



# Voice, trauma and voicelessness



*Tizzie Dennett-Short* explores the psychological, metaphorical and literal meanings of losing your voice  
*Illustration by Clare Nicholas*

I have been a professional singer for over 25 years, and my voice has been my most precious instrument in all that time. When it is lost, a part of me disappears as well. These days I still sing when I am offered the work, but I am well aware that I shall be devastated when I am no longer able to do so successfully.

I would like to say that the loss of my voice and the ensuing trauma was the reason I found myself taking a degree in integrative counselling as a mature student at Roehampton University, but I have to admit that this was not so. It was more that, looking to the future, it seemed a good plan to train in a profession that encompassed my interest in people, their lives and emotions and the issues that affect them, and one that embraces all the skills and experiences I had learned during my life and career.

After qualifying I started up in private practice, where I use my experience as a singer to encourage all my clients to breathe correctly and calmly – and to sing. In the bath... in the shower... in the kitchen... anywhere. It is terrifically therapeutic. Juliet Miller writes that

‘singing has the capacity to access deep layers of the psyche’.<sup>1</sup> I ask each of them to tell me what kind of music they like (one suggested hip hop, but I think I was being tested), or if they have a particular song that comes to mind that they would like to sing.

Many clients are shy and insist they cannot sing in tune. I tell them it doesn’t matter at all and that they don’t have to sing to me; they need only to experiment by themselves at home and see how they feel afterwards.

Some clients have come to me particularly because they know I have a singing background.

One of my clients, whom I had encouraged to sing for her own benefit, was the sole carer of her severely disabled child. This little boy could not even talk. She would sing to him while bathing him, using the techniques we had discussed, and discovered that he started to rock and hum along with her, completely in tune. It seemed that their singing had a calming effect on the little person, who was prone to frustrated rages and tantrums; it became a useful

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distraction and joyful activity for them to do together, and not just in the bath – and it helped my client as well.

I have many such stories drawn from my work. It’s interesting that a professional singer who has a stammer may never stammer when they sing – think of George VI. Singing is a completely different action from speech. If you decide to sing something, even if you aren’t intending to sing out loud, the brain prepares the vocal cords. Try saying ‘Happy birthday to you’ in your head; then feel the mechanism change when, still silently, you add the tune. Then try saying it out loud and compare that with singing it. Can you feel the difference? Fascinating!

Marilyn Monroe had a stutter and her way of coping was to produce that breathy, almost sing-song voice you can hear in her iconic song ‘Happy Birthday, Mr President’. It worked but it would be, I think, exhausting to attempt to keep it up all the time.

This leads me on to the importance of the breath and how learning to use it properly can have a beneficial effect. The vocal cords will not function without the support of the breath, and nor can we. Speech becomes impossible after a big shock; it literally takes your breath away. I suggest to all my clients that they try breathing to a rhythm – most usefully, in a pattern of eight: in for four, hold for four, exhale for six and hold for two. On the exhalation, I encourage them to let the voice run down a scale, giving the added benefit of controlled, serene breathing and the joy of singing. This is very calming and focusing. It can also cause much hilarity, which is a good result in itself.

We also work on the breath, going up to the top of the skull like a ribbon through the body and all the way down again to the feet, pushing the tummy

out and hauling it in again, like the rhythm of gentle waves on the beach. I encourage clients to try this exercise at home to a melody they like, perhaps adding positive words to it to build up self-esteem or relieve anxiety and calm stress. One client tells me that whenever she goes for an interview she takes a leaf out of Julie Andrews’ book and sings ‘I have confidence in me’, from *The Sound of Music*, to give herself courage.

### Voicelessness

I have a particular interest in voice loss (dysphonia) following emotional and traumatic experiences, and the possible causes. I advertised in *Opera* and *Classical Music* magazines for singers and readers to come forward with their stories. The theme that emerged predominantly from the letters I received was that their voices had disappeared after a bereavement, from the grief, shock and trauma. Interestingly, with professional singers this did not necessarily manifest straight away; it might happen a few months later.

Loss of voice is common among performers yet, as far as I am aware, my singing colleagues have never discussed counselling as an option to help with this traumatic event. But it is not only professional singers who are deeply affected by loss of voice; it is incredibly upsetting for anyone to be unable to talk and communicate easily.

Gary Long writes how the voice is affected by ‘life events and personal style variables’,<sup>2</sup> and Christine Shewell agrees that ‘emotions can have a direct effect on voices as a result of changes in the autonomic nervous system... voice loss, linked to some forgotten traumatic event, “trauma conversion”, clearly demonstrates the mysterious link of memory, feeling and voice’.<sup>3</sup> I can think of many examples of this from my

own work (these are made-up instances but are typical of such situations): the young telephonist whose voice went when she couldn’t get home to Africa before the deaths of both her parents; the grandmother with Parkinson’s disease who couldn’t communicate with her grandchildren and was left feeling isolated in a corner of the room, unable to join in – she wept; the angry young man who was able only to squeak and was to be married in three months’ time and felt mortified about taking his vows with this sound.

I was once fortunate to be invited to sit in at the speech and voice clinic at a well-known hospital. It was humbling to see the care taken with patients of all ages who were suffering from vocal trauma for various reasons and the consequent despair of being unable to communicate easily. They bravely endured having a camera threaded down to the damaged vocal cords and I was able to see on a screen how, in each case, the cords were not responding. As a singer, I found this absolutely fascinating; as a counsellor I was struck by how difficult our job would be if our clients could not tell us their stories.

It is so difficult to decide if voice loss is caused by a virus, like a cold or a sore throat, or whether the cold or sore throat is caused by anxiety or stress, culminating in voice loss. The end result is, of course, the same. Shewell writes that ‘clients with psychogenic dysphonia often seek reassurance that they are not deliberately creating their voice symptoms, or that “it is all in the mind”’, and explains that ‘performers usually keep a voice disorder diagnosis secret in case “the business” sees them as having a permanent vocal weakness’.<sup>3</sup>

Karen Wicklund, a therapist but previously a very successful opera singer in the US, writes that to ‘lose one’s voice’

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has two different meanings: you can lose your voice in the sense of losing 'the right to express an important opinion' (equally, a person can find their voice when previously they have felt themselves to be unheard), or the actual vocal instrument can cease to function.<sup>4</sup>

### Speaking one's mind

I have worked with people who are 'elective mutes'; in childhood, perhaps, they have been so badly treated and miserable that they decide not to talk anymore. Here the *silent* voice is used as a powerful tool. Unfortunately this silent mode can become such a habit that, in adulthood, they may find it very difficult to speak out and be heard.

Interestingly, women are more likely to show anxiety in their voices than are men.<sup>2</sup>

John Sarno from New York University has found that most neck, shoulder and back pain syndromes result not from nerve, muscle or ligament damage but are the 'consequence of psychological processes'.<sup>5</sup> Debilitating neck and shoulder pain caused voice loss for me during rehearsals for an opera where my role had a challengingly high tessitura (vocal range). I tried to put the cause down to the weight of the heavy costume but, in reality, I was aware of increasing tension and excruciating pain in my neck arising from my fear that I wouldn't reach all the high notes. This in turn made my voice impossible to use, as opening and closing my mouth became so uncomfortable.

Self-esteem and self-belief are so important to each of us and my fierce belief that my voice *would* eventually sing those notes did determine the outcome in my case. As Rogers has written: 'The most powerful determinant would appear to lie in the attitudes of the person himself'.<sup>6</sup>

My voice also deserted me after I won my first professional contract with a prestigious opera company. For three awful weeks of rehearsals, before going away on tour, I could sing nothing. Learning the music was very difficult; interacting with colleagues (although sympathetic) was tricky; having constantly to apologise to the musical director was terribly embarrassing, and living with the stress of maybe losing the contract and consequently the earnings was very distressing.

It is interesting to conjecture whether nerves arising from getting the contract and everything that entailed (including leaving my husband and small children behind at home for the first time) were to blame for the dysphonia – or was it solely a medical problem caused by a virus picked up during the cold winter weather? Certainly I never considered counselling an option, if it was even available then (it was 1989 and, although I consulted my doctor, there was no suggestion that talking to someone might help allay my fears).

Was this the 'hysteria conversion' proposed by Freud and Breuer?<sup>7</sup> Was the physical symptom of voice loss actually offering me an excuse not to go away on tour at all? At that time to be a professional singer you had to be a member of Equity, the trade union for actors and singers. The only way to be eligible to join was to have performed professionally for 40 weeks. But you could only perform without an Equity card under the aegis of a company, so I had little choice but to go if I wanted to progress in my career. Consequently I could not even hint at my doubts about going away and I definitely could not confide my uncertainties to my husband and family. I internalised them all.

With hindsight I am sure that it would have been of considerable benefit to have

shared my anxieties with a professional therapist who could have worked through my fears with me and helped me put them in perspective. I had to deal with the problem in a purely practical way by resting my voice, making sure it had enough fluid and eating as healthily as possible. I kept to myself the fear and anxiety that the voice might *never* return.

The voice is a mirror to how we are. If you know someone well, it is very unlikely that they can hide or disguise their emotions when they speak. I would like to encourage anyone suffering from vocal trauma to try counselling. The joy and therapeutic benefits of singing, including learning how to breathe to support the voice as a singer does, can work miracles for someone suffering from stress, anxiety, depression or sadness. Try it and see. ■

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### References

1. Miller J. The creative feminine and her discontents. London: Karnac Books; 2008.
2. Long GT. The relationship of voice stress, anxiety, and depression to life events and personal style variables. *Social Behavior and Personality* 1988; 16(2): 133–145.
3. Shewell C. Voice work: art and sciences in changing voices. Chichester: Wiley & Sons; 2009.
4. Wicklund K. Singing voice rehabilitation. New York: Delmar/Cengage Learning; 2010.
5. Gordon A. Miracles of mindbody medicine. *HCPJ* 2010; January: 13–18.
6. Kirschenbaum H, Henderson VL (eds). The Carl Rogers Reader. New York: Houghton Mifflin Company; 1989.
7. Freud S, Breuer J. Studies on hysteria. In: Richards A (ed). *Studies on hysteria*. Pelican Freud Library vol. 3. Harmondsworth: Pelican; 1974.