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The Birth Process and Voice Training: The Glorious Chorus

A Qualitative Pilot Inquiry

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ABSTRACT

This study is a qualitative pilot inquiry that explores the relationship between voice methods for performance and childbirth. The authors are trained actors, and during their labor processes, they each found themselves relying on the vocal work they had learned in their acting training. This experience encouraged the authors to explore their own experiences and initiate this study. The central questions were: Had other mothers with similar backgrounds used voice training within the context of birth? What might vocal work offer to a laboring woman that is unique? What insights might childbirth professionals offer on the relationship between breath, voice, and birth? The authors interviewed actor-mothers, birthing professionals, and childbirth educators and used this qualitative data, along with the author's experiences and research literature to create early themes that reflect on the research questions. The data suggests that actor-mothers benefitted during childbirth from their exposure to vocal work, and recommendations for further studies are offered.

KEYWORDS

Childbirth; labor; acting; theatre; voice; breath; sound

Introduction and Research Inquiry

For those who choose to become mothers, the journey of bringing a child into the world is a transformative experience. It is beautiful, awe-filled and (to be honest) wholly overwhelming. There comes a moment in that process where the actuality of a small human growing within you becomes real. More to the point, the actuality that you will have to find a way to send this small human *out* of your body becomes a tangible truth. When faced with this truth ourselves, we (the co-authors of this article) went straight to our childbirth preparation classes to arm ourselves with the wisdom we would need to accomplish the task of birthing a healthy baby.

There are many different approaches to childbirth, from wide-scale, trademarked methods like Lamaze and the Bradley method to more homegrown approaches. Many options exist, but in nearly all of them women can be sure that at some point they will be placed in a restful position (perhaps with their eyes closed), and they will be asked to focus on

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releasing tension and allowing the flow of breath through their body. For anyone who has gone through actor training, this scenario might seem familiar to another experience we know well: voice class. The parallels between voice techniques for actors and childbirth classes were apparent to both of us. In our own labors, we did use the voice work we knew from our theatre training during birth and found it useful. This led us to ask: Did other actor-mothers find themselves calling upon their voice training during labor and delivery as we did? As a means of exploring this question, we found a group of actor-mothers, birth professionals, and instructors excited to share their experiences and thoughts about the intersection of voice training and labor.

Methodology

Our inquiries on this topic were intended as a qualitative pilot inquiry to gather early data on actor-mothers. Qualitative research endeavors to reveal a deeper understanding of an event through the lens and perception of those who have first-hand experience in the subject, and the goals of a qualitative pilot inquiry are (1) to negotiate the relationship between qualitative interviews and current literature, (2) to explore early themes from the data, and (3) to suggest additional topics and questions for further research (Johnson and Christensen 2007). Individually, we found our labors were strongly influenced by the principles and voice methodologies present in our theatre backgrounds. Our curiosity led us to examine the birth experiences of other women with similar vocal training and to find out where there were differences and commonalities. This curiosity prompted us to offer a more formal qualitative pilot inquiry as outlined above.

Participants

From personal experience, we drew upon our combined networks of women who we had encountered either directly or indirectly as both actors and mothers ourselves. In selecting actor-mothers as interview participants, we were looking for women who had, at a minimum, completed graduate-level or rigorous conservatory-style voice curriculum for actors. Some participants had become teachers of specific methodologies themselves. We also utilized our personal networks to find participants to interview who had direct experience within the birth industry to gain their perspectives. We spoke with five childbirth professionals with hands-on experience with women in labor (i.e. a mid-wife, a mid-wife's assistant, three doulas), three childbirth educators, and 11 actor-mothers who had received this type of training. The interviews consisted of a list of prepared questions surrounding the topic of breath, voice, and birth.[1]

Design of the Study

This study uses phenomenological research strategy that aims to gain the essence of a human experience (Moustakas 1994). Within this research paradigm, Johnson and Christensen (2007) state that the design of phenomenological studies may examine research literature after interview data has been collected. Thus, this study followed four steps. (1) Participants were interviewed using an interview protocol based on personal experience. (2) We explored the interview data for early themes, and we collected research literature simultaneously.

The themes were not coded[2] (3) We placed the data into a first phase of themes, and we presented them below. Since this study is a pilot inquiry, the themes in this study represent an outline of initial codes that may be used for further codes in later or additional studies rather than a traditional multi-coded outline (Merriam 1998). (4) From this literature and data, we recommend topics and suggestions for further research.

Data Analysis and Avoiding Bias

Given that this study is a pilot inquiry, as authors we did not bracket personal opinions on this topic or study; in other words, we acknowledge our opinions and any personal bias on the topic(s) while collecting and analyzing data. Lincoln and Guba (1985) argue that a researcher's personal opinion can and should be avoided to maintain objectivity within qualitative research; however, they also argue that researchers develop qualitative studies based on experience through research. Therefore, since this study is an qualitative pilot inquiry designed to create formal themes and additional studies at a later date, we interpolate our experiences within the data analysis as we develop the early themes discussed below. Our opinions would be bracketed and removed in additional studies, and future researchers should acknowledge our opinions if and when additional studies are based on this current article. The quotations in the data analysis serve as journalistic data from the interviews and are dated accordingly. The data was not coded. Authors can create early themes from such data for additional interviews in future studies (Johnson and Christensen 2007).

Interview Protocol Questions

This study had three separate interview protocols; there were three different sets of questions for each group of participants.

To actor-mothers, we asked:

- What, if any, pre-child birth classes did you take?
- What instructions were you given as to how to use your breath during labor?
- How did these instructions align or not align with the voice training you received as an actor?
- Do you feel your training as an actor aided you in the childbirth process? If so, how? (You may reflect on your voice training.)
- How many other aspects of your theatre training aided you (e.g. Alexander, movement)?
- What else would you like to add to the conversation?

To childbirth instructors, we asked:

- What methodology do you teach as a childbirth educator?
- Tell us about the role of breathing in your practice. What breath work or breathing exercises to do advocate for use during labor?
- From your perspective, what is the advantage of this breath work, if any?
- What, if any, instructions or advice do you give regarding vocalization during labor?
- What are some typical challenges that women face in terms of breath during labor?

- What are the optimal breath practices in each stage of labor? How do you advise women to use the breath and/or voice during late stage labor (i.e. pushing)?

Finally, to doulas, we asked:

- How was breath and voice addressed in your training as a doula?
- How do you coach mothers to use the breath and the voice during the various stages of labor?
- How do you coach women through the final stage of labor (i.e. pushing)?
- What are some common breath and voice challenges women face during the birth process?
- What stories can you share regarding experiences you've had in labor and delivery where the use of the voice or the breath was particularly notable?
- What, if any, experiences have you had with mothers who are actors by training? Do you see any difference in the way they approach the birth process?

Where Voice Training Connects to Birthing Methods: A Literature Review

To begin the literature review, the following offers brief summaries of Fitzmaurice Voicework® and the work of Kristin Linklater: the voice training methods utilized by the authors and the methods most practiced by the women we questioned. Each technique contains parallels with popular childbirth methods. We also provide an overview of some of the most common birth preparation classes. In this section, we also include participant data as it relates to the literature.

Fitzmaurice

Fitzmaurice Voicework is a comprehensive approach to voice training developed by Catherine Fitzmaurice in the 1970s and continues to grow and evolve as a practice (Morrison, Kotzubei, and Seiple 2017). The work is divided into two stages: Destructuring and Restructuring. Destructuring, also called Tremorwork®, is the first stage and utilizes an induced, shiver-like tremor in the extremities of the body which releases habitual tension and cultivates free, spontaneous breath that responds according to the experience. Restructuring involves the isolated use of the transversus abdominis to support vocalization; the goal is to produce a free, efficient sound with minimal effort and strain. This physical approach increases vocal range, expressivity and "explores the dynamics between body, breath, voice, imagination, language, and presence" according to the Fitzmaurice Institute's website (Fitzmaurice Voicework 2017).

Linklater

The Linklater Voice Method, developed by Kristin Linklater and popularized in her seminal text *Freeing the Natural Voice* (1976), enables people to connect thoughts, feelings, and voice. The process involves releasing habitual tension in the body in order to free the breath—not relaxation for the sake of relaxation but an intentional, progressive easing of tension in order to meet the self and communicate clearly and expansively with others. From a place

of deep relaxation, students become aware of the breath involuntarily entering the body and connect to the image of a well of vibration originating in the lower pelvic girdle, ultimately cultivating an open channel from the lower body all the way up through the mouth. A series of exercises promotes relaxation, breath-awareness, increased vibration, vocal resonance, range, and articulation, with the goal of increasing expressive capabilities.

Lamaze

Lamaze is often characterized with the classic depiction of labor in films and television with a woman panting out short breaths in a rhythmic "hee hee hoo hoo" pattern—a stereotype many associate with the Lamaze method. Rather, Lamaze first came into practice in the late 1950s, focused on controlled, specific breathing methods to manage labor pains and made use of a short, quick breath pattern (Lamaze International 2017). The panting breath is still used by doulas, nurses, and mid-wives if a woman is pushing the baby out too quickly and at risk of tearing the perineum. As birth practices evolved, however, the technique evolved as well. Lamaze has moved away from the shallow, quick breaths which sometimes led to hyperventilation. These days, the method relies on breath work that is deeper; some practitioners today say they have abandoned patterned breathing altogether and now simply focus on deep breath and relaxation. Other newer Lamaze teachers may talk about the breath shifting with contractions, beginning deep and slow, advancing to a more aerobic breath at the peak, and slowing back down as it subsides. As Mary, mother, actress, and certified yoga instructor, told us of her recent Lamaze training, "I was relieved to find out that the technique was not the shallow breath as depicted in TV sitcoms. It was a deliberate breath that changed with the ebb and flow of the contraction" (November 2016). However, many birth class instructors and nurses who were trained in Lamaze years ago still advocate the original, "stereotypical Lamaze" pattern of breathing.

As some practitioners suggest, if the Lamaze method involves increasing the rate and intensity of the breath as a contraction intensifies, this echoes ideas present in Fitzmaurice Voicework (FV). During a Fitzmaurice Destructuring sequence, the breath can be many things. It can be slow and deep but sometimes naturally quickens or becomes more activated during moments of intensity; this is allowed to happen where breath is not intentionally managed or controlled. There is a wave-like ebb and flow that occurs in FV Destructuring, like the ebb and flow of a laboring woman's contraction. Perhaps in its original form, the use of quick panting in early Lamaze was something of an imitation of the body's natural response to increased sensation or stimulus; the breath changes. Lianne, doula and certified Lamaze childbirth educator, reinforces the idea of allowing the body to respond however it will: "Don't interfere. If the breath goes faster, fine. You just have to leave them alone. There is no animal that needs to be trained in birthing their babies" (January 2017).

Bradley Method

Many actor-mothers we talked to opted for the Bradley method, a multi-week class designed to help women have a low-risk pregnancy and a natural, drug-free childbirth. Developed in 1947 by Dr. Robert A. Bradley and popularized in his book *Husband-Coached Childbirth* ([1965] 2008), deep relaxation and the support of a labor coach are the key components to the Bradley Method. Raised on a farm, Dr. Bradley observed the quiet, natural childbirths

of many animals, influencing his belief that rather than trying to control the sensations of labor via medical intervention or strategies to distract the mother from pain, mothers should be encouraged to trust their bodies and their natural instincts. Bradley places a strong emphasis on the training of birth coaches (e.g., husbands, partners, doulas) to support and advocate for the mother.

The Bradley Method (2017) encourages mothers to "trust their bodies" (1) and strive to find a deep and relaxed abdominal breath, echoing Kristin Linklater's desire to "liberate the natural voice" (2006, 7). Just as Bradley encourages a state of deep relaxation, the initial stages of the Linklater progression focus on releasing the inner muscles of the body, so the breath and voice are not distorted by physical tension. Sarah, an actor trained in the Linklater voice method, recalls that the Bradley emphasis on deep abdominal breathing "did resonate with me from an acting perspective—to keep the breath flowing as normally as possible, to not lock into a preset idea of what it should look like or sound like" (March 2017). In terms of sound production, it is interesting to note that many Bradley instructors discourage vocalizing during labor. Dr. Bradley's "six needs of laboring women" included darkness, solitude, and quiet—believing a silent environment promotes the concentration necessary to birth a child without medical intervention (Bradley [1965] 1981, 42).

Hypnobirthing

Hypnobirthing is another popular method for expectant mothers which employs the use of hypnosis to bring the mind to a calm, meditative state in order to replace fears and negative assumptions about birth with positive ones. Breath receives much focus in this method as well. According to our conversation with Jennifer (February 2017), who is a doula and Hypnobirthing instructor, there are three types of breathing used:

> (1) The calm breath is used to help slow your breathing and get back in your "zone."; a calm breath sequence here is breath of four, slight pause, out breath of eight. This sequence is helpful after going through triage and getting settled into your birthing facility, and it is also helpful to slow down the intensity of the fetal ejection reflex.
>
> (2) The main breath that is used throughout labor is the surge breath, often called belly breathing. This type of breathing is rather well known for its ability to calm the body.
>
> (3) The birth breath is used for the birthing phase of labor and tends to happen instinctively when the natural expulsive reflex begins. It is similar to belly breathing, except on the out breath uses visualization and vocalization to send the breath down and out in a J motion—the way the baby moves through the pelvis.

The specific use of vocalizing during the third stage of labor (pushing) is distinctive. In our conversations, some refer to this as "breathing the baby down" as opposed to holding the breath while pushing the baby out.

Hypnobirthing shares some similarities with Linklater's work, particularly the idea of belly breathing and the use of visualization. Interestingly, in Linklater work, the primary visualization is an upward motion: imaging the well of breath and vibration originating in the belly and lower pelvis moving up through an open channel and releasing through the mouth. In hypnobirthing, the image is in reverse: the relaxation also begins in the lower belly and pelvis, but the visualization encourages you to see the breath moving in a downward motion, guiding the baby out the birth canal. Belly breathing stands in contrast somewhat with Fitzmaurice's work; while Fitzmaurice Voicework advocates for a soft belly during

inhalation, the expansion of the ribcage is paramount. The "calm breath" in which women are asked to inhale and exhale for a certain number of seconds is also contradictory to Fitzmaurice Voicework, which promotes allowing the breath to be spontaneous and change according to instinct without exerting control over it.

Early Inquiry Themes

We spoke with many actors who had experienced labor, and most of them arrived at the main event equipped with a mixture of knowledge from birth classes and from acting and voice training. So, what happened in the labor room? What did these mothers rely on to get through labor and what role did their theatre training play in the experience? Below are many of the early uncoded themes that were revealed to be important in their process and ours.

Stamina and Pacing

One of the wisest pieces of advice I (Jenny Mercein) received in preparation for labor came from Mary, a former actor turned doula. I remember Mary advising me, "don't play the end of the scene at the beginning of the scene." While not specifically regarding the voice, this oft-repeated theatre adage reminded me to pace myself during the early stages of labor, to conserve my energy as one would in a long and demanding role, and not rush to the hospital at the first signs of contractions. When the big day arrived as a first-time mother, I recall that this advice helped me manage my nerves and trust that I could safely labor at home for several hours before heading into the hospital.

Body Awareness

For actors, the body is the instrument. Actor training encourages one to be flexible and highly attuned to how tension impedes the body's ability to be present and responsive on stage. Actors develop strategies to maintain a sense of ease and physical freedom under stress. The stress of an audition or an opening night is quite different from the stress of delivering a child, but many of the women we talked to noted how their theatre training helped them cope with the physical demands of labor. Penelope, actor and Linklater instructor, remarked: "I suppose being put into and exploring all those physical poses in Movement and Voice classes helped me to embrace the positions that would help me best in childbirth: squatting, on all fours, moving around, using a partner" (February 2017).

Many actor-moms like Kate singled out the Alexander Technique as being particularly useful in preparing for labor. Developed by F. M. Alexander in the 1890s, the Alexander Technique is a means of removing unnecessary tension from the body that continues to be taught in many actor training programs to this day. "The Alexander Technique and my other theater training helped me understand what was happening to my alignment, anatomy and nervous system," stated Kate, Associate Fitzmaurice Voicework teacher (July 2016). Sarah concurred:

> More than anything else, I utilized Alexander Technique training once active labor hit. I hadn't consciously planned it, but once contractions started I heard my Alexander teacher's reminder that the muscles at work in labor are all involuntary muscle groups and that engaging any

> voluntary muscles would not help speed my labor … I was conscious of keeping my arms and shoulders "out of the way" especially during pushing. My doula held my arms above my head as I pushed to keep my focus, effort-wise, on my pelvis and not on clenching my hands and arms (March 2017).

Sarah also shared a piece of wisdom she remembered hearing from Ina Mae Gaskin, arguably America's most well-respected mid-wife:

> She said that the cervix was a sphincter, just like the lips, throat and anus and to work toward the opening of the cervix through release of ALL the body's sphincters. So, I consciously kept by mouth, throat and rear as loose as possible, trying to release the jaw, teeth, tongue and lips especially (March 2017).

While some (including medical professionals) may take exception to Ina May Gaskin's assertion that the cervix is a sphincter and discredit the notion of a connection between the throat and the vagina, Mia, a former singer with a thriving doula and prenatal yoga practice, begs to differ:

> When adrenaline is tensing the trapezius, the pelvic floor co-contracts. So, I do think there is an anatomical connection. If you go really deep, the fascia is connected everywhere in the body. So, if you just go, okay, "this is your throat and this is your pelvic floor, they're not necessarily directly related"—I think everything is directly related. If we're going to discuss that we believe in mind-body connection, why is there a disconnect because the two aren't physically attached? They're not necessarily connected but there is a connection. If someone wants to discredit that, that's fine. But from my own experience of watching women and my understanding of the sympathetic nervous system tightening everything—the throat, the pelvis—I just can't believe they aren't connected (March 2017).

Similarly, bodywork, neurokinetic therapists, and yoga practitioners assert a connection between jaw tension and tightness in the hips and pelvis. If we accept this connection, actors accustomed to shaking loose the jaw and releasing habitual holding in the jaw, tongue, and lips are already armed with powerful tools to assist in the birth process.

Breath Awareness

Many of the mothers we talked to noted that their acting training proved to be more helpful in the birth process than the classes they took specifically designed for labor and delivery. As actor and Alexander Technique teacher Michelle noted, the breath and voice instruction she received in her pre-birth class "was insignificant compared with everything I knew from acting, singing and Pilates" (February 2017). I (Jenny Mercein) had a similar experience. I found myself tuning out as the birth instructor lead us through old-school Lamaze breathing exercises, having much more faith that my Linklater and Alexander training would serve me better in cultivating the sense of release I would need to successfully deliver a child. Kate noted:

> I didn't seek out a class about breathing, because I was confident by breath work from voice work would be useful- which it was … I had big tremors during delivery. It was useful to have tremored on purpose so that I wasn't scared by how much my whole body was shaking (July 2016).

Rebecca, an actor and teacher, noted that the Fitzmaurice tremoring actually enhanced the tools she was given in her childbirth class:

> I honestly believe that because I had been studying Fitzmaurice and tremoring for three-and-half years, nearly every day … my body just wanted to tremor when I got into some of the labor

positions we'd learned in our child birthing class. And when a tremor would start, it actually took the edge off of the contraction to some extent (September 2016).

Releasing the Breath vs. "Purple Pushing"

During the final stage of labor, many birth coaches, doctors, and nurses advocate using the Valsalva maneuver, which involves forcefully exhaling against a closed glottis to create intrathoracic and inner abdominal pressure that is believed to help push the baby out (Hollins Martin 2009). Known as "purple pushing," this idea of holding the breath directly contradicts the actors' instinct to keep the breath flowing and plentiful. I (Jenny Mercein) reflected on this idea: The notion of suddenly being asked to hold the breath at the end of labor flew in the face of my training. As an actor and a yoga practitioner, I have been programmed to rely on my breath as a means of staying present and achieving ease. While I obeyed the doctor's instruction to bear down, hold my breath, and push, it felt wrong. The practice of "purple pushing" is slowly falling out of favor with many doctors and birth coaches because it adds undue stress to mom and baby and deprives the body of oxygen. As Mia reports:

> The American College of Obstetrics and Gynecology is now saying that they are supporting open-glottis pushing. Open-glottis at least allows the voice to be open and then mom's not restricting air to her body or her baby. Open-glottis does slightly extend the length of this stage of labor, but it is now being seen as a valid choice. Which is great because it's far healthier for mom and baby (March 2017).

Perhaps because open-glottis breathing extends the length of pushing, many doctors are slow to adopt the idea of keeping the breath (and in turn the voice) free during the final stage of labor.

Release of Sound: The Actor's Gift

A significant amount of the actor-mothers we talked to expressed that producing sound was a key means of coping with the challenges of labor. This stands in contrast to reports from doulas and birth coaches we communicated with, who note that many non-actor mothers are hesitant to vocalize for fear of disturbing others or embarrassing themselves. Mia shares:

> Some moms are uncomfortable using their voice … and in the birthing situation people are often shy about using their voice until they are really in active labor, and then they are like, "I don't even know what's going on!" (March 2017).

While breath is certainly addressed in most birth methods, we find that the release of sound is an idea that is not emphasized. When sound is mentioned in childbirth methodologies, the *kind* of sound encouraged is somewhat limited compared to the range of vocalization revealed in our discussions. According to the official website, Lamaze primarily advocates low moaning "as it will help keep the laboring partner's jaw loose and relaxed which correlates directly to a loose and relaxed perineum" (Lamaze International 2017). Hypnobirthing also supports calm, low moaning, even during the pushing stage of labor, but Bradley does not directly encourage the use of the voice and discourages sound in favor of a quiet, meditative atmosphere.

Our conversations revealed to us that actor-mothers were often compelled to go beyond simply moaning in low tones as a means of enduring labor. All trained actors have a good deal of experience using their voices in unusual and extended ways and not apologizing for it. When asked if she used her voice much during labor, Mary noted:

> I did a little, and at one point, I recited some Shakespeare. A very nerdy thing to admit. Lady Percy from *Henry IV, Part 2*. That was fun and reminded me to stay in the moment. During my four-hour pushing phase, they discouraged the use of voice; however, as it deflected the energy I needed to focus on pushing. I'm not entirely sure I agree (November 2016).

I (Jenny Mercein) found that using my voice and my Linklater training was key to enduring natural childbirth. I spent the entirety of my active labor using Kristin Linklater's "huh huhmmmuhh" at various pitches to keep the breath flowing and ride the waves of pain and intensity. Occasionally, I would intersperse a certain four-letter word in there too. The impulse to use the voice was completely natural to me, but it was only after the baby was born that I realized the choice was somewhat unique. As soon as my daughter was born, every single nurse on the hospital floor flooded into my room. They all said they just had to meet "The Singing Mom." For me, using my voice and my Linklater exercises was the most natural, logical choice in the world, but I realized in that moment that most non-actor moms must not feel the same way.

In directing women to use low, soothing tones with the intent of keeping the mother calm, childbirth classes may unintentionally disempower women by limiting their range of expression. In the stories from the women we spoke to, the expression of sound did not always take the form of the birth class-sanctioned, serene tones. Some mothers experienced a ferocity that needed to be released via the voice. From Penelope:

> I roared. And what felt great was that I knew how to do it in a freeing manner. I knew how to use it without tension. I pushed for two hours with my first child and was just exhausted. But using my voice gave me energy. My second child came so fast, and I remember looking at my midwife terrified that this child was coming so fast and that I could tear again. She encouraged me to let go. I roared, and that child flew out. Now, I was also in an environment where I could be loud. I think many women (1) have a fear of their own voice but (2) are afraid of disturbing others (February 2017).

Similarly, by the time I (Kris Danford) was in transition, I was really beginning to feel victimized by the contractions. They were so strong, and I had no chance to recover. I felt as if I had no say in this experience anymore, like I was drowning. Suddenly, the sounds that I was making started to change into a growl. And I realized it felt good and that I felt so strong. The pain actually decreased. In the next contraction, I consciously tried to adjust to a smoother, "calmer" vocalization, and it felt so wrong. I felt like I was being crushed again. So I let myself roar. I remember noticing my upper lip starting to curl up like a tiger. That primal sound was the true reflection of my experience at that moment, and letting it out provided such immense relief and a sense of empowerment. It was very shortly after that I was ready to push.

Mia notes, "Even though many actors are trained on how to breathe and how to stay open, in the height of labor we're not in that state necessarily to remember that kind of information. We're in more of a primal place" (March 2017). And as the stories attest, this primal place is not necessarily a bad thing. As a doula, Mia believes women should be encouraged to:

> Go to that primal place and not judge how it sounds, and then have someone there to help shape it; so that it's not tight. I think many of us over-think what we think we should be doing during birth. But it's about training enough that you can trust your body to let go.

Why Make Noise? The Power of Releasing Sound

"Have you ever been able to stub your toe and not make a sound? It hurts a lot more," said Jonathan Goldman, the director of the Sound Healers Association (as quoted in Rosenbloom 2005). Mr. Goldman's quote echoes what we learned from some of the mothers' experiences; the release of sound itself can be helpful in pain management and increasing physical ease. Indeed, sound is being used in many therapeutic settings to decrease pain. Vibrational Acoustic Therapy is one method developed in Sweden in the 1970s, which involves sending sound waves through the body. Using sound in this way has been shown to reduce anxiety and the sensation of pain. McKusick (2017) at the Foundation for Alternative and Integrative Medicine says, "Chanting is said to have a similar result of facilitating the flow of energy through the body." Sound has the capability to actually vibrate and loosen the body during childbirth. It is also a sure way to know that you are not holding your breath. Jennifer, doula and Hypnobirth instructor, encourages her clients to vocalize during birth; she says, "Sound healing can be so powerful … music and sounds are such a primal part of humans, it's universal and connects everyone; it's rather clear that it should also be an integral part of the birthing process" (February 2017).

The power of voicing your truth—in words or in unformed sound—can remove physical roadblocks that may otherwise impede the body's process. In her book *A Guide to Childbirth*, Gaskin (2003) talks about how suppressing thoughts and fears can stall a woman's dilation. She cites many examples of labor progressing normally and stopping at 7 cm dilation. In all cases, some unspoken, emotional barrier was preventing the cervix from dilating. For one woman, it was the fear of dying in childbirth. For another, it was a marital problem that was up to that point unresolved. Once the women gave voice to these thoughts, the process of childbirth resumed (134–135). This highlights our nature as humans and as psycho-physical creatures. The need to speak or to release sound is a physical event. The impulse originates in our bodies. It stands to reason, then, that stifling this impulse and the breath that it rides on could stifle the process of birth.

Permission to Vocalize: The Glorious Chorus

Actors are trained to make bold choices and expand into space physically and vocally. The actor-mothers and experts who spoke with us viewed the use of sound and vocal expression during labor as a very useful strategy to empower birthing mothers, and in some cases, this could even aid in alleviating pain. That release of sound—be it toning, speaking, singing or roaring—was as varied and wild as the birth process itself. As Jennifer succinctly puts it, "Birth is a powerful force moving through your body, a bit of noise is in order!" (February 2017). It's fascinating that, as women, our own voices might be one of the mightiest yet underused tools in navigating this remarkable event that marks the passage into motherhood. Why do some women resist vocalizing during birth? Fear? Shame? Embarrassment? What messages are women receiving in birth classes or during the actual birth process that might discourage them from expressing themselves? How might birth coaches, doulas,

nurses, and doctors be trained to enable women to embrace the power of the voice during labor? While vocalizing may not be the right choice for every birthing mother, perhaps the freedom to explore this option should be more widely encouraged. As Penelope so eloquently noted:

> Whenever birth is portrayed in a movie, it's usually a woman screaming - veins popping out of her throat, tension everywhere. The vocalization is a result of pain and causes pain. But what if the voice was instead used as an aid. I can imagine, if women around the world freed their voices - embraced their voices, there would be this glorious chorus welcoming babies into the world (February 2017).

Suggestions for Further Research

Based on our discussions with this small group of female interview participants, we suggest that the use of the voice during the labor process is a subject worthy of further research. All of the actor-mothers we spoke to, based on their training, had a fundamental understanding of breath and physical awareness along with healthy and uninhibited vocalization. Many of these women found vocal expression a useful (sometimes essential) coping mechanism in childbirth. For more formal research, qualitative researchers may ask similar questions over the course of several months to a group of expectant mothers who had no formal vocal training. Their birth experiences could then be compared to a control group of women who did not receive any such training; this study could function as a mixed method study.

Additional mixed method studies may include a pain self-evaluation tool in the birthing process like the McGill Pain Questionnaire (Pain Community Center, Cardiff University 2014) that could examine the levels that women with or without actor voice training were able to cope with childbirth pain. If such a study was conducted, we recommend researchers work with women who plan to have a non-medicated birth, both in the control group and in the group that receives training. Although a woman might decide to abandon the idea of a non-medicated birth in the throes of labor, the decision of whether or not to receive an epidural or IV pain relief might also speak to the efficacy of the tools and strategies available to the mother.

Additional studies may focus on birth professionals. Having the perspective of doulas or mid-wives who work in the room with laboring women would be a valuable tool in providing observation of how a mother works through the birth process and the relationship to expectant mothers with or without voice training. Collaborating with childbirth educators in the preparation/teaching phase leading up to the birth would be an important component of such studies. These educators could yield important perspective in working with pregnant women as a theatre/voice professional introduces this type of voice work to a group of expectant mothers.

Notes

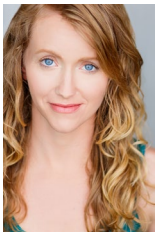
1. To ensure compliance with ethical considerations, we looked into and followed the guidelines set forth by Southern Oregon University's Institutional Review Board. In order to ensure the privacy of the women we spoke to, we anonymized the article. Our research topic was ultimately found to be exempt from IRB review.

2. Coding qualitative interview data is a systematic process of analyzing keywords, phrases, and concepts into formal themes. Interview data that is not coded still analyzes the interviews for themes but does so less formally and without software.

Disclosure Statement

No potential conflict of interest was reported by the authors.

Notes on Contributors



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