

THE VOICE

and how to make a living from it

Guidance for professional vocalists, written and collated by Dionne Devereaux

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Credits at the end

INTRODUCTION

This compilation of documents is for Vocalists, who are at whatever stage of his/her Vocal Career. They are there simply to help and encourage and give simple, self explanatory advice on different aspects of the Vocalists Career and Voice.

On viewing the **Contents Page**, you will see documents originally written and prepared by SoulSista Productions from Seminars that Dionne delivered on the subject of "Singing For a Living" to a group of young musicians as part of a Business Fair in Birmingham. The notes contain some basic but very sound advice from her very own experiences in her field. The sort of advice that people often assume you know, so you often don't get to hear it till it's too late.

The documents under '**Supplementary Information**' give helpful and informative advice on other different aspects of the Vocalist's Voice. These documents will also refer you to other appropriate websites and study book resources for your further information.

The best way to use this information is probably to print off this document and use it as a checklist. These documents are purely collected together to help give you help and advice from a particular point of view or from 'just experience'.

We hope that these documents will be useful and helpful for you as a Vocalist and towards your future!

Our Kindest Regards from us all here at SoulSista Productions

N.B. You'll find some of the contact information is specific to Birmingham and the West Midlands.

Singing for a Living Seminar Notes for Professional Practice

Saturday 5th February and Saturday 12th February 2005 - Birmingham Central Library

Where do you start off

- You need talent, determination, professionalism and pro-activeness and practical advice

Scouting for work

- You need to put together an Information Pack and Demo CD with variety of styles (5) to send to Agents, clients and potential bookers, people will always want to hear you and see you before thinking of booking you.
- Yellow pages, websites, music magazines ie stage magazines, local recording studios usually have a billboard noticeboard asking for musicians and singers etc.
- Targets Pubs, social clubs, restaurants, hotels, music cafes, bars, jazz bars, clients for weddings, funerals, parties, Agencies for cruises, abroad work, studio, session work and holiday resorts
- Friends, family dos, local churches, charities, local music festivals, street festivals etc.
- Word of mouth

Equipment, Lighting, Sound and Studios

- What do you need to fully carry out your show from beg to end (lights, smokes, scanners, speakers, amps, mixers, dj equipment, mics, backing tracks, cds, wiring, cd/mini disc player, carrying cases, a car)
- Who else might you need to help you do your show (dj, sound/lighting engineer, dancers, compare, other members of your show/band)
- material for your show (backing tracks, cd/mini disc with songs and music on) - 2X45mins (industry standard)
- If you know someone whom you could borrow their equipment for small fee (link with a dj)
- For equipment - Matthews and Mark Hetheringtons PA company, PMT (professional music technology), Emergency Music Equipment, yellow pages, websites
- Recording Studios - Ritch Bitch Studios, Robannas, Fatback, yellow pages, websites etc.
- Girls don't go out on your own, for safety, security and practical reasons
- You'll need a car for transport and flexibility

PC Software, Stationary and Office Equipment

- Shop around for the best bargains - internet sites very good
- LGD Davis and Refresh Systems always do competitive prices when buying stationary and office things in bulk
- You may be looking to record at home to save money, rather than recording studios when starting off - recording software, dj and editing software, backing track software, voice removals, pitchshifting etc... all available, websites good prices
- Be careful with copyrighting etc. Professional Backing Tracks and tracks done by using Session Musicians are ok to use for public use

Agents

- Different types of agents for different types of venues
- Look for 10%-15% commissions for agents

The Show

- 2X45mins (industry standard), include incidental music during the breaks
- Tributes, themed shows, part of a Variety Show
- Mix your song material, you wont be able to please everyone all the time
- Think about your venue and age groups when playing songs, pubs - more upbeat, hotels - more background

Pricing

- Solo artists - £100-150, Bands - £350 upwards
- The bigger the band the less money you take home
- Charges depend on the type of venue, day of the week, how many people are going to be there, what type of venue (large posh hotel - little social club)

Costumes and Professionalism

- 'Classy' no 'Trashy' - jeans for the stage - not good impression, people pay for professionalism, not karaoke.
- Go to costume shops, markets, make your own costumes
- When talking link bits, watch your language and jokes (family shows etc.) - you may offend - there to sing not chat.
- Be always polite
- Some venues offer free drinks to performers and your staff, but don't take the Mickey!!

Merchandise

- Selling your Demo Cds (5-10 tracks - £5.00)
- Posters, t-shirts, jewellery - (basically anything that you can sell on the side for extra cash)
- Stuff for the kids (sweets, lollies - buy in bulk to save money)

Publicity

- Putting flyers and posters in shop windows, library, swimming baths, supermarkets etc.
- Do good professional posters, flyers, business cards
- Local radio interviews (Castlevale FM, BBC Radio WM, Newstyle etc.)
- Get yourself on Local and National Newspaper listings
- Distribute plenty of updated Gig Guides at your venues
- Build up your Mailing Lists and keep people posted with where you will be playing

Unions

- Musicians Union and Equity Unions - specialise in musicians, singers, actors, dancers/choreographers etc.
- Unions protect you with pay, contract issues, free help and advice on copyrighting etc. and keep you up to date with what's going on in the music world

Administration

- Professionalism always will work for you
- Standardised Letters, complimentary slips, invoices
- Keep records of all your correspondence on disc and on file

Accounts

- Get yourself a good accountant who deals with this area of profession ie Paul Murphy, Halfpenny Taxation Services
- Let the tax office know you are self-employed, sort your tax and N.I. out
- Keep all receipts for everything you buy or pay for to put towards your business accounting at the end of the year (help towards tax rebate etc.)
- Banking - avoid opening Business Accounts with banks, charge the earth!, you may need to look at this if you are starting to get regular large amounts of cheques going through your account.

Training and Looking after yourself

- Take general care of your health, drinking large amounts of water, avoid smoking, drinking large amounts, steam your head etc.
- Invest in Vocal Teachers to help protect your voice (£10 per hour upwards)
- If you are a musician, good to get involved with different style bands for wider opportunities with your own solo career (again stage magazine, local recording studio billboards, websites).

Downfalls

- Long hours, smoky environment
- You may find yourself getting into pub and club scene rut! try and vary your venues and experiences
- Some gigs may not pay, but may be very good exposure in the long run
- Long distances for little money
- Unappreciative clients or punters at the end of the gig
- Hard work
- Repetitiveness
- You wont be able to please everyone all the time with your singing material
- Dodgy agents/clients who will undercut your fees
- Venues with rubbish equipment/not professional

Useful Contact Information

Singing Vacancies

- www.entsweb.co.uk/jobs
- www.performersdirectory.co.uk

Singing Teachers

- Ruth Cripts - 07958 970814
- Sarah Wright - 0121 451 1450
- Yazz Alexander - 07944 861131
- Andrew Sparks - 0121 706 3621
- Jill Robinson - 0121 427 8703

Speech Therapist (Nuffield Private Hospital)

- Heather Williams - 0121 421 7757/ 07790 554954

Vocal Specialist (Nuffield Private Hospital)

- Dr Proops - 0808 1006 776

Equipment, Lighting, Sound

- Matthews - 0870 757 2556 /2557/2558
- Mark Hetherington - 07973 397332
- Proburn(Erdington) - 0121 382 7474
- PMT - 0121 359 5056

Stationary and Office Equipment

- LGD Davis - 0121 430 9000
- Refresh Systems - 01803 555 981 (next day delivery)

Recording Studios

- Fatback Studios - 0121 248 2525
- Ritch Bitch Studios - 0121 471 1339
- Robannas - 0121 333 3201

Entertainment Agencies

- Waterfords - 01527 542943
- PADD - 02476 326041
- Platinum Live - 07971 862 498
- Upfront Entertainment - 01562 69433

Unions

- Musicians Union - 0207 582 5566
- Equity Union - 0121 474 2679 (Birmingham Office)

Radio

Castlevale FM - 0121 749 1343
BBC Radio WM - 07977 367 504
Newstyle Radio - 0121 456 3826

Publicity Designers

Graphic/Web Designer - Richard Jones - 0121 455 9454
Graphic Designer - Justin - 07789 995537

Accountant

Paul Murphy (Halfpenny Taxation Services) - 01564 778728

Publicity Listings

Jazz and classical editor - Eugene Coyne
- eugene.coyne@pa.press.net.
Tel - 0207 963 7747
Web - www.pa.press.net
Jazz - jazz@pa.press.net
- jazzwestmids@yahoo.co.uk
Classical - classical@pa.press.net
Rock and Pop - gigs@pa.press.net
General - arts@pa.press.net
Scottish gigs - scottishevents@pa.press.net
Irish gigs - irishevents@pa.press.net

These contacts will list in Mirror/Guardian/Independent/Express/Teletex/Virgin websites and many local papers)*

Vocal Health Regime : Guidelines for Singers

Sooner or later we all succumb to an illness that affects our ability to perform, so here is a Checklist to help prevent those Vocal Problems and/or give some advice on what you could do to help recover quicker (always good to know!!)

AVOID.....

- Smoking tobacco
- Smoking marijuana
- Using drugs
- Alcohol - although a small drink may help to relax you, alcohol may numb the chords and too much will cause lack of control (vocally & otherwise!!)
- Orange or Citrus Juice and caffeinated drinks - can affect your throats lubrication.
- Milk & other dairy products - furs up the throat.
- Avoid drinking milk, cream, tea and coffee prior to singing.
- Eating heavy meals prior to a gig - the food doesn't have time to digest and sits heavily in your stomach. This makes it harder to control breathing, vocal reach and projection.
- Monitor your diet and life style.
- Eat regularly, and eat a healthy diet.
- Avoid fried and other fatty foods.
- Avoid eating or drinking, particularly alcoholic beverages, within three hours of bedtime.
- Stress
- You should do nothing to your voice that results in hoarseness and/or throat pain.
- Avoid yelling or screaming to the point of causing hoarseness.
- Avoid singing so loudly that you develop hoarseness, and avoid singing in situations that are so noisy that you cannot hear yourself singing.
- When you have a cold or laryngitis, do not try to talk or sing "over" the problem, since this can lead to vocal-fold damage. See your doctor.
- Singing out of your range - save the top notes for when you can sing them correctly and don't overreach or you could end up damaging your voice!
- Trying to be heard in noisy places like bars, sport arenas, large family gatherings, aeroplanes, buses
- "Over singing" (if you are hoarse after singing, something may be wrong)
- Raising the chest or shoulders when inhaling
- Excessive loud talking, yelling, screaming or straining your vocal chords unnecessarily - can lead to vocal strain
- Singing higher or lower than is comfortable
- Avoid drying medications such as antihistamines.
- Avoid anaesthetic throat sprays.

- Avoid places with foul air
- Dry Ice Machines - The chemicals used dry up the throat. If the effect is an essential part of the show use a Fog Machine with cooler (water & glycerine based) or Haze Machine (chemical based but non-toxic). Both can still affect the voice if inhaled, make sure you have plenty of water to lubricate the throat.
- Smoke filled environments - pretty impossible to do if your playing pubs and clubs but do what you can by taking a wander outside for fresh air during the breaks.
- Aspirin - can contribute to tinnitus and vocal chord haemorrhage
- Singing if it hurts to swallow
- Trying to talk over a cold or laryngitis
- Whispering if you have a throat infection, as puts more strain on your vocal chords
- Coughing and clearing your throat continually - swallow or sip water instead. Severe, violent coughing can injure the vocal folds. Cough Syrup and Lozenges can help, Vocalzone are good and reliable sources have informed me that Slippery Elm lozenges and other products are used by some singers to soothe the throat in the US. Triogesic Tablets relieves congestion, prevents coughing and is available from most Chemists although it should not be taken with any other paracetamol products or decongestants and should be avoided by pregnant or nursing mothers and Dextromethorphan based products also help to suppress coughing although some people may experience dizziness. inhaling
- Do NOT attempt to Sing and avoid Talking until all medication is finished to allow the inflammation an opportunity to reduce

Now to enhance Good Vocal Health, you need to make sure you DO TRY TO. . .

- Drink lots of water -- 8 glasses a day "Pee Pale, Sing Clear" -- your urine should be clear -- yellowness means you are dehydrated. (Beer doesn't count!). Keep a bottle of water at the side of the stage!
- Give plenty of rest for your body and voice
- Treat your body like a Valuable Instrument
- Hot Water Steam Inhalation, with or without a few drops of Eucalyptus, Peppermint or other Essential Oil helps to clear the sinuses. Many proprietary brands like Karvol, Olbas Oil and Vicks Vaporub use aromatherapy oils as their main ingredient but you should be careful using these products as menthol can have a drying effect.... use sparingly.
- Regular gentle vocal warm up exercises daily
- Support your speaking voice just as you support your singing voice
- Humidify your bedroom during winter months
- Consider taking voice lessons, even if you have never had a voice problem; voice lessons have been shown to increase vocal efficiency, and decrease the likelihood of developing voice problems.
- If you need a physician, consult with other singers to find an otolaryngologist who has experience in treating vocalists.
- Pace yourself at a gig - move vocally demanding songs to the middle or end of each set to allow your voice to warm up beforehand (a vocal warm up before the gig is also advisable) and then rest your voice during the breaks.

- Examine your "vocal schedule" carefully. Remember that all your vocal demands are not of equal importance. Avoid making a schedule that leaves no room for rest and recovery.
- Be careful when using "character voices" not to strain, and use especially good breath support.
- Use amplification when available and appropriate, especially for rehearsals.
- Use "marking" techniques when appropriate, especially for rehearsals.
- Do not attempt to alter your "normal" speaking voice to create an effect; particularly avoid pitching your voice too low. (If you are using the lowest note of your pitch range for everyday conversation, this is too low).
- Avoid taking on roles that you cannot do, that is, don't attempt roles that are out of your range.
- Avoid using long run-on sentences and a rapid speaking rate that stresses the vocal apparatus; good breath support for conversational speech is every bit as important as good breath support for singing. (If you don't know what this means, you should consider taking voice lessons, and/or seeing a voice therapist).
- Treat allergies and infections promptly and rest your voice when ill.
- Take Vitamin C tablets or eat fruits/vegetables rich in Vitamin C to aid your bodies natural defences. Hot Lemon & Honey or Blackcurrant both contain vitamin C and anti-viral properties and fresh ginger has natural anti-inflammatory properties - grate a little ginger and add it to hot water, sweeten with honey if required.
- On recovery from a Vocal Problem, start with some gentle humming for 5-10 minutes at a time and slowly build up to a few vocal exercises in your mid-range gradually expanding the range over several days. The rate of recovery will depend on the severity of illness and how experienced a singer you are. Any recurrence of hoarseness stop and rest the voice for another couple of days.
- If undergoing surgery, insist that the operation be performed by someone well acquainted with the risk to the vocal folds

I realise that this is easier said than done, especially when an important gig is due!! However, weighing the importance of the booking against the potential damage to your vocal health is a must.....

The Edinburgh Voice Centre (EVC) is a multidisciplinary clinical and research unit devoted to the scientific understanding and medical treatment of voice disorders. It works in close conjunction with the NHS and provides crucial support to professional voice users both in the performing arts and in commerce.

To find out more on this Topic, please see www.vocalist.org.uk

OTHER SUGGESTED READING

Boone DR, McFarlane SC: The Voice and Voice Therapy. 4th edition, Prentice Hall, Englewood Cliffs, N.J., 1988
 Koufman JA, Blalock PD: Vocal fatigue and dysphonia in the professional voice user: Bogart-Bacall syndrome. Laryngoscope 98:493-498, 1988
 Koufman JA: The otolaryngologic manifestations of gastroesophageal reflux disease. Laryngoscope 101:(Supplement 53) 1-78, 1991
 Koufman JA, Isaacson G, Editors: Voice Disorders. Otolaryngology Clinics of North America 24:965-1286, October, 1991
 Sataloff RT: Professional Voice: The Science and Art of Clinical Care Raven Press, New York, 1991

Vocal Training Exercises

Exercises (Body and Head)

- Tilt your head to left and right and then upwards and downwards
 - Rotate your one shoulder at a time, first forwards then backwards
- General full body stretching exercises

Exercises (Facial)

- Chewing large marshmallow/chewing gum - do large chewing movements with your mouth, lips, jaw and gums.
 - 'Horse-Buzz' sound
 - 'Ululating' sound (do with your tongue in a 'red indian manner')
 - Stick tongue out (up, down, left and right)
 - Run tongue along top row and then bottom row of teeth (clockwise and then anticlockwise) and then a 'figure of eight'
 - 'Wide face', 'Tiny face'
 - Yawning - by lifting up the soft palette
- 'A', 'E', 'I', 'O', 'U'. - extenuating facial movements.

Vocal Warm-ups

- Sighing - 'Ahh' ('that's nice, that's a shame, isn't he cute')
 - Humming - (humming high and humming low)
 - Mmmm - (sounds of enjoying something yummy)
- Coo-cococo-Coo-Coo-Oh-Arr (going up scale (X4), then back down the same scale

Diaphragm Exercises

- Breathing in and holding it (expanding ribs up and out, tummy muscles push out)
 - Breathing out (shrink ribs, tummy muscles forces in)
 - Take a deep long breath and count out, for as long as possible
- 'Huffing' - 'huh, huh, huh' (grunting sounds - hold your tummy to feel tummy muscles tighten)

Opening and Closing Vocal Chords

- 'ZZ', 'VV', 'RR', 'SShzzsh' - (hold top of tummy to feel tension, not in throat!!)
 - 'NN-gee' (going up the scale (nasal warming)
- Then come down the scale with 'MM-mar'

Soft Palette Exercises/ Vocal Range Stretches

- 'Aww' - go up and down scale (identify your soft palette and lift in this exercises)
- 'Daa-aay' - go up and down scale using semitones (again identify soft palette and lift)

- 'A-E-I-O-U' - each vowel go up and down scale by semitones (continue upwards to find your top note)
- 'Carr' - go down scale using semitones (continue downwards to find your bottom note)

Dictation Exercises

- 'Pa's got a head like a Ping Pong Ball (lone ranger theme)
- 'Le-lay-Lar-Low' - repeat each line going up the scale in semitones, then back down again in semitones

Medicine In The Vocal Arts

Jamie Koufman, M.D

Medicine in the Vocal Arts is an emerging field devoted to the diagnosis, treatment, and prevention of voice disorders in professional voice users. Today, the multispecialty voice centre has become an important clinical resource, and most patients with voice disorders can be treated.

INTRODUCTION

The voice is not an organ, but rather, the external phonatory output of the vocal tract..

The vocal tract consists of four component systems:

1. **The "Generator"**, which is the breath support provided by the lungs. A regulated breath stream is the principal force that drives the vibration of the vocal folds. Without air flowing through the larynx, the vocal folds can make no sound. Thus, the condition of the lungs and how efficiently the breath stream is utilised have a great influence on vocal function.
2. **The "Vibrator"**, which is the larynx; specifically, the vocal folds themselves. The folds are actually little more than a vibrator. The richness of sound and the subtleties of articulation are the result of the "resonator" and the "articulator" above the larynx. Problems of the vibrator include all problems of the larynx and its supporting structures.
3. **The "Resonator"**, which consists of the space above the larynx, and includes most of the pharynx. This resonating cavity gives the voice its harmonic overtones, its richness. (The trained opera singer is able to manipulate the resonator to produce resonance at 2,500 Hz, which allows the singer's voice to be heard above an entire orchestra.) Problems with the resonator are uncommon, although, for example, tonsillectomy in a singer may temporarily adversely alter the resonator.
4. **The "Articulator"**, which is made up of the tongue, lips, cheeks, teeth, and palate. These structures shape the sound from below into words and other vocal gestures. Medical problems involving the articulator are uncommon; for the singer, most problems of the articulator are corrected by the voice coach or teacher.

The term *voice disorder* implies that the problem is laryngeal (within the vibrator); however, it is important to remember that the four component systems of the vocal tract interact in complex ways.

Voice disorders are ubiquitous and may have a profound influence on a person's ability to communicate effectively; when they occur in professional vocalists, they may cause social, emotional, and professional hardship.

The scheduling demands of successful vocalists (travel, rehearsal, promotion, performance), make it more likely for them to suffer a serious voice problem than for the average person. Consequences of a voice problem in a well-known performer can also include public scorn, loss of reputation, and loss of income. It is therefore not surprising that professional vocalists with voice problems usually arrive at a physician's office in a state of panic..

Approach To The Vocalist With A Voice Problem

Three somewhat distinct patient populations fall into the category of "professional vocalist," each with a somewhat different set of problems and demands. I call these three groups *elite vocal performers*, *vocalists*, and *vocal professionals*. An example of an elite vocal performer is the opera singer, in whom even the slightest aberration of voice may have dire consequences. Most other professional singers fall into the vocalist group, while actors, clergy, radio and television personalities fall into the vocal professional group. While all three levels of vocalists earn their living with their voices, the degree of "incapacity" in each varies with the vocal occupational demands and the severity of the voice disorder. Elite vocal performers seek medical attention for any and every acute condition that they perceive may have an effect on the voice, e.g., upper respiratory infection (a cold), allergy, etc. Other, less-demanding patients seek medical attention when the problem becomes more severe or chronic. Consequently, the voice clinician must take into account the vocal demands and needs of each patient. Table 1 lists (in decreasing order of frequency of occurrence) commonly encountered problems of vocal professionals.

Table 1: Common Problems of Professional Vocalists

- Upper respiratory tract infection (URI, "cold," laryngitis)
- Gastroesophageal reflux-related voice abnormalities
- Overuse syndromes ("decompensation")
- Vocal abuse syndrome
- Misuse of the speaking voice
- Environmental factors
- Singing out of range
- Substance abuse
- Medications

Table 2: Common Vocal Complaints and Their Definitions

- Aphonia Loss of voice
- Dysphonia Abnormal voice; hoarseness
- Odynophonia Discomfort or pain associated with speaking or singing; also usually associated with abnormal laryngeal muscle tension
- Vocal fatigue Dysphonia(hoarseness) and/or dysphonia specifically associated with prolonged vocal usage
- Voice break A "momentary" pitch-specific dysphonia; a voice "crack"
- Loss of range A reduction in the pitch-range, usually a loss of a portion of the high range
- Dysresonance An abnormality of resonance

Common Problems Of Vocalists

Professional vocalists have some unique problems and risk factors for the development of voice difficulties. As a group, vocalists are often subjected to adverse working environments, e.g., smoke, dryness, dust, a high level of ambient noise, and inadequate amplification. These problems may contribute to "poor vocal hygiene," poor diet, and in some cases, substance abuse. In addition, successful vocalists may suffer from stressful schedules, anxiety, and fragmented -- sometimes inappropriate -- medical care. Table 3 lists some of the unique problems of vocal professionals, the most common of which are briefly addressed below.

Table 3: Unique Problems Of Professional Vocalists

Vocal Overuse

- Heroic schedule
- Inappropriate time management

Vocal Misuse/Abuse

- Bogart-Bacall syndrome
- Singing out of range
- Inappropriate role selection
- Use of certain character voices
- Vocal-fold haemorrhage
- Yelling/Screaming
- Vocal nodules

Environmental Risk Factors

- "Noise pollution"
- Ambient dryness
- Inadequate amplification
- Dehydration
- Air travel
- Poor diet
- Anxiety/Panic
- Bulimia/Anorexia
- Substance abuse

Reflux Laryngitis

- Substance Abuse
- Tobacco
- Alcohol
- Drugs
- Cocaine
- Marijuana
- Beta-blockers
- Stimulants
- Medications
- Antihistamines
- Corticosteroids
- Anti-inflammatory drugs
- Throat sprays

Suboptimal Medical Care

- Inappropriate surgery
- Inappropriate medicine
- Inappropriate advice

Vocal Abuse

Yelling, screaming, singing too loudly or "out of range," and using certain character voices may result in traumatic laryngeal damage, including the development of contact ulcers of the vocal processes, vocal fold haemorrhages, nodules (localised vocal fold swellings), or diffuse vocal fold swelling. These lesions are the consequences of traumatic vocal behaviour and they result in vocal impairment. The best treatment for all of these dysphonias is prevention.

Vocal Misuse

Vocal misuse is somewhat different from abuse, in that misuse tends to be less acute, more habitual, and more insidious in its effects. Speaking or singing out of range and the use of certain character voices are the most common forms of misuse. In many singers who seek medical attention for a voice problem, it is actually the speaking voice that is at the root of the problem. In both men and women, the habitual use of a very-low-pitched speaking voice may be the cause. To produce a low-pitched voice requires considerable muscular tension. This type of muscle tension dysphonia is termed *Bogart-Bacall syndrome*. (This syndrome is named after these two great actors, not because they had anything wrong with their voices, but because the term suggests that people with the voice disorder often have voices that are similar in pitch to Bogart's or Bacall's).

Vocal Overuse

Vocal overuse can happen to anyone; however, in many cases it can be avoided. It is particularly prone to occur following an URI. While there is no surefire way to estimate the vocal capacity of a performer, the demands of touring, especially, may sometimes lead to chronic fatigue and a voice disorder.

THE 10 MOST COMMON PROBLEMS OF SINGERS

In dealing with the physical production of the singing voice, one encounters many problems, *all of which are interrelated*, and often addressed simultaneously. The ten problems listed below are prevalent in different types of singers, regardless of training and experience.

POOR POSTURE:

The efficient alignment of the body is of primary importance to voice production. Problems in posture range from "collapse" of the chest and rib cage, with corresponding downward "fall" of the head and neck, to the hyper-extended, "stiff" posture of some singers, that results in tension throughout the entire body. Effective posture evolves from the kinaesthetic awareness, that may be developed through the study of a physical discipline such as Hatha yoga or Alexander Technique.

POOR BREATHING AND INAPPROPRIATE BREATH SUPPORT:

Some beginning voice students seem to "gasp" for air, and exhibit clavicular or shallow breathing patterns. Trained singers, on the other hand, use primarily diaphragmatic breath support. The muscles of the lower back and abdomen are consciously engaged, in conjunction with lowering of the diaphragm. As the breath stream is utilised for phonation, there should be little tension in the larynx itself. Sometimes, in an attempt to increase loudness (projection), a well-trained singer may over-support or "push" the airstream. This extra effort may affect vocal quality by producing undesirable harmonics.

HARD GLOTTAL OR "ASPIRATE" ATTACK:

"Attack" or "onset" (a preferable term for singers) occurs with the initiation of phonation. Some singers (possibly related to poor speech habits) use a glottal attack, which is too hard (produced by too much tension in closure, hyper adduction). Vocal cord nodules may develop with habitual use of a hard glottal attack. The opposite problem is the "aspirate" attack, in which excessive air is released prior to phonation. While this type of attack rarely damages the vocal cords, it causes a breathy tone quality. (This technique may, however, be utilised to help correct a hard glottal attack).

POOR TONE QUALITY:

Many terms are commonly used to describe a singer's tone, and among those familiar to singers are: clear, rich, resonant, bright, . . . dark, rough, thin, breathy, and nasal. Although, "good tone" is highly subjective, according to the type of singing and personal preference of the listener, in general, a tone that is "clear" (without extra "noise") and "resonant" (abundant in harmonic partials) is acknowledged as "healthy" and naturally will have sufficient intensity for projection without electric amplification. Opera singers strive to develop a "ring" (acoustic resonance at 2,500-3,000 Hz), that enables the voice to project over a full orchestra, even in a large hall. However, for other styles of singing, the use of amplification may allow a singer the choice of employing a less acoustically efficient vocal tone for reasons of artistic expression. A breathy tone, for example, may be perceived by the listener as "intimate" or "sexy", and even a "rough" sound, such as was used by Louis Armstrong (false vocal cord voice), may represent a the unique persona of a performer.

LIMITED PITCH RANGE, DIFFICULTY IN REGISTER TRANSITION:

All singing voices exhibit an optimal pitch range. Typically, untrained voices have narrower pitch range than trained singers, due to lack of "register" development. The term "register" is used to describe a series of tones that are produced by similar mechanical gestures of vocal fold vibration, glottal and pharyngeal shape, and related air pressure. Some common designations of registers are the "head" register, "chest" register, "falsetto", etc.

Singing requires transitions from one register to another; each of these transitions is called a "passaggio" ("passageway"). Lack of co-ordination of the laryngeal musculature with the breath support may result in a "register break", or obvious shift from one tone quality to another. Untrained male voices and female "belters" tend to "break" into falsetto/head voice in the upper range. Regardless of the style of singing, a "blend", or smooth transition between the registers is desirable.

LACK OF FLEXIBILITY, AGILITY, EASE OF PRODUCTION, ENDURANCE:

Traditional voice training in the 18th-19th century "bel canto" ("beautiful singing") method places emphasis on vocal flexibility or agility -- for example, the singer's ability to execute rapid scales and arpeggios. Virtuoso technique demands excellent aural conceptual ability, co-ordination of an abundant airstream with energetic diaphragmatic support (sometimes perceived as "pulsations of the epigastrium"), and clear, resonant tone quality. The use of rapid melodic passages in vocal training helps to develop a relaxed, yet vital voice production, that contributes to the development of increased vocal endurance.

POOR ARTICULATION:

Pronunciation with excessive tension in the jaw, lips, palate, etc., adversely affects the tonal production of the voice. Problems of articulation also occur when singers carry certain speech habits into singing.

The longer duration of vowel sounds in singing necessitates modification of pronunciation; the increased "opening" of certain vowels in the high soprano voice, or elongation of the first vowel in a diphthong, are examples. Retroflex and velar consonants (such as the American "r" and "l") need careful modification to allow sufficient pharyngeal opening for best resonance, and the over anticipation of nasal consonants ("m", "n", "ng") may result in a "stiff" soft palate and unpleasant tone.

LACK OF DISCIPLINE, COMMITMENT, COMPLIANCE:

As any athlete knows, regular practice is essential for optimal development and performance. Unfortunately, the need for disciplined training is not always apparent to singers. Furthermore, "artistic temperament" may contribute to a lack of compliance with the advice of teachers on issues of vocal technical development. When a teachers advice is contrary to a singer's own established ideas and work habits, the singer may tend to overwork, overperform, or simply "try too hard" in practice. The singer's practice and performance regimen must be sensible, productive, and acceptable to both teacher and student alike.

POOR HEALTH, HYGIENE, VOCAL ABUSE:

Many students ignore common sense and good vocal hygiene. The physical demands of singing necessitate optimal health, beginning with adequate rest, aerobic exercise, a moderate diet (and alcohol consumption), and absolute avoidance of smoking. College voice students often test the limits of their vocal health by overindulgence in "partying",

alcohol or drugs, and by screaming at sports events. Many singers are careful with their voices but abuse their voice by employing poor speaking technique (see, for example, Bogart-Bacall Syndrome in this issue).

Professional singers who travel are frequently confronted with changes in their sleep and eating patterns. (Specifically, singers should avoid talking excessively on aeroplanes that are both noisy and dry). Performing in dry, dusty concert halls, or singing over the din in smoke-filled clubs increases the risk of vocal fatigue and infection. A minor cold or allergy can be devastating to a professional singer, who is obliged to perform with swollen (edematous) vocal cords. Good vocal hygiene, good travel habits, and vigilant protection of ones instrument (good judgement) is an important responsibility of every singer.

POOR SELF-IMAGE, LACK OF CONFIDENCE:

Although many singers appear to have "healthy egos" and may display the aggressive behaviour that is known as "prima donna" temperament, such behaviour is a cover-up for anxiety and/or insecurity. Since the slightest aberration - phlegm, for example - can result in momentary loss of voice (even in the greatest of performers!), singers often feel that they are always in a state of vulnerability. Despite unpredictability in vocal performance, the singer does gain confidence through repeated performance and increased self awareness.

T.Radomski

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How do Vocalists get Vocal Nodules?

A Singer's Notes:

Teresa Radomski, MM

"Do I have nodules?!"

This is one of the question most often asked by singers who have been having problems with their vocal production. Repeated hoarseness, breathy or "husky" tone (especially in the middle register), difficulty singing in the upper register (especially the inability to sing high notes *pianissimo*), the need to use greater-than-normal breath pressure to sustain the voice, thereby increased the overall effort of singing -- these are danger signals that indicate the possibility of nodules on the vocal cords.

What are vocal nodules?

Normal vocal cords have smooth, white mucosal surfaces without any irregularities on the vibrating borders. Excessive tension or force used when singing or speaking often "overloads" the vibration of the vocal cords, resulting in too much friction. A *haematoma*, or bruise on the vibrating edge develops, generally occurring at the anterior one-third of the vocal cord. Later, fibrous tissue replaces the haematoma, becomes larger, and eventually appears as a soft or hard white nodule.

How are nodules treated?

Treatment usually begins with complete vocal rest followed by a careful regimen of speech therapy and/or appropriate singing exercises. If the nodules are large, surgical removal may be necessary. However, regardless of how the nodules are treated, it is imperative that destructive singing or speaking patterns be corrected -- if the singer returns to his or her old habits of voice production, the nodules will return.

How can nodules be prevented?

Proper vocal technique and a sensible lifestyle, which includes necessary rest and relaxation, aerobic exercise, and a healthy diet, are sufficient to prevent vocal nodules!

Appropriate voice classification is essential to ease in singing; singing out of range (in the wrong *tessitura*) is asking for vocal trouble. Likewise, singers should use care in developing the extremes of their range, and should avoid singing too many high (or low) notes during a practice period. Singers should also be aware that the "correct technique" applies not only to their singing voice, but also to their speaking voice. Misuse of the speaking voice, usually by forcing it to a lower pitch, causes problems for singers, including the possibility of developing nodules.

Certain types of singing are much more prone to the development of vocal nodules: rock, jazz, gospel, and most popular styles, for example, in which the technique resembles shouting or screaming, greatly "overload" vocal cord vibration.

Performing for long hours in the smoky, dusty, and noisy environment of nightclubs further aggravates a tendency toward vocal abuse. The prevalence of nodules among popular singers is often evidenced by the typical "husky," or "breathy" tone quality -- a characteristic sound that can become a personal "vocal trademark."

Aspiring young singers often allow themselves to be overworked during the early stages of their careers, a time when they should instead be carefully developing and

nurturing a healthy technique that will enable them to perform well for many years. Would-be professional singers, in their desire for "experience", often accept roles that are out of their optimal vocal range. Unfortunately, the demands of today's high-pressured professional world have resulted in the "early retirement" of many of these singers.

Overuse of alcohol adversely affects the voice through its drying effect on the tissues of the vocal tract. The damaging effects of cigarette smoke, including "secondhand smoke," are well known, and obviously should be avoided by singers. Any drug that is inhaled, swallowed or injected may affect the muscles of vocal production, aside from the obvious dangers of being an addict on substances. Commonly used drugs such as antihistamines can irritate the vocal cords through over-drying of the mucosa, and aspirin can increase the tendency to haemorrhage. Finally, a routine of aerobic exercise, yoga, and/or meditation, can greatly help to relieve stress and tension, thereby enhancing the singer's overall well-being.

Other Additional References:

1. Bunch, Meribeth: *Dynamics of the Singing Voice*, Springer-Verlag, New York, 1982.
2. Punt, NA: *The Singer's and Actor's Throat*, William Heinemann Medical Books Ltd., London, 1979.
3. Saunders, WA: *The Larynx*, CIBA Pharmaceutical Company, Summit, N.J., 1964.

Glottal Attack

The 'Glottis' is an opening situated at the upper part of the windpipe and between the vocal chords. It affects the modulation of the voice by contracting or dilating. During the swallowing action, it is covered by an erect cartilage at the root of the tongue known as the 'Epiglottis'.

'Glottal Stop' is the sound produced by the sudden explosive release of breath from behind the closed glottis and the term 'Glottal Attack' describes the percussive pulse from vocal cords as in a slight grunt. Three types of glottal attack are commonly recognised: breathy, normal and hard.

'Hard Glottal Attack' describes the action of the vocal folds slamming together quickly and forcefully before sound begins, causing an increase in muscular tension in the laryngeal area. It is considered a form of vocal abuse which can occur during excessive throat clearing, coughing or at the beginning of vowel sounds and frequent use can cause damage to the vocal folds (also referred to as vocal chords) including lesions and nodules.

Techniques employed by voice and speech therapists to eliminate hard glottal attack include:

Chant Talk

Similar to a religious chant, this technique is performed using a soft glottal attack (SGA) along with a recorded voice or the therapist, who gradually introduces normal speech as the patient progresses.

Chewing Technique

Practice the motions of chewing in an exaggerated manner and then gradually, over time, add random sounds, words, phrases, sentences, and conversation while slowly reducing the degree of exaggeration of the mouth movements. This exercise helps to release excess and produce natural tension in the vocal tract and laryngeal area and if done correctly encourages mouth opening and reduction of tensions in the jaw.

Yawn Technique

Practice yawning accompanied by a vocal sigh. This helps to produce a relaxed sound (often referred to as phonation) by creating normal muscular tension in the laryngeal area.

Laryngeal Massage

Massage is used to help reduce tension and the voice is no exception! A therapist will show the patient the correct method of massaging the laryngeal area on the neck to aid in reducing muscular tension.

“M” Warm Up

To warm up the vocal folds, the consonant 'M' is spoken or sung before words. This helps to produce a gentle airflow through the larynx as the sound (phonation) begins. Read Sharon and Kellie's article on eliminating hard glottal attack, which has some excellent examples of exercises used with clinical patients.

For more available notes on this Topic visit www.vocalist.org.uk. Here are also some other Related Links.

Elimination of Hard Glottal Attack

Article by Sharon and Kellie's Teaching Web for Voice Disorders includes techniques for elimination, links to useful websites and reference books.

Hard Glottal or Aspirate Attack

article from Harmonise in .pdf format.

Phonation

An overview of phonation including two of the most common types of glottal attacks, the soft attack and the hard attack complete with diagrams and articles on laryngeal (glottal) adjustments, laryngeal control, and voice source variations.

Vocal Rise Time and Perception of Hard Glottal Attack

Article from Rahul Shrivastav Indiana University Bloomington providing an overview including graphs and research findings.

Voice Treatment

An overview of treatment approaches and treatments by various voice therapy contributors. Includes altering tongue position, ear training, changing loudness, eliminating abuse and hard glottal attack, voice rest and other information.

BOGART-BACALL SYNDROME

Jamie Koufman, M.D.

BOGART-BACALL SYNDROME

Many people with low-pitched speaking voices, who complain of dysphonia (hoarseness), suffer from "Bogart-Bacall Syndrome"(ref 1). The condition is most common in professional voice users such as singers, actors, and radio or television personalities. Such people often employ a habitual speaking fundamental frequency (habitual pitch) that is too low and therefore very inefficient, thus producing a kind of muscle tension dysphonia. And this is why the condition is called "Bogart-Bacall" syndrome (BBS); both of those great actors had noticeably low-pitched voices. (This is not to imply that either Bogart or Bacall had voice disorders as a result). However, for most people, to maintain a very low-pitched speaking voice (particularly when one uses the lowest pitch of ones pitch range), considerable effort is required.

In contemporary society, a low-pitched speaking voice is generally considered to be authoritative, worldly, and sophisticated. Until the last few years, a low-pitched resonant voice was almost a prerequisite to become a radio or television news person. Consider the history of such voices in broadcasting . . . Edward R. Morrow, Chet Huntley, David Brinkly, Walter Cronkite, Peter Jennings; the list goes on and on. Indeed, the low-pitched voice has traditionally been an important distinguishing characteristic of many in the entertainment industry, and indeed, in all public life.

REFERENCES

- Koufman JA, Blalock PD: Vocal Fatigue and Dysphonia in the Professional Voice User: Bogart-Bacall Syndrome. *Laryngoscope* 98: 493-498,1988
Koufman JA, Blalock PD: Functional Voice Disorders. *Oto Clin N A* 24:1059-1073,1991
Blalock PD: Breath Support. *The Visible Voice* 1:6, April,1992

THE VOICE

and how to make a living from it

by • **Dionne Devereaux**

SUPPLEMENTARY INFORMATION

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TYPESETTING

by • **Richard Jones**

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