

The Singer and the Speech Language Pathologist - Let's Communicate!

Presented by

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About Dr. Bickel

- BA Music, MM and DMA in Vocal Performance
- Teaching singers since 1972/ at SXU since 1982
- Sang professionally as an opera singer, recitalist, soloist with orchestras and choruses
- Work with “troubled singers” and cooperate with Otolaryngologists & Speech Pathologists in the Chicago area
- Give Master Classes and conference lectures on resonance in singing frequently

Some Examples of Methods for Training Classical Singers

- Use of Imagery as a teaching technique
 - The “beautiful velvet drapery” technique
 - Visualizing the sound in colors
- Singing is “natural” - allow the singer to do what is natural
- Some German techniques teach singers to push down on the diaphragm and all abdominal muscles as they sing
- Stanley Technique
 - Uses “external devices”
 - Handy wipes, corks, tongue depressors, etc.

Perhaps a Better Way to Train Classical Singers

- Physiologic approach (bel canto technique)
 - Teach human anatomy and physiology
 - Work intensely with appropriate posture
 - Teach diaphragmatic-costal breathing
 - Perfect phonation and resonance techniques
 - Perfect articulation abilities in multiple languages
 - English, Italian, German, French, Latin, Spanish, Russian, etc.

21st Century Training for Classical Singers

- Use sound and video recording devices to give feedback following sound production
- Spectrographic sound analysis for real time analysis of sound (particularly resonance structure, aspirated, glottal or coordinated onset and release, accurate pitch, vibrato, vowel production, projection of tone)
 - *Voce Vista* software, designed and developed by Donald Gray Miller, DM, Groningen Voice Research Laboratory - The Netherlands

21st Century Training for Classical Singers

- Vocal Function Exercises should be a daily routine for every singer!
- Additional warm-up and cool down exercises
- Daily vocalizing for technical skill building is a must! (pitch, onset and release, range extension, legato, dynamic control, agility, vowel “matching” to maintain tone quality/color control, building projection through resonance and muscular development)
- Development of National styles as well as particular composer’s styles

Teaching Singers to “Feel” Correct Sound Production

- What do we **feel** on inhalation?
- What do we **feel** on exhalation without tone production?
- Where do we **feel** the onset of vocal tone?
- Where do we **feel** the resonance?
- What vibrations do we **perceive** when a vowel or voiced consonant is produced?
 - In what positions are the jaw, tongue, soft palate, larynx?

Singers Must be Able to Give Appropriate Feedback!

- It is difficult to “feel” inside your body
 - It takes time & patience to develop this skill!
- Some students are afraid to give real feedback, and instead offer what they feel the teacher wants to hear
 - This delays vocal development!
 - Is generally caused by fear of making a mistake

Typical Feedback Statements

- The sound is all in my cheek bones
- I feel nothing in my throat at all, it's as though the sound is being produced in my face or forehead
- I can feel my vocal folds touching when I start the tone
- I feel pressure beneath my sternum
- I feel pressure against the inside of my temples
- The sound feels as though it is going right through the top of my head (very high notes!)
- I can't feel any vibrations at all, and don't know what you mean!

Professional Classical Singing Requires Perfect Phonation

- No “noise” in the vocal tone produced
- Excellent dynamic control
- A Variety of tone colors
- Pitch must be absolutely accurate
 - Control of length, tension and thickness of vocal folds
- Emotional content of the text must be audible without interfering with phonation

Vocal Issues in Training High School and Undergraduate Singers

- Breathy, unfocused speaking tone quality
- Consistent vocal frying in speaking voice
- Lack of understanding of proper posture, breath control, resonance techniques
- Lazy body disease!
 - No abdominal development & obesity
- Speaking at an incorrect pitch level

Issues in Training High School and Undergraduate Singers

- Nasal quality in speaking voice
- Colloquialisms in speaking
- Swelling or nodules already present from incorrect singing/speaking technique
 - Frequently found in young black singers who have been singing Gospel or R & B Music, but many others as well
- Listening from the inside out, rather than the outside in.

Issues in Training High School and Undergraduate Singers

- The American Idol Generation
 - “There is no need to practice, just show up and do it!”
- Inability to reproduce the technique used in the studio when practicing on his/her own
- Unwilling to allow him/herself to produce any unpleasant sounds in an effort to find the correct technique
- Feel they must have “control” at the level of the vocal folds

What can go wrong even after a singer is well-trained?

- Acid reflux
- Allergies (Singers reach for Benadryl) **Not good!**
- Inability to support the voice appropriately because of daily issues:
 - Women: Monthly cramps
 - Lack of time to exercise to maintain strength and flexibility of abdominal and intercostal muscles
 - Stress causes tension throughout the body

What can go wrong even after a singer is well-trained?

- Lack of appropriate sleep patterns
- Vocal Overuse
 - not being aware of when to stop before fatigue sets in
 - High School and undergraduate singers feel they are invincible
- Dehydration

What can go wrong even after a singer is well-trained?

- Overeating, and/or not understanding how certain foods/liquids affect the singer's body:
 - Acidic foods (tomatoes, citrus, etc)
 - Caffeinated beverages (dehydration)
 - Refined carbohydrates and/or milk products (create phlegm for some singers)
 - Alcohol consumption

What can go wrong even after a singer is well-trained?

- When singing in college, graduate school, or early professional career, the feeling that the singer **MUST** sing even when sick
 - Use of steroids as an instant cure is dangerous
 - Use of throat sprays to reduce or eliminate pain
 - Use of aspirin, which can cause a hemorrhage
 - Self-medicating with anything and everything that seems to help
 - Beta blockers to help deal with nerves because the voice is not functioning at its best

The Singer, the Otolaryngologist, and the Speech Language Pathologist

- Should be a “given” and important relationship!
- Some singers are afraid to see either one!
 - Singers do not want to think there is something physically wrong with them
 - Cost is usually a large factor in the equation
 - Young singers frequently do NOT have insurance
 - The idea of getting “scoped” is frightening to many
 - There is a social stigma attached to visiting the otolaryngologist, so if a singer does go, s/he will keep the visit a secret

How I Work With Singers Who Have Vocal Problems

- From the very first Vocal Technique course, I show students films of singers being “scoped,” and talk about the procedure
- If I hear vocal problems, I am not afraid to discuss what I hear with the student
- If I cannot resolve the problem with careful vocalizes, I send the student to the otolaryngologist.
- If the otolaryngologist suggests therapy, I support the student in making this happen immediately.

How I Work With Singers Who Have Vocal Problems

- I ask for a photograph of the vocal folds and a report from the doctor
- I work in tandem with the speech therapist to make sure we are complementing our work
- If the diagnosis is vocal nodules:
 - Make sure the support mechanism is functioning correctly
 - Do Vocal Function exercises every day
 - Work with exercises from the head voice downward
 - Gradually build and strengthen the correct muscles
 - Surgery is a last resort!

Vocal Nodule Surgery

- For many students today, this is the immediate choice - they want what they believe will be an instant cure
 - It takes weeks following surgery for the singing voice to return to optimal function
 - Singers must be vigilant self-preservationists for at least one year following surgery, and probably longer!
 - Frequently students who choose surgery over exercises to remove nodules will find themselves with nodules again later - due to lack of appropriate technique

Classical Singers vs. Pop/Rock/Rappers

- Spend years perfecting technique through lessons
 - Work to stay well-hydrated, drinking water and steaming
 - Would not think of smoking!
 - Do not frequent noisy places, and try not to speak or sing over noise
 - Worry about making perfectly clean sounds at all times
- Do not take voice lessons
 - Drink caffeine and alcoholic beverages while singing, which dehydrates them
 - Are frequently smokers
 - Frequently perform in very noisy places, and must speak and sing over noise
 - Noise is an acceptable part of the performing

Classical Singers vs. Pop/Rock/Rappers

- Frequently question their ability to use the correct technique even after it is perfected
- Can become paranoid about vocal problems, so visit the voice teacher and the ENT frequently to make sure everything is in order
- Generally don't think about technique, so come away from a performance raspy & dry
- Continue singing on swelled vocal folds until they develop vocal nodules, and polyps before they visit the ENT, so that surgery is required

Classical Singers vs. Pop/Rock/Rappers

- Cause their own psychological problems when questioning whether their voices will do in performance, exactly what they have been doing in rehearsal
- Don't worry about their voices, so they rarely worry about whether or not their voices are in good working order before a performance
- Avoid people with colds, flu, sniffles, coughs, etc. like the plague! Avoid "singing sick" whenever possible!
- Don't worry about contracting illnesses that could cause vocal problems, and frequently "sing sick."

Classical Singers vs. Pop/Rock/Rappers

- May get nodules, but rarely do these develop into polyps
- Will rarely perform if vocal production is painful - will stop in the middle of a performance and allow an understudy to take over
- Do not want “noise” to be part of the vocal tone quality
- Frequently present with polyps, and have frequent vocal nodule or polyp surgery throughout a career
- Pain is just part of the process, and rarely deters a performer
- Vocal “noise” is actually part of the singer’s stage persona

Is it Acceptable to Injure Your Voice for Your Art?

- This is a matter of opinion
 - A classical singer will probably answer: **No!**
 - A pop or rock singer may tell you: **Yes!**
- It certainly shortens a singing career
- It is expensive to have multiple surgeries
- Enrico Caruso had vocal nodules and inhaled ether before every performance in order to deal with his nerves. He was also an alcoholic.

Some Advice for Aspiring Professional Singers

■ Perfect Your Technique

- Posture, Respiration, Phonation, Resonation, Articulation
- Your vocal technique should be logical and built on healthy anatomic/physiologic function
- Techniques that utilize extraneous objects may be hazardous to your vocal health and should probably be avoided.

Some Advice for Aspiring Professional Singers

- Know your own body and technique
 - Know your optimum voice category
 - Be a self-preservationist
 - Know your own stamina level
 - Trust your instincts once your skills are developed
 - When you are in trouble, seek immediate help from a voice teacher, speech therapist, otolaryngologist or other professional

Some Advice for Aspiring Professional Singers

- Stay true to yourself in your decision-making regarding which operatic roles are appropriate for you to sing.
 - Do not accept roles that are not for your voice size or category even though it massages your ego to be asked.
 - Consult with those you trust regarding what is appropriate for your voice category

Medications Singers Should Avoid

■ Drying Agents

- Antihistamines in general
 - Benadryl is much too drying! Others can work for certain individuals
- Diuretics
- Epinephrine, pseudoephedrine
- Caffeine
- Aspirin, Ibuprofen (within four hours of singing)
- Some acid reflux medications

Medications Singers Should Avoid

■ Other Medications

- Corticosteroids (used only in emergencies!)
- Topical laryngeal sprays
- Steroid Inhalers
 - Flovent, Vanceril, Beclovent - cause dysphonia in up to 50% of singers
- Beta blockers for anxiety in performance
- Narcotics of any kind

Medications Singers May Use Effectively

- Saline Solution nasal sprays
 - Singer must be sure to drink plenty of water
- Some topical nasal sprays to remove edema (Afrin)
- Mucolytic agents
 - Guaifenesin (Mucinex) - singer must drink plenty of water
- Acid Reflux medications
 - Protonix, Prilosec, Zantac, etc.
 - Singers frequently deal with acid reflux, and need to sleep with upper body elevated

Understanding the Singer and Communicating With Her/Him

- If the Speech Language Pathologist has a basic understanding of vocal technique and the mindset of the singer, this will open the door to clear communication
- If singers have a better understanding of what the Speech Language Pathologist and the Otolaryngologist do, we can open further this two-way channel of communication

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