

Hush is Harm? Debunking Whispering Myths in Voice Therapy

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Introduction

Whispering is widely discouraged in clinical voice practice, despite limited and inconsistent empirical evidence supporting its harmful effects. This recommendation persists across clinical and educational settings, where patients are often advised to avoid whispering during periods of vocal fatigue or recovery. However, this guidance may be influenced more by longstanding clinical myths and anecdotal instruction than by current scientific evidence (McDaniel et al., 2023).

From a physiological perspective, whispering involves distinct laryngeal configurations, including incomplete vocal fold adduction and increased turbulent airflow, which may alter vocal efficiency (Echternach et al., 2024). While some theoretical models suggest these patterns could increase laryngeal strain, empirical findings remain mixed and inconclusive. Given its widespread clinical implications, there is a need to critically re-evaluate the evidence base to inform patient education and ensure alignment with evidence-based voice therapy practices.

Aims

- Synthesize and evaluate existing research on physiological characteristics of whispering.
- Identify and categorize common myths encountered in clinical practice and training.
- Determine whether available evidence supports or contradicts these beliefs.

Research Question: Does whispering cause greater strain or harm to the vocal mechanism compared to typical phonation during voice therapy?

Background

Physiology: Whispered vs. Phonated Speech

Phonated Speech

- Vocal fold vibration occurs when the vocal folds adduct, allowing subglottic pressure to build and create vocal fold vibrations, producing voiced sound [phonation] (Zhang, 2016).
- Vocal fold vibration is influenced by tension, length, and mass, determining pitch (Zhang, 2016).
- Airflow is regulated and valved due to the opening and closing of the vocal folds (Stathopoulos et al., 1991).

Whispered Speech

- Involves no vocal fold vibration, with vocal folds remaining partially open.
- Whispered sound is generated through turbulent airflow, not vocal fold vibration (Echternach et al., 2024).
- Whispered speech lacks pitch/frequency and is perceived as breathy and less resonant (Echternach et al., 2024).
- Increased airflow and reduced efficiency are characteristic of whispering compared to phonation (Stathopoulos et al., 1991).

Visual Overview

Image 1. Physiology of whispered vs. phonated speech (Zhang, 2016; Stathopoulos et al., 1991).

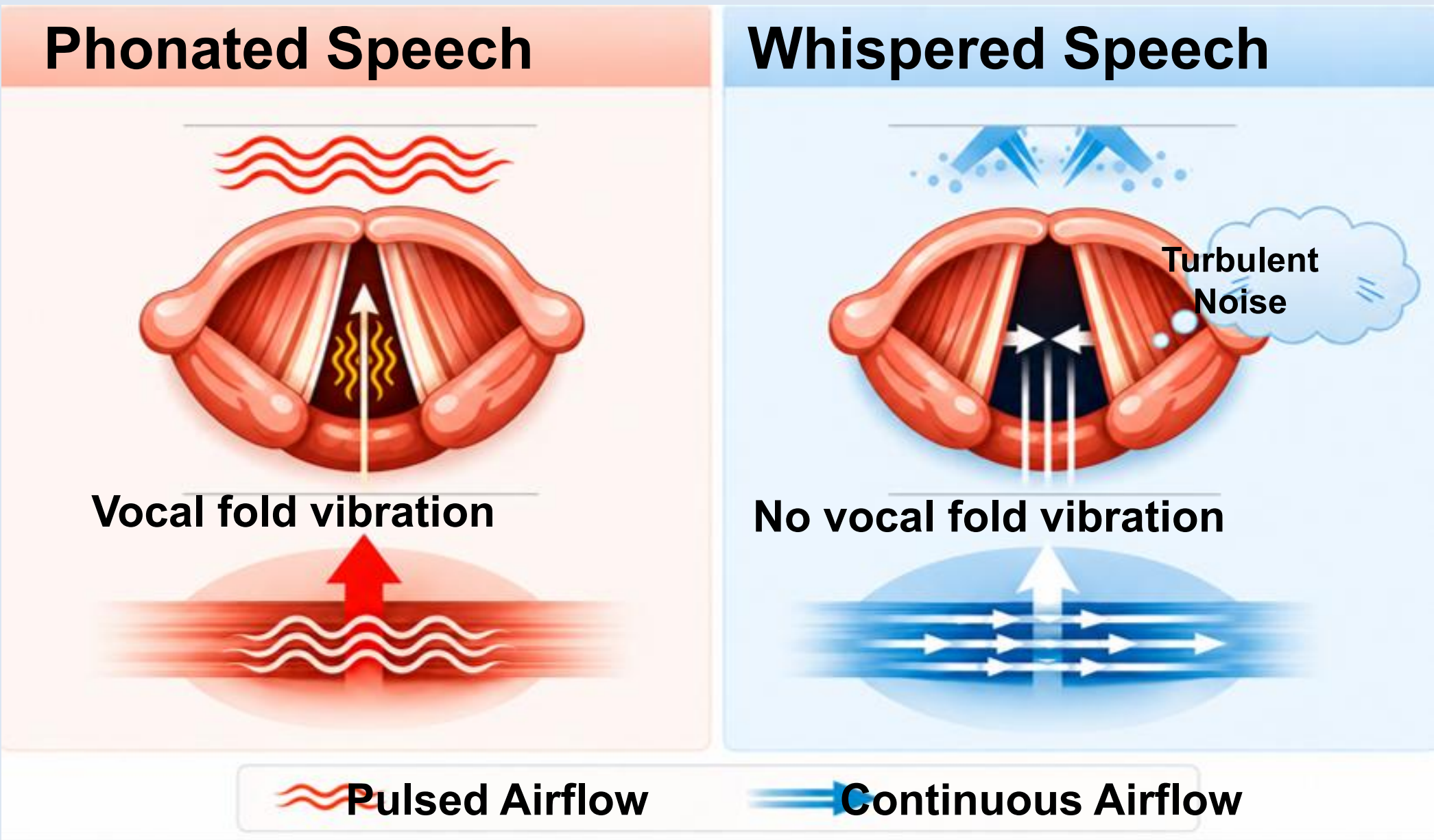


Table 1. Compares common myths regarding whispering in voice therapy and evidence-based practice (Echternach et al., 2024; Stathopoulos et al., 1991; Rubin et al., 2006).

Myth-Based	Evidence-Based
Whispering causes damage to the vocal folds.	No consistent evidence of increased harm to vocal folds while whispering.
Whispering causes more vocal strain than regular phonation.	Whispering requires increased effort, BUT increased effort ≠ increased vocal strain.
Whispering should always be avoided.	Whispering in nuanced circumstances can even be beneficial when the vocal mechanism is relaxed.

Table 2. Differences between the physiology and aerodynamics of a relaxed whisper vs. a forced whisper (Echternach et al., 2024).

Relaxed Whisper	Forced/Hyperfunctional Whisper
Low Pressure	High Pressure
Minimal Tension	Supraglottic Constriction/High Tension
Minimal Strain/Effort	Increased Strain/Effort

Findings

- While whispering remains a "taboo" practice, its role in vocal health remains unclear and is often oversimplified.
- The impact of whispering cannot be categorized as strictly "good" or "bad;" it depends on factors such as production type, airflow, subglottal pressure, and individual variability (Hufnagle & Hufnagle, 1983).
- Misinterpretations of physiological features (increased airflow, perceived effort, and reduced efficiency) may contribute to the belief that whispering is inherently harmful, despite a lack of evidence linking these factors to vocal fold damage (Stathopoulos et al., 1991).
- Current evidence suggests that whispering is not fundamentally detrimental, but instead requires a more nuanced, context-dependent understanding to inform clinical recommendations.

Conclusion

The use of whispering in voice therapy is a nuanced decision by the voice therapist. How whispering is integrated is a clinical choice that should be evidence-based, rather than driven by myth.

- Sparse research translates to a disconnect between current laryngeal literature and clinical recommendations, allowing outdated beliefs about whispering to persist in practice (McDaniel et al., 2023).
- The belief that whispering is inherently harmful reflects a form of clinical folklore, which continues to be reinforced in voice therapy despite limited empirical evidence (Echternach et al., 2024).
- Clinical myths can influence both treatment decisions and patient perceptions, potentially limiting the use of more individualized, evidence-based voice therapy approaches (McDaniel et al., 2023).

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References

