

50 *More* Ways to Abuse Your  
Voice

A Singer's Guide to a Short Career



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# About this book

In 1985, Robert T Sataloff published an article called “Ten Good Ways to Abuse Your Voice: A Singers Guide to a Short Career, Part I” in the NATS Journal (now Journal of Singing). The readers enjoyed the article, and it was followed in 1986 by “Ten More Good Ways to Abuse Your Voice: A Singers Guide to a Short Career, Part II.” Singers have continued to send comments expressing appreciation for these old articles which are now somewhat outdated. From this small ‘acorn’ grew an idea for an expanded book version: *50 Ways to Abuse Your Voice: A Singers Guide to a Short Career*. In 2023, this book was published in a second edition and with it came a proposal to publish a companion volume, with 50 MORE ways, which you now hold in your hands. Why 50 more ways? The science behind the art of voice and singing continues to inform the art, and nowhere better is that reflected in the chapters contained here. So, if you want to ruin your voice and, potentially your career, just follow the advice given by Dr Sataloff and his colleagues here!

Like its predecessor volumes, this new edition provides short, pithy, straightforward, commonsense and, most of all, accessible information to singers, highlighting common errors of omission and commission, and offers guidance on medical issues that affect the quality and duration of an avocation or a career in singing.





# SAMPLE CHAPTERS

To give you a flavor, following are unedited sample chapters. They are intended to be representative and may not reflect the final version.

## Don't manage your performance anxiety correctly

Performance anxiety affects voice production and performance by causing our bodies to go into “flight or fight mode.” This mode, while necessary for alerting us to impending danger, can wreak havoc on our mental health and well-being before, during or even after a performance. It also can hinder vocal and performance growth. Common signs of performance anxiety include an increase in heart rate, dry mouth, sweaty palms, shaky legs and hands, nausea, upset stomach, memory loss, and many other symptoms. Although there is a variety of techniques singers can use to help ease/cope with such symptoms, management of performance anxiety is rarely a topic of discussion until later in a singers’ musical studies, or after a singer already has quit singing. Unmanaged performance anxiety can have adverse effects on voice technique, performance and also a singer’s self-esteem. Therefore, early detection of performance anxiety is crucial. Additionally, extra stress physically and mentally brought on by performance anxiety causes extra tension in the body, voice, support system,

muscles surrounding the voice and other places. In order to avoid prolonged periods of performing in this manner (which will reinforce bad habits and bad mental mindset), it is important that voice educators and singers take notice of these symptoms as soon as possible and find strategies to help singers mitigate them.

Each performer must learn how to manage anxiety by implementing different methods unique to each singer's needs, as there is not a "one-size-fits-all" approach. For example, as our heart begins to race, we can take deep breaths to help calm the breath and body. Singers also can meditate, say confirming affirmations or use mindfulness before singing, helping to clear the mind of any unnecessary fears. Implementation of visualization techniques that encourage singers to visualize the performance outcome they desire are also helpful in controlling and suppressing fear. Additionally, as we see a rise in the promotion of mental health and well-being for singers, newer therapies such as Acceptance and Commitment Therapy (ACT) are being introduced to help singers with performance anxiety.

There is not a "quick fix" for performance anxiety and learning to manage with it is part of the art of being a singer. Most singers learn to function with performance anxiety and may even channel it to make performances more exciting; but some may suffer from debilitating performance anxiety which can derail not only performances, but also careers. For those who suffer from debilitating performance anxiety, it may be helpful to seek guidance from a licensed psychological professional to make sure that anxiety is not stemming from psychological or biological factors and to teach the singer techniques to control the anxiety. In some instances, a licensed professional may prescribe psychotropic medications to help with extreme cases of performance anxiety. However, such interventions are not usually needed and should be short-term, unless there is a problem other than performance anxiety that requires treatment.

Singers must avoid abuse of beta blockers. In high enough doses, they suppress performance anxiety, but they also suppress cardiovascular response needed for the athletic act of performance, provoke asthma attacks, and lead to lack-luster performances.

More preventative education about performance anxiety is needed, as a career in performance already has high demands and stressors; and unmanaged performance anxiety should not be allowed to interfere with the quality or enjoyment of a career as a singer.

## Ignore Pollution

Environmental pollution occurs everywhere. In some cities, it is worse than others; but we encounter it inside and outside almost everywhere. Many pollutants damage the voice. Some do so directly by causing irritation of the mucosa of the vocal folds and resonator system. Pollutants can interfere with lung function, undermining support. Singers should be aware of problems associated with pollution and try to avoid exposures whenever possible, or at least minimize them.

Atmospheric pollution is the best recognized form. Consequences are obvious in severe cases such as when people are exposed to industrial accidents, fires or other adverse events that cause severe inflammation of the respiratory passages from the nose through the lungs. Usually, the consequences of such insults are temporary; but sometimes they are permanent. Similar problems can occur slowly from more subtle exposures to environmental pollutants which exist in practically every city. In some cases, the mechanisms are obvious, especially when someone has coughed from the pollution and sustained a vocal fold hemorrhage or tear, when there has been a burn, or when mucosal inflammation is severe. When pollution is troublesome enough to cause cough, it often also decreases lung function and impairs support, leading to other problems from attempts at compensation.

Performing artists encounter special problems with pollution. These include exposure to dust from curtains that have not been clean for years, inhalation of sawdust and aspiration of fumes from construction of flats during rehearsals (not an issue for elite performers, but common in amateur and community theater), and exposure to stage fog, stage smoke and pyrotechnics. Lipoid-based fogs create wonderful effects because the suspended oil droplets diffract light beautifully. Unfortunately, when singers and actors inhale the oil droplets, they can stay in the lungs permanently and cause serious lung dysfunction over time. Glycol-based fogs cause mucosal irritation, but they usually do not result in permanent damage unless the irritation is severe enough to cause cough and vocal fold injury. Pyrotechnics used to be used only outdoors, but that is no longer the case. Frequent exposure to pyrotechnics is associated not only with the topical irritation common to other stage effects, but also with serious neurological injury. The colors in pyrotechnic effects are created by vaporizing heavy metals. For example, the green comes from copper. Heavy metals are neurotoxic; that is, they damage nerves. There also are other substances that can be inhaled in theaters and other older buildings that can cause serious, permanent injury. Asbestos is a classic example, but even mold can be problematic. Singers need to be very careful about controlling exposures.

Although we will not discuss them in detail, there are also pollutants that are not inhaled. They can be ingested or acquired through skin absorption, for example. Some of these also can provoke respiratory reactions, and some of them are neurotoxic.

It is prudent for singers to be familiar with the hazards associated with exposures to certain pollutants and to avoid them whenever possible, even if that means passing up a job because it is associated with high risk that cannot be eliminated through alternatives or controlled through negotiation with management.

## Don't recognize endocrine (hormone) disorders' voice risks

The voice is extremely sensitive to even minor fluctuations in the body's hormone environment. Some endocrine (hormone) voice effects are physiologic (normal). The most prominent and well-known involves sex hormones. They are responsible for voice change at the time of puberty, for example; and that is a physiologic process. When voice change fails to occur especially in males, the voice can remain soprano; and the condition is known as puberphonia. That can occur either with other failures of maturation, or in the presence of normal secondary sex characteristics in all other body systems. Generally, voice change in males and females should begin starting at age 12 to 17. If puberty has not started by then, it is considered delayed. During puberty, male voices drop about one octave, and female voices usually drop about one third of an octave. Failure of the voice to change, or changes that are substantially outside expected parameters, warrant medical evaluation.

The menstrual cycle also involves physiologic hormone-induced voice changes. About one third of women experience premenstrual decrease in voice efficiency, loss of high notes, slight hoarseness, voice fatigue, slight muffling of the voice and other symptoms. Nearly as many experience the same symptoms



for a day or two immediately before ovulation. Especially before menses, the voice changes may be associated with blood vessel changes that increase the risk of hemorrhage. That risk is even greater if support is impaired by painful menstrual cramps, and especially if medicine that promotes bleeding (such as aspirin and ibuprofen, as well as others discussed in chapter 47) has been taken to ease the discomfort caused by cramps. While cyclical voice changes are routine for some women, if they are incapacitating, physicians often can provide help. Pregnancy also causes voice changes both through hormone-induced alterations in the vocal folds, and through mechanical impairment of support especially late in pregnancy.

About 25% of women reach menopause before age 45, and 95% do so by the age of 55. After menopause, the ovaries secrete less estrogen but continue to produce androgens (male hormones). Without estrogen to oppose the androgen effect, female voices drop gradually over the decades following menopause. Such changes can be prevented or minimized by hormone replacement which should be considered when there is no medical contraindication. They also are less prominent in trained professional singers than in people with untrained voices.

Sex hormone problems also used to be quite common with birth control pills. However, modern, low-estrogen birth control pills that contain no androgens generally do not cause adverse voice changes. In fact, some research has shown that they result in voice improvement. Nevertheless, women starting oral contraception should monitor their voices carefully so that the medications can be stopped or changed if voice alterations occur. Most such changes are reversible. However, the voice changes caused by androgens (male hormones) used for endometriosis, diminished libido, and illicitly for bodybuilding usually are permanent. Androgenic changes usually are caused by medi-

cations. However, they also can be caused by ovarian tumors and other disorders within the endocrine system. So, if a singer starts to lose high notes and gain better low notes, medical evaluation should be sought to determine the reason and to rule out tumor-induced androgen production.

There also are many non-sex hormone conditions that can affect the voice. Even mild hypothyroidism (low thyroid) can cause the sensation of a veil over the voice. If a voice becomes muffled, especially if the singer also has noticed fatigue, weight gain, temperature intolerance, brittle hair, and sometimes cognitive changes, thyroid testing should be considered. The condition is not uncommon. An estimated 10% of the American population has hypothyroidism, with the condition having been recognized in only about half of them.

Diabetes is an extremely common endocrine system abnormality. We will not discuss it in detail in this chapter, but it can affect the voice through dry mouth, microvascular changes, neurological changes including partial paralysis of the vocal folds and of nerves elsewhere in the body, hearing loss and other effects. Hormone changes from elsewhere in the endocrine system including the pituitary gland, thymus, pancreas and other structures also can cause voice changes. Not all physicians are familiar with these problems. So, it is wise for singers to be "informed consumers" and to ask about them when symptoms raise the possibility of a hormone-induced voice change.

## Don't know about conditions and medicines that tend to make you bleed

Vocal fold hemorrhage, or bleeding into a vocal fold, can be a career-ending event, although that usually is not the outcome. When a singer ruptures a blood vessel in a vocal fold, a hematoma (or blood blister) usually occurs. It is unusual for a singer to cough up blood, although that might be better since it would indicate that the hematoma had been evacuated. If a hematoma occurs on a vocal fold and involves just the upper surface, it might not affect the voice substantially, especially right away. However, the normal mucosal wave courses over the upper surface, not just on the vibratory margin. So, if a hematoma fails to resolve and turns to scar, even on the superior surface that can be problematic. If the hematoma involves the contact margin, sudden voice change is common. Most physicians agree that voice rest (silence) is advisable until the blood in the hematoma resorbs. Once that happens and the mucosa is back in contact with underlying tissues, even if the vocal fold remains discolored and stiff, soft phonation usually is safe, ideally under the supervision of a voice pathologist and a singing voice specialist. However, if a singer continues to "sing through" hoarseness following such a hemorrhage, the repeated trauma may prevent resorption, possibly cause additional bleeding, and potentially lead to scar that causes permanent hoarseness. So, singers should make every effort to avoid

hemorrhage; and if they suspect that bleeding has occurred, they should be silent until their vocal folds have been examined (as soon as possible).

In other chapters, we have discussed some conditions that predispose to vocal fold hemorrhage such as the premenstrual hormonal environment. Voice abuse/misuse, particularly loud yelling or singing, can cause vocal fold trauma that leads to blood vessel rupture. However, such problems are particularly likely to occur if singers have ingested medications or other substances that function as "blood thinners" and predispose to bleeding in the vocal folds and elsewhere. There are many such substances. As a micro surgeon, the author (RTS) provides patients preoperatively with a list of medications and other substances that should be avoided before surgery, many of them for 10 to 14 days (especially aspirin products), and usually for a few days after surgery. The list that we distribute to our patients contains 318 substances, and even that is incomplete. So, listing all of them is beyond the scope of this chapter; but they can be found on the Internet. However, some are used quite commonly and are worth emphasis in this chapter. These include aspirin products (often found in cold medicines and labeled as salicylic acid) including aspirin, buffer and Excedrin, among others; Alka-Seltzer, ibuprofen (Motrin, Advil and others), dong quai, echinacea, Flagyl, garlic, ginger, ginkgo, horseradish, licorice, Midol, Naprosyn and other nonsteroidal anti-inflammatory drugs, Pepto-Bismol, Plavix, Sinutab, St. John's Wort, vitamin C, vitamin E and vitamin K (especially vitamin E). These medicines function as anticoagulants. They can be dangerous at any time. However, if they are taken in conjunction with conditions that already predisposed to hemorrhage, the risk is even greater. Such conditions include laryngitis, abdominal pain or cramps that impair support, premenstrual hormonal environment and others. Unfortunately, these are conditions that are most likely to lead to singers to take such medicines. Instead, they should consult their physicians, ideally their laryngologists) and use safe alternatives.

## Work too much

We have noted before that singing is an athletic activity. Like other athletic activities, singers require rest in order to perform optimally. Of course, singers also need to pay rent and to eat. It is not unusual for young singers to hold two or three jobs in order to meet (or almost meet) their financial obligations. Some of the problems associated with working too hard were discussed in chapter 9. Adequate rest, including sleep, is essential for normal function of muscles and nerves, normal lubrication of the vocal folds and other parts of the respiratory tract, maintenance of normal biochemical and metabolic body functions, and for other reasons. Working to the point at which adequate sleep is sacrificed is counterproductive.

However, the physical consequences of working too much are not the only problems. We will not review the consequences of psychological stress on artistic performance. Psychological stress often interferes with sleep, can impair mental health and has many other consequences, many of which were discussed in chapter 38 of the previous volume in this series. Many of these issues are self-evident to singers. However, there is another factor associated with working too much that is discussed only rarely.

At all stages of a singing career, a singer requires practice, the ability to concentrate and remember what is learned, and the

time to learn more about music than just the notes. Singing requires artistry; and artistry requires that the singer "has something to say" regardless of how beautifully the notes are sung. That is one of the important factors that separates singing from the playing of musical instruments. As an example, one of us (RTS) remembers well a rehearsal of Othello during which a singer sang all the notes correctly and with beautiful voice, but with no sense of the drama. The director interrupted her to ask about her interpretation of the part. It came out that she had heard of Shakespeare but had never read any (although she was an advanced professional singer with a graduate degree in voice), and she not only had never read Othello, but she also did not realize that it was a play that had been written by Shakespeare. Such lack of artistic depth does not lead to great singing. If all we want its beautiful notes, we can get them from a cello or a French horn (sometimes). In order to be a singer, we need to know more of literature, life, love, hate, death and other components of the world than just the words and notes on the page. Becoming an educated person requires time not only to learn but also to reflect. This is true not only for classical singers singing opera. Musical theater, pop and jazz singers who are successful know a great deal about life and sing from the heart. Most of them did not learn it working 18 hours a day.

We recognize that there are many pressures on the singers, and that they have to do what they have to do to survive. However, singers also should consider that NOT taking that third job might be yet another reasonable sacrifice for their career. Working too much compromises the body, the mind and the art.

# Author Biographies

**Robert T. Sataloff, MD, DMA, FACS** is Professor and Chair, Department of Otolaryngology-Head and Neck Surgery and Senior Associate Dean for Clinical Academic Specialties, Drexel University College of Medicine. Dr. Sataloff is Director of Otolaryngology and Communication Sciences Research at the Lankenau Institute for Medical Research, and Director of Otolaryngology Education at Lankenau Medical Center.



He also holds Adjunct Professorships in the Departments of Otolaryngology – Head and Neck Surgery at Thomas Jefferson University, Temple University and the Philadelphia College of Osteopathic Medicine; and he is on the faculty of the Academy of Vocal Arts. He serves as Conductor of the Thomas Jefferson University Choir. Dr. Sataloff is also a professional singer and singing teacher. He holds an undergraduate degree from Haverford College in Music Theory and Composition; graduated from Jefferson Medical College, Thomas Jefferson University; received a Doctor of Musical Arts in Voice Performance from Combs College of Music; and he completed Residency in Otolaryngology – Head and Neck Surgery and a Fellowship in Otology, Neurotology and Skull Base Surgery at the University of Michigan.

Dr. Sataloff is Chair of the Boards of Directors of the Voice Foundation and of the American Institute for Voice and Ear Research. He also has served as Chair of the Board of Governors of Graduate Hospital; President of the American

Laryngological Association, the International Association of Phonosurgery, the Pennsylvania Academy of Otolaryngology – Head and Neck Surgery, and The American Society of Geriatric Otolaryngology, and in numerous other leadership positions. Dr. Sataloff is Editor-in-Chief of the *Journal of Voice*; Editor Emeritus of *Ear, Nose and Throat Journal*; Associate Editor of the *Journal of Singing*; on the Editorial Board of *Medical Problems of Performing Artists* and is an editorial reviewer for numerous otolaryngology journals. He has written over 1,000 publications including 72 books, and he has been awarded more than \$5 million in research funding. His H-index is 44 (as of January 2023). He has invented more than 75 laryngeal microsurgical instruments distributed currently by Integra Medical, ossicular replacement prostheses produced by Grace Medical, and a novel laryngeal prosthesis (patent pending). He holds a patent on a unique thyroplasty implant. His medical practice is limited to care of the professional voice and to otology/neurotology/skull base surgery. Dr. Sataloff has developed numerous novel surgical procedures including total temporal bone resection for formerly untreatable skull base malignancy, laryngeal microflap and mini-microflap procedures, vocal fold lipoinjection, vocal fold lipoimplantation, and others. Dr. Sataloff is recognized as one of the founders of the field of voice, having written the first modern comprehensive article on care of singers, and the first chapter and book on care of the professional voice, as well as having influenced the evolution of the field through his own efforts and through the Voice Foundation for over 4 decades. Dr. Sataloff has been recognized by Best Doctors in America (Woodward White Athens) every year since 1992, Philadelphia Magazine since 1997, and Castle Connolly's "America's Top Doctors" since 2002.



**Christina L. Mancheni**, D.M.A. is an Assistant Professor of Voice in the Department of Music at Boise State University in Boise, Idaho. Dr. Mancheni is a professional singer who has performed on the operatic stage and has appeared often as a concert, recital, and chamber soloist. She is also an avid performer of various other styles of music including operetta, musical theater, and contemporary commercial music.



She has performed for several companies and festivals both nationally and internationally in addition to winning numerous awards and competitions. She holds an undergraduate degree in Voice Performance and Doctor of Musical Arts in Voice Performance from the University of Nevada, Las Vegas; and she received a Master of Music in Voice Performance from Miami University of Ohio. Dr. Mancheni has presented master classes, clinics, and recitals regionally. She is also an active member of the Voice Foundation and the National Association of Teachers Singing (NATS) where she has adjudicated regional competitions.

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Ms. Hawkshaw graduated from Shadyside Hospital School of Nursing in Pittsburgh and received a Bachelor of Science degree in Nursing from Thomas Jefferson University in Philadelphia. In addition to her specialized clinical activities, she has been involved extensively in research and teaching. She mentors medical students, residents, and laryngology fellows, and has been involved in teaching research, writing and editing for over three decades. In collaboration with Dr. Sataloff, she has co-authored 185 articles, 108 book chapters, and 20 textbooks. She is on the Editorial Boards of the Journal of Voice and Ear, Nose and Throat Journal. She has served as Secretary/Treasurer of AIVER since 1988 and was named Executive Director of AIVER in January 2000. She has served on the Board of Directors of the Voice Foundation since 1990. Ms. Hawkshaw has been an active member of the Society of Otorhinolaryngology and Head – Neck Nurses since 1998. She is recognized nationally and internationally for her extensive contributions to care of the professional voice.