

# Treating the Whole Voice - Ref 149AS - Draft Transcript

*with Ashley George Stafford*

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## TRANSCRIPT

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- Some elements (repetition or time-sensitive material for example) may have been removed*
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### **Steven Bruce**

There are times when I have some really irritating guests on this show. And I've got one of them this evening irritating in the sense that he's ridiculously qualified. He has an Oxford degree in English. He has spent a large proportion of his life singing at an international level, the Vienna Boys Choir and the Vienna city, opera State Opera gum are amongst the things in his resume. He's been teaching singing for 35 years. He has, of course, his qualification from the European School of osteopathy. And he also has a postgraduate certificate in education. So I'm hoping that actually I can shut up this evening and just leave all the teaching to my guests. Ashley, Ashley Stafford, great to have you on the show.

### **Ashley George Stafford**

Thank you, Steven, that

### **Steven Bruce**

I left out your major qualification, which is that you're actually a member of the Academy of physical medicine as well, which is, is really nice for us. I'm sure you've made a career out of the voice, haven't you? And you're going to talk about treating the whole voice this evening, which is a nice all embracing topic, which I'm looking forward to understanding.

### **Ashley George Stafford**

Yes, because voice I've come to understand that voice is my husband, in my life, as it has been all of ours lives from a very early age. And it's become an all consuming passion, along with my osteopathic training, which took place in the middle of my professional career, which was very inconvenient for a lot of people, including my wife and children. But it was something that was really important to me. And in fact, it might be useful. Just to give a little introduction about how I came to that, because, for me, it all began by having polio. When I was four and a half years old, I was infected with polio. Not deliberately I take it but I did catch it. And it affected my lower left limb, and my left arm and hand so I couldn't walk and I couldn't hold things in my left hand. And after a couple of operations, and being in hospital at the age of four, I was put into a wheelchair by a very benign orthopedic surgeon, he wills me out said to my parents, I've done what I can enjoy your life, which was a bit they were a bit disappointed in that. But that being the 1950s they more or less took it on the chin. They've moved. After that to a new Health District. finally were able to get a second consultation with another orthopedic man and he said, Well, we've got a hospital, the Queen Mary hos Carshalton for children, and they are running an experimental program helping people who've been put in wheelchairs to get out of them. It wasn't just polio victims, it was all sorts of other physical ailments. And I was wheeled into this amazing space, and Carshalton, which was missing hartzler after the war. And three months later, I came out walking with no calipers, but was dropping a lot of crockery. And so that was walking and it was a bit unsteady. I was actually on my feet and able to take part back to life. And I had physiotherapy, it was a physical therapy hospital. And they looked after me for 10 years, on and off, and I had an exercise exercise regime which I undertook religiously, in the 1950s. And parents did what they were told, and so did two boys. And I still kept dropping cups and sources, because I think I was left handed. But my left handed at work. And so my mother said one of the physios what can you do about this left hand business? It's really inconvenient. It's getting very expensive. And the physio said, Well, I'm not really sure

with most things, but I had to learn the piano. And so my mother said, No, hadn't been let's give it a try. contacted a local church organist, who, usually at that time was a woman organist. I suppose I'm usually I don't really know, I have no other experience at that time. And this seemingly ancient lady who was probably to a five year old about looking anxious, but probably about 35 said, Yes, I'll teach him the piano if he joins a church choir. And so this link, I mean, I've never thought about this at the time. Obviously it comes to you later on, but the link between that accident because there's no real music of my family, well, it was not Glenn Miller. carousel or the big musical so my parents fan favorite music, and they World War Two. But that link at that level is that stage from singing and music and my physical at that point disability and my physical commitment to my body and the exercise regime I was under really somehow informed something in me, so that by the time I was 21, and was embarking on a professional singing career having the singing, having taken off from the age of about six when I went to Westminster Abbey as a chorister when I went to Oxford as a core scholar, and joined the profession straight after that, but by that stage, I was already beginning to teach singing people coming to me or being centrally and it was all the question I always wanted to ask was,

### **Ashley George Stafford**

Why are you having a problem with singing? sybian? zz? Well, what what was the problem? So it always I was thinking not, how can I tell you how to sing? But what is it, it's getting in the way of you utilizing your voice in the way you want to fulfilling your creative potential, your expressive potential through your voice if that's what you want to do? And so I started asking these questions, and I explored all kinds of things. I had very good singer teachers myself, so I had that experience. I then explored Alexander Technique, some depth, but found it interesting but quite slow, didn't really feel dynamic enough for me, but that was my personal view. I did some work, massage therapy work, and went to a healer myself a couple of times. All this was sort of searching. And I met an amazing osteopath, having had a very nasty car accident by Oxford Atlas was a bit messed up. And I was recommended to go to jazz Lam. He helped me out a lot. And I was immediately hooked into the idea that I stupidly have a lot more to offer than anything else I've been in touch with in this search. And so he said, Come to the ESL Have a look around, see what you think. And that was another story starting and that's how Okay, so who was the osteopath? Just lamb? He was he was what he was teaching at the ESL at the time. As

### **Steven Bruce**

I don't want to dwell on polio, because obviously, I mean, it's the start of your sort of progression into osteopathy, I suppose. But you must have been one of the last children to not get the the polio vaccine when

### **Ashley George Stafford**

I had the vaccine. I had the sugar coated with the pink sugar cube. Yeah. But I think the early days the vaccine probably proved to be the case today. They weren't always completely reliable. Yeah. Okay. But not the total protection. Let's call it that.

### **Steven Bruce**

There's another broadcast if we talk about vaccines

**Ashley George Stafford**

mildly because of that.

**Steven Bruce**

Sure. Before we move on, just one quick question, you had 21 years as a vocal professor at the Royal College of Music. What did that entail?

**Ashley George Stafford**

Oh, they call us vocal professors. It's a bit of a mystery that Professor Jasmine's teacher really, we didn't have to have any special qualifications except a decent professional career and some respect from the body of other professors who said, it would be a good idea. This chap comes along and helps our singers. So I was on coaching and teaching undergraduates, singers, and those graduates Singers of All types and advancing their careers through that Conservatoire.

**Steven Bruce**

Well, I'm always conscious. So when I say things, like what I'm about to say that it may just be me, but I think that certainly my year, we didn't get much training on the voice in our undergrad training as osteopaths. What can you tell us about it, I mean, we've got this vague concept of vocal.

**Ashley George Stafford**

And we got no trading on the voice either. Exactly. Quite a lot of anterior throat work, which I think is a good starting point to understand how to approach the voice, it's good to approach the voice directly. If you feel there's an issue, the anterior throat is really a good place. Obviously, the only place you can access it directly, generally speaking through the critical edge, and the thyroid cartilage in the highway. So that membranous link through those passages is your direct approach. And there are situations where that can be very useful for different reasons. I'll come to that what I was going to go through was sort of case histories actually, and that will demonstrate some different approaches to how we can apply voice.

**Steven Bruce**

Yeah, please, we always love to hear case histories because we never went, you know, within the next one coming through our door will be the same?

**Ashley George Stafford**

Well, basically a lot of things arise, I think. So going back to your first question, we were taught to approach the boys, we had some really good teachers who was the key to allow us to access the anterior throat, maybe the most important thing that they emphasized, and I would say that I would emphasize this now is that it's a very emotionally potent area. And it's really important to bear in mind, as ever, in these situations, that case history, if that person has had trauma to the throat, of any kind, they are liable to be storing a lot of emotional energy there, which can be very distressing for them. Not to mention you when they collapse in

tears and hysterics on your cable, forgotten the fact that they were throttled by their husband and thrown down the stairs. That's not frivolous. No, there has been as a direct example, of an ongoing patient who lost her voice, following actually not directly following but following on from six months after a major trauma, that throat and so my point being, I would very much like to have directly treated cricothyroid, which was probably the route or a route for this in terms of the structure, but there's no way that her throat was accessible for very good reasons. Now, obviously, sometimes people don't tell us things that deliberately hide them, but they're not they're so in approach and approach rather like other sense to there is, I don't think we need to have a signed affidavit. But I think we do need to be really careful. So I got to ask, which typically head back as a cushion. I'd like to just palpate the trunk of your throat is that going to be okay? Those sorts of all the things we normally do in sensitive areas, and to think of it and those lines and along those lines. That that's very, that would be the most important thing I learned from that, on the course was Be really careful approaching the throat, the, if we go back to the anatomy of the structures, it is one of the most complex areas, I believe, if you look at the layers of activity, and if people really want to know it's not, it's too short, it's not the right forum to go into the anatomy and detail. But if you do want to know the anatomy and detail, I cannot recommend highly enough and atomism. And that's probably not a natural zone, it's on YouTube. And this guy is believable. He makes complex, this complex area really understandable. And you can take out as much or as little detail as you like, but he's been fantastic for videos on the various different membranes, ligaments, muscles, cartilages, their interrelationships, it's really fantastic. So that that clarifies things. And I really don't think as I say is, it wouldn't be easy as time to go into that. But one thing we do know, and why we'd love people to have as a few takeaway points, obviously from this evening, is that we need to remember the three or four important cartilages that we are going to get our hands on the directly or indirectly with hyoid bone, the thyroid cartilage, the cricoid cartilage, and by implication, when you're dealing with a crackle of cartilage or dealing with the original it's, so these four structures between them, we can really get our hands on. And the other thing to bear in mind, of course, is the placement of the hands on the thyroid, not to do too far back, we'll get on to the thyroid plan, because it's quite sensitive and difficult to be on there. So that can be quite scary if you don't know where you are. But the cry code is really quite easy to palpate. And the exciting thing about the cry code or the thyroid is that actually there is a sign of your joint there between those two structures, which means that if somebody for example has been unfortunate enough to have a direct blow to the throat, again, rabbit functional throat on Hackney downs or something like that

### **Ashley George Stafford**

can result in total loss of control of the voice. And sometimes that relationship just there between the thyroid and the critical it can actually be corrected and that can be an issue. Amazing benefit for the people. And most of the approaches to the throat are going to be very functional, very indirect, not structured in the sense of hpG. But you can actually get hold of that growth board and their agenda, the field, sometimes it will get the sense of a disjunct and you can gently, functionally move it and it will, you may just have a tiny little click, and it will come back into the sign a little joint will actually behave like a Sunday, I would like to behave.

### **Steven Bruce**

What's the effect of that?

### **Ashley George Stafford**

website? Yeah, the effect of that is that you can't control pitch, the cry code and the thyroid, apart from all the ligaments and membranes, the cricothyroid muscle, which is in two parts, basically has the effect of drawing the thyroid anteriorly, around the cricothyroid joint, which is around the back. So it tilts. As as that tilts, what it does effectively as lengthen the vocal fold. And as it lengthens the vocal folds, the pitch changes. So it's the fundamental up and down pitch changing mechanism. And if somebody has just a flat monotone voice, it's not generally because they're turned to what it could be. But it might be because their cricothyroid is not functioning. And that's that is a really useful thing to know that that muscle is the pitch changer. Which kind of brings me on to the major functions of the larynx, the vocal folds, really, it falls into three parts, we tend to think of breathing in and breathing out very often times a lot. And in that case, when they're when we're inhaling and exhaling, the vocal folds was part we don't really think about it, but they are. They don't, not close, they're open. And the second thing that happens for the vocal folds is that they have losses closes. And if you want to protect the lungs, and from peanuts and other subjects, that vocal folds are a major protective mechanism. So it's a survival mechanism in that sense. They also, obviously, the glottis locks, when you straining stool, having babies, anything lifting heavy weights, so we create a pressure zone so that nothing gets through. And it's absolutely the power is incredibly powerful that you think of when you look for glosses. That's really strong. So the power of the larynx must not be underestimated, we tend to think oh is a mucous membrane. It's very, very soft. And it's vulnerable to all kinds of things like smoke and irritants and abuse. But it is fundamentally it's controlled by the Vegas nerve, the recurrent laryngeal nerve and a superior laryngeal nerve. And it's comes from the brainstem, it's part of our fundamental survival. And as such, we should treat it with respect in terms of the vulnerability of the throat, and the emotions they're in. But the folds themselves are pretty tough stuff. And they, you know, they're pretty robust. And when they are not working properly, it's really, obviously once one excludes pathology of which are surprising number. But then that's the case when you look at lots of parts of the body. But once you've excluded that by sending any dubious cases to the local EMT man, he has a look and says, right, that's fine. But I don't know why your bio voices working, not working. Why a croaky why you have the stamina, why? Your voice cracks, all the things that could be disturbing people who voice users. Once he's eliminated the fact there is no pathology then has to say well, what is going on here? And that's when it comes to the case histories. And the moment that that will become clear that there's a lot more just to look at them just the actual thoughts themselves, which is why I think the whole body think of the voice as possible. Hope it's really important. So

### **Steven Bruce**

I'm going to interrupt you just for a second here, because apparently you cut out earlier on when you said the muscle which changes pitch Could you just go over the muscle that's changing pitch and how it does it just for those people who missed that so

### **Ashley George Stafford**

okay. Yeah, so the cricothyroid muscle which runs from the anterior to the Brickyard cartilage is a ring looks like a signet ring and the Sidmouth parts of the ring is posterior. And the anterior part is just a thin ring. And the thyroid cartilage is on top of it and articulating at the joy the cricothyroid joint, which as I say is this silo the joint. So there at that point in that ring to the front of the thyroid, where the shield of bioroid is pointy, you have the cricothyroid muscles in two parts, one's a little bit superior, it goes straight up, the other bit goes back at an angle oblique. And as it contracts, it pulls the fibroid down anteriorly it tilts it. And as it tilts it, it lengthens the vertical poles so that like that elastic band, the pitch gets higher. Right? Thank you. That's the main function. There are other ways that voice changes pitch actually, as a singer, one recognizes this more than in speech, because in speech, the pitch variation isn't very much if my voice went up and down an awful lot. And I went to my registers around the other way, it's actually going to be losing. It's not going to be doing the job. But so when we speak, we are actually the cricothyroid is not that active. But if it didn't, one would speak like that the whole time and nothing else would happen. You would have a pitch which would carry on like that, and nothing else with no intonation, though.

### **Steven Bruce**

Hopefully we've recapped the bit that actually you aware that you have any sort of fan club at all? No. We have a founder member because Beverly Polson says it's lovely to see you again. She was

### **Ashley George Stafford**

Nice to know you're there, I think I hope it is nice for you. It's nice to know you're there. But I hope it's nice. Yeah, so let's go back to continuity. I think one of the things that what I think is a joy in osteopathy is that we are so all embracing of such an incredible process. So we've got this whole thing from the structure through to the the way processes work within that structure, and the relationships between things. And then the the overall complexity. And we have our hands on that complexity that process that relationship and that structure every day. And I think we are all probably quite humbled in the face of that. And the voice gives us a chance to perceive that very easily. Because the changes that happen and vocal production from when you take strains and stresses out of different parts of the anatomy, and the changes the feedback you get from professional voices. And that's not just singers, as actors and teachers and lecturers and people who have to make read from books and things. It's amazing, because they get they get it straight away, which is not always the case with patients with musculoskeletal problems. Because the changes might sometimes be very quick. But quite often, it's a long, long process. But voice is very responsive to the changes and strains and stresses in the whole system. Just a quick couple of quick things. They're thinking about continuity, which that brings one on to it's very important for us to recognize that there is a continuity in the mucous membranes, and the mucosal linings all the way from the esophagus, up through and down into the larynx. So we have it's one and biological and mucosal structure. Now the implications of that, I think are obvious. So somebody who has, they might come up with a vocal fatigue problem. And islandwide got a deep problem, but then asked about the suggestion. Have they got any digestive issues? Have they got any reflux? Are they aware of any of that, because reflux is really common cause of vocal issues. So it may well not be that they come with a vocal issue, but they might if you can resolve that. It's interesting to note, of course, that the Vegas is stimulating acid production in the stomach, and decreased acid production leads to reflux, as well as the opposite. It's generally speaking, decreased power in the Vegas

to me, it seems to me that's overlooked more than ever Anything else, especially by the medical profession where they kind of suppress acid, which is not so good, but that same nerve, but your recurrent laryngeal nerve, and then you've got new clothes aligning, so this continuity between those two sets weren't really worth remembering that I think the technical term is the multi reflex. Isn't that I think it's the new causal and lymphoid tissue reflex, which comes to that continuity and very logical continuity. The other continuity we have is the fashion continuity, which is very obvious when we start looking at the way they they learn sets and relay relation to the cranial base, down through extrinsic muscles from the, the, the jaw coming down through to the sternum basically on the clavicles. But now, that the internal continuum, if you think of the cranial base, this is the obvious one, the cranial base, the parents attach to the foreign to your cubicle on the occiput, and also on to the wings and spheroid and turquoise plates, and it hangs from that superior, middle and inferior pharyngeal constrictors coming down as tube along with all the other membranes in the poser, that continence down here, you've then got your brunker pericardial membrane, linking the tropea, on the wrong head to the paracord, to the pericardium, wraps all that up and is fused passionately into the diaphragm. That's one part. And then under that, of course, liver, spleen stomach, that going down is the pelvis, that's that's your anterior, then that was the posterior partial continuity is also as more of this, but this partial continuity really means that you could be working perhaps on a cranial base, and looking for the spaces underneath and you can have some people who are sensitive this often professional singer will say, what are you doing to my larynx, and you may just simply be wanting to monitor what the SPS is up to. And as you do that, you might be taking it into, let's say, it might willingly go into external rotation, or flexion. And suddenly, whoops, my larynx is coming up through the floor of my mouth, could you please let go? That it was quite surprising to see that. So if it has any doubts about the not so much efficacy, but the actual reality of working with cranial membranes, just try treating a singer whose throat suddenly the larynx, suddenly complain, and then the diaphragm locks up. So it's quite good. From that point of view, you think, well, actually doing something I thought I was sitting here for asleep, but actually, I'm really having quite a lot of effect on this patient. So the continuity to the fascia down to the body is also and I think I'd like to start with a case history. Now. The other Oh, before one other continuity is really the continuity of mind, emotion, intention and structure, the mind, emotion, intention and structure. There's, we, there's a tendency in our culture to separate things, but the body doesn't separate things. And the voice really does make that clear. And sorry, I'll just ...

### **Steven Bruce**

Carry on

### **Ashley George Stafford**

a formative experience that we have at birth, the first thing we do is, under normal circumstances, taking a breath in the first breath. And the next thing that happens is the first cry. And the baby's cry is so important. The baby's saying, I'm here, I'm in the world. And I need you please, can you help me I'm it's a survival mechanism again. So this first cry, and if the baby knows how to use his voice, and anybody who has children, grandchildren, God children, or babies knows that babies know how to use their voice. So what happens what goes wrong? Something gets in the way of that natural reflex, which is a whole body reflex, and it's based on a feeling a cry for attention, survival. So it's, it's pretty profound. Actually, it's a formative

experience. Is that cry being heard? Is that cry being suppressed? Or is it in endorsed, so a lot of things in singing have to do with that very early experience of the first breath, the first cry, that's your voice, then the suckling. So, my tongue and the lips. It's really important in articulation later on in language. And those things are really present, early stage, and often you find when you're dealing with people who have vocal problems, that it might be even going back that far, but something's been suppressed in the mechanism. And they're carrying that suppression through their life. And there comes a point where they can't adapt or compensate any further and their voice gives up.

**Steven Bruce**

Not only can Oh, you know, Ashley,

**Ashley George Stafford**

How would you know? Yeah, I

**Steven Bruce**

Mean, I have no idea what my first cry or my cycling technique was like,

**Ashley George Stafford**

I don't know, what I do is I track back, I just track back and if there's, if there's nothing else, and I listen, for example, ask for? Do you know anything about your birth. And then quite often, they do notes for sickness and ask your mom or she's alive, and maybe won't choose maybe forceps who can palpate those. And, but they might know if it was Zerrin, for example, sometimes that first cries is suppressed. It's not it has to be a bit more spontaneous. But the point my main point is not really about whether or not it causes problems later, is the fundamental nature of voice and breath being linked to the world. I think we can get hung up on whether or not it causes problems or not later, quite easily. And that can be a red herring. I think that's always more interesting things that present

**Steven Bruce**

Just just went for Julia. Julia, you've sent in a question about a case of your own. I'm deliberately holding on to that it's I know, Ashley's gonna run through a few of his own case histories. And then perhaps we can bring up some more specifics of our own experience.

**Ashley George Stafford**

Yeah. Well, the first, the first case I was wanting to talk about just to talk through, it might be useful as a 55 year old, healthy woman who made her she's, she's an author, quite a famous author, not the famous female. I hasten to add, but a relatively well known female, that who did a lot of readings of her own work, going around sending her books, their readings. And she said, I don't understand it last two years, I just can't get through a reading enable. My voice just stacks up. And it's really not very helpful. It's not the end of the world. But publicity is important to me. And I like to have in contact with my audience and doing readings, Charles Dickens,

## Steven Bruce

Say, also length of reading, which you're doing well, these

## Ashley George Stafford

Are probably 20 minutes to half an hour. Okay. So relatively short, very short. But for her that was generally quite easy, but it didn't. She couldn't last that long. was quite weak, and Husky. very dry, boy started cracking wasn't working at all well. And so the past history was unremarkable. I think that's what they say, except for the fact that it's about three years before, just before these symptoms started to build up because it was progressive, happen just like that. She had a hysterectomy? And I thought, well, that's interesting coincidence, then, was everything else around that time? No, no family troubles not being too emotional or physical elsewhere. And so when I asked her to show me her reading, so I said, Well, why don't you read something to me. And so she got up the book I had on the shop. And it was obvious that she was reading using nothing below her ribcage. So she was reading from here, she's speaking from here, there's no connection here. She wasn't making any emphasis from the lower part of her abdomen, which meant that she could carry the power in her voice. Further, with no vocal effort. Everything was coming from here. And this is what we get talking on zoom. Of course, I'm doing it now I'm talking from my throat. I'm just feed air through it's drying, it's tiring, we need drip water. And, of course, people using microphones don't have to project their voices. And ironically, they end up with more vocal problems if they're having to do it or not, that if they were really projecting their voice, which means you're using power from somewhere else. And we've got time I'd love to go through a little diagram, that diagrammatically that I have actually put together to show how I believe this works. So I she wasn't using anything below the diaphragm. Basically, the whole throat was tied to the specific muscles that get tied to course and it's well worth looking at as the inferior constrictor. The inferior constrictor grabs hold of the back of the larynx. That's his job, by the way, but obviously it's not his job when we're speaking or singing. So the clues in the name the constrictor muscles, as you will probably know how to do with a spoon. mechanism, they create to wave, the tongue comes up, the boulders goes down, and the muscles go Trump, Trump, Trump, Trump, Trump, and it takes it down. However, so therefore, if if the, the idea is I need to be doing something for my voice, quite often like this, now I'm going to be, let's say there's not enough power, coming through the air to my larynx, which I'll come back to it, hopefully again in a minute. If there's not enough energy to make those chords work, as they should, a way of operating is to squeeze it slightly. And the inferior constructor is ideally placed to squeeze the larynx slightly so that the chords can work on this lower energy, but it's not really good for them. Because it's not a free, free mechanism. It's one of those situations where sometimes it's easier to do more than less. So in other words, more energy creates a better balance than less and squeezing. So imagine a hose pipe with very little power coming through low pressure, you squeeze the end, and you get more coming out. And that's what people do with the voice with the inferior constrict. So she was using her theory constrictor quite a lot. So her voice was tight. That's why she got dry and tired. But the cause was the lack of connection through to the lower abdomen. So basically, I also asked her about a bladder. And she said, Yes, slightly embarrassed. Yes, I'm like, since they're stretching me, my bladder control and stress incontinence has been a problem. And so I then tested her abductor muscles, which were very weak. So postural issues, not supported through the middle. So a lot of collapse through into the pelvis. As practicing, I have to say,

## **Steven Bruce**

Actually, when you stand up, we get a lovely view of your waistcoat buttons, but not my

## **Ashley George Stafford**

Idea. Yes, you'd like that. Yeah. She was collapsing. Through her dad, we are all aware, I'm sure that when they add doctors are not engaging properly. The whole the pelvic floor, the urethral, sphincter, pyramid, anus, all tend to switch off when you get a car collapse and congestion, lack of activity in their abdomen. So the switch, the switch for the energy for the voice could be said to be the pyramid as muscle. It's if you don't know it, it sits on the pubic bone. That's the bird sits on the bone and it's that shape. Guess what? Yeah. And it goes is within the rectus muscle rectus sheath. But where's rectus sheath does that this goes in and like that, and then it comes at the opposite angle of the obliques on the same side. So it goes up like that and joins the external league on that side, X on that side. So it creates a little energy point. And if you if you cough, you will find out whether your pyramid Davis is working properly. Because if when you cough, your tummy comes in and up and back. Then your pyramid itis is working. If it pushes out. Which is what 90% of people do. Not only you're stressing your thoracic, sternum is coming in and the transverses. thoracic is being over, over contracted. But you're dragging all your larynx and it gets very tiring. We shouldn't be coughing up not coming down. The same goes when you laugh when you laugh. If you laugh Haha, put your hand on your pyramid a list haha. Is it bouncing in and out? Or is it go? Haha, I'm pushing down and out. That's an absolutely good test to do with any patient asked me to cough, awesome for law and see where the lower abdominal muscles are going. You can even just get them to put their hand on it. I do that I say put just put your hand here just in the midline on the pyramid Davis. And I'll put my hand on top. So just just caught for me. I said okay, that's interesting, that you try to call inwards instead of outwards. I don't know what you mean. Anyway, you can retrain that it is and then you've got the beginnings of a good energy flow for the voice. Because that's what it's all about is transmutation, transformation of energy, emotional energy through the body. So the term of a list is a switch. And as I say it that There are various reasons to switch off. hysterectomy is one, the woman wants to avoid that area, there's a void in her, she avoided it. And the adductor muscles were switched off the urethral sphincter, which is a nice little Nakia place where that can, is linked to those adapters and the permit data's, if that's weak, it's not doing its job, it's not a very strong muscle of first place. So we haven't discovered that I then gave us some, we worked with some muscle energy technique on the abductors, I gave us some very simple exercises for the sphincter and the urethral sphincter, and switching on her lower abdomen, very simply lying on her back, legs up at a right angle like that. So self supporting, and just doing some pulsing work on the urethral sphincter, independently of the anal sphincter, so she had to isolate that, but in that position, and as she does that, immediately, the whole of her abdomen starts to stop, starts to contract and starts to come to life. And she did that regularly for a week or so she noticed that there was a really big change. So there was some other work local work to undo the tension in the throat, which had become a little bit habitual, which was very gentle, actually. Nothing structural and sense of there's anything wrong with cricothyroid it was balancing the the membranes and the fascia so that it was not this.

## **Ashley George Stafford**

For two things, first of all, should have been dragged down. Because nothing was supporting her anyway, posture, Lee, and what I would say nothing. And also the consequent contraction through the throat. So that was one case where again, looking at the problem, which was very specific, and it's not always one gets people with specific vocal problems like that. But it was nice to see that, you know, she'd already been edgy, she'd had speech therapy, she'd done lots of things which hadn't quite worked for her. And identifying the underlying problems are useful. So that was one there. It's funny. It's funny, actually, I

### **Steven Bruce**

Just again, I'm going to interrupt you just to make an exercise my voice a little bit. Talking about that, I was thinking Blimey, this is, this is great. We're talking about a whole collection of muscles from the adductors all the way up through the throat. And I've just had a comment coming in and saying that there's lots of chatter about this on the two on the two main forums that we go out on, and people are just loving the anatomical connection here. Can I ask, you've talked about someone coming to you with a voice problem? And there is a danger, of course, that you're a hammer and you always see everything as a nail? And I suspect that's not true. But how often do you think people might come to us with a structural problem, and we find that, if not the voice is the cause. But actually we can affect the voice by treating them appropriately.

### **Ashley George Stafford**

Yeah, so if this woman comes to me, because she had bladder issues, I wouldn't have featuring a different and it would be unlikely that her voice would not have benefited. Mm hmm. I think one can use if one's tuning in to the speaking voice of the patient. So we, all of us, we listen with two sets of ears, if you like we listen to the words that people are saying. And then we listen to the subtext of the tone, and how, how they, how they communicate in struggle like this, there's always more than one thing going on. And just as when you look at somebody like sitting back in the chair, or lying on the couch telling you how laid back they are very, very relaxed, and you see the eyes and you feel their adrenals and you realize the stress to hell. But of course, their mechanisms, their coping mechanisms to be very laid back on the surface. So the voice can do that too. You've got the words that come out of the mouth, and then you've got the feeling behind it. And the tone, the content, the form that is being expressed. And so once you do we all tune into that it's just we're putting on the wavelength. And you can notice let's say somebody who's come in very common these days currently and generally bouts of coughing Sorry, I wouldn't have flu, a cough cough cough bronchitis or just just chest chest chest cough cough cough. And you want to know perhaps Am I getting into the Am I releasing transversus thrusts is perfect. If you have I have I got those clavicles to externally rotate the shoulders to drop back Have I got some toners back in the diaphragm so it's nice and flexible as well. You'll notice straightaway because the speaking voice will change. And if you can hear it out on the couch, they will say something like, Oh, that feels better or the words don't matter, but they'll say something and then is it the central voice? Suddenly you hear Oh, yes. Is it more fluidity is more tonus the chords just meeting in a more relaxed way? So you can actually use it as a barometer. Really? Yeah.

### **Steven Bruce**

Could I put Julia's case to you before you move on? Just? Yeah. And Julia says she's had a patient who's had radiotherapy and has lots of scar tissue and new saliva glands, glands, the voices effective affected, as well as

their swallowing. And she's had to have a fruit stretched under sedation. What can Julia do to help you think?

**Ashley George Stafford**

Fruit swept? Did you say no stretched? Oh, Oh, I see. Why. I don't know how I'll because she goes because the scar tissue on the inside?

**Steven Bruce**

I imagine.

**Ashley George Stafford**

So what was what was the treatment for again?

**Steven Bruce**

I don't know what I have is what I told you. She's had radiotherapy. So imagine there was some sort of perhaps esophageal cancer, Julie. And she's got lots of scar tissue to know salivary glands voice is affected, and she can't swallow properly.

**Ashley George Stafford**

Well, my, what I would do first of all, you know, given that we do always ask lots of questions. But my first thought would be the patient is lying supine. I would check the relationship from the side have one hand stretched across the speed i'd wings, and then I'd check down to first of all the mandible and the highway, thyroid cricoid, clavicles and operates and see, what does that do they feel as though they're in a very comfortable flowing relationship? And if not, which I suspect they don't? Where does that? Where does it focus my attention, if there's, there could well be a contraction of the tissues pulling up to the highways coming up, far too close to the mandible, because it can be pulled up. And that would, that would really impede the voice. Because when there's a pull up like that, the voice doesn't like it only have to do it, you feel it. Or if the hyoid because of the scar tissue is twisting to one side or the other, you can get all kinds of impediments in the speech because the tongue and compensations throughout but in because the tongue, I would then so that's the thyroid good viral itself in relation to the highroad. So remember all these structures on membranous Lee that embedded a membrane, the mucosa. So the fashionable consumers what you're looking at, and then see what what the muscles doing in relation to that facet, facial bind, and, and sitting with it really easily and seeing does it does it ease what's going on in relation also from the cervical spine to the anterior throat structures. Because there again, if there's been an effect, because there's been lots of operations, and as a kind of extension through C five, C six, you've actually got a mechanical pressure pushing forwards against the back of the larynx. And, and lots of people complain about a lump in the throat. Remarkably common Actually, I always start having a look by looking at the cervical spine. And if there's been a history of whiplash resolve, which is an obvious one, and you can get quite a chunk by that, that C five c six x which, which actually pushes the boys forwards in the throat, and it doesn't really want to work so so you wouldn't do that. So you do this instead of trying to do something about it so they could relax. But nonetheless, you feel this, this this lump. Because there's pressure forwards. It's quite good fun

actually experimented with different things. If you think about what Sutherland did with his butter things on his head and strap them on and made his cranium hurt, and worked out different pattern strain patterns, we can actually do the same with our throat in general, whether you're just learning how to move it in certain directions and push and pull, and you realize your voice is responding and affected by that quite immediately. And if you think of John Major's voice, for example, what's he doing? So Birger swallowing his tongue down the back of his throat, must be really uncomfortable. And then Margaret Thatcher whose voice was high and squeaky and petulant, and then have speech therapy, which made to try to speak when she was breathe out. So she spoke like that. So the voice is coming through. courts are no longer ducted properly

**Steven Bruce**

We're gonna go, we're gonna get a show of impressions this evening. I'm

**Ashley George Stafford**

Not leaving it right. I just tried to think into what these guys must be doing. There's a big mistake, actually the breeding out there, it's important that we do not. This is God, this is a really, I don't know what that was helpful. By the way, Julia.

**Steven Bruce**

Julia came back to say that the stretching was because of choking. And apparently the patient has no thyroid. I don't know whether she means calculate your gland.

**Ashley George Stafford**

Right.

**Steven Bruce**

Yeah. The gland? Yes.

**Ashley George Stafford**

Well, I, I would still maintain that my approach wouldn't be initially because that's all I can go on my would be to monitor to each of those structures and their relationships. And the and from that point, I would be able to perhaps, if I was lucky, ascertain some there was an issue that I could address. It may be that it's not an osteopathic problem. No, I mean, we were always told was, is there? Is there a case to be answered here by osteopathy or chiropractic or physio? And maybe you have to say, No, but if you can find a disjunct if you can find that disjunct between those structures, you could work with them. And the scar tissue baby is old enough to think

**Steven Bruce**

Do you think that voice problems are connected at all to stress? And I asked because Nikki has sent in a question saying that, ever since she was studying for her FCC, she's had a terrible feeling of a constricted

throat. And it's settled down until the COVID problem started. So she thinks it's a stress response. And it could not be the case. And if so, can it be helped structurally

### **Ashley George Stafford**

And adrenalin has emerged immediate moment has an incredible effect on the voice. So as you're thinking as a singer, just a little bit rather than a speaker, but because I'm not a speaker, really, but as a singer, which I am my voice under stress when there's lots of stress around the actual hormone effect, as opposed to the stress of breathing. And because I could control that, because I was trained to do so. But I couldn't control my adrenal glands. So what happened, my mouth dried out. And the mucosal linings of my throat dried out. And that was very uncomfortable. It changed the moment I got going into a performance, it all just went away. But that first few bars was always a nightmare, is something going to happen is something that would come out. But that that was drying out. At some people, it's not so common have the opposite effect on the adrenals are up there. mandibular glands start squirting away, and their mouth is full of saliva. And that's almost worse. The other thing that happens, of course, it does affect the breathing pattern. So hyperventilation major or minor political breathing, and affects stress, stress the throat could be I'm answering the question, well, I just got off the phone.

### **Steven Bruce**

She specifically asked about that feeling of constriction in the throat. She's experienced. So yeah,

### **Ashley George Stafford**

Yeah, I think that's more likely to do with the breathing pattern, which is associated with stress, but the dryness. Again, if it all depends on the overall vocal production, you might, it may be that this person already is producing their voice in a way that's not abdominally generating the power, and therefore, there's some stress in the throat to start with. And the inferior constructor is always a tight, so the addition of extra stress hormones and the breathing mechanism. skyward would not help that because you get drag on the throat or you get squeezed on the throat. And they're both uncomfortable and not really sustainable. So we will start with would be to do breathing exercises.

### **Steven Bruce**

Right. Going back to the previous one, Julia says that your comments were very helpful. Thank you very much. Thank you, the APM team have said they've never known me to be so quiet but that's because we've caught somebody fascinating the list I can't stop

### **Ashley George Stafford**

Talking. That's the problem. So much to say that it's not really very well ordered. But you know, something that came up just now. Yes, this thing about transformation. I don't know whether how we're doing. Just want to show if it's possible, a little diagram. Yeah. So I visualize the whole of this business of vocal production as something to do transformation and transmutation the transformer energy through the body. So we start off with an emotional energy again, think of that baby. Think about almost anything that you speak about somewhere there's an emotional impulse which initiates the speech. And what we've got our

next one, we have these coverages. And they're different, energetic, the foot is really clever, you know, they have these three cavities. If you think about the abdominal thoracic, and craniofacial cavity, they actually go from pretty large, to medium sized to pretty small. Yeah, and then you've grown from a cavity, which fundamentally very fluid based to a thoracic cavity, which, yeah, it's generally considered to have quite a bit of air inside it. And then you've got the spray of psychotherapy, or your facial cavity, which is at just simply atmospheric pressures open to the atmosphere. Yeah, so that's that. And the fluid is also got atmospheric pressure, you've got pressurized cavity, and they've got a fluid cavity and the pressure exchange between the two cavities thoracic and abdominal, we know changes as we breathe. And we also know that the different parts of the abdominal cavity from the true pelvis to the up above is also subtly different. But we don't want to go into that too much. Just think about that, that fluid pressure. So when it comes to the next one, and we know that there, we have between these coverages these coverages, we have dark friends, the diaphragms and Transformers in this case, they transform or transmutate, an energetic impulse and the Interpol starts with the breath. The breath comes in, vocal folds are open thoracic diaphragm drops, initially, the pelvic floor which we know is much more muscular and robust. And this is very important when people's pelvic floor is compromised, which can be so the initial thing is that the breath just sends the all the diaphragms descend, the larynx drops, everything widens and opens, the diaphragm drops, the pelvic floor initially drops. And this is in response to the whole pelvis moving but that's another story. And then the pelvic floor became much, much more elastic, a much stronger trampoline, the nervous starts while just as you finished the inhale, the pelvic floor starts to come back again, I say oh, I've had enough of this being vulnerable, I'll come back up and it starts this wave of energy coming back, which under normal circumstances would be an exhale. But with the emotional intention to speak, what happens is the thoracic diaphragm vocal folds actually slide the throat they engage. So the vocal folds are engaging in the midline, thoracic diaphragm is fixed very slightly. And then as the pyramidalis gives you the impulse pyramidalis organism stimulates the abdominal wall, then you get an airway, which is so we don't speak with air we need to speak but it's energy that's carried in the air. So the air, it takes the fluid wave from the abdomen by the diaphragm, the air carries the energy to the larynx, the larynx uses that to produce a sound wave. And you come from a you've got a kind of output which is different. So tiny input compared with ALS, which is like a switch. I'll actually as with a very high output. So if you think about an exclamation if I'm very surprised I like it.

### **Ashley George Stafford**

But my, my actual amount of movement through my abdomen is very small, but the energy is very focused and comes out the top quite loudly. And this pyramid is quite clearly shown on this picture on the left, where you've got the abdominal wall and you see the linea Alba and then tucked into the bottom dermatitis. And if we're thinking about people's breathing problems it so if you think of two things, first of all, think of the light switch. If the light switch isn't working, the lights won't go on, because the energy the current can flow. But equally, if the light bulb has blown, then doesn't matter how many times you've hit the switch, nothing's gonna happen and the equivalent of the light bulb in the abdominal area is transversus. Notice not transversus is transversus abdominus not transmissive thrashes transversus abdominus, which wraps around it, that muscle is failing. And it's very common in our current society for transversus abdominus to fail and not be ready, when you, when you set the switch, nothing happens. So we're demand we demand a

certain elastic response through the whole abdomen. And that comes, it gives energy to the air, the air is excited, the air is already under pressure, it wants to leave, it's hot enough. It the energy goes through the medium of the air. And wax against the vocal folds which create a sound wave, which is Australian wave. And that goes to the resonators. So we've got an amplification transformation system. So that's that, that was one idea. It may or may not be helpful, but it does explain to me that we amplified, so therefore if we, let's say we cut out the input from below, and you actually generate the energy from your thorax, if I speak from my thorax, I've got a lot of air coming through, but not very much about cause getting tired all the time. Yeah, if I want, if I will only grip my throat, I want to speak from my throat, I will speak from my throat and I it's really Oh, really tight, I speak or sing from my throat. I just got there by speak for my pyramid, Dennis, Oh, you've got much more energy available, because you're coming from that fluid place. And also, if you think about the fact that speech and sound are emotional responses to being in the world, whether it's sophisticated and high, high, high option opera or folk song or just a conversation with somebody, you know, you're just being in the world, this is an emotional response to being in a world. And therefore, if that's true, and it happens to be in my thing, demonstrably true, the, that the root of those feelings is an abdominal area, we often have a gut feeling. We know it's, that's where it goes. It's not an intellectual feeling. It's a physical feeling. And that's where the term idoneus is a wonderful way of switching that on. So that's that there's another little diagram actually, which might also be useful when we're diagnosing issues with the voice. Which is, I know, this is, this is for singers who sometimes are not that bright. So you'll find this a bit obvious. But here we have, this is us in the world, we have the gravity line, we have a postural energy. So gravity takes us to the center of the earth, we respond to that with posture energy, then we have best vocal tract. These are the internal so the postural energy is an outer energy apart from service, which is very internal and tired terribly important for this, by the way, always check. So us when people got political problems. You've got outer energy coming out through the structure. And then of course, everything else is hanging on the cranium, creating all the organs hanging down inside the diaphragm hanging from the diaphragm and picked up and supported by the pelvic floor. And then as we're talking about Olive again, sorry, we're talking about this as sound, then got breath energy coming through. Or we could say more likely the energy and the breath is really funny order. And then we've got the relationship between these people the relationship of gravity, to the posture of energy, postural energy to the inner energy, the posture, energy, the breath, energy, all these things are affecting each other. So you've got a dynamic triangle between structure, breath and sound. And

**Steven Bruce**

what is the what is the vt stand for on your

**Ashley George Stafford**

vocal tract? In this case,

**Steven Bruce**

vocal tract? Thank you.

**Ashley George Stafford**

Yeah. And of course, all that sort of, you could see Well, it's all embraced by mind. And I won't do this. Well, the next one is interesting for singers actually, anybody who sings and has an interest, the it, a lot of people say, well, singing isn't just, or acting or work into a script is not just an emotional response to being in a world. It's actually scripted. So what's the role of this rather powerful thing mind? And so this is my four, we have an intention. That's how we use them. If you have an intention, whether it's verbal or emotional. And then this whole thing happens, the sound and while we're doing that, we need to give it attention. So we want to pay attention as to things missing a lot of people in the world is clear intention and paying attention. And if we have clear intention, it does not help. And if we pay attention to what's going on, that's also rather helpful, I find that don't always do it. There we go. So this is a bit. One last thing, and I'll be there. So this fits into this lovely triangle here, where, if you think of the hole, you can think of the hole in any way you like. It could be the universe, or it could just be the environment we're living in or anything like that, then got agitated, still a nice triangle of mind, national emotion. And then, for us with thinking about focal activity, you've got the sound, the structure, and the breath in this dynamic relationship. This should be lots of arrows going around here. But a dynamic relationship. And our role as osteopaths and physiotherapists and chiropractors, when we're treating somebody in this, specifically in my mind for this particular organ, is to be really nicely, that can take any part you like that can be with your ears, or it can be with your hands. But it's listening. And I in that just with that one thing, I just want to just quote this wonderful woman, hearing as a form of touch, you feel it through your body. The body is like a huge ear. It's as simple as that. And I think that's really powerful. Anyway, I'm not going to show any more slides. The moment I think there may be some questions.

**Steven Bruce**

I mean, you haven't even got through your three of these histories. Have you been? So we've got all of

**Ashley George Stafford**

that I could just have other people commenting. I get in other cases, too, because that one?

**Steven Bruce**

Actually, we've only got 20 minutes left, and I've got a load of questions. Can I put the questions? I'm very happy to book you again to do the other case histories. Dominic says, could you talk about speech impediments and how they can be how they can affect people how they can be treated? Dominic had a stutter when he was younger.

**Ashley George Stafford**

And does you know,

**Steven Bruce**

that's all I don't know. But he may well come back to us.

**Ashley George Stafford**

Okay. I don't treat speech impediments, which are of psycho emotional origin. So if there's a structural speech impediment I, the tongue doesn't want to behave. Which is remarkably common that where the tongue appears to be too big for the mouth, and appears to be lazy. And floppy. Again, I've got to get a crown man, admit it, because it all comes back down to the lower abdomen. So are the exercises I give to people with the parent LazyTown or the protuberant tablet? What do the thurs? Or does they get stuck? Is it for example, I'm sitting here and you can do it in your own home. To do Microsoft, you can try this, if you sit in a sort of slumped way. So your lower abdomen is really active and activated. And just do and see if you grew up. Repeat that as fast as you can, as hard as you can, without any engagement in any other part of your body. Did it Okay, or just now if you then know how that went, and whether your tongue was able to keep going rhythmically. Now sit up, put your hands on your lower abdomen rampid every day this, just engage digital and see what happens. And your tongue immediately picks up and says oh, I can do this. And the reason for that is to do with the support of the tongue on the highway. And although we know the root of the tongue sits on the highway, and the hole is floating and the membranous she's down the throat. That is not how it's energized. Because it's part of the speech part of the speech apparatus. And when it's left to its own devices, what happens is if it's unsupported by the rest of the structure in a dynamic way, the the tongue is working for a very short wheelbase if you like this are very, very short. Muscles with the tongue around the tongue start to seize up and so if you ever if you know the piece by Schubert called the Earl King, the piano part goes Ba ba ba ba ba ba Baba, Baba the hands just doing this the whole time. Now, if you try to do that from your wrist, your hands seizes up within about five bars in What's your real period, let's do it. And you'll notice they're completely relaxed, and they're supporting their arms, elbows and wrists from the back. Or they could just do that they can do this all day. And it's same problem with as I see it anyway. People who have repetitive strain injury, the risks, since the invention of computer keyboard, all the tiny little muscles inside the hand are having to do work unsupported, whereas for the good old people actually have to sit there work. And the interesting muscles don't have to take the strain. So basically, for speech impediments, which are lazy tongue or tight tie, knot of psychological origin, I would do would use tongue exercises, as consonants, and, and teach people how the consonants relate to the top lip, the top the hard palate, and soften that rather than the other way around. So what some people do is they speak like that, and come down on their lips, rather than coming up. So every consonant is formed in a direction go from the bottom lip, and the tongue going up, and it engages the zygomatic muscles. So Mama, Mama, Mama, Mama, dah, dah, dah, dah, dah, dah, dah, dah, Papa, papa, papa, papa. As opposed to Mama, Mama, Mama, Mama, dah, dah, dah, dah, dah, dah, dah. That's more more common because the youngsters today, on flat screens the whole time, if you notice that faces are really dead. They don't have nasal labial folds anymore, they'll go right up, under a bit longer. haven't got any real autocorrelation going on? Because everybody's doing it now. The moment you actually get the zygomatic working, it comes alive again.

### **Steven Bruce**

Another great impression there. Thank you. On that on that note. So john said, asked if you could talk about your work on the tongue directly? Is that what he means in terms of working on the tongue directly?

### **Ashley George Stafford**

I would, yes, I wouldn't get hold of the tongue. Unless it's a very tight tongue. In which case, sometimes you can get hold of it. And there are exercises where it is very tight. Again, it's this local versus global. It is a global problem. If the system is done supported. The energies being localized in the throat. The hyoid and associated muscles or the strap muscles are going to be really tight. And you can work directly on those. And one of the exercises.

**Steven Bruce**

Something for the bustle the underground.

**Ashley George Stafford**

Yeah. So it's the it's the really, it's I think, in yoga, that summit yoga exercises are called the lion who knows somebody will know. But that's why will you actually go obey just trust Mary's playing rugby.

**Steven Bruce**

I was going to suggest that might be the case. But

**Ashley George Stafford**

if you do that, and nobody on camera apart from me, so Bob, Steven me. So you try, you will find your tongue and your face still really alive?

**Steven Bruce**

Because you don't even think about it. So I'm not going to try it while I'm on camera.

**Ashley George Stafford**

I thought you might. Actually, there's one other thing about this sort of speech impediments. And that is checking. Hearing. Right? Because we can't, we cannot speak what we haven't heard. And you cannot sing if you can't hear. You can't speak and God. So any issues with hearing and they can be think of it structural or they can be psychological, or they can be just somebody going deaf, or somebody's been deaf. So hearing, you can't really talk about voice without talking about hearing.

**Steven Bruce**

So I want to drag you back to the tongue again, because Gemma sent in a question asking about unresolved tongue ties. How do they influence the voice? What can be done?

**Ashley George Stafford**

Ouch. Yes. I'm not sure whether it's ever too late to have a tongue tie operated on. I'm not I used to be dead against the tongue tie snip. Because at all, you know, surely we could do something with that. But I actually had a patient change by might well more than one but one specific one was the baby. It was not flourishing and not able to feed properly. And it was definitely a tongue tie. The mother was not keen on having the snip. And I didn't advise that I said, I think that your that was released. And I know it's controversial area. And I know that sometimes they there's a predisposition to slip when it's only a slight tie

as opposed to a really big tie. So how you made that decision, I think has to be a longer functional assessment of how the baby is a baby, how the baby's feeding. And there again, is there anything else going on with that either child or adult, which would mean that the tongue is not as supported in its activity as one would wish, which may or may not be to do with the tie. So the tie could be there, but it may not actually be the problem. So that I would have to clarify that in my mind. Before I went any further, actually, you know,

### **Steven Bruce**

Ashley's asked whether you have any thoughts on the effect of dental orthodontic braces on the voice and the emotional development of children? Huge.

### **Ashley George Stafford**

So, emotional one, I won't necessarily engage, I think you've got to talk about orthodontists in at least two ways. I've got to say a traditional orthodontics where they're just moving the teeth, which I think not only a waste of time and money, but actually very damaging, because he goes through all his agony. And then five years later, and it all comes back again, because there's just move teeth around. Or when you go to functional orthodontist of which there are now many who will work with chiropractors and osteopaths and possibly reserves I don't know, to help slowly open up the middle of the face, open up the maxilla, get the desire to go be working properly. And the whole thing is a real blessing. A massive blessing. And I went to an amazing conference. It's now about 10 years ago. And this is a picture of a pair of identical twins. And this family for some reason or another Actually, it was never discovered why but they were sent to two different orthodontists and they were identical twins they had pictures taken and they had they were of Asian origin. They had this very narrow faces and really big smugly teeth that it was not a pleasant thing for them to go there. Otherwise lovely eyes and you know, all sorts of lovely potential. The one of them went and had the her teeth straightened and the other one went to a functional dentist and it took longer. And slowly slowly, the maxilla gently prior encouraged her to open the face open, the cheekbones open, and there's this. I mean quite staggeringly lovely. Facial symmetry and structure, and the teeth were settled in beautifully. The other girl had two I think two teeth taken out top bottom, and had braces to straighten concerned about was apparently too small in inverted commas. And her teeth are straight, but her face was still pinched and caved in around underdeveloped maxilla. So if psychologically, as sort of really depends, isn't it? Is it more damaging to have pointless steel striping? I would say so what trauma goes through on the way through Of course, they often do. Children and young adults and even greater extent adults can suffer a lot problems but as a titan and trying to bring the jaw forwards and they're opening. And I think functionally I work a lot with that on those, the volmer the palatines actually on the maxilla itself, and rebalancing the whole of the facial apparatus with the cranial base and getting the draw when we're working with a draw, I get the patients to do self massage a lot. But knowing that that actually isn't really the answer, but it gives them something to do and it feels nice and the boat washed feels horrible, but they do it properly. They cry that and but there's a really excellent technique for releasing the jaw. which some of you may well know that it can be either administered by the practitioner or self administered and this really works well on the terabyte muscles. So this obviously is massive term temporary lis but often the muscles on the inside. There's Call him terabytes. It Yeah, but they are the balancing once you've got external internal structures on either side. So if you get your thumbs up behind your it did you still got them and fingers are

on your treatment, you lean on your elbow, and you pull this is if you're gonna put your face apart, and you breathe in deeply or

**Ashley George Stafford**

you breathe out, you do that three times. If you're looking up at all these muscles working to do one more.

**Ashley George Stafford**

And then you wiggle your jaw. And you realize, Oh, that's really, really free. And it really has a fantastic response on these surrogate muscles, which can really grab the jaw quite as much as master. In fact, I think more, because I think being in total, they're not really, I don't think that really to do with chewing so much. They're more sideways, you should have gotten. So master to regenerate extend to be, which you can release. But if you've got other muscles holding, so that's a great one for those. So, so you can encourage, even show it, they get that good effect. And then you can show them how to do it. The way to go ahead on your thumbs pull apart. And really, you're one in aggressive way. When you yawn. By the way, everything opens, you go into cranial external rotation, so does the neck so does everything and you really open the body. And if you're exaggerating that here on the You're so you're, you're terrible. It's gonna go into external rotation too. So it stretches the the attachments of the clairvoyance it's great exercise that it's not as painful as the other one. I

**Steven Bruce**

imagine all those people not on camera practicing it as we speak.

**Ashley George Stafford**

I have now

**Steven Bruce**

one last question, because we're running very short of time. One last question. And you'll have to be quite quick on this one. Amanda says she has a child with speech difficulties which induce immense anxiety. And they also worsen with stress. They can't speak when put under pressure or put on the spot. Could that be birth trauma induced? And I'm guessing the implicit question is what can be done?

**Ashley George Stafford**

Gosh, it's difficult, isn't it when it's out of context. But in principle, the things I would look at, yes, I would look at birth trauma, but in terms of what's the history, or was it for sex? Was it that assisted birth or any of the other possibilities? Because that could well induce

**Ashley George Stafford**

a constitutional stress if you like? I would definitely work with the breathing. Because I would imagine the breathing pattern will be disturbed.

**Ashley George Stafford**

Often Did you so I did. What did Amanda say that the child under stress just couldn't get the words out? Or was it

**Steven Bruce**

just because the child can't speak when put under pressure or put on the spot?

**Ashley George Stafford**

Yeah, well, I would. First of all, I'd like to observe that to see what's actually happening. And that's one of the areas I'm sure Amanda's already thought about the breathing pattern, which will be very potentially really, really high. And that will be part of the bottling up process on a practical level. So So wound up you can't get the sound out got can't can't be completely bottled up. So to practically work on the thorax, to release the diaphragm to release to that actually reduces tension, as we all know, at a fundamental level, because the breathing pattern when it's like that induces stress as a vicious circle. So structure on a practical level, I would certainly go there. I'm sorry. To fill you in slightly.

**Steven Bruce**

Amanda says it was a prolonged labor with avantis delivery.

**Ashley George Stafford**

Ah, well, they're constipated is a baby.

**Steven Bruce**

We don't really have time to do. At this point,

**Ashley George Stafford**

well think about the volunteers are sucking everything up. And if that has been released again, then there's the she's going to be the baby my child might be held in a fixed x, internal rotation panels with the body which sucks everything including the diaphragm up. Therefore they're fixed in a position of stress. That that's certainly worth exploring to see whether that pattern is present. If not find a way of releasing it either creatively or on the book on the diaphragm, the thorax.

**Steven Bruce**

Amanda says yes, you know, answer to your question.

**Ashley George Stafford**

Can't remember what the question was

**Steven Bruce**

constipation?

**Ashley George Stafford**

Oh, yeah, yeah, good. That's a good indication that you can work with that technique to see if you can get engaged the internal rotation pattern, which I think will be quite strong. And in releasing the cranial diaphragm try to work through to the thoracic or from the, but the voice will then sync and not be up all the time.

**Steven Bruce**

Actually, it's been great fun listening to you listening to your emceeing, you'll demonstrate seeing the quality of your waistcoat buttons as well, it's been a real

**Ashley George Stafford**

Look, I've got loads. I've got loads and loads, to do something about it.

**Steven Bruce**

I've got loads and loads of people on here saying how wonderful they found this and just leaping off my screen. But Carolyn says she loves the way you're linking the emotional element into this. Sam things the lazy tongue exercises or friends fascinating, you know, and there's lots and lots of other questions coming in. I mean, I always say almost always say to my guest, he will you come back again. I'd love to get you in the studio and do some of this so that we can do some topic.

**Ashley George Stafford**

As a model,

**Steven Bruce**

I didn't know No. is the interview. Rebecca, Robin, Carolyn and others. I'm sorry if I didn't answer your ask your questions. But we're getting back. We'll definitely get him back. As soon as all your time for Thank you so much,

**Ashley George Stafford**

Mike. Well, it was real pleasure. I wasn't expecting it to be a pleasure. Because I thought I don't know what to talk about. But now, it made it so easy. Steve, thank you very much.

**Steven Bruce**

false modesty I think I think actually knows what he's talking about and loves to talk about it with and I've enjoyed listening to it as you can tell.