

The Day I Lost My Voice, And What I Did to Find It: A Voice Teacher's Journey to Recovery from Injury

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“For years, my voice was all I had—all I thought I had to offer. Little did I know the journey I was about to take that would prove that statement as wrong as it could be.”

[A Lost Voice](#)

“I will remember Jan. 21, 2017, for the rest of my life,” said Beeman. “It is the day I lost my voice, the day my entire world fell apart.” “I had completed a fabulous, faculty recital rehearsal the day before, only to wake up the next day without the top of my range,” she said.

Continuing to lose notes over the next few days, Beeman called her doctor, who referred her to a laryngologist. She went to see the ENT-PA who did a basic scope, telling Beeman that she saw a bit of swelling, very minor pre-nodules. Crying, Beeman recalled thinking, “How did this happen? I haven’t done anything to warrant pre-nodules.” Yet Beeman determined to follow the recommendation for voice therapy from February to May of 2017 without questioning to get her voice back. The one thing the Speech-Language Pathologist (SLP) could not solve was her neck pain, so she sent Beeman back to her chiropractor, who did some adjusting and active release techniques (ART), which produced only temporary, mild relief.

With rest and light vocal practice that summer, Beeman saw some improvement. However, she had a feeling that whenever she used her voice, something was off. When she expressed this to her medical team, answers included, “Just keep practicing,” “It’s all in your head,” and “You are fine; it just takes time.”

[A Difficult Journey, yet A Bold Determination](#)

In August of 2017, as Beeman prepared to return to work full-time, she relapsed and lost more of her voice than she had before. “Where I at least had a high A5 after therapy, I now could not sing above a D5, and very badly at that,” she said. “I barely had an octave, and it was very effortful and very painful to sing. My speaking voice while teaching always hurt.” Her overall, physical pain level had escalated well past a 10 on the scale of 1–10. The September after Beeman’s relapse in August, her ENT clinic hired a new laryngologist. Beeman recalled the first appointment, “The evaluation revealed no improvement since the previous February.” Beeman says it was at that moment that she realized her situation was not a vocal overuse or nodule situation. “Had it been nodules, it would have gotten better with therapy and the effort I put into my recovery.” With a room full of SLPs, he looked at me and very honestly said, ‘I do not know why this is happening. You've done everything, and you've done it all right.’ I was stunned at the humility of this doctor and his desire to help me get better!”

Despite knowing that the root issue was not her singing technique, Beeman followed the recommendation to take some voice lessons from a teacher in New York that focused on relaxation techniques. She met with her laryngologist again in December. This time he thought

he was seeing a paresis. Once again Beeman thought, “But I haven't done anything to cause a paresis.” At this point, Beeman’s medical team decided that she should continue another 3 months with the current plan and advised her to reduce how much she used her voice—speaking, teaching, and socializing. “I stopped going to church for 3 months, friends’ houses, and calling family members. I canceled gigs. It was a very miserable time of my life. For the first time in my life, I was not just lonely. I was alone — lost.” Experiencing pain doing common activities such as singing, speaking, piano playing, conducting, exercise, cleaning, yard work, carrying groceries, walking up steps, and computer work, Beeman wondered if she would need to consider a new career outside of singing and college-level teaching. How could she teach students to use their voices when she could not?

Dr. Shellie Beeman, Associate Professor of Voice at a university where she teaches, wrote her doctoral dissertation on vocal health, has three classical degrees in voice, and holds two additional certifications in classical and contemporary vocal pedagogy, health, and voice care. “My voice wasn’t supposed to break down. And yet,” she said, “it did. I didn’t even have a voice.” For a while I looked for people to blame, including my faith. I did not realize how much of my identity as a person was in my singing and in my teaching. Simply put, I WAS my career, and my career was ME. As a result, and as a side-effect of grieving this loss, I lost my faith, my identity, and my confidence as an artist and teacher.

When Beeman went to her March 2018 appointment, she told her medical team, “Something in my body is telling me I can sing. I cannot explain it to you, but I refuse to believe that this cannot be fixed.” After some discussion, her ENT decided that before injecting for a paresis, he would refer her to his mentor at a voice clinic in Tennessee. Following some correspondence and a referral, as well as a round of vocal function exercise therapy (VFEs) as a last resort, Beeman was invited for a two-day stay in Tennessee to see if her voice injury could be helped.

[A Recovered Hope](#)

The specialist asked Beeman about her entire life and health history, going back further than the initial onset of pain in December 2016. They went to stroboscopes to view Beeman’s vocal folds. Viewing the stroboscopes from a computer screen, Beeman recalled, “I had never seen a more beautiful pair of vocal folds.” Back at the exam room, the specialist asked Beeman to sing. “It was terrible,” said Beeman. “When I say it was terrible, my voice by this time was very rough, very wobbly and unstable, very out of tune. I had no control over the vibrato. I couldn't sing above a D5, and even that was painful to me.”

He then massaged Beeman’s throat and larynx, asking her to sing again. Three hours later, the specialist diagnosed Beeman with —not a paresis, pre-nodules, or reflux — stress-induced muscle tension dysphonia (MTD). And it could be fixed! The specialist believed Beeman’s injury went back over 10 years and could be fixed with physical therapy. Beeman explained, “At heart, I am an introvert; I internalize everything. What actually happened wasn’t in the vocal folds. It was all the muscles in my back, shoulders, neck, and head that took over, creating trigger points and severe tension and muscle weaknesses that eventually converged on my voice, locking down my entire larynx, causing physical and vocal pain.” When Beeman graduated with her master’s

degree in 2006, her journey took her from a brief performing career in Chicago to a teaching job in 2009 in Wisconsin, which the specialist believed was a traumatic turning point in Beeman's life, voice, and overall health. From there, Beeman attended doctoral school in 2011 in Indiana before taking a job in Colorado, where a poor experience resulted in further stress, anxiety, insomnia, and panic attacks. When she joined the faculty at a university in South Carolina in 2016, a higher teaching load was the straw that broke the camel's back. The specialist sent her down to the Physical Therapy Center for two days of physical therapy to learn what was needed to move forward and rehabilitate.

The Road Back

Beeman was in voice and physical therapy three times a week. "It was a very specific kind of therapy — physical therapy, manual therapy and myofascial release," she said. When they released her in November 2018, they all agreed that she needed to start counseling to work through the emotional stress she was experiencing related to her experiences and vocal retraining. Beeman immediately contacted a trusted, local voice teacher. After talking, he quickly realized that she was now severely underusing her voice (and probably had for over a while), resulting in vocal fatigue, pain, and inability to sing or speak. In that hour, he got her up to a high D6 — a note she had not sung in over a year and a half. Since then, Beeman's voice teacher has been crucial in helping her retrain her singing and speaking voice.

Starting to sing with her full voice, but experiencing continued back, shoulder and neck pain, Beeman's primary care physician referred her for another round of physical therapy in the fall of 2019, which continued in stretching, strengthening, and manual therapy. A third round of physical therapy the fall of 2020 added core strengthening, breath work, and dry needling to the regimen with a performing artist therapist who understood the artistic mindset and drive and could help with considerations of vocal endurance, physical endurance, performance, and everyday life. Beeman's first full recital since her onset of pain in 2016 was September 26, 2020, entitled, "Finding My Way Back Through French Song: The Day I Lost My Voice, and What I Did to Find It." She is currently working at a University in Alabama, teaching and singing (a range of F3-Eb6) with limited physical pain within a supportive work environment.

A Look Back — and Forward

Looking back, Beeman recognizes many of her symptoms:

- Loss of singing range and vocal coordination
- Speaking fatigue, effort, pain, achiness
- Loss of modal/chest voice and a cricothyroid muscle lock
- No thyrohyoid space and a high larynx
- Difficulty swallowing
- Hypofunctional, protective voice use
- Vocal fold swelling
- Pseudo-paresis
- Severe tension and trigger points
- Severe and chronic neck, back and shoulder pain

- Rounded, forward shoulders
- Forward head posture
- Headaches and jaw pain
- Diaphragm constriction and high breathing
- Stress-induced reflux
- Stress and pain-induced insomnia
- Severe anxiety
- General body fatigue and pain
- Inability to think quickly or clearly, or brain fog.

“In short, I was a huge mess by the time we got it all figured out, but then this was at least 10 years in the making,” Beeman recalls. “When it came to therapy, I did it all, literally: Resonant voice therapy, McClosky exercises, myofascial release, straw and bubble phonation, vocal function exercises, laryngeal massage, thyrohyoid stretch, counseling, singing and speaking voice retraining, inhalation phonation, massage and chiropractic therapy, foam roller and racquetball exercises, physical and manual therapy, stretching and strengthening, medication therapy, ice and heat, and dry needling. Some were and are definitely more helpful than others.”

As needed, her new normal now includes massage therapy and chiropractic care, racquetball release exercises, physical therapy exercises, vocal practice, VFEs, beta blockers during performances, medication therapy for pain and tightness, daily heat or ice, self-care and stress management strategies, management of daily activities, and continued research.

Looking back, Beeman recalls: “The way I like to describe what happened to me, it's like going through a grieving process. A part of me had died. Mourning and working through the loss but being thankful that I came out on the other side because I think I was meant to. There was a higher purpose for me, and I truly believe I am a better teacher, a better singer, and a better person. It has been a journey, and I still have so much more to learn. I think those of us who can relate to the chronic pain, the loss, the identity crisis — it changes you. Significantly.”

Looking forward, because her injury is stress-induced, Beeman recognizes the possibility that it may always linger in her body. Beeman’s knowledge of anatomy and physiology has continued to grow as she attends workshops, researches, and takes summer courses in her attempt to learn more about the body as it relates to the voice. She continues to study and practice while managing her condition so that she can continue to teach and perform. She is even starting to schedule singing engagements again. At the least, she hopes others will learn from her experience and know that there is hope. “I have come to learn that I am more than my career, and that often, we are entrusted with negative experiences so that we can later help others. I think of the students who have come through my studio, and how much better I can now affect their lives—vocally, physically, emotionally, artistically and spiritually.”