A man stands up to speak at a conference. He is unprepossessing in appearance; his face is round and shining, thick spectacles obscure his eyes, his dull grey clothes are rumpled and ill-fitting, and he looks nervous. But, when he starts to speak, you are captivated by the warmth and energy of his voice; his deep, resonant sound somehow draws you in. 'What an interesting person,' you think, 'I'd like to know him better.'

We can change the gender of the speaker in both these examples, and it will still work. The point is that, although consumer society is obsessed by the visual image, and we are bombarded every day by pictures of the boy beautiful and the girl luscious, there is still some unconscious sense that what we hear in a voice reflects the true personality of the person, and has a deeper truth than what we see.

Most people take their voices for granted. They seem to flow naturally from our intellect and emotions, but, because they are the background music to our words, they have a powerful, and often unconscious, effect on listeners.

There is a direct parallel with the typography that shouts out at us every day. Advertisers have long known that the font that they use to describe their goods will have an effect on those seeing it. You may be drawn to buy antiques sold to you like this:

FINE ANTIQUE AND SECOND HAND FURNITURE BARGAINS!

but would expect a different 'mood lettering' if you were to be attracted to a new computer shop:

ALL NEW PCS AT HALF PRICE

Reverse the two and, although you might not be aware of it, you would be picking up a different sort of message:

FINE ANTIQUE AND SECOND HAND FURNITURE BARGAINS!

ALL NEW PCS AT HALF PRICE

So it is with voices. Voice is a two-way psychosomatic phenomenon; it is shaped by the speaker's **psyche** (our personality and current emotions) and **soma** (the health, shape and usage of our bodies). As the bridge between our inner and our outer worlds, it also affects the psyche and soma of the listener.

No matter how interesting a speaker, if his voice is tense, monotonous and rough with a 'whining' nasal tone, it may affect the tension in your own body. You don't feel good listening to him, and may want to get away from that sound as soon as possible. If a conference lecturer has little voice variety as she speaks for half an hour, the lack of energetic change in the voice is likely to make the audience feel heavy and listless – particularly in that challenging after-lunch slot, or towards the end of a long day.

Conversely, there are qualities that we hear in sung or spoken voices that can make us feel good. The open, powerful voice of a female gospel singer with its rich resonance and huge pitch range gives you a sense of strength and energy. On a crowded bus, you may turn to look at the man whose deep husky tones are attractive with their tone of intimate evenings. The high ethereal notes of the chorister singing the *Alleghi Miserere* may make you feel as if your heart is lifting. I deliberately use images because sometimes the effect that a special voice has on our feelings and physical sensations can be expressed only in such words.

Through vocal sound we express our physical, psychological, social and spiritual lives, and our voices grow and change with us in the dance of our individual life.

Who wants to change their voices?

We breathe and we voice – the first two activities of our life. Spoken voices feel like an extension of personality, flowing effortlessly out of our heads and hearts, our thoughts and feelings. For many, working on the voice would seem like cosmetic indulgence at best and false betrayal at worst. Yet every year thousands of people do work to extend, change or mend something about how they sound.

Many of those people are professional voice users for whom the voice is a vital part of their work. Actors work with a voice teacher to develop the power and subtlety of their voices, and even an experienced singer may go for regular lessons to continue to develop skills and repertoire. Many non-professional voice users enjoy extending and developing their voices in lessons or in choirs. In the latter, they can feel the power and exhilaration of their voice streaming out in the company of others.

Some people have a sense that their voice 'lets them down'. It does not work in the way that they want, and a busy call centre operator or over-stretched teacher may seek help because he is regularly losing his voice towards the end of a day. For some the spoken voice does not seem right for what they feel is their 'true self'. A senior manager in a company may recognise that her voice does not reflect her real authority and work with a voice trainer to find that 'true' power. Voice teacher Patsy Rodenburg (1992) makes an important distinction between the natural and the habitual voice. The latter may have become laden with tensions, defences and strain and, if 'liberated' by voice work, the speaker is likely to feel that his voice is healthier and that it better reflects his personality.

Sometimes there is an actual voice disorder. The voice may be affected from birth, as is the case for many children born with deafness, cerebral palsy or a cleft palate, whereas other people develop an abnormal voice as a result of use or illness. This often leads them to an ear, nose and throat (ENT) specialist who may prescribe medical treatment or a course of voice therapy.

Voice problems and voice disorders

‘Voice problem’ is a term used by the general public, whereas the diagnosis of a ‘voice disorder’ is made in the clinical world, if a speaker or singer is referred for a medical opinion. There is often, however, a blurring of these distinctions.

Daniel Boone (1991) describes a **voice problem** as occurring when ‘things that we do or fail to do prevent our natural voices being heard’. He estimates that around 25% of the population may be ‘displeased with the way that they sound, and with the way that their voices affect their careers and social lives’. Using 2003 Census Bureau figures would mean that a staggering 72 million Americans and 14.9 million British men and women were unhappy with their voices. Of course only a tiny proportion of them are going to seek help to change their voices but that is still a huge number of self-critical speakers!

Boone (1991) describes a **voice disorder** as ‘something that needs to be treated by a specialist’. If a speaker has unexplained hoarseness that has lasted for more than 2 weeks, he should go to see his local doctor; if the doctor is concerned, she will refer the client to a hospital ENT department.

Some people live with their hoarseness for months or even years without seeing a doctor, but there is always a risk – however small – that the husky voice may be caused by something serious that needs urgent treatment.

Voice story: librarian

Some years ago the librarian at my university department asked me if I could give her some exercises to help her voice. ‘I’m ashamed to say that I strained my voice singing at a rugby match last month and it’s still croaky.’ It would have been easy to offer practical advice and exercises. But she was in her mid-50s and an ex-smoker, and I knew that there was a risk that this was not a simple voice strain. I suggested that she should first of all get a check with a specialist, sooner rather than later, to see that the yelling had not done any damage. Her family doctor referred her to the local ENT department, and 6 weeks later she told me that a small cancerous growth had been found on one vocal fold, which would be treated by radiotherapy.

This is unusual, but it is a warning to voice practitioners to recognise the difference between voice problems and voice disorders and that, if they have any concerns, a medical check should be made. A lifetime’s dissatisfaction with a voice that goes squeaky when nervous, short-term huskiness after flu or karaoke singing, or a sound that is not interesting in lectures rarely needs a visit to a medical specialist. But long-lasting hoarseness or a new vocal limita-

tion may be a warning sign that something is wrong with the vocal folds or with voice muscle function. Such changes need a medical examination, at whatever age the speaker may be. Chapter 27 describes the voice disorders that can occur.

The voice practitioner groups

Although there are increasing opportunities for practitioners in parallel fields to get together, some know little about the other practitioners. We look at the training of each profession, the typical client range with whom they may work and how you might find a local practitioner.

Speech and language therapists/pathologists

This profession assesses and works with people of all ages who have difficulty with communication or swallowing. Most students follow an undergraduate or postgraduate course with both academic and practical strands, and generally graduate with a science-based qualification. In many countries courses and therapists are regulated by a professional organisation; in the UK all speech and language therapists (SLTs) must be registered with The Royal College of Speech and Language Therapists (RCSLT) and the Health Professions Council (HPC), and their professional name is protected in law. The national organisations generally have a directory of members so that clients can find a local clinician, who may work privately or in a state-supported service such as the British National Health Service.

Those who specialise in clinical voice work give voice therapy, but are not referred to as voice therapists. Some clients will have undergone a laryngeal examination and be diagnosed with a voice disorder, whereas others – perhaps with a hearing impairment, learning disability, cleft palate or the neuromuscular problem of dysarthria – will have a voice disturbance that is wider than phonation quality alone.

It may surprise other voice practitioners that there is no specific training for SLTs to become voice specialists. A few follow an MSc in voice, but most learn their practical skills by working ‘on the job’ alongside a more experienced colleague, gathering new knowledge in a piecemeal fashion. In the UK few graduate courses offer experiential voice work, so therapists may never have worked on their own voices; in Sweden, with its excellent reputation in the field of voice disorder research, the logopedists receive many hours of voice training.

In 2000, I asked 110 SLTs how much experiential voice training they had received during their university course: 48 had none; 39 had a minimal amount (1–6 hours); 16 had a moderate amount (7–15 hours); and only 7 had an extensive amount (16 or more hours).

These results are depressing because an important aspect of learning about voice is to work our own voices and then reflect upon the experience, linking this to the theoretical knowledge now available (Shewell 2000b).

Voice teachers/voice coaches

Voice teachers work with the spoken voices of actors and other professional voice users, and with those who want to develop the power or the quality of their ordinary spoken

voice. They often also work with linked communication issues such as personal confidence and ‘presence’.

Historically, voice teachers developed from the profession of drama teaching, or acting itself, and this is still a route for some voice teachers. There are, however, an increasing number of formal training courses around the world, and two Masters degree programmes in the UK. Some well-known voice teachers have set up specific training courses in their methods e.g. the Linklater, Lessac and Fitzmaurice voice approaches (see website information in Appendix I).

There is as yet no regulating body or registration for this profession, so anyone can call herself a voice teacher. Finding a good local voice teacher can be difficult for a prospective client or interested fellow voice practitioner who does not know where to look. A phone call to a drama college will sometimes access a contact, and some voice teachers advertise in the commercial pages of the local telephone book or regional newspaper. The British Voice Association (BVA) provides a list of voice teachers for enquirers, and some national organisations, such as VASTA (the American Voice and Speech Trainers Association) have excellent geographically organised databases of teacher details and credentials.

Much voice teacher work is with student or professional actors in theatre, TV or film. The philosophy of voice development is generally that it takes time, ideally with long periods of solid exploration and practice. This is in marked contrast to most voice therapy where the average treatment for a voice disorder is around four to eight sessions, with work clearly goal oriented and as efficient as possible.

Many voice teachers also work with others who want to protect or change their voice in some way. These include both professional voice users (described in Chapter 28) and ‘ordinary’ people for whom voice work may be part of training in confidence and communication skills. Some voice teachers set up companies that specialise in business training, with lucrative regular contracts with big corporations or institutions. Most, however, gather freelance work from a variety of sources, often balancing that with some sort of regular teaching commitment.

Working as a voice teacher can bring contact with an enormously mixed client group. My work has included inaudible public speakers, anxious members of the police force, exhausted teachers, tired telephone operatives, broadcasters with sore throats and vocally challenged members of the government. Many voice teachers use their own voices in a public forum and this too can vary; I have given poetry readings, led a chanting session down an old flint mine and provided my voice for a helicopter warning system!

Singing teachers

Singing teachers of course work to develop the singing voice in individual or group classes, or directly attached to professional shows. They may specialise in one particular genre of singing, such as classical, musical theatre or pop, or work with many.

Teachers vary enormously in their style of singing and in their own background. Most will have had some sort of musical training, be able to read music, have a wide repertoire of songs, and be familiar with many technical aspects of music and singing. Many teachers will have enough keyboard skills to be able to accompany their students, but some use tapes. Successful teachers may have a pianist as separate accompanist but this is less usual.

Although singing teachers may have been performers, this need not be so. Many general musicians offer singing lessons; traditionally English cathedral choral directors, responsible for the developing voices of young choristers, train as organists before acquiring their knowledge of the sung voice.

As with the voice teachers, there is no certification needed for singing teachers, so anyone can set herself up in the field. There are some training courses available but options are limited. Singing voice specialist Jeanie LoVetri writes ‘American colleges and universities do offer pedagogy courses, but they are random and not required. The only degrees available in vocal pedagogy are for classical singers and they are just available as doctorates’ (personal communication, 2007).

There are many excellent singing teachers, but they are often open in their concern that the lack of any regulation allows inadequate teachers to work badly with trusting students. Any good singing teacher is deeply committed to bringing out the best possible voice in a student and to knowing as much as possible about the field. Knowledge can be shared through an organisation such as the Association of Teachers of Singing (AOTOS) in the UK, the National Association of Teachers of Singing (NATS) in the USA and similar organisations in other countries. All offer publications, access to other practitioners and a range of shared study days and conferences, and can provide valuable information to other voice practitioner groups.

A singing teacher will communicate to students at least three equally important core aspects of singing: the physical mechanics of singing, core techniques to develop and protect the voice, and relevant knowledge and practice in the areas of music and performance. Whatever the singing style, he will have a good knowledge of vocal anatomy and the physiological practicalities of the singing voice. I had one singing lesson from a teacher who instructed me to ‘sing from my pharynx’, while pointing to the middle of her forehead. As singing teacher, Liz McNaughton writes ‘we often have the feeling that the sound comes from a totally different place from that which is scientifically possible. The semantic aspect is one of the most confusing problems in singing pedagogy’ (personal communication, 2006). Using images in any voice work is fine, so long as the student has an adequate sense of the physical reality of voice production to avoid damage and safely liberate new vocal power.

Although AOTOS and NATS both offer connections to local singing teacher members, there is no compulsory register, and it is often local newspapers, library notice boards or personal contacts that bring an aspiring singer to a teacher. It may then be difficult to find out details of a teacher’s background and whether that person specialises in any particular singing genre.

Exploratory voice guides

I use the word ‘guide’ because many practitioners see themselves as travelling with their clients on a journey of voice. Practitioners come from a wide variety of backgrounds and may be musicians, singers, voice or singing teachers, meditation teachers, healers, actors or simply passionate about voice. They do not see themselves as experts who instruct, but offer an experience of voice from which people will benefit. There are an increasing number of people who run open sessions for those wanting to explore their voices. These may be one-

off day workshops, regular classes, or form part of a creative or recuperative time away on a longer residential course. Some practitioners work with people on an individual basis, and many see voice work as a power for psychological and physical healing.

Through local advertisements, the ordinary person can find a person, place and space where they can learn the chants and songs of other cultures and spiritual practices, or open up new power by practical voice exploration in exercises and music. The ‘singing for non-singers’ groups have enabled many people to find the joy of singing with others, and to do things with their voices that they may never have done before. I often suggest that SLT colleagues interested in voice work take a risk and try out such experiential work on their own voices.

It is important to be a little cautious, however. A group workshop often encourages amazing vocal sounds, but, although the human voice is generally a resilient and flexible instrument, it may not be physically or emotionally safe for some voices to swoop, shriek, yell and soar with total abandon. Making wild sounds can open up wild feelings and some practitioners go very deep with people who may be vulnerable, offering little or no after-care. Others, however, do provide ongoing support as an integral part of a voice work process, designed to access artistic or personal growth. The work of the Roy Hart Theatre and the voice movement therapists lie within this tradition, and is described in Chapter 15.

Deep voice development work should be carried out only by practitioners who are trained, experienced and responsible. Almost all psychotherapy and counselling disciplines have safeguards for clients by insisting that therapists have supervised client work and on-going supervision. Only when a similar protection is in place should a voice practitioner feel confident to delve too deeply into another’s emotions via the voice.

Voice story: Abiona

Abiona was 25. As a child in Nigeria she was acutely shy and this continued when she arrived in England as a young teenager, when she went through several years of anorexia. She recovered but remained self-conscious about both her body and her feelings. She was referred to me in my role as a voice teacher, as her spoken voice was so habitually high, quiet and breathy; she wanted to sound and feel different. My voice work had only limited success so I suggested Abiona see a voice movement therapist, with whom she worked extensively. She found the process of exploring her voice and accessing a new vocal strength and resonance to be a crucial part of her personal growth. Her spoken voice became deeper and more resonant; she heard this vocal power as she talked and felt stronger with this as her own personal background music.

Different voice practitioners: one client

Particular clients need to see particular voice practitioners. Actors need to train with voice teachers, singers with singing teachers and clients with a voice disorder should always be treated by SLTs. For some clients, however, fate may offer a number of options for voice work. Here is an example.

Example 1.1 School teacher

Alison is a 34-year-old primary school teacher who recently took a deputy head post. Here her class of 7 year olds are very noisy and need a lot of calm discipline. For the first time ever she feels that her voice is simply not up to the job, and by each Friday, she is ‘pushing’ to be heard and her neck actually aches. She does, however, recover completely every weekend. Alison admits that she does not know how to unwind in the evenings; her husband works in London all week, and she tends to work late at her computer.

Let’s look at four possible action scenarios.

SLT route

Alison may initially go to her doctor, and then to a local ENT specialist, who finds no structural abnormality in her throat and suggests voice therapy. The SLT gives her advice on general voice care, including drinking enough water, avoiding noisy environments and reducing her tendency to habitually clear her throat. He gives her four sessions of voice therapy, with work to power her voice better and reduce her pattern of over-tightening in the laryngeal area. He also talks with her about general stress management. Alison’s voice becomes stronger and her weekly problems disappear.

Voice teacher route

Let us suppose that Alison does not go the ‘doctor’ route. Instead, she talks to a friend who does a lot of amateur dramatics, who advises her to contact a voice teacher described as ‘a whiz when he worked with the actors on our last production’. Alison has 10 sessions with this teacher, and enjoys the exercises and dramatic texts that he sets her. In both her teaching and her ordinary life, she begins to find a new strength and openness to her voice, and her voice strain disappears.

Singing teacher route

Alison’s husband might give her a course of singing lessons as a surprise Christmas present, something that he knows she has always wanted to do, and that he thinks might help to strengthen her voice. If the teacher is good, the opportunity to let her voice soar, swoop, extend and strengthen in safe singing sessions could start to give Alison some experience of unstrained voice use, and she may find new healthy vocal techniques to find a stronger voice for her teaching. The danger is only that, if she joins a big choir where she cannot hear herself, she might strain her voice by singing too loudly or too high, and would then find her voice problem getting worse.

Exploratory voice guide route

The fourth possibility is that Alison reads about evening classes in yoga and chanting, which she decides to join with a friend. Through the regular stretching and relaxing of the yoga asanas (positions), and the deep breathing and unstructured voicing, Alison finds a way to release some of her excess tension and stress. She accesses a deep, powerful voice in the Tibetan overtone chanting, and talks with the voice workshop leader about how she can better project her voice at school.

Getting together

These hypothetical examples introduce a core theme that runs through this book – that the voice practitioner groups provide a rich pot-pourri of approaches and techniques for voice work. Although they have different training, aims and client groups, there is much in common, and clearly opportunities for sharing experience would seem to be a good idea.

In my first training, as a speech and language therapy student, I was taught a vast amount of anatomy, physiology, phonetics and acoustics, but, when I left my course, all I knew to do with people who had voice disorders was that I should get them to breathe deeply and to hum. It was not clear to me why either of these techniques might help, and my therapy was on a very hit-or-miss basis – with probably far more missing than hitting in the early days. Meanwhile my drama, singing and voice teacher colleagues were learning a huge range of exercises to do with students, but often lacked the basic anatomical or psychological knowledge that might have made their work easier and more accurate.

Nowadays increasing numbers of voice practitioners recognise the holistic nature of voice work, not isolating one approach from another, but combining ideas to suit the specific need. All voice work techniques then become wider and richer.

Shared literature

Voice practitioners, laryngologists and speech scientists can access each other's knowledge through books and the internet. Some are designed to reach a range of practitioners. Robert Sataloff's (1997 and 2005) *Professional Voice: The science and art of voice care* is primarily written in the scientific tradition, but contains a vast amount of knowledge valuable to many practitioners. *The Vocal Vision*, edited by voice teachers Marion Hampton and Barbara Acker (1997), is a valuable collection of practice-based writing from a range of voice practitioners, as is *Well-Tuned Women* (edited by Frankie Armstrong and Jenny Pearson 2000).

Many books are, however, seen as belonging to a particular area of voice work, so that other practitioners, who would benefit from their ideas, may never see them. My own chance discovery of two 'singing teacher' books – Meribeth Bunch (1982) *Dynamics of the Singing Voice* and James C. McKinney's *Diagnosis and Correction of Vocal Faults* (1994) – gave me information and practical ideas that I would never have found in voice therapy texts. More recently, Janice Chapman's (2006) *Singing and Teaching Singing* richly fulfils its subtitle as 'a holistic approach to classical voice' and offers many insights into both the

philosophy and practice of working the voice. The literary contributions to theatre voice work of Cicely Berry, Kristen Linklater, Patsy Rodenburg, Barbara Houseman, Michael McAllion and their older antecedents contain a mass of practical voice exercises; they are valued by voice teachers, yet rarely read in the clinical voice therapy or singing teaching. In the world of self-help for voice, Daniel Boone's (1991) *Is Your Voice Telling on You?* and Cicely Berry's (1994) *Your Voice and How to Use It* offer a wide range of valuable ideas and exercises that are highly relevant for voice therapy work, and have implications for the care of the voice in singing.

Core reference texts on voice disorders by Aronson (1990), Boone et al. (2005), Colton and Casper (1996), Mathieson (2001) and Sataloff (1997) offer explanations, diagrams, photographs, norms of voice, case stories and a wealth of facts that can clarify confusion and extend any practitioner's range of knowledge.

Voice organisations

Many professionals from the artistic, clinical and scientific fields of voice share knowledge and practice through the forum of the multidisciplinary voice associations that exist in many countries. They offer opportunities to learn from presentations, lectures, demonstrations, workshops and informal contacts with different sorts of 'voice workers'. Below you see some of the major examples of such organisations; such a list cannot be all inclusive, but will give some idea of the options available for eclectic vocal contacts.

One of the oldest multidisciplinary voice organisations is **The Voice Foundation**. Founded in the United States in 1969, its goal is 'to understand the voice and improve its quality and care' and to solve voice problems. It funds research, promotes public education and aims to raise the professional level of voice care. Its membership is international and, at its huge annual symposium in Philadelphia, voice practitioners meet to share knowledge and practice. Its publication, the *Journal of Voice*, has many articles of interest to all groups. Although written in serious research style, many papers are easily readable, and contain fascinating new findings, or indeed proof of what we have always suspected!

In the UK, the **British Voice Association (BVA)** describes its remit as the encouragement of a healthy voice, vocal skills and communication. It recognises the human voice as an 'essential element of our communication and well-being', and states its belief that all those with voice problems, from severe pathology to subtle difficulties of artistic performance, are entitled to the best care available. Membership is international and open to anyone who is interested in voice. It organises regular courses and conferences and its journal, *Logopedics Phoniatrics Vocology*, is free to all members.

Also in the UK, the purpose of the **Voice Care Network UK (VCN)** is 'to help people to keep their voices healthy and to communicate effectively' and it supports all those whose work involves voice use. The VCN provides workshops, seminars and coaching, and has a small range of practical voice publications. It has always emphasised the need for voice practitioners to deepen their understanding of voice by developing their own voices as well as knowledge acquisition.

The **Australian Voice Association (AVA)** also has a multidisciplinary membership from the artistic, clinical and scientific fields of voice. Members receive an informative and entertaining regular newsletter, and the refereed journal *Australian Voice*.

Many other countries have their own voice organisations. **EVTA** is the European Voice Teachers Association, and describes itself as a ‘non-political, non-profit making association concerned exclusively with artistic, pedagogic and scientific aims’. Although its focus is on singing, it too aims to promote communication between its members and related disciplines world wide, and it holds conferences, seminars and meetings for the exchange and dissemination of ideas and information. Any voice practitioner planning to work in a new European country would find EVTA’s website a useful starting point.

CoMeT (Collegium Medicorum Theatri) is a somewhat different international voice organisation in that membership is limited to those elected by members. These may be physicians, scientists, voice coaches and voice pathologists from different cities of the world, who are connected with major theatres, operas or conservatories, or who have demonstrated special dedication to the physiology and pathology of the voice in singers and actors.

Headed by Professor Inge Titze, the **National Center for Voice Speech** in Denver describes itself as ‘an interdisciplinary, multi-site team of investigators dedicated to studying the powers, limitations and enhancement of human voice and speech’. The team includes scientists, clinicians and educators who have backgrounds in vocal performance, computer science, speech–language pathology, physics, medicine and other disciplines. Among their varied activities, they host a summer vocology institute each year. A ‘vocologist’ is defined as ‘any person who habilitates vocal behaviour – a speech and language pathologist, otolaryngologist, singing teacher or voice coach’. Titze (1992) has suggested that this new specialty be based in speech pathology departments but closely linked to theatre and music departments.

All these organisations facilitate meetings of different voice practitioners, where there are frequent differences of opinion about vocabulary and methods. There is also an excitement as practitioners find the answers to long-standing puzzles, or extend their techniques into new areas of the continuum of voice.

The continuum of voice work

Vocal function, and the nature of voice work, can be pictured as a continuum – from so-called normal to abnormal voice, and from aesthetic to therapeutic voice work (Figure 1.1). I use the term ‘so-called’ before the word normal, because there is considerable variation in normal voices. ‘For most voice quality parameters, there is no distinct border between what is normal and what is pathological. Instead there are degrees on a scale’ (Hammarberg and Gauffin 1995). Voice practitioners can be seen as functioning at different points along that scale, but have the option to move along it in either direction at certain times with certain clients.

There are of course huge differences among a farmer who is struggling to produce a clear voice after thyroid surgery has left her with a paralysed vocal fold, a musical theatre singer preparing for a role in ‘Evita’ and an actor working to develop the voice needed to play King Lear. Each will need specific voice work but there are underlying principles of voice management and use in common. While respecting our own limitations and the skills of other voice practitioners, the construct of a voice continuum allows us to consider what is common to a healthy functioning voice, and the wide range of techniques from other voice professions that might be useful in our own work.

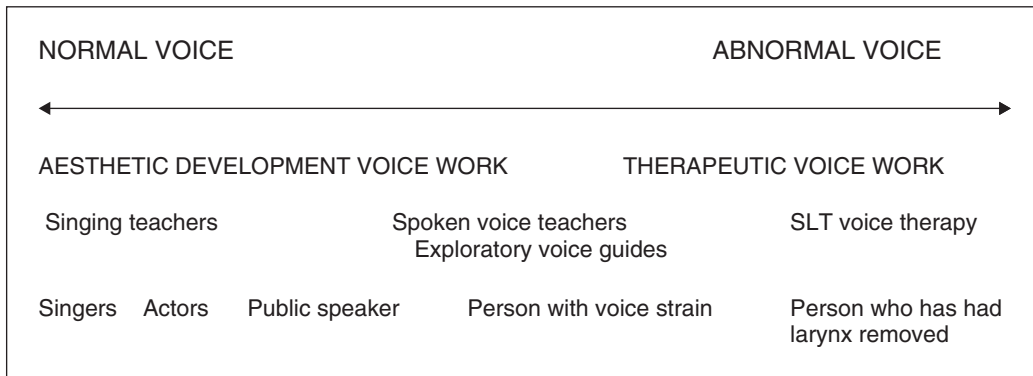


Figure 1.1 Diagram showing continuum of voice work and practitioner group with client examples.

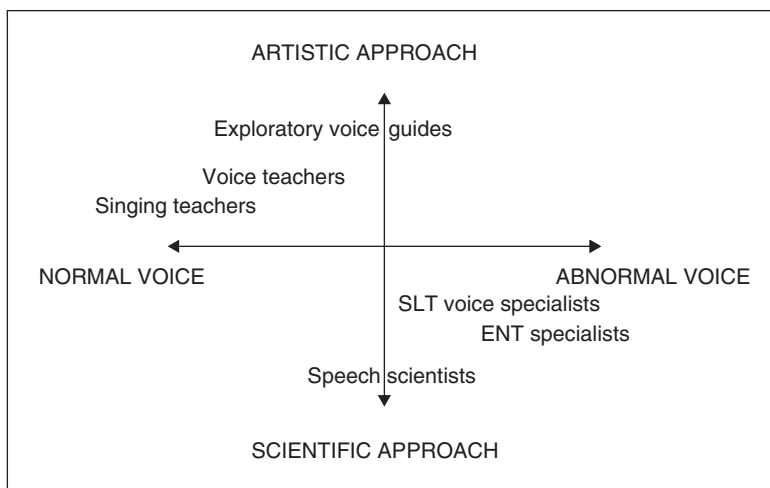


Figure 1.2 The art–science axis in voice work.

We can also consider voice practitioners as working within the different philosophical backgrounds of art and science. The *Chambers Twentieth Century Dictionary* (Geddie 1971) defines these.

Art: a practical skill, or its application, guided by principles; application of skill to production of beauty and works of creative imagination.

Science: knowledge ascertained by observation and experiment, critically tested, systematised and brought under general principles; a skilled craft; a trained skill.

It is often suggested that terms such as ‘intuitive, experiential and spontaneous’ belong to the artistic approach, whereas ‘analytical, empirical and structured’ are part of scientific method (Figure 1.2). But great art involves significant craft and structure, and the intuitive and spontaneous invariably play an essential part in scientific thinking. The words ‘principles’ and ‘skills’ are common to both definitions.

The art–science dichotomy has long been recognised in the voice practitioner world. In a panel discussion about the integration of voice science, voice pathology, medicine, public speaking, acting and singing, Colton (1994) said that in the 1970s ‘the scientist failed to appreciate the art of singing and the sometimes vague terms designed more to motivate and inspire a student or professional, than to explain a concept’. Then, he said, ‘we began to understand each other’s terms’.

There is an enormous range of solid scientific research that is highly relevant for many aspects of voice work, and this continues to increase. But much of this can still be difficult for non-science-trained voice practitioners to interpret, whereas speech scientists can still find some of the imaginative voice work terms mystifying or infuriating. There are an increasing number of speakers and writers who make the field accessible to readers from both backgrounds, with no patronising of either scientists or artists; accurate and respectful translation is a worthy activity that diminishes neither field.

Verdolini (1997) described how voice trainers and speech and language pathologists/therapists ‘tend to talk different languages’. The ‘thought-tools’ of the former ‘are often predominantly intuitive . . . the speech pathologist’s tools are often predominantly analytical’. She says that their focus of concern is different because ‘theatre trainers have usually focused on the development of aesthetic and expressive capabilities across a very wide range of human emotions and situations. Speech pathologists have usually focused on restoring impaired voice and speech to normal status, for a comparatively limited repertoire of tasks’.

This divide is also described in the singing teacher profession; Gullaer et al (2006) describe the view that there are mechanists and empiricists in singing coaching. The former believe that vocal control should be conscious, direct and science driven, whereas the latter feel that singing is best taught with indirect methods and mental imagery.

There are some simple general statements that can be made about the art–science bias of the different voice practitioners.

Speech and language therapists working in voice have solid science-based training, and tend to use mainly explanation and direct technical instructions much more than images. The use of prose and poetry texts in clinical work is usually limited to certain specific examples published in voice therapy material. Most therapists use some sort of instrumentation in their voice work, and are increasingly expected and required to use ‘evidence-based’ practice – testing and proving the efficacy of their therapeutic intervention.

Voice teachers and singing teachers use both exploratory and direct instruction methods. Spoken or sung text is core to their work. They use imagination and imagery in their classes and vary in their incorporation of anatomical explanation. The proof of the effectiveness of their work is in the sound and success of their students; they have not generally been required to carry out formal research, although there are signs that this is changing in some singing and acting courses.

Exploratory voice guides use almost entirely experiential activities in their work, and any evaluation of its effects lies with what their clients feel and say – and whether they come back for more.

The clinical emphasis that research should shape practice has been a philosophical difference between the arts and science voice worlds. This will probably continue, because we are unlikely to be able to test and prove the specific effectiveness of each technical and imaginative exercise used by voice and singing teachers. However, there have been a number of studies on techniques that are amenable to testing. In 1994 Stemple et al. used vocal

function exercises designed to ‘strengthen and balance the laryngeal musculature and to balance airflow to muscular effort’ with women with normal voices, and found that these had a pronounced effect on their ‘phonation systems’ compared with a placebo group. Since then there have been increasing research in the field, and Stemple (2000) describes this in his comprehensive book.

Working along the continuum

There is a tendency to describe the world in bipolar terms – art/science, masculine/feminine, active/passive, yin/yang, old/young, and many more. Of course we do need to see things as separate, but the meeting point of two opposites can be a place of interest and creativity. Here we find an integration of two methods, two ways of thinking and two qualities. Poet and physicist Mario Petrucci (2006) writes ‘science and art are kissing cousins. . . . Both the scientist and the artist ask deeper questions of what is superficially observed; in their respective ways, they each pay the world full attention’. American speech–language therapist Janina Casper (2007) applies this recognition to clinical voice work when she writes: ‘Is voice therapy an art or a science? My answer is a resounding YES. I do not believe it can be one or the other to be effective. It has to be both.’

All voice practitioners have a choice to use both artistic, imaginative, experiential exercises and scientific, structured, technical instructions – a mix of intuitive and analytical tools. DeBoer and Shealy (1995) wrote ‘together voice science and voice art form a continuum that is highly technical and medical at one extreme, and aesthetic or abstract at the other, affording a wide range of approaches to vocal transformation’. They commented that although in the last few decades there has been much application of scientific awareness to voice teachers, there was far less written about the way that the artistic approach to voice work can feed the scientific aspects. To counter this, they carried out an interesting research study that looked at the effects of 7 weeks of singing lessons on the clinical and perceptual skills of speech and language pathology graduate students. Following the singing training, they found that there was a significant improvement in:

- the students’ ability to perceive clients’ voice characteristics
- their ability to apply relevant experiences from the voice lessons to their clinical practice
- their own voice quality in singing.

Example 1.2 Analytical and experiential approaches in voice work

Janet is a second year singing student at a major music college. She has a fine high soprano voice and is described as having a ‘wonderful musicality’. However, her teacher says Janet’s spoken voice sounds ‘backed and tight’; this quality increases when she has to jump from low to high pitch. Although she can improve this with exercises, there is no carry-over into ordinary singing. She also notices that she is sometimes hoarse after talking over a noisy background in a pub or a party.

Let's imagine that a voice practitioner (we don't need to specify which profession) is working with Janet. He wants to release that throat tension, and to lessen the sense of the resonance as being 'held' in the back of the mouth.

Analytic

The practitioner shows Janet a diagram of the mouth, and a video of a vocal tract in action during singing. Here she can clearly see the significant size of the tongue, and its relationship to the whole throat area. The practitioner gets her to feel how much she is bunching and pulling back her own tongue, and to identify her hyoid bone and larynx, and their movements. He takes her through a series of exercises, discussing and explaining what is happening in her throat. By the end of the session, Janet thinks differently about her voice muscles and feels a new sense of openness in her throat. She learns how her lips can tingle when she hums a long *mmm*. Our voice practitioner explains that this shows she is able to let some vibrations move against her lips, thus 'placing' her voice further forward in her mouth. He gives her a few exercises to practise in the week before they meet again.

In this approach, the aim is to raise vocal behaviour to intellectual consciousness, adjust the style, and then let it drop back into unconsciousness, where it belongs. This way of eliciting change is cognitive, structured, goal directed and organised, often utilising scientific methodology.

Experiential

We can also learn through the *experience* of physical or vocal change; this then becomes a part of a new way of moving or voicing, without immediate intellectual recognition or reflection.

In this, the voice practitioner might instead say to Janet (taking time to explore each action): 'Stretch your arms high above your head. Then drop them heavily by your sides. Sigh three times. Bend over from your waist and hang in that dropped over position while you groan loudly. Really loosen. Uncurl slowly, straighten your body – and then stretch. Jump up and down and let some easy sound come out on an *uhh* sound. Yawn widely, stretch your tongue out for a moment. Imagine a huge spacious room at the back of your throat. Stay with that image but hum on a strong *mmm*. Open up onto *mmaa*. Feel that vibration?' Janet follows this and after 10 minutes or so she feels looser and less tense, and her voice has lost its held quality. She has not consciously attended to knowledge, awareness or techniques but the actions have changed something.

This approach was the one that I observed when I first worked as a voice teacher in a major drama school. The head of voice did very little explanation of the technical or anatomical underpinnings to voice. What she did was to ensure that week after week the students played with body and vocal change, and this change became a part of their ordinary functioning.

Both approaches have their place and their limitations. Intellectual analysis and awareness of vocal tract structure and function can inhibit a speaker who is not also given the chance to practically explore how to incorporate a new pattern into both imaginative and emotional

life. On the other hand, an actor in training with no background in anatomical understanding lacks core knowledge that can be both a tool of protection and a door to further learning.

Different people favour different ways of learning, and one of the many rewarding aspects of voice work is that we can choose from either approach at different times and with different clients, ideally adapting to the personality, background and orientation of our client. Nevertheless there are certain principles in common to all voice work, and Chapter 2 looks at these.