

THE BRITISH VOICE ASSOCIATION



COMMUNICATING VOICE

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Accent Method reports

(see pages 2 – 5)

New BVA video now available on-line

(see page 10)



An Introduction to THE ACCENT METHOD

Presented by Sara Harris and
Dinah Harris

Tuesday 12th and Wednesday 13th October 2010 (and February 8th 2011), Nutford House. London.

Reviewed by Louise Ruffle

As an SLT with a special interest in voice but a generalist caseload, it is often difficult finding time to attend BVA events and impossible to get funding from my employer for them. So I was particularly excited to receive a minor grant from RCSLT to attend the course on the Accent Method, an approach which I have been interested in for some time, but up until now have only read about.

Sara Harris began the first day with a talk on the background to the Accent Method and the rationale behind it. The method was first developed by Svend Smith, a phonetician at the Danish Institute for Speech and Hearing, over 50 years ago. It is now widely practised by speech therapists in Northern Europe, Egypt and Japan, and is becoming increasingly popular in the UK. Sara discussed the idea of the 'unconscious process of learning' by which the patient's attention is moved away from consciously thinking about voice production, and focussed instead on kinaesthetic input from their body. The method is founded on establishing modal (thick fold) voice through diaphragmatic breathing, and then progresses through a series of rhythmic exercises for breath/voice coordination using fricatives and closed vowels. Key aims along the way are the de-constriction of the vocal tract and achieving flexible control of the articulators and resonating space.

Inspired by the theory, we were more than ready to get down on the floor on our mats for the first practical session in order to explore ways to set up abdominal breathing. Sara and Dinah went round the group to see if we were all able to experience it ourselves, and invited us to attempt to teach the concept to a partner. Brainstorming armed us with a number of ideas for what to do if the patient doesn't immediately respond to our explanation. Afterwards we moved our chairs into a circle formation to try out the first exercise, with Dinah leading us on the drum. A number of us were surprised to find the deceptively easy technique quite a challenge to implement in practice! Soon, however, lulled by the hypnotic sound of the repetitive rhythms, we discovered for ourselves this 'unconscious process of learning', and by the end of the afternoon the basic 'Largo' pattern had somehow become instinctive.

The second day began with a talk on the evidence base behind the Accent Method. Another impressive feature of the method is the robust body of research which attests to its success: not only is there a huge amount of positive anecdotal evidence from clinicians and voice practitioners, it is also the only speech therapy intervention apart from the Lee Silverman Voice Treatment programme to be supported by Level 1 evidence according to NICE, the National Institute for Health and Clinical Evidence. Sara gave us a whistle stop tour of the key papers on the Accent Method, providing us with powerful ammunition to do battle with commissioners.

The day progressed with an introduction to drumming from Dinah, with the proviso that tapping the rhythms on the table was equally acceptable, where drumming is impractical or not suited to the client group. Further practical sessions followed, extending the rhythms to the faster 'Andante' tempo and introducing the concepts of the top-up breath and body movements to accompany the rhythms. Sara and Dinah's intuitive rapport, formed from years spent as colleagues as well as sisters-in-law, made for very entertaining demonstrations which occasionally ended with them both in fits of laughter!

For me, the most invaluable part of the whole course was the troubleshooting session in which Sara shared with us a range of tips gleaned from 30 years of working with the Accent Method – what to try when it doesn't seem to be working. Whilst 'classic' Accent Method steers away from explaining in favour of doing, Sara's more eclectic approach incorporating other tricks of the trade was particularly appealing to those of us working in the NHS, where flexibility is the order of the day.

One drawback of many study days is how easy it is to forget new ideas if you don't put them into practice immediately. Sara and Dinah are obviously very aware of this and delighted us all by presenting us with a CD to take home including all of the exercises performed by them. We were encouraged to practise the exercises thoroughly ourselves before attempting to teach them, so I am now trying to incorporate 10 minutes or so into my bedtime routine! I can honestly say that the course has been the most practical I have ever attended, and the most likely to have a lasting impact on my day-to-day practice. Although the Accent Method could potentially be applied to many different client groups seen by SLT's it is not at all widely known outside the field of voice therapy. I went home inspired to use my newfound skills with friends and family as well as patients, and already looking forward to the follow-up day in February!



Sara Harris

Eleanor Rose Midgley reports on the Accent Method course from the singer's perspective.

I have attended BVA courses in the past, but this was the first time I had attended a course where the primary focus has been on techniques of Speech Therapy. The majority of attendees were Speech Therapists; however the information was presented in a way that was clear to Singers and Speech Therapists alike. Although Singers and Speech Therapists approach sound production from two differing perspectives, over the course of the two days it became clear how the principles of the method could be incorporated into the singer's environment – either to help students with particular phonation difficulties, or as part of a regular warm up routine.

Day 1

Day one began with a warm welcome and introduction from Sara Harris and Dinah Harris. They explained the origins of the Accent Method and how it can be applied to aid coordination of respiration and vocal function in speech and singing. They made it clear that this was an Accent Method based course, and that they would be presenting what they felt were essential and necessary explanations of the methodology and exercises, which were not encouraged in the pure form of the Method taught by the originator, Kirsten Thyme Frokjaer.

After some useful anatomical background, an explanation of the rationale behind the Accent Method and a coffee break, we set about our first practical exercise. This was intended to provide understanding of the fundamental breathing technique that underpins the method. In pairs, we took it in turns to assess the mechanics of our own natural breathing, and were then encouraged to concentrate on relaxed abdominal breathing. This exercise was then transferred to sitting and standing positions, which immediately demonstrated the difficulties clients – or singing students might experience when introduced to the exercises themselves.

After the lunch break we continued working on the breathing technique. Simple movements of the arms and feet were then added to encourage free, less controlled breathing. Some



Dinah Harris

movements could be done individually; others could be carried out in pairs. Throughout the day we learned the importance of repetition to the method – repeating the exercises allowed the body to submit to patterns of breathing and vocalisation, breaking fixed habits of muscular control.

Day 2

The first session of the day, entitled “Evidence Base”, gave us an insight into some of the scientific studies behind the Method. The language of the session was understandably focussed towards Speech Therapists, however there was a lot of very useful and interesting information presented, and I will certainly be searching out some of the referenced studies, articles and reports out of sheer curiosity.

Following coffee we moved on to phonation exercises. This combined the breathing techniques we had learned on day one with unvoiced and voiced sounds. These then developed into simple rhythmic patterns. Repeating the sound twice or three times demanded that the air be paced and supported - in a similar way to singing. A simple drum beat was added by Dinah and the exercise continued in a call and response style, with Dinah or Sara leading the exercise and us repeating it back. Although it was initially confusing trying to establish and remember the pattern of sounds, we got there in the end. The point was reinforced that if we find it hard, then we must remember that the client – or singing student - is likely to have trouble too!

After a break for lunch, we were taught the drumming patterns that accompany the breathing and phonation exercises – quite some hilarity ensued! For some, the drum helped establish a hypnotic pulse, making the repetition of the vocalisation patterns run more fluidly. Others became too concerned that they should be keeping



up with the drum beats, and it distracted from both their breathing and the patterns set up by the caller. It was clear that anyone hoping to use the method in full in clinic - leading the call, drumming, and observing and aiding their client - must be very competent at all elements of the method themselves.

The day ended with discussion of the course activities so far, and advice on how to deal with specific problems – from the client not being able to replicate the breathing and phonation patterns produced by the therapist, to understanding how the physical state



Sara and Dinah demonstrate exercises to the group

and health of the vocal tract could affect the client's ability to develop their speech through using the techniques. We were then played some recordings of different practitioners demonstrating the method. It was clear that a method such as this is bound to be adapted and changed according to the preferences, discoveries and needs of each practitioner and their clients, and there was brief discussion of the problems and benefits such adaptation can bring. We were also provided with a CD of exercises compiled by Sara Harris and Dinah Harris so we could practise the breathing and phonation techniques at home.

As a singer and singing teacher with a strong interest in the links between singing and speech, the course provided a very useful insight into the considerations of Speech and Language Therapists working with clients in clinic. It was interesting to see how closely linked the techniques of the method were to many of the vocal exercises and warm ups used by singers at all levels. The Accent Method is referred to a great deal by those working in all areas of voice, and I am pleased that the BVA have such a well presented course on offer to those wanting to know more. The Accent Method Course continues on 8th February 2011.

Eleanor is a Singer and Singing Teacher based in Newcastle.



Drumming with call and response exercises

28th World Congress of the International Association of Logopedics and Phoniatrics

Athens, 22-26th August, 2010

Report by: Tom and Sara Harris

The IALP began as a largely European Association devoted to all areas of Communication to represent the needs of Logopeds (equivalent to the UK Speech and Language therapists) and Phoniatricians, (medical doctors specialised in communication disorders – there is no equivalent in the UK). The now World Congress is convened every three years and is an excellent opportunity not only to hear more about what is happening in the world of voice, but also how it relates to the broader field of communication in general.

The daily structure of the conference was based around a plenary speaker with two discussants presenting to the delegates between 8.30-11.30am. The wide range of delegate interests must make it difficult for the organizers to choose topics with a broad enough appeal for the fully assembled audience. The topics for 2010 were "Neuroplasticity – plasticity in the human motor system" (main speaker John Rothwell, Professor of Neurophysiology from London), "The Complexity of Social/Cultural Dimensions in Communication" (main speaker Travis T Threats, Professor and Chair of the Department of Communication Sciences, St Louis, USA) and "Autism – Developmental Approaches to Understanding and Treating Autism" (main presenter Tony Charman, Chair in Autism Education, Institute of Education, London). The delegates could then travel between different rooms during the rest of the day to hear research papers on various different areas of speech, language, and communication. The areas represented included voice, aphasia, child language, communication disorders of adults, fluency, dysphagia, audiology, autism, child language, multicultural affairs, motor speech disorders, laryngectomy, alternative communication and the education of speech and language pathologists. There were also poster presentations each day and plenty of time at coffee, tea breaks and lunch to socialise and network with colleagues. The social programme included a concert entitled "The power of Voice through Singing" with an extremely well known singer and composer, Mimis Plessas, a sightseeing excursion which, of course, included a visit to the Acropolis and also to the new and most impressive New Acropolis museum of archaeology. Finally, there was a conference dinner which took place at Coast, an "idyllic cottage built by the sea offering spectacular views of the surrounding coastal area of Saronikos Gulf". The Greek hospitality was, as always, warm, enthusiastic and lively.

The IALP President for the last three years has been Dr Mara Behlau, Director of Speech and Language Pathology in São Paulo, Brazil, whose special interest is in voice disorders. As a result, the field of voice was well represented every day with papers of diverse interest and mainly of a high academic standard. Over the years I have been attending the IALP meetings it has been interesting to see how Voice as a subject has gradually gained momentum from two or three small research paper sessions to the very full programme of multiple sessions of the 2010 Symposium.

This year the IALP honoured its affiliated associations with a

special "Affiliated Society Day" During the day the poster session was given over to posters from the affiliated societies, manned by a representative. The idea was for them to present IALP members with some idea of the scope of their work and how they serve their own

membership. In the evening there was a reception so that the representatives were able to meet and get to know one another. Each representative was presented with a card from the IALP board and a small gift of a commemorative coin. As the BVA representatives we found this day extremely helpful for making contacts. With World Voice Day 2011 looming on the horizon, I am hoping that the BVA will be able to liaise with some of these organisations and share materials and spread the World Voice Day message to an even bigger audience.

The main academic highlight for me was Dr Rothwell's lecture on neuroplasticity. Dr Rothwell described how Transcranial Magnetic Stimulation (TMS) is now being used to study brain function and the interconnections within the brain. The technique is non-invasive and can be used with live, fully conscious subjects. It works by causing depolarization in the neurons inducing a weak electrical current that triggers activity in specific (or generalised) parts of the brain. The electrical activity it induces can be monitored using electromyography (EMG). The main uses of TMS are to activate nerve outputs in the motor cortex so that observations can be made about which muscles respond (by noting 'twitching' activity in individual muscles). This is useful for brain mapping and exploring the extent of any existing lesions. TMS can also be used to interface with on-going brain activity thereby creating temporary, "virtual" lesions for study. A specific type of TMS, (repetitive TMS) can interact with neuroplasticity, providing a form of treatment for some disorders, such as migraines, strokes, Parkinson's disease, Dystonia and some psychiatric disorders. Most fascinating to me were the observations that have been made about muscular memory and how we learn/acquire new skills. Each neurone has a number of spines where neural connections are made. Initially the number of spines increase as a new task is introduced and practised. With time and as our skill increases, the numbers of spines decrease again, leaving just a few new ones that become permanent.

Other highlights for me were Jan Baker's paper on "Psychological Factors in Relation to Voice Disorders – the Basics" which summarised the research evidence for psychogenic and psychosocial factors and their contribution to the development of voice disorders. This raised questions that certainly need to be addressed for both clinical practice and the training of clinicians. Dr Jan Švec's paper on "New Recommendations for Acoustic Voice Measurements" which made me far more aware of the importance of choosing a microphone correctly for patient voice recordings, something I had definitely not paid enough attention to in the past! Dr Dimitar Deliyski "From Vocal Fold Vibration Voice Acoustics" who summarised his work on the correspondence between acoustic features and the biomechanical vibration of the vocal folds, using high speed photography to synchronize the acoustic signal with the vibratory cycle(s), and this is just looking over the first session on voice!

Those interested in voice, do give the next IALP Symposium consideration. It will be held in Turin, Italy in 2013 – see you there!



Sophie Garner shares her experience of vocal problems and recovery

It goes without saying that the worst fear for any singer or professional voice user would be the need for a vocal operation. Most singers don't get beyond that thought, let alone contemplating the other potential consequences. How will it affect your career? Then of course there's the financial loss, post-op recovery and rehabilitation, and worst of all....will the op be a success, and will you have a voice!

It's important to explain at this point that although I am a singer/songwriter, I also perform a very eclectic mix of contemporary music ranging from Jazz and blues through to Soul, rock and pop as a busy working musician. I am often singing up to 50 songs in a performance, so I demand a great deal from my voice.

Early in my singing career I had suffered with soft polyps. This resulted in 3 months of enforced vocal rest. I believe this problem was due to my then total lack of technique or formal vocal training. I was referred to speech therapist Claire Wells at Northwick Park hospital, and underwent a course of vocal retraining with leading British vocal teacher Mark Meylan.

The following 11 years were trouble free, but during the early part of 2008, whilst recording my fourth studio album, it became apparent during the recording sessions that a problem was developing with my voice. I had tightness in my throat and the effort now required to sing left me with headaches and muscular tension at the end of every performance. I began noticing subtle changes in my ability. The most obvious manifestation of this was an airy sound from my passagio upwards which was becoming difficult to work around. I carried on, hoping it would go away with good vocal practice. It was growing increasingly hard for me to produce vocal onset without a very breathy sound, and this was very hard to hide in the harsh bare perfection of a digital recording! Mark Meylan and I discussed what to do next. It was Mark who suggested that I should see consultant Tom Harris.

I had around 5 appointments over a period of 10 months with a team of experts, which included Sara Harris, Jacob Lieberman and Tom Harris. Unfortunately I suffer with acid reflux and have a severe gag reflex. This meant that Tom could not obtain a clear enough view of my vocal cords, despite the use of state of the art equipment. It was agreed by the team that the only way to really find out what was wrong was for me to be under a general aesthetic, when a good clear image of my vocal chords could be taken.

I had cancelled a very busy schedule of professional performances and had to 'guess' the recovery time so I could have an estimated date to return to work. This rest period, based on sound advice from my surgeon Tom Harris, was 6 weeks. I opted for 7 weeks as an added buffer. Much of my work comes from agents, and is booked many months, sometimes years, in advance. The pressure to confirm a date for a return to singing was a major concern for me.

My operation took place on April 19th at Lewisham hospital. Although the procedure itself is relatively short, only some 45 mins in theatre, I must admit to being absolutely terrified. Immediate recovery required a week of TOTAL silence! No whispering, coughing, humming, no talking allowed.

I am now attending weekly rehab sessions with Claire Wells, who is now Lead Principal Speech & Language Therapist at Northwick Park Hospital. These visits are combined with fortnightly visits to my vocal teacher Mark Meylan. Claire and Mark have developed a routine involving 10 minutes vocal practice to be done hourly, and

how I love them for it!

Initially it was very frustrating finding myself unable to talk for very long without experiencing vocal fatigue. I was unable to make sounds and sing notes that normally I could do standing on my head. This was really damaging for my confidence.

Then came a breakthrough.

Two weeks into my rehab programme, I went from only being able to sing with one octave of my 3 octave range, to being able to 'sound' almost 2 full octaves. This has been achieved solely through dedicated rehab exercising. Accent Method has been a daily feature in my vocal practice as has steam inhalation. I can now see improvement on a daily, sometimes even hourly basis which is very rewarding. What I didn't expect was how much flexibility and muscle memory has remained post op and how quickly my recovery seems to be going. The operation that was once my worst fear has become my saviour, or should that be my career saver? I am fully aware that it will be some time before I get my full range back, but slowly things are improving.

In these days of looming NHS cuts, do your research as I did and make sure you get your voice fixed by the right person. This is after all a very specialist area. One thing I would really like to stress is that all the technique in the world and the tools you have relied on in your daily practice will only aid you to 'get by' for so long. When you have a vocal problem that needs serious attention like mine did, you eventually reach a point where it simply gets too difficult to work round.

As my 7 week post op rest period slowly draws to a close, it has been a tough journey both physically and emotionally. Even now I have no idea how I will get through my first few gigs. I am however in the fortunate position of being able to choose my repertoire to some extent and the order I perform it in. I would stress that if you are a classical singer, or in a West End production singing specific melodic structures where you simply have to sing what's written, this may make your recovery time a little longer. Recovery is a very individual process which varies for each person. To that end I feel it's important for me to mention that mental and emotional state plays a huge part in your recovery process. Keeping positive is as vital to the healing process as not planning unrealistic goals. Rehab is a VERY frustrating process, and the 'two steps forward one step back' scenario is unfortunately part of the journey. Good and bad days...

I am now looking forward to my first performance with excitement, fear and apprehension. Although I am aware it's very unlikely I will have my voice back to its original place by then, the best I could wish for is that I get through the gig without sounding like Bonnie Tyler by the end of it (and no, sadly 'Total eclipse of the heart' is not in my current repertoire).

I have recorded a blog on YouTube documenting my experiences, both pre and post op, warts and all. It makes for some interesting viewing. My white board and pen were an absolute godsend and my only source of communication in a week of total silence!

I'm raising a glass to celebrate experts of the singing voice, practicing good technique, but most of all, to healthy vocal cords.

Sophie's diary blog can be seen on YouTube by typing in: Sophie Garner little blogette. Sophie can be contacted at: hangarmusic@gmail.com



Singing for Breathing™

By Victoria Hume, Arts Manager
Royal Brompton & Harefield NHS Foundation Trust

Singing for Breathing™ has been running at the Royal Brompton & Harefield NHS Foundation Trust since January 2009, under the auspices of the arts charity rb&hArts (Royal Brompton & Harefield Arts) – a charitable organisation dedicated to integrating all forms of the arts into the Trust's two hospitals to directly impact on the well-being of our patients, their families, staff, and various communities we serve.

Alongside the singing programme, rb&hArts holds regular exhibitions, develops a permanent collection of visual art, supports interior design, commissions site-specific work, residencies and workshops, and manages a dynamic programme of live music in wards and public areas.

Royal Brompton & Harefield NHS Foundation Trust has a worldwide reputation for the diagnosis and treatment of heart and lung disease, and treats patients from across the UK and beyond. Singing for Breathing is based at the largest respiratory unit in Europe.

The concept was initially inspired by Bronchial Boogie in Oldham – a project which 'provides asthma education, breathing exercises and wind instrument tuition...aimed at improving respiratory health and raising self-esteem in asthmatic children 7 – 11 years of age' (www.bronchialboogie.co.uk/).

At the time, the arts office was staffed by two singers, Lucy Underhill – then Arts Co-ordinator – and me. Sensing that much of what we had learnt as vocalists might be useful to someone struggling with their breathing, we set about adapting the Bronchial Boogie model to something which could work cheaply and effectively for adult in- and out-patients. Dorset-based workshop leader Sammy Hurden ran an initial pilot for us in 2007, and the results of our evaluation indicated strongly the potential for singing in the hospitals – though we hadn't got the timing right: at 20 minutes almost all the patients felt the sessions were too short.

We set about fundraising and began to work with a research team brought together by Dr Nick Hopkinson and led by physiotherapist Victoria Lord to set up a year-long clinical trial focussed on Chronic Obstructive Pulmonary Disease (COPD), running alongside open workshops for all adult in and outpatients.

Thanks to an extremely successful fundraising event, held in memory of singing teacher Ian Adam, we finally launched Singing for Breathing™ proper in 2009. Workshop leader Phoebe Cave joined us to run hour-long workshops, four times a week, at the Royal Brompton Hospital, devoting half of her time to research patients, a closed group returning twice a week for six weeks, and half to open workshops for any respiratory patients at the Trust. We were extremely lucky to have worked with Phoebe between January 2009 and September 2010, who set a very high standard for the programme and pushed singing high up the agenda for patients and clinicians alike. She was succeeded in September this year by Maya Waldman, who continues to receive the hugely positive responses to workshops detailed below, quickly taking on the considerable challenge of adapting to hospital circumstances.

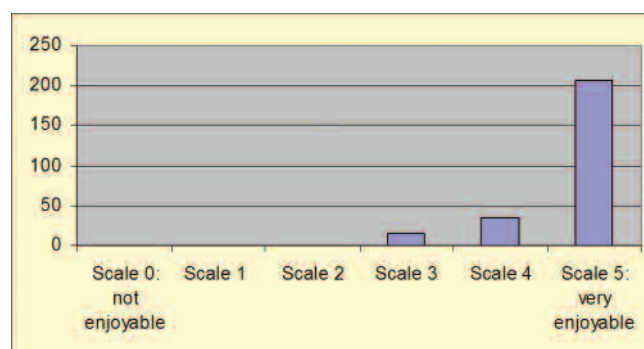
COPD is an umbrella term for the related conditions of chronic bronchitis, emphysema and alpha one antitrypsin deficiency, and

is a major cause of ill health in the UK, affecting at least 900,000 people. Royal Brompton Hospital offers a world-class, multidisciplinary service both to patients in the local community and to patients from all over the country, referred to our advanced COPD service.

To this service we added singing, intended to supplement and support the existing pulmonary rehabilitation programme. The first randomised controlled trial was published this summer as 'Singing teaching as a therapy for chronic respiratory disease' (Lord et al) and presented at the American Thoracic Society conference this May. Based on what we had learnt from the first, a second trial ran from April to October 2010, with a control group attending a weekly film club, and singing lessons increased from 12 to 16 in a row. The results are expected later this year.

Alongside the clinical trials, the open workshops have been evaluated by the arts team using simple questionnaires given out to any first-time attendees, and the results have been astonishingly positive.

When asked how enjoyable they found the workshops, the results from 257 first-time participants are shown in this graph:

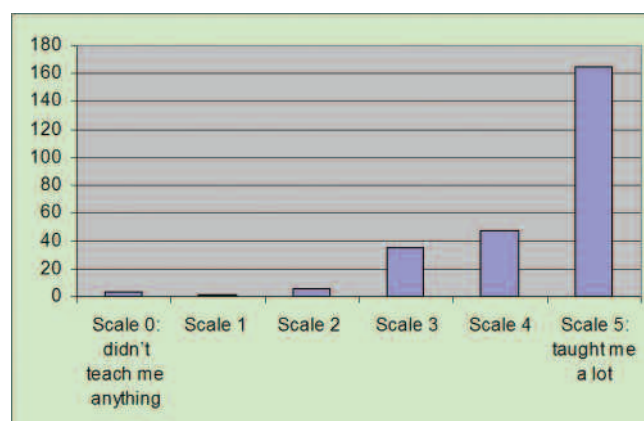


94% of those who attended workshops found them either very/extremely enjoyable – no-one who completed evaluation forms did not enjoy the workshops.

To delve a little deeper, it's interesting to note that 59% of participants have never been to a singing workshop before, but that 92% of attendees said they would come back – with a vast majority of those who said they would not cited their distance from the hospital as the reason.

Recruiting people for open workshops (the workshop leader walks around various areas asking people to attend) is characterised by hearing things like 'I can't sing' and 'my mother/teacher/husband told me never to sing again'. But this misperception is frequently blown away by a well-led workshop.

To return to the evaluation, crucially, when asked whether the 'workshops taught you to think about breathing in a different way', this was the response:



And these are a few of the many similar comments relating to this question, some of which sum up very clearly the aims of the programme:

'I am aware how techniques used can be of benefit to my breathing'

'I would never have realised that singing could help breathing – it did!'

'It helped me to think about breathing during singing, which will be of benefit during my ordinary activities'

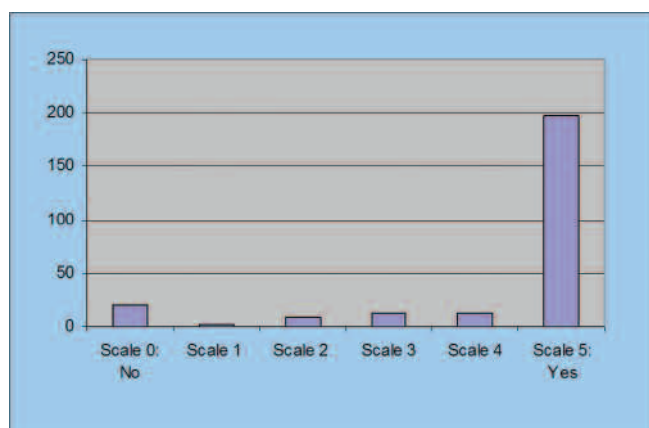
'My whole body feels so much different just within one single session, from tension to relaxation. Something that medical intervention won't achieve!'

'My breathing felt stronger!'

'It taught me how to use the different breathing muscles for singing and other uses.'

'I normally panic with breathing so the singing and breathing truly helped.'

We also asked whether people felt physically better after the workshop:



And, lastly, here are a few comments – a very small selection from literally hundreds of positive remarks:

'It has given me a great deal of confidence'

'I was surprised at how much I could do – I felt lighter'

'I felt happy and I was breathing better'

'I feel optimistic that I can improve breathing and life quality'

'These workshops are an invaluable part of respiratory care'

'It's marvellous; it makes you feel less ill'

'Exhilarating'

Informally, people – nurses and patients alike – have noted the effect the singing has had on participants social confidence. Like a choir, the singing becomes the centre of a new peer-support network within the framework of the hospital. Long-term respiratory conditions can have a serious impact on social lives, leading to problems with isolation, confidence and depression which reach far beyond the actual symptoms. We hope to address this to some extent with the singing, partly by taking the one thing which has become the 'negative' in people's lives – their breathing – and using it for positive ends – singing. Ideally, then, breathing becomes the centre of a social network, not the thing which isolates you from it.

A secondary benefit, and one which chimes with the broader performing arts programme at the Trust, is the sound of singing, travelling through the inpatient wards every Monday and Thursday for the last year and a half. There is something about hearing music which undercuts the anxiety and sometimes loneliness which becomes endemic to hospitals, through no fault of the staff. rb&hArts brings a huge range of live music to the wards every month for this reason, but these singing workshops, even for those not actively participating, change the atmosphere in a similar way.

Singing for Breathing currently offers one-to-one sessions for people with cystic fibrosis and bronchiectasis (infection risks mean that these patients cannot congregate in groups), open workshops for all other respiratory in- and outpatients at the hospital, and a parent-and-toddler singing group. This last is a new pilot to assess impact. We are currently fundraising to try to maintain the programme into 2011, when we also hope to begin work at the Brompton's sister hospital, Harefield.

For further information, please contact rb&hArts on 020 7352 8121 x4087 or arts@rbht.nhs.uk



Singing for Breathing - Maya Waldman

THE PRESIDENT'S LETTER

John S. Rubin
M.D., F.A.C.S., F.R.C.S.

It is a great honor and at the same time responsibility to serve as President of the British Voice Association. As you know, this is now the third time that I have taken on the helm of the BVA - to look back...

I first became aware of the BVA in 1995, shortly after arriving in the UK from America, in the context of PEVOC 1 that the BVA was running. I went on to attend the conference and was engrossed by the energy and dynamism that I discovered. At that time the BVA was a smallish group of approximately 200 extremely enthusiastic members; I felt very fortunate indeed to be one of them!

When I became President for the first time (1999-2000) the BVA's offices had recently moved to the Royal College of Surgeons, and the BVA was in the process of transforming itself. A crucial issue at that time was maintaining the word 'British' in our title, and to do so we needed to (and successfully did) demonstrate our organisation's importance as the Voice for Voice in the UK.

My second term of office as President was marked by three further landmarks for the BVA. Two involved personnel, with Jackie Ellis having just joined us as Administrator and Kristine Carroll-Porcynski as Company Secretary. At that time our membership hovered around the 400 mark.

Subsequently, Company regulations and those relating to Charities have been substantially bolstered and the BVA has developed its practices accordingly. The BVA has also improved its accessibility through its Web Site. Kim Chandler and David Siddall have been instrumental in this. Lynne Wayman has also made superb improvements to 'Communicating Voice' the BVA's Newsletter.

Academically LPV, our peer-reviewed journal continues to be well-thought of, with an impact factor that in 2009 was higher than that of J Voice. The BVA has successfully developed (under the lead of Linda Hutchison and in collaboration with City Lit) 'Fundamentals of the Singing Voice', an intensive professional development course, now into its 4th year.

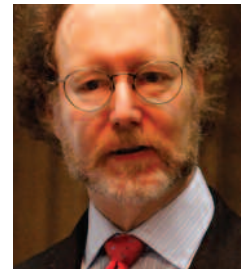
So, looking forward...

Our current membership is slightly over 600 and remains very multi-disciplinary. We continue to run major international courses, the most recent, of course being 'Choice for Voice 2010'; also many hands on and smaller courses, for example the Accent Method course just held. The Education Working Party remains the bedrock of the BVA, chaired by Sue Anderson. A two-year working programme of educational events has been developed. The 'road shows' are now a regular feature, reaching into the Academies and

providing a forum to encourage safe voice in students. Our activities relating to World Voice Day (held annually on 16th April) have been noted by the American Academy of Otolaryngology-Head & Neck Surgery (who spear-head World Voice Day in the USA) as well as by others overseas. Pamphlets developed are aimed at Singers, the general public and GPs, helping demystify voice problems. The 'ask the BVA' section for the public on our website is regularly monitored. These initiatives have been particularly supported by Sara Harris. Under Stuart Barr's Presidency new ties were developed with Choral groups and West End Directors, and we are hoping to pursue these as well as others.

One of this year's initiatives is the reinvigoration of the core groups that make up the BVA. To that end we have set up small, time-limited groups, with the remit to come up with a 'snapshot' of what their constituents would like from the BVA in the next 3-5 years. I hope in the Newsletters to come to make their analysis available, together with how the BVA Council hopes to move it forward for everyone's benefit.

2010-11 looks to be a busy year for the BVA!



MURIEL MITCHELL (1924 – 2010)

We are sad to report the death from cancer of Muriel Mitchell on 18th October at the Hospice of St. John in North London. Between 1991 when the British Voice Association was inaugurated and 2003 when she retired, Muriel was a warm, friendly and encouraging voice and presence for the BVA, whether at the end of the telephone or on the desk at the meetings and conferences. Her work in the office and her interaction with members was crucial to the development of the fledgling organization in its early years. The support, loyalty and her ability to deftly maintain harmony was greatly appreciated. In 2003 the BVA presented her with The Gunnar Rugheimer Award at a dinner in her honour in London.

Janice Chapman

STOP PRESS : INTRODUCING THE BVA ON VIDEO

There's now a short video available on the website 'home' page which can be used to introduce the association to colleagues, students, etc. Filmed during the summer *Choice for Voice* conference it includes footage of Stuart Barr, Janice Chapman, John Rubin, Mary Hammond, Joy Mammen and Sara Harris. It was produced, filmed and edited by Stuart Barr, John Baines and Claire Bradder.

EDITORIAL EDITORIAL EDITORIAL EDITORIAL

Following a hectic summer for the BVA the mood now, with autumn and the nights drawing in, seems to be more reflective. Or, perhaps, this is due to current economic climate of uncertainty especially for those members working in the public sector and the Arts. However time to take stock seems a positive step as our new BVA President, John Rubin, points out in his report; looking back over his previous times in office to see how the BVA has developed and looking forward to establish new initiatives.

The ever popular, fully subscribed, *Introduction to the Accent Method* is reported in great depth by two attendees writing from

the SLT and singer's point of view also we're grateful to Tom and Sara Harris for sharing with members their observations from the 28th World Congress of the International Association of Logopedics and Phoniatrics which they attended in Athens this summer.

Following on from the *Research Day*, as mentioned in the last Newsletter, there is a feature on an initiative at the Royal Brompton & Harefield NHS Foundation Trust: *Singing For Breathing™* and, in an occasional series, Sophie Garner writes "from her point of view".

Lynne Wayman, Editor

lynne@lynnewaymanvoicecentre.com

THE STUDENT VOICE — An Introduction to Developing the Voice

Author: Colin Baldy

Published by Dunedin

ISBN 978 1 903765 95 1

Reviewed by IVOR FLINT

'The Student Voice' is aimed at, not only, the undergraduate and graduate singer but also mature and professional singers providing both student and teacher with a basic resource of ideas.

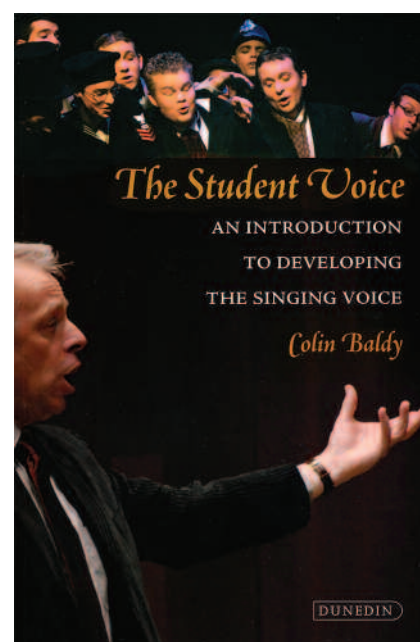
The first section, entitled "Developing the Voice" covers anatomy, physiology, posture, support, placement, tongue and larynx, falsetto, messa di voce, vocal register and passaggio plus a guide to help a singer's perception of their own voice and acoustics. The second section "The process of vocal training" provides a resource of material starting with the changing voice from child to adult and some background information on the history of teaching singing and how it has influenced pedagogy and contemporary practice, from Manuel Garcia to Jo Estill. Colin Baldy also examines the concept of artistry and text and discusses repertoire appropriate for dealing with specific technical issues. He also includes a section on performance pitfalls and "The counter-tenor: a special case?"

The book contains some personal accounts of the author's own experiences when studying and some of the confusing instructions he was given as a student by well meaning teachers. The illustrations are a useful guide to students and may help them to avoid the same pitfalls and

for teachers, no doubt who may have had similar experience, help reflect on how we can communicate often complex ideas clearly.

In the section "The Messa di Voce and Vocal Registers" Brady observes "Young children will sing any music put in front of them, regardless of whether it is Palestrina or Madonna." making the point that many music teachers are fearful of presenting young people with music that is classical. He further makes the point later in the book that the lack of hymn singing in schools and the prevalence of pop music over traditional song has had a marked effect on many young people's technical abilities and limited musical horizons. However, this is more than a book about the failings of some sections of music education, although this may sound a cautionary note to anyone reading this who is either thinking about teaching or already succumbing to the immense pressure often levied on music teachers to turn away from more classical and traditional forms of vocal repertoire.

The black and white illustrations in the book are clear and useful but the only two photographic plates have not reproduced well. Concerning resonance I feel there is a little confusion about the role of the sinuses. It has been proved conclusively by W. Vennard in 1964 ("An experiment to evaluate the importance of nasal resonance in singing" published in *Folia Phoniatrica* - Basel) and also P.L. Blanton and N.L. Biggs in their research in 1968 (Eighteen hundred years of controversy: the paranasal sinuses" published in the *American Journal of Anatomy* 124), that singers are well able to produce good sounds even when these cavities are completely blocked. However, as singers, we feel as if something is active in these



regions particularly when we begin to sing in the upper parts of our voices, but it is wrong to attribute these sensations to air vibrating in the sinuses, it is the result of direct transmission of sound from the larynx to the bony structures.

It is challenging to write clearly about singing technique and I have the utmost admiration for anyone who attempts to tackle it. Colin Baldy has been clear and concise and throughout he speaks directly to the reader and provides examples wherever he can. As an introduction, "The Student Voice" has some useful information and provocative points for further discussion and research particularly for the enquiring student. The section "Repertoire with Purpose" could be a useful to novice teachers and, again, thought provoking for the more experienced.

My tongue goes where?



Exploring the impact of articulation on voice, resonance and projection

Sunday 23rd January 2011, 10am - 4.30pm, Park Crescent Conference Centre, 229 Great Portland St., London W1W 5PN

Ron Morris – speech therapist and counter-tenor, Brisbane Speech & Hearing Clinic

Declan Costello – Consultant ENT Surgeon, Queen Elizabeth Hospital, Birmingham

Movement of the tongue is at the heart of the process of articulation: the tongue is responsible for the production of vowels and consonants, as well shaping the primary resonator of the voice – the pharynx. It also has a central role in chewing and swallowing. Patients with tongue dysfunction often suffer disastrous problems with communication and swallowing.

In a one-day workshop on 23 January, Ron Morris and Declan Costello will explore the anatomy, physiology and integrated functions of the tongue and jaw.

Declan will start with a discussion of anatomy and physiology and how they relate to voice production, articulation and swallowing. Ron, who is well known to BVA audiences as an extremely engaging speaker, will continue with an exploration of tongue and jaw function and their impact on resonance.

A VOICE FIT FOR TEACHING: Guidance on its care and use

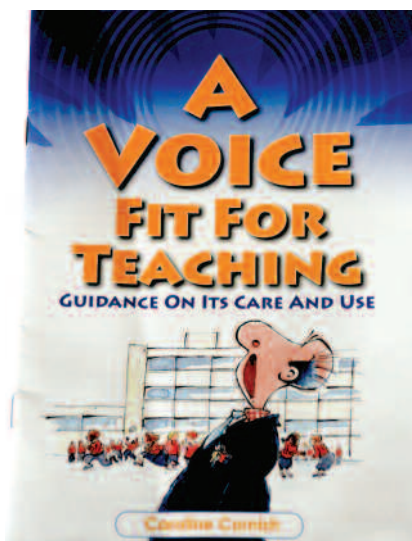
Author: Caroline Cornish

*Reviewed by SARA HARRIS,
Specialist Voice Therapist in Independent
Practice*

This is a useful little pamphlet designed for teachers and student teachers. It would also be useful source material for Speech and Language Therapists to lend out to teachers on their waiting lists or in therapy.

The pamphlet covers how the voice works for the lay reader, simply and reasonably accurately, and goes on to describe the demands a teacher's voice must be able to meet. These needs are more than just the endurance required to cope with the sheer amount of talking necessary but also the need to control a wide range of vocal qualities. Teachers must be able to use their voices not simply to sound authoritative, but to be able to convey such emotions as empathy, encouragement, praise, comfort and admonishment as appropriate to the situation. Ms Cornish also brings out the importance of how teachers present themselves visually, linking the topic nicely to posture, breathing, body language and voice so that they all tell the same story, reinforcing ways in which the teacher can project calm control and authority thereby reducing the need for damaging vocal behaviours.

Each section contains useful practical tips and exercises for good vocal care and for maintaining vocal flexibility and power. It also draws attention to some of teaching's



common vocal pitfalls, such as monotony, excessive loudness or lack of volume, pitching the voice too high or low or maintaining the admonishing "edge" to the voice too often.

The pamphlet provides exercises and tips for every aspect of voice from posture, through breathing, the vocal note, resonance and articulation. It puts the voice firmly in the context of the demands of the classroom and the whole communication process. While very much a promoter of "self help", Ms Cornish also recognises that vocal problems may sometimes warrant professional help. The pamphlet concludes with advice on how to recognise when vocal problems require medical advice and where to turn for help if it is needed. A list of useful organizations, such as the Voice Care Network, is included at the end along with references that teachers may find useful for further information and help.

A very Happy Christmas to all our colleagues and BVA members from

Tom and Sara Harris. This year Christmas will be a family one for us so much singing and voice use will no doubt be required. Our survival tips for this year are:

- 1) Start Christmas day with a good strong cup of tea (or coffee or whatever you like) – forget about the dehydration you are going to need the caffeine!
- 2) Forget about all the things you forgot to do, buy, cook, probably no one will notice and if they do plead insanity.
- 3) For those with strained voices from pre-Christmas frivolities – trying staying in the kitchen – you can rest your voice and inhale the steam coming off all those cooking potatoes and sprouts.
- 4) Remember the importance of exercise, especially after Christmas dinner – send everyone else out for a good brisk walk (especially children) while you put your feet up and rest your voice some more.
- 5) Finally, enjoy yourself – resolutions are for the New Year!



diary dates

MY TONGUE GOES WHERE?

Exploring the impact of articulation on voice, resonance and projection

Sunday 23rd January 2011
with Ron Morris and Declan Costello
10am - 4.30pm, Park Crescent
Conference Centre 229 Great Portland
Street LONDON W1W 5PN

THE ACCENT METHOD a three-day course

Friday 6th & Saturday 7th May 2011
plus Wednesday 7th September 2011
9.30am – 4.30pm, Nutford House,
Brown Street, London W1H 5UL
Course tutors: Sara Harris (Speech and
Language Therapist) and Dinah Harris
(Singing Teacher).

BVA COURSES IN CONJUNCTION WITH THE CITY LIT, LONDON

We are now in the fourth year of our successful collaboration with the City Literary Institute to provide short, intensive professional development courses targeted primarily at singers and singing teachers.

FUNDAMENTALS OF THE SINGING VOICE 1: 16th January – 20th March
10 consecutive Sundays: 10.30 – 13.30
Cost: £312.00

FUNDAMENTALS OF THE SINGING VOICE 2: 5th May – 12th June

5 consecutive Sundays: 10.30 – 13.30
Open to anyone who has done
Fundamentals of the Singing Voice 1
Cost: £158.00

INTRODUCTION TO ACCENT BREATHING FOR SINGERS:

6th February – 20th February
3 consecutive Sundays 14.30 – 17.30
1 follow up Sunday: 8th May
Cost: £110.00

For more details of courses and application forms (when available) please see our website:
www.britishvoiceassociation.org.uk

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