

# COMMUNICATING VOICE

SUMMER 2017  
VOLUME 18, ISSUE 1

*the voice  
for voice  
in the*



The journal of **the british voice association** – the UK's voice for voice



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## SUMMER 2017

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*Left to right: Sue Jones, Lesley Cavalli  
and Brian Saccente-Kennedy*

## EDITORIAL

After a Spring of political upheaval and harrowing events, it's not surprising that there has been a "sombre mood" in the country so it's heartening to read World Voice Day reports celebrating how giving voice in singing or speech helps to lift the spirits. See pages 8 and 9 to read the feedback and look on line to access the video clips.

The wonderful Mel Churcher gave the Gunnar Rugheimer Lecture at the AGM and Study Day in July and she has kindly provided a shorter draft for the Newsletter. She leads us into the glamorous film and television industry, a world some of us don't encounter, however, all is not as it seems.....

In 'The President's Report', Ruth Epstein reports on her year as BVA President and hands over the role to Nimesh Patel.

Lynne Wayman, EDITOR

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Outgoing President, Ruth Epstein, giving her address to the Association's Annual General Meeting on 2nd July 2017



Association President for 2017/18, Nimesh Patel MBChB, MSc (Voice), FRCS (ORL-HNS)

- **EDUCATION:** the BVA continued a full programme of courses which included Voice and Neck, Extreme Voice, Research Day, From Vocal Health to Vocal Wealth, Accent Method, Voice Clinic Forum and Assessment, Diagnosis & Remediation in the Studio. We continue to benefit from the hard work of our education Working Party colleagues led by Rebecca Moseley-Morgan. My deep gratitude to Sara Harris for agreeing to postpone her retirement from the Education Working Party until the end of my presidential year. Sara has worked tirelessly with the group and will be greatly missed. We hope that she will continue her valuable work in producing the information leaflets to mark World Voice Day that benefit both the public and health professionals.
- **COMMUNICATION:** The BVA website was ably restructured in 2015-2016, an initiative led by my predecessor, Dane Chalfin. It is used as a source for BVA members and voice professionals, as well as members of the general public, and offers the 'Ask the BVA' section where advice can be sought about voice related matters. The BVA is spreading awareness of the work of the association through Facebook and Twitter. The updated Voice Clinics Directory is also available. The BVA Newsletter has completed its seventeenth volume and continues to prove a good medium for communication among members. Council is in the process of exploring a 'members only' section on the BVA website.
- **THE YOUNG BVA:** Council continued to pursue the appointment of student ambassadors to champion the BVA within their colleges, universities and conservatoires, raising awareness of the organisation and the services it offers around their respective institutions. It is envisaged that ambassadors will also help support the association's aim to encourage greater awareness among the general public of voice disorders and the importance of good vocal health and communication. We had favourable response from the Director of Studies in Speech and Language Therapy at UCL, as well as various conservatoires and are seeking to recruit students from ENT establishments.

Finally, I wish my successor, Nimesh Patel, all the very best; I am certain that the BVA will go from strength to strength under his leadership.





# TOOLS OF THE TRADE

Sunday 7th May 2017, Baden Powell House, London

Overview by CARLOS ARANSAY

Reports by HANNAH HORNE,  
SARAH CLACKSON and  
KIRSTY BUI

I knew I was in for a treat when the BVA announced a workshop on LAX VOX, the first TOOL of the day and one that I have been using for a couple of years. Brian Saccente-Kennedy (new BVA director and speaker on this subject) not only described it as a tool but also presented each of us with a plastic tube essential for its practise. What I hadn't expected was a truly spectacular amount of evidence-based slides along with his witty and entertaining presentation, which helped us all to relax when it came to the hairiest aspects of vocal tract aerodynamics, acoustics and similar complicated issues. The history of LAX VOX, the science behind Semi-Occluded Vocal Tract exercises, its therapeutic use and how to use it, was explained and though the contents of the day seemed to be more attractive to speech and language specialists (36) than singing teachers (11), in fact just the presentation on the science of SOVT exercises was worth being there for any singing teacher. I found very useful that Mr S-K compared LAX VOX to other SOVT techniques such as lip and tongue trills (and I kept thinking of Janice Chapman's puffy cheeks exercise as a bridge between them all). I have found LAX VOX to be

Brian Saccente-Kennedy



a most useful tool since I discovered it in Amsterdam some years ago, following a voice-affecting illness. I can attest for its practicality both in the individual singing lesson and in the choral rehearsal framework, both as a warming up procedure and as a means to get better and more unified singing from the choir. Tube in hand (LAX VOX consists of blowing/singing into a plastic tube which is inserted in water), we all joined in some simple and fun exercises. I think Brian Saccente-Kennedy is absolutely right in advocating LAX VOX and insisting that it is easy to learn, very difficult to get wrong, as it seems to bring out the inner child in all of us. In my experience I would also add that it is important to hold the tube at the right angle and to hold it between your lips between any tightening of the mastication muscles, lest any tension sets in which would be discovered later after a practice session.

Lesley Cavalli's workshop was dedicated to 'Psychogenic Voice Disorder in Young People'. As a singing teacher interested in a holistic approach to teaching and to my students, this was a good occasion to hear more from a specialist and to reassure me that all voice professionals deal with similar issues when it comes to assessing and helping the individual. I was delighted to find my old friend CBT (Cognitive Behavioural Therapy), which I have been delving in for years both as a patient (it was a great tool for my insomnia many years ago) and a teacher. Unfortunately, the scope of the talk was far too wide to be able to do it justice in 90 minutes, but I think Ms Cavalli was right in not skipping any important issues. We were introduced to the key theoretical concepts, assessment tools, treatment framework, clinical procedures and, most fascinating, to a lot of experience-based knowledge.

The day continued with yet another predominantly practical TOOL: Humming. Sue Jones's workshop (Vocal Resonance-Exploring Humming). It could easily have been called the M Workshop as we were presented with the longest set of exercises I have ever seen based on words with the phoneme M. We even had a chance to practise in small groups which, for me as a singing teacher, was most useful, as my two colleagues were SLT's. Again, refreshing to learn more about the advantages of humming and SOVT exercises in a therapeutic framework, which are easily transferred to a singing environment. In my work abroad (mostly France, Spain and Latin America) I constantly find pedagogy lacks in explaining why we do certain exercises (which they certainly do for warming up, for instance) and what their scientific basis is. There are, unfortunately, still many teachers preaching frontal sound placement based on obsolete concepts such as "maschera". Any talk of vocal tract acoustics and facial bone vibration is met with irony and mistrust. Perhaps the BVA could export their brilliant lecturers to such countries!

We were very grateful that all the lecturers stayed until the end of the day and participated, very patiently, in a Q&A session from the floor as well as asking the audience questions too. All in all, a truly revelatory day with plenty of food for thought and some very useful TOOLS to take home and into the studio.

**Carlos Aransay**, *Singing Teacher and Choral Conductor*



# Lax-Vox Therapy

Simple but highly effective. This seemed to be the take home message from Brian Saccente-Kennedy's presentation on Lax-Vox therapy.

Where does it come from? First devised in Finland in the 1960s, Lax-Vox is a modern take on a therapy originally known as 'Finnish Resonance Tube' in which a glass tube was used in water to treat children with hyper-nasality. The therapy we see today in the UK treats hyper-functional voice disorders and vocal palsy using a silicon tube placed in 5cm of water and instructing the patient to blow bubbles.

Is it evidence-based? Various research has been conducted over the years, testing many different variables in order to try and find the most efficacious form of Lax Vox. Studies by Guzman et al (2013) found that following Lax Vox the oral cavity was primed for optimal voicing (e.g. lowered larynx and widened hypopharynx). For patients with hyper-functional voice disorder, the tube was to be held in 1-2 cm of water for up to 2 minutes, 10-20 times per day whereas patients with vocal palsy should have the tube held 5-15cm under the water, for short bursts of bubbles, with practice occurring 10 times per day (Sovijarvi).

So how does Lax Vox work? The tube acts as an extension of the vocal tract and the water in the bottle semi-occludes the vocal tract, thus increasing the resistance for the air coming through the vocal folds. The air coming up through the vocal tract must therefore be pushed with more force, this increased sub-glottal pressure helps to improve vocal intensity. Blowing bubbles helps the vocal folds to come together in conditions which are optimal for healthy voicing.

Where might we go wrong as clinicians and teachers? The tube that is used has very specific dimensions; most importantly, the diameter of the tube should be approximately 9mm. Studies found that when tubes (straws) with a narrow



Brian demonstrates Lax Vox

diameter were used the resistance was greatly increased, which can make it easier for the patient to over-do it and damage themselves. Too much water can also lead to too much resistance, Brian recommends starting with 5cm of water, then decreasing the amount if the patient is finding it difficult to make the bubbles.

How do I do it? Ask the patient to put one end of the tube into their mouth, bite down on the end of the tube and form a good

*Below: The audience try Lax Vox*





**Lesley Cavalli**

lip seal. Immerse the end of the tube in the 2-5cm of water. Without taking a big breath, begin to blow bubbles. The patient should be breathing through their nose. Once the patient is able to produce these bubbles consistently, ask them to say /u:/ as they are blowing the bubbles, the bubbles should stay the same. You can then begin to introduce glides up and down, and diaphragmatic pulses. Trial different depths of water and see what works best for your patient.

**Hannah Horne SLT**

## Psychogenic Voice Disorders (PVD) in Young People

During the BVA's excellent Tools of the Trade event, Lesley Cavalli provided the wonderfully thought-provoking second talk of the day 'Psychogenic Voice Disorders (PVD) in Young People'. Focussing on young people between age eight to adolescence, Ms. Cavalli expanded on the nature of PVD, a subtype of functional voice disorder whereby psychological factors are considered fundamental to their aetiology.

Through explaining the importance of working within the context of both a young person and their family's core beliefs, Cavalli emphasised the need for professionals to work closely with the entire family.

Through explaining the chain through which the nature of an individual's thoughts can indeed result in feelings, then emotions, Cavalli elaborated on the role of emotional competence in an individual's ability to understand our more visceral feelings as emotions (cognitive-biophysical loop). And in this, she interestingly noted the relevance of this for many of

the adults we interact with, both professionally and personally. Indeed, she explained that some individuals can continue to have difficulty processing and understanding visceral feelings as emotions far into adulthood, struggling to manage subsequent bio-physiological changes (anxiety, palpitations, blushing) and behaviours where feelings are difficult to manage, if not understood.

Where for young people this may manifest as a bio-physiological change in the voice, a subsequent psychogenic voice disorder may be triggered by a series of predisposing, precipitating and perpetuating factors. It is through thorough case-history taking with the young person and their family that professionals may begin to identify and understand the nature of predisposing factors (early life events, personality, self-esteem), precipitating factors (trigger events close to the onset) and perpetuating (maintaining factors). Cavalli was clear in her advice not to apply an "adult interpretation" in this process. It is crucial to understand, most importantly, the child's own perspective.

With this foundation, a cognitive behavioural therapy approach may be used by speech & language therapists in partnership with psychologist colleagues. Whilst Cavalli explained a family-centred approach will remain essential throughout therapy, she cited GOSH's key principle of 'The Child First and Always' as key also in managing these young clients. In supporting these young people to develop their emotional competence and build skills to manage stress and anxiety, Cavalli spoke of the potential for therapy to develop crucial skills that may "set them up for life". Indeed, in view of concerning recent research suggesting that 50% of mental health disorders are already in place by age 14, Cavalli spoke passionately of the duty of care professionals have, not to find a quick fix to a voice problem, but to find a resolution to support young people and families for their future.

**Sarah Clackson SLT**

## Vocal Resonance: Exploring Humming

The last presentation was from Sue Jones, Consultant SLT in Clinical Voice Disorders from The University Hospital of South Manchester, who was discussing Vocal Resonance: Exploring Humming. She started by reminding us all why it works and that it is widely used to treat hyper functional voice disorders. Its aim is to achieve optimal voice production by supporting 'gentle' vocal fold adduction. A few of the fantastic benefits of an exercise such as humming being part of the vocal 'tool kit' are that: it needs no specialist equipment, is easy to teach, and has a good evidence base for some significant perceptual changes e.g. roughness.

Sue explained that humming should be used as part of a rounded approach to voice therapy to include: head and neck stretch and release exercises, release of vocal tract constriction, laryngeal manual therapy and abdominal breath support.

The first step to working on humming is to establish a 'clear tone'. The client needs to be able to hum a clear tone at a comfortable pitch and find their 'optimal' hum. To support resonance and a forward placed sound, placing your hands on your face to provide tactile stimuli was explained to be beneficial. The client needs to develop the ability to listen to the sound they are producing to self-monitor and adapt as



required. With this 'optimal' hum they can start to extend their maximum phonation time and start to add in small to large pitch inflections to increase range.

Sue then went on to explain that she then adapts this to words that begin with /m/. The first words are simple /m/ CVC words where the /m/ is held for 3-4 seconds in a singing-like manner. When this is consistently achieved, the sound is then adapted to a more natural speaking pattern. This is then extended to longer /m/ words, short phrases and sentences. When the /m/ words are produced confidently Sue moves onto to productions of /l/, /n/, /w/, or /r/ CV words in the same pattern as before.

Gradually, the length of the prolongation of the beginning sound is reduced until the word/phrase/sentence is produced with a totally clear tone. If the dysphonic voice returns then the prolongation is reinstated and release constriction techniques are employed to re-establish the clear tone and then the reduction is attempted again.

Sue discussed that she encouraged the client to use negative reinforcement as a technique to help aid generalisation, e.g. producing and comparing a dysphonic vs clear voice; however, she always makes sure that she concludes the session with the client producing a clear tone. Sue also uses spontaneous conversation to practise speech leading onto more 'real life' activities such as talking on the telephone, multitasking while talking, and going into environments with low background noise to practise (i.e. the coffee shop!).

This presentation was engaging and practical, and proved to remind us all that the humble hum shouldn't be underestimated as an essential 'tool of the trade'.

**Kirsty Bui SLT**



Sue Jones

*Below: Discussion groups*





# WORLD VOICE DAY 2017 AROUND THE UK



## Newham General Hospital Dementia Department, East London

Christine Radjabou celebrated the World Voice Day by sharing her voice volunteering at her local hospital. Christine sang to patients in a ward for 50 minutes inspiring a deeply emotional response from an elderly patient when she sang an operatic aria.

## Birmingham

Sarah Wright-Owens, a Singing Teacher and Clinical Vocal Consultant at University Hospital, Birmingham, promoted 'singing for health' and World Voice Day on her website [www.singertrain.com](http://www.singertrain.com) and in her Community

Centre attached to the church in the days leading up to World Voice Day and Easter Sunday. Sarah writes: "I created a display of British Voice Association 'Singing is good for you' and 'The Voice and Ageing' information leaflets in the community café and talked to the customers who showed interest in my display about how singing can increase physical and mental health.

## Voice Work's Facebook page

Kelly Anne Sharp, founder of Voice Work invited followers to an online 'Share Your Voice' event. On and around World Voice Day, I invited people to share the great things they were doing with their voices. It was Easter weekend and people are often away on holiday or simply talking and catching up with friends and

family around this day, so I decided to keep it very simple with a small event to encourage people to just share and appreciate their voices. I asked followers to please write a little and share how they would be using their speaking voices on that day. I also invited singers to feel free to share videos of their singing, via Soundcloud, etc. And they did!

## Kent Community NHS Trust

Annie Elias wrote a blog for the Kent Community NHS Trust Staff News.

## West Midlands

Rebecca Schwarz appeared on a local radio station to talk about voice care and the British Voice Association.



Rebecca Schwarz at her local radio station's studio (...she doesn't explain the show presenter's ears!)



## Neath Port Talbot Hospital, Wales

Gina Rooke writes: 'I am an Adult Speech and Language Therapist working for Abertawe Bro Morgannwg University (ABMU) Health Board for NHS Wales. As part of my caseload I see adult voice clients in outpatient clinics at Neath Port Talbot Hospital'.

'We celebrated World Voice Day 2017 on Friday 21st April (due to the Easter holiday). We held a Workshop at Neath Port Talbot Hospital entitled: The Ageing Voice and The Importance of the Vocal Warm-Up. 15 local choirs across the health board were contacted and invited to attend the event.'



Gina Rooke leading the Neath Port Talbot Hospital World Voice Day vocal warm-up



A screenshot taken from Rebecca Moseley-Morgan's 'Vocal warm-up' video which can be viewed at [britishvoiceassociation.org.uk/free.htm](http://britishvoiceassociation.org.uk/free.htm) or on YouTube at [www.youtube.com/watch?v=tsLol8DQqTM](https://www.youtube.com/watch?v=tsLol8DQqTM).

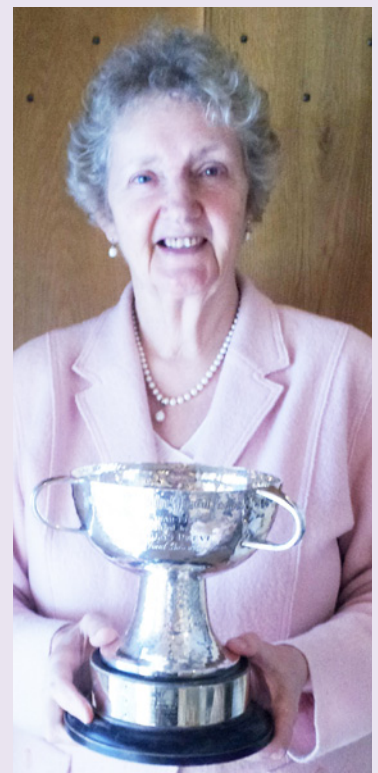
## Staying young through singing

### Veronica's story

Frith Trezevant, Bristol-based singing teacher and past member of the BVA Council and Educational Working Party, contacted us about Veronica, a student of hers. We are most grateful to Veronica for allowing us to include her success story in our World Voice Day section to show how singing can keep your voice healthy in later life and to inspire others to try it.

Veronica is now 74 years old and she did not have singing lessons until the age of 63. On the weekend of 11th/12th March, she sang 'Les Berceaux' by Faure at the Southampton Festival of Music and Drama and won the French Art Song Class with 89 marks and a Distinction! The adjudicator was an Assistant Chief Examiner for Trinity Guildhall and used to a high standard of singing so these marks were not given lightly.

*Congratulations Veronica, from the British Voice Association.*



## THE 2017 GUNNAR RUGHEIMER LECTURE

## VOICE: THE CINDERELLA OF THE FILM INDUSTRY

Presented by MEL CHURCHER at the Association's AGM on Sunday 2nd July 2017

**Overview**

Voice is little regarded in the film business, either by actors or directors. Sets are dry, smoky, unhealthy places. Unlike theatre, many actors don't see the need to warm up or cool down for screen. Directors hope to 'fix it in post'. Yet voice is vital for an actor's screen presence. Once, sound was king. Why is voice now so neglected in screen work? And what can we do?

**Health**

Movie sets and locations are unhealthy places. Cinematographers always like haze to show off their subtle lighting effects, but since the advent of HD digital cameras, everyone expects all flaws to be softened. Now almost every set has some form of smoke. I recently worked on a Pinewood franchise in Asia, without extractor fans, where real fires on set sent smoke into the whole stage area. The crew used masks, but the actors could not. Filming went on day after day for five months.

Film studios are either cold and dry or hot and very dry. Locations may be in a desert sandstorm, or on a night shoot in freezing conditions. There was once a nurse in attendance, ready to hand out hydration aids and advice, but I haven't seen one for years. Vocal health considerations are left entirely to the actors – many of whom are unaware of the hazards; how to solve or mitigate them; or how to get help.

The hours are extremely long, and when actors aren't filming, they are training in a gym, horse-riding or doing fight training. Filming swaps from day shoots to night shoots with little rest between. Actors get exhausted, and so do their voices. And yet a large proportion of these actors are untrained. Even many of the actors who've been to drama school, or work in theatre, see no reason to warm-up, cool-down or regard their vocal health at all for screen work.

Drama is emotional stuff. Actors are asked to cry and cry and cry. They must throw-up, scream and use all kinds of extreme vocal work. Unlike theatre, there is no time-lapse between repetitions of the behaviour. The bigger the budget, the more set-ups and takes there will be. Actors always give it their all – there is no 'marking-it' as there is little or no rehearsal for screen. It is all performance.

Few films have voice coaches present – so we need emancipated actors. We must keep them aware that warming up and cooling down is vital for screen work too. Maybe it is more vital, because on stage the art of projecting the voice night after night means that actors learn good posture and alignment, use abdominal-diaphragmatic breathing and ergonomic use of their vocal folds.

**Technical Traps**

Film is a terrible trap. Actors are fighting lions over and over again with each take. There is nothing more terrifying than hearing 'Quiet everyone, going for a take.' 'Sound speed.' 'Camera

speed.' 'Action!' Then the whole crew goes quiet and waits for the actor. No wonder nervous performers lean forward, collapse at the chest, raise their shoulders or stick out their chins to protect themselves. No wonder they get into high, clavicular breathing, creak or go breathy and disconnect from vital muscles. And this is repeated time and again – set-up after set-up, take-after-take, six days a week for months on end.

Scenes are filmed out of order, so there is no sense of swimming through the piece in a satisfying, tension relieving manner. In some shots, there may be a lack of physical freedom because the actor is in extreme close-up, or working with blue or green screen where movements need to be exact for the subsequent computer generated images – or even worse, the 3D version. They could be hampered by heavy costumes or corsets; boiling hot or freezing cold. They may have to keep a 'soundscape' in their heads to maintain voice level because music, ambient noise or waterfalls will be added later.

**Vocal hurdles**

On film it is all too easy to communicate with no one. The actor may be in close-up with no other actor in their sightline, and without the audience of live theatre. It is right to remain in this imaginary world, but within it, you speak in order to communicate something to someone!

We underestimate how unnatural learnt text is. In life we rarely have prescribed words to say. The difference between hearing real speech and learned lines can be striking. On learned lines, the energy drops; ends of words tail away. And so do many viewers. There has been much talk recently about the inability of television viewers to understand the dialogue.

Many actors develop a habit of talking to themselves, rather than to the other roles – they are not communicating or using anything like the vocal energy that they use in life. Often they let breath out before speaking. It is a way to calm themselves, and put off the moment of using words that aren't their own. But they forget to allow the breath back in before they speak. Whereas in life, the thought and simultaneous intake of breath lead directly to speech, actors often 'miss the moment' so that there is no energy in the voice, and the actor registers the discomfort of not feeling 'real'. Any release of the breath to re-find relaxed breathing (or any warm-up) is best done before 'Action'. Equally important is to resist taking in a 'locking' preparatory breath. My advice is to remember where you've come from, what you want, look around the real or imaginary world. As the impulse to speak rises – simply 'go'. Like life.

**Warm Ups and Cool Downs**

I'm always amazed when I ask trained actors who work in theatre whether they warm up and cool down for screen. Most say 'No'. Some say 'Yes' to warming up, but few seem to know about cooling down afterwards.

When it comes to warming up the vocal apparatus, I ask 'What wouldn't you need?' You need the same posture, the same open channel to your vocal and emotional centre. You are fighting lions



all day and need relaxed breathing; working long hours under difficult conditions; repeating short amounts of text over and over again; dealing with jet lag and too little sleep – and yet great film actors, like great theatre actors, need grounded, flexible, memorable voices.

OK, maybe you won't need any more projection than in life (although sometimes you may) but this is not life. It is an artificial experience and the most unnatural aspect of all is speaking learnt lines. And you do this in front of a camera and crew, that you must ignore, and with no rehearsal.

Yet voice and acting coaches are rarely used on film. No one wants to spend money on anyone not vital to the production. So we turn up only for accents or very special projects. Many actors I help on set have come from somewhere else and haven't trained conventionally at all – they are models, singers, sportspeople, young people. They've never done vocal work and time on set is short.

With time constraints, few shared references and no shorthand – I've had to become a 'quick-fix' merchant. Once we've established the mechanics of relaxed breathing, I use a very simplified version of 'Accent Method' to move them from clavicular breathing into the abdominal-diaphragmatic area. This enables quick recoil so that breath is not drawn in with tension, aids relaxation and emotional connections, as well as helping to produce a warm 'centred' tone: what I hear as 'the ring of truth'. If an actor isn't breathing, they aren't listening. And if they're not listening, they won't be fully interacting with the other roles. And it will show. If the breath isn't flowing, they'll have no emotional connection and will start to 'push' and manufacture emotion. Just keeping a hand on the stomach – out of shot – can help with feeling 'connected' emotionally and vocally, and take tension off the face. It helps with studio microphone work too.

I look at posture – assuring the neck is lengthening out of the back, shoulders are down, knees are not locked. And I urge them to resist leaning forwards unless the role really would do so. Because of all the scary stuff going on, actors often lean forward to protect the solar plexus area – and their racing emotions.

Using a simple way to ensure the false vocal folds are not held across, thus making the voice 'creak' – I ask the actor to hold hands over ears, consciously hear the breath coming in and going out, and then to make it silent. 'Creak' is the 'folded arms of the voice': the way an actor protects themselves because of shyness, fear or to cut off emotions. Leaning forward, craning the neck, high, tense shoulders – all these impede breath flow, acting, voice – and life.

With regard to cooling down, I ask whether they stretch after jogging or working out. When they confirm that they do, I remind them of the hard work the vocal folds are doing in speech, and teach them to 'siren' or hum to stretch them out at the end of a long day. We talk about staying hydrated, voice rest, and using steam if in any discomfort.

Of course, if I'm lucky enough to have time in the pre-shoot period, I will use a greater toolbox of vocal work, and address any specific voice issues.

## Post-Production

Because most directors take their artists into a recording studio some months after shooting in order to replace much of the dialogue – they are often little concerned by the original voice work or the vocal health of the actor – knowing that they will 'fix it in post.' The noise of planes and traffic, creaking leather costumes, the director's love of the 'wind machine' that sounds like a helicopter are all legitimate reasons for ADR (automatic



Mel Churcher

dialogue replacement) – but actors using inappropriate volume is not. And you can't really 'fix it in post' if the actor's body wasn't engaged in the first place. The actor has to use the appropriate vocal energy while filming in order for the body and the voice to match.

ADR, post-synching or 'looping' is done months after the original filming, bringing its own vocal hazards. To stand in a small recording studio watching a film clip and, on being given a digital prompt, to speak the words again within the exact rhythm and timing of the original is not easy. It helps to use some of the same body movements (running or lifting heavy objects, for example). But when still, good posture is important. Actors who try to reach the microphone by sticking their chins forward restrict breath flow, and thus lose vital connection to their emotional and vocal 'centre'. ADR sessions can last days, involving screams, groans, heavy breathing or snoring, as well as dialogue. And vocal coaches, even if on set, are rarely present at post-production – crazy as that seems. This is why accents slip in and out of finished films – the 'out' bit being the sections that were done in ADR.

## Summing Up

Every voice coach on a film hopes, along with the sound-mixer, that the original sound will remain in the final cut of the film. Sadly, this is rarely the case. But whether the dialogue is done on set or in a recording studio – nothing replaces the 'ring of truth' that is there in a naturally supported voice. A tense, creaky or breathy delivery can never be given that quality by a post-production sound technician. This is why we need to encourage actors working on screen to train, warm up and cool down, and understand basic vocal health and hygiene. Then they will speak both with their eyes and their voices.

Mel has two books in publication: *Acting for Film: Truth 24 Times a Second* (Virgin Books/Random House 2003) and *A Screen Acting Workshop + DVD* (Nick Hern Books 2011) and has written many articles on voice and acting.

This article: *10 Reasons to Breathe for Screen Acting* (*The Moving Voice: Voice & Speech Review* 2009) lists some exercises Mel uses: [https://www.academia.edu/540981/10\\_Reasons\\_to\\_breathe](https://www.academia.edu/540981/10_Reasons_to_breathe)

# The Voice Book for Trans and Non-Binary People

Matthew Mills and  
Gillie Stoneham

ISBN 978-1785921285  
Jessica Kingsley Publishers

Review by Heidi de Quincey  
*Specialist SLT*

This is a much-needed book: both by growing numbers of those facing the unavoidable challenge of complex change in their lives, and by their facilitating therapists and voice coaches. It is sensitively written by two experienced therapists working at the heart of Gender Identity provision UK. We do not only hear their voices - quite literally via the inclusive downloadable video - but throughout the book there are direct and valuable contributions from many who have been part of the process of therapy.

It shares trans and non-binary people's comments on their experience of the therapeutic process - such as the therapist modelling and accompanying the search for a voice and entering the vulnerability of true therapy. These direct and individually

named comments are insightful and varied, and will be so valuable for the lone person seeking recognition and identity as well as therapists new to this field. Later in the book a longer narrative therapy exchange is given, showing significant stages reached in development of change.

This book is a gentle yet authoritative model for excellent therapeutic practice. It practically describes the basic physical steps one can use when finding a new voice and communication style and it is these which are clearly demonstrated in the linked video.

The authors rightly stress that personal development of communication and voice change is best achieved both in a supportive and skilled therapeutic partnership and within a group setting. They understand the dilemma experienced by trans or non-binary people across the gender spectrum, and never present voice change as being enough unto itself. Rather, they suggest the necessity for personal development using a rich reference to sound psychological knowledge. Satisfyingly, it gives sound evidence, where available, for therapy 'exercises', and leads the reader on to fitting this into psychological development using an eclectic approach including narrative and SFBT. A vital component for many, when the emphasis is on the 'technique' so widely available online. If anything, there may be too much detail for the person tempted to just dip in.

The therapist and academic bridge is evident in the extremely practical chapter organisation with a clear rationale for

## The Voice Book for Trans and Non-Binary People

**A Practical Guide to Creating and Sustaining Authentic Voice and Communication**



Matthew Mills and Gillie Stoneham

suggestions - an approach so appreciated by our questioning clients. The references are useful and wide ranging.

It takes the changing voice out of 'practise' and into the varied situations of life, and like all good therapists - it encourages it safely! In fact, although this is a book focused on the trans and non-binary community, it is also a record of rich and thorough voice therapy in action.

Above all, this book is kind and reflects well on the therapists entrusted to accompany people brave enough to break through boundaries imposed on them. Society is changing - although at times too slowly to avoid the damage done by those confining assumptions.

## FORTHCOMING ASSOCIATION EVENTS

See [www.britishvoiceassociation.org.uk](http://www.britishvoiceassociation.org.uk) for more details

Saturday 23rd September 2017

### MASTERCLASS WITH JANICE CHAPMAN

Park Crescent Conference Centre, Great Portland Street, London; 2.00pm

Janice Chapman, distinguished Australian-born soprano and voice coach, will present her teaching model and work with five young singers.

Sunday 24th September 2017

### GROWING A SINGER: resourcing, nurturing, troubleshooting

Baden Powell House, South Kensington, London

*"An exciting day with five enlightened singing teachers sharing their expertise"*

- **Dr Jenevora Williams** – *Why Do We Sing?*
- **Fiona Dobie** – *An introduction to Emotional Freedom Technique (Tapping)*
- **Sally Burgess** – *The Resourceful Performer*
- **Dr Gillyanne Kayes** – *The Role of the Singing Teacher in Post-Rehabilitation Work*
- **Rebecca Moseley-Morgan** – *Issues facing singing teachers.*

Saturday 4th November 2017

### INTERACTIVE CHORAL DAY (working title)

Gresham Centre, Gresham St, London, 10:00am – 5:00pm

#### Confirmed speakers

- David Howard
- Jo McNally
- Amy Bebbington
- Karen Gibson
- Dominic Peckham

Further information also available from  
[administrator@britishvoiceassociation.org.uk](mailto:administrator@britishvoiceassociation.org.uk)