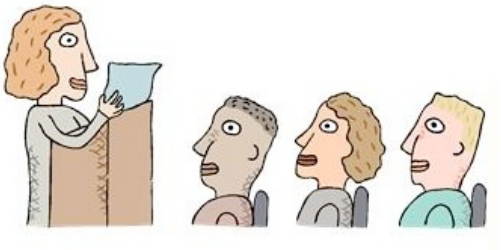
Projection: It's for the Voice as well as the Visuals



by Jean Wilcox Hibben, PhD, CG[SM]

It happened again. I attended a board meeting and was in the company of a number of people who speak for a living. Because it was a board meeting, there was no use of microphone and sound system (speakers shouldn't need that, right?) and I left having heard almost nothing of the discussions about various items on the agenda. In fact, if I hadn't had a printed agenda, I wouldn't have known what was discussed at all. Even the person in charge was hard to understand. And, later, I discovered that I wasn't alone. (I thought my hearing had gotten even worse than it was.)

My grandfather was deaf. That was just part of life. When I went to his house (which was a frequent occurrence), I knew that the "inside voice" was not only permitted, but encouraged, to go up a few decibels. I automatically spoke louder in his presence. Even if I wasn't speaking to him: I wanted him to know what I was saying if he was in the room. Everyone in my family did that as a matter of course. When I took courses in speech and drama and when I began performing my music (instead of just singing and playing guitar in my bedroom), I employed that same behavior—raise the volume when speaking to more than just a couple of people or when in front of a group, no matter how many are there. When I went into teaching, the same behavior became my norm. But I remember many instructors who did not seem to "get it." I just figured they were uninformed; but public speakers knew better. Yeah, right.

So, after spending a lot of my time in meetings, classes, and presentations where I strained to hear what is being said, it occurred to me that maybe people just don't realize that they are not being heard. In my genealogical society, where I have served as president for the last five or so years, speakers often tell me they don't need to use a microphone and that they are good at projection. Then, soon after they have begun speaking, I am up putting a lapel mic onto their shirts. (Note: now I just give them a mic anyway.) The general goal for projection to an audience is about eighty to ninety decibels (conversation is about fifty to seventy)—and there is an app to measure that! So how does one do it? Project, that is.

First step: know how the sound is produced. That same thing that allows us to live allows us to speak: breathing. This is why someone who has had surgery and breathes through a stoma (hole in the throat, in layman's terms) sounds so strange. We use the air going across the vocal folds (vocal cords, in layman's terms) to cause the vibration that results in our vocal sounds. When we are not speaking, the folds remain open. The act of respiration causes the air to pass between the folds and what we do with the larynx muscles is what makes the vocal intonations. These muscles are said be some of our quickest moving ones and the vocal folds need to come together for us to produce sounds. Then other parts of the body combine to make the different types of utterances: the mouth and nasal cavities, the soft palate, the jaw, the lips, and the tongue all figure into how the sounds are made and heard.

Unlike simple breathing, when we are creating speech our breathing is deeper and, hopefully, fuller. How much air we exhale and how we exhale it will help us alter the volume of our sounds. When we are breathing for the sake of staying alive, without adding sound, the process is smoother and more rhythmic, but when we are trying to speak as we breathe, the exhalation is slower and sort of choppy

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to accommodate the noise we are trying to make. More breathing time is spent exhaling than inhaling. The more use of deep (diaphragmatic) breathing, the longer the time between exhaling and inhaling and the greater control one has over the speech and its volume. The use of shallow breathing, known as clavicular-shoulder breathing (using just the upper portion of the chest when inhaling and exhaling), will cause the speech to be uneven, and will add to the stress on the other parts of the body that create the sound: the larynx and throat may contract, constricting the movement of the vocal folds. The remedy is to practice deep breathing. Check for exercises online or in literature about stress relief. The same type of breathing that helps a person relax can add to the quality of one's speech volume.

Knowing all the components in the speech process can help us understand why certain things may have a negative effect on the sounds we make. Certainly a bad sore throat that affects the vocal folds can cause swelling (temporary) or thickening (chronic) in the folds. Once such a condition occurs, it is hard for the air flowing through to vibrate the folds as needed for sound. The result: laryngitis. When we have other oral or laryngeal issues, we may notice a change in the voice. Removal of teeth or getting used to new dentures can negatively affect the sound-making quality, as can any injuries in the mouth, including those of the tongue. A stuffy nose can affect how the voice sounds and is why people with bad colds are said to sound "nasal" (though the actual term should be "denasal," since their nasal cavities are blocked and are not being used to aid the sound-making process). Similarly, if an illness has caused any airway constriction or problems with lung function, the speech is almost certain to be affected.

Second Step: know what behaviors might restrict speech (and its volume) capabilities. As mentioned, having almost any illness can affect the process so it is important to rest when ill. If you have laryngitis, do not use the voice! It needs to heal. If there is a problem with allergies, take steps to reduce the effects of them, especially when planning to take on a speech engagement. We can't control the pollen, but we can control our medications (some of which will do more damage to the vocal process than it is worth; this is a personal and medical issue). But do consider requesting the use of a microphone when booked to do a presentation. Then let the mic carry the voice and don't push yourself.

If you seem to have chronic voice problems, consider visiting an ENT (ear-nose-throat doctor) for an evaluation. Constant abuse of the vocal folds can result in nodules that will continue to aggravate the voice, causing it to sound hoarse or "throaty." They may also interfere with the sense of control over the voice (particularly pitch, a definite problem for singers). The lesser problematic polyps can also be the result of voice abuse. (Polyps are softer than nodules and are more likely the result of a single misuse of voice, instead of chronic abuse.) Either issue should involve a visit to the doctor, and possibly speech therapist, for treatment; in some cases, surgery is required.

Let's look at the types of behaviors that can affect the voice.

DON'T . . .

- Yell or strain your voice (you can feel it!)
- Turn your head while talking (e.g., facing the screen, then turning the head to the audience to make a point—this puts extra strain on the vocal folds)
- Suppress yawns (this adds extra stress on the larynx)
- Drink iced drinks before or during a presentation (best choice: water at room temperature)
- Drink any dairy products before speaking (this tends to cause a desire to clear the throat)
- Clear your throat frequently (this aggravates the larynx and the vocal folds)
- Try to speak or sing out of your comfort range
- Smoke (before, during, or after presenting)

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DO . . .

- Warm up your voice before a presentation (check online for vocal exercises; physical and laryngeal tenseness causes the throat to constrict and restricts the vibration of the vocal folds)
- Practice your presentation at the volume you will be speaking to an audience (get a feel for how your voice sounds at a projection volume)
- Use a humidifier (especially in the dry months) to keep the moist parts of the vocal apparatus from drying out
- Get plenty of sleep
- Eat nutritiously
- Exercise the whole body to get the oxygen and blood flowing and help reduce stress (even simple stretching before speaking can help with this process)
- Use proper posture when presenting (this encourages diaphragmatic breathing)
- Rest your voice after your presentation(s). (a little warm tea and honey can be a perfect follow-up to a day of speaking)

The same things that make us healthy human beings will make our voices healthy as well; after all, all our parts are connected. Speaking should not be an effort for the speaker. If using the breathing and voice-making components appropriately, there should be no strain in projecting. This is also presuming there are no organic problems (as mentioned before). Vocal coach Joanna Cazden recommends that any throat pain or consistent vocal problems (hoarseness, huskiness, etc.) that last over two weeks necessitates a visit to an ENT.

Joanna also suggests something else that I have employed for years: visualize where you want your voice to go. See the back of the room, then send your voice there. If you are speaking to a small group of four or five folks in a room where there are other activities happening, visualize sending your voice to just your audience, not the rest of the room occupants. (They will thank you for it.)

So let us all work to project for our audiences and for those around us in any group setting. Some people are too embarrassed to ask for something to be repeated, meaning they may miss something important or misquote something we have said. Let's get our messages heard and be booked again because people could understand all of our words of wisdom.

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