

Consent in the singing studio: A two-part interview

Louisa Morgan

In September 2024 I was lucky enough to present a workshop at PEVoC (Pan European Voice Conference) in Santander. While I was there, I had the opportunity to witness a fantastic workshop by Dr Jenevora Williams and Stephen King of Vocal Health Education. They were discussing language choices in vocal rehabilitation, specifically around the subject of informed consent. This is a topic that had already been at the forefront of my mind, having observed a number of masterclasses and teachings in a number of settings across the year that clearly failed to consider the potential impact of nonconsensual touch. Shortly after attending the workshop, I asked Stephen and Jenevora if they would be willing to talk with me on the subject as part of an article for this magazine. It is clearly a hot topic this year, as when I then attended the VASTA (Voice and Speech Trainers Association) symposium in Leeds a few weeks later, I was able to meet Becca Barrett, who is a voice coach with a focus on consent education. Becca was speaking at the symposium on the topic of consent in the voice studio, so I was excited to be able to meet them and ask for an interview to add to this article.

Interview One: Dr Jenevora Williams and Stephen King

Louisa: Could you start by explaining why, in your view, discussing consent is so essential?

Dr Jenevora Williams: Consent is vital because, historically, we've shifted between extremes. There was a time when touch was unregulated and often misused, leading to discomfort and, in some cases, abuse. This lack of boundaries was one reason safeguarding guidelines were introduced, making it clear that such behaviour isn't acceptable. It's important for everyone, especially young people, to understand that their bodies are their own, and consent should be at the forefront of any interaction. That's a message that we teach young children now; they learn about consent in school, and they learn that an adult can't just go up to a child and hug them without checking with them that they're comfortable with that. With professionals, such as singing teachers, it's not about our intention to help;

it's about how the student feels and perceives our actions. My intention to go up and just touch the back of someone's neck just to loosen their head and feel that change of alignment, for me, may be a very useful and practical way to just communicate that intention, body to body, nervous system to nervous system. But for somebody who may find that uncomfortable, who's not used to it, or who may have had some kind of unpleasant experience associated with someone touching their neck, they may just freeze. And they won't say anything. And I might say, is it okay if I do this? And they just freeze and nod because they are compliant. And that is the sort of touch that I think we're now addressing. It's knowing that when we are student-centred in our teaching it is their wish that counts, not ours. That's where the principle of consent is crucial—it's about prioritising the comfort and autonomy of the student.

Louisa: Yes, I think most of us recognise that asking is necessary, but it can be challenging to ask in a way that genuinely allows students to say no.

Jenevora: That's precisely where frameworks like Stephen and Lydia's (EQUATION) consent model are so helpful. While designed for manual therapy, which requires specific training and insurance, the principles can still apply in a singing studio. **Explaining and rehearsing responses can make a significant difference.** For instance, if I'd like to guide a student's neck, I'd first demonstrate on myself, explaining what I'd like to do. After getting their initial consent, I'd follow up with, "If this feels uncomfortable at any point, please let me know," and even rehearse a hand signal or verbal response for stopping. This way, they know they have complete permission to revoke consent if needed, which is fundamental for genuine comfort and openness.

Stephen: There is a current paradigm shift afoot. Thankfully the idea of "no pain, no gain" is on the way out of the social zeitgeist, and collectively we are moving towards more patient-centred approaches in healthcare, emphasising the importance of



communication and collaboration between healthcare providers and patients. This paradigm shift recognises that patients are not just passive recipients of care but active participants in their health journey. The traditional approach to manual therapy has been rooted in principles such as clinician-centred assessment, patho-anatomical reasoning, and technique specificity. However, contemporary evidence increasingly supports the need for a shift towards a biopsychosocial, person-centred framework. This shift acknowledges the importance of safety, comfort, and efficiency, and emphasises positive communication, collaboration, and patient empowerment.

Louisa: Many of us, myself included, have often avoided any touch in our teaching, as a reaction against previous norms. Is there a real need for touch in singing instruction, or is it more of a shortcut?

Jenevora: Touch can indeed be a useful tool, but it's certainly not essential. While guiding someone's shoulders with touch might quickly help them relax, there are always alternative ways like self-awareness exercises or even visual cues. Touch can provide a quicker solution, but if a student or teacher is uncomfortable, there are many creative, effective alternatives. Schools, for example, often have strict no-touch policies, and teachers adapt by finding different approaches.

Stephen: In manual therapy, especially within the context of voice care, priors refer to the emotional, psychological, and physical memories stored in the body. These memories, known as "priors" because they represent previous experiences, influence how the body responds to current stimuli. The idea that the body holds onto past experiences is not new, but recent research in active inference and body-based psychotherapies has brought this concept into sharper focus, especially in manual therapies where touch and manipulation are involved. In voice therapy, priors can emerge when a therapist applies manual pressure to specific areas, such as the laryngeal muscles or neck. What may initially seem like a mechanical response—muscles relaxing or vocal quality improving—can actually be an emotional or psychological release tied to a memory or experience. For example, a singer may hold tension in their laryngeal muscles, not only due to vocal overuse but also because of performance anxiety or emotional stress. These experiences are stored as priors in the body, and through touch, these stored memories can be accessed and released.

To read more about "Priors": McParlin et al. (2022) Therapeutic Alliance as Active Inference: The Role of Therapeutic Touch and Synchrony. Frontiers in Psychology.

Jenevora: I think what's really important is the process of explanation. So, if I were to guide the back of someone's neck, I would say what I'm going to do, and ask, is that something that you think you'll feel comfortable with? Most people will go, yes that's fine. So then I say, if you're not comfortable, or if it's an unusual feeling, or whatever you're experiencing, can you please tell me? And I say, how are you going to tell me? So, you rehearse the reply. And it's either, can you stop now? Or it's putting your hand up. And you rehearse that. So, they know they've done it, and they know they can do it again. There's total permission to turn it around. And then while you are directing the head and they're singing, you constantly check in. How is that feeling? Is it useful? The whole point of doing it is that it should be useful. And ***if they're not finding it useful, you've got to find another way to help; there's always an alternative.***

Stephen: Now take for example you had encountered a negative experience around your larynx, something like a tennis ball hitting it and leaving it achy and bruised. If massage is applied and gives you an ache, the body might link the negative prior to the current experience which won't be very healing, and depending on the circumstances even re-traumatising. Now imagine there is a different context. Not a clinician-led model but a patient centred model whereby there is a contract of consent to the touch seeking to allow for the removal of hands before something negative occurs.

The EQUATION framework seeks to provide that consented space with a negotiation in the therapy. The equation is a mnemonic. It invites a conversation around what might be about to happen.

- (1) **EXPLAIN:** Introduction to anatomy and relevant research—Which area of the body do you propose working in?
- (2) **QUALIFY:** Explain how/why this is relevant to the client—Why might it be helpful? What has the client said or demonstrated that has prompted you to make this choice?
- (3) **UNDERSTAND:** Check understanding—How has the client understood your rationale?
- (4) **ASK:** Give opportunity for questions—Does the client have any questions about what you have said?
- (5) **THINK:** Reflect on what you know—What is the appropriateness and usefulness of the selected technique, given what you know about the client and their story?
- (6) **INTO SPACE:** Place hands onto client—Does this touch prompt additional reflections for you or the client? How does their body respond to the touch?
- (7) **OPTIONS:** Offer (and, if necessary, demonstrate) alternative techniques—Would the client prefer a different technique?
- (8) **NAME:** Name a plan for saying no—If the

selected technique is associated with distress or discomfort, or the client feels it is not useful or helpful, how can they let you know? Agree a signal for you to stop the treatment if they feel uncomfortable.

To read more: Flock, L and King, S (2022) Vocal Manual Therapy: the consent EQUATION (And Why You Should Care About It) Voice Speech Review.

Louisa: In group settings, some of us use partner exercises where students work in pairs. Do you think that poses any issues, as some might not feel comfortable being touched by a peer?

Jenevora: Absolutely. Consent isn't just relevant between teacher and student; it also applies peer-to-peer. In performing arts, there's often an unspoken expectation to tolerate physical contact, but this doesn't mean everyone is comfortable with it. Just as intimacy coaches work with performers on boundaries, establishing comfort and options from the outset in any teaching setting can encourage respect and autonomy.

Louisa: Masterclasses can be tricky in this regard, especially since they're public, fast-paced, and involve a certain power dynamic where students may feel pressured to please the instructor. What's your take on this?

Jenevora: The public nature and pace of masterclasses make it difficult for participants to voice discomfort. There's also a performative element for the master teacher, which can sometimes overshadow the student's needs. In such settings, touch is often used as a shortcut, but I believe it's best avoided. Instead, instructors can use words, imagery, or demonstrations, all of which allow students to take away valuable insights without the complexities of physical contact in a high-stakes environment.

Louisa: So, your advice for masterclasses would be to avoid touch altogether?

Jenevora: Exactly. In masterclasses, where you don't have a prior relationship or trust established, it's best to find other ways to communicate and guide. The goal should be to give the student something positive and constructive to reflect on, not to fix everything in one session. Minimising touch or any form of personal criticism helps keep the environment respectful and supportive.

Louisa: Another concern is the language used in these settings. Comments like "good girl!" or "good boy!" can feel infantilising, even for adult students. Do you have thoughts on that?

Jenevora: It's a delicate balance. Creating a supportive environment means being mindful of words and respecting students as

autonomous adults. Encouraging masterclass instructors to reflect on their language and approach can foster a more respectful experience for everyone involved.

Louisa: When working with older students, could touch be beneficial?

Jenevora: Absolutely. Touch can be very meaningful, especially for older individuals who may experience less physical contact in daily life. That said, it's still essential to approach each individual based on their comfort level and needs, regardless of age or gender.

Louisa: And what about teacher safety, especially younger instructors working late or with older students in isolated settings?

Jenevora: Teacher safety is a critical consideration. I always make an audio recording of my lessons to provide a record, which also discourages any inappropriate behaviour. In situations where touch is involved, framing it within a professional context—like sanitising hands or wearing gloves—can further reinforce boundaries and professionalism. Ultimately, if there's any doubt or discomfort, it's best not to touch at all.

Louisa: Would you recommend discussing touch and boundaries during initial consultations with new clients?

Jenevora: It depends. Often, touch doesn't come up in every lesson, so it may not be necessary to introduce it upfront. If you're in an institution, however, it's important that the institution addresses it with both students and teachers.

Louisa: Is there anything else you'd like to add?

Jenevora: The great thing about human touch, is that being touched is a really important part of being human. And we know this from elderly people who are not touched very often, that they really lose out emotionally and their health deteriorates. So when you're having a conversation with an elderly person, if you hold their hand while you're talking to them, it communicates a completely different level to just chatting. ***I think it's crucial to remember that human touch can be immensely valuable. Physical connection, when appropriate, releases oxytocin and dopamine, enhancing both emotional and physical health. It's just about finding the right balance and context so that touch remains a positive and consensual part of our human experience.***

Dr Jenevora Williams is a co-founder of Vocal Health Education. She was the first singing teacher to be awarded a PhD in voice science in the UK, and won the 2010 BVA VanLawrence Prize for her outstanding

contribution to voice research. Her book *Teaching Singing to Children and Young Adults* has sold several thousand copies worldwide and the third edition will be coming out later in 2024. Jenevora's publication list includes research papers published in the Journal of Voice, Logopedics and Phoniatrics and Vocology, VASTA Journal, ANATS Journal, AOTOS Journal as well as chapter contributions to The Oxford Handbook of Singing, Perspectives on Males and Singing, The Oxford Handbook of Music Education and the Oxford Handbook of Singing Pedagogy. She has worked as a Research Associate at York University, working with Dr Gillyanne Kayes and Professor David Howard.



Stephen King is a co-founder of Vocal Health Education, and founder of the Voice Care Centre. He has co-written several academic book chapters, *Help! I've Got A Voice Problem* and *Relational Acupuncture For Voice*, with further academic articles published in peer-reviewed journals. He has presented at conferences and delivered courses in Vocal Manual Therapy, Vocal Acupuncture and the Psychology of Voice Disorders across Europe, China and Japan, as well as written and delivered the UK's only intensive vocal massage training qualification.



Interview Two: Becca Barrett

Louisa: What brought you to this point of including consent work in your practice?

Becca Barrett: I'm a voice practitioner, which includes singing, but also includes speaking and accents. I trained in musical theatre but my first singing teachers were trained classically in singing, but I stuck with musical theatre, much to my singing teacher's chagrin, as I think so many of us do. I defected. And in 2019, I started working with Speak About It, a nonprofit organisation that's based in the US. It's a sexual assault prevention organisation that uses

performance and facilitated workshops as tools for consent education. I was hired as an actor educator and I was trained as a consent educator and facilitator. We would travel around to universities in the US and do a performance about boundaries, consent, communication, bystander intervention, and then we would facilitate discussions with students or the student leaders afterwards to talk about what it means to have a healthy culture of consent on campus. And that was my first introduction into the world of consent education, and as a voice person it just felt like a really interesting world. I worked with them for two summer seasons and continued on with some online workshops and facilitation trainings. In 2021 I started my Master's in Voice Studies at Central School of Speech and Drama and my research was about developing a gender affirming voice pedagogy for working with trans and non-binary musical theatre performers. One of the major influences was using trauma informed approach. And I found that there was this huge overlap of a lot of the things that come from the world of consent education, which also take a trauma informed approach. And so I was able to merge those two things in my practice. If we understand that singing is intrinsically interconnected in the nervous system, and the nervous system is at the core of all of the regulation of all of our other systems then we first and foremost need to be looking after the nervous system as practitioners, in order to enable our clients to have the growth and learning experience that they deserve. Many of my colleagues at Speak About It also work in the world of intimacy coordination and I got to learn from their practices during our rehearsal periods. So I was able to draw from that practice, plus what I understood about consent, plus what I understood about trauma informed pedagogy and codify it into something I could use with clients consistently. Then I met Lucinda Allen, who is my co-researcher. She works at the Institute for Contemporary music performance in Kilburn, and she is certified in MDH breathing coordination. MDH is a very touch-intense practice, because it incorporates manual therapy, and I'm learning a lot from her. I also have a background in the Estill Method, which uses a lot of touch as well. So we both come from these practices that use a lot of touch. We both recognized the importance of consent in our practices and knew that other colleagues were feeling unsure, so we wanted to start a conversation about the challenges and potential solutions in working with clients or students. How do we use touch consensually? We were awarded some funding from ICMP's Research Fund and did some workshops with their students and staff, which ultimately led to the research which we presented at VASTA.

Louisa: If you were to bring everything into a

nutshell for me, what would you like singing teachers to know?

Becca: Two main things come to mind. I think one is that **healthy consent can only exist in a relationship that is committed to the maintenance and repair of trust.** Trust is a living, not a static thing. I think a lot of people assume that we have the chat in the first session, and then we're done, and we've set it up. But actually, we're all human beings who are changing day-to-day. And I think embracing this idea of the relationship between the teacher and the student as a living thing that needs to be cared for and maintained and revised creates a much easier access point for conversations around consent and touch. I think the second thing is that actually **most people do not want to do harm. Most people want to avoid doing harm at any cost, really. But actually the thing that can sometimes be the hardest, for the practitioner is hearing no.** We take it personally, and we go "Oh, they don't trust me." "How am I going to get them to have this experience that I want them to have?" And I think that our work as practitioners is actually about finding the grounding and the self-regulation to be able to ask, make an offer, have the student refuse it and not react, because then that just reinforces the idea that the student asserting their boundaries is a bad thing. So our personal work has to be, how can I be open to whatever the response is, and then be willing to co-create a solution if what I've offered is not what they want.

Louisa: In terms of the power imbalance that we see in the student-teacher relationship, how do you ask the question without just getting a yes because the student wants to do what you want them to do?

Becca: I think we have to talk about it. And that's another thing that I think is a bit scary for people. Taking the time to introduce consent at the beginning of sessions with individuals or a group creates an opportunity to name the fact that you as the practitioner are asking the client to put your trust in them and I think that is one of the ways to lessen its impact. By naming it, we create a situation where the student can say, "I understand this is what you're offering me, and I can either say yes or no." So we're already introducing this idea of consent or collaboration. Also, I think it's about the ritualistic regularity with which we ask questions. We can start every session with, "How's your body feeling today? Are there any places that are feeling a little bit tender, or that you want to put on like our red or yellow list for today?" The tool we use is the traffic light system. Then it just becomes a normal part of checking in, just like a warm up. And then it lowers the stakes. If we start the day with a check-in, it can give them autonomy from the beginning.

Louisa: Do you think gender makes a

difference? And if so, how does the approach shift?

Becca: Oh, 100%. I think if we're talking about power dynamics, every part of intersectional identities comes into play. And gender certainly makes a difference. I don't think that the approach shifts with the gender identity of the practitioner, but I think we have to understand that our gender expression may have an impact on our students (consciously or unconsciously). Cis Men in particular have a privilege that may create additional power dynamics in a room. Interrogating our privilege is a process of unlearning assumptions. Some of us need to consider our position as white practitioners. We might use the back of the head as a point of touch in singing lessons. I'm always super conscious when working with students of colour about touching their hair. I don't point it out, but I endeavour to I add in, "Are you okay with me putting my hand on the back of your head? And would you rather move your hair out of the way?" It's awareness as a way to be a bit more anticipatory rather than a change in the approach itself.

Louisa: Should we avoid touch completely? Should we just avoid it?

Becca: No. I think that touch is such a useful tool for learners and practitioners. There are going to be certain students for whom touch is not a useful tool. But that does not mean that I think we should avoid using it with students for whom it will be a useful tool. **The ability to listen with our hands is so integral to so many somatic practices.** Also kinesthetic learning as an accessibility thing and a neuro-inclusion thing is really important for a lot of students. For a blind student, for example, touch is a crucial tool for learning. To deny the importance of somatic connection is to limit the capacity for learning in many instances.

Louisa: Masterclasses are a heightened situation for that dynamic between the 'master' and the student. Very often there are volunteers from our membership who bring along students to participate in masterclasses. They could be children. They could be adolescents. They could be adults. They have all given consent to take part in the masterclass. But often the professionals who are delivering the session don't have a lot of time to speak to the singer beforehand. And it's quite common for touch to be used. What advice would you offer to those taking the masterclass?

Becca: Acknowledge the additional barrier to obtaining healthy consent, which is the presence of an audience. There is pressure to perform without time to build trust in the relationship, which obviously makes the stakes much higher. Number one is, when you ask about touch, are you being specific?

Manner, duration and quality. So we're telling them where it's gonna happen, what kind of touch it is, how long it's going to be and what the goal or the outcome is. Then once we've given them that information, we can say, does that sound like something you'd like to try? If not, we can try something else. I think also starting the session by saying, "This is my approach to working with touch. For some of the people who get up, I might want to use a little bit of hands-on work, and I want to make it really clear that none of that is obligatory or mandatory. There are always adjustments or other ways in if that doesn't feel like something you'd like to experience." So we make it really clear for everyone from the beginning that this is an offer. Having a think ahead of time to make sure that you've actually thought of some reasonable adjustments is a good idea. So we're always adjusting and adapting. If we give people all the information, then they can actually give us informed consent. **When we make people feel like they can't take the time to consider their decision they're more likely to make a choice that doesn't actually feel good for them.** So I think in those moments, being willing to take the extra 60 seconds to really let them think about it and give them time to process hopefully would also lead to more authentic responses from the participants.



Becca Barrett is a voice teacher and accent coach who draws on their experience as a performer/singer, consent educator, and professor of theatre and speech. Becca specialises in working with Trans*, Non-Binary, and Gender Expansive voices and uses a gender affirming approach to support and empower their clients. Becca is currently on the faculty at LAMDA, Central School of Speech and Drama, and Institute for Contemporary Music Performance

