

# THE EFFECTS OF CHILDHOOD ABUSE ON THE ADULT SINGING VOICE: EVOLUTION OF RESEARCH 2004-2019

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**Abstract:** The initial 2004 research indicated that adult singers with a history of childhood sexual abuse (CSA) can present symptoms associated with posttrauma that are directly counterproductive to singing. Furthermore, symptoms of both posttrauma and therapeutic treatments for posttrauma can be impacted by the act of singing [1]. It was determined that optimal teaching/treatment strategies can occur best when the voice team (i.e. the singer and his/her teachers and health care providers) collaborate through an interdisciplinary exchange of information. Numerous aspects of the relationship of singing and CSA were identified as needing further study. Apart from ongoing one-on-one anecdotal communications from singers with a history of CSA, the research remained static for fourteen years. In 2018, further study was undertaken that expanded the existing knowledge base by incorporating information specific to childhood physical abuse (CPA) and violent sexual assault; and by creating a healing paradigm for singers [2].

**Keywords:** singing and sexual abuse, singing and physical abuse, singing and PTSD, healing paradigm.

## I. INTRODUCTION (2004-2018)

Although the two authors had never met prior to 2018, two striking similarities tie together various aspects of the two studies—Grace Johnson’s in 2004 [1] and Heidi Hunt’s [2] in 2018. Both authors were drawn to this research independently by their desire to heal their voices; and both entered the process somewhat naively, believing that they had completed personal therapies dealing with consequences of childhood abuse and that singing technique was a completely separate concern. They each became aware of the delusion of those beliefs in a similarly gradual and disordered manner.

The catalyst for Johnson’s paper preceded the 2004 completion date by over a decade. In the 1990s a poor audition prompted her to address vocal faults that had plagued her singing for years, even while performing and teaching voice in a small liberal arts college. To address these vocal problems, she reentered voice lessons and enjoyed success with overcoming her voice problems but failed to note the significance of vocal success coinciding with renewed flashbacks of abuse. It was not until one of her college students had a similar experience

that she entertained the idea that CSA could impact singing technique. Eventually, she came to a gradual realization that singers who confided a history of CSA seemed to share common but perplexing difficulties with singing and with studying voice. Johnson’s inability to find information to help herself and her students prompted her to undertake the research.

One notable difference distinguishes the two studies. Johnson began her research near the conclusion of her voice study and psychological therapy. The undertaking caused no additional psychological trauma or vocal breakthroughs. In sharp contrast, Hunt’s research, that began as an academic assignment, grew to become an intertwining psychological/vocal-technique work in progress. She chronicled this ongoing mission, the product of which became the result of her study. In the final sentence of her paper she concludes the work “with an added awareness of this being perhaps more of a beginning than an ending” [2].

Fourteen years divide the studies. From the completion of Johnson’s dissertation, apart from ongoing but sparse email communication from singers with a history of CSA, little progress was made toward understanding the relationship of CSA and singing. Hunt’s review of the literature in 2017 produced only Johnson’s thirteen-year-old paper. She contacted Johnson, and continued to communicate with her throughout the research process. As such, her work not only built upon Johnson’s but also expanded the knowledge base. Most significant, she added the elements of physical abuse and violent sexual assault; and she developed a healing paradigm for singers struggling with the effects of posttrauma—CSA and childhood physical abuse (CPA). She also realized an ideal that Johnson envisioned—a voice team for singers addressing issues of posttrauma made up of professionals in fields best suited for each singer’s needs, such as voice, psychotherapy, and otolaryngology, within which optimal treatment strategies would be achieved through a collaborative exchange of information. Hunt formed her team and managed its direction. Johnson was honored to be a member.

## II. METHODS (2004) [1]

The sensitive nature of the 2004 research and the directives from the University Human Subjects Review

Board dictated decisions for the design—qualitative, holistic, post-factum, phenomenological reflection. The research integrated case studies with an interdisciplinary literature review focused on Vocal Pedagogy, Psychology, Speech-Language Pathology, and Music Therapy.

The case study participants were volunteers who self-identified as singers having a history of CSA. From the pool of participants, a convenience sampling was narrowed to four female voice teachers with advanced music degrees. They had all undergone psychotherapy for issues related to CSA and their ages ranged from early thirties through mid-fifties.

The procedure was in two parts. The first part was comprised of the four case studies. Each participant was interviewed privately and asked identical questions. Their responses were audio recorded. Transcripts of the recordings were submitted to psychology professors for triangulation in order to determine common themes.

The second part of the study was an interdisciplinary literature review. To infer effects of CSA on the singing voice, the current body of knowledge in Vocal Pedagogy was compared to research in three additional disciplines—Psychology for psychological effects of CSA; Speech-Language Pathology for psychogenic voice disorders; and Music Therapy for post traumatic stress disorder (PTSD) therapeutic treatment. In the final step, inferences drawn from the literature were compared to the essential themes derived from the case studies.

### III. RESULTS (2004) [1]

Review of the literature yielded support collectively and/or separately for the themes derived from participant narratives. Findings indicated that singers with a history of CSA could present symptoms associated with posttrauma that were directly counterproductive to singing. They included psychological responses such as dissociation, altered emotions, avoidance behaviors as well as physical symptoms including asthma, paradoxical vocal cord disorder (PVCD), gastroesophageal reflux disorder (GERD), and changes to the hippocampus (Tables 1 and 2). Findings also indicated that the act of singing could impact not only posttrauma symptoms but also therapeutic treatment for posttrauma (Table 3).

The findings yielded information particularly significant for singing teachers because of the possibility/probability that singers with a history of CSA will respond to conventional voice teaching practices differently from the norm [3] [4]. For example, they may rely on their bodies to provide psychological protection [5] to the detriment of vocal technique, which can lead them to appear to ignore seemingly innocuous instruction from a voice teacher. If their posttrauma diagnoses includes an attachment disorder, they may be

unable to trust the teacher. In addition, singers in the study cited triggers for flashbacks including singing on an /a/; releasing jaw/abdominal tension; undergoing an ENT examination; and taking a successful “deep” breath. Regarding the latter, breath management for singing presents a confounding conundrum. Its successful execution carries the potential to impact singing and CSA effects both negatively and positively.

Two psychological defenses common to PTSD, dissociation and muscle armoring, warrant particular mention. Dissociation is a lack of connection between a person’s thoughts, memories, and sense of identity. It falls on a continuum from harmless daydreaming to a more serious psychological disorder. Dissociation can impact singing negatively by dulling or negating physical/emotional sensation and by impeding neurological function. In addition, the affects of dissociation (e.g. a calm, dazed, or frozen demeanor; apparent indifference; or inappropriate emotional responses) compromise lesson and performance communication.

Muscle armoring refers to the tensing of muscle tissue that resists efforts of release. When biological reasons are ruled out, muscle armoring is determined to be psychogenic. The effects of muscle armoring on the voice are less subtle than the effects of dissociation, but no less frustrating for singers. In fact, muscle armoring, ranging from tight/locked-up muscles to painful spasms, negatively impacts singing dramatically. For example, abdominal muscle armoring impedes inhalation and jaw/tongue tension compromises vocal stamina, range, and timbre. Muscle armoring specific to muscles of the larynx, known as psychogenic muscle tension dysphonia (PMTD), not only frustrates singing technique but causes actual physical pain to the singer [6]. In general, any muscle tension beyond the singer’s control inhibits flexibility and stability needed for healthy singing. Note that awareness of muscle tension/muscle armoring can be negated by dissociation.

Defense mechanisms such as dissociation and muscle armoring safeguard singers from painful CSA effects. Giving up this psychological protection comes with a cost. Even though practicing and performing in a dissociative state can be physically exhausting and artistically unproductive, the alternative (a sudden return to the present) could produce an unanticipated onslaught of emotions. More dramatically, the surrender of muscle armoring can produce sudden flashbacks of abuse.

Although relinquishing psychological protection can be viewed as a positive sign of healing and growth, the risk of losing the protection they provide may be more than a singer is willing to chance for improved vocal technique. Nonetheless, the case study participants reported that the benefits to singing were worth the risk. Indeed, the literature supports their narratives that the act of singing can prompt healing from the effects of abuse.

TABLE 1. Effects of CSA sequelae on singing voice

CSA SEQUELAE	IMPACT ON SINGING
altered emotions	performance demands
asthma/PVCD	breathing
smoking, bulimia	vocal fold damage
muscle armoring	breathing; phonation
changed hippocampus	memory; performance
dissociation	proprioception; laryngeal stability; performance
GERD	vocal fold damage

TABLE 2. Area of singing impacted by CSA sequelae

AREA of SINGING	POSSIBLE EFFECTS of CSA SEQUALAE
posture	lessened awareness; muscle tension; avoidance of mirrors
breathing	tight abdomen; PVCD
phonation	laryngeal tension; neurological; Gerd; bulimia
resonance	proprioception; numbing/lack of sensation of secondary vibrations
classification	strong emotional reaction
student/teacher relationship	difficulty with trust
performance demands	inappropriate anxiety level; epilepsy; memory

TABLE 3. Effects of singing on CSA sequelae

SINGING TECHNIQUE	EFFECTS ON CSA SEQUALAE
body awareness	interferes with dissociation
abdominal thoracic breathing	interferes with body armoring; facilitates trauma memories
practice and performance	improves mood; facilitates connection to self and others

#### IV. METHODS (2018) [2]

The 2018 research is qualitative, narrative inquiry, interpretive autoethnography. Hunt adopted this methodology as one that best facilitated autobiographical observation of her singing and psychological growth, both of which reflected an ongoing series of psychological, vocal, and spiritual epiphanies. Epiphanies are the subject matter of interpretive autoethnography. They are born of repetition—of multiple repetition of trauma memories that blur the boundaries of past, present, and future. This requires autoethnography work to be ongoing and interventionist. The purpose of this methodology is to

make sense of a fragmented life [7]. Although the focus of this type of study is on the author, it is best achieved with a peripheral team of guidance.

Determining this team was the first step of the procedure. In addition to professors assigned to oversee her paper, Hunt gathered a voice team comprised of a voice teacher, psychotherapist, Bible study group, supportive friends, colleagues, safe family members, and a laryngologist. Concurrent to enrolling in singing lessons and going to therapy she chronicled all aspects of singing and trauma memories in a journal that included her poetry. In addition, she credited two literary sources as ongoing guidance for the process: Bessel van der Kolk's 2014 *The Body Keeps the Score* [8], and Johnson's dissertation [1]. Hunt and Johnson corresponded throughout the research process. In addition, Hunt waived her right to confidentiality and granted permission for open communication among professional members of her Voice Team.

#### V. RESULTS (2018) [2]

Hunt considers this study a personal journey of healing. Unplanned, but consistent, the various elements of the procedure took on a coherent pattern. In her journal and correspondence, she chronicled her ongoing frustration with tight singing in lessons and performances; mid-writing, her text morphed into poetry. The poetry revealed specific events of violent sexual assault she endured throughout her childhood.

Through her poetry, she found her voice—her singing voice and her authentic spiritual voice of selfhood. Once each poem was composed, she eventually experienced vocal freedom and growth. Only when she was able to write creatively was she able to sing. These events she labeled epiphanies.

The epiphanies were born from re-experiencing emotional and physical pain of repeated sexual/physical assault. Concurrent with studying voice and preparing for performances, she worked toward the epiphanies by processing the memories in psychotherapy; by journaling; by communicating with friends/family; and by praying. Eventually, the epiphanies fell into three categories: awareness—intellectual and physical; memories—retrieved, voiced, and redeemed; and, journey's end—a beginning with healing in progress.

Awareness is a common theme in posttrauma dynamics and usually occurs in a fragmented and disorganized fashion—a characteristic of trauma recovery reflecting a dialectic of equal needs of secrecy and revelation [9]. Due to the grief inherent to abuse memories, survivors tend to view emerging awareness of the truth of the past as a step backwards in the healing process.

Hunt's awareness of her abuse experience and its impact on her singing was initially an intellectual

experience born of research. Subsequently, her intellectual awareness soon yielded memories, flashbacks, and extreme physical pain corresponding to specific abuse injuries. This suffering surprised her because she thought she had already worked through abuse issues and simply needed to learn proper vocal technique. The next step in her awareness occurred when she read Johnson's Power Point slides [3]—an emotionally difficult undertaking that took several days. From this information, she began to acknowledge a deeper level of personal injury that was compromising her voice. Numbness gradually gave way to physical sensation, especially with her tongue and throat. These were areas most affected by memories of sexual abuse while being held under water. She described her failed attempts to open her throat to breathe while singing as “lockdown inhalation.”

Learning to process her memories—assigning them to the past rather than continuously reliving them in the present—gradually negated their power over her singing. As a final process of memory management, she found spiritual redemption of trauma memories concurrent with singing freely. Of the numerous examples recorded in her journal, one stands out for a clear illustration of memory redemption transforming singing ability: “I had a flashback while singing Strauss in the recital last night. I saw Jesus in the groves while singing about going home, to peace in the groves. The memory (flashback) is of being drowned, held under water...terror. Before I sang the last phrase, I inhaled with an open throat.... Yesterday was a good day for God to redeem a memory” [2].

Her journey continued with increasing awareness of being out of touch with her own body. Although this awareness was initially perceived as a step backwards because of its inherent pain, it eventually transformed into a continuing process of healing. Nonetheless, concurrent with healing, new and more severe memories targeted additional parts of her body that had shutdown with abuse. She described the experience as a detachment from the awareness of specific parts of her body (e.g. larynx, throat, palate, jaw, tongue, pelvic region—all areas affected by abuse committed against her). This detachment compromised her ability to study singing and to perform. She had the sense of understanding what she needed to do, but found a frustrating cycle of success leading to failure—the more she worked to improve vocal technique, the more she realized notable deficiencies in her level of awareness of basic body movement needed for the physiology of singing.

Nonetheless, as she continued to develop a deeper awareness of the conflict of somatic memory with the need to experience the physical sensations of singing, she recognized the unmerited shame these memories carried. One by one, they continued to be redeemed. As

Hunt grew to trust the process, she gained power over her memories and her decisions regarding vocal technique. From her experience, she created a paradigm for healing a voice injured by CSA and CPA and healing memories, one by one, over and over:

- Establish a voice team.
- Determine the level of communication permitted for members of the team.
- Become aware.
- Acknowledge memories.
- Process, grieve, and reflect.

## VI. DISCUSSION (2004-2018)

Recovery of the singing voice and the spiritual voice of selfhood begins with breaking silence. We hope that our research will spark communication among singers and those who serve them. We hope that future research will advance the understanding of voices compromised by posttrauma effects. Clearly, the findings in the current qualitative studies need quantitative examination. For example, vital to future research is identifying a population. Specifically, how large is the population of singers with a history of abuse and/or posttrauma-related conditions? What percentage experience voice problems related to their abuse history? In addition, does gender play a role in the nature of response a singer would experience with posttrauma effects? What treatment therapies are most effective?

Following conference presentations, troubling questions are raised that need discussion [10]. They usually fall into the categories of confidentiality vs. safety; touch as a vital voice teaching tool; and the continuation of singing lessons that exacerbate flashbacks. There are no easy answers, but the following general advice can serve as a beginning:

- Respect abuse survivor vulnerability and do no (more) harm.
- Know local, state, province, and country laws regarding mandated reporting.
- Stay self-aware.
- Maintain professional boundaries (i.e. a voice teacher is not trained as a psychotherapist, etc.).
- Bear witness to a singer's story.
- Collaborate with other professionals.
- Touch with caution.
- Maintain optimism: singing can heal the singer.

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