

Managing Perimenopausal and Menopausal Voice Changes

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READERS OF THIS COLUMN ARE LIKELY FAMILIAR with the concept of cross-training for singers (see Robert Edwin's article, "Cross Training for Singers," *Journal of Singing* 65, no. 1 [September/October 2008]). Originally used in athletics, cross training is participation in a variety of sports and training methods to maintain balanced muscular development and flexibility, and to minimize injury from overdoing one type of physical activity. Tennis players may swim, golfers may jog, skiers may rock climb. Athletes may also balance workouts in other ways from doing yoga to having specific strategies in the weight room and gym.

Broadly speaking, cross training as applied to singing would include:

- Singing regularly throughout the *entire* range, including frequent vocalizing on pitches outside of the typical range of the singer's repertoire.
- Exercising the voice in targeted ways to increase or maintain strength and flexibility, appropriate to the vocal conditioning and to the demands of various styles.
- Practicing repertoire from more than one vocal style or genre. (This may or may not include performing in these styles.)

As teachers and researchers interested in the special context of female singers during midlife, we have recently authored a book on the topic: *Singing Through Change: Women's Voices in Midlife, Menopause, and Beyond* (StudioBos Media), which affirms that cross training can help women to continue singing healthily over time.

A singer's voice is affected by hormonal changes throughout life, though individual responses vary. Reproductive hormones, more broadly considered sex steroid hormones, have receptors that are found throughout the body: the neuromuscular, respiratory, and skeletal systems, connective tissues, the gut, and the larynx. In addition, the entire central nervous system, which supports the systems of phonation, emotion, and communication, is sensitive to hormone levels. Therefore, it should not be surprising that even subtle shifts in hormone levels can impact singing. Along with the hormonal changes of menopausal transition, the gradual aging process and the rich, though complex psycho-social challenges of midlife may cause women to experience minor to profound voice changes. Cross training is a pedagogic framework that teachers should consider when working with female singers in this age span. Several women's stories follow that illustrate how a flexible and creative use of cross training concepts helped these singers negotiate

the evolution of their voices in midlife (considered ages 40–60), and beyond.

Lexi, age 57, has been studying singing since she was a child, in styles such as pop, big band, and contemporary Christian music. A semiprofessional for many years, she occasionally ran into vocal trouble as a self-proclaimed vocal overdoer. At age 27, because of ongoing hoarseness, she saw a renowned laryngologist and worked with a speech therapist to optimize her speaking voice. She then started singing lessons with a pop and commercial jingle singer and found professional success while studying with him. She also became a singing teacher herself.

In her early 40s, Lexi was having a lot of trouble with her voice while recording an album. Her laryngologist diagnosed a vocal fold cyst, and before she could have surgery to remove it, it burst and left a sulcus, a groove or divot on the surface of the vocal folds. She was also having perimenopausal symptoms in her late 30s and early 40s, but was not aware that fluctuations in hormones could have an impact on the voice. Lexi again worked with a speech therapist and a new singing teacher that the therapist recommended. They helped her regain her singing voice as well as her confidence.

At age 47, Lexi was back again at her laryngologist's office, this time struggling with hoarseness, lack of stamina, what she called errant pitches, and "glitching." Glitching for Lexi is when a single note or short series of notes in the middle of a phrase simply don't phonate—complete silence for a brief moment in the middle of singing. The doctor found nothing alarming in the exam, but recognized the impact of menopause on her voice, especially since Lexi had gone off hormone therapy at the same time.

With this news, Lexi began to take voice lessons again, this time with a clinical speech therapist and a singing voice specialist, who was herself beginning to experience perimenopausal changes. Together they currently are exploring ways for Lexi to rebalance her singing voice, find strategies to avoid the glitches and increase her vocal stamina.

Lexi has always been a vocal cross trainer, performing in a variety of styles and exercising her whole voice. Her range has decreased by only a minor third on the top during her menopausal transition; however, some adaptations were needed at this stage of her life. The

most successful approach was for Lexi to sing with a lighter sound as well as reduced breath pressure. Airflow and breath coordination exercises have been extremely helpful, especially early in her warm-up. She also experienced good results singing in a less weighted belt that still has enough convincing "brass" in the sound for much of the music she sings. Lexi learned that she needs to continue her vocal health maintenance protocols and avoid songs and gigs that require a heavier sound. In the meantime, she continues to perform and teach singing, despite occasional errant pitches and silent notes. She said, "Being a teacher who struggles is not fun. It's embarrassing and difficult."

Lexi almost quit teaching, but with the support of her own teacher and a community of other midlife singers, has realized that she is not alone. She continues to be a teacher who learns from her own vocal journey, rough patches and all. Lexi affirmed that the most valuable ally is a teacher who listens to and believes what the student is saying about her voice, who is persistent and creative, and offers critical emotional support.

Jill, 51, is a professional choral conductor who resumed regular voice study six years ago. During the time she was taking lessons, she experienced perimenopausal symptoms and recovered from a vocal fold injury. Her teacher used cross training methods to stabilize the voice and to help Jill discover a warmer and more embodied light, "midlife" soprano version of herself. These methods also helped Jill increase her stylistic flexibility; she could now sing in both a classical/choral timbre as well as one appropriate for folk and pop styles. Jill said, "Prior to this, I knew that my sound wasn't convincing when I tried to sing pop and folk, but didn't know how to fix it! But the exercises unlocked a more versatile way to sing in several genres."

Eventually, Jill enrolled in a graduate choral conducting program and began lessons with a highly respected voice teacher at the college. This new teacher complimented her on her integrated and expressive singing though never inquired about her previous training. Her pedagogic emphasis was to help Jill with her very upper range, using resonance adjustments for the notes between G₅ and B₅. She advised Jill to avoid using her chest voice in an isolated fashion, and to sing only "mixed" voice in her lower range. Though progress was

made above the staff, by the semester's end Jill found her voice had become thin and unreliable. When she asked the college teacher what was wrong, the teacher told her she sounded fine.

Jill decided to return to her previous teacher to prepare her jury. "Before I sang for my former teacher," Jill said, "I let her know that my singing felt shallow and I couldn't sing in tune. I knew that my singing of Handel's "Rejoice greatly" was all over the place, even though my college teacher wasn't concerned." After hearing Jill, her former teacher gently confirmed that her singing in a large part of her range, A₃ to F₅, had become unstable, tended to be sharp, and was disconnected from her body. Together they reworked her acoustic and source registration and integrated her upper notes into the rest of her range.

Regardless of what approach might have been best in the long run, the bottom line is that Jill had become unhappy with her singing. It wasn't a case of a developing instrument needing to recalibrate vocally. It was that Jill's voice had gotten out of balance, not an uncommon occurrence for singers during the transition through midlife and menopause. As it turned out, during the first lesson with her former teacher, Jill's upper notes became integrated; and after about two more weeks of practice, pitch problems were resolved and her typical voice stability returned. With her re-found vocal confidence, her jury went well.

Now 65, **Sally** came to voice training later in life. Though she sang in a community choir, she had spent most of her life thinking she could never be a solo singer, although she harbored a secret desire to be one. Sally had a career as an accountant and describes herself as having completely embraced that role—she could talk about balance sheets and taxes but little else. She spent all of her working hours curled over a computer. Her speaking voice was pressed, artificially low, and restricted to a very small pitch range.

When she retired at 54, Sally decided to pursue her lifelong dream of singing solo. She had no idea how much vocal work was ahead of her. Neither did she know that learning to sing using her voice to its fullest potential and making dramatic improvements to it would change her whole life. Sally had never used her head voice, not even playfully with a squeak or whoop. In fact, she felt

proud that of all the low-voiced women she knew, her voice was the lowest. She resisted singing outside of the tenor range in lessons, saying, "Oh yeah, that high voice is for *them*. That's not for me. I should sing with the guys because that's where I fit in." Though many women gain an extended and easy lower range later in life, some even healthily singing in the tenor section, that was not the case for Sally. Her lower voice lacked freedom, flexibility, and appropriate breath flow. Her singing did not have basic coordination, and her pitch was quite inaccurate.

Nevertheless, over the years, Sally's patient singing teacher helped her raise her speaking pitch using exercises to encourage more influence of head voice and relaxed phonation. Sally's resistance to voice changes was at times frustrating for both of them. It required her teacher to be both persistent and compassionate. Because Sally said she would give anything to stand on a stage and sing a few songs, they kept at it.

Like many women in midlife, Sally experienced pressures from caring for her aging parents. She typically arrived at her lessons with low energy and slumped body alignment. Her teacher supported Sally by helping her find a positive mindset and identity, along with standard vocal skills of physical alignment, breath flow, and vocal flexibility. She also suspected that Sally had laryngopharyngeal reflux, which in fact was eventually diagnosed and treated. Her teacher urged Sally to increase her fluid intake to offset chronic dehydration and intuited that some of Sally's physical and voice challenges were menopause related. Voice lessons were the key to Sally's realization that "her voice was showing her that there were other things going on with her body."

Now, eight years later, Sally has a colorful, resonant speaking voice that migrates easily and melodically. Her singing has improved to the point that she frequently performs for residents of nursing homes. Perhaps most importantly, Sally says, "Singing has changed who I am! It has changed the way I think; it's increased the joy I get out of life. I am more relaxed, and now I just enjoy being with and talking to people!" Recently, when she heard of a beginning student with similar issues to those of the "old Sally," she realized how far she had come.

Classical singer and voice teacher **Marlene** began to encounter unexpected and ongoing voice difficulties in her late 40s. In order to find out if there were underly-

ing issues with her voice, she saw a laryngologist whose practice served professional singers. After listening to Marlene describe her voice symptoms and giving her a thorough laryngoscopic exam, he pronounced her vocal folds completely healthy. However, he said that her vocal complaints, which included pitch challenges, a deepening lower range, and discomfort in her upper range, were due to lowering estrogen levels from perimenopause. Marlene reported, “Though it was kind of a shock to hear, I learned that this was something that my body was doing. I had not simply become a really bad singer or had somehow injured my voice, so, it was a tiny bit reassuring.”

For the first several years of her voice changes, Marlene was fortunate to have the help of a perceptive and supportive voice teacher. As a team, they needed to address some subtle compensatory behaviors that had crept into Marlene’s technique as a result of trying to sing when it felt “like a stranger’s larynx had been transplanted into my throat.” With regular and careful practice some confidence slowly returned. However, she was still not comfortable singing and performing her typical lyric soprano repertoire with its demand for higher, sustained linear singing. Even her formerly dependable middle range felt and behaved differently from day to day; the technical ideas that had previously served her well were not doing the trick. Her teacher suggested that Marlene work on some fresh repertoire, and that she include some musical theater, cabaret, and American Standard songs.

Though she didn’t typically perform the new songs, Marlene appreciated what they allowed her to do. She felt free to select keys that felt comfortable and to explore some light belt songs and “speechy,” patter oriented pieces that allowed her to keep moving through parts of her voice that felt less trustworthy. Marlene said that exchanging her “classical singer hat” for a wider spectrum of singing styles helped her relax and enjoy being a singer of songs again, even if only in the privacy of her practice time and lessons. Even though her voice was in a state of flux, working on this repertoire reminded Marlene that her musicianship and musicality had not abandoned her. “And, in addition to exploring styles that I had always liked but hadn’t taken time to prioritize, I was actually cross-training my voice at a time that it needed some reorganization. In retrospect, it was a good thing for my voice—and my singer identity—as they settled into a slightly different, postmenopausal *Fach*.”

DISCUSSION

First, it is important to note that if there are any doubts about basic voice health related to either speaking voice or singing voice, teachers need to refer students to qualified medical professionals. A visit to a laryngologist, preferably one who is associated with a support team that includes a speech language pathologist (SLP) who is a singing voice specialist (SVS), and possibly a well qualified singing teacher, will screen for potential voice problems. If there is an underlying voice injury or health condition, poor speaking voice technique, or concerning voice use habits, medical professionals or licensed voice therapists need to address issues that would impede progress in singing lessons.

The vocal journeys of these women through midlife voice changes reveal the following:

- Thicker mucus will impact lubrication of the vocal folds, perhaps resulting in a need for more vocal effort.
- Careful warm-ups should be based on flow phonation and the specific needs of the individual singer.
- For some singers, a new vocal identity may emerge necessitating new song choices in tandem with an appropriate recalibration of technique.
- How singers feel/hear themselves will be altered, as age causes changes in vibrotactile sensitivity and some subtle hearing loss.
- Singing in different genres and styles both help recalibrate the voice and fill a need for comfortable repertoire and musical expression.
- It’s critical to find a teacher who listens to and believes what the student is saying about her voice, is persistent and creative, and offers critical emotional support.

RECOMMENDATIONS

Outside of a vocal injury that requires short-term voice rest, voice research and experience have shown that it’s best to encourage continued singing through midlife vocal challenges to avoid loss of vocal and respiratory conditioning. Teachers, vocologists, and singing voice-qualified SLPs can help female singers find the right vocal balance.

Choral directors should embrace the concept of “cross sectional” singing for females who are not comfortable in their accustomed part, enabling them to flexibly move to sections as needed to allow for their abilities.

Once menopause has been reached, the voice will likely stabilize due to a more level hormonal landscape. Then, new-found vocal qualities, suitable repertoire, and choral part(s) can be explored. Of course, effective voice conditioning must be supported by lifestyle choices that maintain vitality of body and mind while moving through midlife and beyond.

These midlife singers were at the age when hormonally driven voice changes likely had at least a partial role in their voice issues. All were helped by changing the vocal path that they were on. The principles of cross training include regular and full “range of motion” vocalizing, targeted strategies to maintain balance of the muscles of phonation; expansion of qualities of phonation and acoustic strategies; and musical and stylistic choices, from breathy to twangy, light to heavy, and high to low. In motor learning theory, introduction of carefully timed “desirable difficulties,” such as would occur when a singer leaves her accustomed skill set and repertoire, enhances learning in the long term.

Along with the singers’ persistence and resilience, knowledgeable, creative teachers and singing voice qualified SLPs were key to preserving these women’s vocal resources. There is no single “battle plan” nor one set of exercises that will work for all situations, but the components and goals of cross training offer a wealth of ideas that will serve many female singers. For those who are in the practice of singing across styles, keep it up! It may be one key to vocal longevity. For those who have not tried it, cross training may be just the tool needed to jump-start a vocal renaissance in midlife and beyond.

Nancy Bos is the author of multiple best selling books on singing, a professional singer in a variety of genres, keynote speaker, and thought leader. She taught singing for 24 years, also in a variety of genres and is the founder of StudioBos Media (publishing). A frequent presenter at NATS conferences, Nancy seeks opportunities to help teachers explore new frontiers in teaching and singing. Her work is guided by the philosophy that singing makes people happier, healthier, more peaceful, and thoughtful. Singing brings people together, soothes aching hearts, and allows us to spiritually transcend.

Nancy served NATS as Vice President for Membership from 2018—2020. She has served as the Associate Editor of *Inter Nos*, on several national committees, and in chapter and regional offices. In addition to her independent studio, she taught as adjunct faculty at Cornish College, Seattle Pacific University, and Bellevue College.

Nancy is a member of the Recording Academy, PAVA, was a NATS Intern in 2005, and is a Distinguished Voice Professional through NYSTA. She served as the Director of Operations for the Voice and Speech Trainers Association (VASTA). Nancy received her undergraduate degree from Luther College, Decorah, Iowa. For more information, please visit nancybos.me.

Joanne Bozeman, a graduate of the University of Arizona, has been a singing teacher for 47 years. She was a faculty member at Lawrence University’s Conservatory of Music for 26 of those years where she taught studio voice and a number of voice related courses. Joanne’s students have been winners in the NATS Auditions and other competitions, and many have continued on to excellent graduate programs and performing careers. Others have become singing teachers, choral directors, music educators, and speech and language pathologists.

Joanne has long been interested in women’s health, beginning with her years as a certified prenatal and childbirth educator. With Cate Frazier-Neely and Nancy Bos, she is co-author of the book, *Singing Through Change: Women’s Voices in Midlife, Menopause, and Beyond*, which is framed on the narratives of 56 cis-female singers during their menopausal transition and beyond. Joanne, now retired from academia and professional singing, continues to be engaged with the voice community as a frequent presenter on the relationship of female voice and hormones. She is a member of NATS, the Pan American Vocology Association (PAVA), the Voice and Speech Trainers Association (VASTA), and is a tutor with Vocal Health Education (UK).

Cate Frazier-Neely has 43 years as a pioneer and early adapter in practical CCM pedagogy and holistic artist development, somatic education, vocal health, and collegial team teaching. She’s a featured pedagogue in Dr. Elizabeth Benson’s recent book, *Training Contemporary Commercial Music Singers*.

Her students have appeared on Broadway, with the Washington Opera, Disney Tokyo, The Voice Season 8, and national musical theater tours. Clients include established folk, jazz, and world music artists and voice teachers. She has worked with singers ages 10–90, including postgraduate degreed singers, amateur singers, and the hearing impaired, as well as in group settings of workshops, choruses, theater organizations, and pedagogy intensives. Currently she also works as an independent singing voice specialist on referral from Johns Hopkins Otolaryngology and SLPs from the US, Canada, and the UK.

Cate was an often reviewed versatile classical soprano whose extensive performance history is on her website. She holds the BM in Voice/Minor in Collaborative Piano from The College of Wooster, Ohio, the MM in Voice/Vocal Pedagogy, University of Maryland, a certificate in Leadership Through Emotional Intelligence from Case Western Reserve and is a practitioner of SVW™. The LoVetri Method.