

# Looking After Children's Voices

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## Why do we need to think about children's voices?

if a child has a voice problem, it will affect many aspects of life. The child will be less able to project their voice—socially, in class, in sports, or in singing/acting. This can have a negative impact on self-esteem and a greater effect on overall development. Vocal health issues are surprisingly common in children, and mostly resolve with time and the changes of circumstance that are part of growing up. The voice use and habits that may precipitate vocal problems tend to be most prevalent in young people with higher levels of anxiety, these are not necessarily the 'shouters'. Once children move into their adolescent development, their vocal identity can become much more important and often less certain. This psychological uncertainty occurs concurrently with a physical instability as the vocal system grows and changes. Remember that during this time, healthy voices can sound unhealthy.

## What is different about children's voices?

Most of the guidance for maintaining and restoring good vocal health for children is the same as that for adults. The special considerations are related to the different proportions and morphology of the younger vocal system, and the limitations and possibilities that are available at each stage of development. Children may also have a different awareness of their own voice, they may have unique expectations and sensations. The social environment for children, both at school and at home, can create inequalities of status, questioning and challenging the concept of 'having a voice'. Children who are singing and acting will be subject to a range of advice from their teachers, parents and peers; this may often present them with conflicting information. The child who is compliant and eager to please will be the most vulnerable in these situations.

## What can go wrong?

Three factors can increase the stress on our voices:

**Amount of use.** The number of hours spent speaking or singing.

**Level of use.** Louder voicing requires the vocal folds to collide harder.

**Emotional stress.** This is often less easy to identify or deal with. Anxiety creates holding patterns in the vocal system; it is therefore less efficient and prone to greater loading.

Temporary vocal loading will lead to inflammation which rapidly subsides and heals if the impact on the vocal folds is reduced. If the vocal loading continues, the swollen vocal folds are more difficult to vibrate, and voicing becomes a struggle. This struggle inevitably leads to more pushing and squeezing which in turn exacerbates the problem.

### **What might this sound like?**

The symptoms to listen out for will include: breathiness, huskiness, hoarseness, roughness, weakness, strain, instability/cracks, pitch range limitations or delayed onset. Nearly all vocal instabilities are temporary, either from over-use, misuse, new use, or from illness. Nearly every young person will have one or more of these qualities in their voice, so how can you tell if it is something which needs expert help?

### **What else might be contributing to this?**

#### *Physical*

Acoustic environments with a high level of background noise will cause the child to speak loudly or shout for prolonged periods of time. These may include a noisy playground, school cafeteria or dining hall, swimming pool, sports stadium, or even an unsupervised or poorly supervised classroom.

#### *Social*

This element includes status and hierarchy and the use of appropriate levels of voicing, both in amount and loudness. Hours spent per day in large groups, competing for attention, and a family history of voice problems are significant factors in incidence of dysphonia.

#### *Temporal*

The time of day, stage of the school year, or the child's past history of behaviour will all affect voice use. You can ask if there are times when the problem is worse and when it improves.

#### *Psychological*

Personality type would appear to be the single most influential factor on the occurrence of voice disorders in children. Several studies have suggested that the occurrence of nodules is more prevalent in children with anxiety symptoms. These children may present with either aggressive personalities or with unnecessarily withdrawn, repressed personalities. The coping mechanisms that enable a child to manage neurodiversity or disability will contribute to anxiety. Children who have unattainable goals (academic, musical or sporting), either as a result of parental pressure, or peer or sibling rivalry, may be more likely to develop voice problems.

### **What can we do?**

Firstly, have a conversation with the young person. Ask if they notice anything in their voice that may be limiting their ability to use their voice effectively. Can they make themselves heard in class, in sports, in the playground, at home? Do they sing and if so, is there anything they find difficult to do? Does anyone ever comment on their voice quality? Ask their parents or carers if they have any concerns. Then find out if the issue is consistent, can you help them to find clear and easy phonation anywhere in their range, does it improve in the holidays? If there is no change for more than three weeks,

and the issue is causing concern or struggle for the young person, then it is advisable to seek help from a specialist voice clinic via their primary healthcare provider (GP).

If the child or the parents don't want to go down this route, you can remember that this is very unlikely to be a serious health issue for them in the longer term. The worst that can happen would be the development of compensatory habits, loss of confidence, and possibly chronic inflammation leading to vocal fold nodules. Nearly all issues do resolve over time in children, but sometimes the habits of adaptation and lack of confidence may remain.

When voice problems occur, it is important to remove any sense of guilt or blame. The problem may be the result of a series of unfortunate situations, often outside the direct control of the individual. Reassure the young singer that they are not alone and that all voice problems can be helped, if not removed altogether. The solutions will be in a number of small changes, not in a single significant one.

Some solutions:

- Reduce unnecessary background noise. Turn the TV off, turn the music down, face the person you are speaking to.
- Use amplification: If you can't reduce background noise, using amplification is not a sign of failure—it is common sense. The use of amplification can be a real help for children performing in poor acoustic conditions.
- Notice voice use during sport; team sports can involve shouting, martial arts can involve impactful voicing.
- When you must raise your voice, learn to use effective vocal technique. Using mindful vocal technique for this is crucial, even if you only have to raise your voice occasionally.
- You can also use cupped hands to create a simple megaphone effect.
- Value the vocal rest that can come from time spent alone.
- If you are in a boomy room, find ways to absorb or dissipate sound. It can help to use curtains, rugs, pictures, books, corkboards, soft furnishings, or screens.
- If you are in a room with a dull acoustic, find ways to reflect the sound. It can help to place you or the singer facing a wall.
- We know that the amount of voice use can contribute to vocal loading, this is reduced if the voice use is split into small units. Increase the frequency at which at which you have short periods of voice rest in a lesson or rehearsal.

In order to perform to our optimum ability, we need to be healthy and happy, safe and secure. Any threat to this (anxiety, fear, fatigue) will reduce our resilience and increase tension/holding patterns. Using the voice with excessive holding patterns mean sub-

optimal use and increased possibility of injury. This is why levels of worry and anxiety are so important to notice and address when helping our young singers.

The worries for young people can come from conflict with siblings, friendship issues at school, or neurodiversity (which may be borderline or undiagnosed). As the child gets older there will be issues with identity, confidence and 'having a voice'. The teacher can create a safe environment that is student-focussed, reassuring, playful, and non-judgemental. You can be aware of the language that you use, aiming for positive instruction and expectations. If the student is confident that you are going to help them, they will learn faster.

Flexibility and resilience can be fostered in their voice use by incorporating variety into the lessons. Cross-training with many different musical genres, playing with emotions, and using movement will all encourage adaptability and resilience.

Resilience isn't 'being tough', it's being bouncy! Young people can be amazingly receptive, adaptable and sensible if they can understand the reasoning and feel the differences.

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